

THE THERAPIST AND DEATH – DEATH AND THE THERAPIST*Jana Milić¹, Iva Zdravković²*

The therapist and death paradigm represent the life of the dyad in therapy, the continuity of the process despite all the obstacles caused by resistance, hatred and various other defense mechanisms. Death and the therapist is the paradigm that we explore. Therapy makes changes in further life and separations. The relation of the therapist towards the role is the relation towards life. Patients are very sensitive to the health of their therapist and they carefully monitor all the changes. In the categories of life, the death of the therapist is a repetitive loss of an object, and a real traumatic experience. It is damaging for the patient. An ill therapist need not work, but must still remain alive in the inner world of the patient. It is the matter of the technique of therapy to prepare the patient to endure a new pain.

Death and the therapist is the semantics of therapy. In therapy the patient also carefully follows the thanatical line while moving along the alliance. The patient might have the fear of being damaged by the therapist. Death is the only threat the patient waves in front of the therapist's face like a flag of his or her personality, while handing over their fears. The therapist contains and in some way manages those fragments. Thanatically directed transfer produces in the therapist answers in countertransference making it possible for the therapist as a human being to offer the patient some sincere answers which have depth. *Acta Medica Medianae 2017;56(1):56-63.*

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Technical and theoretical introduction to the case reports

In his text "At the beginning of therapy" (1) from 1913, Freud stated a very interesting metaphor which, admittedly, concerns itself with the alliance in psychotherapy but which can nonetheless be used as a platform for the development of our thinking about the relations of the therapist towards death. The metaphor goes "All who hope to learn the noble game of chess from a book will soon discover that only the opening and the closing of the game are liable to systematic presentation and that the endless variety of moves that ensues from the opening of the game rejects this kind of description" (1).

Chess is a brilliant metaphor of the man's attempts to resist death with his accomplishments. In psychoanalysis one can track the urges of life and death which are in endless struggle for the accomplishment of one's goals. The therapist with his instruments and his representation in the mental space of the patient is open for all projections of transference. The therapist is trying to detect them and interpret them without damaging the patient (2). By arranging things in this way, the association with Bergman's movie from 1957, *The Seventh Stamp* that is placed within the existential frames portrays psychotherapy as a game of chess with the urge of death, where the positions of the patient and the therapist are actually simultaneous.

The movie entitled "The Seventh stamp" (*Det sjunde inseglet*) is a Swedish movie from 1957, directed by Ingmar Bergman. The plot of this movie is apocalyptic. A plague is ravaging in Sweden while a medieval knight (Max Von Sydow) on his way back from the crusades meets his death (Bengt Ekerott) with whom he plays chess, and who eventually takes his life. Bergman developed this movie from his very own play "Wood Painting". The movie begins and ends with the passage from *The Revelation to John* (8, 1): "And when he opened the seventh seal there took place a silence in heaven as it were for half an hour." It seems that with this passage Bergman analytically and very deeply penetrates the pro-

blem of a man who lives with the burden of silence. The main topic of the movie refers to "the silence of God" which monks in orthodox religion achieve through the rituals of hesychasm. This is the representation of the deep communication with one's very own core of being. There might or might not be the representation of God as well. The movie established Bergman as a world-renowned director and it contained the scenes which established artistic standards. *Danse macabre* is the deadly dance with victims, and the game of chess poses the question whether they are victims or the chosen ones. However, this death is not the servant of God, but merely a dumb executioner of the duty deprived of the knowledge of what it brings. The Death in the movie is the eternal winner, a fraud when needed and patient by duty. But life is also a necessity, it is likewise an eternal fighter, a fraud when necessary and patient by its meaning (2). This is a review of the implications and the strong influence that psychoanalysis had on art in the 20th century.

If we define the problem of life or death in therapy, the patient will represent the death instinct as a natural derivative of an instinct through the repetition of compulsion, that is through forced repetition (3). In psychotherapy, life is going on in a dyad and in the setting and alliance, and those are not random people who have trivial stories. Psychotherapy can be the therapy of simplicity, also of triviality, but it cannot be trivial (4). We are talking about an alliance which we carefully build and plan the therapeutic life which refers to the process, time and place in the therapeutic atmosphere, which is in constant matrix and which creates the feeling of safety (5). The cessation of therapy is the greatest risk at work but also the most common sign of resistance to changes and the expression of thanatical urges (6). For three centuries, ever since Freud's time, we have been trying to comprehend what we can become by searching through the unconscious. The time we live in is fast, but the unconscious processes are also timeless, fast and everlasting. Naturally, the unconscious fills an individual with aggression in the presence or absence of more mature defense mechanisms. A special kind of aggression is reflected in the state of minus love and minus hate (6). Those meaningful and meaningless deaths are the consequences of the cultural collective or the deep personal discomfort; they are likewise the consequence of crisis and the bad identity of people and the nation (2).

