

Ispitivanje, saglašavanje i uključenost

(inquiry, attunement, involvement)

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Integrativni relacijski pristup u psihoterapiji

- Čežnja po odnosu je bazična čovjekova potreba, koja je biološko osnovana.
- Osobnost se formira na bazi ranih međusobnih odnosa.
- Iskustva sa važnim osobama se internaliziraju i postaju dio osobnosti – razvoj radnih modela/relacijskih shema.

Značenje terapeutskog odnosa

- Značajna komponenta terapijske alijanse- uslov za kvalitetan terapijski rad i najbolji prediktor za uspjeh terapije
- Zajednički (eng. common) terapijski faktor
- Terapeutski odnos kao novo odnosno iskustvo – mogućnost promjene attachment stilova.
- Značenje suglašavanja i emocionalne regulacije u terapeutskom odnosu.
- Promjena radnih modela o sebi i drugih.
- Razvoj mentalizacije.

Integrativni relacijski pristup u psihoterapiji

- Promjena paradigme u psihoterapiji – relacijska perspektiva
- Od psihologije jedne osobe ka psihologiji dvoje osoba
- So-učestvovanje (engl. co-creation) psihoterapeutskog odnosa
- Recipročni uzajamni (engl. mutual) utjecaj



Čustveno saglašavanje i regulacija – baza sigurnog
navezivanja.

(Stern, 1985; Siegel, 1999)

‘EKSPERIMENT KAMENOG LICA’ - TRONICK

Razglašenost (misattunement) i popravak

- Razvojna istraživanja
- Attachment teorija, teorija objektnih relacija.
Samo 30% majčinih reakcija na dijete je suglasnih
- Značaj reparacije!

Emocionalna regulacija i razvoj mozga

- Mozak je samo-regulacijski sistem, koji se razvija u kontekstu odnosa sa drugom osobom (Schore, 2003).
- Značajna druga osoba je psihobiološki regulator djetetovog nervnog sistema.
- Značajnost uzbudjenja pozitivnih emocionalnih stanja i regulacije negativnih.

Poremećaji u ranom kontaktu između djeteta i roditelja

- Dijete će zbog lojalnosti do roditelja učiniti sve, da sačuva odnos, iako izgubi ‘sebe’.
- Djetetova adaptacija na neodgovarajući kontakt je često najbolja strategija, koja će omogućiti, da dijete preživi
- Rane strategije opstanka i copinga su razlog sadašnjih smetnji.

Posljedice poremećaja u kontaktu

- Gubitak kontakta sa sobom i sa drugima.
- Razvoj odcjepljenih dijelova sebe, koji ostaju neprerađeni i ožive u sadašnjosti.
- Razvoj disfunkcionalnih uzorka (relacijskih shema, skriptnih uzorka).
- Ponavljanje starih iskustava u međusobnih odnosima.
- Nezadovoljene relacijske potrebe.

Osnovne dimenzije integracije

- KOGNITIVNA
- EMOCIONALNA
- TJELESNA
- BEHAVIORALNA
- DUHOVNA
- ODNOSNA
- SOCIALNO-KULTURNA

Mindfulness and Compassion Oriented Integrative Psychotherapy (MCIP)

Integracija Erskinove relacijske psihoterapije sa procesima pune svjesnosti (mindfulness) i suosećanja (compassion) (Žvelc in Žvelc, 2021).

