

# Empatija prema poremećaju uporabe alkohola i psihodinamsko razumijevanje: narativni pregled

## */ Empathy Towards Alcohol Use Disorder and Psychodynamic Understanding: A Narrative Review*

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Iako je poremećaj uporabe alkohola (PUA) ozbiljan i složen mentalni poremećaj, još uvijek nailazi na brojne sumnje, nesporazume, nedostatak podrške te nedostatak empatije od okoline i zdravstvene struke jer većina ljudi smatra da je osoba sama uzrokovala bolest. Svrha ovog narativnog pregleda literature je odgovoriti na istraživačko pitanje o empatiji prema PUA i psihodinamskom razumijevanju pacijenata s PUA koristeći se literaturom objavljenom u bazama podataka (*Web of Science*, *PubMed* i *Google Scholar*) u posljednjih 60 godina. Prikazuje se suvremeno psihodinamsko razumijevanje PUA temeljem ego i *self*-psihologije razvoja osoba s tim poremećajem kao i psihodinamsko objašnjenje za nedostatak empatije zdravstvenih djelatnika i društva, unatoč prihvaćenom medicinskom modelu razumijevanja ovisnosti. Suvremeno psihoanalitičko razumijevanje PUA povezano je s patnjom što je suprotno od traženja zadovoljstva (posebno prema mišljenju neuroznanstvenika) i ranijih psihodinamskih formulacija (traženje zadovoljstva ili motivi za samodestrukciju), jer je traženje olakšanja koje pruža alkohol uglavnom posljedica nesposobnosti osobe koja pati od ovisnosti u reguliranju njezinih emocija (anksioznost, depresija), samopoštovanja, interpersonalnih odnosa i ponašanja, posebno vlastite brige o sebi. S kliničke perspektive važno je razumijevanje konstrukta empatije prema pacijentima s PUA i PUA s psihodinamskog aspekta kako bi se razumjela psihološka pozadina ovisničkog ponašanja i povećala empatija u liječenju ovisničkih poremećaja kombinacijom psihoterapijskih, bihevioralno-socioterapijskih i farmakoterapijskih pristupa.

*/ Although alcohol use disorder (AUD) is a serious and complex mental disorder, it is still surrounded by numerous doubts, misunderstandings, lack of support and lack of empathy from the environment and the health profession, because most people consider that the individual caused it on their own. The purpose of this narrative literature review is to answer the research question regarding empathy towards AUD and the psychodynamic understanding of patients with AUD by using the database literature (Web of Science, PubMed, and Google Scholar) published in the last 60 years. The contemporary psychodynamic understanding of AUD based on the ego and self-psychology of development of the individuals with this disorder is presented, as well as a psychodynamic explanation for the lack of empathy provided by healthcare professionals and the society, despite it being an accepted medical model of understanding addiction. Contemporary psychoanalytic understanding of AUD is linked to suffering, which is opposite from pleasure seeking (especially according to neuroscientists) and the earlier psychodynamic formulations (pleasure seeking or motives for self-destruction), because seeking relief from alcohol is mainly a consequence of the addicted individual's inability to regulate their emotions (anxiety, depression), self-esteem, interpersonal relationships and behavior, especially their self-care. From a clinical perspective, it is important to understand the construct of empathy towards patients with AUD, as well as AUD from a psychodynamic aspect, in order to understand the psychological background of addictive behavior and increase empathy in the treatment of addictive disorders by combining psychotherapeutic, behavioral-sociotherapeutic and pharmacotherapeutic approaches.*

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Iako su uporaba psihoaktivnih tvari i posljedični nastanak ovisnosti jedan od glavnih problema u svijetu, prepoznavanje ovisnosti i preventivni i terapijski programi su još uvijek nedovoljno učinkoviti (1). Sve je više dokaza koji pokazuju da uporaba i legalnih (alkohol, duhan, kofein) i ilegalnih psihoaktivnih tvari (androgeni anabolički steroidi, amfetamini, benzodiazepini, kanabis, kokain, heroin/opijati, halucinogeni, inhalatori, khat i propisane/zlouporebljene psihoaktivne tvari) ozbiljno povećava morbiditet (zdravstvene posljedice) i smrtnost te da se učinkovito liječenje može postići integriranim programima zdravstvene skrbi (2). Dvije najtoksičnije tvari od svih psihoaktivnih tvari su alkohol i duhan. Farmakološki tretmani za poremećaj uporabe alkohola (PUA) su učinkoviti, posebno u kombinaciji s drugim bihevioralnim ili psihosocijalnim intervencijama (3). Disulfiram (4, 5), naltrekson (6-9), akamprosate (7, 8, 10) i nalmefen (11) su odobreni farmakološki tretmani za PUA. Osim toga, lijekovi za druge zdravstvene indikacije mogu se propisati "off-label" (topiramate, gabapentin, baklofen), a potencijalno se istražuju i novi lijekovi (vareniklin). Jedan od najvećih problema farmakološkog tretmana osoba s PUA je nesuradljivost (engl. *non compliance*) (3). Bihevioralni pristupi su najčešće korištene kliničke metode za liječenje osoba s PUA, uključujući motivacijski intervju, kogni-

**INTRODUCTION**

Although the use of psychoactive substances and the resulting addiction represent some of the main problems globally, the recognition of addiction, as well as the preventive and therapeutic programs, remain insufficiently effective (1). Accumulating evidence suggests that the use of both legal (alcohol, tobacco, caffeine) and illegal psychoactive substances (androgenic anabolic steroids, amphetamines, benzodiazepines, cannabis, cocaine, heroin/opiates, hallucinogens, inhalants, khat, and prescribed/abused psychoactive substances) significantly increases morbidity (health consequences) and mortality, as well as that effective treatment is achievable through integrated health care programs (2). Out of all of the psychoactive substances, the two most toxic ones are alcohol and tobacco. Pharmacological treatments for alcohol use disorder (AUD) are effective, especially in combination with other behavioral or psychosocial interventions (3). Disulfiram (4, 5), naltrexone (6-9), acamprosate (7, 8, 10), and nalmefene (11) are pharmacological treatments approved for AUD. In addition, medications for other health indications can be prescribed "off-label" (topiramate, gabapentin, baclofen), and further potentially useful medications are being researched as well (varenicline). One of the biggest problems in the pharmacological treatment of individuals with AUD is noncompliance (3). Behavioral approaches are clinical methods most widely used for treating individuals with AUD, including

tivno-bihevioralnu terapiju, upravljanje kriznim situacijama, terapiju za parove, obiteljsku terapiju, terapiju usmjerenu na traumu, terapiju umrežavanjem, terapijsku zajednicu, pristup osnaživanja u zajednici kroz grupe samopomoći, klubove za liječenje ovisnosti od alkohola, usredotočenu svjesnost (engl. *mindfulness*), psihodinamsku psihoterapiju, grupnu terapiju i fizičku aktivnost (12). U posljednjih nekoliko godina, bihevioralne intervencije i pristupi sve se više razvijaju i evaluirani su u istraživanjima te su postupno usvojeni u različite vrste i programe liječenja. Dva ključna pitanja u procjeni utjecaja ovih pristupa su: zadržavaju li ti pristupi ljude u liječenju i pomažu li pacijentima smanjiti/eliminirati njihovu pretjeranu konzumaciju psihoaktivnih tvari i alkohola (12).

