

ŽALOVANJE I DEPRESIVNA POZICIJA ILI IMA LI ŽALOVANJA BEZ DEPRESIVNE POZICIJE

/ MOURNING AND DEPRESSIVE POSITION OR WHETHER THERE IS MOURNING WITHOUT DEPRESSIVE POSITION

Silvija Topić Lukačević

SAŽETAK/ABSTRACT

Žalovanje je psihološki preduvjet psihičke zrelosti. Objekti žalovanja mogu biti izgubljene osobe, prošlo vrijeme, životne situacije i okolnosti. Žalovanje omogućuje prihvaćanje gubitka onoga što je zapravo već izgubljeno. Ono je proces rastanka, odbacivanja i oslobađanja od nereálnih fantazija i iluzija o sebi, drugima i životu, a da bi se prihvatila realnost. Žalovanje je nužno ako osoba želi krenuti dalje nakon doživljena gubitka te ima adaptivnu vrijednost jer omogućuje da organizam kompenzira neravnotežu koju gubitak nosi. U procesu žalovanja dolazi do regresije i destabilizacije psihičkog funkcioniranja, a, ako doživljaj gubitka potresa same temelje ličnosti, remeti se i dotadašnja percepcija realnosti. Regresija pri žalovanju pokatkad može zahvatiti sve funkcije ega te dovesti do psihičke i psihotične dekompenzacije. Psihodinamsko rješenje žalovanja dolazi kroz proradu. Postoji nekoliko psihodinamskih objašnjenja žalovanja, a većina se njih osvrće na doprinose Melanie Klein teoriji objektnih odnosa ili je komplementarna njima. U razumijevanju procesa i prorade žalovanje pomaže nam njezino objašnjenje funkcioniranja shizoparanoidne i depresivne pozicije te njihove cjeloživotne dinamičke i dijalektičke ravnoteže.

U ovom ću radu prikazati pacijenticu koja se javila na psihoterapijski tretman i u koje je utvrđeno nikada dovršeno ili, bolje rećeno, nikada započeto žalovanje zbog nemogućnosti dosezanja depresivne pozicije. Jedan od razloga za to jest i struktura pacijentićine ličnosti i pretežitofunkcioniranje u shizoparanoidnoj poziciji, a u koje je s vremenom došlo do daljnje destabilizacije koja je vodila u psihotičnost.

/ Mourning is a psychological prerequisite for psychic maturity. Objects of mourning can be persons one has lost, the past, life situations and circumstances. Mourning makes it possible to accept the loss of what has actually already been lost. It is a process of parting with, rejecting and freeing oneself from unrealistic fantasies and illusions about oneself, others and life, in order to accept reality. Mourning is necessary if an individual wants to move on after experiencing loss, and it has adaptive value since it allows the body to compensate for the imbalance that the loss carries along. Regression and destabilization of psychic functioning arise as part of the process of mourning, and if the experience of loss shakes the very foundations of the personality, the previous perception of reality gets disrupted as well.



Regression in mourning can sometimes affect all ego functions, and can lead to psychic and psychotic decompensation.

The psychodynamic solution to mourning is reached by working through it. There are several psychodynamic explanations of mourning, and most of them refer to or complement Melanie Klein's contributions to the object relations theory. Her explanation of the functioning of the paranoid-schizoid and depressive positions, their lifelong dynamic and dialectical balance, helps us understand both the process of mourning and working through mourning. This paper presents the case report of a patient who reached out to us in order to get psychotherapy treatment, whereby it was established that she experienced mourning that was never completed or, rather, that she never started the process of mourning due to her inability to reach a depressive position. One of the reasons for the above is the patient's personality structure and the fact that she predominantly functions in the paranoid-schizoid position, which over time gave rise to further destabilization, eventually leading to psychoticism.

KLJUČNE RIJEČI / KEYWORDS

žalovanje / mourning, Melanie Klein / Melanie Klein, teorija objektnih odnosa / object relations theory, depresivna pozicija / depressive position, shizoparanoidna pozicija / paranoid-schizoid position

Silvija Topić Lukačević, psihijatar, psihoterapeut, grupni analitičar, Klinika za psihijatriju „Sveti Ivan“, Dnevna bolnica specijalizirana za provođenje preventivnog i terapijskog programa stresom i traumom uzrokovanih poremećaja (DB PITP STUP), Jankomir 11, Zagreb, Hrvatska

/ Silvija Topić Lukačević, Psychiatrist, psychotherapist, group analyst, "Sveti Ivan" Psychiatric Clinic, Day Hospital specializing in the implementation of preventive and therapeutic programs for stress and trauma related disorders (DB PITP STUP), Jankomir 11, Zagreb, Croatia

TO LINK TO THIS ARTICLE:

UVOD

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INTRODUCTION

Mourning is a psychological prerequisite for psychic maturity. Objects of mourning can be persons, the past, life situations and circumstances. Mourning makes it possible to accept the loss of what has

zapravo već izgubljeno. Ono je proces rastanka, odbacivanja i oslobađanja od nerealnih fantazija i iluzija o sebi, drugima i životu, a da bi se prihvatila realnost. Prihvaćanje vlastitih ograničenja i ranjivosti, svijesti o sebi i bliskim osobama često nije ugodna, ali je nužna i ljekovita (1). Putem žalovanja dobivamo priliku za jasniju i realniju sliku o sebi, ljudima i životu te prihvaćanje stvarnosti takve kakva jest.

Ima više podjela procesa žalovanja, a jedan od najprimjenjivanih u praksi jest onaj koji uključuje pet faza žalovanja (2):

1. poricanje – nevjerica i odbacivanje činjenice o predstojećem ili aktualnom gubitku, invalidnosti, neminovnoj smrti
2. ljutnja/gnjevljenje – pojavljuju se gnjev i bijes zbog poremećenih životnih planova, preispitivanje po tipu „tko je kriv“ i „zašto baš meni“
3. pregovaranje/cjenkanje – osoba razmišlja što bi mogla učiniti da promijeni tijek procesa gubitka, izbjegne ili odgodi posljedice gubitka
4. depresija – tuga jer se gubitak postupno prihvaća
5. prihvaćanje stvarnosti – osoba u najvećoj mjeri prihvati da se gubitak dogodio i samim time i dobije određen osjećaj smirenja.

Buzov je žalovanje podijelio na tri skupine (3):

actually already been lost. Mourning is a process of parting with, rejecting and freeing oneself from unrealistic fantasies and illusions about oneself, others and life, in order to accept reality. Accepting one's own limitations and vulnerabilities, as well as becoming aware of oneself and the loved ones is often not pleasant, however it is both necessary and healing (1). Through mourning, we get the opportunity to obtain a clearer and more realistic picture of ourselves, the people and life, as well as to accept the reality as it is.

There are several divisions of the mourning process, and the one that is used most frequently in practice includes the five stages of mourning (2):

1. Denial – disbelief and rejection of the impending or current loss, disability, or inevitable death;
2. Anger/rage – disrupted life plans trigger anger and rage, with questions along the lines of “Who is to blame” and “Why me”;
3. Negotiation/bargaining – the individual reflects on what they could do to change the course of the process of loss, to avoid or postpone the consequences of the loss;
4. Depression – sadness, because the loss is gradually being accepted;
5. Acceptance of reality – the individual accepts, to the greatest extent, that the loss has occurred, thus acquiring a certain feeling of calmness.

Buzov divided mourning into three groups (3):



1. odgovor na smrt osobe za koju smo vezani
 2. žalovanje kao dio normalnoga psiho seksualnog razvoja i sazrijevanja te ono koje je posljedica razdvajanja od voljene osobe ili uskrata njezine ljubavi
 3. žalovanje koje se zbiva nakon gubitka vjere, ideja ili svjetonazora.
1. Response to the death of a person we are attached to;
 2. Mourning as part of normal psychosexual development and maturation, along with the mourning arising as a consequence of being separated from a loved one or deprived of that person's love;
 3. Mourning that occurs after the loss of faith, ideas, or worldview.

Psihodinamsko rješenje žalovanja dolazi kroz proradu. Model žalovanja kao bolnoga procesa identifikacija, dekatexse i rekatekse kao reakcije na gubitak voljenog objekta kamen je temeljac današnjih zapadnjačkih razumijevanja teškog gubitka, i primjenjuje se u psihoanalizi još od 1917. (4). U žalovanju se zbiva složen intrapsihički proces koji se naziva radom žalovanja. Rad žalovanja definira se kao „intrapsihički proces koji nastupa nakon gubitka objekta kojem je subjekt privržen i koji se postupno uspijeva odvojiti od njega”. Svrha je rada žalovanja da se libido, koji je bio vezan uz osobu koju se izgubilo, povuče natrag u ja, da bi se mogao iskoristiti za nova nagona ulaganja.

Procesom žalovanja osoba odustaje i od potrage za idealnom okolinom, idealnim parterom koji će ispuniti idealizirana očekivanja od bliskih odnosa i idealiziranim reprezentacijama sebe te postupno prihvaća stvarnost. Prihvaćanje stvarnosti zapravo povećava mogućnost ostvarenja želja i potreba

The psychodynamic solution to mourning emerges from working through it. The model of mourning as a painful process of identifications, decathexis and recathexis as reactions to the loss of a loved object is the cornerstone of the current Western understanding of severe loss, and has been used in psychoanalysis ever since 1917 (4). A complex intrapsychic process takes place in the course of mourning, and it is referred to as the work of mourning. It is defined as “an intrapsychic process that occurs after the loss of an object to which the subject is attached, with the subject gradually succeeding in separating from such an object”. The purpose of the work of mourning is to draw the libido, which was attached to the person lost, back into the Self, so that it can be used for new instinctual investments.

Through the process of mourning, the individual also gives up the search for an ideal environment, an ideal partner who would fulfill idealized expectations of close relationships, and idealized representations of oneself, and gradually ac-

na optimalnoj mogućoj razini, jer oslobađa od nerealnih i pretjeranih očekivanja koja koče realizaciju. Kaže se da je idealno velik neprijatelj realnog. Žalovanjem u konačnici odustajemo od prisilnoga emocionalnog vezivanja za loše vanjske objekte i unutrašnje introjekte.

TEORIJSKE POSTAVKE

Kada pišemo o žalovanju, moramo se prvo osvrnuti na Freudov tekst „Žalovanje i melankolija” iz 1917. (5). Iako se u tekstu Freud više osvrtao na melankoliju, navodi da je suočavanje s realnošću gubitka najbolnji trenutak. Tekst je vodio prema kreaciji strukturne teorije ličnosti (Id, Ego, Superego), te u konačnici prema razvoju teorije objektnih odnosa (Fairbairn, Klein) i razumijevanju danas dominantne narcistične patologije.

Prema Freudu, u žalovanju je ego zauzet radom žalovanja, odnosno odvajanjem od izgubljenog objekta, što se prema van pokazuje kao gubitak interesa za vanjski svijet. Zbog gubitka objekta prvo dolazi do nesvjesne identifikacije subjekta s objektom i poricanja gubitka. Radom procesa žalovanja, s obzirom na to da više nema objekta ljubavi, libido se postupno povlači s objekta. U normalnom žalovanju subjekt dakle može postupno odustati od

cepts reality. In fact, the acceptance of reality increases the possibility of realizing desires and needs at the optimal possible level, because it liberates the individual from unrealistic and exaggerated expectations that hinder realization. It is said that the ideal is a great enemy of the real. Through mourning, we ultimately give up the forced emotional attachment to bad external objects and internal introjects.

THEORETICAL HYPOTHESES

When writing about mourning, one must first refer to Freud's text entitled "Mourning and Melancholia", written in 1917 (5). Although predominantly focusing on melancholia, Freud states that facing the reality of loss is the most painful moment. This text led to the creation of the structural theory of personality (Id, Ego, Superego), and ultimately to the development of the object relations theory (Fairbairn, Klein), as well as to the understanding of currently dominant narcissistic pathology.

According to Freud, in the course of mourning the ego is busy with the work of mourning, that is, with separating from the lost object, which is outwardly displayed as a loss of interest in the outside world. At first, due to the loss of the object, the subject unconsciously identifies with the object and denies the loss. Through the process of mourning, given that the object of love is no longer there, the libido gradually withdraws from the



objekta, a suočavanje sa stvarnošću, tj. realnošću gubitka, važno je za konačnu proradu žalovanja. Sama stvarnost/realnost presuđuje vezanosti libida za izgubljeni objekt i odvajanju subjekta od njega (6). Nakon uspješne prorade žalovanja individua postaje svjesnija odvojenosti subjekta od objekta te jasnije prepoznaje što pripada subjektu, a što objektu.