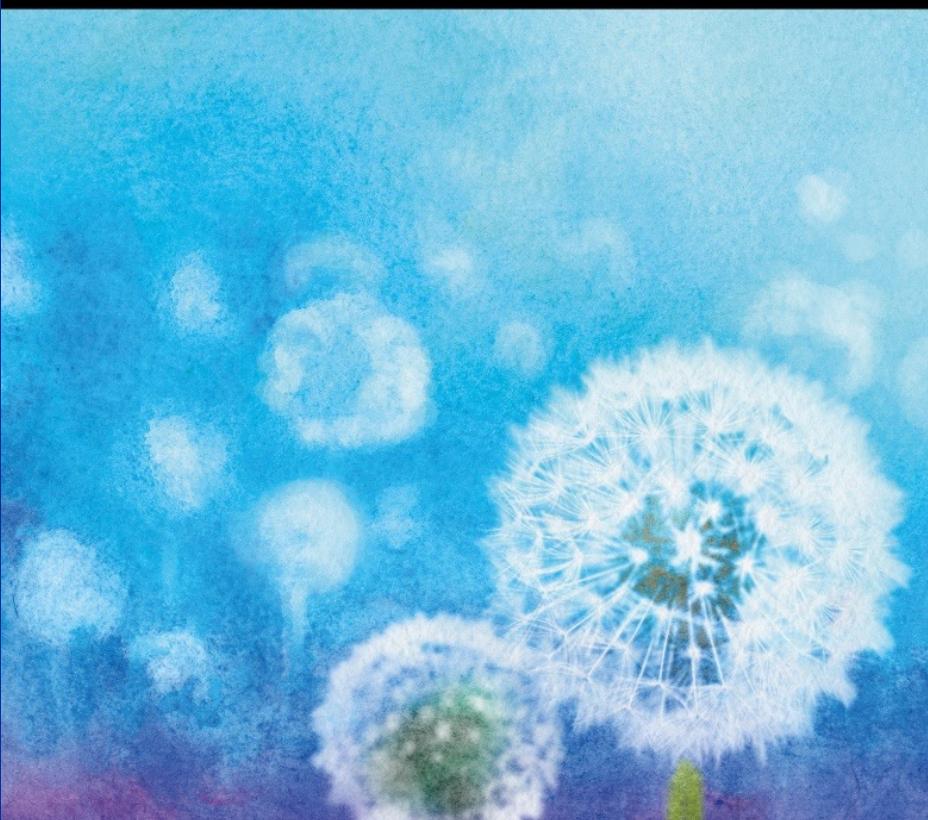
**ADVANCING THEORY
IN THERAPY**
Series editor: Keith Tudor