Istraživanja ishoda liječenja pacijenata s PUA uglavnom su usmjerena na karakteristike pacijenata, modalitete liječenja (simptome sustezanja, terapijsku zajednicu, savjetovanje), mjesto liječenja (bolnica ili ambulantno) i profesionalnu pozadinu terapeuta (specijalist ili obiteljski liječnik) (13). Zajednički čimbenici poput empatije terapeuta igraju važnu ulogu u liječenju ovisničkih ponašanja (14). Empatija je ključna u terapijskom odnosu kako bi se taj odnos poboljšao i kako bi se bolje razumjelo unutarnji svijet pacijenta (15). Iako je terapijski odnos poznat kao važan čimbenik u ishodima liječenja, područje zlorabe psihoaktivnih tvari, uključujući PUA, sporo prihvaća istraživanja u ovom području (13). U psihoterapijskoj praksi već je dugo poznato da terapijski čimbenici imaju značajnu ulogu u terapijskom ishodu. Tri terapijska čimbenika smatraju se nužnima za terapijsku promjenu: iskrenost, bezuvjetno pozitivno poštovanje i empatija (16). Nadalje, istraživanja u području empatije imaju različite rezultate zbog razlika u metodologiji istraživanja. Empatija se općenito kao vještina može trenirati i pozitivno utječe na ishode u terapiji (17, 18). Empatija omogućava pacijentu prepoznavanje nesvjesnih emocija i mijenjanje

motivational interviewing, cognitive behavioral therapy, contingency management, couples' therapy, family therapy, trauma-informed therapy, network therapy, therapeutic community, self-help group community empowerment approach, alcohol addiction treatment clubs, mindfulness, psychodynamic psychotherapy, group therapy, and physical activity (12). In recent years, behavioral interventions and approaches have been increasingly developed and evaluated in research trials, and have been gradually integrated into various treatment types and programs. The two key guiding principles in assessing the impact of these approaches are the following: whether these approaches retain people in treatment and whether they help the patients to reduce/eliminate their excessive use of psychoactive substances and alcohol (12).

Studies on the outcomes of the treatment of patients with AUD predominantly focus on patient characteristics, treatment modalities (withdrawal symptoms, therapeutic community, counseling), place of treatment (hospital or outpatient), and professional background of the therapists (specialist or family doctor) (13). Common factors such as therapist empathy play an important role in the treatment of addictive behaviors (14). Empathy is a crucial element in the therapeutic relationship when it comes to improving this relationship and ensuring a better understanding of the patient's inner world (15). Although it is well-known that the therapeutic relationship plays an important role for treatment outcomes, the field of psychoactive substance abuse, including AUD, has been slow to embrace research in this area (13). It has long been known in psychotherapy practice that therapeutic factors have a significant role in the therapeutic outcome. The following three therapeutic factors are considered necessary for therapeutic change: honesty, unconditional positive regard and empathy (16). Furthermore, studies in the field of empathy have yielded different results due to the differences in their research methodologies. Generally, empathy as a skill can be trained and has a positive impact on therapy outcomes (17, 18). Empathy allows the patient to recognize the un-

njegovog/njezinog *self*-koncepta, što također omogućuje i promjenu u ponašanju (19).

Konsumacija alkohola ukorijenjena je u kulturi i tradiciji (20). Ponašanje u odnosu na konzumaciju alkohola kulturološki je regulirano i propisano te se ponašanje osoba koje piju alkohol prepoznaje kao „uporaba“ i „zlouporaba“. Konzumacija alkohola ima ulogu u društvenoj kategorizaciji jer kulturni konteksti i tradicije utječu na percepciju ponašanja u vezi s pijenjem i prosuđivanje prema osobama koje piju alkohol (20).

Ranije gledište je bilo da kultura utječe na uporabu alkohola, a kasnije se smatralo da neke kulturne grupe imaju kognitivne sheme i strukture međuljudskih odnosa koje dopuštaju uporabu alkohola bez značajnog gubitka kontrole, dok druge kulturne grupe imaju probleme povezane s alkoholom jer njihove različite psihološke i odnosne strukture potiču gubitak kontrole nad uporabom alkohola. Čini se da su u zapadnim modernim društvima stresori kroz utjecaj okoliša promiču sve veću konzumaciju alkohola kao jedan od načina suočavanja sa stresorima (21).

Na prevalenciju konzumacije alkohola uz pojedinačne čimbenike stresa utječu kulturni i regionalni obrasci konzumacije alkohola, društveni uzori, zakonski zahtjevi i zabrane. Kulturološki čimbenici utječu na početak uporabe alkohola, okolišni i društveni čimbenici su važni u prijelazu na opasnu konzumaciju, dok su neurobiološki i drugi čimbenici rizika izraženiji u prijelazu na PUA (22).

Postoje tri prototipska obrasca uporabe alkohola ili psihoaktivnih tvari: medicinska, uobičajena redovita i povremena uporaba. U suvremenim društvima prisutan je i četvrti obrazac uporabe koji karakterizira ovisnička uporaba ili ovisnost često o velikim dozama alkohola ili drugih psihoaktivnih tvari, pa se ovisnost obično definira kao individualni neuspjeh, a ne kao društveni obrazac. Stoga se kao objašnjenje koristi konceptualizacija obrasca opetovane teške

conscious emotions and change their self-concept, which also enables a change in behavior (19).

Alcohol consumption is rooted in culture and tradition (20). Behavior in relation to alcohol consumption is culturally regulated and prescribed, while the behavior of individuals who drink alcohol is recognized as “use” and “abuse”. Alcohol consumption plays a role in social categorization because cultural contexts and traditions influence the perception of drinking behavior and judgments towards individuals who drink alcohol (20).

An earlier view was that culture influences alcohol use, and later it was considered that some cultural groups have cognitive schemas and interpersonal relationship structures that allow alcohol use without a significant loss of control, while other cultural groups have alcohol-related problems because their different psychological and relational structures encourage the loss of control over alcohol use. It seems that in the modern Western societies, through the influence of the environment, stressors promote an increasing consumption of alcohol as one of the ways of coping with the stressors (21).

In addition to individual stress factors, the prevalence of alcohol consumption is also influenced by cultural and regional patterns of alcohol consumption, social role models, legal requirements and prohibitions. Cultural factors influence the beginning of alcohol use, environmental and social factors are important in the transition to hazardous consumption, while neurobiological and other risk factors are more pronounced in the transition to AUD (22).

There are three prototypical patterns of alcohol or psychoactive substance use: medical, habitual/regular, and occasional use. A fourth pattern of use is also present in the modern societies, characterized by addictive use or dependence, often on large doses of alcohol or other psychoactive substances, therefore addiction is usually defined as an individual failure, rather than a social pattern. For this reason, the conceptualization of the pattern of repeated severe addictive alcohol consumption is used as an explanation, and the problems for the individual and the environment

ovisničke konzumacije alkohola, a zanemaruju se problemi za osobu i okolinu koji proizlaze iz tog obrasca. Koncept se usredotočuje na obrazac uporabe, a ne na nemogućnost kontrole ili suzdržavanja od uporabe unatoč štetnim posljedicama (22).

U suvremenim društvima postoji značajna ujednačenost u društvenom rješavanju problematičnih situacija i osoba, uključujući i probleme s alkoholom i psihoaktivnim supstancama. U većini društava postoje bolnice i druge zdravstvene službe (medicinski djelatnici), sudovi i policija (suci i policajci), ustanove socijalne skrbi (socijalni radnici) te crkve i druge vjerske ustanove (svećenstvo), od kojih svatko rješava dio problema vezanih uz alkohol ili psihoaktivne tvari (23). Svaka od tih struka, odnosno institucija različito gleda na zlouporabu alkohola. Medicinska struka smatra da je zlouporaba alkohola bolest.

U objašnjenju problema povezanih s alkoholom postoje različite teorije: neurobiološke, socio-kulturološke i psihološke. Iako je medicinski model prihvaćen u problemima vezanim uz alkohol, još uvijek postoji nedovoljno prihvaćanje ovog koncepta na razini zdravstvene struke, kao i šire kulturne zajednice. Stoga smo u postojećoj literaturi pretražili relevantne podatke o empatiji i razumijevanju pojma alkoholne bolesti s naglaskom na psihodinamsko objašnjenje. Interakcija između pacijenta s ovisnošću i zdravstvenih djelatnika od velike je važnosti u svakodnevnoj kliničkoj praksi.

