AUTENTIČNOST U PSIHOTERAPIJI

/ AUTHENTICITY IN PSYCHOTHERAPY

Vedran Bilić, Darko Marčinko, Slađana Štrkalj-Ivezić

SAŽETAK/*SUMMARY*

Autori u ovom radu ukazuju na važnost otkrivanja i razvijanja pacijentove skrivene i sputane autentičnosti. Dominantni psihički problemi mnogih suvremenih bolesnika proizlaze iz trauma i ozljeda narcizma koje se mogu dogoditi u širokom rasponu okolnosti i interakcija tijekom cijelog života, a njihove su posljedice rigidne obrane. Obrane koje zaštićuju *self* od novih povreda i trauma ujedno kompromitiraju pacijentovu autentičnost i slobodu. Te obrane ugrađuju se u strukturu karaktera i utječu na cijeli život osobe (1). Među obranama od trauma i ozljeda narcizma, disocijacija ima dominantnu ulogu. Druga je obrana opisana kao lažni *self* (2,3). Pacijent koji je intenzivno zaokupljen izbjegavanjem ozljeda narcizma izbjegava svaki rizik, čak i po cijenu stagnacije i sterilnosti svojeg života. Pacijent tako gubi svoju autentičnost, jer pravi *self* ostaje zarobljen obranama i skriven, a njegove autentične potrebe nemaju se priliku ostvariti životnim iskustvima. Ostvarenje potreba nuklearnog (jezgrovnog) *selfa* (4,5), pravog *selfa* (2,3), što je više moguće u terapiji, a zatim u životu, važan je cilj u psihodinamičkim psihoterapijama i povezano je s porastom pacijentove autentičnosti.

/ The authors of this paper point to the importance of detecting and developing a patient's hidden and restrained authenticity. The dominant psychological problems of many modern patients stem from the traumas and injuries of narcissism that can occur in a wide range of circumstances and interactions throughout life, and their consequences are rigid defenses. The defenses that protect the self from new injuries and traumas also compromise the patient's authenticity and freedom. These defenses are incorporated into the structure of character and affect the entire life of a person (1). Among the defenses against the traumas and injuries of narcissism, dissociation has a dominant role. The second defense is described as a false self (2,3). A patient who intensely occupies himself by avoiding the injuries of narcissism avoids any risk, even at the cost of stagnation and sterility of his life. The patient thus loses their authenticity, because the true self remains trapped by defenses and hidden, and its authentic needs do not have the opportunity to become realized through life experiences. The realization of the needs of the nuclear (core) Self (4,5), the real self (2,3), as much as possible in therapy, and then in life, is an essential goal in psychodynamic psychotherapies and is associated with the increase of the authenticity of the patient.

KLJUČNE RIJEČI / *KEYWORDS*

autentičnost / *authenticity*, pravi (nuklearni) *self* / *real (nuclear) self*, disocijacija / *dissociation*, lažni *self* / *false self*, psihoterapija / *psychotherapy*

Vedran Bilić, dr. sc., grupni analitičar, psihoanalitički psihoterapeut, pročelnik Dnevne bolnice, Klinika za psihološku medicinu, Klinički bolnički centar Zagreb, Zagreb, Hrvatska, vbili@yahoo.com, Šeferova 4, 10 000 Zagreb.
Darko Marčinko, dr. sc., psihoanalitički psihoterapeut, obiteljski psihoterapeut, Pročelnik Specijalističkog instituta za personologiju i poremećaje hranjenja, Psihijatrijska klinika, Klinički bolnički centar Zagreb.
Slađana Štrkalj-Ivezić, dr. sc., grupna analitičarka, Psihijatrijska klinika Vrapče.
***Bilić Vedran** Ph.D., Group analyst, Psychoanalytic psychotherapist, Clinic for Psychological Medicine, Clinical Hospital Center Zagreb, Zagreb, Croatia, vbili@yahoo.com Šeferova 4, 10 000 Zagreb.*
***Marčinko Darko** Ph.D., Psychoanalytic psychotherapist, Family psychotherapist, Head of Specialist Institute for Personology and Feeding disorders, Psychiatric clinic, Clinical Hospital Center Zagreb*
***Štrkalj-Ivezić Slađana** Ph.D., Group analyst, Psychiatric clinic Vrapče*

TO LINK TO THIS ARTICLE:

AUTENTIČNOST: OSTVARENJE NUKLEARNOG (JEZGROVNOG) *SELFA*, PRAVOG *SELFA*

Autentičnost obuhvaća prihvaćanje ograničenja onoga što je moguće izraziti i ostvariti u određenim okolnostima. Autentičnost nikad ne može biti apsolutna jer okolina ne dopušta i ne može prepoznati sve moguće spontane manifestacije *selfa* bilo koje osobe. Da bismo bili istinski autentični, moramo uzeti u obzir granice spontanosti u odnosima i društvenom okruženju u kojem živimo. Drugim riječima, nije realno očekivati idealno i potpuno prihvaćanje, razumijevanje i zadovoljenje svih svojih autentičnih potreba u bilo kojem odnosu, pa tako ni u odnosu s terapeutom. Prilagodba vanjskom okruženju također je važna kod autentičnosti. Mora biti zastupljena briga za

AUTHENTICITY: THE REALIZATION OF A NUCLEAR (CORE) SELF, A REAL SELF

Authenticity includes accepting the limitations of what can be expressed and accomplished in certain circumstances. Authenticity can never be absolute because the environment does not allow and can not recognize every possible spontaneous manifestation of the self of any person. To be truly authentic, we must consider the boundaries of spontaneity in the relationships and social environment in which we live. In other words, it is not realistic to expect an ideal and complete acceptance, understanding and satisfaction of all of its authentic needs in any relationship, including the relationship with a therapist. Adaptation to an external environment is also essential for authenticity. Care must be given to the social environment, for the recip-

socijalno okruženje, za primatelje vlastite komunikacije, jer autentičnost se stvara u interakciji s drugima. Spontanost i autentičnost nisu sinonimi. Spontano izražavanje svih svojih misli, emocija i ponašanja ne može se smatrati autentičnim zbog nedostatka brige za primatelje tog izražavanja. Reakcije drugih, a ne samo osobna spontanost, također stvaraju autentičnost *selfa*.

Procjena što je i koliko moguće unutar određenog odnosa ili životne situacije, na primjer u profesiji, također je dio autentičnosti. Osoba može pravilno procijeniti da je u konkretnoj situaciji nemoguće izraziti i ostvariti neke autentične aspekte pravog *selfa*. Možda pravilno procjenjuje da u određenoj okolini većinu vremena u interakcijama s drugima treba prikladno izražavati samo nekonfliktne sadržaje, čak i elemente lažnog *selfa*, koji ne ometaju druge jer je to nužno za normalno društveno funkcioniranje. Ključna je razlika u tome je li ograničavanje vlastite komunikacije automatski i nesvjesni proces ili se osoba svjesno prilagođava mogućnostima okoline. Pravilno testiranje realnosti i uzimanje u obzir mogućnosti drugih ograničuju opseg vlastitih autentičnih izražavanja. Osim toga, nijedna osoba nikad ne može ostvariti, razviti i integrirati u reprezentaciju *selfa* sve moguće aspekte svojega pravog *selfa*. Ipak, često je realno očekivati i nadati se da se u

ients of one's communications, because one creates authenticity in interaction with others. Spontaneity and authenticity are not synonyms. The spontaneous expression of all of one's thoughts, emotions and behaviors cannot be regarded as authentic because of the lack of concern for the recipients of these communications. The reactions of others and not just personal spontaneity also create one's authenticity.

