

SPOLOVI, RODNI IDENTITETI I SEKSUALNE ORIJENTACIJE I GRUPNA ANALIZA

/ SEXES, GENDER IDENTITIES AND SEXUAL ORIENTATIONS AND GROUP ANALYSIS

Goran Arbanas

SAŽETAK/ABSTRACT

Sigmund Freud smatra se jednim od ranih seksologa, uz Magnusa Hirschfelda i Havelocka Ellisa. Njegova stajališta o homoseksualnosti (koja nije bolest, niti se terapijskim metodama može liječiti) bliski su suvremenim stajalištima o tom pitanju. Za razliku od aktivnog teorijskog bavljenja pitanjima seksualnosti u ranim radovima psihodinamičkih psihoterapeuta, kasniji su autori zanemarili područje seksualnih poremećaja i rodne disforije. Grupna analiza potpuno je izostala.

Spol je biološka odrednica koja označuje tijelo i obično se doživljava kao binarni koncept muškog i ženskog (premda postoje i međuspolna, nebinarna stanja). Unatoč teorijskom prihvaćanju temeljne čovjekove biseksualnosti, ne postoji nijedan rad koji se bavi psihodinamičkim pitanjima međuspolnih stanja. Rodni identitet naš je doživljaj sebe, naš reprezentant *selfa* u odnosu na muževnost/ženstvenost, tj. muškost/ženskost. Rodna uloga predstavlja socijalne stereotipe ponašanja, odijevanja i tipičnog reagiranja muškaraca i žena u konkretnom društvu u danom trenutku.

Osim transrodnih osoba, u kojih rodni identitet nije ujednačen sa spolom, postoje i brojne nebinarne osobe koje svoj rodni identitet ne doživljavaju u dihotomiji muško-žensko, nego u različitim oblicima androginog ili rodno neutralnog doživljaja sebe (reprezentatna *selfa*).

Cilj dinamičke psihoterapije, uključujući i grupnu analizu, trebao bi biti mogućnost za propitivanje i istraživanje vlastitih identiteta, doživljaja, iskustava i osjećaja u uvjetima sigurne sredine. Moguće je da se u takvim uvjetima osoba susretne sa svojim pravim *selfom*, koji može biti i neheteroseksualan i nebinaran.

/ Sigmund Freud is considered to be one of the early sexologists, together with Magnus Hirschfeld and Havelock Ellis. His views on homosexuality (that it is not a disease and cannot be altered by therapeutical methods) are close to contemporary attitudes towards this issue. Contrary to some very active theoretical considerations of sexuality of early psychodynamic psychotherapists, the issues of sexual dysfunctions and gender dysphoria have been neglected in the last few decades. Group analysis has been particularly silent about the topic.

Sex is a biological determinant that denotes body and is usually considered through a binary concept of masculinity or femininity (although non-binary, intersex conditions do exist).



Despite the theoretical acceptance of the basic human bisexuality, a single article has not been published about the psychodynamic aspects of intersex conditions. Gender identity is the internal perception of one's gender, our self-representation, in terms of masculinity/femininity or maleness/femaleness. Gender role is a social stereotype of behaviours, dressing and expected reactions of men and women in a specific society, at a specific time.

Apart from transgender people, whose gender identity is incongruent with their sex, there is a myriad of non-binary people who do not perceive their gender identity as a male-female dichotomy, but in different forms of androgynous or gender-neutral perceptions of themselves (self-representations).

The aim of dynamic psychotherapy, including group analysis, should be the creation of a space where a person's identity, experience, thoughts and feelings can be questioned and explored in a secure setting. In such circumstances, there is a possibility to meet one's own self, which can be expressed as non-heterosexual and non-binary, in addition to expected heterosexual and binary norms.

KLJUČNE RIJEČI / KEYWORDS

spol / sex, rodni identitet / gender identity, transrodnost / transgender, rodna disforija / gender dysphoria, nebinarni identiteti / non-binary identity, seksualna orijentacija / sexual orientation, homoseksualnost / homosexuality, self / self

izv. prof. dr. sc. **Goran Arbanas**, dr. med., FECSM, psihijatar, forenzički psihijatar, psihoterapeut, grupni analitičar, seksualni terapeut, Klinika za psihijatriju Vrapče, Zavod za forenzičku psihijatriju, Medicinski fakultet u Rijeci, Katedra za društvene i humanističke znanosti

/ **Goran Arbanas**, PhD, M.D., FECSM, Associated Professor, psychiatrist, forensic psychiatrist, psychotherapist, group analyst, sexual therapist, University Psychiatric Hospital Vrapče, Department for Forensic Psychiatry, University of Rijeka, School of Medicine, Department for Social and Humanistic Sciences

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SIGMUND FREUD I SEKSOLOGIJA

Dinamička psihoterapija, veliko Freudovo djelo, koja se pojavila krajem 19. stoljeća, u vrijeme kad je bila u povojima, doživljavala se kao avangardna, moderna, provokativna, a sve do da-

SIGMUND FREUD AND SEXOLOGY

Dynamic psychotherapy, the great work of Freud, that appeared at the end of the 19th century, at the time was considered to be avant-garde, modern, provocative,

našnjih dana ostala je sinonim za seksualnost u očima laika. Sigmund Freud dao je veliko značenje seksualnosti pa je i dva temeljna nagona nazvao seksualni i agresivni nagon. Psihičku energiju seksualnog nagona naziva libidom (zato što psihička energija teži zadovoljiti princip užitka), a s obzirom na to da se libido u svakodnevnom govoru izjednačuje sa seksualnom željom, i na taj je način povezao svoju (psihoanalitičku) teoriju sa seksualnim. No i izbor riječi „princip užitka“ (*Lustprinzip*) ima seksualnu konotaciju (1). Takvim izborom riječi i terminologije psihoanaliza i seksualnost zauvijek su ostale povezane.

Freud je bio među prvim misliocima koji su otvoreno govorili o ženskoj seksualnosti, a dao je i prikaz psiho-seksualnog razvoja djeteta po fazama obilježenim različitim dijelovima tijela koji bivaju katektirani libidom i putem kojih ne samo da se ostvaruje ugoda zadovoljenja nego vrlo brzo dijete nauči da su ti dijelovi tijela mogući kanali komunikacije s okolinom (2, 3).

U bogatom Freudovu opisu jedno je djelo u cijelosti posvećeno konceptualizaciji seksualnosti: „O seksualnoj teoriji“ (4). Freud je bio i liječnik koji je opisao psihogenu impotenciju i stavio je u oprjeku prema organskoj.

S obzirom na tako blisku poveznicu Freuda i seksualno-seksoloških kon-

and, in the eyes of lay people, has remained a synonym for sexuality. Freud placed a great value on sexuality and termed the two basic drives: a sexual and an aggressive drive. He named the mental energy of the sexual drive – libido due to the fact that mental energy tries to fulfil the pleasure principle. Given that in everyday speech the term libido is sometimes used interchangeably with a sexual desire, Freud intertwined his (psychoanalytic) theory with sexuality. Even the word choice – the pleasure principle (*Lustprinzip*) has a sexual connotation (1). With this choice of words and terminology, psychoanalysis and sexuality have been linked forever.

Freud was among the first ones to talk openly about female sexuality. He described a psychosexual development of a child in different phases during which various body parts become objects of the libidinal cathexis. These body parts are not only used to feel the pleasure of satisfaction, but very soon the child learns that these body parts are possible communication forms that can be used with the outside world (2, 3).