Prvi cilj ovog članka je narativni pregled empatije prema osobama s PUA iz psihodinamske perspektive koristeći se literaturom objavljenom u posljednjih 60 godina. Željeli smo saznati postoje li dokazi koji upućuju na postojanje ovog područja u literaturi. Istraživačka pitanja o empatiji prema pacijentima s PUA su: koji su dokazi o empatiji prema pacijentima s PUA i koji su dokazi o razumijevanju neempatičnog stava prema pacijentima s PUA iz psihodinamske perspektive. Kako bismo bolje razumjeli ova pitanja, pretražili smo noviju literaturu ve-

arising from this pattern are ignored. The concept focuses on the pattern of use rather than on the inability to control or refrain from use despite adverse consequences (22).

There is significant uniformity in the social handling of problematic situations and individuals in the modern societies, including problems with alcohol and psychoactive substances. In most societies, there are hospitals and other health services (medical professionals), courts and police (judges and police officers), social welfare institutions (social workers), churches and other religious institutions (clergy), and each of them solves part of the problems relating to alcohol or psychoactive substances (23). Each of these professions or institutions views alcohol abuse differently. The medical profession considers alcohol abuse to be a disease.

Different theories exist when it comes to explaining alcohol-related problems: neurobiological, socio-cultural and psychological. Although the medical model is accepted in relation to alcohol-related problems, there is still insufficient acceptance of this concept at the health profession level, as well as at the wider cultural community level. We have, therefore, searched the existing literature for relevant data regarding empathy towards and understanding of the concept of alcoholic disease, with an emphasis on psychodynamic explanation. The interaction between a patient with addiction and healthcare professionals is of great importance in everyday clinical practice.

The first aim of this article was to provide a narrative review of empathy towards individuals with AUD from a psychodynamic perspective, by using the literature published in the last 60 years. We wanted to find out whether there was any evidence that pointed to the existence of this field in literature. The research questions about empathy towards AUD patients were the following: what evidence exists with regard to empathy towards AUD patients and what evidence exists with regard to the understanding of non-empathic attitudes towards AUD patients from a psychodynamic perspective. In order to better understand these questions, we searched the more recent literature

zanu uz psihodinamsko razumijevanje ovisnosti o alkoholu. Stoga je drugi cilj bio istražiti koji su dokazi o aspektima funkcije ega, *self*-regulacije i srama kod pacijenata s PUA. Treći cilj je utvrditi koji su dokazi o posljedicama nekoherentnog razvoja *selfa*, i konačno, što je važno u liječenju pacijenata s PUA.

## METODOLOGIJA

Da bismo odgovorili na prvi cilj narativnog pregleda usredotočili smo se na pretraživanje baza podataka (*Web of Science*, *PubMed* i *Google Scholar*) u području ovisnosti, posebno obrađujući pažnju na psihodinamsko proučavanje empatije prema osobama s PUA koristeći sljedeće ključne riječi prema naslovu medicinskih područja (engl. *Medical Subject Headings* (MeSH)): "poremećaj uporabe alkohola", "alkoholizam", "ovisnost o alkoholu", "empatija" i "psihodinamsko razumijevanje". Pretraživanje je provedeno u tri koraka. Prvo, relevantan članak odabran je evaluacijom naslova. U drugom koraku pročitani su sažetci relevantnih članaka. Treći korak uključivao je u cijelosti čitanje članaka odabranih u prethodnim koracima. Dodatno smo uključili članke koji se odnose na aspekte funkcije ega, *self*-regulacije, srama i nekoherentnog razvoja *selfa* kod pacijenata s PUA kako bismo odgovorili na ostala istraživačka pitanja iz psihodinamske perspektive.

Nakon isključenja članaka prema kriterijima uključivanja i isključivanja, četiri recenzenta postigla su suglasnost o uključivanju 53 istraživanja u ovaj pregledni rad. Uključena su samo istraživanja koja su svi autori nedvosmisleno smatrali prikladnima za pregled.

## IDENTIFIKACIJA ČLANAKA

Kriteriji uključivanja bili su sljedeći: članci objavljeni od 1. siječnja 1980. do 2. travnja 2024.; evaluacija empatije kod pacijenata s PUA

relating to the psychodynamic understanding of alcohol addiction. The second aim, therefore, was to investigate what evidence exists when it comes to the aspects of ego function, self-regulation and shame in patients with AUD. The third aim was to determine what evidence exists when it comes to the consequences of incoherent development of the self, and finally, what is important in the treatment of patients with AUD.

## METHODOLOGY

In order to provide an answer for the first aim of the narrative review, we focused on searching the database literature (*Web of Science*, *PubMed* and *Google Scholar*) in the field of addiction, paying special attention to the psychodynamic study of empathy towards patients with AUD using the following Medical Subject Headings (MeSH) terms as keywords: "alcohol use disorder", "alcoholism", "alcohol addiction", "empathy" and "psychodynamic understanding". The search was performed in three steps. First, a relevant article was selected by evaluating the titles. In the second step, abstracts of relevant articles were read. The third step involved reading the complete text of the articles selected in the previous steps. We additionally included articles referring to the aspects of ego function, self-regulation, shame and incoherent development of the self in AUD patients in order to answer the remaining research questions from a psychodynamic perspective.

The four reviewers reached a consensus on including a total of 53 studies in this review article after having excluded articles according to the inclusion and exclusion criteria. Only those studies that all reviewers unequivocally considered suitable for the review were included.

## ARTICLE IDENTIFICATION

The inclusion criteria were the following: articles published from January 1, 1980 until April 2, 2024; evaluation of empathy in AUD patients and

i psihodinamsko razumijevanje PUA, originalni članci s presječnim dizajnom i istraživanja objavljena na engleskom jeziku. Primijenjeni su sljedeći kriteriji isključivanja: članci na jezicima koji nisu engleski, članci s prikazima slučajeva, pregledi i meta-analize, kvalitativna istraživanja, pisma urednicima, sažetci kongresa, kratki izvještaji, stručna mišljenja i sl.

## REZULTATI I RASPRAVA

### Empatija prema pacijentima s PUA: pregled literature

Istraživanja u području psihoterapije i savjetovanja pokazala su pozitivnu povezanost između empatije terapeuta, topline i iskrenosti s poboljšanim ishodom liječenja (24-26). Karakteristike terapeuta koje su se pokazale povezanim s ishodom liječenja ovisnosti o psihoaktivnim tvarima su razvijanje snažnog terapijskog saveza, empatija, iskrenost i poštovanje (27-29). Istraživanja su pokazala da su karakteristike terapeuta koje ocjenjuje pacijent pouzdaniji prediktori ishoda nego kad ih ocjenjuje terapeut (30,31). Utvrđeno je da je ishod liječenja PUA tri mjeseca od završetka liječenja značajno povezan sa stupnjem percepcije stručnosti terapeuta i empatijom (13). Jedno istraživanje je pokazalo da je stav osoblja prema muškim pacijentima oboljelim od PUA bio više konfrontirajući i kritičniji u usporedbi s empatičnijim i podržavajućim stavom prema pacijenticama koje su oboljele od PUA, što je povezano sa stereotipima koje terapeuti imaju o interpersonalnom ponašanju muških i ženskih pacijenata s PUA (32). Među 589 slučajno odabranih stručnjaka, oni koji su prihvatili koncept PUA kao bolesti vjerovali su u pozitivnu prognozu i imali pozitivne stavove prema pacijentima s PUA, dok su ih oni s negativnim stavovima prema pacijentima s PUA stigmatizirali i smatrali da su osobe ovisne o alkoholu same odgovorne za svoje probleme (33). Važnost empatije terapeuta pokazana je istra-

psychodynamic understanding of AUD, original articles with cross-sectional design and studies published in the English language. The following exclusion criteria were applied: articles in languages other than English, case report articles, reviews and meta-analyses, qualitative studies, letters to the editor, congress abstracts, brief reports, expert opinions, etc.