The assessment of what and how much is possible within a particular relationship or life situation, for example in one's profession, is also a part of authenticity. A person can correctly estimate that in a particular situation it is impossible to express and achieve some authentic aspects of the real self. They may correctly estimate that in a particular environment and for most of the time in interactions with others it is appropriate to express only non-conflicting content, even the elements of a false self, which does not hinder others because it is necessary for healthy social functioning. The critical difference is whether limiting one's communication is an automatic and unconscious process, or whether a person is consciously adapting to the possibilities of the environment. The proper testing of reality and taking into account the possibilities of others restrict the scope of one's authentic expressions. Besides, no person can ever realize, develop and integrate into a self-representation all possible aspects of his true self. However, it is often

odnosima može postići zadovoljavajuća razina prepoznavanja i ostvarenja svoje autentičnosti.

Međutim, kad god pri otkrivanju autentičnih sadržaja i aspekata *selfa* dođe do ozljede narcizma, taj se aspekt *selfa* ili psihički sadržaj opet povlači, a obrambena prilagodba na nepovoljne okolnosti ponovno prevladava.

Moguće je ne prepoznati ili nesvjesno, pa čak i svjesno odbaciti autentične poruke vlastita pravog *selfa*.

Kohutov koncept nuklearnog ili jezgrovnog *selfa* i Winnicottov koncept pravog *selfa*, iako nisu identični, prema našem mišljenju ukazuju na različite aspekte temeljnog psihološkog konstrukta.

Donald W. Winnicott: „U zdravlju postoji jezgra osobnosti koja odgovara pravom *selfu*... doživljaj 'bivanja živim' (3)."

Prvi doživljaj vlastita postojanja utemeljen je na somatskim senzacijama, a poslije se razvija psiha. Pravi *self* očituje se spontanim gestama, koje su autentične i koje okolina mora prihvatiti na pravi način, tako da se *self* može pravilno razviti... Djetetova je spontana gesta pravi *self* u akciji. Pravi *self* ne postaje živa stvarnost, osim kao rezultat ponovljenog majčina uspjeha u prihvaćanju spontanih gesta djeteta... Zajedno oni stvaraju iluziju da je dijete svemoćno u stvaranju onoga što mu je potrebno. Dijete

realistic to expect and hope that in relationships one can achieve a satisfactory level of recognition and realization of one's authenticity.

On the other hand, whenever there is an injury to narcissism when discovering authentic content and aspects of the self, that aspect of the self or psychic content is withdrawn again, and the defensive adaptation to adverse circumstances prevails again.

It is possible not to recognize or unconsciously and even consciously discard the authentic messages of one's own true self.

In our opinion, Kohut's concept of nuclear or core self and Winnicott's concept of the real Self, although not identical, indicate different aspects of the underlying psychological construct.

Donald W. Winnicott: "In health, there is a core personality that corresponds to the real self... the experience of 'Being Alive" (3). The first experience of one's existence stems from ed on somatic sensations, and after that the psyche develops. The true self manifests itself with spontaneous gestures, which are authentic and which the environment must accept in the right way so that the self can be developed appropriately. A child's spontaneous gesture is the real self in action. The true self does not become a living reality, except as a result of repeated maternal success in accepting spontaneous gestures of the

zamišlja ono što mu je potrebno, a dobro usklađena majka omogućuje mu da izvana pronađe ono što je zamislilo (3).

Heinz Kohut: „Nuklearni *self* je samomotivirajuća, samousmjerena, samoodrživa jedinica koja pruža središnju svrhu osobnosti i daje smisao životu... Nije oblikovana svjesnim ohrabrenjem i pohvalama ni svjesnim obeshrabrivanjima i ukorima, nego duboko ukorijenjenim odazivima *self*-objekata (...) što je funkcija nuklearnog *selfa*, *self*-objekta... Ta je struktura temelj našeg osjećaja neovisnosti, inicijative i percepcije... Integrirana je s našim najvažnijim ambicijama i idealima te s doživljajem da naše tijelo i um čine jedinstvo u prostoru i imaju kontinuitet u vremenu (4,5,6)."

Nuklearni *self* ili istinski *self* ne može se izravno primijetiti promatranjem ili identifikacijom ili glavnom psihodinamičkom metodom percepcije, što je prema Heinzu Kohutu empatijsko razumijevanje (6). Ono što je moguće znati o nuklearnom ili istinskom *selfu* jesu njegove manifestacije, njegove reprezentacije, aspekti i utjecaji na osobu i njezino okruženje iz čega se može neizravno zaključivati o nuklearnom ili istinskom *selfu*.

U dubokom snu bez snova nema reprezentacija selfa ni objekta pa prema tome ni doživljaja njihove odvojenosti. Ne postoje ni granice vremena i prostora. Međutim, nakon buđenja osoba ima poziti-

child. Together they create the illusion that the child is omnipotent in creating what it needs. The child imagines what it needs, and a well-attuned mother allows it to find from the outside what it imagined (3).

Heinz Kohut: "A nuclear self is a self-motivating, self-directed, self-viable unit that provides the central purpose of personality and gives meaning to life (...) is not formed by conscious encouragement and praise, nor conscious discouragement and reprimand, but through deeply rooted responses of self-objects (...) which is a function of a nuclear self-establishment (...). This structure is the foundation of our sense of independence, initiative and perception (...) is integrated with our most important ambitions and ideals and with the experience that our body and mind form a unity in space and have continuity in time" (4-6). The nuclear self or true self cannot be observed directly by observation or by identification or the primary psychodynamic method of perception, which is, according to Heinz Kohut, empathic understanding (6). What is possible to know about the nuclear or true Self are its manifestations, its representations, aspects and influences on the person and its environment from which we can indirectly draw conclusions about a nuclear or genuine self.

In a deep, dreamless sleep there is no representation of the self nor the object, and therefore the experience of their separation. Also, there are no limits of

van doživljaj da tijekom duboka sna nije prestala postojati, odnosno nema doživljaj prekida svojeg postojanja. Iako nema sjećanja na doživljaj duboka sna, jer u njemu nema psihičkih reprezentacija ni sadržaja, ipak nakon buđenja postoji pozitivno iskustvo kontinuiteta *selfa*. Doživljaj kontinuiteta vlastita postojanja temeljna je značajka integriranog *selfa*.

Možda je još bliže doživljaju pravog *selfa* ono što se događa tijekom bivanja u autogenom stanju. U tom posebnom stanju psihofizičkog opuštanja koje sliči budnom sanjanju osoba mirno „promatra" što se događa ponajprije u njezinu unutarnjem svijetu te postaje svjesna raznih psihičkih sadržaja: misli, emocija, psihičkih slika, sjećanja, ali i tjelesnih senzacija. Međutim, obično nakon mnogo iskustva s autogenim stanjem, osim tih sadržaja postaje svjesna još nečega: svi oni se pojavljuju u unutarnjem prostoru. Svjesnost o unutarnjem prostoru pojavljuje se u nekom trenutku, a može se i izgubiti. Dok ga je svjesna, osoba ima neposredan doživljaj da je unutarnji prostor neovisan o bilo kakvim sadržajima. Ustvari, doživljaj ne čine samo sadržaji unutarnjeg „prostora" nego i sam „prostor" u kojem se oni zajedno pojavljuju. Unutarnji prostor uvijek je prisutan u doživljaju bilo kojeg sadržaja, ali obično ga nismo svjesni. Unutarnji prostor može se smatrati temeljem bez kojeg nema doživljavanja nikakva psihičkog sadržaja ni doživljaja. Sadržaji

time and space. However, after waking up, the person has a positive experience that during deep sleep they did not cease to exist or has no experience of their existence being interrupted. Although there is no memory of the experience of a deep sleep, because there are no mental representations or contents, however, after waking up there is a definite sense of the continuity of the Self. The experience of the continuity of one's existence is a fundamental characteristic of an integrated Self. Maybe what happens during a stay in an autogenic state is even closer to the experience of a real self. In this particular state of psychophysical relaxation that resembles the waking dream a person calmly "observes" what happens primarily in their inner world and becomes aware of the different psychological contents: thoughts, emotions, mental images, memories and physical sensations. However, usually after ample experience with an autogenic state, in addition to these contents, one becomes aware of something else: they all appear in the inner space. The consciousness of the inner space occurs in an instant and can be lost. While conscious of it, the person has an immediate experience that the interior space is independent of any content. An experience is made up of not only the contents of the inner "space", but also the "space" in which they appear together. The inner space is always present in the experience of any content, but we are usually not aware of it. One can regard the inner space as a foundation with-

dolaze, ostaju, mijenjaju se i nestaju. Unutarnji prostor postoji neovisno, iako sadržaji mogu toliko dominirati i zaokupiti pažnju da ga osoba ne primjećuje. Prema tome, unutarnji prostor uvijek je prisutan, ali obično ga osoba nije svjesna. Taj opis odgovara opisu *selfa*. *Selfa* koji je uvijek prisutan, u normalnim okolnostima uvijek je u pozadini, odnosno nije u središtu svjesne pozornosti.

