

VIRTUALNA GRUPA U LOCKDOWNU

/ VIRTUAL GROUP IN LOCKDOWN

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SAŽETAK/SUMMARY

Članak opisuje rad analitičke grupe koja se održavala virtualno za vrijeme prvog *lockdowna* u proljeće 2020. godine. U razdoblju karantene prouzrokovane pandemijom bolesti COVID-19 internet je omogućio kontinuitet rada grupe putem videolinka u novom modalitetu grupnog rada. U članku su opisane specifičnosti virtualne grupne psihoterapije, prilagodba na novi *setting* i utjecaj jakih psihostresora na grupnu dinamiku. Razmatraju se i mogućnosti i ograničenja virtualne terapije kao i terapeutove kontratransferne reakcije.

/ The article describes the work of a virtual analytical group during the first lockdown in the spring of 2020. During the quarantine period caused by the Covid-19 pandemic, the internet enabled the continuity of the group work via a video link in a new modality. The article describes the specifics of virtual group psychotherapy, adaptation to the new setting, as well as the impact of strong psychostressors on group dynamics. The possibilities and limitations of virtual therapy as well as the therapist's countertransference responses are also considered.

KLJUČNE RIJEČI / KEYWORDS

grupna analiza / *group analysis*, online-psihoterapija / *online psychotherapy*, pandemija / *pandemic*

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UVOD

U vrijeme pandemije bolesti COVID-19 „društvena distanca“ postala je normalna, a internet standardni komunikacijski kanal u svim područjima života i nužnost u pružanju terapije. Postoji određena razina dokaza da psihoterapija putem interneta može biti učinkovita, no još uvijek nema dovoljno istraživanja za procjenu učinkovitosti ni jasnih smjernica, stoga je važno kliničarima pružiti praktična iskustva (1, 2).

Budući da postoje znatne razlike u načinu provođenja i dodatnim etičkim dvojabama, a potrebna je i prilagodba tehnike, u literaturi se govori o *online* psihoterapiji kao novom psihoterapijskom modalitetu (3).

Prijelaz u virtualno okruženje predstavlja znatnu promjenu *settinga*. Da bi se stvorio učinkovit virtualni terapijski prostor, potrebno je na samom početku riješiti tehnička pitanja *settinga*, tj. pripremiti dobar zvuk, osvjetljenje i pozadinu da se svi članovi dobro vide i čuju, što podupire terapijski savez (3). Odgovornost za pripremu, osiguranje privatnosti, povjerljivosti i sigurnosti virtualnog *settinga* više nije samo voditeljeva briga, nego se odnosi na sve članove.

Zbog prirodne tendencije širenja granica u virtualnom *settingu* odgovornost je na voditelju da u grupi istakne ele-

INTRODUCTION

In the reality of the Covid-19 pandemic, “social distancing” has become the norm, and so has the use of the internet which is now a new standard in all areas of life, including psychotherapy. There is some level of evidence that online psychotherapy can be effective, but there is still insufficient research to evaluate its effectiveness or clear guidelines, so it is important to provide clinicians’ practical experience (1, 2).

In the literature we can read about internet psychotherapy as a new psychotherapeutic modality. This new modality shows significant differences in therapeutic methods and techniques used in it. It also produces additional ethical dilemmas (3).

Moving a group to a virtual environment represents a significant change in the setting. In order to create an effective virtual therapy setting, it is necessary to solve the technical issues at the beginning, i.e. to prepare good sound, lighting and background so that all present members can see and hear each other well, which supports the therapeutic alliance (3). The responsibility to prepare the virtual environment and ensure the privacy, confidentiality and security of all members in it is no longer just the concern of the therapist, but of all members as well.

Due to the widening of boundaries in the virtual setting because of the nature of



mente grupnoanalitičkog okvira kako bi se procesi u grupi mogli normalno ostvarivati i da se omogući razvoj simbolične razine mišljenja (4, 5).

Za razumijevanje dinamike *online* grupe psihoterapije važno je razumjeti i društveni kontekst u kojem grupa radi. Pandemija bolesti COVID-19 ima obilježja ugrožavajućeg i traumatičnog događaja. U razdoblju od proglašenja pandemije veći dio stanovništva proveo je vrijeme u nekoj vrsti izolacije, samoizolacije ili karantene, bio ograničenog kretanja ili kontakta s drugim ljudima, zabranjeni su posjeti starijim članovima obitelji, svakodnevno se izvješćuje o bolesnima i preminulima. Zbog *lockdowna* mnogi su ostali bez posla, a neki i bez krova nad glavom nakon potresa koji je pogodio Zagreb 22. ožujka 2020. godine. U medijima se iznosi mnoštvo informacija i katastrofična predviđanja koja dodatno povećavaju osjećaj nesigurnosti.

Psihička trauma mijenja doživljaj svijeta oko nas, utječe na percepciju vanjskog svijeta i njegov odraz na unutarnji svijet objekata (6). Produljeno izlaganje stresu zbog pandemije bolesti COVID-19 u kombinaciji s iščekivanjem novih potresa u Zagrebu dodatno komplicira situaciju. Preduvjet za prorađivanje iskustva traumatskih događaja te mogućnost razrješavanja procesa žalovanja i usvajanja zrelijih obrambe-

the internet, it is the therapist's responsibility to emphasise the psychoanalytic framework so that group processes can flow smoothly, and a symbolic level of thinking can be developed (4, 5).

To understand the dynamics of online group psychotherapy, it is also important to understand the social context in which the group exists. The Covid-19 pandemic has the characteristics of a threatening and traumatic event. During the lockdown, most of the population spent time in some kind of isolation, self-isolation or quarantine. Their freedom of movement was restricted while contacts with other people especially with elderly family members, were forbidden. Cases of illness and death were reported daily. Due to the lockdown, many lost their jobs, and some even lost their homes after the earthquake that hit Zagreb on March 22nd 2020. There is a lot of information and catastrophic predictions in the media that further increase the feeling of insecurity.

It is known that psychotrauma changes the experience of the world around us, affects the perception of the external world and its reflection on the internal objects (6). Prolonged exposure to Covid-19 pandemic stress combined with anticipation of new earthquakes in Zagreb further complicates the situation.

An atmosphere of trust and safeness in the online group is a precondition for discovering and processing traumatic experience as well as resolving the grieving

nih mehanizama moguće je u ozračju povjerenja i sigurnosti u grupi (7).

process and adopting more mature defence mechanisms (7).

PRIKAZ KLINIČKIH MATERIJALA

Do trenutka proglašenja pandemije bolesti COVID-19 analitička grupa radi u klasičnom *settingu*, kontinuirano tri i pol godine, a u njezinu su sastavu četiri muškarca i dvije žene. Svi su visokoobrazovani, radno aktivni i srednje životne dobi, na liječenju su uglavnom zbog anksioznih i depresivnih tegoba te problematika *selfa*.

U fazi proglašenja pandemije grupa se nalazi u fazi povjerenja i intimnosti (prema Lewinu), postignuta je kohezija i članovi samostalno interpretiraju sadržaje. Nakon uvođenja *lockdowna* članovi grupe pokazuju veliko zanimanje za nastavak terapije putem interneta, što govori o vrijednosti njihova iskustva u grupnoj analizi. Svi članovi imali su tehničke uvjete osim M., dali su jamstvo diskrecije, tj. izjavu da razgovore neće snimati kao i da će osigurati privatnost i povjerljivost u prostoru interneta.