Freud dedicated one of his many works completely to the conceptualization of sexuality: *On Sexual Theory* (4). Freud was a physician and described a psychogenic impotence in comparison with an organic one.

In the light of such close relations between Freud and sexological concepts, it is not unexpected to find that all the



cepata nije neobično da svi suvremeni prikazi povijesti seksologije i seksualne medicine ubrajaju Freuda, uz Magnusa Hirschfelda, Richarda von Krafft-Ebinga i Havelocka Ellisa, u najvažnije rane seksologe 19. i prve polovine 20. stoljeća (5).

Freudova su stajališta po pitanju seksualnosti, a posebice homoseksualnosti, bila vrlo moderna (gledano iz današnje perspektive). On je u pismu jednoj majci vrlo jasno izrazio svoje mišljenje da ne smatra homoseksualnost bolešću (premda na nju gleda kao na zastoj u psihoseksualnom razvoju, no treba napomenuti da je i na više drugih svakodnevnih fenomena koje je nazvao psihopatologijom svakodnevice gledao kao na fiksaciju, npr. ljubljenje, ne dajući im patološko značenje) (6). Dalje je napisao da, koliko je njemu poznato, homoseksualnost nije moguće promijeniti/liječiti. Takvo je stajalište vrlo moderno i u potpunosti odgovara današnjem stajalištu da homoseksualnost nije dio dijagnostičkih sustava, da se ne smatra patološkim i da je seksualna orijentacija nepromjenjiva, a konverzivne terapije neučinkovite (7).

Zašto ga nisu slijedili i drugi psihoanalitičari? Što se dogodilo idućih sljedećih desetljeća da su psihoanaliza i seksologija preuzele različita stajališta, ulazeći povremeno i u otvorene sukobe

contemporary reviews of the history of sexology and sexual medicine include Freud, together with Magnus Hirschfeld, Richard von Krafft-Ebing and Havelock Ellis, among the most important early sexologists of the 19th and the first half of the 20th century (5).

Freud's attitudes towards sexuality, and especially towards homosexuality, are very modern (from a contemporary perspective). In a letter to an American mother, Freud expressed his opinion very clearly and said that he did not consider homosexuality a disease although he was of an opinion that it was an arrest in psychosexual development. It is important to note that many other everyday phenomena, which he named a psychopathology of everyday life, are considered to be a fixation, such as kissing, without giving them pathological meanings (6). Further on, he wrote that, as much as he knew, homosexuality could not be changed or treated. This view was a very modern one and is completely in accordance with contemporary attitudes that homosexuality is not included in any of the diagnostic classifications, is not considered a pathology and that sexual orientation is un-changeable, and conversion therapists are not useful (7).

The question arises: why other psychotherapists have not followed him? And what has happened during the next decades so that psychoanalysis and sexology assumed different positions, sometimes even getting into open conflicts (8). After the Second World War, sexology

(8). Seksologija je nakon Drugog svjetskog rata išla u smjeru sve većih seksualnih sloboda i normalizacije različitih varijanti seksualnog izražavanja. Godine 1973. Američko psihijatrijsko društvo depatologiziralo je homoseksualnost (9). U tome su ga slijedile mnoge druge udruge i društva. Američko psihoanalitičko društvo učinilo je to tek osamnaest godina poslije (8).

PITANJA SPOLA, RODA I SEKSUALNOSTI U GRUPNOJ ANALIZI

Grupna analiza po pitanju seksualnosti velikim je dijelom izostala i vrlo se malo bavila pitanjima roda i seksualne orijentacije (10). Zanimljivo je da Irvin Yalom u svojoj općepoznatoj i prihvaćenoj Teoriji i praksi grupne psihoterapije, koju mnogi smatraju temeljnim udžbenikom grupne analize, uopće ne spominje rod, seksualnu orijentaciju, seksualne smetnje ili bilo koji drugi seksološki fenomen (osim erotizirajućeg kontrantrasfera prema članovima grupe ili terapeutu, što i nisu seksološki fenomeni) (11).

U grupnoanalitičkom, kao i u psihoanalitičkom teorijskom diskursu, ne pravi se dovoljna razlika između roda i seksualne orijentacije, pa se tako vrlo često homoseksualnost opisuje kao inverzija koja je posljedica neriješe-

has developed in the direction of allowing more and more sexual freedoms and normalization of different variants of sexual expression. In 1973, the American Psychiatric Association de-pathologized homosexuality (9). Many other associations and societies followed. The American Psychiatric Associations did the same, only 18 years later (8).

ISSUES OF SEX, GENDER AND SEXUALITY IN GROUP ANALYSIS

Group analysis has stayed mute on the subject of sexuality and has been dealing with the issues of gender and sexual orientation only scarcely (10). It is interesting to note that Yalom, in his world-wide known book *The Theory and Practice of Group Analysis*, which is considered by many as the basic textbook on group analysis, does not mention the concepts of gender, sexual orientation, sexual dysfunctions or any other sexological phenomena (except eroticizing countertransference towards group members or a therapist; however, these are not sexological phenomena) (11).

In a group analytic, as well as the psychoanalytic theoretical discourse, a clear distinction has not been made between gender and sexual orientation, hence homosexuality has been often described as an inversion, due to unresolved Oedipal conflict and unsuccessful identification with a same-sex parent and consequent inadequate acceptance of own same-sex



nog Edipova kompleksa i neuspješne identifikacije s istospolnim roditeljem i posljedičnim neprihvatanjem vlastitih istospolnih značajki (12). To je u potpunoj suprotnosti s razlikom između roda i seksualne orijentacije, kao i brojnih pokazatelja o pogrješnim stereotipima homoseksualnih osoba.

Autor ovog članka jedini je seksualni terapeut u Hrvatskoj koji je ujedno i grupni analitičar, odnosno psihodinamički orijentirani psihoterapeut. Seksualna terapija nije posebna teorijska psihoterapijska škola i da bi se osoba educirala za seksualnog terapeuta, treba završiti edukaciju u određenoj psihoterapijskoj školi. Većina seksualnih terapeuta u Hrvatskoj (i u Europi) dolazi iz kognitivno-bihevioralne i gestaltske osnovne edukacije (13, 14). Zbog toga dvojni identitet autora kao seksualnog terapeuta i grupnog analitičara nije uvijek lako povezati ni u teorijskim razmišljanjima ni u praktičnom radu.

SPOL I ROD

Brojni neseksolozi brkaju pojmove roda, spola i seksualne orijentacije. To je vidljivo i u teorijskim raspravama o razvoju roda ili seksualnog identiteta. Moguće je da zbrka nastaje i zbog ograničenosti nekih jezika. Jezik na kojem je nastala psihoanaliza, pa i grupna

characteristics (12). This is in blunt contrast with the distinction between gender and sexual orientation, as well as with many clues showing us that stereotypes towards homosexual people are usually wrong.

The author of this article is the only sexual therapist in Croatia who is at the same time a group analyst and a psychodynamic psychotherapist. Sexual therapy is not a distinct school of psychotherapy and the person to become a sexual therapist first needs to complete training in one of the schools of psychotherapy. The majority of sexual therapists in Croatia (as well as in Europe) are trained in cognitive-behavioural or Gestalt therapy (13, 14). Therefore, the dual identity of the author as both a sexual therapist and a group analyst has not always been easy to merge with both theoretical considerations and the practice.