U raznim patološkim stanjima prisutna je povećana samosvjesnost. Kad se pozornost aktivno usmjerava na temeljni doživljaj *selfa*, gubi se spontanost. Osoba osjeća nelagodu različita intenziteta, sve do vrlo neugodna srama koji je povezan s javnom izloženošću svojih dotad skrivenih, a društveno neprihvatljivih aspekata *selfa*, odnosno nedostataka (7).

Sadržaji se mogu smatrati porukama pravog *selfa*, a unutarnji prostor u kojem se sadržaji pojavljuju može se smatrati temeljnim doživljajem, koji je najbliži doživljaju *selfa*.

SELF I IZNIMNO VAŽNA POTREBA ZA PRIVATNOŠĆU

Jedna je od značajki jezgre *selfa* posebno važna: potreba za privatnošću. Čovjek ima živu potrebu za privatnošću jezgre *selfa*. Za Heinza Kohuta, kao i za Donalda W. Winnicotta, istinski, nuklearni, jezgrovni *self* nikad ne smi-

out which there is no experience of any psychic content or experience. Contents come, stay, change and disappear. The interior space exists independently, although the contents can dominate and occupy the attention to such an extent that the person does not notice it. Therefore, the inner space is always present, but the person is usually not aware of it. That description matches the description of the self. The self which is always present under normal circumstances is always in the background; in other words, it is not in the focus of conscious attention. In various pathological states, increased self-awareness is present. When one actively directs attention to the fundamental experience of the self, spontaneity is lost. The person feels the various intensities of embarrassment all the way to a very unpleasant shame that is associated with the public exposure of one's previously hidden and socially unacceptable aspects of the self, namely their shortcomings (7). One can consider the contents for messages of the real self and the internal space in which the contents appear as the fundamental experience, which is closest to the experience of the self.

THE SELF AND THE ESSENTIAL NEED FOR PRIVACY

One of the characteristics of the self core is particularly important: the need for privacy. Man has a vital need for the privacy of the core of the Self. For Heinz

je biti izravno dostupan. Mora ostati skriven i izvan dosega. Možemo samo mentalno konceptualizirati i doživjeti reprezentacije *selfa*, koje mogu biti svjesne i nesvjesne.

Donald W. Winnicott: „Pravi *self* područje je *selfa* koje je izolirano od razuma, logike, društvenosti i svakog ograničenja koje proizlazi iz dodira sa stvarnošću. Drugim riječima, srž *selfa* zapravo je uvijek sama. Jezgra osobnosti koja odgovara istinskom *selfu* ne smije nikad biti pod utjecajem vanjske stvarnosti (2, 3)." Kod psihički zdravih osoba upravo iz te jezgre samoće spontano nastaje prirodna komunikacija prema okolini.

Iako trajno skriven, nuklearni ili pravi *self* ima ključno značenje za život osobe. Prema Heinzu Kohutu svaka osoba ima jedinstven životni plan, svoje temeljne ideale i stremljenja, koje u povoljnim okolnostima nastoji ostvariti primjenom i razvojem vlastitih talenata. Heinz Kohut navodi: „Ova kohezivna i trajna psihološka konfiguracija, povezana s odgovarajućim skupom talenata i vještina koje privlači ili razvija kao odgovor na zahtjeve svojih ambicija i ideala... čini središnji sektor osobnosti (4)."

Ostvarenje potencijala pruža osjećaj stvarnosti života, entuzijazam i značenje životnim događajima, projektima, odnosima. Moguće je živjeti pravi *self*, ili barem ostvariti neke od njegovih značajki u životu. Dobro uspostavljen

Kohut, as well as for Donald W. Winnicott, the true, nuclear, core self must never be directly accessible. It must remain hidden and out of reach. We can only mentally conceptualize and experience the representation of the Self, which can be conscious and unconscious.

Donald W. Winnicott: "The true self is an area of self that is isolated from reason, logic, social and any limitation arising from contact with reality. In other words, the core of the self is always alone. The core of a personality that corresponds to a true self must never be influenced by external reality" (2,3). In mentally healthy individuals, it is precisely from this nucleus of loneliness that one spontaneously forms natural communication with the environment.

Though permanently hidden, the nuclear or true self has a vital meaning to the life of a person. According to Heinz Kohut, each person has a unique life plan, their core ideals and ambitions, which they seek to realize in favorable circumstances through the use and development of their talents. Heinz Kohut states: "This cohesive and enduring psychological configuration, associated with a suitable set of talents and skills that it attracts or develops in response to the demands of its ambitions and ideals (...) constitutes the central sector of Personaliy" (4). The realization of its potentials gives a sense of the reality of life, enthusiasm and meaning of life-events, projects, relationships. It is possible to live an authentic self, or at least realize some of its

nuklearni *self* / pravi *self* suština je temeljno dobrog osjećaja sebe i života. Ako osoba u životu ostvaruje jedinstveni životni plan svojega nuklearnog *selfa* u najvećoj mogućoj mjeri, osjeća da živi život koji je u skladu s njezinim pravim *selfom*, odnosno da živi vlastiti život. Takva su osoba i njezin život autentični. U vrlo nepovoljnim okolnostima, nakon traume i teških ozljeda narcizma, osoba može potpuno napustiti ostvarenje životnog plana pravog *selfa*.

Prema Donaldu W. Winnicottu ostvarenje potencijala pravog *selfa* rezultat je interakcije dovoljno dobre majke i spontanih gesta njezina djeteta. Pravi *self* razvija se putem spontanih gesta djeteta koje su prepoznate od njegova društvenog okruženja. Svaka osoba treba životnu igru, prijelazni prostor koji je zanimljiv, a to znači igru koja omogućuje njezinu pravom *selfu* da se autentično izražava (2). Jedan je način ostvarenja vlastita najintimnijeg plana govoriti vlastitim glasom kako bismo izrazili vlastite misli i osjećaje (8). Christopher Bollas visoko vrednuje spontano pojavljivanje autentičnih psihičkih sadržaja. Smatra ih porukama pravog *selfa* (9). Autentične komunikacije mogu se dogoditi i u senzornom i predsimboličnom području (10).

Prilikom traume druga osoba nametljivo i agresivno kontaktira s nuklearnim *selfom* i narušava doživljaj privatnosti *selfa*. Trauma tako ugrožava temeljnu

characteristics in life. A well-established nuclear self/true self is the essence of a fundamentally good sense of self and life. If a person realizes the unique life plan of their nuclear self as much as possible, they feel that they live a life that is in harmony with the real self and that they live their own life. Such a person and their life are authentic. In very unfavorable circumstances, after trauma and severe injury of narcissism, a person can completely abandon the realization of the life plan of a real Self.