Sposobnost da se stvore i po potrebi unište objektni odnosi razvojna je potreba svake osobe. U psihoanalitičkoj se literaturi više govori o procesima stvaranja objektnih odnosa nego reakcije na njihova uništenja. Kod gubitka objektnog odnosa postoji jak otpor gubitku libidno katektiranog objekta. Svako je sjećanje ili iskustvo libidinozno investirano. S vremenom kroz testiranje realnosti investicije popuštaju. Polagano, a ne naglo napuštanje i dezinvesticija voljenog objekta ima i obrambenu funkciju štiteći osobu koja žali od eventualno nagloga traumatskog priljeva oslobođenog libida te time žalovanje ima i adaptivnu funkciju (7).

U depresiji koju Freud vidi kao patološko žalovanje, napadi idu na osobu koja je izgubljena (pounutreni objekt). U patološkom žalovanju (depresiji) osoba regresira na pregenitalnu – oralnu razinu i primitivne mehanizme obrane kao što su introjeksija i inkorporacija.

object. Therefore, in normal mourning, the subject can gradually give up the object, and confronting the reality, i.e. the reality of loss, is important in order to finally process the mourning. The reality itself arbitrates the attachment of the libido to the lost object and the separation of the subject from it (6). After successfully processing the mourning, the individual grows more aware of the separation of the subject from the object, recognizing with greater clarity what belongs to the subject and what belongs to the object.

The ability to create and, if necessary, to destroy object relations is a developmental need of every individual. Psychoanalytical literature contains more discussions about the processes of creating object relations than about reactions to their destruction. When an object relationship is lost, there is strong resistance to the loss of the libidinally cathected object. Every memory or experience is libidinally invested. Over time, the tests of reality cause investments to yield. The slow, rather than abrupt, abandonment and disinvestment of the beloved object also has a defensive function that protects the grieving person from a possibly abrupt and traumatic influx of liberated libido. Mourning, therefore, also has an adaptive function (7).

In depression, which Freud views as pathological mourning, the attacks are directed at the individual who has been lost (internalized object). In pathological mourning (depression), the individual regresses to the pregenital-oral level, re-

Osoba proguta i probavlja objekt u fantaziji da se nikada ne bi separirala od njega, što vodi u narističku identifikaciju. U tom se procesu povlače katekse s vanjskoga svijeta na ego koji je sada pomiješan s izgubljenim objektom, što je narcističko povlačenje. Narcistička identifikacija s objektom postaje zamjena za erotske katekse (voljeti novi objekt znači biti taj objekt). Narcistička ljubav s novim objektom zbog neodžalovanog i introjiciranog primarnog objekta zapravo je identifikacija s objektom. Izbor je po tipu sličnosti, a, kad se otkriju nepremostive razlike, raspada se i odnos, a subjekt ponovno kreće u potragu za „sebi sličnim“ objektom. Novi objekt zapravo nije nov, nego je to uvijek jedan te isti, a to je subjekt sam, pomiješan s introjiciranim primarnim objektom od kojeg se nikad uistinu nije odvojio i odžalovao ga (8,9).

RAZMATRANJE ŽALOVANJA KROZ POSTAVKE TEORIJE OBJEKTNIH ODNOSA I DOPRINOSA MELANIE KLEIN

Melanie Klein proširila je psihoanalitičku teoriju bogatim razumijevanjem preverbalnog razvoja, razradila je okvir za psihodinamsko razumijevanje graničnih i psihotičnih stanja u psihopatologiji te je svojom razvojnom psihologijom dopunila Freudovu. Prema M.

sorting to primitive defense mechanisms such as introjection and incorporation. The individual ingests and digests the object in the fantasy in order to never be separated from it, which leads to narcissistic identification. In this process, cathexes are withdrawn from the external world onto the ego, which is now mixed with the lost object, demonstrating narcissistic withdrawal. Narcissistic identification with the object becomes a substitute for erotic cathexes (loving a new object means being that object). Narcissistic love with a new object is actually the identification with the object due to the unmourned and introjected primary object. Since the choice is based on the type of similarity, the revelation of insurmountable differences causes the relationship to fall apart, while the subject once again sets out to search for an object "similar to oneself". In fact, the new object is not new, but is rather always one and the same, which is the subject itself, now mixed with the introjected primary object which was never actually mourned and never truly separated from (8, 9).

CONSIDERATION OF MOURNING THROUGH THE ASSUMPTIONS OF OBJECT RELATIONS THEORY AND MELANIE KLEIN'S CONTRIBUTION

Melanie Klein expanded the psychoanalytic theory by providing an abundant understanding of preverbal development. She also elaborated a framework



Klein, psihičko funkcioniranje zbiva se u međusobnoj dinamskoj interakciji dviju osnovnih pozicija: shizoparanoide i depresivne. Rezolucija procesa žalovanja, prema mnogim autorima, omogućuje postignuće, tj. ponovno pojavljivanje depresivne pozicije, te ponovno jačanje dobrih unutrašnjih objekata.

Kako bismo bolje razumjeli njihovu ulogu u procesu žalovanja, treba se podsjetiti nekih obilježja i jedne i druge pozicije.

Obilježja shizoparanoide pozicije:

- dominantne obrane su rascijep, idealizacija, poricanje i projekтивna identifikacija
- tip anksioznosti je proganjajući; strah od raspadanja, dezintegracije, uništenja,
- slike selfa i objekta rascijepjene su na dobar i loš dio
- objekti su parcijalni i nekonstantni
- nema simboličkog mišljenja, ono je konkretno
- uvijek prisutna „sadašnjost“, nema protoka vremena
- ahistoričnost – pisanje povijesti uvijek nanovo
- magijsko-omnipotentno mišljenje koje poriče mogućnost gubitka objekta i separacijsku tjeskobu, odnosno krivnju i odgovornost

for the psychodynamic understanding of borderline and psychotic states in psychopathology, and complemented Freud's work with her developmental psychology. According to Klein, psychic functioning takes place in the mutual dynamic interaction between two basic positions: paranoid-schizoid and depressive. According to numerous authors, a resolution of the mourning process enables achievement, i.e. reappearance of the depressive position, and restrengthening of good internal objects.

In order to better understand their role in the mourning process, it is necessary to review some characteristics of both positions.

Characteristics of the paranoid-schizoid position:

- The dominant defenses include splitting, idealization, denial and projective identification
- The type of anxiety is haunting; there is fear of decomposition, disintegration and destruction
- The images of Self and Object are split into good and bad parts
- Objects are partial and inconstant
- There is no symbolic thinking, as there is only concrete thinking
- The "present" is always present, there is no passage of time
- Ahistoricity - history is always written anew
- Magical-omnipotent thinking that denies the possibility of object loss

- nema tuge, žalovanja, brige, suosjećanja.

Obilježja depresivne pozicije:

- dominantne obrane su reparacija (fantazijski se oštećeni objekt može reparirati)
- prevladavajući tip anksioznosti je strah od gubitka objekta
- dobri i loši objekti zapravo su jedna te ista osoba
- objekti su cjeloviti, odvojeni, doživljavaju se kao subjektivni drugi, granice selfa dobro su definirane
- mišljenje je simboličko, više apstraktno
- postoje prošlost i budućnost
- briga za objekt, žalovanje, odgovornost, suosjećanje – empatija.

U shizoparanoidnoj poziciji dominira rascijep, a preduvjet žalovanja jest nadilaženje rascijepa i integracija. U spomenutoj poziciji prevladava konkretnost psihičkih doživljaja bez uzročnog povezivanja. Osoba doživljava da je pasivno izložena događajima, bilo psihičkim bilo realnim. Svoje doživljavanje, psihičko ili vanjsko, ne povezuje sa sobom, s načinom svojeg razmišljanja i ponašanja. Osoba nema doživljaj da bitno utječe na svoje misli i osjećaje, kao ni na ono što joj se događa u životu. U shizoparanoidnoj poziciji nema potrebe za žalovanjem za izgubljenim objektom (primarna majka

and separation anxiety, i.e. guilt and responsibility

- There is no sadness, no mourning, no concern and no compassion

Characteristics of the depressive position:

- Dominant defenses include reparation (in fantasy, the damaged object can be repaired)
- The predominant type of anxiety is the fear of losing the object
- Good and bad objects are actually one and the same person
- Objects are complete, separate, and experienced as subjective others, with well-defined boundaries of the self
- Thinking is symbolic, more abstract
- Both the past and the future exist
- Care for the object, mourning, responsibility, compassion-empathy

While the paranoid-schizoid position is dominated by splitting, the preconditions for mourning include overcoming the split and achieving integration. The paranoid-schizoid position is dominated by the concreteness of psychic experiences, deprived of causal connections. A person experiences being passively exposed to events, whether psychic or real. They do not connect their psychic or external experience with themselves, their way of thinking and behaving. A person does not have the perception of significantly influencing their own thoughts, feelings, or events in their life. With the



ili kasniji izgubljeni objekti ljubavi) jer se u takvoj formi doživljavanja objekt ne doživljava izgubljenim. On se magično obnavlja u novom odnosu prema omnipotentnom mišljenju i negiranju realnosti. Time svaki novi emocionalni odnos nije zapravo novi i ne simbolizira samo odnos s primarnim i izgubljenim objektom ljubavi (majkom) nego on to zapravo i jest (10).

Depresivna pozicija kao organizacija psihičkog iskustva razvija se cijelog života, no njezino izvorište M. Klein smjestila je u drugu četvrtinu prve godine života. Depresivna je pozicija proces kojim percepcija dobiva određeno značenje te se ne promatra samo kao sekvenca u fazi razvoja u koju se ulazi i iz koje se izlazi ili na koju se može regresirati (kao Freudove psihoseksualne faze razvoja). Zajedno s kronološki ranijom shizoparanoidnom pozicijom, ostaje tijekom cijelog života u dinamičkoj i dijalektičkoj ravnoteži. Tijekom depresivne pozicije dolazi do spajanja ljubavi i mržnje, dobrih i loših osobina objekata pa tako nastaju cjeloviti objekti. Pojavljuju se briga za voljeni objekt i tjeskoba zbog gubitka objekta. Sposobnost žalovanja ili kapacitet za njega postignuće je depresivne pozicije koja od druge četvrtine prve godine života pa kroz djetinjstvo jača i dijete se postupno odvaja od svemoćnog jedinstva s objektom (majkom) te stječe sposobnost da ga uspješno odžaluje i

paranoid-schizoid position, there is no need to mourn the lost object (primarily the mother, or the later lost objects of love) because, in such form of experience, the object is not experienced as lost. The object magically renews itself in a new relationship through omnipotent thinking and negation of reality. Therefore, every new emotional relationship is not truly new, and it not only symbolizes the relationship with the primary and lost object of love (the mother) but, rather, it is that same relationship (10).

The depressive position as an organization of psychic experience develops throughout life, however Klein dates its origin to the second quarter of the first year of life. The depressive position is a process through which perception acquires a certain meaning and is, therefore, not viewed exclusively as a sequence in a phase of development one either enters or exits, or to which one can regress (such as in Freud's psychosexual stages of development). Together with the chronologically preceding paranoid-schizoid position, it remains in a dynamic and dialectical balance throughout life. Within the depressive position, there is a fusion of love and hate, the good and the bad features of objects, which is how complete objects are created. Concern for the loved object and anxiety with regard to its loss develop. The ability to mourn or the capacity for the same constitute the achievement of a depressive position that grows stronger from the second quarter of the first year

uđe u svijet novih objekata. Navedeno pridonosi kvaliteti novih objektnih odnosa (11).

Ono što je tipično za depresivnu poziciju jest postojanje simbola. Teškoće simbolizacije mogu otežati i ili onemogućiti proces žalovanja (12). Segal navodi da postignuće depresivne pozicije uključuje razvoj mišljenja i formiranje simbola. Simboli se pojavljuju u kontekstu komunikacije i odnosa. Simboli predočuju odnose kao i objekte i postoje unutar složene mreže interaktivnih, višestrukih značenja (13). Razvojem simboličkog mišljenja i doživljavanja u depresivnoj poziciji, rađaju se Subjekt i subjektivnost te iskustvo sebstva, odnosno selfa. Drugim riječima, rađa se mogućnost pojedinca da se doživi kao osoba koja misli svoje misli i osjeća svoje osjećaje koji su u velikoj mjeri osobne kreacije, čime se razvija i osjećaj odgovornosti za vlastito psihičko djelovanje. Kada pojedinac počne doživljavati sebe kao Subjekt, stječe sposobnost doživljavanja subjektivnosti drugih različitih od vlastite. Iz te pozicije doživljaj drugoga isključivo kao Objekta ili Self-objekta koji narcističnom pojedincu služi za zadovoljenje vlastitih potreba, prelazi u doživljaj drugog kao Subjekta odvojenog od Selfa. Navedeno je mjerilo uspješne separiranosti od primarnog Objekta (majke). Zbog navedenog u depresivnoj poziciji drugi se ljudi mogu

of life and throughout childhood, and the child gradually separates from the omnipotent unity with the object (mother), acquiring the ability to successfully mourn it and to enter the world of new objects. The above contributes to the quality of new object relations (11).

