

SIMBOLIZAM I SIMBOLIZACIJA U PSIHOSOMATSKIM STANJIMA

/ SYMBOLISM AND SYMBOLIZATION IN PSYCHOSOMATIC CONDITIONS

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SAŽETAK/ABSTRACT

Psihoanalitičko objašnjenje i razumijevanje psihosomatske bolesti i somatskog simptoma može se, u najširem smislu, promatrati kroz dva glavna pristupa: jedan koji simptom vidi kao proizvod psihičkog konflikta (s njegovim temeljnim nesvjesnim fantazijama) i drugi koji naglasak stavlja na nedostatak u pacijentovoj psihičkoj strukturi i sposobnosti simboličkog funkcioniranja. Oba se pristupa mogu dovesti u vezu s načinom kako je gledan somatski simptom u kontekstu psihoanalitičkog simbola i simboličke funkcije. U ovom je radu dan sažet pregled razvoja koncepta simbolizma i simbolizacije u psihoanalitičkoj teoriji te teorijski pogled na ulogu i funkciju simbolizma i simbolizacije u razumijevanju psihosomatske bolesti.

/ Psychoanalytic explanation and understanding of psychosomatic illness and somatic symptoms can, in the broadest sense, be viewed through two main approaches; one that views the symptom as a product of psychic conflict (with its underlying unconscious fantasies) and another that emphasizes a deficiency in the patient's psychological structure and capacity for symbolic functioning. Both approaches can be linked to the way somatic symptoms are viewed in the context of the psychoanalytic symbol and symbolic function. This paper provides a concise overview of the concept of symbolism and symbolization in psychoanalytic theory, as well as a theoretical view of the role and function of symbolism and symbolization in the understanding of psychosomatic illness.

KLJUČNE RIJEČI / KEY WORDS

simbol / *symbol*, simbolizam / *symbolism*, simbolizacija / *symbolization*, somatski simptom / *somatic symptom*, psihosomatska bolest / *psychosomatic illness*

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UVOD

... razlika između tijela i uma samo je verbalna, a ne esencijalna, tijelo i um jedna su cjelina, sadrže Ono, silu koja živi u nama dok vjerujemo da živimo. (...) Drugim riječima, od početka sam odbijao razdvajanje tjelesnih i duševnih bolesti, pokušavao sam liječiti bolesnika kao pojedinca, Ono u njemu, i pokušavao pronaći put u neistražena i nedostupna područja...

Georg Groddeck, 1917.

Uloga emocija u bolesnim stanjima i njihovo povezivanje s nastankom bolesti tema je koja traje još od antičkog doba. U nastanku suvremene psihosomatske medicine bitnu su ulogu imale psihoanalitičke opservacije i pojašnjenja geneze mnogih bolesti. Psihoanalitička pretpostavka o važnosti nesvjesnih sukoba i međudjelovanja psiholoških, bioloških i socijalnih čimbenika u razvoju bolesti bila je u osnovi razumijevanja niza psihosomatskih bolesti. Za psihoanalizu se može reći da je ukorijenjena u tjelesnom iskustvu. Malkin (1) navodi da početak psihoanalize pripada histeričnom tijelu i njegovu simptomu koji odbija govoriti zajednički jezik i umjesto toga stvara vlastitu jedinstvenu poruku koju treba dekodirati. U ranom modelu psihoanalitičkog razumijevanja psihosomatske bolesti u osnovi je bila ideja da intrapsihički (osobito preedipski) konflikti i emocije povezane s njima imaju središnju ulogu u patogenezi bolesti (2),

INTRODUCTION

... the distinction between body and mind is only verbal and not essential, that body and mind are one unit, that they contain an It, a force which lives us while we believe we are living. (...) In other words, from the first I rejected a separation of bodily and mental illnesses, tried to treat the individual patient, the It in him, and attempted to find a way into the unexplored and inaccessible regions..."

Georg Groddeck, 1917

The role of emotions in states of illness and their association with the onset of diseases is a topic that has been discussed since ancient times. Psychoanalytic observations and explanations of the genesis of many diseases played an important role in the emergence of modern psychosomatic medicine. The psychoanalytic assumption about the importance of unconscious conflicts and the interplay of psychological, biological, and social factors in the development of a disease was the basis of understanding various psychosomatic diseases. It can be said that psychoanalysis is rooted in bodily experience. Malkin (1) states that the beginning of psychoanalysis belongs to the hysterical body and its symptom which refuses to speak a common language and instead creates its own unique message which needs to be decoded. In the early model of the psychoanalytic understanding of psychosomatic illness, the basis was the idea that intrapsychic (especially pre-oedipal) conflicts and



pri čemu su emocije promatrane kao derivati nagona koji, ako se redovito ne otpuštaju, stvaraju tjelesnu napetost i nepovoljne fiziološke promjene. Međutim, nije bilo suglasnosti oko toga imaju li simptomi psihosomatskih bolesti primarno simboličko značenje, usporedivo sa simptomima histerije. Kasnija istraživanja u području psihosomatike ponudila su dokaze o povezanosti somatskih poremećaja s emocijama koje su ostale slabo diferencirane i neregulirane zbog manjka sposobnosti za formiranje reprezentacija afekata (3). Nemiah i Sifneos (4), na temelju rezultata vlastitih empirijskih istraživanja, utvrdili su da pacijenti sa psihosomatskom bolešću nisu potpuno svjesni svojih osjećanja, nemaju kapaciteta verbalizirati vlastite doživljaje, te da postoji odsutnost ili siromaštvo fantazija ili sličnog materijala vezanog za misli, stavove i osjećanja o vlastitu unutar-njem životu. U psihoanalitičkom objašnjenju psihosomatske bolesti možemo razlikovati, u najširem smislu, dva glavna pristupa: jedan koji vidi simptom kao proizvod psihičkog konflikta (s njegovim temeljnim nesvjesnim fantazijama) i drugi koji naglasak stavlja na nedostatak u psihičkoj strukturi pacijenta i sposobnosti simboličkog funkcioniranja (5). Nedostatak sposobnosti simboliziranja (čak i na primitivan način) posebno su istraživali i opisivali psihoanalitičari pariške škole psihosomatike. Psihosomatska teorija

the emotions associated with them play a central role in the pathogenesis of illness (2), and emotions are viewed as derivatives of drives which, if not regularly released, create physical tension and unfavorable physiological changes. However, there was no agreement on whether the symptoms of psychosomatic diseases have a primary symbolic meaning, comparable to the symptoms of hysteria. Later research in the field of psychosomatics offered evidence for the connection of somatic disorders with emotions that remained poorly differentiated and unregulated due to the lack of ability to form representations of affects (3). Based on the results of their own empirical research, Nemiah and Sifneos (4) determined that patients with psychosomatic diseases are not fully aware of their feelings, they do not have the capacity to verbalize their own experiences, and that there is an absence or scarcity of fantasies or similar material related to thoughts, attitudes and feelings about one's own inner life. In the psychoanalytical explanation of psychosomatic illness, we can distinguish, in the broadest sense, two main approaches: one that views the symptom as a product of intrapsychic conflict (with its underlying unconscious fantasies) and another that emphasizes a deficiency in the patient's psychological structure and capacity for symbolic functioning (5). The lack of ability to symbolize (even in a primitive way) was especially investigated and described by the psychoanalysts of the Paris Psychosomatic School.

danas daje veći naglasak na negativan učinak traumatskih događaja, simbolizirajuću funkciju uma, sposobnost koja je ključna za kognitivnu obradu i regulaciju emocija (2, 6). Svrha je ovog rada prikazati teorijski pogled na ulogu i funkciju simbolizma i simbolizacije u razumijevanju psihosomatske bolesti.

SIMBOL, SIMBOLIZAM I SIMBOLIZACIJA U PSIHOANALITIČKOJ TEORIJI

Psihoanalitički pogled na formiranje simbola izveden je iz Freudova rada na tumačenju snova i njegovih otkrića da simptomi histerije nose skrivena značenja (6, 7). Petocz (7) smatra da je temelj za opću teoriju simbola i znanstveno tretiranje simbolizma upravo postavljen u ranim radovima Sigmunda Freuda. Općenito, pojam simbolizma usko je povezan sa psihoanalizom, a riječi simbolika, simbolizam i simboliziranje u vrlo su čestoj uporabi i s različitim značenjima. Prema Laplancheu i Pontalisu (8), vrlo je teško omeđiti psihoanalitičku uporabu spomenutih pojmova i razlučiti njihova višestruka značenja jer se simboličkim mišljenjem, stvaranjem i uporabom simbola bave različite discipline. Bertalanffy (9) smatra da je jedinstvena karakteristika ljudskog ponašanja sposobnost donošenja odluka na simboličkoj razini i da čovjekova specifičnost počiva na racionalnom po-

Nowadays, psychosomatic theory places greater emphasis on the negative impact of traumatic events, on the symbolizing function of the mind, an ability that is essential for cognitive processing and emotion regulation (2, 6). The aim of this paper is to present a theoretical view of the role and function of symbolism and symbolization in the understanding of psychosomatic illness.

SYMBOL, SYMBOLISM AND SYMBOLIZATION IN PSYCHOANALYTIC THEORY

The psychoanalytic view of symbol formation was derived from Freud's work on the interpretation of dreams and his discovery that symptoms of hysteria carry hidden meanings (6, 7). Petocz (7) believed that the foundation for the general symbol theory and the scientific treatment of symbolism was laid in Sigmund Freud's early works. In general, the concept of symbolism is closely related to psychoanalysis, and the words symbol, symbolism, and symbolization are used very frequently and with different meanings. According to Laplanche and Pontalis (8), it is very difficult to delineate the psychoanalytic use of these terms and to distinguish their multiple meanings, given that symbolic thinking, creation and use of symbols are researched by different disciplines. Bertalanffy (9) believed that a unique characteristic of human behavior is the ability to make decisions at the symbolic level and that the speci-



našanju, odnosno na ponašanju usmjerenu simboličkom anticipacijom cilja.