Integrative Psychotherapy

A Mindfulness- and Compassion-Oriented Approach

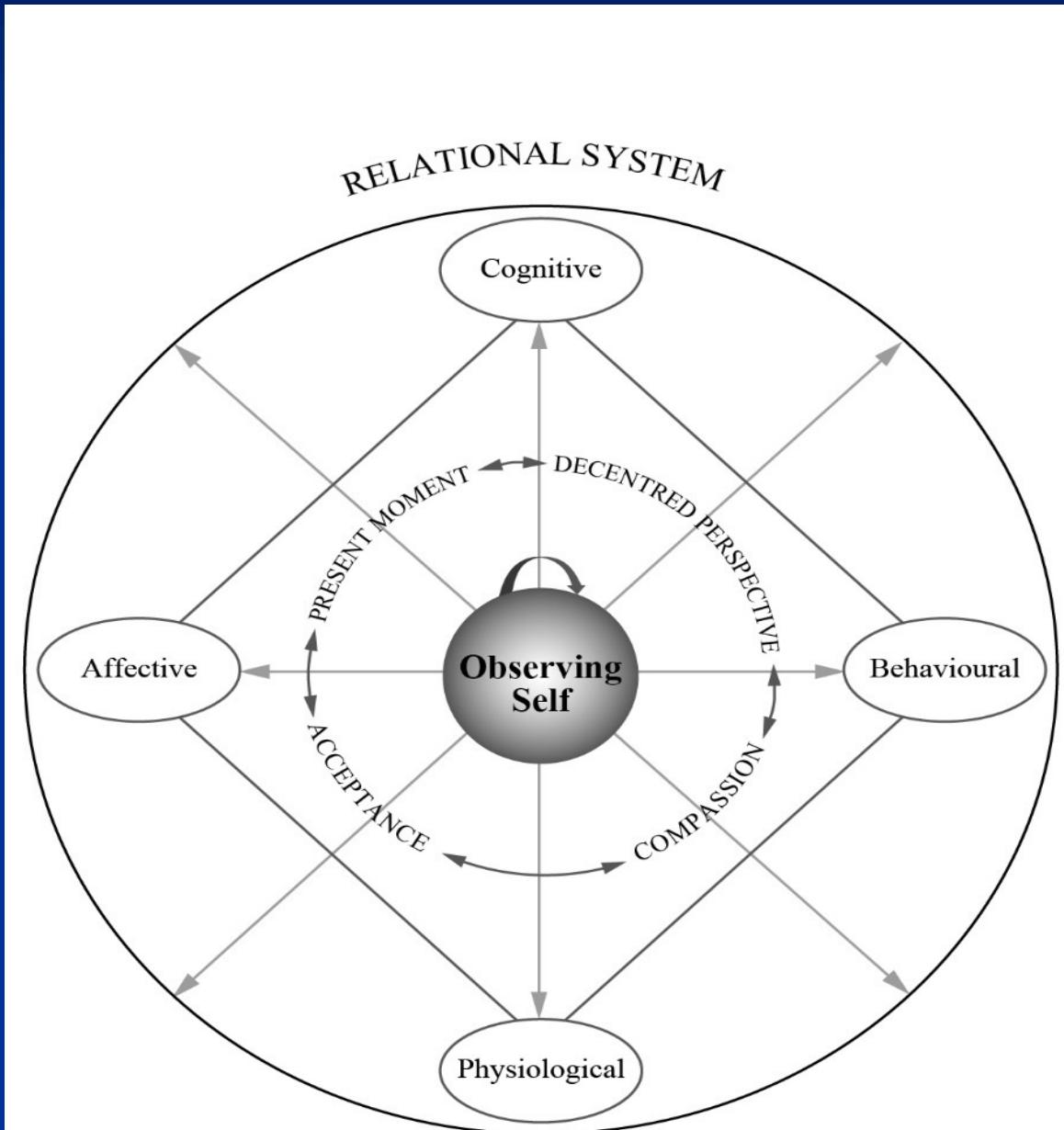
Gregor Žvelc and Maša Žvelc



NOVA KNJIGA

<https://www.routledge.com/Integrative-Psychotherapy-A-Mindfulness--and-Compassion-Oriented-Approach/Zvelc-Zvelc/p/book/9780367259082>

The diamond model of the observing self (Žvelc in Žvelc, 2021)



Observing/Transcendent Self

- Awareness itself that is subjectively experienced as a simple experience of ‚being‘ or conscious presence.
- „That which is aware“ of thoughts, emotions, sensation... (Deikman, 1982)
- We experience our world through awareness, however awareness itself cannot be observed – it can only be experienced.
- Observing self has transcendent qualities (Deikman, 1982; Hayes et al., 2012).

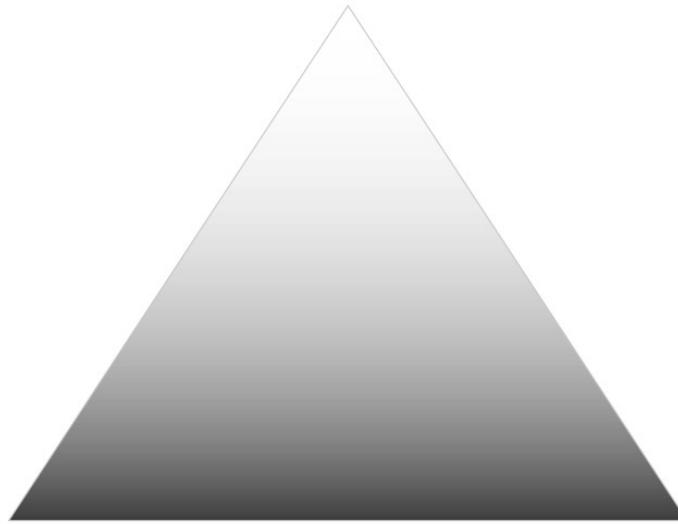
Procesi pune svjestnosti (mindfulness) i suosjećanja

1. Svjestnost sadašnjeg trenutka
2. Prihvatanje
3. Decentrirana perspektiva
4. Suosjećanje

Being a Loving Witness to our experience

Loving witness

(high awareness, acceptance and decentred perspective)



Being distant

(low awareness, high avoidance)

Being merged

(low awareness, high fusion)

The triangle of relationship to experience
(Žvelc & Žvelc, 2021)