The existence of symbols is typical for the depressive position. Difficulties pertaining to symbolization can aggravate the mourning process or render it impossible (12). Segal argues that achieving the depressive position involves the development of thinking and the formation of symbols, which appear in the context of communication and relationships. Representing both relationships and objects, symbols exist within a complex network of interactive, multiple meanings (13). Through the development of symbolic thinking and experiencing in the depressive position, the Subject, subjectivity, and the experience of the self, i.e. Self, are born. In other words, what is born is the opportunity for an individual to experience themselves as a person who thinks their own thoughts and feels their own feelings, which are largely personal creations, thus prompting the development of a sense of responsibility for own psychic activity. When an individual begins to experience themselves as a Subject, they acquire the ability to experience the subjectivity of others as differing from their own. From this position, the experience of the other exclusively as an Object or Self-object, that satisfies a narcissistic individual's needs, turns into



početi doživljavati kao zasebna bića s autonomnim načinom razmišljanja i osjećanja, tj. kada se drugi počnu doživljavati i kao subjekt (i kao objekt), priznaje mu se postojanje u svijetu koji je izvan područja vlastite onipotencije. Pojedine parcijalne reprezentacije selfa i objekta, od kojih su neke u kontradikciji, tada postaje moguće integrirati u realniju cjelinu. Reprezentacije selfa i objekta više nisu podijeljene crno-bijelo na potpuno dobar ili loš dio. Jedino funkcioniranjem u depresivnoj poziciji možemo reći „ja mislim da je tako“ umjesto „to je tako zato što jest tako“. Dimenzija „kao da“ postignuće je depresivne pozicije, dok u shizoparanoidnoj poziciji postoji samo „jest ili nije“. Dakle prevladavanje rascjepa postaje moguće u depresivnoj poziciji, a time se stvara mogućnost za stvaranje simbola. Osoba postiže sposobnost povezivanja, povezuje sebe s događajima u vlastitu životu i s vlastitim mislima, osjećajima i ponašanjem (14,15).

U depresivnoj poziciji kreira se historicitet time što se pojedinac odriče od svemoćnih obrana, te se osobna povijesti kreira i prihvaća kroz interpretacije i razumijevanje. U shizoparanoidnoj poziciji pojedinac je zarobljen u vremenu, tj. u bezvremenosti s kontinuiranim prelijevanjem vlastite prošlosti. U depresivnoj poziciji promjenjive su interpretacije prošlosti, a ne prošlost sama, što donosi tugu jer prošlost ni-

the experience of the other as a Subject separated from the Self. This forms the criterion for successful separation from the primary Object (mother). Due to the above, in the depressive position it is possible to start perceiving other people as separate beings with an autonomous way of thinking and feeling, i.e. when an individual starts to perceive others as subjects (as well as objects), their existence in a world outside the realm of their own omnipotence is acknowledged. Certain partial representations of the self and the object, some of which contradict each other, can then be integrated into a more realistic whole. The representations of the self and the object are no longer seen as black and white, or as entirely good or bad. Only by functioning in the depressive position can we say “I think it is so” instead of “It is so because it is so”. The “as if” dimension is the achievement of the depressive position, while in the paranoid-schizoid position only “it is or it is not” exists. Therefore, overcoming the split becomes possible in the depressive position, which in turn creates the possibility for the creation of symbols. The individual achieves the ability to connect, connects themselves with events in their own life, as well as with their own thoughts, feelings, and behavior (14, 15).

In the depressive position, historicity is created by the individual renouncing the omnipotent defenses, while personal histories are created and accepted through interpretations and understanding. In the paranoid-schizoid position, the individu-

kad neće biti onakva kakvu bi je pojedinac želio, no ipak donosi mogućnost prihvaćanja samog sebe. Time tuga, doživljaj usamljenosti i kapacitet za žalovanje postaju univerzalne dimenzije ljudskog iskustva dosezanjem depresivne pozicije.

DOPRINOSI DRUGIH ANALITIČARA PSIHODINAMSKOM RAZUMIJEVANJU ŽALOVANJA

Otto Kernberg također je dao prikaz psihodinamskih faktora žalovanja, iako se on više osvrtao na gubitak objekta u kontekstu preminule osobe. Kernberg smatra da se procesi žalovanja ne dovršavaju kompletno, nego dijelovi žalovanja evoluiraju u trajne dijelove psihičke strukture (16). Strukturne posljedice žalovanja temelje se na perzistirajućim internalizirajućim objektnim odnosima vezanima uz izgubljeni objekt, što utječe na ego i superego. Perzistirajući internalizirajući objektni odnosi razvijaju se paralelno uz identifikaciju s izgubljenim objektom.

Kernberg navodi da se u normalnom žalovanju jačaju ego i superego kroz sljedeće procese:

1. tuga jača empatiju, što je temeljni reparacijski impuls (aktivacija depresivne pozicije)

al is trapped in time, i.e. in timelessness with a continuous overflow of their own past. The depressive position enables changes in the interpretations of the past, but not the past itself, which gives rise to sadness because the past will never be as the individual would like it to be, however it still brings about the possibility of self-acceptance. Therefore, in reaching the depressive position, sadness, experience of loneliness and capacity to mourn become universal dimensions of the human experience.

CONTRIBUTIONS OF OTHER ANALYSTS TO THE PSYCHODYNAMIC UNDERSTANDING OF MOURNING

Otto Kernberg also gave an account of the psychodynamic factors of mourning, although he focused more on the loss of an object in the context of a deceased person. Kernberg believes that mourning processes are never entirely completed, but parts of mourning evolve to become permanent parts of the psychic structure (16). The structural consequences of mourning are based on persisting internalizing object relations associated with the lost object, which affects both the ego and superego. Persisting internalized object relations develop parallel to the identification with the lost object.

Kernberg argues that normal mourning strengthens the ego and superego through the following processes:



2. internalizirani objektni odnosi s izgubljenim objektom se ojačavaju
 3. superego se jača – strukture ego-ideala (ispunjenje želja preminuloga); zadovoljstvo i zahvalnost življenja jača moralne odgovornosti vezane i uz integraciju moralnih vrijednosti osobe
 4. normalno žalovanje potiče kapacitet za nove odnose
 5. reparatorni procesi jačaju i duhovnu dimenziju (pitanje dubljeg smisla)
 6. aktualno žalovanje, aktivacijom depresivne pozicije – ponovno aktivira i procese žalovanja ranijih gubitaka i može pomoći u kompletiranju ranijih žalovanja.
1. Sadness strengthens empathy, which is the basic reparative impulse (activation of depressive position),
 2. Internalized object relations with the lost object are strengthened,
 3. The superego is strengthened – the structures of the ego ideal (fulfillment of the wishes of the deceased person); while the satisfaction and gratitude of living strengthens moral responsibilities which also relate to the integration of a person's moral values,
 4. Normal mourning fosters the capacity for new relationships,
 5. Reparative processes also strengthen the spiritual dimension (the issue of deeper meaning),
 6. By activating the depressive position, the current mourning reactivates the mourning processes related to earlier losses and can help complement the earlier mourning processes.

Kernberg smatra da pri nekim žalovanjima unutrašnji dijalozi s preminulom osobom ne završavaju (što bi značilo da žalovanje nije potpuno završeno), nego se pretvara u promjene strukture ličnosti, tj. dijelovi žalovanja integriraju se u psihološke strukture. On naglašava dvostruku funkciju procesa žalovanja u kontekstu restrukturiranja superega i održavanja odnosa (17). Reparacijski procesi idu dijelom i kroz prepoznavanje želja i planova osobe koja je preminula, a navedeno postaje i moralna obveza za osobu koja žaluje. Spomenuti se sadržaji integriraju u superego osobe, ali ne u formi zabrana superega, nego visokopersonaliziranog

Kernberg believes that in the course of some mourning processes, the internal dialogues with the deceased person do not end (which would mean that mourning is not fully completed), but turn into changes in the personality structure, i.e. parts of mourning become integrated into psychological structures. He emphasizes the dual function of the mourning process in the context of superego restructuring and relationship maintenance (17). Reparation processes partly proceed through recognition of the wishes and plans of the person who has passed away, which becomes a mor-

odnosa s izgubljenom osobom. Tako superego doživljava promjene kroz internalizaciju vrijednosnih sustava i životnih želja izgubljenog objekta (18). Tijekom procesa razdvajanja od originalnog objekta može se kreirati nešto što olakšava proces, ali i ostaje kao „spomenik nekadašnjem jedinstvu s Objektom“, a to je prijelazni prostor (prostor igre, mašte, umjetnosti i religije) prema D. Winnicottu. Prijelazni prostor jest prostor između potpune stoljenosti i potpune odvojenosti, tj. prostor kao treća mogućnost, istodobnog postojanja i jednog i drugog. U tom, prijelaznom prostoru stvaraju se i ti „unutrašnji dijalozi“ s izgubljenom osobom koji u konačnici omogućuju praradu žalovanja.

Helene Deutsch 1937. pisala je o zanimljivom fenomenu odsutnosti žalovanja. U članku istog naziva „Odsutnost žalovanja“ objašnjava postojanje prejačkih osjećaja prema izgubljenom objektu, ili slabosti ega koji žaluje (19).

John Bowlby je nastojao preciznije razdvojiti tzv. normalno ili prosječno žalovanje od poremećenog ili patološkog žalovanja. Tijek normalnog žalovanja dijeli se u četiri faze: 1) faza ukočenosti; 2) faza žudnje ili traženja izgubljenog objekta; 3) faza neorganiziranosti i očaja; 4) faza manjeg ili većeg stupnja reorganizacije. U analizi poremećenog žalovanja upozorava na tri najčešće

al obligation for the grieving person. The abovementioned contents are integrated into the person's superego, not in the form of superego prohibitions, but rather as a highly personalized relationship with the lost person. Thus, the superego experiences the changes via the internalization of value systems and life desires of the object lost (18). During the process of separating from the original object, one can create something that both facilitates this process and remains a "monument to the former unity with the Object" which, according to D. Winnicott, is a transitional space (space of play, imagination, art and religion). Transitional space is space between complete fusion and complete separation, i.e. space as a third possibility, which is the simultaneous existence of both. The previously mentioned "internal dialogues" with the lost person are created within this transitional space, ultimately enabling the processing of mourning.

In 1937, Helene Deutsch wrote about the interesting phenomenon of the absence of mourning. In her article entitled "The Absence of Grief", she argued that this phenomenon arises due to the existence of feelings towards the lost object that are too strong, or because of the weakness of the grieving ego (19).

John Bowlby attempted to precisely differentiate between the so-called normal or average mourning and disordered or pathological mourning. The course of normal mourning is divided into four phases: 1) the phase of numbing; 2) the



varijante toga procesa: kronično žalovanje, produljena odsutnost svjesnog žalovanja i euforija (20).

Abraham i Torok daju slikovit opis čuvanja objekta u „internaliziranoj grobnici“, kao mehanizma koji je odgovoran za poremećeno žalovanje. Prema mišljenju tih autora, introjeksija je proces, a inkorporacija je fantazija. Kada se ne smiju uporabiti riječi da bi se iskazalo žalovanje pri gubitku objekta, a kao razlog zbog kojeg ne dolazi do verbalizacije gubitka, utvrđuje se želja subjekta da zadrži idealnu sliku objekta, umjesto introjeksije prelazi se na fantaziju inkorporacije i objektivizaciju. Fantazijom inkorporacije objekt se guta i skriva u unutrašnjosti, u nekoj tajnoj grobnici (kripti) u kojoj i dalje nastavlja živjeti (21).

Giovacchini je iznio koncept smrznutog introjekta (*frozen introject*) koji se odnosi na sliku izgubljenog objekta koji nije posljedica prihvatanja njegove smrti, ali ni njezina poricanja. Do toga se dolazi ako su slike izgubljenog objekta zastrašujuće (22).

Gaines govori o dvjema zadaćama žalovanja: o odvajanju (engl. *detachment*) od izgubljenog objekta (osobe) i o održavanju kontinuiteta povezanosti s njime. Navedeno znači da postoji intrapsihički dualizam žalovanja, istodobna prisutnost osjećaja da je prekinut od-

phase of yearning or searching for the lost object; 3) the phase of disorganization and despair; 4) the phase of greater or less degree of reorganization. While analyzing disordered mourning, Bowlby points out the three most common variants of this process: chronic mourning, prolonged absence of conscious grieving, and euphoria (20).

