



## POVZETEK

Za sklep lahko rečemo, da je za klinično delo relacijskega družinskega terapevta bistveno upoštevati tako psihološke kakor tudi organske silnice posameznikovega motivacijskega sistema. Na osnovi kliničnega dela lahko obenem tudi trdimo, da moramo telo in z njim zvezane telesne senzacije na novo ovrednotiti, saj je telo **najbolj sakralna posoda najglobljih somatskih spominov**. Tu govorimo o t. i. **implicitnem spominu**, ki je zavesti nedostopen, vedno pa se lahko prebudi v situacijah, ki morda samo blede spominjajo na preteklost ali določene osebe iz preteklosti. Zato smo v tej knjigi na osnovi najrazličnejših primerov iz klinične prakse skušali pokazati na zaplete, ki jih v svoji simptomatologiji odraža telo in so obenem vedno tudi odsev globoke psihične ranjenosti, poleg tega pa smo na temelju *relacijske družinske teorije in terapije* predvsem iskali rešitve tem problemom, ki se velikokrat kažejo v težkih travmah in bolečih čustvenih zapletih. Travmirani posamezniki velikokrat trpijo neznosne bolečine in večkrat doživljajo, da jim ni pomoči, saj se jim dogajajo zanje povsem nerazumni procesi, zato pa je sočuten terapevt še kako dobrodošel.

Pokazali smo tudi, da smo zaradi teh organskih spominov, ki so večinoma **nezavedni**, vedno znova pred izzivom, da posameznik mnogo značilnosti svojega življenja ne razume, kar zlasti velja za **telesne senzacije**. Lahko rečemo, da še posebej to velja za boleča, včasih travmatična doživljanja v sedanjosti, ki so močno zaznamovana s preteklostjo. Le-teh pa posame-

znik ne pozna, čuti pa, *da njegovo telo vedno znova pošilja določene signale in se zato dobesedno doživlja ujetega v svojo lastno preteklost, iz katere se zelo težko izkoplje*. Zato je psihoanalitična znanost že vse od začetka skušala dokazati in k temu še vedno teži, da so raztreseni in kompleksni delci posameznikovega sedanjega doživljanja velikokrat močno prisotni, ***integrirani v sedanjost in razumljeni le, če jih vidimo v luči preteklosti***, največkrat otroškega doživljanja. Ko npr. posameznik kot odrasel deluje na zamegljen, zapleten način, je vpogled v njegovo otroško doživljanje lahko v veliko pomoč v smislu **organiziranja fragmentov posameznikovega doživljanja v koherentno, razumljivo sliko**. To velja še prav posebej tedaj, ko se prebujajo t. i. organski spomini, ki jih posameznik lahko doživlja kot ponovne spomine (**flashbacke**) in **panične napade**.

Pri tem je bistvenega pomena **regulacija psiho-organskih stanj oziroma regulacija psiho-organskih vsebin in afektov**, tako pri posamezniku kakor tudi terapevtu samem. Skratka ne gre samo za temeljno razvojno potrebo, ki jo mora izpolniti mati oziroma oče, ampak je to tudi naloga vsakega analitika. Z drugimi besedami, gre za mehanizem, ki otroku omogoči zdrav razvoj, pozneje pa odraslemu posamezniku tudi samostojno ustvarjanje ter zlasti vzpostavljanje zdravih in funkcionalnih intimnih odnosov. Pri tem pa sta **mehanizma projekcijsko-introjekcijske identifikacije in dinamika transfer-kontratransfer** ne samo osrednja koncepta analitičnega delovanja, ampak najbolj osrednji in temeljni analitično klinični komponenti v **relacijski družinski terapiji**, saj na njiju temelji vsako funkcionalno klinično delo oziroma klinična praksa.



## ABSTRACT

We conclude with the belief that it is essential for the relational family therapist in a clinical setting to consider the psychological as well as biological forces of the individual's motivational system. Clinical work demonstrates that the body and somatic sensations need to be reevaluated, after all the body is the **most sacred vessel for the deepest somatic memories**. The reference here is to implicit memory, which is inaccessible to consciousness, although it can always be recalled in situations even only faintly reminiscent of the past or of particular people in the past. Drawing from a variety of examples from clinical practice we attempted to portray complications, which the body reflects in its symptomatology, and which are a reflection of deep psychological distress. However, the main goal in *Relational family theory and therapy* was to resolve these problems, which often reveal themselves after the experience of traumatic events and its ensuing painful emotional complications. Traumatized individuals often suffer unbearable distress and commonly feel that they cannot be helped in the face of seemingly incomprehensible processes. This is why an empathic therapist is all the more welcome.

We demonstrated how these somatic memories, which are mostly **unconscious**, constantly challenge the individual, who does not understand many of the characteristics of his or her life, and this is especially true for **somatic sensations**. This is perhaps even more true for painful, sometimes traumatic experiences in the present, which are powerfully by

the past. The individual is usually unaware of these circumstances, however he or she senses *that their body is repeatedly sending such signals and thus literally feels caught in its own past, from which it can hardly escape*. The science of psychoanalysis has right from the onset tried to prove, as it still does, that the dissociated and complex parts of an individual's current experiencing are often strongly present, **integrated and understood only if interpreted through the perspective of the past**, most often childhood experiencing. When an adult presents in a muddled and complex manner, insight into their childhood experiences can be of great help towards **organizing an individual's fragmented experiences into a coherent** and understandable form. This is especially true when somatic memories, ones that the individual experiences in the form of **flashbacks and panic attacks**, are reawakened.

**Regulation of psychosomatic stances and the regulation of psychosomatic content and affect** in the individual, as well as in the therapist, are fundamental. It is not only a basic developmental need that must be fulfilled by a mother or father, but it is also an essential task of every analytic. In other words, it is a mechanism facilitating healthy development for a child, and ultimately the independent creation and maintenance of healthy and functional intimate relationships in adulthood. The **mechanisms of projective – introjective identification and the transference – countertransference dynamic** are not only central concepts to analytic work, rather they are core analytically clinical components in **Relational family therapy**, after all, they serve as the basis for every functional clinical work or clinical practice.