According to Donald W. Winnicott, the realization of the potential of the real Self is the result of the interaction of the good enough mother and the spontaneous gestures of her child. The real Self develops through spontaneous gestures of the child that are recognized by its social environment. Every person needs a life game, a transitional space that is interesting and that means a game that allows their real Self to express themselves (2). One way to realize one's own most intimate plan is to speak with one's voice to express one's thoughts and feelings (8). Christopher Bollas values highly the spontaneous appearance of authentic psychic contents. He takes them for the messages of the real self (9). Authentic communication can also occur in a body and presymbolic area (10). In trauma, the other person contacts the nuclear Self intrusively and threatens the experience of the privacy of the Self. Trauma thus jeopardizes the fundamental need of an individual Self, its separation from the

potrebu individualnog *selfa*, a to je njegova odvojenost od drugoga. Gubitak te krajnje privatnosti nuklearnog *selfa* jednak je doživljaju njegova gubitka.

POREMEĆAJI *SELFA*

Traume i ozljede narcizma događaju se tijekom cijelog života, a ne samo u djetinjstvu. Doživljavaju ih gotovo svi, a ne samo žrtve teškog zlostavljanja i zanemarivanja. Usto, čak i blage ozljede narcizma mogu imati štetan utjecaj na osobu zbog njihova kumulativnog učinka (11).

Poremećaji *selfa* nastaju kao posljedica traume i ozljeda narcizma koje se mogu pojaviti u širokom rasponu okolnosti i interakcija. Mogu biti uzrokovani mnogobrojnim nepovoljnim interakcijama s okolinom kao što su nasilje, zanemarivanje, nedostatak očekivane podrške i razumijevanja, upadi u privatnost, gubitak dostojanstva i samopoštovanja zbog javne izloženosti vlastitih nedostataka uz prateći sram.

Ozljede narcizma ostavljaju iza sebe povećanu narcističku senzibilnost i ranjivost. Utjecaj ozljeda narcizma ne ovisi samo o djelovanju okoline nego i o osjetljivosti i otpornosti osobe koja ih doživljava. Osjetljivost na okolinu najviša je, a otpornost najmanja tijekom rođenja i u ranom djetinjstvu. Utjecaj

other. The loss of this ultimate privacy of a nuclear Self is equal to the experience of its loss.

SELF-DISORDERS

The traumas and injuries of narcissism occur throughout life, not only in childhood. Almost everyone experiences them, not just victims of severe abuse and neglect. Furthermore, even mild injuries of narcissism may still have a detrimental effect on the person due to their cumulative effect (11). Disorders of the self arise as a consequence of trauma and the violation of narcissism that can occur in a wide range of circumstances and interactions. Many unfavorable interactions with the environment can cause them, such as violence, neglect, lack of anticipated support and understanding, intrusion into privacy, loss of dignity and self-esteem through public exposure of one's shortcomings with the following shame. The injuries of narcissism may result in increased narcissistic sensibility and vulnerability. The impact of injuries to narcissism depend not only on the environmental actions but also on the sensitivity and resilience of the person experiencing them. During birth and in early childhood, sensitivity to the environment is at its highest and resistance is at its lowest. The influence of the environment, as well as dependence on it, is initially almost absolute in childhood, and later becomes relative, although the environment remains essential through-

okoline i ovisnost o njoj u djetinjstvu su u početku gotovo apsolutni, a kasnije postaju relativni iako okolina ostaje važna cijeli život. Tijekom daljnjeg života osjetljivost i otpornost na nepovoljne vanjske utjecaje postaju u sve većoj mjeri subjektivne značajke.

Ako su ozljede narcizma traumatične, drugim riječima, ako su nepodnošljive, aktiviraju se radikalni obrambeni mehanizmi.

Takvi obrambeni mehanizmi, štiteći *self* od daljnjih trauma, izoliraju ga i dominiraju unutarnjim i vanjskim životom pacijenta. Osoba nakon toga živi kao u unutarnjem zatvoru (1).

Obrane od daljnjih ozljeda narcizma ugrađuju se u strukturu pacijentova karaktera i tako ustvari definiraju cijeli njegov život. Te obrane utječu na pacijentov doživljaj *selfa*, njegove odnose s drugim ljudima koji su mu važni, odluke o započinjanju ili izbjegavanju novih korisnih ali potencijalno opasnih iskustava u smislu narcizma.

Pacijent koji je intenzivno zaokupljen izbjegavanjem mogućih novih ozljeda narcizma odustaje od svih rizika, čak i po cijenu stagnacije i sterilnosti vlastita života. Tako gubi svoju autentičnost jer njegove prave težnje ostaju skrivene. *Self* gubi većinu mogućnosti za ostvarenje svojih potencijala i talenata zbog izbjegavanja izlaganja životnim iskustvima.

out life. With age, sensitivity and resistance to adverse external influences become increasingly personal traits. If the injuries to narcissism are traumatic, in other words, if they are unbearable, fundamental defense mechanisms are triggered. Such defensive mechanisms, protecting the Self from further traumas, also isolate and dominate the internal and external life of the patient. The person subsequently lives in something akin to an inner prison (1).

The defenses against further injury to narcissism are implanted into the structure of the patient's character and so, in fact, define their entire life. These defenses affect the patient's experience of the Self, their relationships with other people who are important to them, decisions to begin or avoid new useful but potentially dangerous experiences for their narcissism.

A patient intensely preoccupied with avoiding possible new narcissism injuries gives up all risks, even at the cost of stagnation and sterility of their life. In this way, they lose their authenticity, because their real aspirations remain hidden. The Self loses most of the opportunities to realize its potentials and talents through avoiding exposure to life experiences.

DISSOCIATION

The survival of trauma often requires radical ways to defend the self. Among the

DISOCIJACIJA

Preživljavanje traume često zahtijeva radikalne načine obrane *selfa*. Među obranama od traume i ozljeda narcizma disocijacija ima istaknutu ulogu. Stoga trauma putem disocijacije uzrokuje odvajanje dijelova *selfa*. Reprezentacija *selfa* gubi koheziju. U novije vrijeme prepoznato je da je disocijacija, kao i potiskivanje, široko rasprostranjena obrana i da je ne primjenjuju samo regresivni i teško traumatizirani pacijenti. Disocijacija se više ne smatra samo obranom u spektru teške psihopatologije (11). Intenzitet i opseg disocijacije variraju. Relativno mentalno zdrave osobe također primjenjuju disocijaciju i time ograničavaju opseg svojih autentičnih iskustava, emocija, stajališta i aspekata vlastita *selfa*.

Aspekti *selfa* koji su povezani s ozljedama narcizma i posebno s traumama otcijepljeni su od *selfa* i ostaju disocirani. Traume su zatvorene u nekim disociranim dijelovima i aspektima pacijentova *selfa*. Traume mogu biti i tjelesno zapamćene kao somatsko „pamćenje", na primjer u vidu neugodnih i bolnih tjelesnih senzacija i poremećaja. Tako su mnogi aspekti *selfa* odbačeni, zanemareni i postali su nedostupni za pacijenta. Oni nisu integrirani u koherentan *self*. Pacijent tako gubi važne aspekte svojeg *selfa*, koji postaje siromašniji, a njegova je psihička, pa i somatska vitalnost smanjena.

defenses from trauma and the injuries of narcissism, dissociation has a prominent role. Therefore, trauma through dissociation causes the separation of the parts of the self. Self-representation loses cohesion. More recent studies have found that dissociation, as well as suppression, is a widespread defense and that it is not used solely by regressing and severely traumatized patients. Dissociation is no longer considered only a defense in the repertoire of severe psychopathology (11). The intensity and extent of dissociation vary. Relatively mentally healthy people also use dissociation and thus restrict the scope of their authentic experiences, emotions, attitudes and aspects of the self.

Aspects of the self-linked self-abuse of narcissism, especially in the case of traumas, are torn from the self and remain dissociated. One encapsulates the traumas in some dissociated parts and aspects of the patient's self. Traumas can also be physically remembered as somatic "memory", for example in the form of unpleasant and painful bodily sensations and disorders. In this way, one discards many aspects of the self, neglects them and they become unavailable to the patient. One does not integrate them into a coherent self. In that way, the patient loses essential aspects of their self, which becomes more impoverished and reduces their psychic and somatic vitality.