Određenje psihoanalitičkog simbola

Unatoč tomu što je simbolička aktivnost jedna od temeljnih manifestacija ljudskog uma, ne postoji općeprihvaćena definicija „simbolike“ (7). S. Freud (10, 11) određuje simbol kao nesvjesni, filogenetski naslijeđeni univerzalni kod, a riječ „simbol“ rezervirana je za one „univerzalne“ simbole koji se pojavljuju u snovima (i također u mitovima i folkloru). Također, S. Freud (12) koristi se pojmom „simbol“ pri prikazu simptoma pretvorbe u histeriji, gdje uvodi pojam simbol sjećanja (engl. *mnemic symbol*) i proces simbolizacije. U „Preliminarnom priopćenju“ i u „Studijama o histeriji“ postulira histerični simptom kao simbol sjećanja na patogeni traumatizam ili konflikt. Simbol je ekvivalentan reprezentaciji nečega, što se kao nedostupno očituje simbolički kroz simptomatiku (13). Jones (14), slijedeći misao S. Freuda, navodi da je u psihoanalitičkom smislu simbol nadomjestak za primarnu ideju, prisilno formiran kao kompromis između tendencije nesvjesnog kompleksa i inhibirajućih čimbenika, dok se funkcionalna interpretacija uglavnom bavi svjesnijim reakcijama i sublimacijama nesvjesnog kompleksa. Psihoanalitički simbol formira se kada dođe do potiskivanja apstraktne veze između repre-

ficity of humankind rests on rational behavior, i.e. behavior directed by symbolic anticipation of a goal.

Psychoanalytic symbol determination

Despite the fact that symbolic activity is one of the most fundamental manifestations of the human mind, there is no universally accepted definition of “symbolism” (7). S. Freud (10, 11) defined the symbol as an unconscious, phylogenetically inherited universal code, and the word “symbol” is reserved for those “universal” symbols that appear in dreams (and also in myths and folklore). Moreover, S. Freud (12) used the term “symbol” when describing the symptoms of conversion in hysteria, where he introduced the concept of mnemic symbol and the process of symbolization. In “Preliminary Communication” and “Studies on Hysteria” he postulated the hysterical symptom as a symbol of the memory of a pathogenic trauma or conflict. A symbol is equivalent to the representation of something unavailable that manifests itself symbolically through symptoms (13). Building on S. Freud’s thought, Jones (14) stated that in the psychoanalytic sense a symbol is a substitute for a primary idea, forcibly formed as a compromise between the tendency of the unconscious complex and inhibiting factors, while functional interpretation mainly deals with more conscious reactions and sublimations of the unconscious complex. A psychoanalytic symbol is formed when

zentacije (manifestni simbolički oblik) i onoga što je predočeno (latentni simbol). Simbol je manifestni izraz za ideju koja je više ili manje skrivena, tajna ili čuvana u rezervi. Najtipičnije od svega jest da osoba koja upotrebljuje simbol nije niti svjesna što on zapravo predočuje. Simboli se stvaraju spontano, u širem smislu riječi, nesvjesno (14). Encckell (15) značenja simbola svrstava u tri kategorije. U najširem smislu, simbol je sve (riječ, slika, znak itd.) što predočuje ili se odnosi na nešto drugo. Prema srednjoj uporabi, simbol se odnosi na reprezentacije koje se doživljavaju kao takve, pri čemu subjekt koji govori zna da simbolizira i svjestan je aktivnosti koja daje značenje. U najužem smislu, simbol je prikaz sa specifičnom strukturom dvostrukoga značenja. Prvo je manifestno i očito značenje i iza ovoga postoji drugi, latentni smisao. Do drugog se značenja dolazi preko prvog terapijskim procesom.

Formiranje simbola

Verbalizacija je intrapsihički proces koji je funkcija ega i s pomoću kojeg naše misli i osjećaje prenosimo u riječi i gramatičke oblike. Reprezentacija riječi povezana je s reprezentacijom objekta i ovaj je odnos za S. Freuda (16) u osnovi simbolizacije, mentalne predožbe dojmova koje dijete povezuje na osnovi svojih percepcija iz okoline i vlastitih fantazama uvjetovanih njegovom na-

there is repression of the abstract connection between the representation (manifest symbolic form) and what is represented (latent symbol). A symbol is a manifest expression for an idea that is more or less hidden, secret, or kept in reserve. Most typically, a person who uses a symbol is not aware of what it actually represents. Symbols are created spontaneously, and in the broadest sense of the word, unconsciously (14). Encckell (15) classifies the meanings of symbols into three categories. In the broadest sense, a symbol is anything (word, image, sign, etc.) that represents or refers to something else. In the average use, a symbol refers to representations that are experienced as such, wherein the speaking subject knows that they are symbolizing and is aware of the activity that gives meaning. In its narrowest definition, a symbol is a representation with a specific structure of double meaning. The first is the manifest and obvious meaning, and behind it there is a second, latent meaning. The second meaning is reached through the first meaning, in the course of the therapeutic process.

Symbol formation

Verbalization is an intrapsychic process which is a function of the ego, by which we transfer our thoughts and feelings into words and grammatical forms. The representation of words is connected to the representation of an object, and for S. Freud (16), this relationship is at the heart of symbolization, the mental representa-



gonskom aktivnošću. Prema Segal (17), formiranje simbola aktivnost je ega koja počinje vrlo rano razvojem objektnih odnosa i pokušajem ega da se nosi s tjeskobama izazvanima njegovim odnosom prema objektu. Način na koji se simboli oblikuju i upotrebljavaju, kao i sadržaj simbola, odražava stanje razvoja ega i način na koji se ego nosi sa svojim objektima. Segal (17) uvodi i pojam „simboličke jednadžbe“ između izvornog objekta i simbola u unutarnjem i vanjskom svijetu. Simbolička se jednadžba upotrebljuje za poricanje odsutnosti idealnog objekta ili za kontrolu onoga koji progoni i pripada paranoidno-shizoidnom funkcioniranju. Stvaranje simbola potiče razvoj sposobnosti komuniciranja jer se sva komunikacija (komunikacija s vanjskim svijetom i komunikacija s vlastitim nesvjesnim fantazijama) ostvaruje s pomoću simbola. Sposobnost komuniciranja sa samim sobom uporabom simbola osnova je verbalnog mišljenja. Važan aspekt unutarnje komunikacije jest integracija ranijih želja, tjeskoba i fantazija u kasnije faze razvoja preko simbolizacije. Proces formiranja simbola kontinuirani je proces spajanja i integracije unutarnjeg s vanjskim, subjekta s objektom i ranijih iskustava s kasnijima. Formiranje simbola način je neizravnog ili figurativnog predočivanja važne ideje, sukoba ili želje. Sposobnost prelaska s konkretnog odnosa prema arhaičnim objektima na simbolički odnos prema zamjenskim objektima (simboli-

tion of impressions that a child connects on the basis of its own perceptions of the environment and fantasies conditioned by its instinctual activity. According to Segal (17), symbol formation is an activity of the ego that begins very early, with the development of object relations and the ego's attempt to cope with the anxieties caused by its relationship to the object. The manner in which symbols are formed and used, as well as the content of the symbols, reflects the state of development of the ego and the way in which the ego copes with its objects. Segal (17) also introduced the concept of a "symbolic equation" between the original object and the symbol in the inner and outer world. The symbolic equation is used to deny the absence of the ideal object or for controlling a persecutor, and it belongs to paranoid-schizoid functioning. Symbol creation promotes the development of communication skills, since all communication (communication with the outside world and communication with one's own unconscious fantasies) is achieved through symbols. The ability to communicate with oneself using symbols is the basis of verbal thinking. An important aspect of internal communication is the integration of earlier desires, anxieties and fantasies into later stages of development through symbolization. The process of symbol formation is a continuous process of merging and integrating the internal with the external, the subject with the object, and earlier experiences with later ones. Symbol formation is a way of indirectly or figu-

ma) znači i razvojno postignuće i korak učinjen zbog tjeskobe koja se pojavljuje u odnosu prema primarnim objektima. Proces formiranja simbola koji je opisala Segal (17), proširujući teoriju simbola M. Klein (18), blisko odgovara Bionovu konceptu „alfa-funkcije“ (19) koju je smatrao nekom vrstom mentalne probave koja transformira emocionalne osjetilne dojmove (beta-elemente) u alfa-elemente koji se mogu rabiti u slikama, snovima, mislima i sjećanjima (6). Naime, za Biona (19) emocionalno iskustvo ne može dogoditi izvan odnosa. U odnosu beba-majka majka se koristi svojim kapacitetom kontejniranja i svojim sanjarenjem kako bi shvatila dojenčetova emocionalna stanja. Njihova alfa-funkcija omogućuje im transformaciju tih emocija u izričaj ili smislenu gestu. Dojenče introjicira ovu dijeljenu aktivnost tako da se kontejner/kontejnirano nalazi u njoj kao dio aparata za alfa-funkciju, što dojenčetu i majci omogućuje da stupe u kontakt sa svojim emocionalnim životom i transformiraju emocije u alfa-elemente i prošire svoj um. U ovom odnosu dolazi do izražaja majčino „maštarenje“, što je proces kojim majka prima djetetove emocionalne projekcije, reflektira na njih i vraća ih djetetu u smislenomu stanju. Majčinsko sanjarenje služi kao model za sve procese razmišljanja, jer u umu uvijek postoje objekt „majka“ i objekt „dijete“, a mišljenje je proces emocionalne probave i postupno građenje odnosa (20).