Grupa se putem interneta održavala redovito svaki tjedan u istom terminu od 24. 3. do 26. 5. 2020. godine te zatim nastavila s radom u svojem prijašnjem *settingu* kada joj se priključila i M. Dinamika virtualne grupe i prilagodba na novi modalitet rada prikazuje se u nekoliko seansi.

CLINICAL MATERIALS IN THE VIRTUAL SETTING

Before the Covid-19 pandemic, the analytical group consisting of four men and two women, worked in the classic setting, continuously for three and a half years. All group members are highly educated, active and middle-aged individuals who entered into treatment mainly because of anxiety, depression and self-related problems. At the beginning of the pandemic, the group was in the phase of trust and intimacy (according to Lewin), cohesion was achieved, and the group members interpreted the contents by themselves. When the lockdown started, group members showed great interest in continuing online therapy, which indicates the value of their experience in group analysis. All members had technical capabilities except M, and they all signed a guarantee of discretion i.e. a statement that they will not record conversations and that they will ensure privacy and confidentiality of the meeting online. The group therapy was held online every week at the same time in the period from March 24th 2020 to May 26th 2020 and then continued working in its classical setting when M joined the group. The dynamics of the virtual group and the adaptation to the new modality of work is shown through a short overview of the four online sessions.



Prikaz 1. 24. 3. 2020. – Razumijevanje novog i nepoznatog, pronalaženje oslonca u poznatom

Prva virtualna seansa održala se dva dana nakon velikog potresa u Zagrebu. Svi su ispred svojeg ekrana osim M. koja se ispričala i izrazila želju da se što prije priključi. Članovi na ekranu u kućnom ambijentu izgledaju prilično opušteno. K puši, N poluležeći pije kavu, F jede na kauču. Svi dobro raspoloženi. Terapeut: „Kao da smo u novoj grupi?“. F veselo kaže: „I više ne važe stara pravila.“ K ugasi cigaretu opravdavajući se kako je kod kuće to uobičajeno, pokazuje svoj prostor svima. Potom i ostali pokazuju svoj prostor. S kaže: „Ja radim od kuće ovaj tjedan i to je bezveze.“ Voditelj: „Kako je raditi u virtualnoj grupi od kuće?“ V kaže kako je njemu to uobičajen način komunikacije. K kaže najvažnije je da je grupa zajedno, možemo raditi jednako dobro na internetu. Terapeut: „Kako se osjećate nakon potresa i koliko sigurno u prostoru interneta?“ V kaže: „Na internetu smo sigurni od virusa, a potres mi više nije problem.“ S kaže: „Ja se ne bojim virusa, ali se bojim novih potresa. Važno mi je da smo zajedno, osjećam se sigurnije u grupi, internet mi nije problem.“

Komentar: Novi virtualni *setting* u prijelaznom prostoru interneta znatno je

Online session March 24th 2020 - Understanding the new and the unknown, finding support in the familiar

The first virtual session was held two days after the great earthquake in Zagreb. Everyone is in front of their screen, except M who apologized and expressed willingness to join as soon as possible. The members look quite relaxed in their home environment. K is smoking, N drinking coffee while half-lying, F eating on the couch. Everyone is in a good mood. K puts out his cigarette, excusing his behaviour as typical for his home environment and shows his space to everyone. Then the others show their space. S says, "I'm working from home this week and that sucks." Therapist: "What is it like to work in a virtual group from home?" V says this is his usual way of communicating. K says the most important thing is that the group is together and that we can work equally well online. Therapist: "How do you feel after the earthquake and how safe do you feel on the Internet?" V says, "We are safe from viruses on the Internet, and earthquakes are no longer a problem for me." S says, "I am not afraid of viruses but I am afraid of new earthquakes. It is important to me that we are together, I feel safer in the group, and the internet is not a problem for me".

Comment: The new virtual setting in the transitional space is significantly different and does not have an analytical dimension. Group members behave

drugačiji i nema dimenziju analitičkoga. Članovi se ponašaju drugačije u sigurnosti vlastitog prostora, svi su vrlo opušteni i zadovoljni što je grupa na okupu. Prvi dio grupne seanse protječe u snalaženju i upoznavanju novog prostora. Komunikacija posredovana tehnologijom teče uz mnogo distrakcija. Sadržaji se odnose na novi izgled grupe, pažnja je usmjerena na članove i njihov prostor, površno se priča o iskustvima potresa, strahu od zaraze, kao da emocije teško prolaze barijeru ekrana, a internet više služi kao nova igračka u bijegu od traumatske stvarnosti. Pojavljuju se novi otpori i mijenjaju obrane. Voditelj je aktivniji u grupi nego inače, razumije potrebu za prilagodbom, pokušava uspostaviti kontrolu intervencijama kojima definiira granice i novi okvir grupe te povezuje prostor vraćanjem sadržaja: „Imamo ‘novu grupu!’“

Prikaz 2. 7. 4. 2020. – Uspostava novog okvira i učvršćivanje granica

Na trećoj internetskoj seansi virtualno su prisutni svi osim M koja se javila da pokušava osigurati tehničke uvjete. Svi su u vlastitu prostoru, uglavnom u sobi, S je u autu. Kod F u prostoru se čuje televizijski program koji gleda kći, K je pas u krilu, a N mačak kojeg ponosno pokazuje ostalim članovima grupe dok

differently in the safety of their own homes, everyone is very relaxed and happy that the group is together. The first part of the group session is spent finding and getting to know a new group space. Technology-mediated communication causes a lot of distraction. The contents refer to the new look of the group, attention is focused on members and their home, while experiences of earthquakes and fear of infection are superficially talked about. Emotions can hardly cross the screen barrier, and the internet serves more as a new toy allowing an escape from traumatic reality. New resistances appear and defences change. The therapist is more active in the group than usual, understands the need for adjustment, tries to establish control through interventions that define the boundaries and the new framework of the group- The therapist connects the group space by intervention, returning the content to the group: “We have a ‘new group’”.

Online session April 7th 2020 - Establishing a new framework and strengthening boundaries

The third internet session was attended virtually by everyone except M who said she was trying to solve technical issues. They are all at home, mostly in their rooms, S is in the car. At F's apartment the sound of television is heard in the room where his daughter is watching TV, K has his dog in his lap, and N is proudly showing his cat off to other members



se u pozadini čuju supruga i dijete. Terapeut komentira: „Imamo nove članove grupe.“ Glasan smijeh... Terapeut: „U staroj grupi radili smo sa zatvorenim vratima. Biste li sada voljeli raditi u otvorenom prostoru?“ F kaže: „Moja kći nije problem, ne čuje vas jer ima slušalice.“ V kaže da nam treba privatnost koju nemamo kad ona prolazi pokraj ekrana. F kaže: „Onda ću zatvoriti vrata.“ N kaže: „Evo i ja ću zatvoriti vrata.“ Potom šutnja koja kratko traje. S se složi da im treba privatnost. Na kraju grupe terapeut kaže: „Dosta smo danas napravili u našoj virtualnoj grupi.“

Komentar: Verbalna komunikacija prilagođava se tehnologiji, a neverbalna se očituje u obliku otpora i obrana. Članovi dobro raspoloženi i zadovoljni da se grupa sastaje, izbjegavaju neugodne sadržaje, aktivno sudjeluju na površnoj razini. Situacija krize vraća ih na regresivnije pozicije, negacijom i idealizacijama brane se od tjeskobe. Zajednička šutnja, čini se, aktivira separacijsku tjeskobu i ne može potrajati dugo. Terapeut pokušava smanjiti intruzije iz vanjske realnosti, utvrđuje granice, prevladava otpore, a grupnim intervencijama nastoji povezati grupu u cjelinu i stvoriti analitički *setting*. Primjenjuje tehniku „ovdje i sada“ koju treba prilagoditi s obzirom na to da je „ovdje“ u virtualnom prostoru i pita se kako će grupa preživjeti ulazak u svijet odvojenih objekata i moći graditi

of the group while his wife and child are heard in the background. The therapist comments, “We have new members of the group.” Loud laughter... Therapist: “In the old group we worked with the doors closed. Would you like to work in the open now?” F says, “My daughter isn’t a problem, she can’t hear you because I have headphones on”. V says: “We have no privacy when she passes by the screen”. F says, “Then I’ll close the door.” N says, “I will close the door too”. Then a brief silence. S agrees that they need privacy. At the end of the group, the therapist says, “We’ve done a lot today in our virtual group.”