SEX AND GENDER

Many non-sexologists use the terms sex, gender and sexual orientation interchangeably. This is also evident in theoretical discussions on gender and sexual identity. It is possible that this confusion arises from the limitations of some languages. The language in which psychoanalysis was born, the same as group analysis (note that Foulks's mother tongue was German) does not have different words for sex and gender, but uses a single word – *Geschlecht* (15). On

analiza (ne zaboravimo da je Foulks bio njemački izvorni govornik) nema različite izraze za spol i rod, nego se rabi jedna riječ – *Geschlecht* (15). S druge strane, engleski jezik nema razlike za pojmove spol i seksualnost/seks (za oba ta pojma upotrebljava se riječ *sex*). Zato je došlo i do brojnih zabuna u hrvatskome jeziku, koji ima izraze za sva tri pojma (zanimljivo je da nama blizak, slovenski jezik, nema riječi za rod, pa se riječ spol upotrebljava i za ono što u hrvatskome nazivamo rod imenice, tj. *samostalnik ženskog, moškog in srednjeg spola*) (16). Zbog te jezične zbrke znalo se dogoditi da se engleski pojam *transsexuality* prevodio kao transseksualnost, premda je riječ o transspolnosti (osoba koja je transrodna ili transspolna ne definira se seksualnim ponašanjem, nego željom ili osjećajem da pripada određenom spolu/rodu). Ta je zbrka nastala jer engleska riječ *sex* može značiti spol, ali i seks. S druge strane, njemački jezik nema izraz za rod, nego (kao i slovenski) poznaje samo riječ za spol. Možda i zato Freud i drugi psihoanalitičari nisu uspjeli razlikovati rodni identitet od seksualnog identiteta.

Spol (engl. *sex*, njem. *Geschlecht*) jest biološka odrednica koja označuje tijelo (17). Većina ljudi doživljava spol kao dihotomni, binarni koncept: muški i ženski spol. Spol je definiran našim tjelesnim značajkama: kromosomima

the other hand, the English language does not distinguish *sex* (as male and female), from *sex(uality)*. Hence, there is a confusion in the Croatian language, although it has three different words for these three terms (interestingly, another Slavic language, Slovene, does not have a separate word for gender, and uses the same word for both gender and sex; the word *sex* in Slovene is used for the gender of nouns – in Slovene – *samostalnik ženskog, moškog in srednjeg spola*) (16). Due to this language confusion some Croatian translators used to translate the English term transsexuality as “transseksualnost”, although the correct translation should be “transspolnost” (the transsexual person defines themselves, not by their sexual behaviour, but by their wish and feeling of belonging to a certain sex/gender). This confusion is due to the fact that the English word *sex* can mean both sex and sexuality. On the other hand, the German language does not have a word for gender, but (the same as the Slovene language) only has the word for sex. It might be that due to this fact too, Freud and other psychoanalysts were not able to distinguish between gender identity and sexual identity.

Gender (*Geschlecht* in German, *spol* in Croatian, *spol* in Slovene) is a biological determinant that denotes body (17). The majority of people experience sex as a dichotomous, binary concept: male and female sex. Sex is defined by our physical characteristics: chromosomes (XX



(XX i XY), gonadama (sjemenici i jajnici), unutarnjim (sjemenovodi, prostata; jajovodi, maternica) i vanjskim (penis i vulva) spolnim organima. Djeca vrlo rano postaju svjesna da se ljudi dijele na osobe muškog i ženskog spola. Opstetričar ili porodničarka odmah nakon porođaja „obavješćuju“ majku da je dijete muško ili žensko. I premda je od prvih psihodinamičkih dana naglašavan kapacitet svake osobe za shvaćanje i razumijevanje i muškog i ženskog, cjelokupna teorija psihološkog razvoja temelji se na oprjeci muško-žensko (18). Ta binarna podjela na dječake i djevojčice, muškarce i žene postala je okosnicom teorije psihoseksualnog razvoja. Premda se ljudi razlikuju i po drugim svojim značajkama (npr. rasi, naciji, vjerskoj pripadnosti), psihodinamika je dala najveće značenje spolnoj podjeli. Vjerojatno je to posljedica i vremena njezina nastanka – građansko društvo 19. stoljeća u kojemu je uloga muškarca bila posve različita od uloge žene; ni u kojem građanskom društvu s kraja 19. stoljeća žene nisu imale pravo glasa i nisu se mogle baviti poslovima kojima su se bavili muškarci. Biologija je odredila uloge u društvu i životni put.

No premda većina ljudi ima jasan spol, postoji mali broj pojedinaca (oko 1,5 %) koji nemaju jasno određen spol, tj. njihov spol nije binaran, nego je mješavina muških i ženskih bioloških elemenata (19). Te osobe nazivamo među-

or XY), gonads (testicles and ovaries), internal sex organs (vas deferens, prostate gland; Fallopian tubes, uterus) and external genitals (penis and vulva). Children become aware of the fact that people are divided into male and female people at a very early age. Immediately after the birth, an obstetrician or a midwife inform the mother that the baby is either male or female. Although, from the first days of psychodynamic psychotherapy, it was emphasised that each person has a capacity to understand and appreciate both male and female, the whole theory of psychosexual development is based on the opposition of maleness and femaleness (18). This binary division into boys and girls, men and women, has become the basic notion of the theory of psychosexual development. Although people differ in other characteristics, too (such as race, nation, religious affiliation), psychodynamic has placed the greatest importance on this sexual distinction. That was, possibly, the consequence of the time when it was established – a civil society of the 19th century in which the role of men was completely different from the role of women; in none of the civil societies of the 19th century women were allowed to vote and were not able to pursue careers in many jobs that were available to men exclusively. Biology determined the roles in a society as well as a life path.

Nevertheless, although the majority of people have a distinctive and clear sex, there is a minority of people (around 1.5%)

spolnim (interseks). Npr. kod sindroma androgene neosjetljivosti osoba ima XY kromosome, testise, stvara normalne razine testosterona, ali zbog neosjetljivosti na testosteron osoba razvije vanjske ženske spolne organe (20). Kod porođaja zbog normalnog vanjskog ženskog spolovila osoba se proglasi ženskom. U pubertetu, budući da ta osoba nema maternicu, ona ne dobije menstruaciju i obično se tijekom obrade utvrdi pravo stanje. Kojeg je spola ta osoba? Koji bi trebao biti ispravan psihoseksualni razvoj te osobe ili bilo koje druge osobe s nepotpuno jasnim spolom. S kojim bi se roditeljem ta osoba trebala identificirati tijekom svojeg razvoja. Što znači razrješenje Edipova kompleksa kod te osobe? Zanimljivo je da u literaturi ne postoji nijedan rad koji se bavi psihodinamičkim pitanjima međuspolnih stanja. Kako postupiti s osobom koja je međuspolnog stanja u grupnoj analizi? Je li ona muški ili ženski član grupe (18) ?

U sportskim natjecanjima može se pojaviti problem kad se osoba s međuspolnim stanjem želi natjecati kao žena. U takvim situacijama liječnici utvrđuju spol osobe. Endokrinolozi su posljednjih godina u situacijama sportskih natjecanja uveli razine testosterona kao mjerilo za utvrđivanje spola (21).

Za razliku od spola, koji je biološki definiran, rod (engl. *gender*) je psihološki

who do not have such a clear sex and their sex is not binary, but is a mixture of male and female biological elements (19). These people are termed intersex. E.g., a person with an androgen insensitivity syndrome has XY chromosomes, testes, produces normal levels of testosterone, but due to the insensitivity to testosterone, this person develops female external genitals (20). At birth, due to the seemingly normal external female genitalia, the person is said to be female. In puberty, because the person does not have a uterus, she does not start menstruating and after the appropriate tests the correct condition is usually determined. What sex is this person? What should be the appropriate psychosexual development of this person or any other person with an intersex condition. With what parent should this person be identified during their development? What is the appropriate solution of the Oedipal conflict in this person? Interestingly, there is not a single article published dealing with the psychodynamic aspects of intersex conditions. How to deal with a person of intersex condition in a group analysis? Is this person a male or a female member of the group (18)?

