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GRUPNA TERAPIJA U VRIJEME PANDEMIJE BOLESTI IZAZVANE NOVIM KORONAVIRUSOM (SARS-COV-2)

/ GROUP THERAPY DURING A PANDEMIC CAUSED BY NEW CORONAVIRUS (SARS-COV-2)

Maja Brkić

SAŽETAK/SUMMARY

Brzo širenje infekcije novim koronavirusom (COVID-19) i primjena preventivnih mjera uvjetovali su brzu prilagodbu i širu primjenu digitalnih tehnologija u psihoterapijskoj praksi. Unatoč znatnim prednostima primjene *on-line* terapije, još uvijek se vode rasprave oko kvalitete, sigurnosti i povjerljivosti ovakvog načina rada. Prelazak na *on-line* način rada zapravo je promjena *settinga*. Cilj je ovog rada prikazati prednost primjene tehnoloških dostignuća u vrijeme krize i utjecaj promjene *settinga* na članove grupe i terapeuta. Također, cilj je ukazati na superviziju kao važnu sastavnicu psihoterapijskog procesa.

The rapid spread of new coronavirus infection (COVID-19) and the implementation of preventive measures have led to the rapid adaptation and wider application of digital technologies in psychotherapeutic practice. Although there are significant benefits to using online therapy, there are still disputes about the quality, safety, and confidentiality of this way of working. Switching to online mode is, in fact, a change of setting. The aim of this paper is to show the advantage of using technological advances in times of crisis and the impact of setting change on group members and therapists. It also aims to point out the supervision as an important component of the psychotherapeutic process.

KLJUČNE RIJEČI / KEY WORDS

grupna terapija / *group therapy*, pandemija / *pandemic*, *on-line* terapija / *online therapy*, supervizija / *supervision*

mr. sc. Maja Brkić, dipl. defektolog oligofrenolog, grupni analitičar, član IGA-e, Dnevna bolnica, Klinika za psihijatriju, Univerzitetski klinički centar Tuzla, BiH, e-mail: maja_b76@yahoo.com.

Maja Brkić, special educator –rehabilitator, MSc, group analyst, member of IGA, Day hospital Clinic for Psychiatry, University Clinical Center Tuzla, B&H, email: maja_b76@yahoo.com

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UVOD

Različiti katastrofalni događaji obilježili su kraj dvadesetog i prva desetljeća 21. stoljeća. Posljedice tih događaja nesa- gledive su za čovječanstvo. Černobilska katastrofa, ratni užasi s prostora bivše Jugoslavije, potres u Kini, teroristič- ki napad na Svjetski trgovački centar (WTC) ili uragan Katrina samo su neki od događaja koji jasno upućuju na to da se svijet suočava s ogromnim izazovima u upravljanju katastrofama i njihovim posljedicama. Ljudi različito reaguju na katastrofalne događaje. Neki se prilagode fleksibilnošću i kreativnošću, dok drugi nastave živjeti kao traumatizirane osobe. Mnogo je oblika traumatskih iskustava, no najčešće uključuju neo- čekivan događaj izvan kontrole osobe, poput kriminalističke viktimizacije, ne- sreće, prirodne katastrofe, rata ili izlože- nosti nasilju u zajednici ili obitelji. Iako fizička skrb o žrtvama nakon katastro- fe, bilo da je ona prirodna ili uzrokovana djelovanjem čovjeka, odmah privlači pozornost, upravljanje psihološkom traumom često ostaje izazov za one koji su zaduženi za nošenje s katastrofama. Psihološki učinci katastrofalnih doga- đaja mnogobrojni su i uključuju stresne reakcije, emocionalnu nestabilnost, anksioznost, konfuznost, poteškoće u koncentraciji, ljutnju, razdražljivost, promjene raspoloženja, strah, povlačenje, osjećaj tuge i beznada. Većina pogođe- nih osoba s vremenom se oporavi. U ne-

INTRODUCTION

Various catastrophic events marked the end of the 20th and first decades of the 21st century. The consequences of these events for humanity are incalcu- lable. Chernobyl disaster, war atrocities at the territory of ex-Yugoslavia, the earthquake in China, the terrorist at- tack on the World Trade Center (WTC), and Hurricane Katrina are just some of the events that clearly indicate that the world is facing enormous challenges in the management of disasters and its consequences. People react differently to catastrophic events. Some adapt with flexibility and creativity, while others continue to lead the life of the trauma- tized person. Traumatic experiences take many forms, but usually involve an unexpected event beyond a person's control, such as criminal victimization, an accident, a natural disaster, war, or exposure to community or family vi- olence. Although physical care of the victims of any disaster, either natural or made by man, immediately gets at- tention, managing psychological trauma often remains a challenge for those who are responsible for dealing with disasters. The psychological effects of catastrophic events are numerous and include stress reactions, emotional in- stability, anxiety, confusion, difficulty in concentration, anger, irritability, mood swings, anxiety, fear, withdrawal, feel- ings of sadness, and hopelessness. Ma- jority of the affected people recover over time. In some cases, recovery is incom-



kim slučajevima oporavak je nepotpun i može dovesti do razvoja psihičkih poremećaja i teškoća u socijalnom funkcioniranju. Mogu se aktivirati ponovna proživljavanja prethodnih traumatskih iskustava. Retraumtizacija se pojavljuje kao odgovor na aktualnu situaciju koja replicira dinamiku izvorne traume. Traumatski učinci su kumulativni: što je više traumatičnih događaja kojima je osoba izložena, to je veći i utjecaj na mentalno i fizičko zdravlje. Socijalno-ekonomski problemi također su česti kod žrtava katastrofa. Psihološke intervencije pomažu u oporavku, ali očekuje se da se najčešći mentalni poremećaji poput depresije i anksioznosti povećaju kao rezultat negativnog utjecaja na mentalno zdravlje (1, 2, 3). Unatoč ljudskoj sposobnosti za preživljavanje i prilagođavanje, traumatsko iskustvo može poremetiti psihološku, biološku i sociološku ravnotežu do te mjere da sjećanje na određeni događaj dovodi u pitanje sva ostala iskustva (4). Svrha psiholoških intervencija jest pomoć u vraćanju narušene ravnoteže.

Aktualna pandemija bolesti SARS COVID-19, koja je kao malo koja katastrofa izrazitim intenzitetom preplavila svijet, ukazala je na potrebu za konsolidacijom stručnjaka za mentalno zdravlje i restrukturiranjem načina pružanja usluga s ciljem zadovoljenja potreba korisnika. Telepsihijatrija, teleterapija, *cyberterapija*, *on-line* terapija, e-tera-

plete and may lead to the development of mental disorders and difficulties in social functioning. They can also trigger re-experiencing of previous traumatic experiences. Retraumatization occurs as a response to a current situation that replicates the dynamics of the original trauma. Traumatic effects are cumulative: the more traumatic events that a person is exposed to, the greater the impact on the mental and physical health. Socio-economic problems are also common among disaster victims. Psychological interventions help in recovery, but the most common mental disorders, such as depression and anxiety, are expected to increase as a result of a negative impact on mental health (1, 2, 3). Despite the human capacity for survival and adaptation, traumatic experience can disrupt the psychological, biological, and sociological balance to the extent that the memory of one particular event questions all the other experiences (4). The purpose of psychological interventions is to help restore the disturbed balance.

The current SARS COVID-19 pandemic, which has flooded the world like few disasters so far, has highlighted the need to consolidate mental health professionals and restructure service delivery to meet beneficiaries needs.

Telepsychiatry, teletherapy, cybertherapy, online therapy, e-therapy (there is still no consensus on the name) is one of the models of providing help when face-to-face setting is not possible, through re-

pija, još uvijek ne postoji konsenzus o jedinstvenom nazivu, jedan je od modela pružanja pomoći kada *setting* nije moguć „licem u lice“, nego putem komunikacijskih tehnologija na daljinu. Usljed pandemije i životnih uvjeta koji su podrazumijevali karantenu, samoozolaciju, „socijalnu distancu“, IPA (*International Psychoanalytical Association*) je izdala preporuke za primjenu telepsihijatrije kao modela za održavanje kontakta s pacijentima/klijentima te sigurno i učinkovito pružanje usluga (5).