Abraham and Torok provided a vivid description of storing an object in an “internalized tomb”, as the mechanism responsible for disordered mourning. According to these authors, introjection is a process, while incorporation is a fantasy. When words are not allowed in order to express mourning for the loss of an object, the reason for not verbalizing the loss being the subject’s desire to keep an ideal image of the object, instead of introjection one moves onto the fantasy of incorporation and objectification. Through the fantasy of incorporation, the object is ingested and hidden inside, in some secret tomb (crypt) where it continues to live (21).

Giovacchini presented the concept of a frozen introject which refers to the image of the lost object that is neither a consequence of accepting its death nor its denial. This happens if the images of the lost object are frightening (22).

Gaines discusses the two tasks of mourning: detachment from the lost object (person) and maintaining a continuity of connection with it. The above connotes an intrapsychic dualism of mourning, a

nos s preminulom osobom te osjećaj da treba u nekoj formi nastaviti taj odnos (npr. uspomene, ispunjavanje želja preminulog) (23).

John Steiner (24,25) također je svojim radovima pridonio psihodinamskom razumijevanju žalovanja, a proces žalovanja povezivao je s depresivnom pozicijom prema Melanie Klein. Prema njemu, proces žalovanja ima dvije faze koje korespondiraju s dvjema potfazama depresivne pozicije. U prvoj fazi žalovanja prisutan je strah od gubitka objekta, a u drugoj je prorađeno iskustvo gubitka objekta. U prvoj fazi žalovanja pokušava se poricati gubitak nastojeći posjedovati i očuvati objekt identificirajući se s njime. Time se osigurava neraskidiva vezanost subjekta i objekta. Zbog identifikacije s objektom, separacija je onemogućena i zato što osoba koja žaluje vjeruje da, ako objekt umre, i ona će umrijeti za njime, te, ako želi živjeti, mora poricati gubitak. Drugu fazu karakterizira pomak prema neovisnosti jer osoba napušta objekt koji je izgubila. Ta faza označuje suočavanje s gubitkom i proradu žalovanja. Uspješna prorada procesa žalovanja rezultira odvajanjem subjekta od objekta, odricanjem kontrole nad objektom i poricanja realnosti. Ostavljanjem objekta osoba se suočava s očajem koji proizlazi iz odvajanja od njega. Na razini nesvjesne fantazije to znači suočavanje s nemoći da se zašti-

simultaneous presence of the feeling that the relationship with the deceased person has been broken and the feeling that this relationship should be continued in some form (e.g. memories, fulfilling the wishes of the deceased person) (23).

John Steiner (24, 25) also contributed to the psychodynamic understanding of mourning with his works, and he connected the mourning process with the depressive position as described by Melanie Klein. According to Steiner, the mourning process has two phases that correspond with the two subphases of the depressive position. In the first phase there is the fear of the loss of the object, while the experience of the loss of the object is processed during the second phase. In the first phase of mourning, one tries to deny the loss with attempts to own and preserve the object by identifying with it. This ensures an unbreakable connection between the subject and the object. The identification with the object renders separation impossible, and since the person who is grieving believes that if the object dies, they will also die with them, they must deny the loss if they want to live. The second phase is characterized by a shift towards independence, as the person leaves the object that has been lost. This phase includes dealing with the loss and processing the mourning. Successful processing of the mourning process results in the separation of the subject from the object, renunciation of control over the object, and abandoning the denial of reality. By leaving the



ti objekt te se objektu mora dopustiti da „umre“ uz posljednji doživljaj krivnje i usamljenosti.

Za uspješno odrađen proces žalovanja, Steiner navodi da je potrebno odžalovati i ostaviti objekt, čime će se dogoditi i obrtanje projektivne identifikacije. Obrtanjem projektivne identifikacije dijelovi selfa pripisivani objektu, mogu se vratiti egu te se objekt može doživljavati realističnije, a ne iskrivljen projekcijama iz selfa. Ego se obogaćuje primajući svoje dijelove selfa natrag te dolazi do integracije. Osoba koja žaluje postaje svjesnija odvojenosti selfa od objekta te jasnije prepoznaje što pripada njoj, a što selfu. Kapacitet za prihvaćanje stvarnosti gubitka, koja dovodi do diferencijacije selfa od objekta, važno je postignuće koje određuje može li se proces žalovanja nastaviti do normalnog završetka. Međutim, problem nastaje kada objekt koji se treba odžalovati sadržava previše projiciranih dijelova selfa subjekta, a tada se pacijent boji da će izgubiti sebe u tom procesu.

Bion je također dao određen doprinos razumijevanju žalovanja preko teorije kontejnirajuće funkcije objekta. Navodi da analitičar ev kapacitet za primanje i kontejniranje pacijentovih projiciranih fragmenata rezultira smanjenjem anksioznosti u pacijenta. Analitičar skuplja i integrira nepodudarne dijelove pacijentova selfa. Analitičar ev

object, the person faces the despair that arises from being separated from it. At the level of unconscious fantasy, this involves facing the impotence to protect the object, as the object must be allowed to “die”, with the consequent emergence of guilt and loneliness.

Steiner claims that a successful mourning process demands mourning and leaving the object, which will also cause the reversal of projective identification. By reversing the projective identification, the ego can reclaim the parts of the self that are attributed to the object, and the object can be perceived more realistically, without being distorted by the self's projections. Through reclaiming its parts, the ego is enriched and integration takes place. The mourner grows more aware of the separation of the self from the object, and can identify with greater clarity what belongs to them as a person and what belongs to the self. The capacity to accept the reality of loss, which leads to the differentiation between self and object, is an important achievement that determines whether the process of mourning can proceed to a normal conclusion. The problem, however, arises when the object to be mourned contains too many projected parts of the subject's self, and the patient becomes afraid of losing themselves in the process.

Bion also made certain contributions to the understanding of mourning through the theory of the containing function of the object. He claims that an analyst's capacity to receive and contain the pa-

kapacitet za razumijevanje i davanje značenja projiciranim fragmentima omogućuje kontejniranje i transformaciju u tolerirajući oblik koji pacijent može ponovno introjicirati (26-28). Funkcioniranje kao kontejnera u smislu opažanja i davanja značenja pacijentovim projiciranim fragmentima rezultira integracijom. Pacijent se posljedično osjeća manje anksiozno i fragmentirano jer osjeća da ga analitičar razumije. Integracija omogućuje stabilniji i trajniji unutrašnji svijet, a ona je bitan čimbenik i preduvjet drugih razvojnih postignuća. Bion naglašava da pacijent može vratiti svoje projekcije na sebe tek kad osjeti da ga analitičar razumije. U tom je kontekstu i Steiner isticao da pacijent kontinuirano treba objekt koji djeluje kao kontejner te nastavlja projicirati u analitičara sve dok se druga faza depresivne pozicije ne dosegne.

Prema Bionu, psihotično nije nestalo razvojem, nego je trajno prisutno kao neshvatljivi temeljni dio normalne osobnosti. Sa stajališta teorije objektnih odnosa, a i self-psihologije, psihotična je anksioznost univerzalna, a u psihički normalnih osoba uglavnom je neshvatljiva. To je anksioznost koja se odnosi na opasnost od fragmentacije i povrede selfa, koja može nastati zbog gubitka self-objekata koji su potrebni svima, a posebno osobama s iskustvom psihoze, odnosno osobama s vrlo krhkim

pacijent's projected fragments results in a reduction of anxiety in the patient. The analyst collects and integrates the discrepant parts of the patient's self. The analyst's capacity to understand and render meaning to the projected fragments allows them to be contained and transformed into a tolerable form, one that the patient can reintroject (26-28). Functioning as a container in terms of perceiving and giving meaning to the patient's projected fragments results in integration. The patient consequently feels less anxious and fragmented, because they feel understood by the analyst. Integration enables a more stable and permanent inner world, acting as an important factor and prerequisite for other developmental achievements. Bion underlines that a patient can redirect their own projections onto themselves only when they feel understood by the analyst. In this context, Steiner emphasized that the patient constantly needs an object that acts as a container, and will continue to project onto the analyst until the second phase of the depressive position is reached.

According to Bion, the psychotic does not disappear with development, but is permanently present as an unconscious, fundamental part of the normal personality. From the point of view of the theory of object relations, as well as that of self-psychology, psychotic anxiety is universal and mostly unconscious in psychically normal persons. This anxiety is associated with the danger of fragmentation and injury to the self, which can arise



selfom. Za takve je osobe odvajanje od važnih osoba o kojima ovisi funkcioniranje njihova selfa psihička katastrofa (29). U tom je kontekstu moguća pojava psihotičnih simptoma nakon gubitka važnoga objektnog odnosa.

Rozenfeld i Williams (30,31) opisuju udruživanje destruktivnih unutarnjih objekata i dijelova selfa pacijenata u narcističku organizaciju. Ta „organizacija“ može nesvjesno nagovarati, zavoditi ili prijetiti kako bi osigurala „poslušnost“ pacijenta, što ćemo vidjeti u prikazu dalje u tekstu. Cilj ove patološke, ali i obrambene strukture jest kontrola ega koja se postiže koristeći se i psihotičnom anksioznošću koja potječe iz traume gubitka. Što je veća prisutnost podložnosti idealiziranom narcističnom objektu, to je strah od gubitka veći, kao i aktivnost patološke organizacije. Slabi i ovisni dio selfa (libidni self prema Rozenfeldu) pokušava uspostaviti kontakt s analitičarom, ali je spriječen ovim „udruženjem“ koje se libidnom selfu predočuje kao saveznik ili pomagač. Destruktivni objekti i dijelovi selfa dominiraju ličnošću i preveniraju svaki rast i razvoj. Steiner (24,25) prikazuje patološku organizaciju ličnosti koja kontejnira anksioznost i postavlja se kao zaštita od persekutorne anksioznosti i krivice. To je grupa objekata, tj. parcijalnih objekata temeljenih na iskustvu pacijentova ranog djetinjstva. Individua izbjega-

due to the loss of self-objects that are necessary for everyone, especially for individuals who have experienced psychosis, i.e. individuals with a very fragile self. For such individuals, separation from important persons on whom the functioning of their self depends is a psychic disaster (29). In this context, the appearance of psychotic symptoms after the loss of an important object relationship is possible.

Rozenfeld and Williams (30, 31) describe the association of destructive internal objects and parts of the patient's self into a narcissistic organization. This "organization" can unconsciously persuade, seduce, or threaten in order to ensure the patient's "obedience", as will be elaborated below. The goal of this, both pathological and defensive, structure is ego control which is achieved by using psychotic anxiety that originates from the trauma of loss. The greater the presence of submissiveness to the idealized narcissistic object, the greater is the fear of loss, along with the activity of the pathological organization. The weak and dependent part of the self (libidinal self, according to Rozenfeld) tries to establish contact with the analyst, but it is prevented by this "association" which presents itself as an ally or helper to the libidinal self. Destructive objects and parts of the self dominate the personality and forestall any growth and development. Steiner (24, 25) depicts the pathological organization of a personality that contains anxiety and is posited as protection against persecutory anxiety and guilt. It is a group of objects, i.e. partial objects, that

va konfrontiranje s ovim objektima i dovođenje u pitanje njihovih ciljeva. Kada kontejniranje pruža patološka organizacija objekata, a ne pojedinačni objekt, teško je projektivnu identifikaciju okrenuti u obrnutom smjeru. Tada je nemoguće pustiti pojedinačni objekt da ode, odžalovati ga te vratiti projekcije natrag na self. Reverzibilnost se postiže tek prorodom tijekom žalovanja.

OBILJEŽJA ŽALOVANJA I NJEGOVA REPARACIJSKA ULOGA

Dva su procesa bitna u žalovanju sa svrhom reparacije problemskih dijelova odnosa kako bi se žalovanje praradilo: identifikacija s izgubljenim objektom u smislu modifikacije vlastitih self reprezentacija te perzistiranje unutrašnjih objektnih odnosa s izgubljenom osobom (32). Dvije su česte emocije s kojima se radi u psihoterapiji tijekom procesa žalovanja, krivnja i kajanje, a njihovu reparacijsku ulogu u žalovanju naglašavaju i M. Klein i O. Kernberg. Krivnja ima svjesnu i nesvjesnu dimenziju. Nesvjesna krivnja, kada je visoko izražena, može stvarati kliničku sliku intenzivne depresije, na temelju nesvjesne agresije prema ambivalentno voljenoj osobi. Svjesna krivnja, s druge strane, obično je povezana s kajanjem, što je odraz žaljenja zbog agresivnih impulsa (zanemarivanje, napu-

are based on the patient's early childhood experience. The individual avoids confronting these objects and questioning their goals. When containment is provided by a pathological organization of objects rather than the individual object, it becomes difficult to reverse projective identification. In such instances, it is impossible to let the individual object go, to mourn it, and to revert the projections onto the self. Reversibility is achieved only by processing the mourning.