The issue of intersex conditions is present in everyday situations, for example when deciding if a person can compete as a woman in a certain sport. Endocrinologists used, during the last decades, to establish testosterone levels and use them as a determinant of one's sex, at least in sport competitions (21).



i socijalni konstrukt (22). Te dvije komponente roda nazivaju se rodna uloga i rodni identitet. Rodni je identitet samo dio našeg ukupnog identiteta, našeg doživljaja sebe, našeg *selfa* (ili točnije govoreći našeg reprezentanta *selfa*) (23). Naš rodni identitet uključuje i naš spol, no ne mora nužno proizlaziti ili biti u suglasju s njim. Rodni je identitet naš doživljaj sebe, naše muškosti ili ženskosti, muževnosti ili ženstvenosti, naše pripadnosti svijetu muškaraca ili svijetu žena. Od samih početaka psihodinamičke misli rodni identitet smatrao se posljedicom identifikacija – ponajprije identifikacije s istospolnim roditeljem, ali i drugim identifikacijama s važnim figurama u našem djetinjstvu.

Zanimljivo je da se pod zdravim i zrelim oblikom identifikacije obično podrazumijeva identifikacija s istospolnim roditeljem u smislu stereotipnog rodnog ponašanja. No što je s drugim identifikacijama s istospolnim i suprotnospolnim roditeljem. Što ako je jedan roditelj Hrvat, a drugi Srbin, hoćemo li i tada zreloom, očekivanom i zdravom identifikacijom smatrati isključivo onu od istospolnog roditelja ili ćemo dopustiti da se dijete (dijelom) identificira i sa suprotnospolnim roditeljem? Vrijedi li isto za vjersku identifikaciju (neke vjere određuju djetetovu vjeroispovijest po ocu, druge po majci, neovisno o spolu djeteta (sic!)). Može li osoba imati

Whereas sex is a biologically determined phenomenon, gender is a psychological and social construct (22). These two components of gender are named gender identity and gender role. Gender identity is part of our general identity, our experience of ourselves, of our self (or, correctly speaking, our representations of the self) (23). Our gender identity incorporates our sex too, but sometimes is not a direct reflection of it and sometimes it is not in congruence with it. Gender identity is our understanding of our self, our masculinity or femininity, maleness or femaleness, our belonging to the world of men or the world of women. From the early psychodynamic concepts, gender identity was considered to develop from many identifications, but primarily with the identification with the same-sex parent, but also with identifications with other important figures during a person's childhood.

It is interesting to note that a healthy and mature form of identification is usually considered to be an identification with same-sex parents in terms of stereotypical gender behaviour. We can raise the question of other identifications with the same-sex and the opposite-sex parents. What happens if one of the parents is Croatian and the other Serbian, shall we still recognise as a healthy, expected and mature identification only the one with the same-sex parent or shall we accept the (partial) identification of a child with the opposite-sex parent? Do we have the same criteria for a religious identification

zdrav razvoj osobnosti i funkcionalnu, zrelu strukturu ako se identificira sa suprotnospolnim roditeljem i prihvati rodni identitet drugog spola?

Kad govorimo o rodnom identitetu, važno je napomenuti da na njega ne utječe samo biologija. Ljudi (ljudska bića), za razliku od čovjekolikih majmuna, imaju male spolne razlike; drugim riječima, ljudi pokazuju mali spolni dimorfizam (muškarci u prosjeku imaju za 21 posto veću tjelesnu masu od žena; za usporedbu, mužjaci gorila imaju za 2,3 puta (!) veću masu u odnosu na ženke) (24). Ako tome dodamo činjenicu da su prije dva milijuna godina ljudi počeli proizvoditi oruđe, onda nema nikakve sumnje da žene mogu napraviti sve što mogu napraviti i muškarci. No ljudska društva stvorila su pravila odijevanja, ponašanja, uređivanja koja su različita za muškarce i žene. U današnjem hrvatskom društvu očekuje se da muškarci ne nose haljine i suknje; očekuje se da muškarci budu manje emotivni; postoje zanimanja koja se smatraju više muškima ili ženskima. Ti stereotipi po pitanju muškog i ženskog ponašanja nazivaju se rodnom ulogom (*gender role*) (22). Tijekom vremena rodne su se uloge mijenjale, pa ako pogledamo prikaze francuskih ili engleskih kraljeva 18. stoljeća, vidjet ćemo da su nosili tajice i perike, da su se šminkali – što su danas sve ženski rodni stereotipi (25).

(some religions determine the child's religious affiliation by the father's lineage, other by the mother's, no matter the sex of the child (sic!)). Can a person have a healthy personality development and a mature functioning structure if they identify with the opposite-sex parent and accept the gender identity of the opposite sex?

When talking about gender identity, it is important to note that it is not influenced by biology alone. Humans, in contrast to other apes, have small gender differences; there is a small sex dimorphism in humankind (men weight, on average, 21% more than women; in comparison, male gorillas are 2.3 times (!) heavier compared to female gorillas) (24). If we consider the fact that humans started making tools two million years ago, there is no doubt that women can do anything men can do. Nevertheless, human societies formed rituals of clothing, behaviour, grooming, etc. that are different for men and women. In a contemporary Croatian society, it is not expected from men to wear dresses or skirts; it is expected that men should be less emotional; there are jobs that are considered to be more male or female. These stereotypes of manly or feminine behaviours are named gender roles (22). During history, gender roles used to change, and if we look at pictures of French and English kings of the 18th century, we will observe that they wore leggings, wigs and used make-up; all of which are considered female gender stereotypes today (25).



TRANSRODNOST U PSIHODINAMIČKOJ PSIHOTERAPIJI

Osobe koje imaju duboki nesklad između spola i rodnog identiteta nazivamo transrodnim (ili transseksualnim osobama) (17). U široj društvenoj zajednici (posebice zapadnom svijetu) došlo je do velikih promjena i depatologizacije različitih rodnih i seksualnih identiteta. S druge strane, grupna analiza nije pratila te društvene promjene i ostala je velikim dijelom konzervativna (10). I dok je s jedne strane grupna analiza i dinamička psihoterapija prihvatila žene u svoje krugove vrlo rano (možda i zato što je Freudova kći Anna bila psihoanalitičarka) ili u moderno doba *on-line setting*, s druge strane, prihvaćanje seksualnih manjina i nebinarnih osoba išlo je mnogo teže (10). Ipak, stajalište grupne analize (i dinamičke psihoterapije) prema transrodnim osobama u posljednjih pedeset godina umnogome se promijenio. Prije toga cilj je bio spriječiti kirurške postupke, spriječiti „tranziciju“ i homoseksualnost; danas je cilj više u skladu s grupnom analizom općenito – prihvaćanje nesigurnosti, ambivalencije i istraživanje brojnih značenja spola (18).