ratively representing a significant idea, conflict or desire. The ability to transition from a concrete relationship towards archaic objects to a symbolic relationship towards substitute objects (symbols) is both a developmental achievement and a step taken due to the anxiety that arises in relation to primary objects. The process of symbol formation described by Segal (17), extending the symbol theory of M. Klein (18), closely matches Bion's concept of the "alpha function" (19), which he considered a sort of a mental digestion that transforms emotional sensory impressions (beta elements) into alpha elements that can be used in images, dreams, thoughts and memories (6). For Bion (19), emotional experience cannot occur outside of a relationship. In an infant-mother relationship, the mother uses her capacity for containment and her daydreaming to understand the infant's emotional states. Their alpha function allows them to transform these emotions into an expression or a meaningful gesture. The infant introjects this shared activity in such manner that the container/contained is located within it as part of the alpha function apparatus, which allows the infant and the mother to get in touch with their emotional life and transform emotions into alpha elements and expand their minds. This relationship highlights maternal "dreaming", a process in which the mother receives the child's emotional projections, reflects on them, and returns them to the child in a meaningful form. Maternal daydreaming serves as a model for all thinking



Simbolizacija i simbolizam

Pojmovi simbolizacija i simbolizam, iako su različiti, dijelom se i preklapaju. Razlikovanje tih pojmova ima implikaciju i za kliničku praksu (6). Simbolizacija je regresivan psihički proces koji je neprekidno aktivan u životu ljudi koji u ovdje i sada preoblikuje nešto što se događalo ili doživljavalo tamo i tada, a što je skriveno i potisnuto. Pojam simbolizacija više naglašava funkciju nego sadržaj. Moore i Fine (21) navode da je simbolizam oblik neizravne reprezentacije, a simbolizacija jedinstven ljudima svojstven psihički proces u kojem jedna mentalna reprezentacija predočuje drugu, označujući njezino značenje ne točnom sličnošću, već nejasnom sugestijom ili nekim slučajnim ili konvencionalnim odnosom. U širem smislu, simboli obuhvaćaju sve zamjene za riječi koje predočuju ideju, kvalitetu ili ukupnost (uporabljaju se u matematici, fizici, kemiji, glazbi, fonetici i jeziku). U psihoanalizi se razlikuju dvije vrste takvoga neizravnog prikazivanja. U slučaju svjesnog znaka, odnos između označitelja (zvučne slike) i onoga što je označeno (koncept) proizvoljan je i diktiran konvencionalnim dogovorom (kao što je slučaj s većinom riječi). Simbol, s druge strane, ima svjesni manifestni oblik, ali također latentno predočuje nesvjesni mentalni sadržaj, a odnos između simbola i njegova referenta nije proizvoljan, nego se te-

processes, because in the mind there is always a "mother" object and an "infant" object, and thinking is a process of emotional digestion and gradual building of relationships (20).

Symbolization and symbolism

The terms symbolization and symbolism, although different, overlap to some extent. The distinction between these terms has implications for clinical practice as well (6). Symbolization is a regressive mental process that is constantly active in people's lives, transforming something hidden and repressed that happened or was experienced "there and then" into "here and now". The term symbolization emphasizes function more than the content. Moore and Fine (21) observed that symbolism is a form of indirect representation, and symbolization is a uniquely human mental process in which one mental representation represents another, signifying its meaning not by exact similarity, but by vague suggestion or some accidental or conventional relationship. In a broader sense, symbols encompass all substitutes for words that represent an idea, quality or totality (they are used in mathematics, physics, chemistry, music, phonetics and language). In psychoanalysis, two types of such indirect representation are distinguished. In the case of a conscious sign, the relationship between the signifier (sound) and the signified (concept) is arbitrary and dictated by conventional agreement (as is the case

melji na nekoj percipiranoj sličnosti ili analognosti (kuća bi mogla predočivati ljudsko tijelo ili kula predočuje penis) (21). Filozofkinja Susanne Langer (22) simbolizaciju vidi kao osnovnu potrebu, koja se očituje samo u čovjeka. Funkcija stvaranja simbola jedna je od čovjekovih primarnih aktivnosti, poput jedenja, gledanja ili kretanja. To je temeljni proces njegova uma i zbiva se cijelo vrijeme. Simbolizacija je proces povezivanja i stvaranja značenja koji uključuje primarni i sekundarni proces mišljenja. U tom procesu nesvjesno stvara značenja i generira nova iskustva. Laplanche i Ponatlis (8) navode šire i uže značenje simbolizma. Simbolizam je, u širem smislu, način posrednog i slikovitog prikazivanja nesvjesne ideje, konflikta i želje, te se u tom smislu simboličnom može smatrati svaka zamjenska tvorba. U užemu je smislu način povezivanja samosvojan prije svega po konstantnosti odnosa između simbola i nesvjesnog koje je simbolizirano. Konstantnost se odnosi ne samo na iste ili različite jedinice nego i na najraznorodnija područja kao što su mit, religija, folklor, jezik itd. Psihoanalitički simbolizam derivat je nagona i ukorijenjen je u primarnom procesu, bliži je identitetu percepcije i relativno je u sadržaju ograničen na prikrivene reprezentacije tjelesnog selfa, infantilnih objekata, rođenja i smrti, i povezanog infantilnog konflikta i iskustva.

with most words). A symbol, on the other hand, has a conscious manifest form, but also latently represents unconscious mental content, and the relationship between the symbol and its referent is not arbitrary, but is based on some perceived similarity or analogy (a house might represent the human body or a tower might represent the penis) (21). The philosopher Susanne Langer (22) viewed symbolization as a basic need evident only in humans. The function of symbol creation is one of the primary human activities, such as eating, seeing or moving. It is a fundamental process of the mind and it occurs all the time. Symbolization is a process of connecting and creating meaning that includes primary and secondary processes of thinking. In this process, the unconscious creates meanings and generates new experiences. Laplanche and Ponatlis (8) differentiated between a broader and narrower meaning of symbolism. Symbolism in a broader sense is a way of indirectly and pictorially representing an unconscious idea, conflict and desire, and in this sense any substitute creation can be considered symbolic. In a narrower sense, the manner of connecting is unique primarily due to the constancy of the relationship between the symbol and the unconscious that is symbolized. Constancy applies not only to the same or different individuals, but also to the most diverse areas such as myth, religion, folklore, language, etc. Psychoanalytic symbolism is a derivative of drive, rooted in the primary process, closer to the identity of perception,



Blum (23) naglašava razliku između psihoanalitičkog simbolizma i koncepta simbolizma koji se primjenjuju i definiraju izvan psihoanalize. Prema njemu, psihoanalitički je simbolizam neovisan o jeziku i kulturi i ima relativno univerzalne oblike, obilježja i odnose s potiskivanjem i arhaičnom funkcijom ega. Takav simbolizam zahtijeva rudimentarni razvoj ega i vjerojatno se ne pojavljuje sve do faze diferencijacije selfobjekta. Jones (14) navodi da su primarne ideje života jedine koje se mogu simbolizirati. Ono što se tiče tjelesnog selfa, odnosa prema obitelji, rođenju, ljubavi i smrti tijekom cijelog života u nesvjesnom zadržava svoju izvornu važnost i iz toga proizlazi vrlo velik dio sekundarnijih interesa svjesnog uma. Simbolizirano je samo ono što je potisnuto. Simbolizam uvijek označuje regresiju na jednostavniji način poimanja. Ako se regresija odigrava samo na određenoj udaljenosti, ostajući svjesna ili u najboljem slučaju pre-svjesna, rezultat je metaforički, a, ako nastavi dalje, do razine nesvjesnog, rezultat je simbolizam u strogom smislu. Simbolizam označuje uzak pogled na formiranje simbola u kojem dominira primarni proces mišljenja i u kojem je naglasak na nesvjesnim prikazima potisnutih libidinalnih i agresivnih želja koje leže iza manifestnog simbola. Ovaj pogled na simbolizam bio je temelj teorije da somatske bolesti izražavaju simbolička značenja (6).

and relatively limited in content to covert representations of the bodily self, infantile objects, birth and death, and related infantile conflict and experience.