PSIHOTERAPIJA I VIRTUALNI MEDIJI

Tako je i psihoterapija, evoluirajući u skladu s ritmom i zahtjevima suvremenog života, pribjela uporabi interneta i njegovih servisa, barem u situacijama kad tradicionalna interakcija i razgovor s klijentom nisu mogući. Iako se mnogo raspravlja o ispravnosti, učinkovitosti, povjerljivosti i granicama pri uporabi interneta u svrhe psihoterapije, to nije omelo mnoge psihijatre, psihoterapeute, savjetnike i pacijente da se njime koriste. No postavlja se i pitanje potiče li ili ometa li ta vrsta dostignuća međuljudske i terapijske odnose, osobito zbog činjenice da tijekom e-terapije izostaje neverbalni dio (6).

Mnogi ističu prednosti virtualnih medija koji omogućuju *on-line* terapiju, osobito kad je alternativa uopće ne imati

mote communication technologies. Due to the pandemic and living conditions that included quarantine, self-isolation, “social distance”, the International Psychoanalytical Association (IPA) issued recommendations for the use of telepsychiatry as a model for maintaining contact with patients/clients, and safe and effective service delivery (5).

PSYCHOTHERAPY AND VIRTUAL MEDIA

Thus, evolving in accordance with the rhythm and requirements of today's life, psychotherapy has resorted to the use of the Internet and its services, at least in situations where face-to-face contact is not possible. Although many discussed safety, efficiency, confidentiality, boundaries in using the Internet for purposes of psychotherapy, this did not stop many psychiatrists, psychotherapists, counselors and patients from using it.

However, there is the question whether this kind of achievements promotes or interferes with interpersonal and therapeutic relations, especially due to the fact that in the course of e-therapy nonverbal part is missing (6).

Many point out the benefits of virtual media that enable online therapy, especially when the alternative is to have no psychotherapy at all. Although there is evidence that e-therapy is effective in a variety of conditions (7,8), researchers



psihoterapiju. Premda postoje dokazi da je e-terapija učinkovita kod raznih stanja (7, 8), istraživači ipak izražavaju zabrinutost kad je u pitanju primjena e-terapije (9, 10, 11). S razvojem tehnoloških dostignuća skloni smo vjerovati da napredujemo i profitiramo u svim aspektima života. No ono što znanosti koje se bave međuljudskim odnosima naglašavaju jest da razvoj tehnologije ne znači nužno i napredak u međuljudskim odnosima te ističu otuđenost i svojevrsno autistično ponašanje kao nusproizvod te vrste civilizacijskog napretka.

Nedavno postavljena pitanja poput, primjerice, može li se psihoanaliza koja se temelji na harmoniji humane interakcije u svim njezinim nijansama provoditi jednakim intenzitetom i dubinom ako je ograničena na okolnosti u kojima su i analitičar i analizant sami, svatko u svojoj prostoriji, povezani samo tehničkim komunikacijskim uređajem? Može li se razviti predodžba slike unutarnjeg svijeta analizanta bez neverbalnih znakova? Može li postojati učinkovita afektivna usklađenost, prepoznavanje svih aspekata otpora, rad s transferom i kontratransferom u uvjetima u kojima već sam *setting* ovisi o trećem – priskrbitelju, *cyber*-prostoru – povezanost između analitičara i analizanta. Postavlja se i pitanje zaštite privatnosti pacijenta. U klasičnom *settingu*, uz osnovne elemente *settinga* (slobodne asocijacije, granice analitičkog sata, kauč), implicitno se

still express concern when it comes to the use of e-therapy (9,10,11).

With the development of technological advances, we tend to believe that we are progressing and profiting in all aspects of life. However, what the sciences dealing with interpersonal relationships emphasize is that the development of technology does not necessarily mean progress in interpersonal relationships, and they emphasize alienation, and then a kind of autistic behavior as a byproduct of this type of civilization progress.

Recently asked questions such as: Can psychoanalysis based on the harmony of human interaction in all its nuances be carried out with equal intensity and depth, if it is limited to circumstances in which both the analyst and the analysant are alone, each in his own room, connected only by technical communication device? Can an image of the analysant's inner world develop without nonverbal cues? Can there be effective affective coordination, recognition of all aspects of resistance, work with transfer and countertransference in conditions in which the setting itself depends on the third - the provider of cyberspace - the connection between the analyst and the analysant. The question of protecting patient privacy is also raised. While in the classical setting with the basic elements of the setting (free associations, the limits of the analytical hour, couch) implicitly assuming permissible level of privacy through auditory adequately protected analytic space analytic rela-

podrazumijeva dopuštena razina privatnosti putem auditivno odgovarajuće zaštićenog analitičkog prostora, analitički odnos zaštićen od intruzija trećih vanjskih objekata. No opće je poznato da su granice privatnosti znatno narušene uporabom tehničkih komunikacijskih uređaja. U tom kontekstu postavlja se pitanje mogućnosti stvaranja fantazije *settinga* kao protektivnog kontejnera, dok se gubitak veze zbog tehničkih poteškoća uvijek doživljava kao grub i empatijski deficit od strane analitičara (12). Može se reći da se tim pitanjima bavi i grupna analiza. Tijekom *on-line* terapije članovi grupe ne dijele samo intimne misli i osjećaje, nego dijele i svoj intimni prostor, što u situaciji terapije „licem u lice“ ne moraju činiti. To ponekad može biti prepreka, kao u slučaju kada je *on-line* grupa tek u formiranju. Pitanja povjerenja i povjerljivosti tada su osobito aktualna i presudna u smislu hoće li se netko odlučiti za tu vrstu terapije. Što se tiče terapeuta, u doba uporabe društvenih mreža vjerojatno je dobro „istražen“ intimni prostor terapeuta prije nego što pacijenti stupe u terapijski odnos.

UPORABA VIRTUALNIH PLATFORMI/MEDIJA – CYBERTERAPIJA

Na početku pandemije uzrokovane novim koronavirusom (2019-nCoV) kao voditelj analitičke grupe suočila

relationship is protected from intrusion by third external objects, we all know that the privacy boundaries are significantly disturbed using technical communication devices. In this context, the question of the possibility of creating a fantasy setting as a protective container arises, while the loss of connection due to technical difficulties is always perceived as a gross and empathetic deficit by analyst (12). It can be said that group analysis deals with the same issues. During online therapy, group members not only share intimate thoughts and feelings, but also share their intimate space, which they do not have to do in a face-to-face therapy situation. This can sometimes be an obstacle, in case when an online group is about to be formed. Issues of trust and confidentiality are then particularly topical, and crucial to whether someone will opt for this type of therapy. Concerning therapist, in the era of social networks usage, the therapist's intimate space is probably well "explored" before patients enter into a therapeutic relationship.

THE USE OF VIRTUAL PLATFORMS/MEDIA, CYBERTHERAPY

At the beginning of the current pandemic caused by the new coronavirus (2019-nCoV), as a conductor of the analytical group, I faced a great challenge of how to use communication technologies and establish an "online model" of group an-



sam se s velikim izazovom kako primijeniti komunikacijske tehnologije i uspostaviti *on-line* model grupnoanalitičkog rada. Prikazom seansi nastalih tijekom tog razdoblja pokušat ću na temelju vlastitog iskustva odgovoriti na neka pitanja o prednosti i adekvatnosti virtualnog medija za psihoterapiju.

Iako su se širile uznemirujuće informacije o oboljelima i rastućem broju smrtnih slučajeva širom svijeta, situacija u okruženju u kojem živim i radim bila je uobičajena i krajnje opuštena. Ništa nije upućivalo na moguće promjene i događaje koji su vrlo brzo uslijedili. Ograničenja su uvedena doslovno preko noći, uveden je policijski sat, a kretanje za mlađe od 18 i starije od 65 godina bilo je potpuno zabranjeno. Cilj je ovog rada prikazati prednosti uporabe komunikacijskih tehnologija u terapiji i kako promjena *settinga* utječe i na grupu i na voditelja. Također, cilj je ukazati na superviziju kao oblik koji ohrabruje i potiče na nova učenja.