Premda su psihoanalitičari tijekom 1960-ih i 1970-ih dokazivali da je u transrodnih osoba riječ o razvoju uz

TRANSGENDER IN PSYCHODYNAMIC PSYCHOTHERAPY

People who have a deep disagreement between their sex and their gender identity are considered transgender (or transsexual) (17). In the broader society (and especially in Western Europe), broad changes and depathologisation of different gender and sexual identities have taken place. On the other hand, group analysis has not followed such societal trends and stayed greatly conservative (10). Whereas group analysis and dynamic psychotherapy accepted women as equal members relatively early (probably so because Freud's daughter, Anna, was a psychoanalyst) or on-line settings in the recent years, the acceptance of sexual minorities and non-binary persons has been much slower (10). Nevertheless, the attitude of group analysis (and dynamic psychotherapy) towards transgender people has changed a lot in the last fifty years. Earlier, the aim was to stop surgical procedures, to stop the transition and homosexuality; today, the aim is more in accordance with group analysis in general – to accept uncertainties, ambivalence and to explore many meanings of sex (18).

Although in the 1960s and 1970s psychoanalysts tried to prove that in transgender people their development was with a gender-neutral mother and absent father and although they wrote about successful cases of “a return” to the primary sex,

rodno-neutralnu majku i odsutnog oca i pisali o uspješnim slučajevima povratka u primarni spol, uvijek je bila riječ o pojedinačnim slučajevima koji nisu bili slučajni ni bez druge patologije (vrlo slično radu s homoseksualnim osobama u zatvorima i duševnim bolnicama) (25, 26). Uključivanje šire populacije svih transrodnih osoba (uključujući i one bez druge psihijatrijske ili forenzičke patologije) pokazalo je da u većine tih osoba ne dolazi do „povratka“ u primarni spol i da je velika većina zadovoljna svojom tranzicijom.

Međutim, moje osobno iskustvo u radu s transrodnim osobama, kao i iskustva brojnih drugih istraživača, govori da među transrodnim osobama postoje velike varijacije u njihovim objektivnim odnosima, kapacitetima za bliskost i intimnost, kao i razinama funkcioniranja (vrlo slično cisrodnim osobama, tj. osobama kojima su spol i rodni identitet istoga predznaka). Transrodne osobe vrlo su raznolike i raznorodne. Transrodnost može biti i simptom, tj. manifestacija, izraz, ponašanje, a ne struktura osobnosti, identifikacija ili identitet. Pogledajmo nekoliko primjera (27).

Osoba koja se zaista identificirala s suprotnospolnim stereotipima i kojoj je rodni identitet suprotan spolu prava je transrodna osoba koja će imati disforiju (nezadovoljstvo zbog neusklađe-

these were always single cases (case reports) that were not random, nor without other pathology (very similarly to cases of homosexual people in prisons and mental hospitals) (25, 26). Including the wider array of all transgender people (including those without any other forensic or psychiatric pathology) showed that in the majority of these people there is no “return” to the primary sex and the majority of them are satisfied with their transition.

Nevertheless, my own personal experience with working with transgender people, as well as the experiences of other researchers, tell us that there are huge variations among transgender people in terms of their object relations, capacities for intimacy and connectedness, and levels of functioning (similarly to cisgender people, i.e., people whose sex and gender identity are congruent). Transgender people are very different and differ among themselves. Transgender can be a symptom, i.e., a manifestation, behaviour, or a sign, and not a personality structure, identification or identity. Let us look at a few examples (27).

A person who really identifies with the opposite-sex stereotypes and whose gender identity is different from sex is a true transgender person who will have dysphoria (dissatisfaction due to the incongruence between gender and sex) (17). During group analysis, it is important to explore all of the aspects of this understanding and see what is the



nosti roda i spola) (17). Tijekom grupne analize potrebno je istražiti sve aspekte tog doživljaja i vidjeti koji je najbolji ishod – ući u tranziciju, odustati od tranzicije, ući u socijalnu, ali ne i tjelesnu tranziciju, prihvatiti svoj psihološki identitet, ali ga ne ostvarivati u tijelu ili nešto drugo (18). Postavlja se pitanje stajališta voditelja grupe prema tim izborima. Može li voditelj grupe istražiti sve te mogućnosti bez vlastite kontra-transferne reakcije koja bi bila vidljiva konkretnom članu grupe (ali i drugim članovima)? Tu treba postaviti i pitanje kako reagiramo s drugim izborima naših članova. Hoćemo li svako nezadovoljstvo tjelesnim izgledom (npr. neka tjelesna malformacija) ocijeniti kao neprihvatanje svoga tijela ili ćemo razumjeti da neke odluke vode boljoj funkcionalnosti i većem zadovoljstvu. Je li operacija promjene spola *acting out* (jer u djelo provodi npr. kastraciju) ili je način povećanja funkcionalnosti tijela? Odražavaju li uvijek tjelesne promjene samo unutarnji svijet osobe? Ili bi promjena društvenih čimbenika (npr. umanjivanje rodних stereotipa) umanjila i potrebu za promjenom tijela?

Osim osoba s „pravom“ transrodnošću postoje i brojni drugi motivi transrodnog ponašanja (27). Npr. mnoge osobe iskorištavaju promjenu vanjskog izgleda u suprotnospolni za zadovoljenje svojih financijskih, poslovnih, narcističnih ili histrioničnih potreba,

best outcome – to enter the transition, to quit the transition, but to enter social (although not physical) transition, to accept one's psychological identity without expressing it through body or something else (18). There is also the question of the attitude of the group leader towards these options. Can a group leader explore all of these possibilities without their own countertransference reactions that are visible to a group member (but also other group members)? We should also raise the question of reacting to other choices of group members. Are we going to assess any dissatisfaction with a person's body (e.g., some physical deformity) as non-acceptance of one's body or shall we assess some of these choices as leading to better functioning and greater satisfaction? Is the sex-reassignment surgery acting out (because the person acts on the castration) or is it the way of bettering one's functionality of the body? Do physical changes always reflect only the inner world of a person? Is it possible that changes in social factors (e.g., lessening of gender stereotypes) can lead to reducing the need to change the body?

Along with people with „true“ transgenderism, there are many other motives of transgender behaviour (27). For example, many people change their external look into the one of the opposite-sex to satisfy their financial, professional, narcissistic or histrionic needs without a genuine wish to change their sex and without dysphoria towards same-sex physical characteristics. For example, someone

bez genuine želje za promjenom spola i bez disforije prema istospolnim tjelesnim značajkama. Naprimjer netko može imati ženski izgled (odjeću, šminku, frizuru), ali istodobno zadržati neke muške osobine (npr. brkove ili bradu). Ta kombinacija (nebinarni izgled) upravo upućuje da ta osoba nije transrodna (jer nema disforiju prema osobinama svojega biološkog spola), nego je motiv vjerojatno drugačiji.

Slično tome, osobe koje imaju transvestitski fetišizam ili autoginefiliju odijevat će se u žensku odjeću ili će tražiti kirurške zahvate isključivo zbog seksualnih poriva, a ne zbog identitetskih razloga. Zbog toga se ta dva stanja klasificiraju kao parafilije, a ne kao rodna disforija (28). Parafilije imaju seksualnu konotaciju, a rodna disforija (transspolnost) nema izravne veze sa seksualnim uzbuđenjem, nego s identitetom (17, 29).

PITANJE RODA I KLINIČKA PRAKSA

Transrodnost, kao i cisrodnost, duboko je ukorijenjena u binarnosti roda i spola. Međutim, psihodinamika je oduvijek ukazivala na kapacitet svake osobe da iskusi i shvati i muške i ženske obrasce. U grupi su se uvijek istraživale različite identifikacije, zrcaljenja i pokusi. Je li onda, kako kaže grupni

can have a feminine appearance (clothing, make-up, hair-style), but at the same time still have some male features (e.g., a moustache or a beard). Such a combination (non-binary appearance) shows that this person is not transgender (as does not have dysphoria towards characteristics of one's own biological sex), but the motive is probably somewhat different.