Blum (23) emphasized the difference between psychoanalytic symbolism and the concepts of symbolism used and defined outside psychoanalysis. According to him, psychoanalytic symbolism is independent of language and culture and has relatively universal forms, characteristics and relations to repression and archaic ego function. This symbolism requires rudimentary ego development and probably does not appear until the stage of self-object differentiation. Jones (14) stated that the primary ideas of life are the only ones that can be symbolized. What concerns the bodily self, the relationship to family, birth, love and death throughout life, retains its original importance in the unconscious and a very large part of the secondary interests of the conscious mind arises from this. Only what is repressed is symbolized. Symbolism always represents a regression to a simpler way of understanding. If regression takes place only at a certain distance, remaining conscious or at best preconscious, the result is metaphorical, and if it continues further, to the level of the unconscious, the result is symbolism in the strict sense. Symbolism denotes a narrow view of symbol formation in which the primary thought process dominates and the emphasis is on the unconscious representations of repressed libidinal and aggressive desires that un-

RAZVOJNE TEORIJE I NASTANAK PSIHOSOMATSKOG SIMPTOMA

Razvojne teorije upućuju na to da se proces prezentacija unutarnjih stanja zbiva kroz faze od senzomotornih, simboličkih do leksičkih oblika reprezentacije (24). Novorođenče počinje učiti simbolizam od trenutka kada počinje dijeliti hiperkatektičko emocionalno stanje s majkom. Kroz majčinu hiperkateksu i identifikaciju dojenče uči i mehanizam koji stvara simbole i proces predočivanja, razvijajući tako radni put koji će oblikovati predsvijest, svijest i osjećaj stvarnosti (25). U interakciji majka – dojenče karakteristični obrasci selfa i interaktivne regulacije tvore rane strukture interakcije koje su temelj za selfne i objektno reprezentacije. Prema Beebe i sur. (26), u djetetovoj prvoj godini postoji osobit skup predsimboličkih reprezentacijskih kapaciteta. Naime, dijete tijekom prve godine percipira obilježja obrazaca ponašanja u interakcijskom odnosu i razvija očekivanja od tih obrazaca, pamti ih i kategorizira. Ova se očekivanja organiziraju kroz vrijeme, prostor, afekt i pobuđenje tako da čine opremu kojom će se dojenče koristiti za razvoj predsimboličnih reprezentacija karakterističnih interakcija. Djetetove reprezentacije očekivanih interakcijskih struktura apstrahiraju se u generalizirane prototipove koji će postati osnova za djetetove simboličke oblike selfnih i objektnih reprezentacija. Pred-

derlie the manifest symbol. This view of symbolism was the basis of the theory that somatic diseases express symbolic meanings (6).

DEVELOPMENTAL THEORIES AND THE EMERGENCE OF PSYCHOSOMATIC SYMPTOMS

Developmental theories suggest that the process of representing internal states proceeds through stages spanning from sensorimotor, symbolic, to lexical forms of representation (24). A newborn begins to learn symbolism from the moment it starts to share a hypercathetic emotional state with its mother. Through the mother's hypercathexis and identification, the infant learns both the mechanism that creates symbols and the process of representation, thus developing a working path that will shape preconsciousness, consciousness and a sense of reality (25). In mother-infant interaction, characteristic patterns of self and interactive regulation create early interaction structures that are the basis for self and object representation. According to Beebe et al. (26), in the child's first year there is a distinct set of presymbolic representational capacities. Namely, during the first year, the child perceives the features of behavioral patterns in the interactional relationship and develops expectations of these patterns, remembers them and categorizes them. These expectations are organized through time, space, affect



simbolički kapacitet selfnih i objektnih reprezentacija dinamički je interaktivni proces, međuigra uzajamnog utjecaja u odnosu majka – dojenče. Bucci (27), u svojoj teoriji dualnog/multiplog koda obrade emocionalnih informacija, navodi da simboličke sposobnosti razvijaju i verbalni i neverbalni sustav reprezentacija. U verbalnom sustavu reprezentacija informacije su pohranjene u jezičnom obliku, dok su u neverbalnom pohranjene preko perceptivnih načina kao što su slika, zvuk ili miris. Prije usvajanja jezika, u neverbalnom sustavu reprezentacija počinju se formirati sheme emocija. Te sheme čine želje, očekivanja i uvjerenja koja imamo o drugim ljudima, a koja se razvijaju kroz interakcije s drugima od početka života. Formiranje shema emocija uključuje supsimboličke procese. Supsimbolički su procesi obrasci osjetilnih, visceralnih i kinestetičkih osjeta, te obrasci motoričke aktivnosti koja je doživljena tijekom stanja emocionalnog uzbuđenja, kao i simboličke slike, kao što je objekt ili osoba povezana s emocijom. Dakle, supsimbolički neverbalni proces tipičan je za senzorne i kinestetičke elemente emocija i odnosi se općenito na intuitivnu i implicitnu elaboraciju koja se pokatkad događa bez namjere ili pažnje. Kako dijete razvija jezik, to se verbalni simboli (riječi) ugrađuju u sheme emocija. Reprezentacije koje dijete organizira postat će simbolične prije svega kroz neverbalni sustav reprezentacije.

and arousal in such manner that they constitute the equipment that the infant uses to develop presymbolic representations of characteristic interactions. The child's representations of expected interaction structures are abstracted into generalized prototypes that will become the basis for the child's symbolic forms of self and object representations. The presymbolic capacity of self and object representations is a dynamic interactive process, an interplay of mutual influence in the mother-infant relationship. In his dual/multiple code theory of emotional information processing, Bucci (27) states that symbolic abilities develop both verbal and nonverbal representation systems. In the verbal representation system, information is stored in linguistic form, while in the nonverbal system it is stored through perceptual means such as image, sound or smell. Before acquiring language, emotion schemas begin to form in the nonverbal representational system. These schemas consist of desires, expectations, and beliefs we have about other people, which are developed through interactions with others from the beginning of life. The formation of emotion schemas involves subsymbolic processes. Subsymbolic processes are patterns of sensory, visceral, and kinesthetic sensations, patterns of motor activity experienced during a state of emotional arousal, as well as symbolic images, such as an object or person associated with the emotion. Thus, subsymbolic nonverbal processing is typical for the sensory and kinesthetic elements

Simbolička neverbalna reprezentacija odnosi se na mentalne slike koje se, iako su prisutne u sjećanju, ne mogu prevesti u riječi. Prema Bucci (27), pojavna slika skrbnika ključan je trajni prototipski simbol oko kojeg su sheme emocija organizirane od početka života. Naime, dijete „poznaje“ majku/skrbnika preko svih osjetilnih modaliteta, a sve te odvojene perceptivne funkcije, supsimboličke i simboličke, spajaju se u djetetovu sliku skrbnika. Ovakva se osjetilna iskustva događaju u skladu sa somatskim i visceralnim iskustvom ugone i boli, kao i organiziranim motoričkim radnjama koje uključuju usta, ruke i cijelo tijelo. Trajne prototipske slike nastaju kako se te slike i epizode ponavljaju. Dijete može oblikovati želju za majkom ili očekivanje da će se majka pojaviti ili djelovati u smislu različitih shema koje usmjeruju i integriraju emocionalni život mnogo prije nego što se jezik usvoji. Integracija unutar shema emocija može biti znatno oštećena u pojedinaca koji doživljavaju nedostatke u razvoju, teške konflikte ili psihičke traume, jer su veze među komponentama poremećene ili se čak ne uspijevaju formirati (6).

Disocijacija ili desimbolizacija unutar shema stvara potencijal za visoko pobuđenje somatskih i motoričkih komponenti, jer one više nisu organizirane i regulirane kroz veze sa simboličkim komponentama. Disocijacije i obrane kojima se osoba koristi u pokušaju da

of emotion and refers generally to intuitive and implicit elaboration that sometimes occurs without intention or attention. As a child acquires language, verbal symbols (words) are incorporated into emotion schemas. The representations that the child organizes will become symbolic primarily through the nonverbal representational system.

Symbolic nonverbal representation refers to mental images that, although present in memory, cannot be translated into words. According to Bucci (27), the emergent image of the caregiver is the permanent prototypical symbol around which emotion schemas are organized from the beginning of life. The child “knows” the mother/caregiver through all sensory modalities, and all these separate perceptual functions, subsymbolic and symbolic, are combined into the child’s image of the caregiver. These sensory experiences occur in accordance with somatic and visceral experiences of pleasure and pain, as well as organized motor actions involving the mouth, hands, and the whole body. Permanent prototypical images are formed as these images and episodes are repeated. The child may form a desire for the mother or an expectation that the mother will appear or act in terms of various schemas that direct and integrate emotional life long before language is acquired. Integration within emotion schemas can be significantly impaired in individuals who experience developmental disabilities, severe conflicts, or psychological trauma, because



popravi shemu, vjerojatno će rezultirati patološkim simptomima, čija priroda ovisi o razini disocijacije i strategija koje se upotrebljavaju za upravljanje afektivnim uzbuđenjem kada se aktiviraju supsimboličke komponente (28). Svi oblici somatizacije uključuju disocijaciju različitih stupnjeva težine između somatskih i motoričkih obrazaca aktivacije i simboličkih reprezentacija objekata unutar shema emocija. Kada je primarni objekt emocionalne sheme jednostavno disociiran (u službi obrane), um može pokušati popraviti disocijaciju uporabom dijela tijela za organiziranje sheme stvarajući tako somatski simptom sa simboličkim značenjem. Međutim, teže disocijacije unutar neverbalnih elemenata emocionalnih shema mogu rezultirati stanjima produljene aktivacije supsimboličkih procesa s valovima emocionalnog pobuđenja koji su izvan self regulirajućih sposobnosti osobe (27). Izostanak modulirajućeg utjecaja simboličkih reprezentacija može rezultirati funkcionalnim somatskim sindromom ili strukturnom organskom bolešću ako disregulirani sustav emocija disregulira druge biološke sustave u tijelu (2). McDougall (29) pretpostavlja da se smisao psihosomatske bolesti nalazi na predsimboličkoj razini i da se psihosomatski pacijent koristi arhaičnim oblikom simbolizma u kojemu se emocionalne poruke izražavaju izravno tijelom. Smatra da se probuđena emocija ne prepoznaje na simboličan način

connections between components are disrupted or even fail to form (6).