VLASTITO ISKUSTVO U VIRTUALNIM MEDIJIMA

I sama prvi put sudjelujem u procesu edukacije na taj način i nemam prethodnog iskustva u vođenju *on-line* sesija. Zbog epidemije i preporuka kriznog stožera u spomenutoj situaciji alternativa je bila „uopće ne raditi psihoterapiju“. Meni je dodatna motivaci-

onalna radnja. By reviewing the sessions created during this period, I will try, based on my own experience, to answer some questions about the benefits and adequacy of a virtual medium for psychotherapy.

Although disturbing information was spreading about the rates of infected as well as growing death rates around the world, the situation in the milieu in which I live and work was common and extremely relaxed. There was nothing to suggest possible changes and events that followed very quickly. Restrictions were introduced literally overnight, curfew was introduced, especially for persons under the age of 18 and over the age of 65.

The aim of this paper is to show the benefits of using technological advances and how changing the setting affects both the group and the conductor. Also, the goal is to point out the supervision as a format that encourages and promotes learning.

PERSONAL EXPERIENCE IN VIRTUAL MEDIA

I myself am participating in the education process for the first time in this way and I have no previous experience in conducting online sessions. Due to the pandemic and the instructions from the crisis headquarters in this situation, the alternative was “not to have psychotherapy at all”.

ja bila činjenica da sam u procesu supervizije te tu promjenu *settinga*, koja izravno utječe na grupnu dinamiku, doživljam kao izazov i priliku za učenje.

Analitička grupa postoji sedam godina i sastoji se od sedam članova s različitim međuljudskim problemima i psihijatrijskim dijagnozama. Grupa se sastoji od šest ženskih i jednog muškog člana. Članica koja najdulje pohađa grupu u grupi je sedmu godinu, a član s najkraćim „stažem“ muškarac koji je u grupi šest mjeseci. Grupa se održava u Terapijskom centru za žene svakog utorka od 18.30 do 20.00 sati.

Prije prekida redovitog terapijskog procesa zbog pandemije posljednja seansa održana je bez naznaka straha od pandemije, a u sadržaju seanse o tome nije bilo ni spomena. Nekoliko dana prije održavanja sljedeće seanse obratila mi se M., članica koja je najdulje u grupi, ispričala se i obavijestila me da neće doći na terapiju zbog novonastale epidemiološke situacije, jer ne želi riskirati. Nada se normalizaciji situacije do sljedeće seanse. Poziva se na činjenicu da je nastava u školama već otkazana. Kontaktirala sam s ostalim članovima kako bih provjerila imaju li dvojbi oko dolaska na grupu i, budući da su potvrdili svoj dolazak, grupni *setting* ostao je nepromijenjen.

Dan prije seanse lokalni krizni stožer donio je odluku o zabrani rada svih javnih subjekata koji nisu od vitalnog

An additional motivation was the fact that I am in the supervision process, and I perceive this situation of changing the setting, which directly affects the group dynamics, as a challenge and an opportunity to learn.

The analytical group has been existing for 7 years and counting 7 members with different interpersonal problems and psychiatric diagnoses. There are six female members and one male member in the group. One member has been in the group for the seventh year, and one male member has been in the group for six months.

The group takes place in the therapeutic center for women, every Tuesday from 6.30 pm to 8 pm.

Before the regular therapeutic process was interrupted by the pandemic, the last session had been held without any indication of fear of pandemic, and there was no mention of a pandemic in the content of the session.

Before the session that was supposed to be held the following Tuesday, M, the member who has been in the group for the longest time, apologized that due to the new epidemiological situation she would not want to take any risk and would not attend the following session.

She hoped that the situation would normalize by the following session. Also, she referred to the fact that schools at all levels had already been canceled.



značaja. Nazvala sam terapijski centar u kojem održavam terapiju i dobila informaciju da do daljnjega prestaju s radom. Obavijestila sam članove grupe, uz napomenu da ću im se javiti kako bismo nastavili s radom. Tijekom istog tjedna restriktivne mjere su pooštrene, a mogućnost za nastavak grupne terapije u uobičajenom *settingu* bila je sve manja.

Za vrijeme supervizije putem Skypea, raspravljali smo i o mogućnosti uspostave grupe putem Skypea, o čemu sam obavijestila i članove grupe. Pet članova odmah je pristalo, jedna članica navela je da ne raspolaže vještinama za uporabu Skypea, ali da će uz pomoć kćeri nastojati uhvatiti korak. Sedma članica, najčešće sklona kršenju grupnih pravila, od izostanaka bez najave do kašnjenja na grupu navodi: „Pitanje održavanja grupe nije stvar hitnosti po bilo kojoj osnovi i nisam za to.“ Dogovorili smo se za nastavak terapijskih seansi istim danom u isto vrijeme putem Skypea. Članicu za koju održavanje grupe nije „stvar hitnosti“ nisam obavijestila o dogovoru s ostalim članovima.

PRIKAZ SEANSI

Na prvoj seansi prisutno je šest članova grupe. Nije prisutna članica koja još uvijek nije imala tehničke mogućnosti

Due to such messages, I contacted other members to check whether others had doubts about coming to the group, and since they confirmed their attendance, the following session was planned at regular time.

The day before the session, the Crisis Headquarters made a decision to ban the work of all public entities that were not of vital importance, so I contacted the therapy center where the sessions take place and got information that the center stopped working and all activities that took place there until further notice.

I informed the group members that I would contact them in the coming period in order to continue with our work. During the same week, measures were tightened, and the possibility of the group continuing in the same form, in the near future, was less than certain.

Through supervision, which takes place via Skype, I considered the possibility of establishing the group in the same way, so I informed the members of the group. Five members of the group agreed immediately, one stated that she did not have the skills to function in such a way, but that she would try to catch up with the help of her daughter.

The seventh member of the group, most often prone to violating the rules of the group, ranging from absences without answering to delays in the group, said: “The issue of maintaining the group is not a matter of emergency on any grounds,

za sudjelovanje putem Skypea. Članica koja je poslala poruku da pitanje grupe nije „stvar hitnosti“, prije seanse SMS-om pita hoće li se održati terapijska seansa i naknadno dobiva informaciju o održavanju *on-line* grupi i upute za pristup.

Općenito, terapijska seansa bila je prilično ležerna u odnosu na to kako bi se trebala održavati analitička grupa omeđena jasnim pravilima. Tri člana grupe puše cigarete za cigaretom, jedan pije kavu. Članovima grupe drago je što se vide i počinju razgovarati o ozračju u kojem provode vrijeme u izolaciji. Većina članova, osim najmlađeg muškog člana, ima životna iskustva iz proteklog rata.

B. navodi da je strašna činjenica što su redovi u supermarketima, boji se da će nestati hrane, sve izgleda kao da je opet rat. Navečer, kad je policijski sat, ulice su prazne, izgleda strašno.

N. (najmlađi muški član grupe) kaže da mu situacija trenutačno i ne izgleda strašno s obzirom na to da je četiri godine proveo radeći u Afganistanu gdje su također imali određene restrikcije u vezi s kretanjem tako da mu je još uvijek OK.

Dž. kaže kako se slaže s B., da sve podsjeća na rat i da se ona ne želi naći u situaciji da nema što jesti te je sve

and I am not for it." We agreed to continue the therapy sessions on the same days at the same time, via Skype. I did not inform the member who thought that the group was not "a matter of emergency" about the agreement with the other members of the group.

REPORT OF SESSIONS

Six members of the group are present at the first session. The member who still did not have technical ability to attend the group via Skype was absent. The member who stated that the group was not a matter of emergency, asks by SMS before the session whether a therapy session will be held and subsequently receives information about the online group and instructions on how to access.

In general, the therapy session seems quite casual in relation to how a clear rule-bound analytical group should proceed. Three members of the group smoke cigarette after cigarette, while one drinks coffee. The members of the group are glad to see each other and start talking about the atmosphere in which they spend time in isolation. Most members except the youngest male member remember what life was like during the war.

B. states that it is a terrible fact that there are long queues in supermarkets, there is a fear that food will run out, everything looks like it is war again. In the evening, when it's curfew, the streets are empty, it looks awful.



članove svoje obitelji angažirala oko sadnje vrta.