Comment: Verbal communication adapts to technology, while nonverbal takes place in the manifestation of resistance and defence. Members are in a good mood and happy that the group meets, they avoid unpleasant content, and actively participate on a superficial level. The situation of crisis returns them to more regressive positions, they defend themselves from anxiety by negation and idealizations. The shared silence activates the separation anxiety and cannot last long. The therapist reduces intrusions from external reality, strengthens group boundaries, overcomes resistance, connects the group as a whole through group interventions, and creates an analytical setting. She uses the “here and now” technique, which needs to be adapted since the “here” is in virtual space, and she wonders how the group will survive entering the world of separate objects

kvalitetne objektivne odnose virtualno. Pojavljaju se kontratransferni otpori i frustracije, ali i uspješno prevladavaju. Pojavljuje se potreba za supervizijom.

Prikaz 3. 12. 5. 2020. – Prelazak u analitički *setting*

Na osmoj internetskoj seansi terapeut pita: „Kako vam izgleda novi način rada grupe?“ V kaže: „Dobro je, svjesni smo da ne može drugačije“. Zatim kaže kako je nakon dugog razdoblja ponovo imao napadaj panike i osjeća se kao na početku. N kaže: „Nisi na početku.“ F ga pita što je prethodilo tome napadaju. V kaže: „Ne znam, gledao sam vijesti i uzrujao se zbog Stožera, tko će im više vjerovati.“ F kaže: „Oduzeli su nam slobodu i strahom diktiraju kako ćemo živjeti.“ V kaže: „Jako sam ljut.“ N kaže: „Ja te razumijem, iako se ne bojim virusa kao ti, nisam sasvim dobro, ipak sam primijetio kako sam na poslu manje anksiozan kad razgovaram sa šeficom.“ F kaže kako mu se čini da njih dvoje na poslu igraju neke uloge. V kaže: „Moraš igrati uloge.“ Terapeut: „Kao ovdje u grupi?“ V kaže: „Jedino ovdje ne moram igrati uloge, ali vani da.“ N kaže kako je i njemu tako. Šutnja kratko traje potom S kaže kako se osjeća dobro u grupi jer ima podršku članova. N kaže: „Ti kao da si oduvijek s nama iako si došla pred tri mjeseca.“

and be able to build quality object relations virtually. Countertransference resistance and frustrations arise but are also successfully prevailed, there is a need for supervision.

Online session May 12th 2020 - Transition to analytical setting

In the eighth internet session, the therapist asks, "What do you think about virtual group therapy?" V says, "It is okay, we're aware that's the only way," then says he's had a panic attack again after a long time and feels like he's at the beginning. N says, "You are not at the beginning". F asks him what caused this panic attack. V says, "I don't know, I watched the news and was upset about the authorities, who would trust them anymore?" F says, "They have taken away our freedom and are using fear to dictate how we'll live". V says, "I'm very angry." N says, "I understand you, although I'm not afraid of disease like you, I'm not quite well, but still I noticed that I'm less anxious at work when I talk to my boss". F says that it seems to him that the two of them are playing some roles at work. V says, "You have to roleplay". Therapist: "Like here in the group?" V says, "Only here I don't have to play roles, but outside yes". N says it's the same for him. After short silence S says that she feels good in the group because she has the support of the members. N says, "It seems as if you have always been with us even though you came three months ago".



Komentar: Nakon najave popuštanja epidemioloških mjera grupa se okreće unutra. Članovi rezoniraju međusobno i s grupom. Pokazuju bliskost jedni prema drugima kao i prema terapeutu. Primjer davanja podrške novoj članici S koja je ušla u grupu malo prije *lock-downa* oslikava grupni empatijski kapacitet. Grupa osnažuje članove, a internet daje slobodu. Terapeut dopušta deidealizaciju uz transfer putem ljutnje koji služi napretku terapije i izgradnji zrelijeg *selfa*. Autoritet izgleda manje opasan pa članovi grupe mogu biti autentični. Projekcije u transferu lakše prolaze ekran dok je projektivna identifikacija osiromašena, kao da se gubi u prijenosu.

Prikaz 4. 26. 5. 2020. – Završetak karantene

V priča o poslu i kolegama pa kaže: „U razgovoru s majkom osvijestio sam da mi je strah od korone povezan s napadajem panike. Fascinira me kako sam zaboravio da sam kao dijete imao napadaj astme, a taj osjećaj da nemaš zraka sličan je kao kod panike, a i od korone se gušiš. Tko zna što se sve nalazi u mojem nesvjesnom.“ Potom pita terapeuta: „Možemo li se mi fizički okupiti, vani se ljudi okupljaju.“ Terapeut: „Nedostaje li vam fizička blizina?“ F kaže: „Meni nema razlike, čak mi ovako više odgovara.“ S: „Meni ima razlike, ja

Comment: After the easing of epidemiological bans, the group turns inside. Members resonate with each other and with the group. They show closeness to each other as well as to the therapist. The example of providing support to a new member shows the empathic capacity of the group. The group empowers members, and the internet gives them freedom. The therapist allows deidealization through transference and anger that serves to advance therapy and build a more mature self. Authority seems less dangerous so group members can be authentic. The projections in the transfer pass through the screen more easily while the projective identification is lost.

Online session May 26th 2020 – “Unlocking”

V talks about work and colleagues, then says, “In a conversation with my mother, I realised that my fear of the coronavirus is connected with a panic attack. It fascinates me how I forgot that as a child I had an asthma attack, and that feeling of not having air is similar to panic, and even the coronavirus causes respiratory problems. Who knows what is going on in my subconsciousness?” Then he asks the therapist, “Can we physically get together, since people gather outside?”. Therapist: “Do you miss physical intimacy?” F says, “I don’t care, online therapy seems even better to me.” S: “It is not the same therapy for me, I can’t connect like this, nor express how I feel.” N would like to go back to the old group, because M would

se ovako ne mogu povezati ni izraziti što osjećam." N je za povratak u staru grupu jer bi i M tada došla. Terapeut pita nedostaje li im M. V kaže: „Valjda je dobro pa joj grupa ne treba.“ F ne misli da je dobro. N: „Danas se svi mogu priključiti na internet ako hoće.“ V kaže: „Žao mi je zbog nje, nedostaje grupi, ali možemo bez nje.“ Kratka šutnja. K kaže kako je ostao bez posla i osjeća se bezvrijedno. Svi mu govore koliko je važan za grupu i vrijedan. K odgovori: „Jako mi to znači. Ne znam što bih bez vas i grupe“, te se složi sa S da mu nedostaje „prava“ grupa.