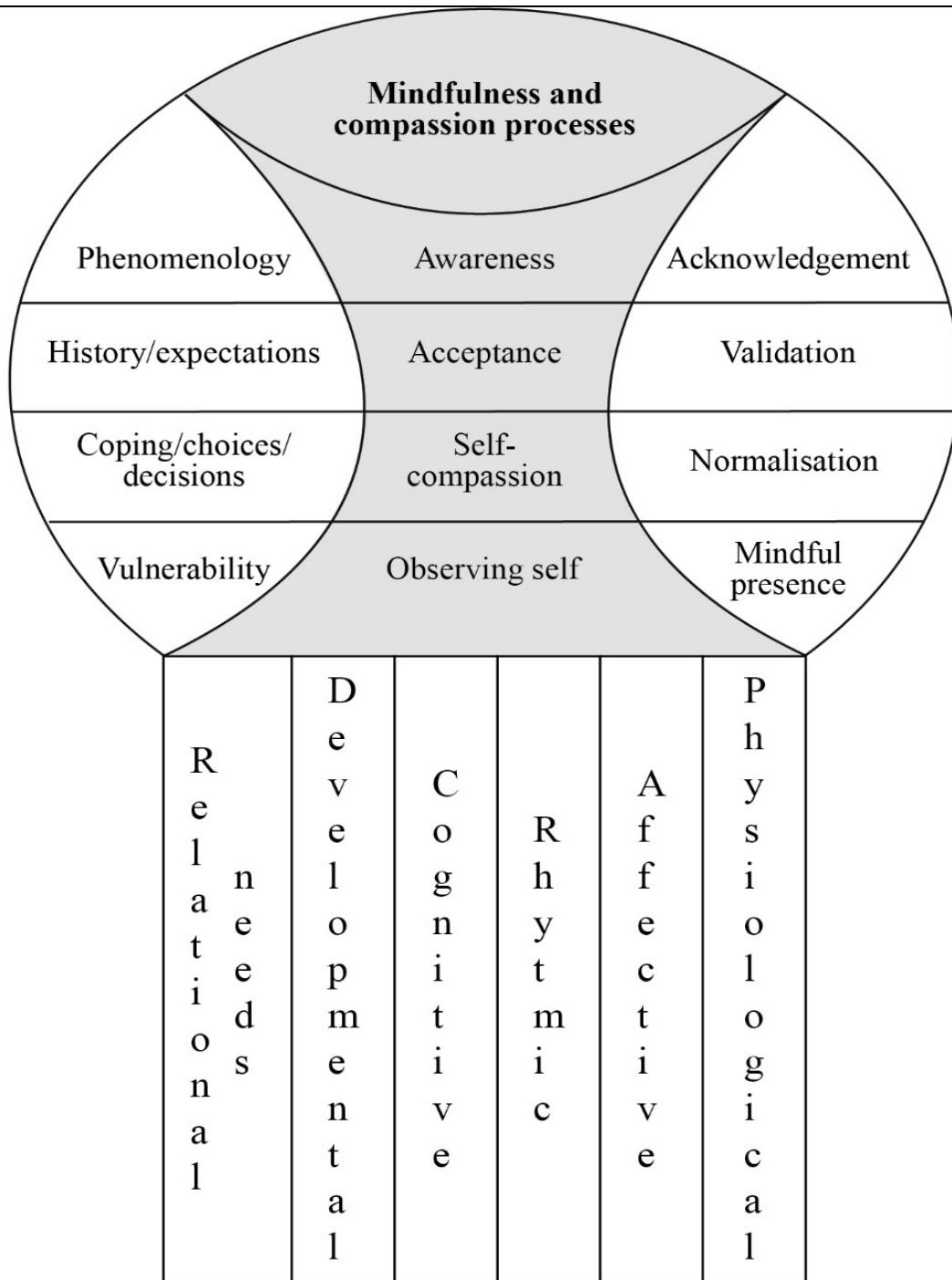
Bazični principi MCIP prakse

- „Two aware minds are more powerful than only one“ (G. Žvelc, 2012, p. 47)
- Važnost terapeutske mindful svjesnosti in suosjećanja
- Važnost regulacije terapeustkog polja
- Važnost, da se dovede mindful svjesnost i samo-suosjećanje ka iskustvu kienta (Importance of bringing mindful awareness and self-compassion to client's experience).

Relacijske metode - Keyhole model

(Erskine, Moursund i Trautmann, 1999)

- INQUIRY- brižljivo ispitivanje i istraživanje (fenomenologija, historija klijenta, transfer, odluke, terapeutski odnos...)
- ATTUNEMENT- saglašavanje (kognitivno, afektivno, ritmičko, razvojno, na relacijske potrebe)
- INVOLVEMENT- uključenost(priznavanje, validacija, normalizacija, prisutnost)



KEYHOLE MODEL OF RELATIONAL MINDFULNESS AND COMPASSION

(Adapted from Erskine et al., 1999)

SAGLAŠAVANJE (Attunement)

- Kinestetički i emocionalno osjećamo drugu osobu i reagujemo ‘rezonirajoče’
- Saglašavanje je odgovor na želju svakog čovjeka, da bi bio razumljen
- Koliko je terapeut suglašen sa klijentom, toliko se klijent osjeća poštovanim.