CHARACTERISTICS OF MOURNING AND ITS REPARATIVE ROLE

Two processes are essential in mourning in regard to the purpose of reparation of the problematic parts in a relationship, and for mourning to work; they include identification with the lost object in the sense of modifying one's self-representations, and the persistence of internal object relations with the person that has been lost (32). Guilt and remorse are two common emotions that are dealt with in psychotherapy during the mourning process, and their reparative role in mourning is emphasized by both Klein and Kernberg. Guilt has both a conscious and an unconscious dimension. When highly expressed, unconscious guilt can create a clinical picture of intense depression, based on unconscious aggression towards an ambivalently loved person. On the other hand, conscious guilt is usually associated with remorse, which is a reflection of regret for aggressive im-



štanje, neadekvatno ponašanje) prema izgubljenoj osobi. Freud je smatrao da krivnja ulazi u domenu patološkog žalovanja, no radovi M. Klein i O. Kernberga navode da je krivnja u žalovanju reaktivacija depresivne pozicije i može biti dio normalnog žalovanja. Kajanje u žalovanju bitno je za reparaciju jer neutralizira agresiju i kompenzira potencijalnu štetu (realnu ili imaginarnu) učinjenu izgubljenoj osobi.

Vrijednosni sustavi izgubljene osobe mogu osobi koja žaluje biti poticaj za reparacijske procese i dati joj dodatan smisao. Reparacijski procesi mogu stvoriti psihološki rast kroz učenje iz iskustva i jačanje novih međuljudskih odnosa koji su osnaženi iskustvom odnosa s izgubljenom osobom, ali i jačati duhovnu dimenziju osobe.

U osoba s crtama graničnog poremećaja ličnosti u žalovanju može postojati bijes na preminulu ili izgubljenu osobu jer se reaktivira strah od napuštanja i odbacivanja i u tom kontekstu dolazi do regresije na shizoparanoidnu poziciju. U narcističnih bolesnika zbog poricanja može se pojaviti psihološki obrat te se umjesto tuge razvija paranoidna reakcija. Psihodinamske teorije kazuju da se u osoba s naglašenim patološkim narcizmom ne dolazi do optimalne reparacije jer patološki narcizam koči normalne procese žalovanja, odnosno postaje autodestruktivni

pulses (neglect, abandonment, inadequate behavior) towards the person that has been lost. Freud believed that guilt belongs to the domain of pathological mourning, while Klein and Kernberg argued that guilt in mourning represents a reactivation of the depressive position and can be a part of normal mourning. Remorse in mourning is essential for reparation because it neutralizes aggression and compensates for the potential harm (real or imaginary) done to the person lost.

The value systems of the person lost can be an impetus for the reparation processes in the mourner, providing them with additional meaning. Reparation processes can create psychological growth through learning from experience, and through the strengthening of new interpersonal relationships that are empowered by the experience of a relationship with the person lost, along with reinforcing the person's spiritual dimension.

In individuals with features of borderline personality disorder, mourning can include anger towards the deceased or lost person, because the fear of abandonment and rejection gets reactivated, and in this context, there is a regression to the paranoid-schizoid position. Due to denial, narcissistic patients can experience a psychological turn, whereby a paranoid reaction develops instead of sadness. Psychodynamic theories argue that individuals with pronounced pathological narcissism do not achieve optimal reparation because pathological narcissism inhibits normal mourning processes, i.e.

faktor koji onemogućuje stabilizaciju ličnosti. U takvih osoba kajanje se kadšto pretvara u „patnju“ preživjeloga.

Bol u procesu žalovanja postupno se smanjuje, ali može biti reaktivirana niz godina nakon u osjetljivim situacijama (reaktivacija depresivne pozicije). Kada spominjemo žalovanje, moramo se osvrnuti na takozvano dvostruko žalovanje koje često vidimo u svojim psihoterapijskim ambulantama. Dvostruko žalovanje implicira da pri aktualnom žalovanju postoji reaktivacija ranijih neriješenih žalovanja, koji su superponirani na aktualno žalovanje, što automatski znači i dulje trajanje i proradu žalovanja (npr. osoba dolazi zbog smrti supružnika, bolesti djeteta ili gubitka radnoga mjesta, a u podlozi su raniji gubitci kao neprorađena smrt roditelja i sl.). Aktualno žalovanje u tom kontekstu i kroz psihoterapijski rad može pomoći i odrađivanju dijelova nekih ranijih žalovanja koja nikada zbog raznih razloga nisu bila prorađena.

Fenomenologija žalovanja sličići kliničkoj slici depresije, međutim, može se reći da žalujemo da ne bismo bili trajno depresivni, kao što smo i u snu „psihotični“ da ne bismo bili psihotični u stvarnosti. Žalovanje nakon gubitka u osnovi je iskustvo odvajanja koje se na primitivnoj razini ličnosti doživljava kao gubitak.

it becomes a self-destructive factor that prevents personality stabilization. In such individuals, remorse sometimes transforms into the “suffering” of the survivor.

During the mourning process, pain gradually decreases, though it can be reactivated after many years in some sensitive situations (reactivation of the depressive position). In terms of mourning, we must refer to the so-called double mourning that we often see in our psychotherapy clinics. Double mourning implies that during current mourning there is a reactivation of earlier unresolved mourning processes that are superimposed on the current mourning. This automatically presumes a longer period of duration and processing of the mourning (e.g. an individual seeks help due to the death of a spouse, child’s illness or loss of a job, while the basis constitutes in the earlier losses such as the unprocessed death of a parent, etc.). In this context, as well as in the context of psychotherapy work, the current mourning can also help one to process parts of their earlier mournings that were, for various reasons, never processed.

The phenomenology of mourning resembles the clinical picture of depression, however, it can be said that we mourn in order to not be permanently depressed, just as we are “psychotic” in a dream in order to not be psychotic in reality. Mourning after a loss is basically an experience of separation that is perceived as a loss at the primitive level of the personality.

Recently, normal and pathological mourning have become increasingly difficult to



Normalno i patološko žalovanje u novije vrijeme sve je teže razlikovati i razgraničiti, pogotovo ako gubitak doseže traumatske razine. Ipak se normalno žalovanje povezuje uz nešto zdraviju strukturu ličnosti. Patološko žalovanje obično ide uz intenzivno i produljeno žalovanje, gdje je klinička depresija bitan deskriptivni sindrom. Depresija se često superponira na nerazriješeno, komplicirano žalovanje. Ovakvu depresiju često karakteriziraju intenzivan doživljaj krivnje te jača regresija funkcioniranja ličnosti.

U MKB-11 uvedene su nove skupine dijagnostičkih kategorija i nekoliko novih poremećaja kao što je i Poremećaj prolongiranog žalovanja. Ovaj oblik žalovanja dobio je dijagnostičku kategoriju u skupini Poremećaja specifično povezanih sa stresom. Prema MKB-11, poremećaj prolongiranog žalovanja može se razviti nakon smrti voljene osobe (npr. partner, roditelj, dijete, drugi član porodice ili druga bliska osoba). Karakteriziran je teškom, upornom i onespoblavajućom tugom, prisutnošću stalne i pervazivne reakcije žalovanja koja traje neobično dugo i očito premašuje očekivane društvene, kulturne ili religijske norme tipične za kulturu i kontekst pojedinca. Zbog različitih kulturnih manifestacija žalovanja u MKB-11 navodi se da je za dijagnozu potrebno dobro procijeniti kulturni kontekst pacijenata. Za ispu-

distinguish and demarcate, especially if the loss reaches traumatic levels. Nevertheless, normal mourning is associated with a somewhat healthier personality structure. Pathological mourning usually accompanies an intense and prolonged grieving process, where clinical depression is an important descriptive syndrome. Depression is often superimposed upon unresolved, complicated mourning. Such depression is frequently characterized by an intense feeling of guilt and a stronger regression in the functioning of personality.

ICD-11 introduced new groups of diagnostic categories and several new disorders, such as the Prolonged Grief Disorder. This form of mourning was assigned to the diagnostic category within the group of disorders specifically associated with stress. According to ICD-11, prolonged grief disorder can develop after the death of a loved one (for example, a partner, parent, child, other family member, or another close person). It is characterized by severe, persistent and incapacitating grief, along with the presence of a constant and pervasive mourning reaction that lasts for an unusually long period and clearly exceeds the expected social, cultural or religious norms typical of the individual's culture and context. Due to the diverse cultural manifestations of mourning, ICD-11 states that the diagnosis requires a proper assessment of the patient's cultural context. In order to fulfill these criteria stated in ICD-11, it is necessary to experience a constant and

njenje kriterija iz MKB-11 potrebno je doživjeti stalnu i prožimajuću čežnju za izgubljenom osobom i/ili upornu i prožimajuću kognitivnu preokupaciju.

PREDUVJETI USPJEŠNOG ŽALOVANJA

Jedan od glavnih preduvjeta uspješnog žalovanja jest kapacitet ega za njega, tj. kapacitet ega za podnošenje frustracije i sadržavanje agresije te opažanje i doživljavanje bez obrambene distorzije. Drugi su preduvjeti za uspješno žalovanje internalizacija dobrog objekta, sposobnost mentalizacije, sigurna privrženost, prevladavanje dominacije psihičkog funkcioniranja na razini paranoidno-shizoidne pozicije i mogućnost funkcioniranja na razini depresivne pozicije, kapacitet za simbolizaciju, opraštanje i reparaciju. Mentalizacija u žalovanju ima važnu ulogu jer omogućuje eventualno opraštanje jer preko mentalizacije i empatijskog razumijevanja možemo shvatiti motive i okolnosti koje su imale za posljedicu izdaju, napuštanje ili traumatiziranje. Kada sve razumijemo, možemo prihvatiti ono što se dogodilo kao posljedicu niza okolnosti pa i oprostiti. Velika pomoć žalovanju dobar je odnos s terapeutom u individualnoj, ili s grupom i terapeutom u grupnoj psihoterapiji, tj. prije spomenuta internalizacije dobrog

pervasive longing for the lost person and/or persistent and pervasive cognitive preoccupation.

PREREQUISITES FOR SUCCESSFUL MOURNING

One of the main prerequisites for successful mourning is the ego's capacity for the same, i.e. the capacity of the ego to bear frustration and contain aggression, to perceive and experience without defensive distortion. Other prerequisites for successful mourning include internalization of a good object, ability to mentalize, secure attachment, ability to overcome the dominance of psychic functioning at the level of the paranoid-schizoid position, ability to function at the level of the depressive position, capacity for symbolization, forgiveness, and reparation. Mentalization plays an important role in mourning, since it facilitates the potential for forgiveness. This is because mentalization and empathic understanding enable us to understand the motives and circumstances that resulted in betrayal, abandonment or traumatization. When we understand everything, we can accept whatever happened as a consequence of a series of circumstances, and we may even forgive. Mourning can be greatly assisted by a good relationship with a therapist in individual therapy, or with a group and its therapist in group psychotherapy, i.e. by the aforementioned internalization of a good object and a good therapeutic relationship and alliance (33).



objekta i dobar terapijski odnos i savez (33).

Žalovanje je dakle nužno ako osoba želi krenuti dalje nakon doživljena gubitka te ima adaptivnu vrijednost jer omogućuje da organizam kompenzira neravnotežu koju gubitak nosi (34-36). Za žalovanje je potrebno dovoljno vremena. Normalno žalovanje ne završava nužno u potpunosti tijekom razdoblja od šest mjeseci do godinu dana, kako je sugerirano u ranijoj psihijatrijskoj literaturi. U procesu žalovanja dolazi do regresije i destabilizacije psihičkog funkcioniranja, a, ako doživljaj gubitka potresa same temelje ličnosti, remeti se i dotadašnja percepcija realnosti. Žalovanje, tj. događaj koji ga pokreće, u nekim slučajevima poprima i oblike psihičke traume (37). Regresija pri žalovanju pokatkad može zahvatiti sve funkcije ega te dovesti do psihičke i psihotične dekompenzacije (38).

PRIKAZ

U ovom ću radu prikazati pacijenticu koju je internist uputio na psihijatrijsko liječenje zbog poslovne problematike i somatskih komplikacija. Tijekom liječenja utvrdilo se da je u pacijentice uz stres na radnom mjestu, zbog kojeg je primarno došla, prisutno neprorađeno žalovanje koje je dovelo do pojave psihotičnih simptoma, te da postoji

Mourning is, therefore, necessary if the person wants to move on after experiencing loss, and it has an adaptive value since it allows the body to compensate for the imbalance caused by the loss (34-36). Mourning requires a sufficient amount of time. Normal mourning does not necessarily completely end within a period of six months to a year, as suggested in earlier psychiatric literature. The process of mourning includes regression and destabilization of psychic functioning, and if the experience of loss shakes the very foundations of the personality, the previous perception of reality becomes disrupted as well. In some cases, mourning, i.e. its triggering event, also takes the form of psychic trauma (37). In the course of mourning, regression can sometimes affect all the ego functions and can lead to psychic and psychotic decompensation (38).