## RESULTS AND DISCUSSION

### Empathy towards patients with AUD: a literature review

Studies in the field of psychotherapy and counseling have shown a positive correlation between a therapist's empathy, warmth and honesty, and an improved treatment outcome (24-26). The characteristics of therapists that were found to be associated with psychoactive substance abuse treatment outcomes include developing a strong therapeutic alliance, empathy, honesty and respect (27-29). Studies have shown that therapist characteristics rated by a patient are more reliable predictors of outcomes than those provided by therapists (30, 31). It was observed that the outcome of AUD treatment three months after treatment completion was significantly associated with the degree of perceived therapist expertise and empathy (13). One study found that the attitude of staff members towards male AUD patients was more confronting and critical as opposed to a more empathic and supportive attitude towards female AUD patients, which is connected with the stereotypes held by therapists when it comes to the interpersonal behavior of male and female AUD patients (32). Among the 589 randomly chosen professionals, those who accepted the concept of AUD as a disease believed in a positive prognosis and had positive attitudes toward AUD patients, while those with negative attitudes toward AUD patients stigmatized them and considered that alcohol dependent individuals are responsible for their own issues (33). The importance of therapist empathy was observed in studies investigating the

živanjem odnosa između empatije terapeuta i ishoda liječenja PUA. To je bilo veliko, multicentrično, randomizirano kontrolirano istraživanje koje je pokazalo da razvoj vještina i empatija terapeuta neovisno doprinose ukupnoj koristi dobivenoj iz kombinirane bihevioralne intervencije (14). Poznavanje stavova stručnjaka osnova je za razvoj vještina u tretmanu PUA (34). Bolji ishodi liječenja za pacijente s PUA povezani su s empatijom i pozitivnim stavovima terapeuta prema njima (35,36). Istraživanja ukazuju na povezanost između stavova i empatije, gdje promjena stava dolazi iz znanja i iskustva (37,38). Zato se empatija kao vještina snažno ističe i poučava u različitim programima liječenja PUA, uključujući programe za studente medicine i sestrištva (39-41). Osim toga, danas se koriste različite tehnologije za poboljšanje empatije prema stigmatiziranim skupinama, poput pacijenata s PUA, kao što su inženjerska rješenja iz obrade govora i jezika (42), video modeliranje (43) i virtualna stvarnost (44). Simulacija s pojedincem koji je obolio od PUA poboljšava elemente empatije poput empatične brige i usklađenog afekta (45). Nadalje, medicinske sestre koje rade u području mentalnog zdravlja pokazale su povećanu empatiju prema konzumentima s dvostrukom dijagnozom, a razina empatije varira ovisno o dobi, kliničkom okruženju, radnom sektoru i radnom iskustvu medicinske sestre (46). Stručnjaci s većom empatijom češće su provodili sustavno testiranje na rizičnu konzumaciju alkohola (47).

## Razumijevanje ovisnosti o alkoholu iz psihodinamske perspektive

Psihodinamska psihoterapija dugo se koristi za razumijevanje konzumacije alkohola za modifikaciju i regulaciju raspoloženja ljudi. Za razumijevanje ovisnosti o alkoholu i drugih ovisnosti iz suvremene psihodinamske perspektive fokus je na *ego/self*-psihologiji, teoriji objektnih odnosa i teoriji privrženosti (48).

connection between therapist empathy and AUD treatment outcomes. This was a large, multicenter, randomized controlled trial which showed that skill building and therapist empathy independently contribute to the overall benefit derived from the combined behavioral intervention (14). Knowing professionals' attitudes is the basis for the development of skills when it comes to AUD treatment (34). Better treatment outcomes for AUD patients are associated with empathy and positive therapist attitudes towards them (35, 36). Conducted studies point to a link between attitudes and empathy, whereby attitude change stems from knowledge and experience (37, 38). Empathy as a skill is, therefore, strongly emphasized and taught in various AUD treatment programs, including programs intended for medical and nursing students (39-41). Moreover, various technologies are used nowadays in order to improve empathy towards stigmatized groups such as AUD patients, including engineering solutions in terms of speech and language processing (42), video modeling (43) and virtual reality (44). Simulation practice with an individual suffering from AUD improves elements of empathy such as empathic concern and shared affect (45). Furthermore, nurses working in the field of mental health showed increased empathy towards consumers with dual diagnosis, and empathy levels varied based on the nurses' age, clinical setting, work sector and work experience (46). Professionals with greater empathy conducted systematic screening for risky alcohol consumption more frequently (47).

## Understanding alcohol addiction from a psychodynamic perspective

Psychodynamic psychotherapy has long been used to understand the consumption of alcohol for the purpose of modifying and regulating people's moods. In order to understand alcohol addiction and other addictions from a modern-day psychodynamic perspective, focus has been placed on *ego/self*-psychology, object relations theory and attachment theory (48).



### a) Aspekti funkcije ega kod pacijenata s PUA

Postoji mnogo dokaza o slabom egu kod osoba ovisnih o alkoholu, što se manifestira slabom kontrolom emocija, kontrolom impulsa, impulzivnosti, niskom tolerancijom na frustraciju, poteškoćama u uspostavljanju prikladnih odnosa, problemima sa seksualnim identitetom i negativnom slikom o sebi (49-51). Kako bi se osoba s alkoholnom ovisnošću uspješno liječila važno je poboljšati njihovu snagu ega (52,53). Snaga ega definirana je kao sposobnost da osoba ima pozitivan stav prema sebi i svojim sposobnostima, samopoštovanje, emocionalnu fleksibilnost, sposobnost uspostavljanja zrelih odnosa i socijalnih interakcija (54,55). Niža snaga ega kod osoba ovisnih o alkoholu značajan je pokazatelj njihove loše suradnje u liječenju (55,56), a njihov negativni identitet ega smanjuje i uništava stav prema vlastitim sposobnostima (57).

### b) Ovisnost kao poremećaj samoregulacije (engl. *self-regulation*)

Rane psihodinamske formulacije pokazuju da su ovisnički poremećaji, uključujući PUA, utemeljeni na traženju zadovoljstva ili samouništenju. Isto pokazuju i neuroznanstveni nalazi u objašnjenju uzroka ovisničkog ponašanja. Amigdala je mala struktura slična bademu smještena duboko u anteroinferiornom području temporalnog režnja mozga. To je zapravo heterogeno područje mozga sastavljeno od trinaest jezgri i kortikalnih područja i njihovih podjedinica (58), povezano s frontalnim korteksom, hipokampusom, septalnim jezgrama i medijalnom dorzolateralnom jezgrom talamusa. Brojna istraživanja povezuju amigdalnu s obradom motivacijskog značenja podražaja i posredovanjem te kontrolom osnovnih emocija poput ljubavi, straha, ljutnje, anksioznosti i općenito negativnih afektivnih stanja (59-62). Amigdala je djelomično kontrolirana dopaminskim sustavom (63), koji je bitan dio moždanog sustava nagrade i generira osjećaj zadovoljstva

### a) Aspects of ego function in patients with AUD

There is a lot of evidence about the weak ego of individuals addicted to alcohol, which is manifested in a weak control of emotions, impulse control, impulsivity, low frustration tolerance, difficulties in establishing appropriate relationships, problems with sexual identity, and a negative self-image (49-51). In order to successfully treat an individual suffering from alcohol addiction, it is important to improve their ego strength (52, 53). Ego strength is defined as the ability of an individual to have a positive attitude towards themselves and their own abilities, self-esteem, emotional flexibility, the ability to establish mature relationships and social interactions (54, 55). Lower ego strength in people addicted to alcohol is a significant indicator of their poor cooperation during treatment (55, 56), and their negative ego identity reduces and destroys their attitude toward own abilities (57).