When dissociation dominates, there is no coherence of the self. The patient

Kada dominira disocijacija, nema koherentnosti *selfa*. Pacijent često oscilira između različitih aspekata *selfa* koji u određenim situacijama imaju istaknutu ulogu i nisu integrirani u koherentnu cjelinu *selfa*.

Budući da *selfu* nedostaje koherentnost, a usto je osiromašen disocijacijom, i zbog mnogih nezadovoljavajućih iskustava, pacijentova je temeljna reprezentacija *selfa* loša. To se obično kombinira sa sličnim doživljajem društvenog okruženja i cijelog života. Stoga se čak i nakon dobrih iskustava takav pacijent obično brzo vraća svojem dominantnom lošem stanju.

Moguće je da se ta temeljna loša slika o sebi skriva u nesvjesnome te da je skrivena obrambenom slikom koja je iznimno pozitivna što je često slučaj kod narcističkog poremećaja osobnosti.

Na neki je način normalno da nije moguće uključiti sve moguće aspekte *selfa* u koherentnu reprezentaciju *selfa*. Opseg svih aspekata *selfa* širi je od stvarnih mogućnosti njihove integracije bilo kojeg pojedinca. Heinz Kohut navodi: „Tijekom ranog psihičkog razvoja (...) neki arhaični mentalni sadržaji (...) dodijeljeni su području ne-*selfa*, a drugi su zadržani (6)." Za stvaranje koherentnog *selfa*, u njegovoj integraciji, iznimno važnu ulogu ima okolina. Mnogi aspekti *selfa* mogli su biti integrirani u reprezentaciju *selfa* u prosječnom oče-

often oscillates between different aspects of the self that have a prominent role in specific situations and does not integrate them into a coherent whole of the self.

Since the self lacks coherence and dissociation impoverishes it, and because of many unsatisfactory experiences, the patient's basic self-representation is terrible. Such a person usually experiences their social environment and their whole life in a similar manner. Therefore, even after good experiences, such a patient usually quickly returns to their dominant unpleasant condition.

It is possible that this basic poor image of oneself hides in the unconscious and is concealed by a defensive image that is exceptionally positive, which is often the case with a narcissistic personality disorder.

In a way, it is normal that it is not possible to include all possible aspects of the self in a coherent self-representation. The scope of all aspects of the self is broader than the real possibilities of their integration of any individual. Heinz Kohut states: "During early psychological development (...) some archaic mental content (...) was assigned to the field of non-self while others were detained" (6). The environment has an exceptional role in the creation and integration of a coherent self. Many aspects of the self can be integrated into self-representation in an average or typical environment.

kivanom ili normalnom okruženju. Ako su oni aktivno nesvjesno ili svjesno odbačeni i tako isključeni iz koherentnog *selfa*, ti aspekti, iako disocirani, ostaju aktivni i nehotični, ali snažno utječu na pacijentov život, njegovo ponašanje i njegove odnose. Osim toga, ti odbačeni i isključeni aspekti *selfa* podliježu daljnjoj regresiji i degeneraciji pa je njihov utjecaj još gori. U nekim okolnostima ti aspekti izbijaju u prvi plan i dominiraju pacijentovom sviješću i ponašanjem. Takve situacije mogu biti trenutci posebne psihičke slabosti i osiromašenja ili čak i nove nade. Nešto, obično nove osobe i životne situacije, potakne pacijentovu nadu. Vanjska obećavajuća situacija potiče pacijenta i on iskazuje pozitivno očekivanje. Moglo bi se reći, smanjivanje obrana omogućuje da dotad disociran ili potisnut optimistični aspekt *selfa* izbije u prvi plan.

Međutim, nada ugrožava krhku obrambenu ravnotežu. Novi odnosi i situacije kojima se nadaju mogu donijeti i opasnost, odnosno izložiti ih novim ozljedama narcizma što je pogotovo rizično za narcistički preosjetljive pacijente (1).

Terapija je također takva situacija nade u kojoj postoji potencijal za stvaranje uvjeta za pojavu prethodno odbačenih i skrivenih aspekata pravog *selfa*. Međutim, ona može biti i situacija u kojoj je moguće doživjeti nove ozljede narcizma i traume.

If one actively unconsciously or consciously discards and thus excludes these aspects from a coherent self, these aspects, although dissociated, remain active and inadvertent, and strongly affect the life of the patient, their behavior and relationships. Besides, these discarded and excluded aspects of the self are subject to further regression and degeneration, so their impact is even worse. In some circumstances, these aspects emerge in the foreground and dominate the consciousness and behavior of the patient like moments of specific psychological weakness and impoverishment or even a situation of new hope. Some things can boost the patient's hope. Those are usually new people and life situations. The promising external situation encourages the patient, and they express a positive expectation. One might say that reducing the defenses allows a dissociated, or suppressed, positive aspect of the self to rush into the foreground.

However, hope threatens a fragile, defensive balance. New relationships and situations they hope for can also bring danger or expose them to new violations of narcissism, which is especially risky for hypersensitive narcissistic patients (1).

Therapy is also such a situation of hope in which there is a potential to create conditions for the emergence of previously discarded and hidden aspects of the real self. However, it can also be a situation where one may experience new injuries of narcissism and trauma.

LAŽNI *SELF*

Jedna je od obrana pravog *selfa* lažni *self* (2,3). Lažni *self* također može biti vrlo rigidna karakterna obrana.

Ta je obrana ponajprije zaštita od daljnjeg ranjavanja narcizma i traume pravog *selfa*. Razvija se u djetinjstvu ako dijete ima „nedovoljno dobru majku", u ranom okruženju koje nema empatije prema djetetovim spontanim gestama koje su signali koji proizlaze iz njegova pravog *selfa*. Kad se ti signali empatijski prepoznaju i priznaju kao vrijedni, a „dovoljno dobra majka" ili okolina prihvaća dijete kakvo ono stvarno jest, spontane geste postaju građevnim elementima djetetova pravog *selfa*.

Međutim, ako majka ili rano okruženje ne prepoznaju i ne potvrde djetetove autentične geste, nego umjesto toga zamjenjuju dječje geste vlastitim hitnim potrebama, dijete doživljava ozljedu narcizma i umjesto da razvija pravi *self* putem svoje autentičnosti, ono razvija neautentični, odnosno lažni *self*.

Lažni *self* može postati rigidna karakterna obrana koja je uvijek aktivna. U povoljnijim situacijama lažni *self* u životu se aktivira u društvenim situacijama kad iskrenost nije poželjna ili kad osoba doživljava društveno okruženje kao nesigurno i bez suosjećanja za njegova autentična iskustva i komunikaciju.

THE FALSE SELF

One defense of the real self is a false self (2,3). The false self can also be a very rigid character defense.

This defense is primarily a safeguard against further injuries of narcissism and the trauma of the real Self. It forms in childhood if the child has a "not good enough of a mother" in a primary environment that is not empathic towards the child's spontaneous gestures, which are signals arising from its true Self. When these signals are recognized empathically and identified as valuable, and a "good enough mother" or an environment accepts a child as it is, spontaneous gestures become the building blocks of the child's true self.

However, if a mother or primary environment does not recognize and confirm the child's authentic gestures, but instead replaces the child's gestures with her own urgent needs, then the child experiences an injury to its narcissism, and instead of developing a true Self through its authenticity, it develops an inauthentic or false self.

The false self can become a rigid character defense, which is always active. In more favorable situations, the false self is triggered in life in social situations when honesty is not desirable or when a person experiences a social environment as unsafe and without compassion for their authentic experience and communication.