Dissociation or desymbolization within schemas creates the potential for high arousal of somatic and motor components, because they are no longer organized and regulated through connections with symbolic components. Dissociations and defenses used by an individual in an attempt to repair the schema are likely to result in pathological symptoms, the nature of which depends on the level of dissociation and the strategies used to manage affective arousal when subsymbolic components are activated (28). All forms of somatization involve dissociation of varying degrees of severity between somatic and motor patterns of activation and symbolic representations of objects within emotion schemas. When the primary object of an emotional schema is simply dissociated (in service of defense), the mind may attempt to repair the dissociation by using a body part to organize the schema, thus creating a somatic symptom with symbolic meaning. However, more severe dissociations within nonverbal elements of emotional schemas may result in states of prolonged activation of subsymbolic processes with waves of emotional arousal that are beyond the individual's self-regulating abilities (27). The absence of modulating influence of symbolic representations can result in a functional somatic syndrome or structural organic disease if the dysregulated emotional system dysregulates other biological systems in the

(tj. unutar jezičnog koda koji bi omogućio da se predodžbe opterećene afektom imenuju, razmišljaju i bave umom), već se umjesto toga preko uma odmah prenosi u tijelo, na primitivan neverbalan način kao što su impulsi bijega i borbe, proizvodeći tako fizičku dezorganizaciju, tj. psihosomatski simptom.

Razvojni procesi i neuroznanost

Griffies (30) ističe da se simbolizacija događa u višim kortikalnim regijama mozga, tako da moraju postojati funkcionalne neuronske veze od supkortikalnih limbičnih regija do korteksa (frontostriatoslimbične veze) kako bi došlo do zdrave simbolizacije, mentalizacije i regulacije stresa višeg reda. U suprotnom, stres biva uhvaćen u tijelu i može dovesti do tjelesne bolesti. Prema Griffiesu, psihosomatski pacijenti nalaze se na neurorazvojnom kontinuumu. Bolesnici koji su imali razumna rana iskustva privrženosti i razvili neke funkcije simboliziranja i mentaliziranja, ali su imali važan traumatski događaj kasnije u životu, mogu donekle simbolizirati sve dok nisu pod stresom ili dok se ne pokrenu traumatična sjećanja iz prošlosti. Međutim, kada su pod stresom, vraćaju se na nesimbolizirajuće, nementalizirajuće načine mentalnog funkcioniranja. S druge strane, u pacijenata s ranom preverbalnom traumom nikada se nije stvarno razvila sposobnost simboliziranja i mentaliziranja i više su fiksirani

body (2). McDougall (29) assumed that the meaning of psychosomatic illness lies at a presymbolic level and that the psychosomatic patient uses an archaic form of symbolism in which emotional messages are expressed directly through the body. She believed that the evoked emotion is not recognized in a symbolic way (that is, within a linguistic code that would allow affect-laden representations to be named, thought about, and engaged with in the mind), but instead is immediately transmitted through the mind to the body, in primitive nonverbal ways such as flight and fight impulses, thus producing physical disorganization, i.e. a psychosomatic symptom.

Developmental processes and neuroscience

Griffies (30) pointed out that symbolization occurs in higher cortical regions of the brain, so that there must be functional neural connections from subcortical limbic regions to the cortex (frontostriatal-limbic connections) for healthy symbolization, mentalization, and higher-order stress regulation to occur. Otherwise, stress becomes trapped in the body and can lead to a physical illness. According to him, psychosomatic patients exist in a neurodevelopmental continuum. Patients who have had reasonable early attachment experiences and have developed some symbolizing and mentalizing functions, but have experienced a significant traumatic event later in life may be able to symbolize to some extent



unutar tjelesnog ego načina funkcioniranja. Izloženost ranoj dječjoj traumi i nepovoljnim iskustvima privrženosti tijekom razvoja mozga može utjecati na način na koji će mozak obraditi stres u odrasloj dobi. Naime, u takvim okolnostima ranog razvoja živčani se sustav organizira na način koji optimira preživljavanje unutar prijetećeg okruženja na štetu moždanih kapaciteta za samorefleksiju. Trauma vezana uz ranu privrženost oblikuje supkortikalne neuronske krugove tako da mozak razvija visoku osjetljivost i reaktivnost na stres. Osoba je tada zaglavljena u perceptivnim neuralnim krugovima temeljenima na prijatni. Prijeteći rani majčinski introjekt privrženosti snažno je internaliziran unutar supkortikalno-kortikalnih krugova koji su postali dio pacijentovih osnovnih proceduralnih mreža (30). Patološka je privrženost internalizirana u supkortikalnom limbičnom i reptilskom mozgu (MacLeana) (31) tako da djeluje kao ponavljajući štetan podražaj i narušava zdrav neurorazvoj funkcionalne povezanosti sa simbolizirajućim i mentalizirajućim neokorteksom. Ako, tijekom ranog razvoja, postoji percipirana trauma privrženosti, tada određeni temeljni supkortikalni regulatorni krugovi u strukturama, kao što su bazalni gangliji (striatum), mogu biti patološki pogođeni, što može dovesti do problema u regulaciji stresa tijekom pacijentova života. Zdrava iskustva privrženosti oblikuju proceduralne neuralne krugove

as long as they are not stressed or until traumatic memories from the past are triggered. However, when stressed, they revert to non-symbolizing, non-mentalizing modes of mental functioning. On the other hand, patients with early preverbal trauma have never really developed the capacity for symbolizing and mentalizing, and they are more fixated within the body ego mode of functioning. Exposure to early childhood trauma and adverse attachment experiences during brain development can influence how the brain processes stress in adulthood. In such circumstances of early development, the nervous system is organized in a way that optimizes survival within a threatening environment at the expense of the brain's capacity for self-reflection. Early attachment trauma shapes subcortical neural circuits so that the brain develops high sensitivity and reactivity to stress. The person is then stuck in threat-based perceptual neural circuits. The introjection of threatening early maternal attachment is strongly internalized within subcortical-cortical circuits that have become part of the patient's basic procedural networks (30). Pathological attachment is internalized in the subcortical limbic and reptilian brain (MacLean) (31) and it acts as a repetitive detrimental stimulus, disrupting healthy neurodevelopment of functional connectivity with the symbolizing and mentalizing neocortex. If there is a perceived attachment trauma during early development, then certain underlying subcortical regulatory circuits in structures, such as the basal

ve unutar bazalnih ganglija na takav način da bi olakšali zdravo izražavanje individualnih misli, osjećaja i radnji. Međutim, traumatska privrženost oblikuje tjelesni habit koordiniran od bazalnih ganglija prema ponašanju preživljavanja koje narušava simbolizaciju i mentalizaciju (32).

TEORIJSKA RAZMATRANJA O SIMBOLIZACIJI U PSIHOSOMATSKOJ BOLESTI

Zanimanje za somatske bolesti kao somatske reprezentacije osobnih značenja ili „priča“ pacijenata bilo je dosta rašireno tijekom prošlog stoljeća (33). Georg Groddeck, njemački liječnik i zanemareni začetnik psihosomatike, smatrao je da je nesvjesno (ili Ono, kako ga je nazivao) osnovna i najjača sila u ljudskom životu i da su naš identitet i ponašanje jednostavno izražajne manifestacije te sile (34). Zastupao je stav da ne postoji stvarna razlika između psihe i soma, između spolova ili dobi, ili između zdravlja i bolesti. On je svoj rad smatrao pukom primjenom psihoanalize na organsku bolest, istraživao nesvjesnu motivaciju (motivaciju koja se odnosi na Ono) u organskim bolestima. Prema njemu, bolest je oblik ekspresivnog ponašanja, ali vitalan, jer je simbolički prikaz unutar-njeg sukoba. Prema njegovu mišljenju, kada Ono shvati da nam treba poslati poruku, a mi je neko vrijeme ne može-

ganglia (striatum), may be pathologically affected, which may lead to problems in stress regulation throughout the patient's life. Healthy attachment experiences shape procedural neural circuits within the basal ganglia in a manner that facilitates healthy expression of individual thoughts, feelings and actions. However, traumatic attachment shapes the bodily habitus coordinated by the basal ganglia toward survival behavior that disrupts symbolization and mentalization (32).

THEORETICAL CONSIDERATIONS ON SYMBOLIZATION IN PSYCHOSOMATIC ILLNESSES

Interest in somatic illnesses as somatic representations of patients' personal meanings or "stories" was quite widespread throughout the past century (33). Georg Groddeck, a German doctor and overlooked founder of psychosomatics, believed that the unconscious (or the It, as he called it) is the fundamental and most powerful force in human life, and that our identity and behavior are simply expressive manifestations of this force (34). He proposed that there was no real difference between psyche and soma, between sexes or age, or between health and illness. He viewed his work as merely an application of psychoanalysis to organic illness, investigating unconscious motivation (motivation relating to the It) in organic illness. According to him, illness is a form of expressive behavior, but a vital one, since it is a symbolic rep-



mo razumjeti, ne postoji drugi način da Ono komunicira s nama osim da nas razboli (35). Avila (36) navodi da je Groddeck smatrao da sve bolesti sadržavaju simbolička značenja koja treba razotkriti kako bi došlo do mentalne i fizičke transformacije. Smatrao je da nesvjesni procesi određuju koliko smo osjetljivi na bolesti, prirodu tih bolesti i uvjete za naš oporavak. U kasnijem razdoblju nekoliko je psihoanalitičkih kliničkih istraživača nastavilo s Groddeckovom koncepcijom da psihosomatski visceralni poremećaji nastaju uglavnom na temelju mehanizama simboličke konverzije (36).