Contemporary society is prone to attributing trivial meaning to love, as if love were something prone to change and something which lacks the characteristics of eternity (7).

Winnicott (8) talks about millions of deaths during the process of therapy where the dyad establishes itself and dies in one function, but is being reborn in the other. The repetition of the primal catastrophe which happened there and then is present in the work of therapy. It is the strategy of patients to relieve themselves and to

leave the fragments of those catastrophes, the splits of projectiles in someone else. If that someone else happens to be the therapist, the patient can experience relief but also the control of the therapist's inner space because that is the place where all the dangerous things are contained so that he can be controlled. Among the childish fears of patients, because all fears are childish, the loss of an object and the fear of abandonment are the greatest fears (9). Disappointments in the preoedipal mother are the foundation of the unreached oedipal phase, and that is why the personality remains deeply narcissistically launched in its ocean of loneliness, hungry for objects and defective (3). It is impossible to run away from the psychological aspect of our being, no matter how many walls or genes we build, we are searching for the anthropomorphic changes we are living in our differences which define existence. If we could grow touching one another with our branches moving towards the sun, we would take the skill of love like the treasure of life towards the sun (10), or, according to Yalom (11) towards death. Freud (1) talked about fantasy and immortality while explaining death, because the patient is the director with the power to create it according to his or her needs. Nowadays, death is in psychoanalysis a regular content which refers to the transfer of death wishes the patient projects onto the therapist. The therapist must do something with them, but there is the loss of the realistic figure which the therapist contains because the therapist is human and mortal (12).

If we establish the therapist and death paradigm it can be understood as the relation of the therapist towards the role in therapy, but also towards life. Patients are very sensitive to the health of their therapist and they carefully monitor all the changes regarding the therapist's health. Situations of this kind are described in literature as announcements to the patient about pregnancy, about a disease, or about carcinomas where the client encounters the realistic situation of the cessation of therapy due to the psychophysical state of the therapist (13). This means that the cessation of therapy is the greatest threat to the therapeutic alliance and it is a symbolic death of the partner (5). The loneliness of the therapist in containing the contents which the patient manages like the thanatical projectiles during the transfer and which the patient will not accept neither as an interpretation nor as his or her own contents likewise has the goal of symbolic murder in which those contents are completely controlling and where they lead to decomposition of a figure which must be deformed according to the model of the inner object (14).

If we think in terms of the categories of life, the death of the therapist is in some cases a repetitive loss of an object, and in some cases a real traumatic experience that can be damaging for the patient (15).

Critics of psychoanalysis say – even when you are dying you are thinking about the patient and the process. Of course that it is not the essence of it. An ill therapist need not work, but yet must survive in his or her own life and in the inner world of the patient. In a realistic sense, the therapist and death represents the relation of the therapist's responsibility from him or herself towards the patient, to his or her life and work, but also towards the further life of the patient. That is not a simple piece of information but rather the acceptance of the mortality of both participants as a natural outcome of the therapy, providing that it is not a suicide (16). The therapist tends to be the representation of the urge of life. That is why those pieces of information about the health of the therapist are so necessary to the patient, because the patient is hungry for everything that comes from the therapist. It is recommended that the issue of the change of the therapist be discussed before a deadly illness occurs or before any other absence from work takes place (4). That is a naturally a difficult decision which prolongs the life of the therapy, and which makes the parting more natural (5). These are difficult decisions which necessarily bring to the crisis. The loneliness which the therapist had experienced is also being experienced by the new therapist. The therapist contains a profound sadness and abandonment and feels like the one who must bury a therapeutic dyad or the one who must replace both the picture and the feelings because he or she has no choice in further work. In a thanatical environment, the new therapist must be full like a breast with new contents which are nourishing interpretations, and also to overcome the loss of a colleague who is forever idealized (6).

Winnicott claims that in every personality there exists a part which resists self-knowledge. Namely, something remains in us until the end of our lives which is deeply non-communicative both for the self and for the object. It exists somewhere in the depths of our being (8).