Attunement

‘It begins with empathy – that is, being sensitive to and identifying with the other person’s sensations, needs, or feelings – and the communication of that sensitivity to the other person’

‘It is kinesthetic and emotional sensing of the other’

‘Going beyond empathy – providing reciprocal affect and/or resonating response’

FUNKCIJE SAGLAŠAVANJA

- POŠTOVANJE
- SIGURNOST
- KONTAKT SA ODCEPLJENIM
DJELOVIMA
- RAD SA GREŠKAMA TERAPEUTA
(disruption of contact/repair)

Područja saglašavanja

- Emocionalno (affective)
- Ritmično (rhythmic)
- Razvojno (developmental)
- Kognitivno (cognitive)
- Fiziološko (physiological)
- Ugljevanje na relacijske potrebe (relational needs)

Relacijske potrebe (Erskine)

- Temeljne potrebe u odnosih, koje možemo zadovoljiti samo uz prikladnu reakciju druge osobe.
- To su bazične potrebe djeteta i odraslih ljudi.
- Nezadovoljenost relacijskih potreba - osjećaji praznine i nezadovoljstva; može da vodi do psihičkih problema.

RELACIJSKE POTREBE (Relational needs)

1. PO SIGURNOSTI (SECURITY)
2. POŠTOVANJU I AFIRMACIJI (VALIDATION AND AFFIRMATION)
3. PRIHVAČANJU OD STABILNE I ZAŠTITNE DRUGE OSEBE (ACCEPTANCE BY A STABLE, DEPENDABLE AND PROTECTIVE OTHER)
4. DJELENJU OSOBNOG IZKUSTVA (CONFIRMATION OF PERSONAL EXPERIENCE)

RELACIJSKE POTREBE (relational needs)

5. SAMO-DEFINICIJI (self-definition)
6. IMATI UTJECAJ NA DRUGU OSOBU (to have an impact)
7. POTREBA PO INICIATIVI DRUGE OSOBE
(the need to have the other initiate)
8. POTREBA IZRAZITI LJUBAV
(the need to express love)

RELATIONAL NEEDS SATISFACTION SCALE (Žvelc, Jovanoska & Žvelc, 2020)

1. AUTHENTICITY
2. SUPPORT AND PROTECTION
3. TO HAVE AN IMPACT
4. SHARED EXPERIENCE
5. THE NEED TO HAVE THE OTHER INITIATE

ISPIТИВАНJE (INQUIRY)

- Brižljivo ispitivanje i istraživanje
- Proces, sa kojim terapeut pozove klijenta ka istraživanju svog unutarnjeg svijeta
- Klijent otkriva načine, sa kojima je prekidalo kontakt s sobom i drugima.
- Omogućuje osvješćivanje i kontakt sa sobom (sa potrebama, tjelesnim senzacijama, emocijama, mislima, sjećanjima, fantazijama,...) i kontakt sa drugima.

ISPIТИВANJE

- NAGLAŠAVANJE PROCESA
- OSVEŠČIVANJE
- PRIMARNI CILJ – KLIENT DOĐE DO ODGOVORA
- NEMA UNAPRED DETERMINIRANOG CILJA

ISPIТИВАНЈЕ

- ПОШТОВАЊЕ
- АУТЕНТИЧКИ ИНТЕРЕС
- ОТВОРЕНА ПИТАЊА
- ТЕОРИЈА НЕ СМЕ БИТИ 'ЗАТВОР' -
BEGINNER'S MIND
- КОНТАКТ – „Све је важно“
- ШИРЕНJE СВИЈЕСТИ

Područja ispitivanja

INQUIRY MENU

- tjelesne senzacije i reakcije (physical sensations and reactions)
- emocije (emotions)
- sjećanja (memories)
- misli (thoughts)
- zaključci i odluke (conclusions & decisions)
- značenja (meanings)
- očekivanja, nade, fantazije, snovi (expectations, hopes, fantasies, dreams)

Faze ispitivanja

- Phenomenological (fenomenološko)
- Transferential (transferno)
- Coping style (stil suočavanja)
- Vulnerability (ranjivost)

UKLJUČENOST (Involvement)

- PRIZNAVANJE (Acknowledgment)
- VALIDACIJA (Validation)
- NORMALIZACIJA (Normalisation)
- PRISUTNOST (Presence)

PRIZNAVANJE

Priznavanje spodbudi proces SVESNOSTI I
DECENTRIRANJA

- Empatična refleksija
- Priznavanje klijentovog neverbalnog ponašanja
- „Invitation to observe experience“

VALIDACIJA

VALIDACIJA - metaproces Prihvaćanja

Primer iz knjige Žvelc in Žvelc (2021):

Client: *I am starting to feel sad, I don't want to cry again.* (tears start to run down her cheeks)