Š. kaže kako se divi N. što se ne boji. Ona se boji da se ne zarazi pa da onda ne zarazi djecu, jer ona i muž rade i jedini su trenutačno koji bi mogli eventualno doći u kontakt sa zaraženima. Cijela joj situacija sličí ratnoj, razdoblju prije nego što je počelo granatiranje grada.

C. navodi kako ima maglovita sjećanja o ratu, ali sjeća se kako je iz svojeg mjesta s roditeljima morala pobjeći u susjedno mjesto. To joj se činilo kao igra, tako se sada ponašaju i njezina djeca...

M.: „Ja stalno brišem, ne idem mami, nikamo ne idemo, pazim djecu, iako nam nitko ne dolazi, stalno brišem i dezinficiram, ruke su mi ispucale od pranja i dezinficiranja. Muž radi i bojim se da nam nešto ne donese, odmah ga na vratima dezinficiram. Ne znam, ja moram reći da meni ovo ne nalikuje na rat, ja sam u ratu bila s ljudima, a sad moram bježati od ljudi... i to je grozno.“

Članovi grupe govore svaki o svojoj tjeskobi koju uzrokuje nova bolest (COVID-19). Podsjeća ih na rat, ali prepoznaju različitosti i sličnosti. Osjećaju se egzistencijalno ugroženo, boje se gladi te sade povrće u vrtovima. Istodobno prepoznaju i različitosti; u ratu su bili zajedno u skloništimá, a sada „neprijatelj“ može biti u svakom od njih i kako dezinficirati kad je „neprijatelj“ nevid-

N. (the youngest male member of the group) says that this situation does not seem terrible to him at the moment, considering that he spent 4 years working in Afghanistan, and they also had certain restrictions regarding movement there, so he is still OK.

Dz. says she agrees with B., that everything reminds her of the war, and that she doesn't want to get into a situation where she has nothing to eat, so she has engaged all her family members around planting the garden.

Š. says she admires N. for not being afraid. She is afraid of becoming infected and possibility of infecting the children, because she and her husband work and they are the only ones at the moment who could possibly come into contact with the infected ones. The whole situation is similar to the war, the period before the shelling of the city began.

C. states that she has vague memories of the war, but remembers how she had to flee the place where she lived with her parents to a neighboring place. It seemed like a game to her, that's how her children behave now ...

M.: “I constantly wipe, I don't go to my mother's, we don't go anywhere, I look after the children, even though no one comes to us, I constantly wipe and disinfect, my hands are cracked from washing and disinfection. My husband works and I'm afraid he will bring us something, I immediately disinfect him at the door. I don't know, I have to say that this doesn't

ljiv. U ratu je neprijatelj bio poznat. Različiti su i gubitci.

Na drugoj seansi prisutno je šest članova, osim C. koja je opravdala svoj izostanak.

B. započinje seansu razgovorom o sukobu s majkom. Razdvojila se od muža i u posljednjih nekoliko mjeseci s djecom živi kod majke. Život joj je dodatno zagorčen činjenicom što je na bolovanju te je djelomično financijski ovisna o majci... kontrolira je... i nju i njezinu djecu... zahtjevna je, od nje traži čuda... ima osjećaj da ju je „uhvatila za vrat“ i da ponovo ne može disati. I s mužem joj je bilo slično. Kad odbije pokoriti se, majka se ljuti.

Sličnu situaciju opisuju M. i Dž. Dž. kaže kako, iako je u šestom desetljeću života, mora slušati što majka traži od nje. Š. se vraća na situaciju koju je pričala prije nekoliko seansi, koliko se puta na dan mora javiti majci i ako ona kaže da nešto mora napraviti, nema razgovora o tome, žena (majka) ne prihvaća da se nešto ne može.

N. navodi kako on nikoga ne sluša... već dugo živi sam, sam se uzdržava i ne razumije kako se netko uopće može ustručavati reći što mu ne odgovara.

Terapeut: Koliko smatrate da sam ja zahtjevna, u kojoj mjeri od vas očekujem da činite ono na što niste spremni?

look like a war to me, I was with people in the war, and now I have to run away from people ... and that's awful.”

Group members talk about their anxiety caused by the new disease (COVID-19). It reminds them of war but they recognize differences and similarities. They feel existentially threatened, fear hunger and plant vegetables in their gardens. At the same time, they recognize differences; during the war they were together in shelters, and now the “enemy” can be each of them and how to protect themselves when the “enemy” is invisible. In the war, the enemy was known. Losses are also different.

During the second session, there are 6 members present, except C. who justified her absence.

B. begins the session by talking about the conflict she has with her mother. She separated from her husband and in the last few months has come to live with her children with her mother. In addition, her life is embittered by the fact that she is on sick leave, and partly financially dependent on her mother ... she controls her ... her and her children ... she is demanding, she asks miracles from her ... she has a feeling that the mother has “got her by the throat” and she feels that again she cannot breathe. It was similar with her husband. When she refuses to obey, the mother gets angry.

A similar situation is described by M. and Dž.



B. kaže da ona nema taj dojam.

Dž.: „Ja imam, kad sam čula za taj Skype, načisto sam poludjela... ja sam ionako non-stop u *on-line* sustavu, tje-
raju nas da držimo nastavu *on-line*, ja
s time nisam bila upoznata, a onda mo-
raš komunicirati s kolegama, s djecom,
s roditeljima... to znači da ja radim više
nego što inače... grozno, a onda vi i
Skype, zato sam i rekla automatski da
nisam za grupu putem Skypea, ali sad
mi je drago da imamo grupu.“

M. navodi da je i ona imala dvojbe oko
toga hoće li moći izdržati *on-line* gru-
pu, ali sad joj je drago da ima grupu, jer
bar u tim trenucima ne razmišlja o ko-
ronavirusu i što bi se moglo dogoditi...

T.: „Pa možda ste malo zahtjevni, ali to
je normalno u ovakvim okolnostima...
nemamo svi isto kompjutersko zna-
nje... mene je bilo malo i sramota, ali
kći mi je sad napravila tako da mi je
drago što sam s vama i što vas vidim
bar ovako. Ionako nikamo ne idem ...
sama sam.“

Članovi grupe vraćaju se svojim sva-
kodnevnim problemima i grupni pro-
ces se nastavlja. Kao da shvaćaju da su
kao mala djeca kojima je mama terape-
utkinja dala zadatak. Dobro je da mogu
reći da im je i teško.

Na trećoj seansi opet je prisutno šest
članova. Š. je poslala SMS u kojem me

Dž. says that even though she is in her
sixth decade of life, she must listen to
what her mother asks from her.

Š. returns to the situation she talked
about a few sessions ago, how many
times a day she has to call her moth-
er, and if the mother says she has to do
something, there is no discussion about
it, the woman (mother) does not accept
that something cannot be done.

N. states that he does not listen to any-
one ... he has been living alone for a long
time, he sustains himself and does not
understand how anyone can even hesi-
tate to say what does not suit him.

Therapist: How much do you get the im-
pression that I am demanding, or per-
haps I expect you to do things you are
not ready for?

B. says she doesn't have that impression.

Dž. : “I have, when I heard about that
Skype, I really went crazy ... I'm in the on-
line system non-stop anyway, they make
us teach online, I wasn't familiar with it,
and then you have to communicate with
colleagues, with kids, with parents ... that
means I work more than I would other-
wise... awful. And then you and Skype,
that's why I said automatically that I'm
not for the group via Skype, but now I'm
glad that we have a group. “

M. states that she also had dilemmas
about whether she would be able to with-
stand the online group, but now she is
glad to have a group, because at least in

obavješćuje da ima radove u stanu te da nije mogla osigurati da bude sama u vrijeme trajanje seanse. Zbog toga nije prisutna.

Nakon uobičajenog pozdravljanja i izvješćivanja o aktualnoj situaciji Dž. započinje.