Komentar: U grupi se vraća mogućnost iznošenja intimnijih sadržaja, kapacitet za razumijevanje i prepoznavanje različitosti te kretanje prema integraciji. Lakše izražavaju ljutnju i nezadovoljstvo. Istražujući odnose unutar grupe postaju svjesni važnosti fizičke prisutnosti i razmjene emocija da bi se mogli dublje povezati. Analiza otpora i obrana dovela je do boljeg razumijevanja potisnutog sadržaja i prevođenja na svjesni jezik. Napadaj panike člana V može se povezati sa separacijskim poteškoćama u odnosu na gubitak fizičkog prostora, grupe kao cjeline te slabiju dostupnost terapeuta što ograničava terapiju jer se čini kao da ometa proces žalovanja i ostavlja osjećaj krivnje. Spoznavanje ograničenja zadire u narcizam grupe. Pojavljuje se potreba za pravom grupom. Unatoč pokuša-

come then too. The therapist asks if they miss M. V says, “I guess she’s fine so she doesn’t need the group”. F doesn’t think she’s good. N: “Today, everyone can connect to the internet if they want to”. V: “I’m sorry for her, the group misses her, but we can do without her.” A short silence. K says he has lost his job and feels worthless. Everyone tells him how important and valuable he is to the group. K replies, “It means a lot to me. I don’t know how I would feel without a group” and he agrees with S that he misses the “real” group.

Comment: The willingness to present more intimate content, capacity to understand and recognise differences, and to move towards integration returns to the group. They express anger and dissatisfaction more easily. By exploring relationships within the group they become aware of the importance of physical presence and the exchange of emotions so that they can connect more deeply. Resistance and defence analysis has led to a better understanding of repressed content and translation into conscious language. A panic attack can be associated with separation difficulties in relation to the loss of physical space, the group as a whole, and poorer access to therapists. This limits therapy because it seems to interfere with the grieving process, leaving a sense of guilt.

Awareness of limitations encroaches on group narcissism. There is a need for the ‘real’ group. Despite efforts to mimic a realistic analytical setting, the virtual setting brings frustration to anyone except



ju oponašanja stvarnog analitičkog *settinga* takav virtualni *setting* donosi frustracije svima osim F koji zaštićen barijerom ekrana vidi mogućnost lakšeg otvaranja.

RASPRAVA

Pandemija bolesti COVID-19 dovela nas je u poziciju da premjestimo grupnu terapiju na internet, što je terapeutu u početku izgledalo kao velika pustolovina. Članovi grupe prepoznali su mogućnosti virtualne terapije, bržu i jednostavniju povezanost, korist uz uštedu vremena i novca. Internet im daje osjećaj slobode, mogu se otvoreniije izražavati što je u literaturi opisano kao fenomen *online* dezinhibicije (8).

Prelaskom grupe na internet terapeut sebi i članovima daje vremena da se prilagode novom *settingu*.

Doživljaj grupe putem ekrana na samom početku budi znatiželju i uzbuđenje, terapeut prepoznaje vlastite potrebe za učenjem novih suvremenih tehnika vođenja grupe, ali i tjeskobu potaknutu činjenicom da bez edukacije treba voditi grupu na virtualnoj platformi u situaciji nepoznate pandemije.

Potrebno je određeno vrijeme da se grupa uskladi s tehnologijom, navikne na novi način komunikacije, ritam i atmosferu. Neizbježno je komentirati

F who, protected by a screen barrier, sees the possibility of easier opening.

DISCUSSION

The Covid-19 pandemic put us in a position to move group therapy to the internet, which at first seemed like a big adventure to the therapist. Group members recognised the possibilities of virtual therapy, faster and easier connectivity, as well as the benefit of saving time and money. The Internet gives them a sense of freedom, they can express themselves more openly. This is described in the literature as a phenomenon of online disinhibition (8). By moving the group to the internet, the therapist gives herself and group members time to adapt. The group therapy experience on the screen initially creates curiosity and excitement, but the therapist recognises her own need to learn new modern group leadership techniques, and anxiety about the fact that group therapy should work on a virtual platform, in an unknown pandemic situation, without previous education.

It took some time for the group to adjust to the technology and get used to the new way of communication, rhythm and atmosphere. Comments about technical disturbances and distractions were inevitable, but it has proved useful to respond to them immediately, while interpretations of technical difficulties have not proved useful in therapeutic terms (9). The therapist encourages and directs

tehničke smetnje i distrakcije te se pokazalo korisnim odmah reagirati, dok se interpretacije tehničkih poteškoća nisu pokazale korisnima u terapijskom smislu (9). Terapeut potiče i usmjeruje komunikaciju iz daljine, rabi izraze poput „ako sam vas dobro čuo“ i uočava kako imaju terapijsku vrijednost u spoznaji da svi dijelimo nametljivu prisutnost tehnologije kao posrednika. Taj način komunikacije zahtijeva fleksibilnost, razvija novu razinu osjetljivosti i proširuje sposobnost razumijevanja.

S vremenom je tehnologija postala sastavnim dijelom procesa i nije ometa komunikacijski proces kao cjelinu. Članovi su stekli iskustvo da jedni drugima mogu prenijeti doživljaj putem ekrana, međusobno se čuti i razumjeti te se konstruktivno odnositi prema prezentiranom materijalu, otkrivaju da *online* grupa može kontejnirati njihov sadržaj.

U početku virtualne grupe rad je za voditelja vrlo intenzivan jer zahtijeva poznavanje služenja tehnologijom i prilagodbu tehnike rada. Potrebno je kontinuirano pratiti komunikacijski proces, jer se u novim okolnostima one ne može uzeti zdravo za gotovo. Iskustvo „teleprisutnosti“ zahtijeva fokusiranost na tehnološki posredovanu reprezentaciju drugog, istovremeno svjesno izbjegavanje svih potencijalnih ometanja u neposrednom okruže-

online communication, uses phrases like “if I heard you right,” and notices that they have therapeutic value as we all share the intrusive presence of technology as a mediator. This mode of communication requires flexibility, develops a new level of sensitivity, and expands the ability to understand. Over time, technology became an integral part of the process and did not interfere with the communication process as a whole. Group members recognised that they could communicate their messages to each other through the screen, hear and understand each other and constructively refer to the presented material, discovering that an online group could be a good container.

At the beginning of virtual group therapy, the work for the therapist is very intensive because it requires the skills of using technology well and the adaptation of work technique. It is necessary to continuously monitor the communication process, because in the new circumstances it cannot be taken for granted.

The experience of “telepresence” requires a focus on the technologically mediated representation of the other, while consciously avoiding all other potential disturbance. Struggle with distraction is a special challenge, as is personal space for interpretation.

The therapist overcomes her own resistance to technology; maintains safety and reciprocity in the internet as a precondition for therapeutic “holding” to virtually metabolize difficult feelings.



nju. Borba protiv distrakcije poseban je izazov kao i osobni prostor za interpretaciju.

Terapeut prevladava vlastite otpore prema tehnologiji, održava sigurnost i uzajamnost u internetskom prostoru kao preduvjet terapijskog „holdinga“ da bi se mogli metabolizirati teški osjećaji, primjenjuje intervencije kojima suočava članove grupe s time koliko ih prisutnost drugih članova obitelji ometa u otvaranju. Vodeći se prema Yalomu, terapeut nastoji ukloniti prepreke koje blokiraju proces rasta kreiranjem idealnog terapijskog ozračja (10).

Prema Klainu, intervencije u grupnoj analizi kompleksan su pothvat, ali i nužnost (11).

U virtualnom *settingu* intervencije su potpuno drugačije pa se pojavljuje potreba za dodatnom edukacijom, što i drugi voditelji opisuju u literaturi (1).