Similarly, people who have a transvestic fetishism or autogynephilia will wear female clothing or will ask for surgical procedures exclusively due to sexual needs and not for identity issues. Therefore, these two conditions are classified as paraphilias, and not as a gender dysphoria (28). Paraphilias have a meaning, whereas gender dysphoria (transgender) does not have any direct link with sexual excitement, but rather with identity (17, 29).

ISSUES OF GENDER AND CLINICAL PRACTICE

Transgenderism, as well as cisgenderism, are deeply rooted in binary division of gender and sex. Nevertheless, psychodynamic has always pointed to the capacity of every person to experience and understand both male and female patterns. In group analysis, different identifications, mirroring and experiments have always been explored. Group analyst Ha-keem claims that it is necessary to deconstruct gender/sex and its binarity and to accept non-binary aspects of this con-



analitičar Az Hakeem, potrebno u grupi dekonstruirati spol/rod i njegovu binarnost i prihvatiti nebinarnost tog konstrukta (15). Voditelj grupe (kao i terapeut u individualnoj terapiji) ne bi se trebao baviti time što će osoba učiniti sa svojim tijelom i u kojem će se smjeru razvijati proces tranzicije, nego može li osoba istražiti sebe u odnosu sa sobom, ali i u odnosu s drugim ljudima (i u grupi i u društvu).

Posljednjih desetljeća sve se češće u javnom prostoru, ali i u medicinskim postupcima pojavljuju osobe koje se deklariraju kao nebinarne (rodno fluidne, androgine, neutrois itd.) i koje žele svoju nebinarnost iskazati primjenom nebinarnih zamjenica i glagolskih oblika, a neke i stvaranjem nebinarnog tijela (30). Danas postoje i endokrinološke smjernice kako postići nebinarno tijelo da bi osoba uskladila svoj izgled sa svojim identitetom.

Stoga je važno da psihodinamika i grupna analiza tragaju za teorijskim objašnjenjima i razvojnim smjerovima različitih oblika nebinarnih rodova (pri čemu se oni mogu konceptualizirati kao zastranjenja, odnosno odstupanja od normalnog razvoja ili pak kao jedna od više normalnih varijacija razvoja, potpuno jednako kao što i crte osobnosti ne smatramo patologijom, a možemo tragati za njihovim razvojnim uzrocima).

struct (15)? The group leader (as well as a therapist in an individual therapy) should not consider what the person is going to do with their body and in what direction the transition will go, but can the person explore themselves in relation to themselves, but also in relation to other people (both in a group and in a broader society).

In the last few decades, more and more people who define themselves as non-binary (gender fluid, androgynous, neutrois, etc.) appear in public discourse, but also ask for medical procedures. These people want to express their non-binary identity by using non-binary pronouns and verbs (in languages that have different forms for male and female nouns), and some want to form a non-binary body (30). Today, there are endocrinological guidelines on how to achieve a non-binary body in order to make the appearance congruent with the identity.

However, it is important for psychodynamics and group analysis to search for theoretical explanations and developmental pathways of different forms of non-binary genders (whereas these can be conceptualized as deviations or divergence from the normal development or as one of many normal developmental variations in the same way as personality traits are not considered a pathology, yet we can search for their developmental causes).

Clinical practice in a group setting should always try to explore internal experiences. To make this possible, it is of a par-

Klinička praksa u grupi uvijek bi trebala nastojati da se ti unutarnji doživljaji mogu istražiti. Kako bi to bilo moguće, bitno je da osoba osjeća sigurnost da se grupi može povjeriti oko tog pitanja. Yalom smatra da je otkrivanje podataka o sebi (*self-disclosure*) jedan od najvažnijih terapijskih čimbenika u grupi (11). Da bi do otkrivanja moglo doći, treba postojati sigurnost da se taj sadržaj neće zlouporabiti, da osoba neće biti odbačena, osuđena ili proglašena krivom. Zato Yalom više puta ponavlja da se sadržaji koje osoba iznese ne bi nikad smjeli zlouporabiti i da je uloga voditelja grupe, kad primijeti da se takav sadržaj zloupotrebljava, zaustaviti sve druge grupne procese i upozoriti na to što se događa i zaštititi tu osobu (11).

Iskustvo koje će osoba u grupi dobiti (slično iskustvu u primarnoj obitelji) nije bilo tako bitan terapijski čimbenik kao važnost otkrivanja za većinu članova grupe (11). Iznimka su žrtve incesta i žrtve seksualnog zlostavljanja (32). Zanimljivo je da za druge slične skupine (npr. žrtve tjelesnog zlostavljanja) to nije imalo tako veliku ulogu. Stoga je moguće pretpostaviti da i za ljude s transrodnim identitetima (a brojna istraživanja potvrđuju da oni doživljavaju zlostavljanje i neprihvatanje bilo u obitelji ili i u široj socijalnoj grupi) to prihvatanje u grupi i emocionalno iskustvo ponavljanja primarne obiteljske grupe može biti iznimno važno (33).

amount importance to create an environment in which group members feel safe to confess about this issue. Yalom believes that self-disclosure in a group setting is one of the most important therapeutic factors (11). To make self-disclosure possible, group members should be certain that the content would not be abused, that they would not be rejected, condemned or made guilty. Therefore, Yalom reiterates that the content that the group member shares should never be abused. The group leader has a very important role if they realise that the content has been abused. In that case the group leader has to stop all other group processes, indicate what is going on and protect the person (11).

The experience a person is going to have in a group (similarly to experiences in a primary family) is not as important therapeutic factor as self-disclosure, for the majority of group members (11). Victims of incest and survivors of sexual abuse are an exception from this rule (32). Interestingly, seemingly similar groups (such as victims of physical abuse) have not attributed an important role to this element. It is, therefore, possible, that people with transgender identities (plenty of research shows that they experience abuse and rejection in both their family settings and broader social groups) find acceptance by a group and emotional experience of repeating the primary family group more important(33).

With the appearance of transgender and gender-queer psychiatrists, psycholo-



S pojavom transrodnih ili *gender-queer*-psihijatara, psihologa i drugih stručnjaka u području duševnog zdravlja u Hrvatskoj (barem s javnim istupanjem u novim identitetima, jer vjerojatno je i do sada bilo *gender queer*-stručnjaka, samo se tako nisu javno izjašnjavali), bit će zanimljivo kako će grupni analitičari reagirati na pojavu tih stručnjaka u uvodnim tečajevima grupne analize i daljnjim edukacijskim grupama.

SEKSUALNA ORIJENTACIJA I NJEZINO PSIHODINAMIČKO SHVAĆANJE

Uz spol i rod valja istražiti i treću dimenziju, a to je seksualna orijentacija. Grupna analiza (jednako kao i psihodinamika) nema jasnu sliku o tome treba li homoseksualnost gledati kroz perspektivu osobnosti (identiteta) ili kroz prizmu perverzija (12, 34). Neki su autori primjenjivali jedan, a drugi drugi teorijski okvir. I položaj homoseksualnosti u dijagnostičkim sustavima (u vrijeme kad se smatrala patologijom) mijenjala se iz pozicije sociopatske osobnosti u poziciju perverzije (35).

Slično kao i s pitanjem transrodnosti, pitanje seksualne orijentacije nije tako jednostavno, jer seksualna orijentacija uključuje više komponenta: što je to što osobu seksualno privlači, što je to što izaziva seksualno uzbuđenje, što je to

gists and other mental health professionals in Croatia (at least after their coming out, because there has probably already been gender queer professionals, but they have not publicly spoken about it), it will be interesting to see how group analysts will react during training courses in group analysis and further educational courses.