CASE REPORT

In this paper, I will present the case report of a patient who was referred by an internist for psychiatric treatment due to workplace problems and somatic complications. During the treatment, it was established that, in addition to stress at the workplace, which was the primary reason for her visit, the patient also had unprocessed grief that led to the onset of psychotic symptoms, and there was a pathological organization at the personality level as well. The patient was around 50 years old and held a two-

patološka organizacija na razini ličnosti. Riječ je o pacijentici u dobi od 50 godina, VŠSS, zaposlenoj, udovici, majci jedne kćeri, u partnerskoj emocionalnoj vezi unatrag nekoliko godina, naizgled uredne i ugodne vanjštine, dotjerane i suradljive. Pacijentica je opisivala svoje teško odrastanje: s godinu dana majka ju je ostavila baki i djedu na čuvanje. Odrasla je na selu, a majku koju je doživljavala kao stranca viđala je povremeno. Baku i djeda je doživljavala kao roditelje te je s njima uživala u seoskom životu. U dobi od 6 godina majka ju je odlučila uzeti k sebi i odvesti u Zagreb da upiše 1. razred osnovne škole, a u isto vrijeme njezina je majka bila trudna s drugim djetetom. Ponovno naprasno odvajanje, ovaj put od bake i djeda, nikada nije prežalila, a opisuje da je pokazivala i teškoće prilagodbe na gradski način života, školu i brata. Također opisuje nerazumijevanje od majke te česte batine i svađe zbog njezina „slobodnog i seoskog duha“. Navodi da se udala da pobjegne, vrlo mlada, odmah nakon srednje škole, ali za dečka kojeg je „obožavala“, iako ga je vrlo kratko poznavala. On je bio ratni vojni veterani i ratni vojni invalid. Dobili su dijete i sve se činilo idealnim dok ga jednog dana nije našla mrtvog u podrumu njihove kuće. Dok je ona kuhala ručak, on je rekao da ide raščistiti podrum i tamo se ubio. Za šok koji je doživjela vidjevši ga u toj pozi,

year degree, she was employed, a widow, mother of a daughter, and had been in an intimate partner relationship for the past few years. In addition to having a neat and pleasant appearance, she was well-groomed and cooperative. The patient described her difficult upbringing as follows: when she was one year old, her mother left her in the care of her grandmother and grandfather. She grew up in the countryside and saw her mother, who she perceived as a stranger, only occasionally. She perceived her grandparents as her parents and enjoyed living a rural life with them. When she was six, her mother decided to take her back to Zagreb to enroll her in the first grade of primary school. At the time, the mother was pregnant with a second child. The patient never recovered from the repeated abrupt separation, this time from her grandparents, and she described having difficulties in adapting to city life, the school, and her brother. She also described being misunderstood by her mother, frequent beatings and fights due to her “free and rural spirit”. The patient claimed that she got married to escape. She got married very young, immediately after high school, to a boyfriend she “adored” even though she only knew him for a very short time. He was a disabled war veteran. They had a child together, and everything seemed ideal until one day she found him dead in the basement of their house. While she was cooking lunch, he said he was going to clean out the basement and killed himself there. She claimed that the shock she experienced upon seeing him in that



kada ga je došla pozvati na ručak, navodi da je cijeli život proganja. Opisuje da ničim nije pokazivao da bi si to mogao učiniti, te da od tog trenutka osjeća ljutnju i bijes i samo to prema njemu. Kada je gotovo isto pokušala napraviti kolegica s posla koja proživljava slične neugodne situacije kao i sama pacijentica na radnom mjestu, počela je fizički obolijevati. Nakon nekoliko individualnih razgovora iznosi terapeutu nešto što nije nikomu rekla, da joj se povremeno u posljednjih nekoliko godina u noći tresu krevet, kao da joj netko uhvati noge i tresu ih. Daljnjim potpitanjima, uz nelagodu i negodovanje, ipak navodi da to radi njezin preminuli suprug te da se spavaća soba nalazi iznad mjesta gdje se on ubio. Navodi da nakon njegove smrti nije imala vremena „razmišljati“ o njemu, i žalovati, da se morala sabrati i brinuti se za dijete i financije, naći posao i krenuti dalje. Nakon nekoliko mjeseci psihoterapije, kada se ponovno otvorio dio o „noćnim posjetima supruga“, navodi da, kad je ona sretna, on tu noć „dođe“ i uznemiruje ju. Preko dana se nikad ne javlja, niti kad spava negdje drugdje, nego samo u spavaćoj sobi koju su zajedno dijelili. Navodi da inače uredno funkcionira: ima društvo, posao, odrađuje neke sportske aktivnosti te preko dana nije previše okupirana suprugovim dolascima, osim kada primijeti da je jako sretna, a onda se „kontrolira“ da

pose, when she came to invite him for lunch, had been haunting her ever since. She described that her late husband showed no signs that he could commit such an act. From that moment on, she began feeling anger and rage, directed exclusively at him. When a colleague from work who experienced unpleasant situations at the workplace that were similar to the patient's tried to commit practically the same act, the patient began to suffer from physical ailments. After several individual conversations, she told the therapist something she had not told anyone before: that over the last couple of years, her bed occasionally shook at night as if someone had grabbed her legs and shaken them. In the course of further questioning, while displaying discomfort and displeasure, she said that her deceased husband was doing this, and that the bedroom was right above the place where he had killed himself. She stated that after his death she did not have time to “think” about him and mourn, because she had to pull herself together, take care of her child and finances, find a job, and move on. After several months of psychotherapy, when the issue of “her husband's nightly visits” was readdressed, she stated that he “came” at night whenever she was happy, to disturb her. There was never a sign of him during the day, not even when she slept somewhere else, and those visits occurred only in the bedroom they once shared. She claimed that she otherwise functioned normally as she had friends and a job, engaged in some sports activities, and during the

ne bude „previše sretna“. Pacijentici su ordinirani i psihofarmaci, no halucinacije nisu nestale, nego su se smanjile, a anksioznost je bila reducirana. Povezivanje i simbolički način razmišljanja nisu utvrđeni, iako je njezina priča bila puna simbolike. Također nije pokazivala ni interes ili propitkivanje, pokušaj razumijevanja zašto si je suprug to napravio, a oprost nije dolazio u obzir. Nije povezivala pojavu noćnih događaja s ulaskom u novu vezu nakon niza godina (dopustila si je da bude sretna). Tijekom psihoterapije iznosila je simbiotski odnos s kćeri, koja se odselila u drugu državu, te teškoće prihvaćanja kćerina prekida duge emocionalne veze (koju je kći lakše prihvatila nego pacijentica sama). Tijekom liječenja nikada nije spontano spominjala sadašnjeg partnera, također ratnoga vojnog veterana kao što je bio i preminuli suprug. Nekoliko je puta na izravan upit o njemu iznijela da se jako dobro slažu i da se on prema njezinoj kćeri ponaša kao prema svojoj. Tijekom terapije često je iznosila da su joj nakon suprugove smrti prilazili mnogi dečki jer je bila jako privlačna, no ona je u svakom vidjela samoubojicu i nije si dopuštala ulazak u emotivnu vezu, jer se užasavala da joj „netko ne bi opet isto napravio“ (da ne bi opet bila sretna, pa to izgubila).

Pacijentica je primljena u intenzivni psihoterapijski program dnevne

day she was not too preoccupied with her husband's visits unless she noticed that she was very happy, which is when she would "control" herself so that she would not become "too happy". The patient was prescribed psychopharmaceuticals, however the hallucinations did not disappear, they only decreased, and her anxiety was reduced. The connection and symbolic way of thinking were not established, even though her story was full of symbolism. Furthermore, the patient showed neither interest nor curiosity, and did not attempt to understand why her husband committed the act, while forgiveness appeared out of the question. She did not associate the occurrence of night events with entering into a new relationship after many years (when she allowed herself to be happy). During psychotherapy, she explained the symbiotic relationship with her daughter, who had relocated to another country, as well as having difficulty accepting the end of her daughter's long-lasting intimate relationship (which the daughter herself accepted more easily than the patient). During treatment, she never spontaneously mentioned her current partner, a war veteran just like her deceased husband. When directly asked about him a couple of times, she claimed that they got along very well and that he treated her daughter like his own. During therapy, she often said that many men approached her after her husband's death because she was rather attractive, but she saw suicide in each of them and did not allow herself to enter into an intimate relationship because she was afraid



bolnice specijalizirane za stresom i traumom uzrokovane poremećaje te donosim isječke vinjeti iz grupne psihoterapije koja je trajala šest mjeseci u kontinuitetu.

Vinjeta 1.

Nakon dva mjeseca u grupnoj terapiji, pacijentica, imenovat ćemo je Ana, odvažila je grupi ispričati svoje povremene noćne doživljaje.

Ana: „Ja sam smogla snage da vam kažem nešto što sam samo doktorici rekla, ona me potaknula da kažem i vama. Vi znate za priču kako mi se ubio suprug i koliko sam ljuta na njega.“ Uz okolišanje je nastavila: „Ima još nešto, meni se on katkad javi u noći, tresu mi krevet, svira na gitari ili pjeva“. Nastane muk, a Ana malo zasuzi.

Nakon priznanja krenuo je niz potpitanja članova grupe, na koja je Ana kratko odgovarala: kako zna da je to on, boji li se, misli li da je to duh, zašto nije rekla partneru i kćeri za te doživljaje. Jedna od članica samo je prokomentirala da bi morala platiti mise da ga otjera, što su druge odbacile i vratile se na realnost. Jedna od članica pitala ju je je li se ikada suočila s njime u noći.

Ana: „Kadšto jesam, al' nema smisla, znala sam otići u podrum, a njegova je

that “someone would do the same thing to her again” (she would become happy only to lose it all over again).

The patient was admitted to the intensive psychotherapy program of the day hospital specializing in disorders caused by stress and trauma. Below are the clips of vignettes from group psychotherapy that continuously lasted for six months.

Vignette 1

After two months in group therapy, the patient, herein referred to as Ana, dares to tell the group about her occasional nocturnal experiences.

Ana: “I found the strength to tell you something that I only told the doctor, as she encouraged me to tell it to you too. You know the story of how my husband killed himself and how angry I am at him.” After some hesitation, she continues. “There is something else. He sometimes calls upon me at night, shakes my bed, plays the guitar, or sings.” There is silence, and Ana tears up a little.

After her confession, the group members come up with several sub-questions, which Ana answers briefly – how does she know it is him, is she afraid, does she think it is a ghost, why did she not tell her partner and daughter about these experiences. One of the members merely commented that the patient should pay for a mass service to banish the late husband, which the others rejected, bringing the discussion back to the reality. One

gitara bila tamo gdje i inače stoji, a ja sam čula da svira.“

Mateja: „Piješ li ti kakve lijekove, jesu li to halucinacije?“

Ana: „Dala mi je doktorica lijekove i bolje je od tada. Ne znam jesu li to halucinacije, možda se to tako stručno zove, kadšto i ja mislim da jesu kad se razbudim i preko dana, i uvjeravam se u to da je nestvarno, al' kad to krene u noći, meni je to stvarno.“

Vinjeta 2.

Ana je dobro prihvaćena u grupi, sudjeluje aktivno te se njezina patologija ponovno otvara.

Ksenija: „Ana, meni je glupo da mi pričamo o tome kako je tvoja kći prekinula s dečkom i da je sad sama ili o tvojim problemima na poslu, kad si nam ono rekla i sad svi tapkamo oko toga. Mislim da bi trebala pričati o tome.“

Ana: „Ja ne znam kako ćete vi meni pomoći s time.“

Ksenija: „Javlja li se on tebi još, kad se to tebi počelo pojavljivati?“ Ana odgovori da se još pokatkad javi, a pojavljuje se otprije nekoliko godina.

Kenija: „Što ti misliš zašto?“ Ana kaže da ne zna i da misli da joj se osvećuje. Onda krene ponovno pričati kako je on sebična osoba, kako ih je ostavio, kako

of the members asks her if she has ever confronted her husband at night.

Ana: “I used to, but there was no point. I used to go to the basement, and his guitar was where it normally is, but I heard him playing.”

Mateja: “Are you taking any medications, are those hallucinations?”

Ana: “Ever since the doctor gave me the medications it’s been better. I don’t know if those are hallucinations, maybe that’s what the professionals call it. At times, I think they are hallucinations as well when I wake up and during the day, and I convince myself they are unreal, but when it starts at night, it is real to me”.