### b) Addiction as a self-regulation disorder

Early psychodynamic formulations suggested that addictive disorders, including AUD, are rooted in pleasure-seeking or self-destruction. The same was suggested in the neuroscientific findings when explaining the causes of addictive behavior. The amygdala is a small almond-like structure located deep in the anteroinferior region of the temporal lobe. It is, in fact, a heterogeneous area of the brain consisting of thirteen nuclei and cortical regions and their subunits (58), which is connected to the prefrontal cortex, hippocampus, septal nuclei, and the medial dorsal nucleus of the thalamus. Numerous studies link the amygdala with the processing of the motivational meaning of stimuli and with the mediation and control of basic emotions such as love, fear, anger, anxiety, and generally negative affective states (59-62). The amygdala is partially controlled by the dopaminergic system (63), which is an essential part of the brain's reward system, and generates a sense of pleasure in response to alcohol (64). According to current knowledge, all addictive substances activate dopaminergic neurons whose bodies are located in the ventral teg-

kao odgovor na alkohol (64). Prema trenutnim saznanjima sve ovisničke tvari aktiviraju dopaminske neurone čija su tijela smještena u ventralnom tegmentalnom području mozga (65). Projekcije dopaminergičkih neurona putuju do jezgre akumbensa, prefrontalnog korteksa i amigdala (66). Mezolimbčki put, odnosno dopaminergički put od ventralno tegmentalnog područja do jezgre akumbensa, utvrđen je kao središnji dio mozga koji upozorava pojedinca na mogućnost nagrade kao odgovor na njegovu akciju (mehanizam pojačanja) (67). Ovo otkriće predstavilo je mehanizam kojim etanol može potaknuti aktivnost u mezolimbčko-dopaminergičkom sustavu koji predviđa nagradu.

Može se reći da razumijevanje ovisnosti iz neuroznanstvene i suvremene psihodinamske perspektive nije proturječno. Iako neuroznanstvenici govore o traženju zadovoljstva uzimanjem sredstva ovisnosti, a suvremeni psihodinamski pristup o patnji koja leži iza ovisnosti (48), može se reći da je to traženje zadovoljstva zapravo obrana od duboke patnje.

U razdoblju 1960-ih i 1970-ih suvremeni psihodinamski pristupi opisivali su ovisnost kao perspektivu strukture ega, *selfa*, emocija i objektnih odnosa, ističući kako su razvojni poremećaji u doživljavanju i obradi emocija, posebno srama, osjećaja *selfa* i samopoštovanja, ključni za međuljudske odnose i ponašanje koji su glavni čimbenici za razvoj i održavanje ovisnosti (48). Suvremena psihodinamska formulacija smatra da su ovisnički procesi ukorijenjeni u patnji, jer pacijent s PUA ne može regulirati svoje emocije, samopoštovanje, ponašanje, posebno brigu o sebi (68). Tijekom razvojnih faza (od djetinjstva do odrasle dobi), važni su utjecaji okoline na sposobnost samoregulacije oko roditeljstva, sigurnosti, traumatičnih iskustava i odnosa s vršnjacima (69,70). Ovo je važno imati na umu tijekom tretmana da bi tretmani bili učinkoviti jer kod pacijenata s PUA razvojni poremećaji u najranijim fazama odrastanja imaju velik utjecaj, a na njih ne postoje sjećanja ili simboličke reprezentacije.

mental area (VTA) of the brain (65). Projections of dopaminergic neurons travel to the nucleus accumbens (NAc), the prefrontal cortex (PFC), and the amygdala (66). The mesolimbic pathway, i.e. the dopaminergic pathway from the VTA to the NAc, has been determined as the central part of the brain system which alerts the individual of the possibility of reward in response to their action (reinforcement mechanism) (67). This discovery has introduced a mechanism by which ethanol could induce activity in the mesolimbic-dopaminergic system that predicts reward.

It could be said that understanding addiction from neuroscientific and modern psychodynamic perspectives is not contradictory. Although neuroscientists talk about seeking pleasure by taking an addictive substance and the modern psychodynamic approach refers to the suffering that lies behind addiction (48), it could be said that this pleasure-seeking is actually a defense against deep suffering.

In the 1960s-1970s period, the contemporary psychodynamic approaches described addiction through the perspective of the structure of the ego, the self, emotions, and object relations, emphasizing how developmental impairments in experiencing and processing emotions, especially shame, the sense of self and self-esteem, were essential to interpersonal relationships and behavior, which are crucial factors for the development and maintenance of addiction (48). The modern psychodynamic formulation describes the addictive processes as being rooted in suffering because an AUD patient cannot regulate their emotions, self-esteem, behavior, and especially self-care (68). During the developmental stages (from childhood to adulthood), environmental influences that affect the ability to self-regulate around parenting, security, traumatic experiences and relationships with peers are important (69, 70). It is important to keep this in mind during treatments in order to make the treatments effective, because in AUD patients, developmental impairments in the earliest stages of development have a great impact, but there are no memories or symbolic representations of them.

### c) Ovisnost kao sindrom temeljen na sramu

Ovisnički poremećaji su sindrom temeljen na sramu u kojem stvarni ili zamišljeni objekt potencijalno ima moć da ga se prisilno (kompulzivno) želi (71). Pregled objavljene literature pokazao je da osobe s PUA često imaju emocionalno nezreli karakter te da je njihova osobnost temeljena na sramu. Sram snažno utječe na razvoj njihovog identiteta i dovodi do duboko ukorijenjenih osjećaja nepovjerenja, krivnje, inferiornosti i izolacije (72). U literaturi koja se odnosi na ovisnost i PUA nedostaju radovi o sramu koji se specifično odnose na razvojne procese, iako je poznato da je ovisničko ponašanje temeljeno na sramu jer se većina istraživanja odnosi na kognitivne, bihevioralne i biološke pristupe (49). Sram je jedna od najjačih ljudskih emocija, što je rezultat negativne evaluacije cjelokupnog sebe ili nekog aspekta sebe. Pojavljuje se kada osoba ne može prihvatiti sebe ili neki dio sebe što uzrokuje intenzivan i preplavljujući osjećaj bespomoćnosti, bezvrijednosti, nevažnosti i želje za nestajanjem (73). Kao i krivnja, sram pripada moralnim emocijama koje su važne za razvoj društvenih i kulturnih normi te sprječavanje njihovog kršenja. Ovaj tip srama naziva se prilagodljivim (adaptivnim) sramom. On je u osnovi dobar, za razliku od patološkog srama (tzv. skriveni sram) koji je u pozadini psihopatoloških poremećaja i fenomena (agresivno ponašanje, suicidalnost, ovisničko ponašanje uključujući PUA, poremećaji prehrane, patološki narcizam, itd.) (74). Ovisnički proces je prisilan (kompulzivan), ponavljajući i iznimno otporan na promjene. U psihopatološkim poremećajima osoba zbog razvojnog deficita i oštećenog *selfa* (75) koristi vanjske objekte kao *self*-objekte kako bi se smirila. Budući da osobe sklone alkoholu nisu internalizirale kapacitet za samoumirivanje, one alkohol mogu smatrati *self*-objektom koji smanjuje anksioznost, „liječi“ razvojne poremećaje i smanjuje osjećaje srama i izolacije (76). Sram i krivnja ponovno se pojavljuju na-