Therapist: *Sadness and tears are telling an important story, how alone you have been in your childhood. And how you missed your parents.*

Client: *(starts to cry)*

Therapist: *Let the tears come, they are important tears. Let's appreciate them.*

Client: *Yes, I have been alone all these years, and there was nobody there for me. I am feeling sad for what I have missed... (cries again)*

Therapist: *Just make room for this sadness... (handing her a tissue) It is important and this time you are not crying alone...*

NORMALIZACIJA

Spobudi metaproces SUOSJEĆANJA:

With normalisation therapist communicates:

„fully and genuinely, that the client has done the absolute best that he or she could, given the circumstances, and that anyone at this developmental level, with access to these resources, would probably have made the same sorts of decisions. (Erskine et al., 1999)“

TERAPEVTSKA PRISOTNOST

- Terapevtska prisotnost je izraz terapeutovega polnega notranjega in zunanjega kontakta (Erskine, 2015).
- Nanaša se na ‚čuječnost‘ (angl. mindfulness) terapevta v odnosu s klientom (Geller in Greenberg, 2012).
- Gre za sprejemajoče zavedanje svojih misli, čustev in telesnih odzivov in zavedanje drugega v odnosu.
- Čuječna prisotnost (Žvelc in Žvelc, 2021)

Kultivacija prisotnosti

- Osebna terapija in supervizija.
- Praksa čuječnosti (angl. mindfulness).
- Skrb zase in sočutje do sebe.
- Priprava na seanso s klientom.

JUXTAPOSITION

The juxtaposition is in the contrast between what is provided in the therapy, such as the attuned, reciprocal responsiveness of the therapeutic relationship, and what was previously needed, longed for, and not experienced (Erskine, 1996).

PLANIRANJE INTEGRATIVNE PSIHOTERAPIJE

3 načini:

- 1) PROCESI PROMENE
- 2) FAZE KEYHOLE MODELA
- 3) MCIP MODEL PLANIRANJA TERAPIJE

Preoccupation with past/future Fusion/Experiential merging Experiential avoidance Self-judgement, the judgement of others	Present moment awareness Decentred perspective Acceptance Self-compassion and compassion
DIMENSIONS OF HUMAN EXPERIENCE	
PROBLEM AREAS	PROCESSES OF CHANGE
	INTERPERSONAL DIMENSION
Maladaptive relational patterns, attachment issues, ruptures in alliance	Attunement Maintaining and repairing therapeutic alliance Corrective relational experience
	COGNITIVE DIMENSION
Lack of self-understanding Impaired mentalisation	Insight Mentalisation
	AFFECTIVE DIMENSION
Lack of awareness of emotions Avoidance of emotion Lack of expression of emotions Emotional dysregulation	Emotional awareness Acceptance of emotions Expression of emotion Emotion regulation
	PHYSIOLOGICAL DIMENSION
Problems in interoception Physiological dysregulation	Interoception Physiological regulation
	BEHAVIOURAL DIMENSION
Passivity and avoidance, impulsivity, lack of skills, behavioural inflexibility	Committed action
	SPIRITUAL DIMENSION
Lack of purpose and meaning of life Lack of contact with observing/transcendent self	Contact with values/meaning of life Contact with observing/transcendent self
	SYSTEMIC/CONTEXTUAL DIMENSION
Problems related to systems, such as family, school and work situation Problems related to the socio-cultural, political and ecological dimension	Changes related to external systems

PROCESI PROMENE I PLANIRANJE INTEGRATIVNE PSIHOTERAPIJE (Žvelc & Žvelc, 2021)

FAZE KEYHOLE MODEL A

- 1) PHENOMENOLOGY (AWARENESS)
- 2) MAKING CONNECTIONS
(ACCEPTANCE)
- 3) NORMALISATION OF COPING
STRATEGIES (SELF-COMPASSION)
- 4) CONTACT WITH VULNERABLE SELF-
STATES



Third phase

Transformation
and integration
of personal sense
of self

Mindful processing
of dysfunctional
schemas/self-states

Developing
compassionate
inner relationship

Second phase

Metacognitive
awareness of
personal sense of
self and values-based
living

Metacognitive
awareness of schemas
and self-states

Promoting living
according to values
and meaning

First phase

Establishing
therapeutic alliance
and developing
mindful capacity

Developing attuned
relationship and
therapeutic alliance

Developing
mindful capacity
and self-compassion

Promoting
self-regulation

PHASES OF THERAPY

THERAPEUTIC TASKS

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