Dž.: „Strašno sam umorna, svega mi je preko glave, i interneta i posla, i svega... mislim da ćeš se i ti C. složiti (referirajući se na to da su obje prosvjetni radnici). Trenutačno imam *on-line* nastavu i logičan slijed bio bi da počnem ocjenjivati učenike... neki moji kolege već su počeli s ocjenjivanjem, ali ja se ne usuđujem. Sve je to divno, krasno, zadaća se šalje na vrijeme, zadatci su svi točni, ali to rade roditelji, tako da je to zapravo ocjenjivanje roditelja.“

M.: „Slažem se s tobom... ja po cijeli dan radim zadaću, a i ti koji postavljaš zadatke kao da nisu svjesni da djeca to ne mogu sama“... dalje raspravlja o tome kako su ocjene koje se nakon toga daju djeci nepravedne... „ali, sve u svemu točno je, ocjenjuju se roditelji.“

B.: „Ja mislim da je zapravo cijeli sustav iritantan... nisu ni osnove osigurali, a nešto zahtijevaju... platforma nekad radi, nekad ne radi, o ocjenjivanju da ne govorim.“

N.: „Ja ne razumijem što se vi ljutite, to su samo djeca... što smeta ako date ocjenu više, neće svijet propasti...“

those moments, she is not thinking about the corona virus and what could happen...

T.: “Well, you may be a little demanding, but that’s normal under the circumstances... we don’t all have the same computer knowledge ... I was a little embarrassed, but my daughter has now made me this, so glad to be with you and that I see you at least like this. I’m not going anywhere anyway ... I’m alone. “

Group members return to their daily problems and the group process continues. It is as if they realize that they are like “little children” to whom the therapist the mother has given a task. It is good that they can say that it is difficult for them.

Six members are again present at the third session. Š. sent an SMS informing me that she had works in the apartment, and that she could not ensure privacy during the session. That is why she is not present.

After the usual greeting, and reporting on the current situation, Dž. begins.

Dž.: “I’m terribly tired, it’s all over my head, and the internet and work, and everything ... I think you C. will agree, (referring to the fact that they are both teachers). I currently have online classes and the logical sequence would be to start grading students ... some of my colleagues have already started grading, but I don’t dare. That’s all fine, great, the tasks are sent on time, tasks are all correct, but it’s parents work, so this is actually evaluation of parents.”



C.: „Slažem se i ja da je sustav iritantan... ako je vama tako kao roditeljima, onda možete zamisliti kako je nama koji moramo sve to proslijediti učenicima, pa tražiti refleksije od roditelja, a onda imati sve to dokumentirano pred inspekcijom... ljudi pišu izvještaje strahota... mene baš briga... nije me briga tko je napisao, je li za pet, evo pet...“

Terapeut: „A kako bismo mogli ocijeniti jedni druge?“

T.: „Ja bih sebi dala čistu peticu jer sam uspjela pridružiti vam se putem Skypa.“

Terapeut: „Mislim na sudjelovanje na grupi, poštovanje pravila, aktivnost.“

M.: „Kad smo kod pravila, Dž. se izgubi, nešto je ne vidimo.“... (Dž. je pušila cigaretu unatoč činjenici da je poslan dokument o poštovanju pravila za vrijeme *on-line* seanse te se na primjedbu M. sklonila iz vidokrugla).

Dž.: „Što ću, moram!“

N.: „Dobro, hajde, sada je makar redovita na grupi“, ostali članovi se smiju.

M.: „Ja bih sebi dala deset s obzirom na to sve, *on-line* nastava, briga o starijim, čišćenje, dezinfekcija!“

N. i B. kažu kako misle da su svi dobri.

C.: „I ja isto mislim, a što se tiče nastave... tko je još vidio nastavu na TV-u,

M.: “I agree with you ... I do homework all day, and those who set tasks as if they are not aware that children cannot do it alone” ... further discusses how the grades given to children are unfair. ... “but, all in all, it is true, parents are evaluated”.

B.: “I think that, in fact, the whole system is irritating ... they haven't even provided the basics, and they demand something ... the platform sometimes works, sometimes it doesn't work, not to mention evaluation.”

N.: “I don't understand why you are angry, it's just children ... what's wrong with giving grade or two higher, the world will not fail ... ”

C.: “I also agree that the system is irritating ... if it is like that for you as parents, then you can imagine what it is like for us who have to pass it to all students, then ask for reflections from parents, and then have it all documented in front of inspection. people write horror reports ... I don't care ... I don't care who writes them, if it deserves an A, here is an A... ”

Therapist: “And how could we evaluate each other?”

T.: “I would give myself a straight A because I managed to join you via Skype.”

Therapist: “I think of participation in the group, respect for rules, activity.”

M.: “Speaking of the rules, Dž. got lost, we don't see anything” ... (Dž. smoked a cigarette despite the fact that a document

tko je vidio, molim vas, da se gradivo usvaja putem TV-a?"

Terapeut: „Ima li terapije putem ekrana?“

Članovi grupe se smiju.

M.: „Ima, ali smanjene kvalitete!“

C.: „Ja ne mislim da je smanjene kvalitete... prošli put sam ispričala kako me dugogodišnja prijateljica iznevjerila... Vi ste moja grupa i niste me iznevjerili. Ovdje sve mogu reći... nekad u društvu čovjek razmišlja je li trebao reći ovo ili ono, ovdje zaista ne razmišljam tako...“

M. kaže da je C. u pravu, ali da je imala dvojbi oko *on-line* grupe, osobito zbog policijskog sata. Tada su svi kod kuće, ali jedna rečenica koju je čula od voditelja jako joj se sviđala, a glasila je: „Ako vam štogod u međuvremenu bude trebalo, možete mi se javiti...“ „Inače, da smo prestali s radom, mislim da bih prestala dolaziti u grupu!“

Dž.: „Ja mislim da se grupa ne bi raspala... i drago mi je da se ovako viđamo, iako ja osim grupe imam i sestru kojoj također mogu sve reći...“

B.: „Zahvalna sam što imamo grupu, bar na ovakav način, i nemam dvojbi ni oko toga tko je kod kuće, imam povjerenja, a što se mene tiče, odem u stan koji iznajmljujem pa budem sama, prošli tjedan imala sam situaciju s ma-

on compliance with the rules was sent during online sessions, and after remark of M., she moved out of sight).

Dž.: „What can I do, I have to!“

N.: „Okay, come on, now she's at least a regular in the group" ... the other members are laughing.

M.: "I would give myself a double A, considering all that, online classes, care for the elderly, cleaning, disinfection!"

N. and B. say they think they are all good.

C.: "I think the same, and as for the classes ... who has ever seen classes over TV, who has seen please that the material is adopted over TV?"

Therapist: "Is there a therapy over screen?"

Group members laugh.

M.: "Yes, but quality is reduced!"

C.: "I don't think the quality is reduced ... last time I told you that a longtime friend let me down...You are my group and you didn't let me down. I can say everything here ... sometimes a person thinks whether he should have said this or that in some company, here I really don't think like that ... "

M. says that C. is right, but that she did have dilemmas about the online group, especially because of curfew. Everyone is at home then, but she was very pleased to hear one sentence from the conductor, and it was: "If you need anything in the



mom... ne znam kako bih je podnijela da nije bilo grupe."

Članovi grupe žale se i voditelj ih vraća u grupu. Grupa im služi kao dobar objekt kojem vjeruju i koji ih nije ostavio.

Četvrta seansa započinje tako što voditelj dobiva poziv za uključivanje u grupu gotovo deset minuta prije i ne preostaje drugo nego uključiti se. Na grupi su prisutna samo četiri ženska člana.

C.: „Hoćemo li se ikad sastati svi?“ Ostale tri članice tješe je, govore da hoće, da su uglavnom svi prisutni, i da će se ukupna situacija završiti ubrzo.

C. govori o Uskrsu koji je provela kod majke (bake). „Majka je sad stara, obojila je samo nekoliko jaja jer ih nema za koga bojiti, a i to što je obojila, ništa ni sa čim... sličice su stare, od nekada, nove se ne mogu kupiti, a lijepila je čak i one komadiće koji stoje između sličica... kuća je prazna... nema više mame i tate... brat nije došao... u toj se kući nekada nije moglo čuti tko što govori, nisi znao ni tko govori, bila je puna smijeha... plakala sam, ali poslije sam se dobro osjećala.“

Terapeut: „I nas je nekad bilo mnogo?!“

C.: „Da, upravo o tome i govorim... trudi-mo se mi, ali nije isto kao kad je uživo, kad nas ima.“

meantime, you can contact me..." "Otherwise, if we had stopped working, I think I would have stopped attending the group!"