Freud (3) likewise while describing the death urge like an internal immanence considered that there exist some physiological primal sediment in the unconscious which cannot be explored, at the very bottom of the ice-berg.

There is no therapy without the patient. In therapeutic alliance a dyad comes to life that is being transformed along the process through numerous instruments of psychoanalysis towards reparation, growth or some finality (8). What are we to do with therapies that are infinite or interrupted?

Is it the death of the therapist in the process or the death of the patient as a partner that comes from the inner time?

Physical time in cosmic suppositions is not diverse – it is actually the same everywhere. That physical law has always been deeply disturbing to me, because it means that the outside time is not diverse in the galaxy, it follows that it is the same for aliens, which at least makes us equal in that

respect. That which could be different from this law are those inner clocks that come from an eternity which might be connected with death. The battles of the therapist on the inside are usually not recognized on the outside as a time vacuum which is a thanatical product (17). In these fast times we do not manage to work out many things by studying in the supervisions and work, but we rather contain something within us like an unfathomable dissatisfaction.

This is an example

Patient M.X., aged 29, lives with his mother because his father abandoned them when he was little. The mother is extremely frigid and career-oriented. She only wants her son to be a successful journalist, and he is in a deep working crisis and has eight exams left at the department for journalism at the university. He did not have many relationships nor does he have many friends. All those with whom he was slightly closer are now in Norway or the USA. After breaking up with some girl he suddenly started experiencing suffocation, dizziness, and hypertension and so he started going to somatic doctors, nephrologists, cardiologists. He had a fantasy that his heart was fragile and that he must not expose himself to the pressures of exercise. He felt chest pain which he described as dull and unclear and he thought he was experiencing a heart attack. He also had the habit of compulsive smoking and taking the sedatives but not in excessive dosage as he feared them. Anxiety followed a deep identity crisis and somatic defenses, as well as projective identifications, splitting, discredits and triumphs. All those deep wounds concealed the talents of exceptional erudition, literal analyticity, the fact that he was well-read and that he was very philosophical but not "l'art pour l'art". Judging by the avoidance of somatic doctors who could not deal with his symptoms and who sent him to therapy in the first place it was clear on the very first interview that he was a borderline personality that has the tendency to obtrude his own private mechanisms onto a relationship. We met twice a week and he at first measured me with intellectual word play, but after I told him that he was infinitely ahead of me he started to open up to me in the true sense of the word and offered despair and loneliness. He entered into a relation of transference towards me as he had towards his grandmother who had supported him and who had left the scene of life suddenly in a car crash. He felt deceived in respect to her and he felt the need to secure himself by running away from people. He had heavy silences in therapy and he also had an acting out when he would shorten the time because he wanted me to feel dead and lonely. When I told him this he began to live a therapeutic life where he wanted to inform me about public happenings so we made an agreement that he should start studying since this was his profession. A grand and deep silence occurred on a few

séances. Thanatical atmosphere started fantasies in both him and me. He contained within that silence all the resistance towards changes and an attempt to make therapy trivial. As I was silent as well he got afraid I was dead and twice said goodbye to me at the end of therapy by shaking my hand which he never used to do before.

Then the following happens. After one session with him I had a dream

The therapist (me) dreams of an empty setting, that is, has a dream about herself (myself) in the working room. The therapist (me) is alone, without the patient but believes to be waiting for someone. She does not accept that she is alone, but he also cannot move herself. She is completely immobile and voiceless. The dreamer experiences profound discomfort which brings about the awakening like the one after a nightmare and attempts to destroy the memory of the dream with the waking up but fails. The horror comes from the everlasting silence and the white room; primary emotions are those of physical coldness and being in bondage. The therapist who was containing coldness, the fear of intimacy, loneliness, and death in the dyad noticed in his dream the destructiveness of the patient who expected him to take onto himself all the pain, and that it was all far away from the things people do for one another and that the relations among people are foreign and difficult to the patient. That dream is actually a countertransference response to the fear of the inability to bond and departure of the patient from the therapy which would make that therapy dead.

That empty séance points to the inability to contain the primordial fear of abandonment, the primordial agony of loneliness for a particular patient – which are pure derivatives of the death instinct. While thinking about the countertransference and the transferal-countertransference influence the question of who is what to whom arises. The professional death of the therapist is the empty séance (18).