Da bi uspostavio kontrolu nad *settingom*, terapeut intervencijama treba jasno definirati *online* grupne granice, prisutnost i odsutnost u prostoru, ulazak u grupu i ulogu tehnologije kao posrednika u terapiji, komentira se i prorađuje sve što je izvan grupnoanalitičkog okvira. Tehnikom „ovdje i sada“ povezuje dimenziju virtualnog grupe u cjelinu: „Danas smo ovdje u virtualnoj grupi dosta napravili.“ Odgovornost novog *settinga* koja se dijeli na sve čla-

Sheuses interventions that confront group members as the presence of other family members interferes with opening in the group process. Guided by Yalom, the therapist strives to remove obstacles that block the growth process by creating an ideal therapeutic atmosphere (10). According to Klain, interventions in group analysis are a complex operation, but also a necessity (11).

In the virtual setting, the interventions look completely different, so there is a need for additional education, which is described in the literature (1).

To establish control over the setting, the therapist needs to clearly define online group boundaries, presence and absence in virtual space, group entry and the role of technology as a mediator in therapy. The therapist comments and elaborates on anything outside the group analytical framework. Using the “here and now” technique, she connects the dimension of the virtual group as a whole, “Today we have done a lot here in the virtual group.” The responsibility of the new setting being shared by all members and clearly set rules prove to be an advantage in terms of developing the capacity to adapt and mature (1). The literature also emphasises the importance of a clear and safe group framework when establishing a group but also during various changes in the group framework (1). Since virtual space affects the transfer network, it is necessary to adjust the framework and boundaries in the direction of intersubjective understanding,

nove i jasna pravila pokazuju se kao prednost u smislu razvoja kapaciteta prilagodbe i sazrijevanja (1). U literaturi se ističe i važnost jasnog sigurnog grupnog okvira prilikom uspostave grupe i prilikom različitih promjena u grupnom okviru (1). S obzirom na to da virtualni prostor utječe na mrežu transfera, nužno je prilagoditi okvir i granice u smjeru intersubjektivnog razumijevanja, što odgovara prirodi internetske tehnologije (2,3).

Promjena *settinga* prolazi relativno bezbolno jer prethodno razvijena kohezija drži članove na okupu kao i razumijevanje onoga što pruža teleprisutnost. Iako je *setting* promijenio formu, po svojem značenju u fantaziji članova grupe ostao je manje-više siguran, bliskost između članova grupe i grupna kohezija nisu se izgubili u prostoru interneta, tako da *online setting* nije ugrozio grupu, a to potvrđuju iskustva drugih *online* grupa (4, 5).

Postoje jasni dokazi u literaturi kako je kvaliteta saveza s terapeutom najbolji prediktor pozitivnog ishoda u svim psihoterapijama. Terapeut koji je pozudano prisutan, siguran, neprimjetan, osim u posebnim okolnostima, zapravo je najvažniji dio dobrog i stabilnog *settinga* (5).

Tako se i u virtualnoj grupi pokazala važnom analitičareva empatijska sposobnost. Empatija se potvrdila uz kapa-

which corresponds to the nature of internet technology (2, 3).

Changing the setting is relatively painless because previously developed cohesion keeps members together. Their understanding of what telepresence provides also helps. Although the setting has changed form, it has remained more or less secure in the fantasy of the group members. The closeness between the group members and group cohesion were not lost in the internet space, so the online setting did not endanger the group, as confirmed by the experiences of other online groups (4, 5).

There is clear evidence in literature that the quality of the therapeutic alliance is the best predictor of a positive outcome in all psychotherapies. A therapist who is reliably present, safe, inconspicuous, except in special circumstances, is actually the most important part of a good and stable setting (5).

Thus, the analyst's empathic ability proved to be important in the virtual group as well. Empathy was confirmed through the capacity to connect online with the group through the ability to see, understand, and appreciate their experience, which the group perceives as gratification.

Watching the group's reaction, empathising across the screen and going in a direction that the group accepts or not with on-screen intervention is a completely new experience for the therapist because



citet za *online* povezivanje s grupom, iskustvo da ih analitičar vidi, razumije i cijeni njihov doživljaj, što grupa doživljava kao gratifikaciju.

Gledati reakciju grupe, empatizirati putem ekrana te ići smjerom koji grupa prihvati ili ne takvu intervenciju na ekranu je potpuno novo iskustvo za voditelja jer nedostaje izravan fizički kontakt koji pridonosi iskustvu transfere.

Budući da zajednička fizička prisutnost hrani empatiju te da je presudna za receptivnost i duboku povezanost, potrebno je više truda u nedostatku automatskih i intuitivnih procesa kao što su implicitna imitacija, afektivni izražaji kroz rezonancu i zrcaljenje da bi se pronašao unutarnji doživljaj na ekranu kao i dodatni napor za empatično uranjanje preko barijere ekrana (12).

Uočava se da, čak i kad je pažnja optimalno usmjerena i uspostavljena empatijska veza, ostaje u pozadini neusklađenost fizičkog iskustva transfernog odnosa što otežava empatiziranje i ometa grupne procese pa članovi traže stvarno proživljeno iskustvo transfera jer internet ne zadovoljava transferne potrebe u potpunosti. Rješavanje transferne disonancije iziskuje dodatne napore prisjećanja dugogodišnjeg sastajanja i fizičkih susreta. Prethodne seanse uživo bile su presudne za održavanje emocionalnih veza i razvoj

this type of communication lacks direct physical contact that contributes to the transfer experience.

Since shared physical presence nurtures empathy and is crucial for receptivity and deep connection, more effort is required to find an inner experience on screen in the absence of automatic and intuitive processes such as implicit imitation, affective expressions through resonance and mirroring. Similarly, an additional effort is required to empathise through immersion across the screen barrier (12).

It is noticed that, even when the attention is optimally directed and an empathic connection is established, the inconsistency of the physical experience of the transfer relationship remains in the background, which complicates empathy and hinders group processes. This is why group members seek a truly lived transfer experience because the internet does not fully meet the transfer needs. Addressing transfer dissonance requires additional efforts to recall past meetings in physical presence. Previous live sessions have been crucial for maintaining emotional connections and developing intimacy and have served as reservoirs for a period in which communication over the internet was insufficient (9).

It has been confirmed that one of the more important clinical limitations of internet therapy is that technology changes the nature of intimacy due to

intimnosti u grupi te su služile kao spremnici za razdoblje u kojem je komunikacija putem interneta bila nedostatna (9).

Potvrdilo se da je jedno od važnijih kliničkih ograničenja internetske terapije što tehnologija mijenja prirodu intimnosti zbog nedostatka fizičke prisutnosti (14, 15). Fizička prisutnost pruža osjećaj kontinuiteta i povezuje ljude unutar grupe iskustvom prisutnosti te održava odnos prema realnosti uz jasne granice između unutarnjeg i vanjskog svijeta (13).

Za stvaranje veće prisutnosti terapeuta na ekranu Yalom i Lescz utvrdili su da pomaže samootkrivanje i otvorenost smještena u „ovdje i sada“. Voditeljeva metakomunikacija o vlastitu iskustvu može povećati njegovu virtualnu prisutnost kao i preuzimanje odgovornosti za pogreške i empatija kod neuspjeha (16). Otkrivanjem kontratransfernih osjećaja terapeuta daje se prilika istražiti autentičnost, vlastita očekivanja i reakcije na ograničenja te prenosi poruka o važnosti otvorenog stajališta i realističnih očekivanja.