Dž.: "I don't think the group would fall apart ... and I'm glad to see you like this, although in addition to the group, I also have a sister to whom I can also tell everything ..."

B.: "I am grateful that we have a group, at least in this way, and I have no dilemmas about who is at home either, I have confidence, and as far as I'm concerned, I go to the apartment I rent, so I am alone, so last week I had the situation with my mother ... I don't know how I would have stand it if I hadn't had a group."

The group members complain and the conductor brings them back to the group. The group serves them as a good object, which they trust and which has not left them.

The fourth session begins with the facilitator receiving an invitation to join the group almost 10 minutes earlier, and there is no choice but to join. Only 4 female members are present in the group.

C.: "Will we ever get together?" The other three members comfort her, saying that they will, that mostly everyone is present, and that the overall situation will end soon.

C. talks about the Easter she spent with her grandmother. "My grandmother is old now, she dyed only a few eggs, because there is nobody to dye it for, and a few

T. je tješi: „Hvala Bogu, imamo ovaj Skype, pa se bar ovako vidimo, pa nastavit ćemo mi...“

M.: „Dobro smo mi... sad je malo specifično jer je Ramazan, ljudi su zauzeti... i mi smo obilježili Uskrs, ali nije bilo obiteljskog ručka, sestra je u Americi, mi ne idemo mami... nije bilo čak ni bojenja jaja. Mama je otišla na groblje, ali jadna žena sve je pobrkala, zaboravila je da je trebala otići tek drugi dan. Nadam se da će sve ovo proći“, ostali potvrđuju.

C.: „Jedva čekam da se vidimo, hoćemo li se smjeti grliti?“

T.: „Naravno, baš nas briga!“

Š.: „Dobro dođe Skype, ali nije to to.“ Kaže da je danas sama u stanu i pripočava grupi kako njezin muž ponovo pije. Misli da se pogoršao kako ih je napustila obiteljska terapeutkinja bez najave. Nastavlja govoriti o neredu u kući, kako djeca ne slušaju, muž pije... osjeća kako nije uspjela ma koliko se trudila... Ostale članice govore kako misle da je ona bolje u odnosu na početak, ali da treba razmisliti malo kako se njezin muž osjeća u toj njihovoj vezi... Ona ipak kontinuirano napreduje. Ostale članice također preispituju kako su se možda osjećali njihovi partneri, očevi...

Terapeut: „A kako je to u ovoj kući?“

she dyed it could barely be called egg dyeing... the stickers were old, from some time ago, new ones can't be bought... and she stack even those pieces from between the stickers... the house is empty ... no more mom and dad ... my brother didn't come... in that house, one could not hear who was saying what, you didn't even know who was talking, it was full of laughter ... I cried, but I felt good afterwards.“

Therapist: “There used to be a many of us too?!”

C.: “That's exactly what I'm talking about ... we try, but it's not the same as when we're live, when we're together.”

T. comforts her ... “Thank God we have this Skype, so at least this is how we see each other, so we will continue ...”

M.: “We are fine now it's a bit specific, because it's Ramadan, people are busy ... and we celebrated Easter, but there was no family lunch, the sister is in America, we don't go to mom's... There wasn't even egg dyeing. Mom went to the cemetery, but the poor lady confused everything, forgot that she should have left only the next day. I hope that all this will pass.”

The others confirm.

C.: “I can't wait to see you, will we be allowed to hug?”

T.: “Of course, we don't care!”

Š.: “Skype is welcome, but that's not it”, ... she says that she is alone in the apart-



Š.: „Dobro je ... Vi se stvarno trudite“, ostali se slažu. Kraj je seanse i članovi se međusobno pozdravljaju.

Važno je za ovu seansu da su započeli grupu prije voditelja i pozvali voditelja da im se pridruži. Kao da im je virtualni prostor približio voditelja koji sada postaje „član grupe“, ali bez kojeg se ne može započeti seansa. Nakon toga vraćaju se problemima u odnosima s važnim osobama iz svojega obiteljskog okruženja.

UTJECAJ PROMJENE *SETTINGA* NA GRUPU I VODITELJA

Činjenica je da sam i sama bila anksiozna zbog „novog“ načina vođenja terapijskih seansi otežala je mogućnost razumijevanja sadržaja seanse, kao i intervencije. Ako se ponovo vratimo na anksioznost i egzistencijalni strah koji prožimaju sve četiri prikazane seanse, a kojih je grupa čak i svjesna, možemo razmišljati i o konceptu grupe kao prijelaznog objekta. Čak i kad prijelazni objekt izgubi svoj značaj, regresija, depresija i anticipacijska anksioznost mogu vratiti potrebu za prijelaznim objektom kao smiriteljem, a to bi u ovom slučaju bila grupa (13).

Iako je *setting* promijenio formu, po svom značenju u fantaziji članova grupe ostao je manje- više siguran.

ment today and tells the group that her husband started drinking again. She thinks he got worse as the family therapist left them without notice... She continues to talk about the mess in the house, how the children don't listen, the husband drinks ... she feels like she failed, no matter how hard she tries ... other members say that they think she is better than at the beginning, but she should consider a little how her husband feels in their relationship ... she is still progressing all the time. Other members are also questioning how their partners, fathers may have felt...

Therapist: "And how is it in this house?"

Š.: "It's good ... You're really trying," the others agree. The session is over and the members greet each other.

For this session, it is significant that they started the group by themselves and invited the conductor to join them. It is as if the virtual space has brought them closer to the conductor who is now becoming a "member of the group", but without whom the group cannot begin. They then returned to relationship problems with important people from their family environment.

THE IMPACT OF SETTING CHANGE ON THE GROUP AND THE CONDUCTOR

The fact that I myself was anxious about the "new" way of conducting therapeutic

Promjena *settinga* bezbolnije je prošla najvjerojatnije zbog duljine postojanja grupe koja je prožeta osjećajem sigurnosti i povjerenjem. *Setting* mogu ugroziti vanjske nepredvidive okolnosti, koje se uvijek negativno odražavaju na terapijski proces, iako se i ta negativnost uz razumijevanje i vještinu može transformirati u korisno terapijsko djelovanje. Terapeut koji je pozvano prisutan, siguran, neprimjetan, osim u posebnim okolnostima, zapravo je najvažniji dio dobrog *settinga*. Dobar psihodinamički terapeut stalno je očekivano prisutan, ali ne nameće se, nego većinu vremena pažljivo sluša i nastoji razumjeti pacijente članove grupe (14).

Osjećaj sigurnog *settinga*, koji je novi i drugačiji, omogućio je da ipak u grupi teku normalni procesi. U posljednjoj seansi jasno je vidljiv proces detronizacije. *On-line* grupna terapija i *ad hoc* promijenjeni *setting* kao i spremnost voditelja da bude s članovima u krizi čini se da su djelovali facilitirajuće na grupni proces.

U kriznoj situaciji *on-line* psihoterapija nedvojbeno je osigurala bar osjećaj sigurnog *settinga* te omogućila članovima grupe da se izbore s očito povećanom anksioznošću i strahovima koje su doživljavali. U ovom slučaju moramo priznati da ne možemo govoriti o *on-line* psihoterapiji kao o tehnološkom dostignuću kojim se dehuman-

sations, made it difficult to understand the content of the session, as well as to intervene. If we go back to the anxiety and existential fear that permeate all four sessions shown, of which the group is even aware, we can also think of the concept of the group as a transitional object. Even when a transitional object loses its significance, regression, depression, and anticipatory anxiety may return the need for a transitional object as a soother, and in this case, this would be the group (13).

Although the setting changed form, in its meaning, in the fantasy of the group members, it remained more or less safe. The change of setting was painless, most likely due to the longevity of the group, which is imbued with a sense of security and trust. Setting can be jeopardized by external unpredictable circumstances, which always have a negative effect on the therapeutic process, although this negativity with understanding and skill can be transformed into a useful therapeutic effect. A therapist who is reliably present, safe, inconspicuous except in special circumstances, is actually the most important part of a good setting. A good psychodynamic therapist is always present as expected, but does not impose himself and most of the time listens carefully and tries to understand the patients / members of the group (14).