After some time the patient brings a dream himself

He is alone in a room which is completely silent and he is waiting for his therapist, but he is afraid because he cannot say anything. He is completely helpless and he only feels fear and loneliness. It seems to him that this room is completely empty and that the end of the world is there. He is lightly dressed and he is shivering for the coldness. As he is incapable of moving or of saying anything he is waiting for someone. Everything is cold. All of a sudden he reaches the conclusion that he does not know why he is enjoying the coldness. In the distance a phone rings and he wanders how the phone is ringing when he broke it. The analytical question about the interpretation of the dream – he was deeply

disturbed by the silence and coldness. He had difficulty in accepting relationships with people.

The analysis of a dream always begins with the patient's associations. The patient knows that the emptiness that he reached in his dream is a part of some loss or the fear of death (19). He knows that this is not a symbolic murder of a significant object in a dream or the beginning of the separation. The therapist and death has a two-fold role: the role to control the process through the broken telephone that is ringing and the role of death of both participants in the endless cold in the dream. The messages which they are sending to each other are fragments, dreams or associations, profound, painful and personal. The therapy had lasted for three years anyway and could be shortened to one meeting a week for a beginning. The patient did not accept this easily, but in time he started to study and pass his exams. At times he would go psychologically away from me and the loneliness that we both felt was the work of Thanatos. Fortunately, we both survived in the alliance and the setting (19).

Case two -Policeman aged 52, lives in the suburb, in an almost peasant household, but he reads a lot, which irritates his wife. He used to come to therapy because of depression and dissatisfaction with his own life and with his wife. He neither could nor knew how to separate himself from her. Divorce was not an option. He would often test my rare comments in various ways. He told me several times that nowadays my generation acts guided by their feelings and that his generation does what has to be done in order to preserve a traditional family. This inability of his to connect with me is due to his doubt that he will be understood or that his feelings would be understandable to others. Throughout our work together we came across a piece of information that his mother was very dissatisfied and that she used to silence her children expecting of them to be obedient and not to complain. His parents use to quarrel and he sensed from his mother's words that his father was incompetent for some reason. His father died suddenly of a heart attack at his work place. His mother is alive and termagant, dissatisfied and angry. To this day she does not allow anyone to speak their mind and to feel is forbidden. I offered him then to try and do exactly the opposite here and now. I offered him to try and express what he is thinking and what he is feeling. He thought about it for a long time and then he told me that he could not bear to lose his family and even that wife of his with whom he is constantly arguing I asked him whether his wife had the same attitude towards partnership as his mother. He told me that she was hurting him, and so I could sense disharmony in intimacy and their sex life but I did not want to inquire about it until the patient started talking about it himself. That was the framework of therapy, the lack of love and inadequacy (20). Constant turmoil and moving away from something, a need to find peace and to reaffirm himself caused him to select a partner based on the model of his mother and to suffer profoundly. The matter of sexuality is not

the monosemous. The similarity between his mother and his wife possible aroused incestuous fantasies which marked intimacy as dangerous, and he denied himself success and pleasure more and more for the fear of the superego (14). That is how he defended himself with depression in the shadow of the castrating mother. As he could not stand up straight in himself, he remained reserved and anxious and he did not have many friends.

He was very orderly at work but all the promotions had evaded him. Five years ago, he encountered a woman whose beauty made his blood boil and who was his college, but he ran away from her even though she was showing interest and inquiring about him. He was thinking about her at times during the night shift and he told me I was the only person that knew about her. I told him that that makes tree of us. Indeed, he agreed with me. He was almost certain that both he and she know about it, that now I know as well, but that that does not change anything even a little bit. That was a long time ago. But it seems to me that it is all still very alive in him and I did not want to touch into that fantasy which is so important to him in order not to damage and hurt him through his emotion. Melanie Klein brought the story of the husband to more primitive forms of the superego than Freud could even conceive (21).

During the course of the therapy that lasted for two years, he started complaining about fatigue, chest pains, difficulty in performing a physical test at work, occasional back pains. When I suggested he should see a cardiologist right away he told me about his dream from the previous night.

In his dream he was holding numerous wires in his hand with which he was trying to unclog some pipes and he felt severe fatigue all the while. He attempted to get on a bike because he was late for work, but he could not ride it because his legs hurt and he was experiencing a choking feeling in his throat. He then saw his father who was looking at a completely white road and in the distance a river could be seen which was flooding some fields as the dam was clogged. He was trying to reach his father in the dream, but he was constantly running in front of him carrying a stopwatch in his hand. His father turned towards him all of a sudden and gave him a pebble which he was supposed to keep in his mouth. Of course, the patient interpreted this dream as a death omen, he concluded that he was ill, that he was going to have a heart attack and that his father came to take him away from this world. He was surprised when I supported his interpretation in the sense that his dream was the warning from the superego as he had neglected his health and told him to go to a cardiologist right away. As he had been in therapy for two years, I truly believed that he really unconsciously felt heart problems and that there was a real threat of coronary disease. In a week he had a stent inserted.

