



# PSIHIČKA TRAUMA

TRAG KOJI  
SLIJEDI  
GENERACIJE

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2. HRVATSKI KONGRES O PSIHOTRAUMI S MEĐUNARODNIM SUDJELOVANJEM

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## TRAUMA AND GRATITUDE

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In the presentation, aspects of transference and contra-transference in trauma therapy will be discussed, with the focus on phenomena of envy and gratitude from the Kleinian perspective. Special attention will be paid to gratitude – as a factor interacting with transference, as an indicator of severity of trauma-related conditions, and as an indicator of a turning point and positive dynamics in the course of therapy. Several accounts of clinical work with traumatized individuals and groups will be given to illustrate the process of the emergence of gratitude in the course of therapy and its role as a predictor of therapy outcomes.

## EPIGENETICS OF PSYCHOTRAUMA AND TRANSGENERATIONAL EFFECTS

### **Rozanov, Vsevelod A.<sup>1</sup>**

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The possibility of transgenerational transmission of psychological trauma has been discussed initially in the context of holocaust survivors and their children and grandchildren psychological state. The general idea of such intergenerational vulnerability is that due to the extreme severity and prolonged character of the traumatic situation some mental health consequences may be seen not only in victims, but also in their descendants. Several studies have been published pointing on many signs on behavioral difficulties and mental health problems (including PTSD) among next generation of victims of genocides, colonization, deportations, famine and severe conflicts in different parts of the world with sometimes mixed and inconclusive results. In most cases explanations were psychological-behavioral and psychodynamic. But gradually with the deeper understanding of the biological effects of severe stress, the role of hypothalamic-pituitary-adrenal axis, genes-environment interactions and its' implications to PTSD neurobiology, there is a shift towards the role of biological mechanisms of the transmission of some signs of trauma through generations. These mechanisms are understood recently within the concept of epigenetics, which was introduced by K.Waddington in the first half of the last century and that recently experiences renaissance. Epigenetics has many definitions, the most popular one explaining it as the "study of changes of genes functions that are mitotically and/or meiotically heritable and do not entail a change of DNA sequence". Main molecular mechanisms of epigenetic inheritance are DNA methylation, histones modifications and non-coding micro-RNA accumulation. The interest towards epigenetics and its' role in behavior programming was greatly enhanced after animal studies that have proved that manipulation with maternal attachment and mother-offspring interactions in rodents may have inter- and transgenerational consequences, which manifest themselves in stress-reactivity features. These functional changes were supported by

findings of changing pattern of genes transcription following behavioral interactions, which were associated mostly with DNA methylation. Findings in humans are largely in consistence with animal studies and follow the same logical scheme, for instance, maternal deprivation, stress or depression during pregnancy, mother malnutrition or trauma results in enhanced stress-vulnerability of the offspring, which become sometimes apparent as seemingly unrelated and varying mental health consequences later in life, for instance in adolescence and even later, at older age. The most vulnerable period for establishing epigenetic marks is early childhood, though later-in-life stresses may have an impact. Analysis of the nature of stress that induces epigenetic programming shows that it stems from the most general fears and threats to the growing organisms – fear of hunger (nutrition), fear of losing relatives (bonding) and fear of death (life and integrity). From the biological point of view the meaning of early parental epigenetic programming is preparing the organism for future life in a stressful environment until the period of reproduction. In humans it means a variety of psychological and behavioral peculiarities that are perceived as signatures of mental or behavioral disorders that impair adaptability in the modern society. Stress-induced epigenetic programming of mental health is influenced by father and mother effects differentially, and these effects are linked to different molecular mechanisms. Moreover, emerging mental health disturbances are the function of time and other environmental stimuli, both beneficial and deteriorating (which largely depends on behavioral adjustment of the offspring, socialization, psychology and coping). All this makes a rather complicated but logical scheme that may not only explain psychological trauma transmission in 3-4 subsequent generations, but in more general terms – growing problems of mental health and suicides in the younger generations in the modern world. A logical scheme will be introduced.

## KOMPLEKS PTSP – NOVA/STARA DIJAGNOZA

### **Francišković, Tanja**

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Psihotraumatologija koja se razvija zadnjih pedesetak godina kao specifično područje psihijatrije vrlo je živa upravo u području dijagnostike. Dijagnostičke su se kategorije mijenjale, strukturirale nove koje su bolje ili lošije odražavale kliničko iskustvo u radu sa pacijentima sa posttraumatskim reakcijama nakon čega su tijekom rada sa pacijentima nalazile svoje opravdanje ili su postale točke prijepora. Jedna takva dijagnostička kategorija je i Komplex PTSP koja je uvrštena u MKB-11 s ciljem da popuni dijagnostičku prazninu dugotrajnih posljedica psihotraumatizacije. No o formulaciji ove kategorije zapravo se govori zadnjih tridesetak godina tijekom kojih je postojalo niz pokušaja definiranja specifične kliničke slike koja se razvija nakon višegodišnje posttraumatske psihičke simptomatike. U prezentaciji biti će prikazane značajke dijagnoze Komplex PTSP- sa svim pozitivnim i potencijalno negativnim ishodima koje uvrštenje ove nove dijagnostičke kategorije ima.