The feeling of a safe setting, although it was new and different, allowed normal processes to take place in the group. In the last session, the dethronement process is clearly visible. Online group ther-



niziraju ljudski odnosi koje u terapiji zaista i nastojimo zadržati u što većoj mjeri. Međutim, mora se istaknuti da su prikazane seanse upravo potvrdile postavljanje pitanja okvira i sigurnosti *settinga*, kao i povjerenja, kojim se danas bave oni koji raspravljaju o on-line psihoterapiji. Analitička situacija nesumnjivo je i frustrirajuća, prije svega za pacijenta, no često i za terapeuta. Pravila *settinga* u odnos donosi terapeut, no i sam je prisiljen držati ih se. Na to ga ne obvezuju samo profesionalna etika i pravila analitičkog društva nego stvarnost sama po sebi: ako se neće pridržavati *settinga*, neće postići cilj koji si je postavio zajedno s pacijentom i neće uspjeti pomoći pacijentu (15). *Setting*, dakle, predstavlja i stvarnost koja je izvan odnosa i izvan područja fantastičnog svemogućeg dvojca dijete – majka, odnosno pacijent – analitičar. *Setting* predstavlja „zakon trećeg – oca“ koji prisili dvojac pacijent – analitičar, kad je u regresiji, da odustane od iluzije svemogućе veze i podvrgne se zakonima koje su drugi postavili. Stvarnost onemogućuje analitičaru da u potpunosti zadovoljava pacijentove želje. Zbog toga se analitičarove intervencije u velikoj mjeri ne podudaraju s očekivanjima pacijenta koji se mora suočiti s nezadovoljstvom, odnosno frustracijom. To učvršćuje osjećaj separiranosti što omogućuje uspostavljanje „potencijalnog prostora“

apy and the *ad hoc* change of setting, as well as the willingness of the facilitators to be with members in crisis, seem to have had a facilitating effect on the group process.

In a crisis situation, online psychotherapy has undoubtedly provided at least the fantasy of a safe setting, and enabled group members to cope with the apparently increased anxiety and fears they were going through.

In this case, we must admit that we cannot talk about online psychotherapy as a technological achievement that dehumanizes human relations, which in therapy we really try to keep as human as possible. However, it must be pointed out that the sessions shown have just confirmed the dilemmas about the framework and security of the setting, as well as the trust, which those who discuss the use of online psychotherapy deal with today.

The analytical situation is undoubtedly frustrating, primarily for the patient, but often for the therapist as well. The setting rules in the relationship are brought by the therapist, but he himself also has to stick to it. He is driven not only by the professional ethics and rules of the analytical society but by reality as such: if he does not adhere to the setting, he will not achieve the goal he set with the patient and will fail to help the patient (15).

Setting, therefore, represents a reality that is outside the relationship and outside the realm of the fantastic almighty

(16, 17) u kojem pacijent može misliti i stvarati slike – simbole svojih potreba. To je jedino moguće ako je frustracija optimalna i nije traumatična i ako u odnosu postoji dovoljno povjerenja. Paradoksalno, *setting* je istodobno izvor frustracija i povjerenja (jer osigurava, među ostalim, kontinuitet i sigurnost). Jedino se u takvim uvjetima može razvijati simbolična razina mišljenja (15).

ŠTO ME OHRABRILO ZA VOĐENJE GRUPE PUTEV CYBER- PROSTORA?

U procesu sam supervizije u svrhu stjecanja diplome supervizora/edukatora i u drugoj sam godini procesa. Supervizija se provodi jedanput tjedno u trajanju od sat i pol, putem Skypea. S obzirom na to, osvrnut ću se i na utjecaj supervizije na prelazak na „novi“ način vođenja grupne terapije te i s pozicije voditelja grupe i supervizanta dati refleksiju uz osobno iskustvo. Kao voditelj grupe „uskočila“ sam u on-line vođenje grupne terapije bez vlastite pripreme i pripreme grupe, što ne bi sigurno bilo moguće bez supervizije koja kontinuirano potiče na nova učenja.

Paralelno, imala sam vlastitu superviziju, koja mi je pomogla da analiziram vlastito razumijevanje terapijske seanse u kontekstu egzistencijalnog straha izazvanog retraumatizacijom

child-mother, or patient-analyst duo. Setting represents the “law of third - the father” that forces the dyad patient-analyst, when in regression, to give up the illusion of almighty relation and subject to the laws set by others. Reality as such prevents the analyst from fully satisfying the patient’s wishes. Therefore, the analyst’s interventions largely do not match the expectations of the patient who has to face dissatisfaction, with frustration. This reinforces the feeling of separation, which allows the establishment of a “potential space” (16, 17) in which the patient can think and create images - symbols of his needs. This, in turn, is only possible if the frustration is optimal and not traumatic and if there is enough trust in the relationship. Paradoxically, setting is both a source of frustration and trust (because it ensures, among other things, continuity and security). Only in such conditions can the symbolic level of thought develop (15).

WHAT ENCOURAGED ME TO CONDUCT THE GROUP THROUGH CYBERSPACE?

I am currently in the process of supervision for the purpose of obtaining a diploma of supervisor / educator and I am in the second year of the process. Supervision takes place once a week for an hour and a half, via the Skype platform. Given this, I will also look at the impact of supervision on the transition to a “new” way of conducting group therapy, and from the posi-



i dominantne separacijske anksioznosti, ali i signalne. Postala sam svjesna i kontratransferne reakcije prema članici grupe koja je izjavila da grupa nije stvar hitnosti i da nije za to, koja je imala oblik neobavješćivanja o *on-line* grupi. Terapeut je izvor kontratransfera koji određuju njegovi nesvjesni sukobi proizašli iz njegova prethodnog uvjetovanja. Kontratransfer može ometati liječenje, ali i biti koristan alat u terapijskom procesu. Klasične kontratransferne reakcije zasnivaju se pretežno na izrazima ljubavi ili mržnje ili u njihovim različitim oblicima, prekursorima ili derivatima (npr. naklonost, divljenje, simpatičnost, zabrinutost, nježnost; nasuprot ljutnji, neprijateljstvu, nepovjerenju, odbojnosti, ogorčenosti) i tipično se pojavljuju u epizodama tijekom procesa liječenja. No kontratransferne reakcije te vrste mogu dovesti do upornog neprimjerenog ponašanja prema pacijentu u obliku stalnog nerazumijevanja ili nekog nesvjesnog nagrađivanja, kažnjavanja, zavodljivosti ili pretjerano permisivnog ponašanja terapeuta (18). Paralelni proces u superviziji i njegovo razumijevanje također je ključno u razumijevanju transfera – kontratransfera, s obzirom na to da ideja paralelnog procesa u superviziji ima svoje podrijetlo u psihoanalitičkom konceptu transfera (19). Kao nesvjesna replikacija terapijskog odnosa u supervizorskoj situaciji veći-

tion of conductor and supervisee to give reflection through personal experience.

As a conductor, I “jumped in” to the online group therapy conducting without personal preparation and preparation of the group, and it certainly would not be possible without the supervision that continuously encourages new learning.

In parallel, I had my own supervision, which helped me analyze my own understanding of the therapy session in the context of existential fear caused by re-traumatization, and dominant separation anxiety, but also signal anxiety.