As soon as he was released from the hospital he came to therapy. "When I went there a woman received me and she did not laugh at me

when I told her that I was sent to her by a psychotherapist. That was the first time that I told someone I have been going to psychotherapy for two years now and that you sent me to the check-up. The doctor told me that in that case we need to be very careful with my health because I definitely came to her with a reason. When I came out from the operating theater the doctor told me to keep coming to therapy at all costs. I told her that no one was closer to me than you, and that even though you are young you are like a parent figure to me. Tonight I had a dream."

"The room was white and I was lying on an air mattress, I felt vented as if a cork had been removed from a bottle. Then doctor S.A. came in and she told me that I may get up. I was thinking to myself that I had no other option anyway. I was thinking how I am a policeman, and wondering if I could be anything else. This S.A. doctor told me that I could. She told me that I had a chance to be a Djoković if I would just use myself and my life. Then you came along in my dream and you told me that I was a general at my parade and that I would receive all the honors. Then I got up slowly and I began to speak in a foreign language, but everything seemed to be opening up to me and I felt great. I felt as if everyone understood me, and I had no idea why." The dream was interpreted in the sense that the patient reached a new comprehension through his bodily experience, a comprehension that he wanted something more from life, but that it will not be easy. The dream was there to reassure him that he was now well, and the fact that he could speak a new language implies that he is now in a new position that values life more. The figure of the doctor is a confirmation that he has two pillars of support that will make up the background of his creation. And indeed, he is still working as a policeman and he is one of the very few who do not wish to retire. He still at times has dreams in which he is in a white room, and there is a woman in the next room waiting for him. Then a phone starts to ring somewhere, and the voice of a friend or the therapist tells him that he is right, that he is right.

The rejection of love which is so clear both to the policeman and to myself, the premature death of a lover and of a beloved person in life is the choice of the patient for which I cannot claim to be neither immature nor healthy. By saving his life, the two women, the cardiologist and the psychotherapist, gave him a chance to create cohabitation and not to feel guilty for dividing the love between the two of us in transfer. But he remained essentially hungry and the interpretation of that hunger would bring him no relief. In therapy we strengthened his separation from both the image of a loser and that of the cardio patient.

Chthonic meaning of mortality can be reflected in dreams and creativity, and in therapy most of all. On the road to individualization and separation, there is a synchronicity of the therapist and the patient in the working out the concept of death (22). I deeply believe and know that the therapist goes through various changes and is often under the attack of the urge of death. This

could mean that some psychotherapists may be resistant like somatic patients, if we may put it this way. Many therapists have told me that work has made them more resistant to physical illnesses. According to Bion (13), from a phantasm to concept there is a whole path of the maturing of emotions and thoughts, and so the process of thoughts in the unconscious through phantasm and from primal concepts to concepts is inoperable and always theoretical. Every purport, in relation to a response to an inner need, may be significant for the meaning of a relationship, even though it was sent to a specific structure.

Jevremović states that it is dangerous to believe in the (therapeutic) term of activism, in unfruitful eclecticism, in the superficiality of conduct and thinking that is in the foundation of such behavior. The profession of therapists is the one of great responsibility. It is expected of a therapist, to be able to, to be and to become. Each and every intervention, be it verbal or non-verbal is an action, but we do not know for sure if it is timeless, even though we hope to be able to enter into the psychological time. Everything else belongs to eternity, that is, the unconscious, anyway (22).

Serious praxis implies serious theory and vice versa (in this case, seriousness definitely implies responsibility as well) (5). Anything less may be extremely dangerous. In addition, it is worth noting that the ideal concurrence of the theoretical and practical is not impossible, at least when psychoanalysis is concerned. Discrepancy is always present. The existence of discrepancy is inevitable.

A psychoanalyst today, more than ever, finds it difficult to work in isolation. It used to be that one could read a significant part of the literature without needing much to share that reading, that task, that elaboration with others. Only in this way might we arrive at a depth that would be unreachable by the single person (10).