### c) Addiction as a shame-based syndrome

Addictive disorders are a shame-based syndrome in which a real or imagined object potentially has the power to be compulsively desired (71). The review of published literature indicated that individuals with AUD often have emotionally immature characters and a shame-based personality. Shame has a strong influence on the development of their identity and leads to deeply rooted feelings of mistrust, guilt, inferiority, and isolation (72). In the literature that addresses addiction and AUD, there is a lack of publications on shame that specifically refer to developmental processes, even though addictive behavior is known to be based on shame because most studies refer to cognitive, behavioral and biological approaches (49). Shame is one of the strongest human emotions, resulting from a negative evaluation of the whole self or some aspect of the self. It emerges when an individual cannot accept themselves or a part of themselves, which causes an intense and overwhelming feeling of helplessness, worthlessness, insignificance and desire to disappear (73). Similar to guilt, shame is part of the moral emotions which are important for the development of social and cultural norms, and the prevention of their violation. This type of shame is called adaptive shame. It is basically good, as opposed to pathological shame (i.e. hidden shame) which underlies psychopathological disorders and phenomena (aggressive behavior, suicidality, addictive behaviors including AUD, eating disorders, pathological narcissism, etc.) (74). The addiction process is compulsive, repetitive and highly resistant to change. Due to a developmental deficit and a damaged self (75), in psychopathological disorders an individual uses external objects as self-objects in order to calm down. Since individuals prone to alcohol consumption have not internalized the capacity to self-soothe, they can consider alcohol as a self-object that reduces anxiety, “cures” developmental impairments, and reduces feelings of shame and isolation (76). Shame and guilt re-emerge after episodes of

kon epizoda pijenja, koje se prisilno (kompulzivno) ponavljaju i osoba više ne može funkcionirati bez alkohola, oslanjajući se na alkohol kao na samopomoć, stvarajući lažni osjećaj neovisnosti i autonomije (77). Hipoteza o samoliječenju tvrdi da je ovisnost rezultat razvojnih deficita u kojima je alkohol sredstvo samoregulacije (78) jer su skrbnici (roditelji) ovisnika bili neempatični, nekonzistentni i toksični u ranim fazama njihovog razvoja, uzrokujući njihovu *self*-oštećenost (79). Osoba ima dubok osjećaj nemoći jer ne može kontrolirati ovisnost, javlja se sekundarni sram te se osjeća poniženo jer je kontrolirana ovisnošću (71,80). Čini se da alkohol ubija sram jer je super-ego osobe ovisne o alkoholu topljiv u alkoholu i alkohol uklanja krivnju (80). Može se reći da im alkohol ("boca") zamjenjuje ljudski odnos. Važne ljudske potrebe postaju vezane uz sram zbog poremećaja u ljudskim odnosima tijekom razvoja koji uzrokuju preplavljenost negativnim afektom pa je funkcija ovisnosti bijeg od preplavljajućih negativnih afekata. Stoga se tvrdi da ovisnost ublažava sram, ali ga i ponovno reproducira, što aktivira krug i spiralu srama tijekom ponavljajućih obrazaca (81).

## Posljedice nekohenzivnog razvoja *selfa*

U ovisnosti, kao posljedica nekohenzivnog razvoja *selfa* (75), prisutno je sljedeće: a) poremećene emocije, b) poremećeni odnosi sa samim sobom i drugima, te c) poremećena briga o sebi (48).

### a) Poremećaj u doživljavanju emocija

Današnje psihodinamsko razumijevanje smatra da pacijenti s ovisnosti o alkoholu pate zbog svojih emocija. Osjećaju se prazno i nesposobno koristiti se vlastitim emocijama kako bi usmjerili svoje reakcije i ponašanje (51,69,82). Osoba sklona ovisnosti doživljava ekstremnu patnju jer su njezini osjećaji zaista intenzivni, neizdržljivi, preplavljajući i razarajući. Stoga se naglašavaju nedostatci u obrani od osjećaja i impulsa pa osoba, zbog nedostataka u psihološ-

drinking, which are compulsively repeated, and the individual can no longer function without alcohol, relying on alcohol as self-help and creating a false sense of independence and autonomy (77). The self-medication hypothesis considers addiction to be the result of developmental deficits in which alcohol is a means of self-regulation (78) because the addict's caregivers (parents) were unempathetic, inconsistent and toxic in the early stages of their development, thus causing their self-damage (79). The individual experiences a deep sense of powerlessness because they cannot control the addiction, secondary shame occurs and they feel humiliated because they are controlled by the addiction (71, 80). It seems that alcohol kills shame because the superego of an individual addicted to alcohol is soluble in alcohol and alcohol removes guilt (80). It could be said that alcohol ("the bottle") is a substitute for a human relationship. Vital human needs become tied up in shame due to disruptions in human relationships during development which cause an overflow of negative affects. The function of addiction is, therefore, to escape from the overwhelming negative affects. It is, thus, considered that addiction alleviates shame, but also reproduces it again, in this way activating the cycle and spiral of shame through repetitive patterns (81).

## The consequences of non-cohesive development of the self

The following is present as a consequence of non-cohesive development of the self when it comes to addiction (75): a) disordered emotions, b) disordered relations with self and others, and c) disordered self-care (48).

### a) Disordered emotions

According to the current psychodynamic understanding, AUD patients suffer due to their emotions. They feel empty and unable to use their own emotions to guide their reactions and behavior (51, 69, 82). An individual prone to addiction experiences extreme suffering because their feel-

koj strukturi i slabog ega, konzumira ovisničku tvar kako bi lakše prevladala neizdržive osjećaje, posebno ljutnju i agresiju (49,83-85). Drugim riječima, konzumiranje alkohola ili drugih psihoaktivnih tvari olakšava inače neizdržive osjećaje i afekte ili ih čini podnošljivijima i manje zbunjujućima.

### b) Poremećaj u odnosu sa *selfom* i drugima

Oslanjajući se na spoznaje iz *self* psihologije (76,86), nedavna istraživanja ističu unutarnja stanja samoneugodnosti (engl. *self-discomfort*) kod osoba s PUA. Unutarnja kohezija je nedovoljna, a postoje povremeni i/ili kronični osjećaji bespomoćnosti, fragmentacije, osiromašenosti, srama i niskog osjećaja vlastite vrijednosti. Kao posljedica toga osjećaji ljutnje, opijenosti ili bahatosti prikrivaju osnovni osjećaj praznine i nedostatnosti (49,72,87).

To je važno u liječenju ovisnosti, jer se na taj način prepoznaje problem nedostatka samopouzdanja i bolnog nedostatka samopoštovanja kako bi se izbjegao narcistički slom (74,75). Samo-liječenje alkoholom pomaže prisilno (kompulzivno) smanjiti emocionalnu bol uzrokovanu deficitima u samom sebi i identitetu (engl. *self and identity deficits*). Budući da osobe ovisne o alkoholu imaju poteškoće u podnošenju bolnih emocija i stresa, kao i poteškoće u interakcijama s drugim ljudima, alkohol pruža privremeno olakšanje bolnih intrapsihičkih i interpersonalnih poteškoća. Alkohol pomaže ljudima da se povežu s drugima zbog oštećenog osjećaja sebe (engl. *damaged sense of self*), niskog samopoštovanja (engl. *self-esteem*) i problematičnih međuljudskih odnosa (51).

### c) Poremećena briga o sebi

Kapacitet za brigu o sebi (engl. *self-care*) kod ovisnih osoba nedovoljno je razvijen ili manjkav, što se odnosi na funkcije brige o sebi (engl. *self-care*) koje osiguravaju sigurnost, dobrobit i mogućnost preživljavanja (68,87). Osobe sklo-

ings are very intense, unbearable, overwhelming and devastating. Therefore, deficiencies in their defense against feelings and urges are emphasized, and the individual, due to deficiencies in the psychological structure and their weak ego, consumes an addictive substance in order to overcome unbearable feelings, especially anger and aggression, more easily (49, 83-85). In other words, taking alcohol or other psychoactive substances relieves otherwise unbearable feelings and affects, or makes them more tolerable and less confusing.

### b) Disordered relations with self and others

Relying on the insights of self-psychology (76, 86), recent findings highlight the internal states of self-discomfort in individuals with AUD. Internal cohesion is insufficient and they experience occasional and/or chronic feelings of helplessness, fragmentation, impoverishment, shame, and a low sense of self-worth. As a consequence, feelings of anger, intoxication or arrogance mask the basic feeling of emptiness and inadequacy (49, 72, 87).