Kao što je prethodno navedeno, S. Freud (12) u svojim je studijama o histeriji pokazao da bi se specifični nesvjesni sadržaji mogli simbolično izraziti govorom tijela somatskih simptoma kroz mehanizam pretvorbe. Međutim, on je naveo da bi mogli postojati i drugi mehanizmi, osim pretvorbe, pri čemu bi nesvjesni stavovi mogli promijeniti fiziološke funkcije bez simboliziranja nekoga određenoga psihičkog značenja. Slijedeći Freudov model konflikta i primjenjujući psihoanalitičku metodu u studijama pacijenata koji su patili od kronične organske bolesti, Franz Alexander (37) je uveo učenje o specifičnom konfliktu u psihosomatskoj medicini i smatrao je da su psihosomatske bolesti posljedica „visceralne neuroze“. Pojam „visceralna neuroza“ rabio je za poremećaje koji su bili s područja psi-

resentation of an inner conflict. He believed that when the It decides it needs to send us a message, and we cannot understand it for a period of time, there is no other way for the It to communicate with us other than making us fall ill (35). Avila (36) stated that Groddeck believed all diseases contain symbolic meanings that need to be uncovered in order to achieve mental and physical transformation. He believed that unconscious processes determine how susceptible we are to diseases, the nature of these diseases, and the conditions for our recovery. In a later period, several psychoanalytic clinical researchers continued developing Groddeck's concept that psychosomatic visceral disorders arise mainly on the basis of symbolic conversion mechanisms (36). As previously stated, S. Freud (12) showed in his studies on hysteria that specific unconscious contents could be symbolically expressed by the body language of somatic symptoms through the mechanism of conversion. However, he stated that there could also be other mechanisms besides conversion, in which unconscious attitudes could change physiological functions without symbolizing any particular psychic meaning. Following Freud's model of conflict and applying the psychoanalytic method in studies of patients who suffered from chronic organic diseases, Franz Alexander (37) introduced the teaching of specific conflict in psychosomatic medicine, and he believed psychosomatic diseases are the result of "visceral neurosis". He used the term "visceral neurosis" for

hosomatske medicine. Formalizirao je razliku između hysterije i „visceralnih neuroza“. On je isticao da kod konverzijske hysterije formiranje simptoma djeluje na rješavanje nesvjesnog sukoba, dok kod „visceralne neuroze“ osnovni sukob ostaje neriješen. Visceralna neuroza nema simboličko značenje, ne nastaje potiskivanjem i simboličkim predočivanjem. Prema Alexanderu (37), kronični afekt povezan s neriješenim konfliktom biva popraćen svojim (odgovarajućim) fiziološkim popratnim pojavama. Smatrao je da priroda specifičnoga neriješenog konflikta u nesvjesnom vodi do specifičnoga tjelesnog procesa ili bolesti. U pacijenta s ranjivošću specifičnog organa ili somatskog sustava i karakterističnom psihodinamičkom konstelacijom razvija se odgovarajuća bolest kada je razvoj događaja u njegovu životu pogodan za mobilizaciju njegova ranije uspostavljenoga središnjeg konflikta i sloma njegovih primarnih obrana od njega (38, 39). Sloat (40) navodi kako su se tijekom povijesti razvijale dvije glavne teorijske perspektive psihosomatike koje su se, među ostalim, razlikovale po vrsti simbolike koju su pripisivale somatskom simptomu. Jedna teorijska perspektiva, koju su razvijali američki kliničari i teoretičari, bila je fokusirana na nesvjesne konflikte, a somatski je simptom razmatran kao primarni ili sekundarni simbol. Druga teorijska perspektiva, koju su razvijali francuski analitičari, bila je fokusirana na psihičku

disorders in the field of psychosomatic medicine. He formalized the distinction between hysteria and "visceral neuroses". He emphasized that in conversion hysteria the formation of symptoms acts to resolve the unconscious conflict, while in "visceral neurosis" the basic conflict remains unresolved. Visceral neurosis has no symbolic meaning, it does not arise from repression and symbolic representation. According to Alexander (37), the chronic affect associated with an unresolved conflict is accompanied by its (respective) physiological side effects. He believed that the nature of a specific unresolved conflict in the unconscious leads to a specific bodily process or disease. Patients with specific organ or somatic system vulnerability and a characteristic psychodynamic constellation develop the corresponding diseases when the development of their life events is suitable for the mobilization of their previously established central conflict and the breakdown of their primary defenses against it (38, 39). Sloat (40) stated that two main theoretical perspectives of psychosomatics have developed in the course of history. They differed, among other things, in the type of symbolism they attributed to somatic symptoms. One theoretical perspective, developed by American clinicians and theorists, focused on unconscious conflicts and considered the somatic symptom as a primary or secondary symbol. The second theoretical perspective, developed by French analysts, focused on the psychic structure and abilities of representations,



strukturu i sposobnosti reprezentacija, a somatski je simptom razmatran kao neuspjeh simboličkog mišljenja.

Somatski simptom kao simbol

Jedna skupina američkih analitičara, kao što su primjerice Felix Deutsch (41) i Melitta Sperling (42), promatrala je somatski simptom kao izravnu simboličku reprezentaciju nesvjesne fantazije, tj. kao primarni simbol (40). Taylor (6) ističe da je teorija te skupine analitičara bila proširenje Freudova pogleda na pretvorbe kod histerije. Somatski simptomi smatrali su se izrazom nesvjesne fantazije u „govoru tijela“ i nosili su „skriveno“ značenje koje se smatralo izravno dostupnim psihoanalitičkom tumačenju na isti način kao i san. Proces pretvorbe leži u sposobnosti tijela za simbolizaciju, koja se pojavljuje kao reakcija na primarna iskustva gubitka objekta. Objekti se mogu ponovno sjediniti s tijelom simbolizacijom kroz proces retrojeksijske. Različiti dijelovi tijela ili organi na ovaj način psihički katektirani postaju memorijski simboli pohranjeni u tijelu. Fiziološke funkcije tih dijelova tijela mogu biti modificirane ako ego ne uspije obranama održati energijsko-libidinalnu homeostazu. Na ovaj način organski je simptom zaštitno sredstvo protiv nadolazećeg gubitka objekta koji je vraćen retrojeksijom i koji simbolizirano počiva u tijelu, gdje održava jedinstvo tijela. Svaki dio tijela posjeduje

and the somatic symptom was considered a failure of symbolic thinking.

The somatic symptom as a symbol

A group of American analysts, such as Felix Deutsch (41) and Melitta Sperling (42), viewed the somatic symptom as a direct symbolic representation of an unconscious fantasy, i.e. as a primary symbol (40). Taylor (6) pointed out that the theory of this group of analysts was an extension of Freud's view of transformations in hysteria. Somatic symptoms were considered an expression of an unconscious fantasy in the "body language" and carried a "hidden" meaning that was considered directly accessible to psychoanalytic interpretation in the same way as a dream. The process of transformation lies in the body's capacity for symbolization, which occurs as a reaction to primary experiences of object loss. Objects can be reunited with the body by means of symbolization through a process of retrojections. Various parts of the body or organs psychically cathected in this way become memory symbols stored in the body. Physiological functions of these body parts may be modified if the ego fails to maintain energetic-libidinal homeostasis by using defenses. In this way, the organic symptom is a protective device against the impending loss of the object that has been returned by retrojection and that resides symbolized in the body, where it maintains the unity of

potencijal za simbolički izraz gubitka i odvajanja (43). Druga skupina, okupljena oko Alexandera i teorije specifičnog konflikta psihosomatskom simptomu nisu dodijelili primarnu simboličku ulogu (40). Njihove su ideje bile bliže Freudovu tumačenju aktualne neuroze. Iako psihosomatski simptom nije imao primarno simboličko značenje, Alexander (37) je bio uvjeren da psihosomatski simptom nosi sekundarno simboličko značenje. Naime, kada se tjelesni simptomi razvijaju, pacijenti te simptome prožimaju značenjima specifičnima za njihovo vlastito emocionalno iskustvo. Na taj način tjelesni se simptomi mogu sekundarno povezati s fantazijama i afektima izazvanima tjelesnim simptomima i, prema tome, činiti se da somatskoj bolesti daju simboličko značenje (6). Međutim, ovo ne implicira uzročnu vezu između fantazije i tjelesne bolesti.

Somatski simptom i odsutnost simbolizacije

S druge strane, rad Franza Alexandera u francuskoj je psihoanalitičkoj školi potaknuo interes za psihosomatiku i, na neki način, usmjerivanje pozornosti na učenje Pierrea Janeta. Naime, gledište Janeta (44), u kontekstu njegove teorije traumatizma i nedostatka, bilo je da somatski simptomi nemaju primarnu simboličku vrijednost, nego da su potaknuti konstitucionalnim sklonostima i fiziološkim rezultatima kroničnoga afektiv-

the body. Each body part possesses the potential for symbolic expression of loss and separation (43). Another group, gathered around Alexander and the specific conflict theory, did not assign a primary symbolic role to the psychosomatic symptom (40). Their ideas were closer to Freud's interpretation of actual neurosis. Although the psychosomatic symptom did not have a primary symbolic meaning, Alexander (37) was convinced that the psychosomatic symptom carries a secondary symbolic meaning. Namely, when physical symptoms develop, the patients imbue these symptoms with meanings specific to their own emotional experience. In this way, the physical symptoms can be secondarily linked to the fantasies and affects caused by the physical symptoms and, therefore, seem to give somatic diseases a symbolic meaning (6). However, this does not imply a causal connection between fantasy and physical disease.