There is nothing mystical in what is happening in alliances, but it is a swivel around which patient's therapy and will revolve. It is the galactic time, and setting is the matrix. A dyad who do not want to know make up the bottom of the ice-berg, and a dyad who resist changes make up the tip of the ice-berg, which points to therapist's resistance as well in the sense of the rules and techniques of therapy. Is it possible to remain in the relation of partnership where only one is changing? Is this true? The therapist and death is an inverted paradigm. It is a response to the process, to the end of life, therapy and relationships with people, and not there all illnesses or death (23). It is the product of the losses, the inner representations and external connections. Projected identifications tend to control people and in this way truly impoverish them. Those are the echelons which are useless in patient's life. Even the therapist can be a dead object if the patient had had a profoundly neglecting mother and an endless coldness in the first year of his or her life which had led the patient to become a schizoid personality (6).

Symbols in therapy come as products of the work of the death urge or death where there are differences in semantics and duration. Death urges exist for an entire lifetime, and death probably has autonomy and is free from everything which is living. Death contents in therapy tend to destroy all the heritage of a difficult event, if there was an aftermath of such an event (4). A person may live with the goal of having nothing to change or with the goal of showing that any change is impossible. Freud said: "The goal of all life is death", which means that everyone has the wish to die, supposing that the death wish is grounded in the principle of stability (2). According to this principle, all living processes tend to return to the stability of the inorganic world. The denial of death makes life intense and not recognized as the unique chance for self-realization. However, no one ever escaped from oneself, no matter the emotion or the emptiness in the ocean in question. An important offshoot of the death instinct is the aggressive urge (7). The aggressive urge implies self-destruction which is directed to the outside (24). A person fights with other people and is destructive because the death wish is blocked by the powers of the life instinct, as well as by other obstacles in the personality which defy death.

A variant in therapy has the aim to work out the issues of mortality and to change the attitude towards life and all that is living. The ethics of living: "Live and let others live" does not imply that anyone should interfere in how people live. Letting others live means to recognize the fear of death in oneself (2).

Death and the therapist is the semantics of therapy. It appears to me to be necessary in the healing process as well as love. It is eternal like hate (25). In the shadow of all sequences in therapy, the patient too carefully follows that thread while walking along it because he or she experiences it as a property which the therapist is trying to seize and change. That is why transfer is so often thanatically directed even though the dyad in therapy and the setting are the representations of the urge of life. Numerous are the deaths until the end of therapy, but the realm of pain due to the processes of reparation is also immense.

Coming into being is not merely a birth, it is the building of the relationship in which something old as well as something new is contained and re-lived. Ephemerality and finality are just other names for death.

Are these categories the same or not? Are they like the image in a mirror?

They are neither the pathetic creation nor needless questions. They are essential questions that one needs to keep answering all the time and it is important to give account of the answers to oneself and the patient.

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doi:10.5633/amm.2017.0109**TERAPEUT I SMRT – SMRT I TERAPEUT***Jana Milić¹, Iva Zdravković²*Univerzitet u Nišu, Filozofski fakultet, Departman za psihologiju, Niš, Srbija¹
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Paradigma terapeut i smrt predstavlja život para u terapiji, neprekidnost procesa, uz sve ćorsokake u koje vode otpor, mržnja, razni mehanizmi odbrane. Smrt i terapeut je model odnosa koji istražujemo. Terapija čini promene u daljem životu i separacijama. Odnos terapeuta prema uloženi je odnos prema životu. Pacijenti su vrlo osetljivi na zdravlje terapeuta i pomno prate šta se dešava. U kategorijama života, smrt terapeuta je repetitivno gubljenje objekta i realno traumatično iskustvo. Ono je povređujuće po pacijenta. Bolestan terapeut ne mora raditi, ali mora opstati u svom životu i unutrašnjem svetu pacijenta. Stvar tehnike terapije je priprema pacijenta da preživi novi bol.

Smrt i terapeut je semantika terapije. U terapiji pacijent pomno prati tanatičnu nit u savezu. Pacijent može imati strah od orobljavanja od terapeuta. Smrt je jedina pretrnja kojom pacijent maše ispred terapeuta kao zastavom svoje ličnosti, predajući mu strahove. Te fragmente terapeut poseduje i nešto čini sa njima.

Transfer koji je tanatično usmeren proizvodi u terapeutu odgovore kontra-transferne prirode u kojima njegovo ljudsko biće može dati pacijentu neke duboke odgovore. *Acta Medica Medianae 2017;56(1):56-63.*

Ključne reči: smrt, terapeut, savez, terapijski proces