Dakle, lažni *self* posljedica je nepovoljnih iskustava. To je prilagodba na nepovoljno, neosjetljivo i zanemarujuće okruženje. Takva je prilagodba nužna za preživljavanje u takvu okruženju u kojem je zaštita putem lažnog *selfa* prioritet zbog velike ovisnosti i ranjivosti djeteta. Donald W. Winnicott je optimističan. Pravi *self* nije trajno oštećen, nego čeka povoljne uvjete za svoj razvoj (3).

Lažni *self* ima važnu ulogu u prilagodbi stvarnosti. Kad se pravilno izgradi, omogućuje izbjegavanje uznemirujućih odnosa usklađivanjem s okolinom, pa čak i uspjeh i prosperitet.

Međutim, osoba koja živi ponajprije iz lažnog *selfa* nikad nije zadovoljna. Takva je osoba odvojena od svojih autentičnih emocija, životnih stajališta i ideala koji proizlaze iz njegova istinskog bića i nema osjećaj da živi svoj život. Njezina kreativnost i urođeni talenti ostaju neprepoznati i ne mogu se izraziti i razviti njihovom primjenom na zadatke u stvarnosti. Njezin najdublji životni plan, koji proizlazi iz njezina temeljnog bića, ne može se ostvariti. Postati svjesnom toga za takvu je osobu trauma koja je pogubna, pogotovo ako dolazi kasno u životu kad nema više vremena ni mogućnosti za reparaciju (5). Stoga terapeut treba biti vrlo oprezan kad analizira lažni *self* kao obranu.

U mnogih bolesnika s poremećajima *selfa* lažni *self* kao obrambena struk-

Thus, the false self is the consequence of unfavorable experiences. It is an adaptation to a hostile, unresponsive and neglecting environment. Such adaptation is necessary for survival in such an environment in which protection through a false self is a priority due to the high dependence and vulnerability of the child. Donald W. Winnicott is optimistic. The real Self is not permanently damaged but waits for favorable conditions for its development (3).

The false self plays an essential role in adapting reality. When properly constructed, it allows one to avoid disturbing relationships by harmonizing with the environment and even achieve success and prosperity.

However, a person who lives primarily from a false self is never satisfied. Such a person is separated from their authentic emotions, life attitudes and ideals arising from their real being and has no sense of living their life. Their creativity and innate talents remain unrecognizable and cannot be expressed and developed by applying them to assignments in reality. Their most profound life plan, which stems from their essential being, cannot be accomplished. Becoming aware of that is for such a person a trauma that is disastrous, especially if it comes late in life when there is no more time or possibilities for repair (5). Therefore, the therapist should be very cautious when analyzing the false self as a defense.

tura karaktera dominira njihovim životom. Pacijenti s temeljnim poremećajem *selfa* često dolaze na terapiju s pravim *selfom* koji je i njima i terapeutu nedostupan, potpuno skriven ili zakopan iza krutog zida obrana. Zato se poticaji koji proizlaze iz njihove autentične unutarnje jezgre, njihova pravog *selfa*, ne mogu izraziti u stvarnosti. Često ti poticaji ni ne mogu postati svjesni pa ih pacijent ne može svojom voljom izraziti i ostvariti u životu.

U prvom intervjuu ili na početku terapije, u prvim snovima, ili u prvom sjećanju iz djetinjstva, pacijent često izloži neke svoje autentične zabrinutosti i preokupacije. Možda zbog istinske boli koja ga je ponajprije motivirala da traži pomoć u terapiji ili zbog novosti terapijske situacije koja potakne nadu da je moguće biti autentičan. Međutim, uskoro obrane i struktura karaktera prevladavaju u terapiji kao i u životu te skrivaju pacijentove autentične preokupacije i njihovo izražavanje u mislima, emocijama i fantazijama. Situacije u kojima dominira lažni *self* česte su u terapiji bolesnika s poremećajem selfa. Takve se situacije mogu pojaviti i s drugim pacijentima, osobito u teškim situacijama, na primjer nakon stanke u terapiji.

Pacijent kod kojeg ne dominira lažni *self* također može pružati snažan otpor prema terapiji. Naprimjer, dugo

In many patients with self-disorders, a false self as a defensive structure of character dominates their life. Patients with an underlying disorder of the self often come into therapy with a real self that is unavailable to them and the therapist, since it is completely hidden or buried behind a rigid defense wall. In this way, the incentives arising from their authentic inner core, their true Self, cannot be expressed in reality. Often these incentives cannot become conscious, so the patient cannot willingly express and accomplish them in life.

In the first interview or at the beginning of therapy, in the first dreams or the first memory of childhood, the patient often exhibits some of their authentic concerns and preoccupations. Perhaps because of the real pain that motivated them to seek help through therapy in the first place or because of the news of a therapeutic situation that prompted hope that it was possible to be authentic. However, soon the defenses and the structure of the character prevail in therapy as in life and hide the patient's authentic preoccupations and their expression in thoughts, emotions and fantasies. Situations dominated by a false self occur on an everyday basis in the treatment of patients with self-disorder. Other patients may also experience these situations, especially in severe situations, for example after a break in therapy. A patient who does not dominate the false self may also be actively resisting therapy. For example, they can be silent for a long time. How-

može biti šutljiv. No njegovo odbijanje verbalizacije zapravo izražava autentične agresivne osjećaje i odbacivanje terapeuta. On iskazuje takve osjećaje na regresivan način i bez razumijevanja, a ne putem verbalizacije, međutim, pritom nije lažan.

Manifestacija lažnog *selfa* dominira kad pacijent govori, ali je sadržaj koji iznosi nebitan za njega, ne pokreće ga ni na koji način i ustvari pacijenta i ne zanima što se događa s takvom komunikacijom. S obzirom na to da takva komunikacija nije autentična, ona ni ne može biti terapijska. Terapeutovo i pacijentovo prepoznavanje da nije autentična preduvjet je za njezino eventualno odbacivanje. Međutim, kao što je navedeno, terapeut treba biti vrlo oprezan u analizi lažnog *selfa* jer se na njemu zasniva velik dio pacijentova života.

AUTENTIČNOST U TERAPIJSKOJ SITUACIJI

Narcistični pacijent u svojoj svemoći može očekivati nemoguće: da će ga terapeut uvijek idealno i potpuno prihvatiti i razumjeti te da će stoga u terapijskom odnosu moći pokazati i zadovoljiti sve svoje autentične potrebe.

Za primanje, prepoznavanje i podnošenje poruka pravog *selfa* potrebni su

ever, their refusal to verbalize expresses the authentic aggressive feelings and the rejection of the therapist. They express such feelings in a regressive way and without understanding, and not through verbalization; however, at that moment they are not false.

The manifestation of a false self dominates when the patient speaks, but the content they present is irrelevant to them, does not initiate them in any way, and in fact, the patient does not care what happens to such communication. Since such communication is not authentic, it cannot be therapeutic in itself. Having the therapist and the patient recognize them as inauthentic is a prerequisite for their eventual rejection. However, as previously stated, the therapist must be cautious in analyzing the false self, because a large part of the life of the patient rests on it.

AUTHENTICITY IN THE THERAPEUTIC SITUATION

In their omnipotence, the narcissistic patient can expect the impossible: that the therapist will be able to accept and understand them fully, and therefore it will be possible to show and satisfy all their authentic needs in a therapeutic relationship.

In order to receive, identify and bear messages of the real self, particular prerequisites exist. It is essential to wait for the initial manifestations of the real self in

određeni preduvjeti. Važno je čekati početne manifestacije pravog *selfa* u terapiji na pravi način s prepoznavanjem, strpljenjem, empatijom i sanjarenjem. Treba postojati unutarnji prostor za njih i kapacitet sadržavanja. Unutarnji prostor koji omogućuje osobi percepciju, prepoznavanje i podnošenje različitih psihičkih sadržaja preduvjet je za razumijevanje i integriranje poruka *selfa* i za razvijanje autentičnosti. Razotkrivanje aspekata pravog *selfa* tijekom terapije emocionalno je prilično intenzivno, jer je pravi *self* ranjiv, a za vrijeme razotkrivanja izložen je i bez obrana. No upravo je zbog autentičnosti doživljaj terapije stvaran i zanimljiv.