SEXUAL ORIENTATION AND ITS PSYCHODYNAMIC UNDERSTANDING

Along with sex and gender, there is a third dimension, i.e., sexual orientation. Group analysis (the same as psychodynamic therapy) does not have a clear vision whether homosexuality should be considered a personality trait (identity) or a perversion (12, 34). Some authors have used the former and some the latter theoretical frame. The position of homosexuality in diagnostic systems (at the time when it was considered to be a pathology) changed from the position of a sociopathic personality to the position of perversion (35).

Similarly to the question of transgenderism, the question of sexual orientation is not a simple one since sexual orientation incorporates several components: what is it that the person is sexually attracted to, what makes a person sexually aroused, what causes emotional (romantic) attachment, how a person behaves (does), and, finally, how the

što izaziva emocionalnu (romantičnu) vezu, što osoba zaista čini (kako se ponaša) i konačno, kako se osoba doživljava odnosno iskazuje (22). Ponekad te komponente nisu jednoznačne. Motivi za ponašanje mogu biti različiti i ne moraju biti odraz unutarnjeg seksualnog privlačenja ili erotskih fantazija. Drugim riječima, ne postoji jedna i jedina homoseksualnost (ili biseksualnost ili sapioseksualnost ili demioseksualnost), nego je to heterogena grupacija.

Kao i s nebinarnošću i kapacitetom svake zdrave osobe da prihvati i elemente muškog i ženskog u sebi, tako i zdrava osoba može prihvatiti elemente različitih seksualnih tendencija u sebi. Freud je smatrao da socijalni osjećaj (ili privlačenje prema grupi) dijelom proizlazi iz sublimacije homoseksualnih poriva.

No vratimo se na etiološku dvojbu o tome je li homoseksualnost poremećaj psihoseksualnog razvoja (ličnosti) ili perverzija. Sva istraživanja iz druge polovine dvadesetog stoljeća pokazuju da homoseksualne osobe nemaju psihološke značajke na temelju kojih bi ih se moglo razlikovati od heteroseksualnih osoba. Evelyn Hooker je 1957. pokazala da na projektivnim testovima „slijepi“ procjenjivači nisu mogli razlikovati homoseksualne od heteroseksualnih muškaraca (36). Velik broj istraživanja provedenih tijekom 1960-ih i 1970-ih potvrdio je da su homoseksu-

person identifies (22). Sometimes, these components are not congruent. Motives for the same behaviour can be different and do not need to reflect internal sexual attraction or erotic fantasies. Hence, there is not just one homosexuality (or bisexuality, or sapiosexuality, or demi-sexuality) but rather they are heterogeneous concepts.

The same as with the question of non-binary identities, the question of the capacity of a healthy person to accept both elements of male and female characteristics in oneself, a healthy person can accept elements of different sexual tendencies in oneself. Freud believed that social feelings (or attraction towards a group) partly result from sublimation of homosexual drives.

Let us consider the etiological problem of homosexuality as a disorder in psychosexual development (personality) or as a perversion. The research in the second half of the 20th century shows that homosexuals do not have any special psychological characteristics that are different from heterosexuals. Evelyn Hooker showed in 1957 that "blind" assessors were not able to differentiate homosexual from heterosexual men on projective tests (36). A lot of research during the 1960s and 1970s confirmed that homosexual and heterosexual people are equally functional and that there is no difference between them, apart from their sexual orientation (8, 37). Hence, homosexuality was excluded from the list of diseases in 1973.



alne i heteroseksualne osobe jednako funkcionalne i da nema razlika među njima, osim seksualne orijentacije (8, 37). Zbog svega toga 1973. godine došlo je do isključivanja homoseksualnosti iz popisa bolesti.

Novija istraživanja ponašanja homoseksualnih i heteroseksualnih osoba pokazala su da stereotipna stajališta o homoseksualnim osobama nisu točna (38). Većina homoseksualnih muškaraca nisu ženskasti tipovi, ženskih manira i ponašanja. Problem je u tome što većina ljudi (i laika i stručnjaka) zapravo procjenjuje nečiju seksualnu orijentaciju na temelju ponašanja, odnosno rodne uloge. Seksualna orijentacija i rodna uloga dvije su odvojene dimenzije. To pokazuju i istraživanja o sposobnosti ljudi da procjenjuju nečiju seksualnu orijentaciju provedena tijekom 21. stoljeća (39). Suprotno ustaljenom mišljenju da se može na temelju vanjskog izgleda i ponašanja procijeniti nečija seksualna orijentacija, istraživanja te sposobnosti (tzv. *gaydar*) pokazuju da je uspješnost oko 58 %, tj. puki slučaj (40). Samo 20 % homoseksualnih muškaraca pokazuje stereotipno ženskasto ponašanje kakvo je prikazano u filmovima.

Iz toga bi se dalo zaključiti da homoseksualnost nije dio osobnosti. Je li onda homoseksualnost perverzija? Prema Freudovu shvaćanju (koje je gledano iz današnje perspektive izrazito moderno), perverzije su seksualne

Furthermore, new research on the behaviour of homosexual and heterosexual people showed that stereotypical attitudes towards homosexuals are not correct (38). The majority of homosexual men are not “sissy” characters with feminine manners and behaviour. The problem is that the majority of people (both lay people and professionals) assess one’s sexual orientation based on behaviour, which is a gender role. Sexual orientation and gender role are two different dimensions. This was also shown by the 21st century research on the capacities of people to assess one’s sexual orientation (39). Contrary to popular perception that it is easy to assess one’s sexual orientation based on the external appearance and behaviour, this research showed that these capacities (i.e., *gaydar*) have a success rate of 58%, which is a pure chance (40). Only 20% of homosexual men show stereotypical feminine behaviour that is usually represented in movies.

Consequently, this research proves that homosexuality is not a part of personality. Does it mean that homosexuality is a perversion? According to Freud (and this view is, from a hindsight, very modern), perversions are sexual activities which are either (a) outside of the anatomical region of the body that is intended for sexual unification or (b) arrested on an object that should be, in normal circumstances, quickly moved from towards sexual intercourse (2). Current definition of a paraphilia (which is a new word for

aktivnosti koje su ili (a) izvan anatomske regije tijela koja postoji za seksualno sjedinjenje ili (b) zaustavljene na objektu preko kojeg bi se u normalnim okolnostima trebalo vrlo brzo prijeći u smjeru seksualnog odnosa (2). I suvremena definicija parafilije (nova riječ za perverzije) kaže da su parafilije situacije u kojima je izvor seksualne ugone nešto što nije zrela odrasla osoba koja može dati pristanak i dio tijela koji vodi seksualnoj ugoni (28). Freud je imao problem s ljubljnjem, jer bi po ovoj definiciji ljubljenje (usta) predstavljalo perverziju (2). Slično je sa seksualnim odnosom homoseksualnih osoba. Znači li to da homoseksualne osobe koje imaju genitogenitalni kontakt nisu perverzne, a one koje imaju neku drugu vrstu seksualnog odnosa (analni, oralni) jesu? Kako u to uklopiti današnje spoznaje da više ljudi u općoj populaciji sudjeluje u oralnom seksu nego u vaginalnom (heteroseksualnih i homoseksualnih osoba), što je svakako otklon od seksualnog života ljudi na prijelazu 19. u 20. stoljeće (41). Prema novijim istraživanjima oko 15 % ljudi sudjeluje u analnom seksu. Jesu li svi ti (većina) ljudi perverzni?