Ulaskom u prostor interneta dolazi do transformacije odnosa, mijenja se „odnos moći“ što umanjuje status autoriteta. Članovi se osjećaju kompetentno i neovisno na internetu. Grupa stavlja pred terapeuta visoka očekivanja od nove terapije, testira granice i moć au-

lack of physical presence (14, 15). Physical presence provides a sense of continuity and connects people within the group through the experience of presence and maintains a relationship to reality with clear boundaries between the inner and outer worlds (13).

To create a stronger presence of the therapist on the screen, Yalom and Lescz found that self-discovery and openness located in the “here and now” help. A therapist’s metacommunication of her own experience can increase her virtual presence as well as taking responsibility for mistakes and empathy in failure (16). Discovering the therapist’s countertransference feelings provides an opportunity to explore authenticity, one’s own expectations and reactions to limitations. It communicates a message about the importance of an open attitude and realistic expectations.

On the internet, relationships are transformed, the “roles of power” change, and this reduces the status of authority. Group members feel competent and independent online.

The group articulates high expectations of the new therapy, tests the limits and power of authority, which raises the issue of narcissism. The therapist’s narcissism and a new position of authority are exposed to frustration but the quality of the therapist’s narcissism is such that she does not return aggression to the group, which helps members identify with her. This in turn reduces group



toriteta što zadire u narcizam terapeuta. Nova pozicija autoriteta i narcizam terapeuta izloženi su frustraciji, no kvaliteta terapeutova narcizma takva je da ne vraća agresiju u grupu, što članovima pomaže da se identificiraju s njim i utječe na smanjenje narcizma članova grupe (17). Pokazalo se i *online* da je grupa onakva kakav je njezin voditelj.

Introspektivnom elaboracijom kontratransfernih osjećaja nove pozicije autoriteta i pitanja može li bez edukacije voditi grupu posredovanu tehnologijom otkrivaju se nesvjesne projekcije članova grupe koje imaju u odnosu na autoritet. Terapeut kontejnira projekcije putem ekrana, dok je projektivna identifikacija u *online* uvjetima osiromašena zbog odsutnosti tjelesnih manifestacija, nedostatka dijela neverbalne komunikacije, gubitka određenih subliminalnih percepcija i informacija (1, 9).

Grupa ima povjerenje u terapeuta, a i terapeut u grupu te podupire osjećaj da ni on ni grupa nisu toliko krhki da ne bi izdržali izražavanje osjećaja i potreba pa se u novom *online settingu* bavi i sukobima uz dešifriranje transfera. Opisana ljutita reakcija na Stožer koji donosi „krive odluke zabrane okupljanja“ kao manifestacija transfera prema voditelju koji je prividno dostupan. Čini se da virtualni svijet nudi širu moguć-

members' narcissism (17). It has also been shown that an online group is what its leader is.

Introspective elaboration of the countertransference feelings of the new position of authority and the question of whether she can lead a technology-mediated group without education reveals the unconscious projections of the group members that they have in relation to authority. The therapist contains projections through the screen, while projective identification online is impoverished due to the absence of bodily manifestations, lack of nonverbal communication and loss of certain subliminal perceptions and information (1, 9).

The group trusts the therapist, and the therapist trusts the group so she supports the feeling that neither she nor the group is so fragile that they cannot withstand the expression of feelings and needs. In the new online setting the therapist deals with conflicts by decoding the transference.

The angry reaction to the authorities that make a “wrong decision and ban gatherings” happens as a manifestation of transference to the therapist who is seemingly available.

The virtual world seems to offer a wider opportunity to explore authentic parts of the self and conflicts from the security of one's own home, making it easier to express what is hidden in the “real” group (anger at authority). Thus, the relaxed

nost istraživanja autentičnih dijelova *selfa* i konflikata iz sigurnosti vlastitog doma pa lakše izražavaju ono što je u „pravoj“ grupi skriveno (ljutnja na autoritet). Tako se opušteni voditelj „nakon obavljenog zadatka uspostave kohezivne internetske grupe, dobre komunikacije i interakcije“ suočava s burnim interakcijama ljutnje prema autoritetu („Stožer ne radi dobro“). Pojavljuje se projekcija agresije i projektivna identifikacija, sumnjičavost i strah od uništenja.

U višedimenzionalnom prostoru interneta koncept dijeljenja prostora, interakcije i mreže odnosa stapaju se u novi matriks grupe koji se promijenio i proširio. Naglašavanjem matriksa grupe terapeut je stvorio zreliji komunikacijski proces unutar *online* grupe kao cjeline kao i prostor za „treening ega u akciji“ koji se mora prilagoditi virtualnom *settingu* bez svoje tjelesne komponente.

U novom „korona-matriksu“ može se vidjeti kako se trauma manifestira u grupnom sadržaju i kako se članovi nose s traumom.

U početku virtualne grupe članovi imaju potrebu za grupom kao prijelaznim objektom koji umiruje tjeskobu situacije, a sadržaj je uglavnom povezan s vanjskom stvarnošću. Početno „igranje“ u virtualnom prostoru s puno distrakcija može se shvatiti kao bijeg

therapist “after completing the task of establishing a cohesive internet group, good communication and interaction” faces interactions of anger towards authority (“authorities do not work well”). There is a projection of aggression and projective identification, suspicion and fear of destruction that an online group may contain.

In the multidimensional space of the internet, the concepts of space sharing, interaction, and relationship networks are merging into a new group matrix that has changed and expanded. By emphasizing the matrix of the group, the therapist has created a more mature communication process within the online group as a whole. She has also created room for “training the ego in action” which must adapt to the virtual setting since it lacks the body component.

In the new coronavirus matrix, it can be seen how trauma manifests in group content and how members cope with trauma. Initially, the virtual group serves more as a transitional object that calms the anxiety of the situation, and the group’s contents are mostly related to external reality. The initial “playing” in the virtual space, with a lot of distractions, can be understood as an escape from the traumatic reality. Potentially disturbing topics and interactions are avoided, as well as conflicts and experiences that led them to treatment, as well as anything that could threaten the fragile connection provided by the internet presence.



od traumatske stvarnosti. Zaobilaze se potencijalno uznemirujuće teme i interakcije, izbjegavaju sukobi i iskustva koja su ih dovela na liječenje kao i sve što bi moglo ugroziti krhku vezu koju pruža internetska prisutnost.

U cjelini grupa pokazuje tipičnu grupnu situaciju regresije. U kontekstu krize psihički aparat štiti se od reaktiviranih regresivnih dijelova osobnosti, aktivirajući nezrele i primitivne mehanizme obrane (poricanje, cijepanje, projekcije, somatizacije, idealizacije) (7). S kaže: „Mene nije strah, možda malo potresa i da roditeljima ne donesem zarazu, a ne vjerujem da je glavobolja zbog toga“, što je materijal koji se prorađuje.

Prema Bionu, grupa se u regresiji ponaša kao da ima zajednički nesvjesni cilj. Očekuje od voditelja da se suoči s vanjskim neprijateljem i zaštititi je (18). *Online*-grupa pokušava kontrolirati voditelja uz doživljaj bliskosti zajedničkim poricanjem agresije i projekcijom agresije na vanjsku skupinu (Stožer). Voditelj u okolnostima kombinacije jakih vanjskih psihostresora vodi računa da premalo njege ne izazove hostile projekcije koje bi mogle uništiti grupu te izabire biti njegujući do trenutka kada grupa može podnijeti frustraciju. S vremenom, kako se sposobnost članova grupe za nošenje s neugodnim emocijama povećavala, voditelj okreće grupu od vanjskih događaja prema

Overall, the group shows a typical group regression. In the context of crisis, the psychic apparatus protects itself from reactivated regressive parts, activating immature and primitive defence mechanisms (denial, splitting, projections, somatizations, idealizations) (7).