Svjesno prepoznavanje, tolerancija i prihvaćanje vlastitih različitih unutarnjih sadržaja, aspekata *selfa* i reprezentacija objekata koji mogu biti kontradiktorni i vrlo neugodni često je teško. To je moguće samo u razvijenom unutarnjem prostoru u kojem oni mogu supostojati bez preplavljivanja pacijentove sposobnosti njihova sadržavanja. Bolesnici s poremećajem *selfa* obično nemaju dovoljno unutarnjeg psihičkog prostora. Naprimjer, ne mogu slušati i uzeti u obzir ništa što dolazi izvan ilužije njihova svemoćnog znanja i kontrole. Njihov unutarnji prostor mora se razviti ili obnoviti tijekom terapije. Razvijen i prostran unutarnji prostor značajka je dobro ustanovljene depresivne pozicije. Komprimirani unutarnji

therapy in the right way with recognition, patience, empathy and reverie. There should be an internal space for them and also the capacity for containing the contents. The internal space that allows a person to perceive, identify and bear various psychic contents is a prerequisite for understanding and integrating the messages of the Self and for the development of authenticity. Exposing the aspects of the real self during therapy is quite emotionally intensive, because the real self is vulnerable, and during disclosure it is exposed and without defenses. However, precisely because of the authenticity of the experience, therapy is real and exciting.

Conscious recognition, tolerance and acceptance of one's own different internal contents, aspects of self and representations of objects that can be contradictory and very unpleasant are often tricky. One can do it only in a developed internal space in which they can coexist without flooding the patient's ability to contain them. Firstly, patients with self disorder usually do not have enough internal psychological space. For example, they cannot listen and take into consideration anything that is beyond the illusion of their omnipotent knowledge and control. Their inner space must be developed or renewed during therapy. The developed and spacious interior space is a feature of well-established depressive positions.

The compressed interior space is a characteristic feature of the paranoid-schiz-

prostor karakteristično je obilježje paranoidno-shizoidne pozicije u kojoj se psihički sadržaji doživljavaju kao konkretne stvari (12).

Terapeutov kapacitet za *rêverie* omogućuje daljnji razvoj pacijentove autentičnosti. Prema Christopheru Bollasu Bionov *reverie* označuje proces u kojem analitičar prima u sebe pacijentovu komunikaciju, sadržava je, njegova je psiha nesvjesno obrađuje i pretvara u sadržaje koji imaju značenje te ih postupno vraća pacijentu na razmatranje (9).

Heinz Kohut piše: „Tragični čovjek (...) nastoji izraziti uzorak svojega nuklearnog *selfa*; njegovi se napori nalaze iza načela zadovoljstva (...), težnje nuklearnog selfa – potrebe da se realnost *selfa* potvrdi putem odgovarajućih odgovora zrcalnog i idealiziranog *self*-objekta (4)."

Stoga neodgovarajuća trenutačna i situacijska empatija inače dobronamjerne okoline može proći bez teških posljedica, ali može i uzrokovati ozljedu narcizma. Takve su situacije zapravo uobičajene u terapiji (13).

Naprimjer, terapeut privremeno povlači svoju pozornost s pacijenta i gubi emocionalnu povezanost s njim. Terapeut gubi empatiju za pacijenta zbog raznih razloga. To se može dogoditi zbog njegovih psihičkih ili životnih događaja. Ili je interakcija s pacijentom

oid position in which one perceives psychic contents as material things (12).

The therapist's capacity for reverie enables further development of the patient's authenticity. According to Christopher Bollas Bion, "reverie" refers to a process in which the analyst receives the patient's communication, contains it, his psyche unconsciously processes it and transforms it into content that has meaning and gradually brings it back to the patient for consideration (9).

Heinz Kohut writes: "The Tragic man (...) seeks to express a sample of his nuclear self; his efforts lie behind the principle of satisfaction (...) The aspirations of a nuclear self - the need for the reality of the self to be confirmed through the corresponding responses of a mirroring and idealized self-object" (4).

Therefore, low current and situational empathy of otherwise well-intentioned environments can pass without severe consequences, but can also cause an injury to narcissism. Such situations are, in fact, an everyday occurrence in therapy (13).

For example, the therapist's attention to the patient temporarily wanders, which leads to a loss of an emotional connection with them. The therapist loses empathy for the patient for various reasons. Such a situation can happen because of their psychological or life events. Alternatively, the interaction with the patient has become unbearable to the therapist,

terapeutu postala nepodnošljiva ili toliko dosadna da mora prizvati svu svoju volju da ne zaspi. Situacija dosade česta je kod narcističnih pacijenata.

Neautentični sadržaji zapravo su dosadni pacijentu; oni ga ne motiviraju i imaju sličan dosadan i prazan učinak na terapeuta. U takvoj situaciji terapeut može iznenada ili postupno prepoznati da su njegove misli i pozornost odlutali od neautentičnog pacijentova sadržaja i iz odnosa s pacijentom u drugu situaciju i odnos.

Dosada i autentičnost međusobno se isključuju. Kad terapeut prepozna svoju reakciju dosade, može razmotriti kako obnoviti svoje zanimanje i kontakt s pacijentom. Claudio Neri savjetuje da u takvoj situaciji terapeut treba najprije postati svjestan kako je odnos s pacijentom evocirao odnos s dosadnim unutarnjim objektom što je prvi korak razrješavanja dosade i obnove zanimanja (14).

Još je jedna uobičajena i normalna situacija u bilo kojoj duljoj terapiji ona u kojoj bolesnik izgubi empatiju svojeg terapeuta jednostavno zato što je terapeut odsutan. Situacije u kojima bolesnik mora izdržati privremeni gubitak empatije terapeuta zapravo mogu imati potencijalno vrlo visoku vrijednost. One mogu potaknuti razvoj pacijentova *selfa* ako nisu prečeste i ako je dobra empatična veza s terapeutom

or so dull that they must summon all their will not to fall asleep. Boredom is common when it comes to narcissistic patients.

Inauthentic contents are boring to the patient; they do not motivate them and have a similarly dull and empty effect on the therapist. In such a situation the therapist can suddenly or gradually recognize that their thoughts and attention have wandered from the inauthentic content of the patient and the relationship with the patient to another situation and relationship.

Namely, boredom and authenticity are mutually exclusive. When the therapist recognizes their boredom reaction, they can consider how to renew their interest and contact with the patient. Claudio Neri advises that in such a situation the therapist should first become aware that the relationship with the patient evoked the relationship with the dull interior object, which is the first step to resolving boredom and renewing interest (14).

Another common situation in any more prolonged therapy is the one where the patient loses the empathy of their therapist simply because the therapist is absent. Situations in which the patient must endure a temporary loss of empathy of the therapist may in fact have a potentially very high value. One can stimulate the development of the patient's self if they are not too frequent and if a positive empathic relationship with the therapist is re-established

ponovno uspostavljena nakon stanke. Te situacije prisilit će pacijenta da se oslanja na sebe i na kraju razvije vlastite samopodržavajuće strukture.

Heinz Kohut iznimno cijeni takve situacije i smatra ih temeljnima u procesu transmutirajuće internalizacije (4, 5, 6).

Veće zanimanje, sudjelovanje u interakciji bolesnika i analitičara ili osoba koje djeluju u interakciji pokazatelji su povećane autentičnosti i u terapiji i u životu. Terapeut i pacijent zajedno nastoje stvoriti uvjete za obnovu integriteta i kohezije pacijentova *selfa*. U nekim slučajevima to znači obnovu razvoja *selfa*. Ako su uspješni, pacijent obnavlja *self* i oslobađa njegove autentične manifestacije u terapiji ili prvi put postiže autentičnost. Tako terapija pomaže pacijentima, posebno onima s poremećajima *selfa*, da ostvare pravi *self* koliko je moguće u okolnostima u kojima žive. Autentičnost zamjenjuje bivše rigidne obrane što se pozitivno odražava u bliskim odnosima, u boljoj percepciji sebe i drugih i u društvenoj ulozi (4, 5, 6).