Vignette 2

Ana is well accepted in the group, she participates actively and the topic of her pathology opens up again.

Ksenija: “Ana, I think it’s stupid that we talk about how your daughter broke up with her boyfriend and how she is now alone, or about your problems at the workplace, after you told us what you told us, and now we’re all beating around the bush. I think you should talk about it”.

Ana: “I don’t know how you could help me with that.”

Ksenija: “Is he still appearing to you, when did those appearances begin?” Ana says he still calls upon her sometimes and that those visits have been going on for several years.



je prošao pokraj djeteta kad se išao ubiti, pitajući se kako je imao srca. Nastane niz potpitanja gdje se to javlja, kada, je li i u drugim prostorijama.

Ksenija: „Znači on se ubio u prostoriji koja je ispod tvoje spavaće sobe, a ti spavaš u vašoj zajedničkoj spavaćoj sobi s novim partnerom, zašto?“ Krenula je rasprava o tome zašto ne proda kuću i zašto još spava u istoj sobi.

Ana reče da ne može prodati kuću jer kći ne da, te krene u obrazlaganje zašto. Mateja kaže da, kad bi kći znala, da bi možda i dopustila da se kuća proda. Ana odlučno odgovori da to kćeri nikad neće reći. Grupa teško shvaća zašto se nikada nije odselila iz kuće ili barem iz spavaće sobe. Ana tvrdi da je to kćerin dom i da će se žrtvovati zbog nje.

Terapeut: „Čini mi se da se cijela grupa angažirala oko vašeg odnosa s preminulim suprugom i time što se nakon toliko godina od njegove smrti nije mnogo toga promijenilo. Čini mi se da grupa sugerira da vama kuća nešto predstavlja.“

Ksenija: „Smatram da se ti ne možeš odvojiti od te kuće jer mislim da ti nje-ga nisi otpustila.“

Ana kaže da ga je otpustila, da ga mrzi, da ona ne želi da joj se on javlja u noći.

Matilda: „Zašto ga tako sudiš, možda mu je bilo teško, možda je imao neke

Kenija: “Why do you think that is happening?” Ana says she does not know and that she believes he is taking revenge on her. Then she starts talking again about how he is a selfish person, how he left them, how he passed by the child on his way to commit suicide, what a heartless thing to do. A series of sub-questions arises as to where and when this takes place, and whether it happens in other rooms as well.

Ksenija: “So he killed himself in the room below your bedroom, and now you sleep in your previously shared bedroom with your new partner, why?” A discussion begins as to why she does not sell the house and why she still sleeps in the same room.

Ana says that she cannot sell the house because her daughter does not want her to, and starts explaining why. Mateja says that if her daughter knew about this, she might have allowed the house to be sold. Ana firmly answers that she will never tell her daughter. The group has a hard time understanding why Ana never moved out of the house or at least out of the bedroom. Ana claims that it is her daughter’s home and that she will sacrifice herself for her daughter’s sake.

Therapist: “It seems to me that the whole group is engaged in your relationship with your deceased husband, and the fact that not much has changed after so many years since his death. It seems to me that the group is suggesting that the house represents something to you”.

Ksenija: “I think you can’t separate yourself from that house because I believe you

ratne traume koje ti nije rekao, možda je u sebi patio."

Ana: „Ne, to se ne može tako objasniti, on je sebičan, on je kukavica, nije se mogao suočiti sa životom.“

Matilda: „Ja sam imala suicidalne ideje, i meni je malo nedostajalo da se ubijem, u tom trenutku nisam mislila na djecu, samo sam željela dokončati patnju (i ispriča grupi svoje stanje kada je aktivno razmišljala o suicidu). Možda sam i ja bila kukavica tada, ni ja tada nisam tražila pomoć niti sam mislila da mi itko može pomoći. Možda ga je samo prevagnulo, mene nije, ali mogu shvatiti da nekoga prevagne. Možeš li ga shvatiti, možda mu je bilo teško, možda ti je nešto promaknulo.“

Ana: „On nikad nije ništa govorio, ni meni ni našim prijateljima, imali smo krasan život, ništa nam nije falilo, i on se ode ubiti jedan dan, dok sam ga ja čekala sa ručkom. Ako je imao problema, zašto se nije liječio kao ja.“ Ana počne plakati i brzo obriše suze i prstom kao da zaprijeti sama sebi što je zaplakala: „E nećeš, nema šanse!“

Matilda: „Ti si ne dopuštaš niti da plačeš, možda ti baš to treba... Evo ja sam ti svoju priču ispričala, možeš li shvatiti, misliš li da sam ja loša majka što sam se htjela ubiti.“ Ana odgovori da joj se to ne čini slično, da je to njezina, a ovo njena priča.

haven't let him go." Ana says that she let him go, that she hates him, and that she does not want him to visit her at night.

Matilda: "Why are you judging him like that? Maybe it was difficult for him, maybe he had some war traumas that he didn't tell you about, maybe he was suffering on the inside."

Ana: "No, it cannot be explained like that. He was selfish and a coward, he could not face life."

Matilda: "I had suicidal thoughts, and I came close to killing myself once. At that moment I wasn't thinking about the children, I just wanted to end the suffering (here she tells the group about her condition when she was actively considering suicide). Maybe I was a coward back then too, I also didn't ask for help, and I believed no one could help me. Maybe he was just overwhelmed. I wasn't, but I can understand someone being overwhelmed. Can you understand him? Maybe it was difficult for him, maybe you missed something."

Ana: "He never said anything to me or our friends, we had a wonderful life. We didn't lack for anything and he went on to kill himself one day, while I was waiting for him with lunch. If he had problems, why didn't he undergo treatment like I did?" Ana starts crying and quickly wipes her tears with a finger, as if threatening herself for crying: "No, you won't, there's no way!"

Matilda: "You don't even allow yourself to cry, maybe that's exactly what you need... Here, I told you my story, can you under-



Ksenija: „Ana, nisi ga otpustila, moraš se rastati i od te kuće i reći kćeri istinu i prihvatiti ga takvog kakav jest.“ Ana okreće glavom.

Vinjeta 3.

Barbara pita Anu javlja li se joj se suprug još, jer kaže da je primijetila da je baš vedra i vesela u posljednje vrijeme.

Ana: „Javlja se još pokatkad, rijetko, ali moram se paziti jer, kada sam jako sretna, taj se dan, sigurno, javi da mi zagorča život.“ Grupa je malo umuknula.

Ana pojasni: „Da, uvijek se javlja kad mi je taj dan bilo lijepo, onda znam da ću navečer platiti. Zato moram dozirati i kontrolirati se.“

Mateja: „Joj, Ana, meni je to slično kao ono kad si nam pričala da te mama odvela od bake, tamo si bila sretna i onda je to mama prekinula i bila si nesretna, pa sa suprugom, bili ste sretni i onda je on to prekinuo pa se ubio, kao da se i sad nečeg bojiš.“ Grupa se slaže da im je to nekako povezano, no Ana kaže samo „Moguće“.

KOMENTAR

Pacijentičino djetinjstvo karakterizirano je dvama naprasnim odvajanjima, prvo od majke u kritičnom razdoblju

stand it? Do you think I'm a bad mother for wanting to kill myself?" Ana says she sees no resemblance, and that her story differs from Matilda's.

Ksenija: "Ana, you haven't let him go. You have to part with that house, tell your daughter the truth, and accept him as he is." Ana shakes her head.

Vignette 3

Barbara asks Ana if her husband is still contacting her, adding that she noticed that Ana has been really bright and cheerful lately.

Ana: "It still happens sometimes, though rarely. But I have to be careful because when I'm very happy it's bound to happen that day, to make my life miserable." The group falls silent for a while.

Ana explains: "Yes, he always appears on the days when I have a good time, and that is when I know I will regret it in the evening. That's why I have to dose and control things."

Mateja: "Oh, Ana, I see resemblance to the event you told us about when your mother took you away from your grandmother. You were happy there until your mother put an end to it and you became unhappy. Then there was a period with your husband when you were happy until he put an end to it by killing himself, and it seems as if you are afraid of something now as well." The group agrees that it all appears somehow related. Ana merely says: "It is possible".

života, s nepunih godinu dana, kada se treba formirati depresivna pozicija, prema M. Klein, te u dobi od 6 godina od bake i djeda koji su je do tada odgajali. Teškom odrastanju pridonijelo je i majčino nerazumijevanje djetetovih potreba te teškoće prilagodbe na potpuno nov način života i ljude oko sebe, zbog čega se dugo osjećala nesretnom. Kada se zaljubila i ponovno sjedinila s „izgubljenim objektom“ te nije bila u mogućnosti realnije sagledati probleme od kojih je patio njezin suprug, zaslijepljenja projekcijom i idealizacijom, počinje ponovno njezino sretno razdoblje koje se naprasno prekida njegovim iznenadnim samoubojstvom. Pacijentica je retraumatizirana, naprasno odvojena od idealiziranog objekta ili self-objekta prema kojemu tada počinje gajiti mržnju. Gubitak ovoga važnog objektnog odnosa o kojemu ovisi funkcioniranje selfa za pacijenticu je psihička katastrofa. Ulazi zatim u simbiotski odnos s kćeri jedinicom, a partnerne koji se nude izbjegava, bojeći se da će i njih izgubiti ako im dopusti da joj se približe. Kada se kći osamostalila i odselila izvan granica RH, pacijentica pronalazi partnera karakteristikama sličnim bivšem partneru (magično rađanje istog objekta). Našla je zamjenski objekt, koji treba stabilizirati self, a taj objekt nesvjesno i previše podsjeća na onaj raniji. Ubrzo nakon toga pojavljuju se halucinacije bivšeg supruga koji joj

COMMENTARY

The patient's childhood was characterized by two abrupt separations. First, she was separated from her mother during a critical period of her life, when she was less than a year old, which, according to Klein, is the time when the depressive position should be formed. The second separation took place at the age of six, when she was taken away from her grandparents who raised her until then. The mother's lack of understanding of her needs as a child and the difficulty of adapting to a completely new way of life and the people around her contributed to her difficult upbringing, making her unhappy for a long time. When she fell in love and reunited with the "lost object", she was not able to apprehend more realistically the problems tormenting her husband, and blinded by projection and idealization, her happy period began again only to be abruptly interrupted by her husband's sudden suicide. The patient was retraumatized and suddenly separated from the idealized object or self-object, towards which she then began to harbor hatred. The loss of this important object relationship, on which the functioning of the self depended, proved to be a psychic disaster for the patient. She then entered into a symbiotic relationship with her only daughter and avoided prospective partners, fearing that she would lose them too if she allowed them to get close to her. When her daughter became independent and relocated outside the borders of the Republic of Croatia, the patient found a partner with characteristics similar to her former partner (magi-



se „osvećuje“. Zbog straha od ponovnog gubitka, pacijentica se kontrolira u svojoj sreći na vrlo konkretnoj razini, jer povezuje sreću s gubitkom. Katekse s ambivalentno voljenog ranije izgubljenog objekta nisu se povukle te nisu dostupne za ulaganja u nove objektne odnose.

Realnije sagledavanje situacije koja se dogodila te razmišljanje o razlozima neprepoznavanja patnji partnera nisu nastupile, nisu se pojavile uobičajene emocije koje se pojavljuju tijekom žalovanja, rascijep se nije nadišao, a time i depresivna pozicija nikad nije dosegnuta. U tom kontekstu ne dolazi ni do reparacije ni do oprosta. Suprug od idealnog partnera preko noći postaje objekt mržnje. Stvara se patološka organizacija na razini strukture, sastavljena od parcijalnih objekata, koja je kontrolira, ali samo donekle pruža kontejniranje anksioznosti od proganjajućeg straha koji potječe iz traume zbog gubitka. Postavlja se pitanje, da se pacijentica na psihoterapijsko liječenje javila ubrzo nakon suprugove smrti, bi li se u konačnici dosegnula depresivna pozicija i proradilo dvostruko žalovanje i rani odnos s majkom, te u konačnici postigao psihološki rast koji bi spriječio psihotični otklon u budućim stresnim situacijama.

Kako se pacijentica u životu ponovno našla u stresnoj situaciji, ovaj put na

cal birth of the same object). Although she found a substitute object, one supposed to stabilize the self, this object unconsciously reminded her too much of the previous one. Soon after that, hallucinations of her ex-husband “taking revenge” appeared. Being in fear of experiencing another loss, the patient controlled her happiness on a very concrete level, associating happiness with loss. The cathexes from the ambivalently loved and previously lost object did not withdraw, and were not available for investment in new object relations.