This is important in addiction treatment, because in this way the problem of lack of self-confidence and a painful lack of self-esteem are recognized in order to avoid a narcissistic breakdown (74, 75). Self-medication with alcohol helps to compulsively reduce the emotional pain caused by self and identity deficits. Since individuals addicted to alcohol have difficulties in tolerating painful emotions and stress, as well as difficulties in interactions with other people, alcohol creates a temporary relief from painful intrapsychic and interpersonal difficulties. Alcohol helps individuals connect with others because of a damaged sense of self, low self-esteem, and problematic interpersonal relationships (51).

### c) Disordered self-care

The self-care capacity in addicted individuals is underdeveloped or deficient, which refers to self-care functions that ensure safety, well-be-

nije ovisnosti imaju oštećenja vezana uz potencijalno opasne i stvarno opasne situacije te ne prepoznaju uzročno-posljedičnu vezu prije rizika. Anksioznost, strah i briga su kod njih manjkavi u vezi situacija koje im mogu naškoditi. Nedostaje im anticipativna krivnja i sram te im zbog toga nedostaju sposobnosti za brigu o sebi (engl. *self-care*).

## Razumijevanje nepostojanja empatije prema pacijentima s PUA iz psihodinamske perspektive

Pojam "poremećaj brige o sebi" (engl. "*disordered self-care*") ukazuje na važnost terapijskog saveza kao ključnog elementa u promicanju promjene i opisuje ključne elemente tog saveza kao ljubaznost, podršku, empatiju, poštovanje, strpljenje i upute. Ovisnički poremećaji ukorijenjeni su u patnji - ne u potrazi za zadovoljstvom ili samouništenjem, kako su to sugerirali raniji psihodinamski obrasci. Patnja je uglavnom posljedica nesposobnosti ovisne osobe da regulira svoje emocije, samopoštovanje (engl. *self-esteem*), odnose i ponašanje, posebno svoju brigu o sebi (engl. *self-care*). Suvremeno psihoanalitičko razumijevanje ovisničkih poremećaja povezano je s patnjom u suprotnosti s potragom za zadovoljstvom (posebno neuroznanstvenika), jer traženje olakšanja u alkoholu obično proizvodi više patnje nego olakšanja. S obzirom na teškoće s kojima se suočavaju ovisne osobe u regulaciji emocija, osjećaja sebe/samopoštovanja (engl. *self-esteem*), odnosa i brige o sebi (engl. *self-care*), suvremeni psihoterapeut mora biti interaktivniji (balansirajući razgovor i slušanje) i uključiti stavove ljubaznosti, podrške, empatije, poštovanja, strpljenja i uputa u cilju izgradnje i održavanja snažnog terapijskog saveza (48,49,72). Ovi elementi ključni su kako bi se prevladali i suočili s problemima nedostupnih ili intenzivnih emocija, srama, narušenog samopoštovanja (engl. *self-esteem*)/odnosa i loše brige o sebi (engl. *self-care*).

ing and the possibility of survival (68, 87). Individuals prone to addiction have impairments associated with potentially and actually dangerous situations and do not recognize the causal link before the risk. Their anxiety, fear and worry are deficient when it comes to situations that could harm them. They lack anticipatory guilt and shame, and therefore lack self-care abilities.

## Understanding the lack of empathy towards AUD patients from a psychodynamic perspective

The concept of "disordered self-care" indicates the importance of therapeutic alliance as a key element in promoting change, and describes the key elements of this alliance as kindness, support, empathy, respect, patience and instruction. Addictive disorders are rooted in suffering - not in seeking pleasure or self-destruction, as suggested by earlier psychodynamic formulations. The suffering is mainly a consequence of the addicted individual's inability to regulate their emotions, self-esteem, relationships, and behavior, especially their self-care. Contemporary psychoanalytic understanding of addictive disorders is linked with suffering as opposed to pleasure seeking (especially among neuroscientists), because looking for relief in alcohol usually produces more suffering than relief. Considering the difficulties which addicted individuals face in terms of regulating their emotions, sense of self/self-esteem, relationships and self-care, a contemporary psychotherapist needs to be more interactive (by balancing between talking and listening) and needs to incorporate attitudes of kindness, support, empathy, respect, patience and instruction for the purpose of building and maintaining a strong therapeutic alliance (48, 49, 72). These elements are essential in order to overcome and face the problems caused by inaccessible or intense emotions, shame, broken self-esteem/relationships, and poor self-care.

## Što je bitno u liječenju osoba ovisnih o alkoholu?

Iako postoje dokazi da je empatija povezana s pozitivnim ishodima PUA, moralni model ovisnosti i neriješena pitanja kontratransfera mogu otežati empatično razumijevanje stručnjaka za pacijente koji boluju od PUA (88). Moralni model razumijevanja ovisnosti pretpostavlja da ovisnost nastaje iz prirodnih karakterističnih nedostataka i moralnih slabosti (89,90). Ova je percepcija povezana s negativnim i kritičkim stavovima prema takvim pacijentima što rezultira nedostatkom empatije (91,92). Stručnjaci s takvim stavovima vjeruju da je osoba s ovisnošću o alkoholu isključivo odgovorna za svoje stanje. Nadalje, stručnjaci koji podržavaju model prema kojem je ovisnost o alkoholu bolest, a koji je Svjetska zdravstvena organizacija uvela 1952. godine (93,94), istovremeno mogu imati moralistička uvjerenja (17,95,96). Neriješeni kontratransferni problemi kod stručnjaka još su jedna značajna prepreka empatiji prema pacijentima s PUA. To se najvjerojatnije događa jer je gotovo svakoga pojedinca, direktno ili indirektno, na neki način dotaknuo život (97).

Tijekom liječenja osoba ovisnih o alkoholu važno je imati na umu dinamiku razvoja ovisnosti i ranjivost samih osoba, koja se temelji na sramu, slabom egu i poremećenom *selfu*, poremećenim emocijama, poremećenim odnosom sa sobom i drugima te poremećenom brigom o sebi (engl. *self-care*) (48,49,51,72,75). Suvremeni psihoterapijski tretmani koriste interaktivne, podržavajuće i empatične stavove i tehnike koje pomažu pacijentima i terapeutima da se usredotoče na ranjivosti i disfunkcije koje održavaju patnju i bol ovisnika. Stari psihoanalitički pristupi temeljeni na pasivnosti, terapijskom distanciranju i interpretativnim metodama mogli bi pojačati zbunjenost, sram i otuđenje, koji su inače ključni problemi u dinamici ovisnosti. U suvremenom psihoterapijskom pristupu pacijentu s ovisnošću naglasak

## What is important in the treatment of individuals addicted to alcohol?

Although evidence exists that empathy is associated with positive outcomes in the treatment of AUD, the moral model of addiction and unresolved countertransference issues may hinder the empathic understanding of professionals towards patients with AUD (88). The moral model of understanding addiction assumes that addiction arises from inherent character flaws and moral weaknesses (89, 90). This perception is associated with negative and critical attitudes towards such patients, resulting in a lack of empathy (91, 92). Professionals with these attitudes believe that an individual suffering from alcohol addiction is solely responsible for their own condition. Furthermore, professionals who support the model according to which alcohol addiction is a disease, which was introduced by the World Health Organization in 1952 (93, 94), may at the same time have moralistic beliefs (17, 95, 96). Unresolved countertransference issues in professionals represent another significant obstacle when it comes to empathy towards AUD patients. This most likely occurs because almost every individual has, either directly or indirectly, been in some way affected by life's difficulties (97).