S says, “I’m not afraid, maybe a little scared of the earthquake and that my parents might get ill, but I don’t believe it’s the cause of my headache,” which is the content the group is working on.

According to Bion, the group in regression behaves as if it has a common unconscious purpose. They expect the leader to face the external enemy and protect them (18). The online group tries to control the leader with a sense of closeness by jointly denying aggression and projecting aggression onto an outside group (e.g. authorities). In the circumstances combined strong external psychostressors, the therapist makes sure that too little care does not provoke hostile projections that could destroy the group, and chooses to be nurturing until the group can bear the frustration. Over time, as the group members’ ability to cope with unpleasant emotions increased, the therapist turned the group from external events toward inside and toward their experiences. Thus, gradually, only after adapting to the new setting, the virtual work expands to traumatic experiences and includes the exploration of the unconscious. Initially, the individual unconscious prevails, members explore per-

unutra i prema njihovim doživljajima. Tako se postupno, tek nakon prilagodbe na novi *setting*, virtualni rad proširuje i na traumatske doživljaje i uključuje istraživanje nesvjesnoga. U početku prevladava individualno nesvjesno, članovi dublje istražuju osobna i međusobna pitanja, pojavljuju se ambivalencija, krivnja i želja za reparacijom koja je povezana s uvidom u vlastite agresivne impulse (19).

Priča o agresivnim pulzijama članova grupe bila je potisnuta prije pandemije, kao da su se trudili pokazati u svjetlu koje će zadovoljiti terapeuta i držali „neprijemljive“ agresivne sadržaje izvan grupe. Terapeut je zbog vlastita straha od agresije svojim intervencijama inhibirao agresivne osjećaje u grupi, a na internetu članovi i terapeut lakše podnose agresiju. Terapeut virtualno dopušta veću slobodu interakcije, podupire autonomiju pa tako promjena *settinga* facilitira neke procese i fenomene u grupi koji inače ne bi (tako skoro) došli do izražaja tijekom susreta uživo.

Pandemija i potres vrste su traumatskog iskustva koje grupi donosi gubitak. Grupa traži izlaz pa je povredu uslijed gubitka zamijenila nova grupa, a terapeut potiče proces žalovanja („Nedostaje li vam M?“). Rad na žalovanju virtualno je otežan i donosi ljutnju („Svatko se danas može priključiti na internet ako hoće“) pa M grupa treba

sonal and interpersonal issues more deeply. Ambivalence, guilt, and a desire for reparation arise, which is associated with insight into one's own aggressive impulses (19).

Talking about the aggressive impulses of the group members was suppressed before the pandemic, as if they were trying to present themselves in a way that would satisfy the therapist and therefore kept “inappropriate” aggressive content out of the group. Because of her own fear of aggression, the therapist inhibited aggressive feelings in the group through her interventions, while online the members and the therapist tolerate aggression more easily. The therapist allows greater freedom of interaction online, supports autonomy and thus facilitates some processes and phenomena in the group that would not otherwise (so soon) be expressed in a classic group.

The Covid 19 pandemic and earthquakes are traumatic experiences that bring loss to a group. The virtual group is looking for a way out, so the trauma of loss is replaced by a new group, and the therapist encourages the grieving process (e.g. “Do you miss M?“). Working on grief is virtually difficult and provokes anger (e.g. “Anyone can connect to the internet today if they want.“), so the group needs to forgive M for not being complete, but also the therapist for not being able to provide the “real group”. A member who is absent affects the dynamics because the group finds it difficult to achieve integrity without M, so anger, as well as guilt, arises (V:



oprostiti što nije prisutna, ali i terapeutu jer nije u stanju omogućiti „pravu grupu“. Član kojeg nema utječe na dinamiku jer grupa teško postiže cjelovitost bez M pa se pojavljuje ljutnja, ali i krivnja (V: „Žao mi je zbog nje, ali moramo dalje.“).

Pokazalo se da je tehnologija štiteći od stvarnosti usporila proces žalovanja i izmijenila sposobnost proživljavanja gubitka što se opisuje i u literaturi (14). Analitičko polje kontaminirano je prostorom interneta i odgađa se bolan psihički rad potreban za žalovanje i reparaciju. Ipak, ostati zajedno i dalje se pokazalo kao cilj grupe.

Pokazalo se da trauma može probuditi dijelove prošlosti koje je osoba potisnula i da razumijevanje bolnih iskustva iz prošlosti može pomoći smanjenju težine trenutačnog iskustva (20).

V nakon što doživljava napadaj panike osvještava doživljaj astmatskog napadaja u djetinjstvu i povezuje sa strahom od Covida 19 jer ako se razboli, mogao bi ostati bez zraka i ugušiti se. Grupa mu daje „kisik“ kojeg u internetskom prostoru ipak nema dovoljno pa se pojavljuje žudnja za povratkom grupe u fizički prostor. V daje značenje simptomu, tumači i prevodi svoj napadaj panike („strah od korone je strah da se ne ugušim“) i povezuje s grupom („to sam uz grupu spoznao“) zahvaljujući pret hodnom iskustvu u grupi i razmjenom.

“I’m sorry for her, but we have to move on“).

Technology, which protects from reality, has slowed down the grieving process and altered the ability to experience loss as described in the literature (14). The analytical field is contaminated by the space of the internet and the painful mental work required for mourning and reparation is delayed. Still, staying together proved to be the purpose of the group.

It has been shown that trauma can awaken parts of the past that is repressed and that understanding painful past experiences can help reduce the severity of the current experience (20).

V became aware of his fear of Covid 19 after a panic attack, associating it with a childhood asthma attack when he suffocated due to oxygen deficiency. The group gives him oxygen, but still not enough in the internet space, so the need arises to return to the physical space. V gives meaning to the symptom, interprets and translates his panic attack (“fear of coronavirus is fear of suffocating“) and connects it with the group (“I learned this through the group“) thanks to previous group experience and exchange.

However, the exchange is virtually quite difficult because of online communication and new type of transfer relations since free-floating associations via the screen are delayed. While servicing the group, technology mediates the relation-

Razmjena je ipak virtualno otežana zbog komunikacije u mreži transfernih odnosa i otežanog protoka slobodno lebdećih asocijacija putem ekrana. Tehnologija dok servisira grupu, posreduje u odnosu, ometa prijenos i razmjenu, ulazi u interakciju te mijenja emocionalne izraze i nijanse koji su suptilno prisutni u svjesnoj i nesvjesnoj komunikaciji te ne može dosegnuti u potpunosti dubinu i intenzitet odnosa i procesa uživo (21). Ulaz u nesvjesno otežan je putem ekrana, a odsutnost tjelesne komponente, koja je važan izvor predsvjesnih informacija, predstavlja poteškoću za terapeuta, ali i članove i ometa rad grupe. Tako se pojavljuje žudnja za pravom grupom i stvarnim autoritetom koji štiti i poučava, koji grupi daje mnogo, a od grupe dobiva mnogo. Razmjena se zaista ponovo potvrđuje kao pravi lječidbeni čimbenik grupne analize.