A more realistic assessment of the past situation and reflection on the reasons for not recognizing the partner’s suffering failed to occur. The usual emotions that accompany mourning did not appear, the split was not overcome, and thus the depressive position was never reached. Such context allowed neither reparation nor forgiveness. Overnight, the husband turned from an ideal partner into an object of hatred. A pathological organization was created at the structural level, composed of partial objects, and it controlled her, providing only a limited containment of anxiety that stems from the haunting fear originating in the trauma of loss. The question arises as to what would have happened if the patient had applied for psychotherapy treatment shortly after the death of her husband. Would she finally be able to reach a depressive position, and work through the double mourning and the early relationship with her mother? Would she ultimately achieve psychological growth that would prevent psychotic deviation in future stressful situations?

poslu, a njezina joj se kolegica povjerala da zbog toga razmišlja o suicidu, u pacijentice se intenzivira strah od uništenja i dezintegracije te sada i fizički obolijeva, jer opasnost vreba sa svih strana.

Pacijentičina osjetljivost na odvajanje (i približavanja zbog mogućeg ponovnog gubitka), vratili su je u rane fiksacije, gurnuli u regres i primjenu primitivnih mehanizama obrane. Obrane koje pacijent primjenjuje jesu: projekcija, introjeksijska, rascijep, poricanje, magijska svemoć, tjelesne bolesti. Kod bolesnice je psihotični otklon posljedica razvojnih i psihosocijalnih uzroka (a ne neurobioloških), koji su pogodniji za psihoterapiju (39). Psihotični dio osobnosti djeluje poput unutarnje patološke organizacije (koju neki autori nazivaju i unutarnjim saboterom ili unutarnjom mafijom) koja provodi sadističku tiraniju nad egom. Zbog slabe internalizacije unutarnjih dobrih objekata pacijentica je ostavljena na milost i nemilost unutarnjoj patološkoj organizaciji.

Težište terapije bilo je na postizanju boljeg uvida u psihotični dio osobnosti i na njegovoj integraciji sa zdravim dijelom. Pacijentica je uključena u grupnu psihoterapiju kao tada najbolji izbor u bolničkim uvjetima za njezin tip problema. Grupna psihoterapija počinje i u pacijentice je to bio i cilj da se

After finding herself in another stressful situation, this time at the workplace, where a colleague confided in her that the job-related stress made her contemplate suicide, the patient's fear of destruction and disintegration intensified and, because danger was lurking from all sides, she grew physically ill as well.

The patient's sensitivity to separation (and getting close to others, due to a possibility of reiterated loss), returned her to early fixations, pushing her into regression and the use of primitive defense mechanisms. The defenses used by the patient are the following: projection, introjection, splitting, denial, magical omnipotence, and physical illnesses. In this case, psychotic deviation was the result of developmental and psychosocial causes (rather than neurobiological ones), which happen to be more suitable for psychotherapy (39). The psychotic part of the personality acts like an internal pathological organization (which some authors refer to as an internal saboteur or internal mafia) that carries out a sadistic tyranny over the ego. Due to a weak internalization of internal good objects, the patient was left at the mercy of the internal pathological organization.

Therapy focused on achieving a better insight into the psychotic part of the patient's personality and its integration with the healthy part. The patient was included in group psychotherapy as it provided the best choice in hospital conditions for her particular type of problem at the time. Group psychotherapy encourages



potakne primjena zrelih obrambenih mehanizama. Općenito glavni cilj grupe psihoterapije osoba koje su imale psihotičnu epizodu jest jačanje njihova ega i selfa. Subjektivna kohezija selfa postiže se korektivnom internacionalizacijom i mentalizacijom. Terapijsko okruženje s grupnom kohezijom omogućuje emocionalni rast te reaktivaciju i korekciju objektnih odnosa. U grupnoj psihoterapiji takvih bolesnika terapeut izbjegava tumačenje njihovih ranih iskustava pogotovo u ranim fazama liječenja, a terapeutove intervencije u ovom slučaju bile su usmjerene više na suport i kontejniranje, te stvaranje na sigurnog okruženja. Međutim, za ovakve primjere liječenje u grupnoj psihoterapiji potrebno je više godina u zrelijoj grupi kako bi se svi ciljevi ostvarili (40).

Funkcioniranje pacijentice većinom je u shizoparanoidnoj poziciji, konkretnog je razmišljanja, bez sposobnosti simbolizacije i shvaćanja drugih kao subjekata, a pokazuje i teškoće mentalizacije, što je sve preduvjet uspješnog procesa žalovanja. Navedeno se vidi iz donesenih vinjeta, grupa je pokušavala povezati i dati simboliku koju Ana u ovoj fazi svojeg liječenja u grupi nije mogla povezati. Također se vide teškoće Anine mentalizacije, kada se jedna pacijentica ponudila i ispričala svoje teškoće i suicidalne ideje. Grupa je također djelovala kao kontejner nje-

the use of mature defense mechanisms, which was also the goal in this patient. In general, the main goal of group psychotherapy for people who have had a psychotic episode is to strengthen their ego and their self. The subjective cohesion of the self is achieved through corrective internationalization and mentalization. A therapeutic environment with group cohesion enables emotional growth, as well as reactivation and correction of object relations. During group psychotherapy of such patients, the therapist avoids interpreting their early experiences, especially in the initial stages of treatment, and in this case the therapist's interventions were directed more at support and containment, aiming to create a safe environment. However, for cases such as this one, treatment in group psychotherapy requires several years and a more mature group to achieve all the goals (40).

The patient functioned mostly in a paranoid-schizoid position, she operated in the sphere of concrete thinking, without ability to symbolize and understand others as subjects, also displaying difficulty mentalizing, which is all a prerequisite for a successful mourning process. This was evident in the included vignettes, where the group attempted to make associations and provide symbolism, which Ana could not do in this phase of her group treatment. The difficulties in Ana's mentalization were also evident when one patient confided about her own difficulties and suicidal ideas. The group also acted as a container for Ana's anxiety, she was well accepted and despite the fact that none

zine anksioznosti, dobro su je prihvatili, te unatoč tomu što nitko od njih nije imao halucinacije, uhvatili su se ukoštac s njima. Grupa primjećuje da je Ana s vremenom postajala sve više vedra i vesela, a halucinacije supruga ne pojavljuju se više tako često, s čime je konfrontiraju. Terapija je prekinuta zbog Anina vraćanja na posao nakon dugog bolovanja (a zapravo i zbog psiholoških blokada, tj. prijetećih unutarnjih objekata) pa je bitan dojam da dva dijela osobnosti, psihotični i nepsihotični dio, ostaju egzistirati u paralelnim svjetovima koji se ne prožimaju i ne integriraju.

Na terapiji se nije stigao prorađivati rani odnos s majkom koja „nije imala majčinski osjećaj“ koji je pridonio pacijentičinoj krhkoj strukturi. Pacijentičina odvajanja i gubitci dosežu gotovo traumatsku razinu i pogoduju stvaraju psihotične konstrukcije, a nepovoljne životne situacije destabiliziraju ionako krhku strukturu. Psihotična je konstrukcija zapravo pokušaj sprječavanja ponovnog odvajanja od objekta pa zato Ana nalazi razne izgovore zašto se ne želi odseliti iz kuće i iz spavaće sobe koju je dijelila sam suprugom. M. Klein navodi da u shizoparanoidnoj poziciji dominiraju parcijalni objekti (samo loši i samo dobri) i strahovi od proganjanja – koji su temelj kasnijih psihotičnih stanja. Veći se broj autora slaže da je poremećaj u simbiotskoj fazi povezan s

of them had hallucinations, they tackled the issue. The group noticed that Ana had grown happier and more cheerful over time, and confronted her with the fact that the hallucinations of her late husband did not appear as often anymore. The therapy was interrupted due to Ana's return to work after a long sick leave (in fact, also due to psychological blockages, i.e. threatening internal objects), therefore the basic impression is that the two parts of her personality, the psychotic and the non-psychotic part, continued to exist in parallel worlds which do not interpenetrate and do not integrate.

There was no time to process the early relationship of the patient with her mother who “did not have motherly feelings”, which contributed to the patient's fragile structure. The patient's separations and losses reached an almost traumatic level and facilitated the creation of psychotic constructions, while unfavorable life situations destabilized the already fragile structure. The psychotic construction was actually an attempt to prevent another separation from the object, which is why Ana found various excuses for not moving out of the house and the bedroom she shared with her late husband. Klein argued that the paranoid-schizoid position is dominated by partial objects (only the bad and only the good ones) and fears of persecution – which form the basis for later psychotic conditions. Numerous authors agree that disruption in the symbiotic phase is associated with the risk of developing psychosis, which was present in the observed patient. Disruption in the



rizikom od nastanka psihoze, što je bilo prisutno u prikazane pacijentice. Poremećaj u simbiotskoj fazi rezultira oštećenjem selfa i nejasnim granicama između selfa i objekta (41-45). Psihoteični su simptomi, prema psihodinamskom shvaćanju, pokušaji obrane selfa u situaciji kad uobičajeni obrambeni sustav zakazuje (46).

ZAKLJUČAK

Sposobnost žalovanja nužna je sastavnica psihologije čovjeka, a sposobnost da se izgubljeni objekt odžaluje, omogućuje da se krene dalje i napreduje u životu i u osobnom razvoju.

Do reakcije žalovanja može doći ili zbog gubitka bliske osobe za koju smo se osjećali vezano, bilo smrću bilo na neke druge načine, no do te reakcije može doći i zbog gubitka neke ideje, vjere ili ideala. Žalovanje općenito podrazumijeva prihvaćanje vlastite subjektivne uloge kao bitne odrednice u svim događajima koji su se tijekom života dogodili. Stav u kojem je osoba aktivan centar u svom životu suprotan je od stava u kojem se sve događa osobi koja je pasivni promatrač, izvan vlastite kontrole, te nema utjecaja.

Žalovanjem se u unutrašnjem svijetu rastajemo od važnih psihičkih sadržaja: svemoćnih fantazija, introjekata,

symbiotic phase results in damage to the self and blurred boundaries between the self and the object (41-45). According to the psychodynamic understanding, psychotic symptoms are attempts to defend the self in a situation when the usual defense system fails (46).

CONCLUSION

The ability to mourn is a necessary component of human psychology, and the ability to complete the mourning of a lost object enables one to move on, and to progress in life and in personal development.

A mourning reaction can occur after the loss of someone close, a person we felt connected to, either through death or in some other way, however, this reaction can also arise after losing an idea, faith, or an ideal. Mourning generally implies accepting one's own subjective role as an essential determinant in all events that take place during life. An attitude in which a person is an active center in their own life is the opposite of an attitude where a person is a passive observer, to whom everything that happens is beyond self-control and they have no influence.

Through mourning, we part with important psychic contents in the inner world, such as omnipotent fantasies, introjects and unrealistic representations of the self and the object, as they cease to be important through the reduction of their invest-

nerealnih reprezentacija selfa i objekta, koji smanjivanjem njihove investicije prestaju biti važni. Nerealne fantazije i introjekti utječu na stavove i ponašanje osobe kao i doživljaj sebe i drugih te svijeta oko sebe. Osoba koja se procesom žalovanja nije oslobodila vezanosti za negativna životna iskustva, nego je ostala vezana za loš introjekt, koji sabotira, često i ne prepoznaje kada se pruža mogućnost za neko bitno životno ostvarenje, te proživljava život koji nije u skladu s njezinim potencijalima.

Žalovanje se dakle kompletira prorađivanjem depresivne pozicije, prema Melanie Klein, i ponovnim jačanjem dobrih unutrašnjih objekata. Proces reparacije temeljan je u procesu žalovanja. Žalovanje se temelji na gubitku, ali kroz kompenzatorne psihološke dinamizme obogaćivanje iskustva može osnažiti strukturu ličnosti. Međutim, u nekim situacijama odvajanje od važnih osoba o kojima ovisi funkcioniranje selfa neke osobe jednako je psihičkoj katastrofi. U tom kontekstu moguća je pojava psihotičnih simptoma nakon gubitka važnoga objektnog odnosa, što smo imali prilike vidjeti u prikazu.

Unrealistic fantasies and introjects affect a person's attitudes and behavior, along with the way they experience themselves and others, as well as the world around them. A person who has not freed themselves from attachment to negative life experiences through the process of mourning, and has instead remained attached to a bad and sabotaging introject, often does not recognize the opportunity for some important life achievement, and continues to live a life that is not in alignment with their potential.

Mourning is, therefore, completed by working through the depressive position, according to Melanie Klein, and by restrengthening the good internal objects. The process of reparation is fundamental to the mourning process. Mourning is based on loss, however it can strengthen the personality structure through compensatory psychological dynamisms and the enrichment of experience. Still, in some situations, separation from important people, on whom the functioning of a person's self depends, equals a psychic disaster. In this context, there is potential for the onset of psychotic symptoms after the loss of an important object relationship, which we witnessed in this case report.



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