I also became aware of the countertransference reaction to the member of the group who stated “the group is not a matter of emergency, and I am not for it”, which arose as skipping to inform her about the online group. The therapist is a source of countertransference, determined by his unconscious conflicts arising from his previous conditioning. Countertransference can interfere with treatment, but can also be a useful tool in the therapeutic process. Classical countertransference reactions are based predominantly on expressions of love or hate or in their various forms, precursors or derivatives (e.g. affection, admiration, sympathy, concern, tenderness; as opposed to anger, hostility, mistrust, repulsion, resentment) and typically occur in episodes during the healing process. However, countertransference reactions of this type can potentially lead to persistent inappropriate behaviors toward the patient in the form of constant misun-

ni je supervizora dobro poznat (20). Paralelni proces konceptualiziran je kao način opisivanja obrasca odnosa pacijent/klijent – terapeut koji se ponavlja u odnosu terapeut – supervizor. S obzirom na složenost odnosa pacijent/klijent – terapeut te različite reakcije promatraju se u kružnom dinamičnom odnosu (21). To je „lančana reakcija koja se može dogoditi u bilo kojem međusobno povezanom nizu međuljudskih situacija koje su strukturno i dinamično slične u nekoliko aspekata“. U osnovi obuhvaćaju isprepletena pitanja autoriteta i ovisnosti, pri čemu sudionici trebaju prikriti svoj pokušaj rješenja za takve probleme. To zauzvrat dovodi do isprepletenog niza paralelnih transfernih – kontratransfernih reakcija (22). Klinička supervizija, i za iskusne terapeute i one u edukaciji, još je jedan ključni čimbenik u razumijevanju i upravljanju kontratransferom, od kojeg koristi imaju pacijenti/klijenti (23). Kao i kod učinkovite psihoterapije, vrijeme paralelnog procesa ili relacijskih intervencija supervizija može diktirati učinkovitost i olakšati uvid i razumijevanje supervizanta (19).

Tijekom supervizije moje prve *on-line* grupe sam dobila pisane upute o pravilima ponašanja u *on-line* terapijskoj grupi, koje sam e-poštom prosljedila članovima grupe. U sljedećoj seansi grupa se i dalje očito bori s promjenom *settinga*, što artikuliraju interakcijama u

understanding or some unconscious reward, punishment, seduction, or overly permissive behavior by the therapist (18). The parallel process in supervision and its understanding is also crucial in understanding transfer-countertransference, given that the idea of a parallel process in supervision has its origins in the psychoanalytic concept of transfer (19). As an unconscious replication of a therapeutic relationship in a supervisory situation, it is well known to most supervisors (20). The parallel process is conceptualized as a way of describing the pattern of the patient / client - therapist relationship that is repeated in the therapist - supervisor relationship. Also, given the complexity of the patient / client - therapist relationship, these different reactions are observed in a circular dynamic relationship (21). This is a “chain reaction that can occur in any interconnected series of interpersonal situations which are structurally and dynamically similar in several aspects.” It basically involves intertwined issues of authority and dependency, with participants having to disguise their attempt to solve such problems. This in turn leads to an intertwined series of parallel transfer-countertransference reactions (22). Clinical supervision, both for experienced therapists and those in education, is another key factor in understanding and managing countertransference, from which patients / clients benefit (23). As with effective psychotherapy, the timing of a parallel process or relational supervision interventions can dictate effectiveness and facilitate insight and understanding of the supervisor (19). During



kontekstu zahtjevnog roditelja/terapeuta. Prosljeđena uputa o pravilima ponašanja urodila je plodom. Članovi grupe ponašaju se sukladno grupnoj terapiji. Nakon treće seanse, supervizijom se dobije *feedback* o potvrdi grupne kohezije, ali i o egzistencijalnom strahu koji se i dalje pojavljuje. U njoj je osobito zanimljiv rezonantan dio koji grupa osjeti „voditelj/roditelj se ocjenjuje“, kao i „ne znamo što su mislili oni koji su postavili platformu, ali zaista su zahtjevni“.

Supervizija u psihoterapiji općenito smatra se bitnom komponentom u treningu za psihoterapeute i supervizore na različitim razinama treninga (24 – 29). U vezi s tim smatra se obveznom u većini psihoterapijskih trening-programa (30,31,32). Psihoterapijska supervizija kompleksan je trening-modalitet koji ima za cilj ispuniti nekoliko zadataka: pospješiti razumijevanje pacijentova/klijentova problema i kako psihoterapija funkcionira; poboljšati praktične dijagnostičke i terapeutske vještine; razviti i konsolidirati terapijsko stajalište, integrirati teoriju i praksu, potaknuti kapacitet za refleksiju i svjesnost profesionalnog rada (33). Kao dodatak tim zadacima supervizija služi i kao osiguranje kvalitete psihoterapijskog rada supervizanta (34). Iako je individualna supervizija bila dominantna, od 1970-ih grupna supervizija sve se više primjenjuje. Kao posljedica pojavila se rastuća potreba da se sazna

the supervision of my first “online group”, I received written instructions on the rules of behavior in the online therapy group, which I forwarded via e-mail to the group members. In the next session, the group is still clearly struggling with a change of setting, which they articulate through interactions in the context of a demanding parent / therapist. The forwarded instruction on the rules of behavior has yielded results. Group members act in accordance with group therapy. After the third session, through supervision, feedback is obtained on the confirmation of group cohesion, but also on the existential fear that continues. Particularly interesting is the resonant part that the group feels “the leader / parent is being evaluated”, as well as “we don’t know what those who set up the platform thought, but they are really demanding”. Supervision in psychotherapy is generally considered an important component in training for psychotherapists and supervisors at different levels of training (24-29). In this regard, it is considered mandatory in most psychotherapy training programs (30,31,32). Psychotherapeutic supervision is a complex training modality that aims to fulfill several tasks: to enhance the understanding of the patient’s / client’s problem and how psychotherapy works; improve practical diagnostic and therapeutic skills; develop and consolidate a therapeutic attitude, integrate theory and practice, foster the capacity for reflection and awareness of professional work (33). In addition, supervision also serves as a quality assurance of the psychotherapeutic work of the supervisee (34). Although individual supervision has been domi-

više o varijablama kao što su različiti načini uzimanja grupe kao formata za superviziju i poučavanje (35, 36). Za superviziju se pretpostavlja da bi trebala biti poveznica između članova supervizijske grupe i supervizora, sve za dobrobit pacijenata/klijenata. Supervizijska grupa i supervizor odgovorni su za razinu uvida u pacijentovo ponašanje u grupi koju vodi edukant. Kad se u supervizijskoj grupi otkrije nešto iz kontratransfera edukanta, preporučljivo je da se o tome razgovara i da se to proradi u terapijskoj grupi (37).

UMJESTO ZAKLJUČKA

Treba imati na umu da nijedan modalitet psihoterapije, tradicionalni ili *on-line*, nije savršeno siguran. Jasniji vodiči o relativnim rizicima *on-line* psihoterapije bili bi od velike pomoći. Najvažnije je zapravo razmotriti koje su to opcije najbolje za pacijenta/klijenta, osiguravajući pritom razumnu razinu privatnosti (38). U skladu s time *on-line* psihoterapija je korisna, ali samo u situacijama kad uobičajene terapijske okvire nije moguće održati onakvima kakvi jesu. Koja bi inače bila svrha grupnoanalitičke psihoterapije u koju su uključeni ti pacijenti da se nismo poslužili Skypeom? Analizirajući primjenu *on-line* psihoterapije, nemoguće je zaobići superviziju, koja kao format ne samo da je obvezna u

nant, since the 1970s group supervision has been used more and more. As a result, there has been a growing need to learn more about variables such as the different ways in which a group is used as a format for supervision and education (35,36). Supervision is assumed to be a link between the members of the supervision group and the supervisor, all for the benefit of patients / clients. Supervision group and supervisor are responsible for the level of insight into the patient's behavior in a group led by the trainee. When something from the countertransference of the trainee is discovered in the supervision group, it is advisable to discuss it and work on it in the therapy group (37).

INSTEAD OF A CONCLUSION

It should be kept in mind that no modality of psychotherapy, traditional or online, is perfectly safe. Clearer guidelines on the relative risks of online psychotherapy would be of great help. The most important thing, in fact, is to consider which options are best for the patient / client, while ensuring a reasonable level of privacy (38). Accordingly, online psychotherapy is useful, but only in situations where the usual therapeutic frameworks are impossible to maintain as they are. What else would be the purpose of group analytical psychotherapy, in which these patients are involved, if we did not use Skype in this situation? Analyzing the use of online psychotherapy, it is impossible to bypass supervision, which as a format is not



psihoterapijskim trening-programima nego predstavlja nužnost. Osim supervizanta koji uz superviziju uči, oni koji na kraju ostvaruju benefit su pacijenti/klijenti, jer supervizija osigurava kvalitetu psihoterapije.

only mandatory in psychotherapy training programs, but is a necessity. In addition to the supervisee who learns through supervision, those who ultimately benefit are patients / clients, because supervision ensures the quality of psychotherapy.

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