Terapeut traži načine da prevlada prepreke intervencijama rabeći izraze kao što su „internetska terapija ima svoja ograničenja“ te upotrebljava terminologiju razmjene da pokaže grupi kako dijeli isto emocionalno iskustvo. Ta intervencija omogućuje grupi da cijeni način opažanja i podiže svijest o različitim modalitetima terapije koja bi služila „ego-treningu na djelu“ i stjecanju novog jezika grupe. Pokazuje članovima da vide korist, ublažava iskustvo uljeza i narcističke povrede

ship, interferes with transference and exchange, interacts, and changes emotional expressions and nuances that are subtly present in conscious and unconscious communication so that the depth and intensity of “live” relationships and processes cannot fully be reached (21). Entry into the unconscious is difficult through the screen. The absence of the bodily component, which is a significant source of preconscious information, presents a difficulty for the therapist and group members. It interferes with the analytical group processes. Thus, there is a longing for the “real” group and “real” authority that protects and teaches, that gives the group a lot, and gets a lot from the group. Exchange is reaffirmed as a true healing factor of group analysis.

The therapist strives to overcome barriers by intervention. For instance, she says, “internet therapy has its limitations” and uses exchange terminology to show the group how they share the same emotional experience. This intervention allows the group to appreciate the way they perceive something and raises awareness of the different modalities of therapy, which would serve the “ego training in action” and the acceptance of a new group language. It shows group members the benefits of therapy, softens the experience of intruders and narcissistic trauma due to the inability to fully exchange, and, using the learning process through experience, helps to cope with limitations in a constructive way.



zbog nemogućnosti potpune razmjene i procesom iskustvenog učenja pomoćne im nositi se s ograničenjima na konstruktivan način.

U trenutku najave ukidanja karantene aktivira se grupno nesvjesno, osjećaj žrtve i bespomoćnost koju su članovi grupe osjećali za vrijeme potresa i izolacije. Kada velika grupa regredira, u ovom slučaju zbog potresa i epidemije, njezina se „izabrana trauma“ aktivira kako bi poduprla ugroženi identitet grupe i aktivirala kolektivnu obranu od zajedničkih tjeskoba (22).

U grupnim sadržajima pojavljuju se teme koje se odnose na kolektivnu identifikaciju sa stanjem „živjeti pod prijetnjom“. Iskustvo i dijeljenje težine aktualne situacije prisutno je u virtualnom „ovdje i sada“, a primjer toga može se vidjeti u riječima K: „Znao sam da grupa može podnijeti teret situacije.“ Ta izjava može odražavati sukob između identifikacije s potrebom da se izdigne iznad zahtjeva situacije i ljutnje i tjeskobe koji prate istu potrebu.

Kroz grupni sadržaj prorade traume provlači se uloga i važnost obitelji kao primarne grupe koja se skrbi i štiti od izolacije. Potrebe članova grupe ukazivale su na izražen nedostatak obiteljskih funkcija i na važnost učenja u novom socijalnom kontekstu (23). Većina članova nije mogla do svojih roditelja koji su stariji pa ih nisu smjeli ugro-

At the end of the first lock down, the group unconscious is activated revealing the feeling of victimhood and helplessness felt by the group members during the earthquake and isolation. When a large group regresses, in this case due to an earthquake and epidemic, its “chosen trauma” is activated to support the threatened identity of the group also to activate the collective defence against mutual anxieties (22).

In the group contents, topics related to collective identification with the state of “living under a threat” appear. Experience and sharing the weight of the current situation is present in the virtual “here and now”. An example of this can be seen in the words of K: “I knew the group could bear the burden of the situation”. This statement may reflect a conflict between identification with the need to rise above the demands of the situation and the anger and anxiety that accompany the same need.

The role and importance of the family as the primary group that cares for and protects from isolation slips through the group content of trauma processing. The needs of group members indicated a pronounced lack of family functions and the importance of learning in the new social context (23). Most group members protected their elderly parents and did not visit them because of the risk of infection. In virtual space, separation anxiety is reduced. The connection between the members also diminishes the feeling of worthlessness. Through expressing a

žavati svojim posjetom. U virtualnom prostoru olakšava se separacijska anksioznost. Povezanost između članova umanjuje i osjećaj bezvrijednosti. Iznošenjem osjećaja vlastitog nedostatka vrijednosti nakon što je ostao bez posla, K doživljava prihvaćanje i vrednovanje od strane članova.

Izbor „migracije u prostor internetske grupe“ bio je sredstvo da se zadovolji potreba za pripadnošću grupi koja daje zaštitu i snagu suprotstaviti se vanjskoj prijetnji. Prevedeno na simbolički jezik, virtualna grupa pružila je utočište članovima jer su se u traumatičnom događaju poput pandemije bolesti COVID-19 članovi grupe uspjeli okupiti da zaobiđu stvarnost izolacije.

ZAKLJUČAK

Virtualni prostor, kao vrsta prijelaznog prostora, može se iskoristiti u terapijske svrhe, a kao novi terapijski modalitet pokazao je opravdanost i svrhu u okolnostima pandemije bolesti COVID-19.

Da bi virtualna terapija postigla učinak, nužno se pozabaviti komunikacijom, definiranjem grupnog okvira u prostoru interneta te postavljanju realističnih ciljeva u grupnom procesu.

U društvenom kontekstu pandemije i potresa okupljanje na internetu olakšalo

sense of his own lack of value after losing his job, K experiences acceptance and appreciation by other group members.

The choice of “migrating to an internet group space” was a way to cope with an external threat through belonging to a group that provides protection and strength.

Translated into symbolic language, the virtual group provided shelter to members because in the traumatic Covid-19 pandemic, the group managed to be together and bridged the isolation virtually.

CONCLUSION

Virtual space, as a type of transitional space, can be used for virtual therapy as a new therapeutic modality in the context of the Covid-19 pandemic. In effective virtual therapy, it is necessary to set realistic goals, deal with online communication and group setting in the internet space.

In the social context of the Covid 19 pandemic and earthquakes, the online group has relieved lockdown isolation, broadened connectivity and helped members accept limitations.

The therapist's willingness to be with the group online during lockdown had a facilitating effect on the group therapy process.

Despite clinical limitations of the internet therapy, the trauma of lockdown is



je izolaciju stvarnosti *lockdowna* i proširilo mogućnost povezivanja te pomoglo članovima prihvaćanju ograničenja. Spremnost terapeuta da bude s članovima za vrijeme *lockdowna* djelovalo je facilitirajuće na grupnoterapijski proces, a unatoč kliničkim ograničenjima interneta, djelomično se proradila trauma te su na novi način članovi postali svjesniji dinamike koja se zbiva u njima.

Virtualna grupa u stanju je pružiti holding, ali ne može dosegnuti u potpunosti dubinu i intenzitet odnosa i procesa uživo pa se odsutnost tjelesne interakcije može smatrati glavnom preprekom u virtualnoj terapiji. Tehnologija ometa grupne analitičke procese na suptilnoj razini tako što otežava razmjenu i ometa razvoj intimnosti, a pokazalo se da odgađa i proces žalovanja.

Dugoročne učinke virtualnog rada i *lockdowna* na grupu, proučavanje odnosa u *online* prostoru i onoga što on pruža u smislu interakcija i reprezentacija te kako tehnologija može utjecati na prirodu intimnosti i na grupnu dinamiku i dalje treba biti predmet istraživanja.

partially being resolved in a new way and group members have become more aware of their own dynamics.

The virtual group is able to provide holding but cannot fully reach the depth and intensity of the "live" relationship so the absence of physical interaction can be considered as a significant limitation of virtual therapy. Also, technology disrupts group analytical processes on a subtle level, makes exchange difficult, affects intimacy, and delays the grieving process as well.

The long-term effects of virtual therapy and lockdown on the group should be further studied. For instance, further research should analyse online relationships and what they provide in terms of interactions and representations. Another research issue might analyse how technology can affect the nature of intimacy and group dynamics.

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