During the treatment of individuals addicted to alcohol, it is important to take into account the dynamics of addiction development and the vulnerability of the individuals themselves, which is based on shame, weak ego and disturbed self with disturbed emotions, disturbed relation with self and others, and disturbed self-care (48, 49, 51, 72, 75). Contemporary psychotherapy treatments use interactive, supportive and empathic attitudes and techniques that help patients and therapists focus on the vulnerabilities and dysfunctions that perpetuate the addicts' suffering and pain. The old psychoanalytical methods based on passivity, therapeutic detachment and interpretive methods could intensify confusion, shame and alienation, which otherwise represent central problems in the dynamics of addiction. In

je na interaktivnosti, odnosno na uravnoteženom razgovoru i slušanju. Važni terapijski elementi su podrška, empatija, ljubaznost, poštovanje, strpljenje i poučavanje o izgradnji i održavanju snažnog terapijskog saveza. Mentalizacija je jedan od osnovnih aspekata psihoterapijskog rada, što je izuzetno važno za pacijente s ovisnošću (98). Važno je uporno se usredotočavati na pacijente kako bi se dosegli i verbalizirali njihovi osjećaji te kako bi se održavali. Uloga psihodinamskog razumijevanja vrlo je važna u kontekstu dobrog terapijskog saveza, a nedostatak mentalizacijske sposobnosti implicira poremećenu percepciju psihofarmakoterapije, socioterapije i drugih terapijskih pristupa (74). Empatični način funkcioniranja potiče prenošenje *self*-objekta, koje olakšavaju procese internalizacije koji mogu dovesti do smanjenja potrebe pacijenta s PUA za čvrstom negacijom bolesti (99). To je važno za promicanje javnog i globalnog mentalnog zdravlja, gdje su ključna tri međusobno povezana koncepta empatija, koherentnost i otpornost. Pokazano je da prakticiranje ljubavi, ljubaznosti i empatije prema sebi i drugima doprinosi izgradnji samopouzdanja (engl. *self-confidence*) i samokoherentnosti (engl. *self-coherence*), pomaže u stvaranju zdravih i zrelijih odnosa, povećava individualnu i zajedničku otpornost, promiče ljudska prava, fizičko i mentalno zdravlje.

## SNAGE I OGRANIČENJA

Ovaj narativni pregled literature sintetizira znanje o empatiji prema pacijentima s PUA, kao i psihodinamsko razumijevanje osoba ovisnih o alkoholu. Pruža se brz i detaljan pregled o aspektima funkcije ega, *self*-regulaciji, srama i *self*-razvoju kod pacijenata s PUA, neempatičnom stavu prema pacijentima s PUA u terapijskom odnosu. U ovom smo se pregledu usredotočili na psihodinamsko razumijevanje pacijenata s PUA i konstrukta empatije jer smo

the modern psychotherapeutic approach to patients with addiction, emphasis is placed on interactivity, i.e. on balanced conversation and listening. Important therapeutic elements include support, empathy, kindness, respect, patience and teaching about building and maintaining a strong therapeutic alliance. Mentalization is one of the fundamental aspects of psychotherapy work, which is extremely important for patients with addiction (98). It is important to persistently focus on patients in order to reach and verbalize their feelings, and to maintain them. The role of psychodynamic understanding is very important in the context of a good therapeutic alliance, and a lack of mentalizing capacity implies a disturbed perception of psychopharmacotherapy, sociotherapy and other therapeutic approaches (74). The empathic method of functioning promotes self-object transferences, which facilitate the internalization processes that may lead to a reduction of the AUD patient's need to rigidly maintain their denial of the illness (99). This is important for the purpose of promoting public and global mental health, where three key inter-related concepts include empathy, coherence and resilience. It has been shown that practicing love, kindness and empathy towards oneself and others contributes to building self-confidence and self-coherence, helps create healthy and more mature relationships, increases individual and community resilience, promotes human rights, as well as physical and mental health.

## STRENGTHS AND LIMITATIONS

This narrative literature review synthesizes the knowledge on empathy towards AUD patients, as well as the psychodynamic understanding of alcohol dependent individuals. It provides a quick and detailed overview of the aspects of ego function, self-regulation, shame and self-development in patients with AUD, the non-empathic attitude towards patients with AUD in the therapeutic relationship. In this review, we focused on the psychodynamic understanding of patients with AUD and



željeli ukazati na važnost interakcije između pacijenata s ovisnostima i njihovih pružatelja zdravstvenih usluga što je svakodnevni izazov za one koji liječe takve pacijente. Zbog obilja teorijskih i empirijskih spoznaja o pacijentima s PUA i poremećajima ovisnosti, nismo mogli detaljnije uključiti kulturološke i neurobiološke čimbenike u etiologiju i liječenje ovisnosti. Svjesni smo uobičajenih ograničenja narativnog naspram sustavnog pregleda literature kao potencijalno pristranog izvora i odabira literature, kvalitativne analize umjesto kvantitativne sinteze, a time i manje zaključaka utemeljenih na dokazima.

## ZAKLJUČCI

Uz kulturološko i neurobiološko razumijevanje i pristupe liječenju PUA, iz kliničke perspektive važno je razumjeti psihodinamske sile koje su u osnovi ovisničkog ponašanja, kao i osjećajna stanja pacijenata s ovisnostima, jer je to ključno za razvoj terapijskog odnosa koji može pružiti kontekst za uspješno liječenje (68). Postojeći podatci u odnosu na empatiju prema pacijentima s PUA i drugim ovisničkim ponašanjima pokazali su da je psihodinamska perspektiva jedna od najmoćnijih paradigmi za usmjeravanje kliničara u liječenju ranjivosti koje dovode i održavaju ovisničko ponašanje. Empatija, ljubaznost, podrška, strpljenje, klima uzajamnog poštovanja i poučavanja nužni su i sukladni psihodinamskom pristupu u liječenju pacijenata koji boluju od bolesti ovisnosti (68) jer takav pristup ublažava patnju i bol povezanu s ovisnošću. Povećanje znanja i svijesti da je PUA temeljen na patnji, a ne na zadovoljstvu, moglo bi povećati empatiju stručnjaka i okoline u podršci liječenju ovih pojedinaca. Suvremeni psihodinamski pogled pruža razumijevanje, empatiju, nadu i nudi učinkovitije načine za prevladavanje samo-uništavajućih (engl. *self-defeating*) tragičnih uzroka i posljedica ovisnosti. U svakodnevnoj

the construct of empathy, because we wanted to highlight the importance of interaction between patients with addictions and their health care providers, which is a daily challenge for those who treat such patients. Due to the abundance of theoretical and empirical knowledge on patients with AUD and addition disorders, we could not include in more detail the cultural and neurobiological factors into the etiology and treatment of addiction. We are aware of the usual limitations of the narrative versus systematic literature review as a potentially biased source and literature selection, qualitative analysis instead of quantitative synthesis, and thus fewer evidence-based conclusions.

## CONCLUSIONS

In addition to the cultural and neurobiological understanding and approaches to the treatment of AUD, from a clinical perspective it is important to understand the psychodynamic forces that underlie addictive behavior, as well as the emotional states of patients with addictions, because this is crucial for developing a therapeutic relationship that can provide a context for successful treatment (68). The existing data relating to empathy for patients with AUD and other addictive behaviors have shown that the psychodynamic perspective is one of the most powerful paradigms for guiding clinicians in the treatment of vulnerabilities that lead to and maintain addictive behaviors. Empathy, kindness, support, patience, a climate of mutual respect and teaching, are all necessary and consistent with the psychodynamic approach in the treatment of patients suffering from addiction (68), because such an approach alleviates the suffering and pain associated with addiction. Increasing the level of knowledge and awareness that AUD is based on suffering, and not pleasure, could help increase the empathy of professionals and of the environment when it comes to supporting the treatment of these individuals. The contemporary psychodynamic perspective provides understanding, empathy, hope, and offers more effective methods to overcome the self-defeating tragic causes and consequences of addic-

kliničkoj praksi kombinacija bihevioralnih, psihosocijalnih, farmakoterapijskih i psihoterapijskih pristupa pokazala se najučinkovitijom. U budućnosti će od velike važnosti biti istraživanja o ishodima kombiniranih tretmana (psihoterapijskih, farmakoterapijskih i socioterapijskih).

tion. In daily clinical practice, a combination of behavioral, psychosocial, pharmacotherapeutic and psychotherapeutic approaches has proved to be the most effective. In the future, studies addressing the outcomes of combined treatments (psychotherapeutic, pharmacotherapeutic and sociotherapeutic) will be of great importance.

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