Somatic symptoms and the absence of symbolization

On the other hand, the work of Franz Alexander stimulated interest in psychosomatics in the French Psychoanalytic School and, in a way, directed attention to the teachings of Pierre Janet. Janet's (44) view, in the context of his theory of traumatism and deficiency, was that somatic symptoms had no primary symbolic value, but were driven by constitutional tendencies and physiological results of chronic affective arousal. He



nog pobuđenja. Razvio je dijateza-stres model konverzije i disocijativnih poremećaja, a traumi je dao veliku važnost. Traumatska sjećanja stoje u vezi sa smanjenjem ili nedostatkom osjećaja uspjeha, koji se pojavljuje kada se teškoće prevladaju. Somatski je simptom promatran kao neuspjeh emocionalne obrade zbog strukturne slabosti u psihi (40). Pierre Marty, utemeljitelj pariške škole, otkriva da su mnogi njegovi hospitalizirani pacijenti bili u stanju koje je on označio kao „operativno mišljenje“, što se odnosilo na gubitak sposobnosti maštanja, simboliziranja i mentaliziranja, uključujući „zaravljen afekt i dojam neuobičajene odvojenosti“ i „misli koje su krajnje pragmatične“ (45). Somatska manifestacija zamjenjuje konfliktnu situaciju, a psihosomatska bolest djeluje kao točka fiksacija u kretanju prema općenitijoj mentalnoj i progresivnoj dezorganizaciji. Navedeno zajedno s anarhičnim uništavanjem mentalnih funkcija i otkazivanjem libidne aktivnosti dovodi do stanja „esencijalne depresije“, gdje organiziranje mentalnih funkcija (kao što su identifikacija, projekcija, pridruživanje ideja i simbolizacija) nestaju i „instinkt smrti se potvrđuje“ (46). Gledište pariške grupe psihoanalitičara bilo je da psihosomatski simptom nije odraz fantazije, već je znak nesposobnosti da se konflikt obradi na mentalnoj razini, a pojava aktiviranja fantazija znak je izlječenja. Primjereno navedenom, somatski simptom nema nikakvu važ-

developed the diathesis-stress model of conversion and dissociative disorders, and he placed great emphasis on trauma. Traumatic memories are associated with a reduction or lack of a sense of accomplishment that occurs when difficulties are overcome. A somatic symptom is seen as a failure of emotional processing due to a structural weakness in the psyche (40). Pierre Marty, the founder of the Paris School, found that many of his hospitalized patients were in a state he labelled “operational thinking”, which referred to a loss of the ability to imagine, symbolize, and mentalize, including “reduced affect and an impression of unusual detachment” and “thoughts which are extremely pragmatic” (45). Somatic manifestation replaces the conflict situation, and the psychosomatic disease acts as a fixation point in the movement towards a more general mental and progressive disorganization. Together with an anarchic destruction of mental functions and the cancellation of libidinal activity, all of the abovementioned leads to a state of “essential depression” where organization of mental functions (such as identification, projection, association of ideas and symbolization) disappears and “the death instinct is asserted” (46). The viewpoint of the Paris group of psychoanalysts was that a psychosomatic symptom is not a reflection of fantasy, but a sign of an inability to process conflict on a mental level, while the appearance of fantasy activation is a sign of healing. Accordingly, a somatic symptom has no meaning in the sense of a psycho-

nost u smislu psihoanalitičkog simbola i nije funkcija simbolizirajućeg „uma“ (49, 6). Pariška škola značenje smatra važnim, ali se ono shvaća kao retrospektivna konstrukcija koja proizlazi iz rada obavljenog u terapiji. Ova rekonstrukcija i stvaranje značenja postaju imperativ u pacijentovu oporavku i omogućuju mu da ponovno integrira somatsko iskustvo stvaranjem odnosa i radom na konfliktima (47). Green (48) navodi da nema značenja vezanog za formu fizičkih simptoma, ali postoji smisao i značenje u činjenici da je pojedinac proizveo simptome koji su fizički. Nedostatak simboličkoga značenja postaje fokus interesa i traženja objašnjenja za stanja u kojima se razvija patologija kojoj nedostaje simboličko značenje (6). Smisao somatskog simptoma nalazi se u tome što je on negativan psihičkom (48). Green (48) smatra da je apsolutno nemoguće razumjeti funkcioniranje psihosomatske strukture bez pojma negativne halucinacije kao integralnog procesa obrane.

Greco (43) ističe da, unatoč razlikama, većina suvremenih autora u psihoanalitičkoj grani psihosomatike dijeli uvjerenje da somatska bolest, bolest lišena bilo kakve primarne simboličke važnosti, ne implicira da je simbolička dimenzija irelevantna u patogenezi. Relevantnost simboličke dimenzije sadržana je u tome što odsutnost simbolizacije upućuje na nedostatnost u simbolič-

analytic symbol and is not a function of the symbolizing "mind" (49, 6). The Paris School views meaning as important, but meaning is understood as a retrospective construction that emerges from work done in therapy. This reconstruction and meaning creation become imperative in the patient's recovery and allow the patient to reintegrate the somatic experience by creation of relationships and working through conflicts (47). Green (48) stated that there is no meaning attached to the form of physical symptoms, but there is sense and meaning in the fact that an individual has produced symptoms that are physical. The lack of symbolic meaning becomes the focus of interest and of the search for an explanation of conditions which develop pathology that lacks symbolic meaning (6). The meaning of a somatic symptom lies in the fact that it is psychologically negative (48). Green (48) believed that it is absolutely impossible to understand the functioning of the psychosomatic structure without the concept of negative hallucination as an integral defense process.

Greco (43) pointed out that despite the differences, most contemporary authors in the psychoanalytic branch of psychosomatics share the belief that somatic illness, an illness devoid of any primary symbolic significance, does not imply that the symbolic dimension is irrelevant in pathogenesis. The relevance of the symbolic dimension lies in the fact that the absence of symbol-



kim procesima i u funkciji simbolizacije. Simbolički je proces taj koji čini mogućom transmutaciju psihološkog iskustva u somatske poremećaje. Ova simbolička funkcija posredovana je područjem mozga koje je MacLean nazvao „visceralnim mozgom“ (31, 49). Različiti su načini na koje se tijelo, kao cjelina ili u njegovim dijelovima i procesima, može predložiti konceptualnim simbolima na svjesnoj, pre-svjesnoj i nesvjesnoj razini. Emocionalne napetosti koje nastaju kroz psihološka iskustva izražavaju se kroz simboličke procese govora, jezika i osjetilnih slika, „govorom tijela“, tj. kroz neki poremećaj osjeta ili somatomišićnih ili vegetativnih funkcija, ili iskrivljenim kombinacijama tih procesa. Simboličke reprezentacije svakoga konceptualnog procesa ukorijenjene su i u tijelu i u vanjskom svijetu (49).

Psihosomatski kontinuum

Goetzmann, Siegel i Ruettnner (50), oslanjajući se na Lacanov koncept subjektivnog svijeta (51), parišku školu psihosomatike i Sami-Alijev višedimenzionalni model (52), nude model „osovine psihosomatskog totaliteta“. U osnovi je modela psihosomatski kontinuum na čijem je jednom kraju simbolički pol, a na drugom asimbolički pol I. i asimbolički pol II. („asimbolički organski pol“). Prema simboličkom polu, moguća je simbolizacija iskustva, tj. tjeskoba proizišla iz konflikta bit će procesuirana u obliku

ization indicates a deficiency in the symbolic processes and in the function of symbolization. It is the symbolic process that enables the transmutation of psychological experience into somatic disorders. This symbolic function is mediated by the area of the brain that MacLean called the “visceral brain” (31, 49). There are various ways in which the body, as a whole or in its parts and processes, can be represented by conceptual symbols on a conscious, preconscious and unconscious level. Emotional tensions arising through psychological experiences are expressed through symbolic processes of speech, language and sensory images, “body language”, i.e. through some disturbance of sensation or somatomuscular or vegetative functions, or through distorted combinations of these processes. Symbolic representations of each conceptual process are rooted both in the body and in the external world (49).

Psychosomatic continuum

Goetzmann, Siegel, and Ruettnner (50), relying on Lacan's concept of the subjective world (51), the Paris Psychosomatic School and Sami-Ali's multidimensional model (52), offer a model of the “axis of psychosomatic totality”. The basis of the model is a psychosomatic continuum, with one end being the symbolic pole, and the other being the asymbolic pole I and the asymbolic pole II (“asymbolic organic pole”). Symbolization of experience is possible toward

tjelesnih simbola na temelju mentalne sposobnosti subjekta, što je blisko konceptu simbolizma S. Freuda. Na simboličkom polu imaginarni je prostor netaknut, a zbog toga prostornog integriteta subjekt je sposoban uporabiti tjelesni simptom kao simbol. Tjelesni simboli imaju izrazito komunikativnu kvalitetu i često se odnose na šifrirane poruke i pozive u pomoć usmjerene na primarne objekte. Autori modela, zbog simboličke prirode tih simptoma, poremećaje kojima pripadaju označuju kao poremećaje konverzije simboličko-ekspresivnog tipa. Od njih razlikuju poremećaje konverzije asimboličko-operacijskog tipa čiji simptomi proizlaze iz regresivne ili reverzibilne somatizacije i nalaze se na asimboličkom polu I. Priroda je takvih simptoma nesimbolička i uzrokovana pretjeranim i uglavnom traumatskim distresnim ekscitacijama. Imaginarni je prostor oštećen ili se uopće nije mogao razviti, ili je pak prožet kriptama koje sadržavaju inkapsulirane afekte ili kognitivne fragmente kasnijih traumatskih iskustava. U takvih je pacijenata prisutna aleksitimija zbog ranih defekata zrcaljenja (nepodnošljiva odsutnost objekta) ili ozbiljne traumatske prijetnje (štetna prisutnost objekta) i oni nemaju kapaciteta percipirati jedinstvo tijela i uma, niti simbolizirati diferencirane mentalne sukobe (50). U modelu „osovine psihosomatskog totaliteta“ tjelesne bolesti koje se očituju kao lezije organa koje nastaju progresivnom somatizaci-