## POVEZANOST PSIHOLOŠKE TRAUME I PSIHOTIČNIH POREMEĆAJA

### **Britvić, Dolores**

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U suvremenom konceptu nastanka psihotičnih poremećaja naglašava se važnost bio, psiho, socijalnih čimbenika. Suvremena otkrića ljudskog genoma i brojna genetska istraživanja nisu dala jasan odgovor u razrješenju etiologije psihotičnih poremećaja, dapače istaknula su važnost utjecaja okolinskih čimbenika djelujući na ekspresiju gena. Time su ponovno ukazale na važnost stresnih i traumatskih čimbenika od ranog razvoja do odrasle dobi. Također sve više se ukazuje na sindrom psihotičnog poremećaja koji u sebi može sadržavati vrlo složenu i različitu simptomatologiju, nerijetko povezanu sa sadržajem traumatskih događaja. Najočitiiji primjer su psihotična stanja veterana s PTSP-om, kod kojih je upravo sadržaj sumanutosti u uskoj vezi s traumatskim događajima. Pored traumatskih događaja učestala izloženost stresnim događajima tijekom intrauterinog razvoja može utjecati na kasniji povećan rizik za pojavu psihotičnih stanja. Nalazi recentnih istraživanja su nekonzistentni, od istraživanja koja ukazuju da je gotovo polovina osoba s psihotičnim poremećajem bila izložena ranim psihotraumatizacijama, do onih da zanemarivanje igra važniju ulogu od zlostavljanja kod bolesnika sa shizofrenijom. Studije također ukazuju da je izloženost traumatskim događajima povezana s slabijim ishodom liječenja psihotičnih poremećaja. Mogući razlog tome su česte značajke poremećaja osobnosti koje otežavaju suradljivost i stvaranje terapijskog saveza. Također će se obraditi prisutnost psihotičnih simptoma kod osoba s PTSP-om koje mogu biti prisutne različitim intenzitetom. Tako studije ukazuju da psihotični simptomi pozitivno koreliraju s jačinom intenziteta simptoma PTSP-a, općom psihopatologijom i disocijacijom. Upravo konceptom disocijacije se pokušava rasvijetliti mogući mehanizam kojim traumatska iskustva doprinose nastanku psihotičnog poremećaja.

## TELEPSYCHIATRY IN PSYCHOTRAUMA ASSESSMENT AND/OR TREATMENT

### **Mucic, Davor**

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Understanding the conceptual world of traumatized psychiatric patients i.e. refugees and migrants, can be difficult. Another ethnic background of the patients makes it even harder. Access to relevant care as well as its availability are often limited due to: a) lack of respective qualified resources b) linguistically, cultural and even racial barriers in addressing of mental health care needs of cross-cultural patient population. By use of various e-Mental Health applications, primarily videoconference i.e. "telepsychiatry", we may improve assessment and/or treatment of refugees and asylum seekers on distance e.g. Arabic speaking psychiatrist located in Sweden would be able to assess and/or treat refugees from Syria located in Croatia. Specialized centres for treatment of refugees would be able to get second-opinion service from remote experts and use it in order to confirm or re-consider diagnosis as well as the treatment options. Above mentioned remote approach is called cross-cultural telepsychiatry. The first such service has been established in 2004 on Island Bornholm (DK) and is still functioning. Further, the first international cross-cultural telepsychiatry service ever, established in 2006 in Denmark, will be presented as well.



**PLENARNI PREDAVAČI**  
**Kratke biografije**

PLENARY SPEAKERS  
Short biographies

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**PLENARY SPEAKERS**  
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**Jana (Darejan) Javakhishvili**, PhD in Psychology, is a Director of the Institute of Addiction Studies at the Ilia State University, Tbilisi, Georgia. She is a professor at the same university and co-founder of the Addiction Studies MA Program as well as the Mental Health MA program (with the focus on teaching Psychotraumatology). She also works for the non-governmental foundation Global Initiative on Psychiatry-Tbilisi (GIP-T). GIP-T is a member of GIP Federation, which facilitates mental health reforms in the South Caucasus, Central Asia, Ukraine, other former Soviet countries and currently also in Sri Lanka. Since 1995 Jana has been working with individuals, families, groups and communities, which are traumatized as a result of military conflicts and displacement, natural disasters and terrorist attacks. They include Georgian internally displaced persons, refugees from Chechnya and other neighboring regions, Beslan tragedy survivors, war-affected populations in Ukraine, etc. Since 2002 she has been engaged in the field of conflict transformation as a facilitator for peace building processes in Georgia and the South Caucasus. Jana's research interests concern mental health problems (including addictions) of war-affected populations. In addition, for the last several years she studied the impact of the Soviet repression on the mental health and well-being of the family members of the repressed. Currently she is writing a book reporting the findings of this research. She is a current president of the Georgian Society of Psychotrauma. Since 2005 she is a contact person for the Dart Centre for Journalism and Trauma in the South Caucasus, and since January 2019 – a president of the European Society for Traumatic Stress Studies (ESTSS).