Ako je homoseksualnost perverzija (ako uopće jest), treba naglasiti da je posljednjih dvadesetak godina došlo do isključivanja sve većeg broja seksualnih ponašanja koja su se prethodno smatrala parafilicima u kategoriju

perversion) says that paraphilic situations are those in which the source of sexual satisfaction is anything but mature adult person that can give consent or a body part that is intended for sexual satisfaction (28). Freud had a problem with kissing, because, with the definition, kissing (mouth) would be considered a perversion (2). It is very similar to sexual activities of homosexual people. Does this mean that homosexual persons who have genito-genital contact are not perverse, whereas those who have other forms of sexual contacts (e.g., anal, oral) are? How to incorporate the definition of the fact that more people in a general population participate in oral sex, compared to vaginal (both heterosexual and homosexual people), which is a change from the usual forms of sexual life of people on the change of the 19th to 20th century (41). New research shows that approximately 15% of people participate in anal sex. Are all of these people (or the majority of them) perverse?

If homosexuality is a perversion (the emphasis is on IF), it should be noted that in the last twenty years more and more sexual behaviours that used to be considered paraphilic have been shifted into the category of normal variations (28). According to contemporary classification, the category of paraphilia comprises only frotteurism, paedophilia, and exhibitionism, i.e., only the paraphilias without the consent of another person (42). Hence, even if we considered homosexuality as



normalnih varijacija (28). Danas su u kategoriji parafilija ostale samo froterizam, pedofilija, ekshibicionizam, tj. one parafilije kod kojih ne postoji pristanak druge osobe (42). Drugim riječima, čak i da homoseksualnost smatramo parafilijom/perverzijom, prema novoj definiciji ona to više ne bi bila.

Ipak, vratimo se razlikovanju seksualne orijentacije od rodne uloge. Koliko god da su to dvije posve odvojene dimenzije ljudskoga života, one su u djetinjstvu povezane. Većina djece koja pokazuje transrodno ponašanje neće biti transrodne osobe u odrasloj dobi. S druge strane, većina transrodnih odraslih bili su transrodni u djetinjstvu. Polovina transrodne djece bit će homoseksualni odrasli (22). Drugim riječima, rod i seksualna orijentacija povezani su fenomeni u djetinjstvu, a negdje tijekom odrastanja dolazi do njihova razdvajanja (John Bancroft ovo naziva tri pruge razvoja – pruga kapaciteta za seksualnim reagiranjem, pruga rodnog identiteta i pruga kapaciteta za dijadnim odnosima – koje su u djetinjstvu razdvojene, a u adolescenciji se isprepliću i povezuju) (43).

SEKSUALNA ORIJENTACIJA U GRUPNOJ ANALIZI

Kao i kod transrodnih osoba, postavlja se pitanje što s homoseksualnim

a paraphilia/perversion, it would not be one according to the new classification.

Nevertheless, let us go back to the differentiation between sexual orientation and gender role. Although these are two separate dimensions of a human life, they are intertwined in childhood. Majority of children who show transgender behaviour will not be transgender adults. On the other hand, the majority of transgender adults were transgender children. Half of the transgender children will be homosexual adults (22). Therefore, it seems that gender and sexual orientation are separated in childhood, but intertwine during maturation. Bancroft claims that there are three strands of development – a capacity for sexual reactivity strand, a gender identity strand and a capacity for dyadic relationship strand – and these are separated in childhood, but intertwine and connect in adolescence (43).

SEXUAL ORIENTATION IN GROUP ANALYSIS

As with the transgender, the same question arises with homosexual therapists. Should a homosexual person be accepted in training? Freud clearly stated that homosexual people should not be denied psychoanalytic training (44). Contemporary group analysts do not see a problem for a homosexual person to be a group analyst. Interestingly, the son of a well-known psychoanalyst Heinz Hartmann was homosexual (45).

terapeutima. Treba li homoseksualnu osobu primiti na edukaciju. Freud je jasno naveo da homoseksualnoj osobi ne treba uskratiti psihoanalitičku edukaciju (44). Moderni grupni analitičari ne vide problem u tome da homoseksualna osoba bude grupni analitičar. Zanimljivo je napomenuti da je sin poznatog psihoanalitičara Heinza Hartmanna bio homoseksualac (45).

Iz perspektive grupne analize William Meyer upućuje nas da kliničar (grupni analitičar) ne treba tragati za etiologijom homoseksualnosti, nego slušati i prihvatiti se analitičkog zadatka istraživanja unutarnjeg svijeta svake osobe (8). On nastavlja da svako zauzimanje stajališta (strana) u borbi pacijenta sa svojim seksualnim osjećajima vodi daljnjoj disocijativnosti, a ne integraciji. Prema Kernbergu krajnji je cilj terapije postizanje unutarnje slobode, dezinhibicija i sposobnosti za potpunim uživanjem u vlastitoj seksualnosti i svim aspektima ljubavnoga života (46). Činjenica je li objekt na koji su usmjereni seksualni osjećaji muški ili ženski istog ili drugog spola od našega ne utječe na naše zadovoljstvo i slobodu.

Kao što se iz ovog kratkog prikaza vidi, oblici iskazivanja našeg rodnog identiteta (naše muškosti, ženskosti, svih varijacija između tih krajnosti), kao i naš svijet seksualnih fantazija, želja i ponašanja vrlo su raznoliki, raznorod-

From the perspective of group analysis, Meyer warns that a clinician (a group analyst) should not seek to find the aetiology of homosexuality, but should listen and accept the analytic task of researching the inner world of every person (8). He continues that any side-taking (expressing one's attitudes) during the patient's struggle with their sexual feelings can lead to further dissociation, instead of integration. Kernberg notes that the ultimate aim of therapy should be reaching inner freedom, disinhibition and the capacity to completely enjoy one's sexuality and all aspects of a love life (46). Whether the object of sexual drives is male or female, of the same or of the opposite sex, does not impact our satisfaction and freedom.

As can be seen from this short review, modes of expressing one's gender identity (masculinity, femininity, or other variations between the two extremes), as well as one's inner world of sexual fantasies, desires and behaviours, are extremely diverse, differentiated and rich. Some people are not restricted to dichotomous, binary categories of male-female, or homo-hetero, but have intermediate forms and non-binary systems. The aim of group analysis is to search for a real, authentic self in a supporting, secure, positive atmosphere of a group process without any labelling and diagnosing, but in search of freedom, creativity and free choices.

From the perspective of the 21st century, in which non-binary categories are both



ni i bogati. Neki ljudi nisu ukalupljeni u dihotomne, binarne kategorije muško-žensko, homo-hetero, nego imaju prijelazne oblike i nebinarne sustave. Cilj grupne analize jest traganje za pravim, autentičnim *selfom*, u podržavajućoj, sigurnoj, pozitivnoj atmosferi grupnog procesa u kojem cilj neće biti etiketiranje i davanje dijagnoza, nego traganje za slobodom, kreativnošću i slobodnim izborima.

U perspektivi modernog 21. stoljeća koje nudi nebinarne kategorije kao moguće i dopuštene svi koji se bavimo mentalnim zdravljem, ali i teorijskim promišljanjima trebamo si postaviti pitanja – može li pravi *self* biti homoseksualan, nebinaran i nije li i heteroseksualnost fiksacija (jer je nesloboda od fluidnosti)?

possible and acceptable, all of us who are mental health professionals and researchers should ask the same question: can a true self be a homosexual, non-binary self and is it possible that heterosexuality is just an arrest (because it is a lack of freedom to be fluid)?

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