the symbolic pole, i.e. anxiety resulting from conflict will be processed in the form of physical symbols based on the mental capacity of the subject, which is close to the concept of symbolism of S. Freud. At the symbolic pole, the imaginary space is intact, and because of this spatial integrity, the subject is able to use the bodily symptom as a symbol. Bodily symbols have a highly communicative quality and often refer to coded messages and calls for help directed at primary objects. The authors of the model, due to the symbolic nature of these symptoms, label the disorders which they are related to as conversion disorders of the symbolic-expressive type. From them they distinguish conversion disorders of the asymbolic-operational type, whose symptoms arise from regressive or reversible somatization, and are located on the asymbolic pole I. The nature of these symptoms is non-symbolic and caused by excessive and mostly traumatic distress-excitations. The imaginal space is damaged or could not develop at all, or is permeated with crypts containing encapsulated affects or cognitive fragments of later traumatic experiences. These patients have alexithymia due to early mirroring defects (unbearable absence of the object) or severe traumatic threat (harmful presence of the object), and they have no capacity to perceive the unity of body and mind, or to symbolize differentiated mental conflicts (50). In the “axis of psychosomatic totality” model, physical diseases that manifest as organ lesions resulting



jom na asimboličkom su polu II. Ovdje se događa vrlo poseban način pretvorbe u kojoj dolazi do progresivne somatske dezorganizacije (53) koja uzrokuje lezije u strukturi organa. Na obama polovima, asimboličkom polu I. i II., somatizacija se može shvatiti kao „vertikalna” metonimija. Postoji pomak „odozgo prema dolje” unutar lanca označitelja od (afektivnog, protomentalnog) označitelja uzbuđenja do (fizičkog) označitelja tjelesne disfunkcije ili tjelesne lezije (50).

Polazeći od prethodno navedenog, psihosomatsku bolest možemo sagledati kao spektar na čijemu su jednom kraju poremećaji s malo ili bez somatskog oštećenja i s više psiholoških poteškoća, a na drugom je kraju bolesti glavna komponenta somatska zahvaćenost. Pacijenti u kojih postoji veća prisutnost psihološke komponente imaju više kapaciteta za simboličke funkcije i izražavaju svoje osjećaje kroz simbolički govor tijela. Na drugom su kraju spektra oni koji imaju znatne nedostatke u temeljnome neurološkom procesu obrade stresa koji dovodi do psihopatologije i tjelesne bolesti. Pacijente sa psihosomatskom bolešću, kako su već Pierre Marty, Michel de M'Uzan i pariška škola naveli, karakterizira „operativno mišljenje” (52), odnosno aleksitimija, kako je to označila bostonska škola psihosomatike (4). Općenito su za takve pacijente karakteristični gubitak sposobnosti maštanja, simboliziranja, mentaliziranja te ekstremna konkretnost mišlje-

from progressive somatization are at asymbolic pole II. A very specific mode of transformation takes place here, in which progressive somatic disorganization (53) occurs, leading to lesions in the organ structure. At both asymbolic poles I and II, somatization can be understood as a “vertical” metonymy. There is a downward shift within the chain of signifiers from the (affective, protomental) signifier of arousal to the (physical) signifier of bodily dysfunction or bodily lesion (50).

Based on the above mentioned, psychosomatic illness can be viewed as a spectrum, with disorders at one end having little or no somatic impairment and more psychological difficulties, and at the other end with illnesses where the main component is somatic involvement. Patients with a more pronounced psychological component have greater capacity for symbolic functions and express their feelings through symbolic body language. At the other end of the spectrum are those who have significant deficits in the underlying neurological process of stress processing that leads to psychopathology and physical disease. Patients with psychosomatic illness, as already stated by Pierre Marty, Michel de M'Uzan and the Paris School, are characterized by “operational thinking” (52), i.e. alexithymia, as described by the Boston Psychosomatic School (4). In general, these patients are characterized by the loss of ability to imagine, symbolize and mentalize, and an

nja s popratnim krajnje pragmatičnim načinom života. Aleksitimične osobe nisu kadre verbalizirati svoja emocionalna stanja. MacLean (31) nalazi da pacijenti sa psihosomatskim tegobama imaju poteškoća u izražavanju svojih osjećaja, što bi moglo biti posljedica slabe konsolidacije područja neokorteksa povezanih s obradom jezika: emocije koje su pacijentu uzrokovale znatnu nevolju nisu bile prikladno simbolizirane, pri čemu su se manifestirale onime što se naziva „organskim jezikom“ (54).

McDougall (55) ističe kako nas poteškoće ljudskog bivanja obvezuju da stvorimo beskonačnost psihičkih struktura da bismo vezali ili se na neki način nosili s neizbježnom fizičkom i mentalnom boli s kojom ćemo se susresti. Sposobnost za simboličko funkcioniranje smatra jedinstvenim filogenetskim nasljeđem koje ljudskim bićima omogućuje da se vežu ili nose s fizičkim i mentalnim bolima s kojima se svi neizbježno susrećemo tijekom života. Prema Taylor (6), psihička trauma slabi sposobnost simboličkog funkcioniranja, posebno ako je doživljena u ranome djetinjstvu i kada ne postoji roditelj koji je kadar obuzdati preplavljujuće afekte i učiniti ih podnošljivima za dijete. U nemogućnosti mentalnog predočivanja nepodnošljivih emocionalnih stanja tako da se mogu „probaviti“ kroz snove i razmišljanja, traumatske su emocije disocirane, ali su sklone vraćanju preko somatskih bolesti (6).

extreme concreteness of thinking with the accompanying extremely pragmatic lifestyle. Alexithymic individuals are unable to verbalize their emotional states. MacLean (31) observed that patients with psychosomatic complaints have difficulty expressing their feelings, which may be due to poor consolidation of neocortical areas associated with language processing: emotions that caused the patient significant distress were not appropriately symbolized, whereby they were manifested through what is called “organic language” (54).

McDougall (55) pointed out that the difficulties of human existence oblige us to create an infinity of psychic structures in order to relate to or somehow cope with the inevitable physical and mental pain that we will encounter. He considered the capacity for symbolic functioning to be a unique phylogenetic inheritance that allows human beings to relate to or cope with the physical and mental pain that we all inevitably encounter during our lives. According to Taylor (6), psychological trauma weakens the capacity for symbolic functioning, especially if it is experienced in early childhood and when there is no parent who is able to restrain the overwhelming affects and make them bearable for the child. Due to an inability to mentally represent unbearable emotional states so that they could be “digested” through dreams and reflections, traumatic emotions are dissociated, but they are prone to return through somatic illnesses (6).



ZAKLJUČAK

Psihoanaliza je ukorijenjena u tjelesnom iskustvu i pokušaju razumijevanja skrivenoga značenja tjelesnog simptoma. Pojmovi simbol, simbolizam, simbolik, simbolizacija usko su povezani sa psihoanalizom od samog početka njenog nastanka. Tijekom povijesti psihoanalize uporaba simbola i način bavljenja simbolima su se mijenjali, posebno u pogledu somatske bolesti i psihosomatskog simptoma. Spoznaja da psihosomatski bolesnik nema kapaciteta za simboliziranje usmjerila je žarište interesa na proučavanje oštećenja simboličkih procesa i traženje objašnjenja za stanja u kojima se razvija patologija kojoj nedostaje simboličko značenje. Odsutnost simboličkoga značenja u somatskoj bolesti ne implicira irelevantnost simboličke dimenzije u patogenezi bolesti. Različiti su čimbenici (neuroanatomski, fiziološki, genetski, okolišni, psihodinamski) i njihove interakcije koje mogu utjecati na proces simbolizacije i preusmjeriti emocionalno iskustvo iz simboličke sfere u tjelesnu. Oštećenja procesa simbolizacije i pojava nesymboliziranja u psihosomatskog bolesnika u terapijskom procesu zahtijeva od terapeuta da funkcionira kao „dovoljno dobra majka“, koja obuzdava i transformira primitivne tjeskobe svojega djeteta i olakšava pojavu prijelaznih aktivnosti i drugih self-regulirajućih sposobnosti (2).

CONCLUSION

Psychoanalysis is rooted in bodily experience and in the attempt to understand the hidden meaning of bodily symptoms. The terms symbol, symbolism, symbolic and symbolization have been closely associated with psychoanalysis since its very beginnings. Throughout the history of psychoanalysis, the use of symbols and our perception of them changed, especially in view of somatic illnesses and psychosomatic symptoms. The realization that a psychosomatic patient does not have the capacity to symbolize has directed the focus on studying the impairment of symbolic processes and seeking explanations for conditions which develop pathology that lacks symbolic meaning. The absence of symbolic meaning in somatic illnesses does not imply irrelevance of the symbolic dimension in the pathogenesis of the disease. There are various factors (neuroanatomical, physiological, genetic, environmental, psychodynamic) and their interactions that can influence the process of symbolization and redirect emotional experience from the symbolic sphere to the physical. Impairments in the symbolization process and the emergence of non-symbolization in a psychosomatic patient during the therapeutic process require the therapist to function as a “good enough mother”, who restrains and transforms her child’s primitive anxieties and facilitates the emergence of transitional activities and other self-regulatory abilities (2).

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