**Prof. Vsevolod Rozanov**, MD, PhD is currently professor of suicidology at the chair of health psychology and deviant behavior of the Saint-Petersburg State University (Russian Federation).

Prof. Rozanov is a specialist in suicide research and mental health promotion, a leader of several international projects dedicated to mental health of young and elderly, author of more than 300 published articles, chapters and books. He is also a founder of the Human Ecological Health NGO and popular lecturer and educator.

He spent most of his life in Odessa, Ukraine, where he was involved in many scientific and implementation projects. In 2000-2007 he has been involved as a Ukrainian Director in the Swedish-Ukrainian project on suicide attempts genetics (GISS). The results of the project have contributed to better understanding of genetic basis of stress vulnerability and suicidal propensity.

Since 2000 Prof. Rozanov has been involved in suicide prevention in the military, he is the author of several articles and chapters on this topic. In 2012 he became Head of the Section of military psychiatry of the World Psychiatric Association (WPA), in this capacity he stayed until 2017, he has been organizer of several international symposiums and sections on military trauma, mental health promotion and suicide prevention in the military environment and among veterans.

His scientific interests are in the field of genetics and epigenetics of stress-vulnerability and the role of this trait in self-destructive behaviors and psychological trauma. His recent studies are dedicated to different types of stress, stress neurobiology, modern psycho-social stress, occupational stress, biological mechanisms of psychological trauma and possible inter- and transgenerational effects.

Prof. dr. sc. **Tanja Frančišković**, dr. med, profesor je u trajnom zvanju, psihijatrica, psihoterapeutkinja, u mirovini. Tijekom svojeg rada bila je pročelnica Katedre za psihijatriju Medicinskog fakulteta Sveučilišta u Rijeci, predstojnica Klinike za psihijatriju KBC Rijeka, dugogodišnja voditeljica Regionalnog zavoda za psihotraumu, Referentnog centra za posttraumatski stresni poremećaj i Zavoda za psihološku medicinu Klinike za psihijatriju KBC Rijeka. Predsjednica je Section for Military psychiatry - World Mental Health.

Objavila je preko 100 članaka u časopisima, 33 poglavlja u knjigama i udžbenicima, urednica je 6 udžbenika i 2 zbornika, vodila i sudjelovala u 16 istraživačkih i stručnih projekata domaćih i međunarodnih. Edukator je iz grupne analize. Posebno područje interesa je psihotraumatologija i psihoterapija.

Prof.dr.sc. **Dolores Britvić** rođena je u Splitu, diplomirala je na Medicinskom fakultetu, Sveučilišta u Zagrebu. Završila je specijalizaciju iz psihijatrije, specijalista je uže specijalnosti psihoterapije i forenzičke psihijatrije. Radi kao specijalista psihijatar u KBC Split.

Magistrirala je iz područja forenzičke psihijatrije a doktorirala iz grupne psihoterapije psihotraumatiziranih. Grupni je analitičar i edukator iz grupne analize, završila je edukaciju iz MBT. Posljednjih dvadeset godina radi s psihološkom traumom, vodila je znanstveni projekt MOZS te vodila brojna istraživanja na području posttraumatskih poremećaja.

Od 2003.god. je voditelj Regionalnog centra za psihotraumu, pročelnik je Zavoda za socijalnu psihijatriju, a od 2008.god. pročelnik je Katedre za psihološku medicinu Medicinskog fakulteta, Sveučilišta u Splitu.

Od 2007. je potpredsjednica Hrvatskog psihijatrijskog društva i član upravnog vijeća Instituta za grupnu analizu. Posebno područje interesa je psihoterapija, psihotraumatologija i forenzička psihijatrija. Objavila je veliki broj znanstvenih i stručnih članaka, poglavlja u knjigama te sudjelovala na brojnim kongresima u zemlji i inozemstvu.



**Davor Mucic** (DM), born in Former Yugoslavia, graduated in Rijeka (Croatia), postgraduate as psychiatrist in Denmark in 2002., with special interest in use of technology in provision of mental health care (e-Mental Health). DM established Little Prince Psychiatric Centre in Copenhagen where he developed telepsychiatry since 2000. (<http://www.denlilleprins.org>)

The Centre has developed various telepsychiatry services via respective projects e.g. the first international telepsychiatry service in the world as well as the first cross-cultural telepsychiatry service established in 2004 on Island Bornholm. This service is still functioning, offering its cross-cultural patients mental health service via their own mother tongues.

DM is Editor-in-Chief on Edorium Journal of Psychiatry, former chair of Telemental Health Section within EPA (European Psychiatric Association) and board member of Section on Informatics within WPA (World Psychiatric Association).