Pacijent treba najprije primiti komunikaciju svojeg prvog *selfa*. Zatim je treba izraziti svojem terapeutu jer je druga osoba mora primiti. Takav pacijent osjeća se živim, a njegov osjećaj praznine smanjuje se i postaje sporadičan. Kad pacijenti postignu veću

after the break. These situations will force the patient to rely on themselves and eventually develop their supportive structures.

Heinz Kohut values these situations highly and considers them fundamental in the process of transmutation internalization (4-6).

Higher interest, participation in the interaction of the patient and the analyst or persons in interaction is an indicator of increased authenticity in both therapy and life. The therapist and the patient strive together to create conditions for restoring the integrity and cohesion of the patient's self. In some cases, this means restoring the development of the self. If they are successful, the patient restores their self and releases its authentic manifestations in therapy, or achieves authenticity for the first time. In this way, therapy helps patients, especially ones with the disorders of the self, to realize the real self in the circumstances in which they live. Authenticity replaces the former rigid defenses, which positively reflects on close relationships through a better perception of oneself and others and the social role (4-6).

The patient first has to perceive the communications of their real self. These they have to communicate with their therapist because another must receive them. Such a patient feels alive, and their experience of emptiness is reduced and becomes sporadic. When patients achieve greater authenticity or better contact

autentičnost ili bolji kontakt sa svojim psihičkim temeljima, s impulsima iz pravog *selfa*, osjećaju se stabilnije, a njihovi se teški, neugodni i bolni osjećaji smanjuju. Autentična osoba ima kapacitet za uspostavljanje odnosa s drugima. Odnosi s drugima olakšaju vlastitu temeljnu samoću. Kapacitet za samoću omogućuje odnose s drugima koji se doživljavaju kao stvarne osobe, odvojene od sebe. No ako su drugi doživljeni kao parcijalni objekti koji su važni jedino u okviru određene uloge za osobu, njihove autentične značajke nisu prepoznate (2, 3).

Terapeut prima pacijentovu verbalnu i neverbalnu komunikaciju, misli i emocije, ali i somatske senzacije koje je pacijent pobudio u njemu. Istraživači sve više prepoznaju da je neverbalna komunikacija vrlo važna čak i na terapijama koje se tradicionalno oslanjaju na verbalnu interakciju. Tjelesne senzacije također se mogu smatrati bolesnikovom autentičnom komunikacijom koju treba primiti. Ako se primi i prepoznaje kao takva, ona omogućuje usklađivanje između psihoterapeuta i pacijenta. Terapeut stvara s pacijentom odnos u kojem je moguće biti autentičan. Takav odnos omogućuje progresivno uvođenje pravog *selfa* u terapiju, a time i autentičnost postaje veća. Postaje moguće liječiti ozljede narcizma. Postupno dolazi do transformacije narcističkih potreba i stremljenja od idealiziranih

with their psychological foundations, with impulses from the real self, they feel more stable, and their complicated, unpleasant and painful feelings diminish. An authentic person can establish relationships with others. Relationships with others facilitate one's own fundamental loneliness. The capacity for solitude allows relationships with others whom one perceives as real persons, separated from them. On the other hand, if one perceives others as partial objects, which are only relevant in the context of a particular role for the person, their authentic traits are not recognized (2,3).

The therapist receives the patient's verbal and nonverbal communications, thoughts and emotions, but also the somatic sensations that the patient evoked in them. Researchers increasingly recognize that non-verbal communication is essential even in therapies that traditionally rely on verbal interaction. One can also regard bodily sensations as a patient's authentic communication that must be received. If these forms of communication are accepted and recognized as such, they enable harmonization between the psychotherapist and the patients.

The therapist creates a patient relationship in which it is possible to be authentic. Such a relationship enables the progressive introduction of the real Self in therapy, and thus authenticity becomes greater. It becomes possible to treat the injuries of narcissism. Gradually there is a transformation of narcissistic needs

i svemoćnih do realnih što dovodi do mudrosti (4, 5, 6).

Doživljaj sebe umnogome utječe na sva ostala iskustva. Doživljaji sebe, drugih i stvarnosti nerazdvojivo su prepleteni jer su sva iskustva subjektivna i objektivna. Čovjek ne može biti potpuno objektivan čak ni ako je psihički zdrav, a kako se povećava psihopatologija, procjena vlastitih iskustava postupno postaje subjektivnijom.

Psihički problemi mnogih bolesnika proizlaze iz trauma i ozljeda narcizma. Rigidne obrane od novih ozljeda u velikoj mjeri ograničuju slobodu osobe koja gubi autentičnost. Ponovno otkrivanje bolesnikove autentičnosti na terapiji, što otvara putove za njezino ostvarenje u životu, važan je cilj psihodinamskih psihoterapija.

and strivings for something idealized and omnipotent into real ones which lead to wisdom (4-6). The experience of oneself significantly affects all other experiences. The experiences of oneself, others and reality are inseparably intertwined because all experiences are subjective and objective. A man cannot be purely objective even if he is psychologically healthy, and as psychopathology increases, assessing one's own experiences gradually becomes more subjective.

The psychological problems of many patients stem from the traumas and injuries of narcissism. Rigid defenses against new violations mainly restrict the freedom of a person who loses authenticity. Rediscovering the patient's authenticity in therapy, which opens the pathways for its realization in life, is an essential goal in psychodynamic psychotherapies.

LITERATURA/*REFERENCES*

1. Kalsched D. The Inner World of Trauma. Archetypal Defenses of the Personal Spirit. London and New York, Routledge, 1996.
2. Tuber S. The True Self and False Compliance. In: Attachment, Play, and Authenticity. A Winnicott Primer. New York, Jason Aronson. 2008: 49–66.
3. Winnicott DW. Ego Distortion in Terms of True and False Self. In: Winnicott, D.W., Ed. The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development. London, Karnac Books, 1960: 140–152.
4. Kohut H. The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Disorders. Chicago & London, The University of Chicago Press, 2009.
5. Kohut H. The Restoration of the Self. Chicago & London, The University of Chicago Press. 2009.
6. Kohut H. How Does Analysis Cure? Ed. Goldberg A. Stepansky E. Chicago and London. The University of Chicago Press. 2013.
7. Bilić V. Promjeana srama u čovjeka 21. stoljeća. U: Nelagoda u kulturi 21. stoljeća – psihodinamska raspava. Ur. Marčinko D. Rudan V. Zagreb, Medicinska naklada. 2018.

8. Gianotti P. Danielian J. Uncovering the Resilient Core. A Workbook on the Treatment of Narcissistic Defenses, Shame, and Emerging Authenticity. London and New York, Routledge. 2017.
9. Bollas C. Being a Character: Psychoanalysis and Self Experience. London and New York, Routledge. 1992.
10. Boccara P, Gaddini A, Riefolo G. Authenticity and the Analytic Process. The American Journal of Psychoanalysis. 2009: 69: 348–362.
11. Crastnopol M. Micro-trauma. A Psychoanalytic Understanding of Cumulative Psychic Injury. London and New York, Routledge. 2015.
12. Klein M. Mourning and its Relation to the Manic-Depressive States. Int J Psycho-Anal. 1940: 21: 125-153.
13. Bilić V. Lecture: Authenticity in psychotherapy. Summer School of Psychoanalytic Psychotherapy: „Obstacles to Authenticity in Psychotherapy". Dubrovnik, Inter-University Centre Dubrovnik. 2018.
14. Neri C. Authenticity as an Aim of Psychoanalysis. The American Journal of Psychoanalysis. 2008: 68: 325–349.