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VELIKODUŠNOST, UVID I ISTINA U PSIHODINAMSKOJ PERSPEKTIVI

/ GENEROSITY, INSIGHT, AND TRUTH FROM A PSYCHODYNAMIC PERSPECTIVE

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SAŽETAK / ABSTRACT

Rad razmatra psihodinamski koncept velikodušnosti. Analizira razliku između zrele, integrirane velikodušnosti i njenih regresivnih i obrambenih oblika.

Polazeći od temeljne psihoanalitičke pretpostavke nesvjesne determinacije psihičkog funkcioniranja, analizira obrambene i razvojne dimenzije velikodušnosti koje su povezane s nesvjesnom krivnjom, narcističkom ranjivošću i potrebom za potvrdom. Takva je velikodušnost uvjetovana regulacijom krivnje, agresije i narcističke vulnerabilnosti.

S druge strane, autentična velikodušnost je povezana s psihičkim zdravljem: mentalizacijom, sigurnom privrženošću, tolerancijom ambivalencije i očuvanom samozaštitom.

Rad također razmatra odnos između velikodušnosti, uvida i istine.

Bionova koncepcija istine i transformacije u O te elaboracije Grotsteina i Blass potrebe za istinom kao organizirajućom funkcijom psihe u dinamičkoj su interakciji s kapacitetom podnošenja i korištenja istine.

Nužni preduvjet sadržavanja i integracije istine je strukturni kapacitet. Bez njega otkrivajuće intervencije, odnosno istina, nepodnošljivo destabiliziraju psihe.

Autentična velikodušnost terapeuta je preduvjet uspostavljanja i održavanja terapijskog okvira u kojem pacijent može razviti kapacitet podnošenja i korištenja istine za psihički razvoj.

/ This paper examines the psychodynamic concept of generosity. It analyzes the distinction between mature integrated generosity and its regressive and defensive forms.

Based on the fundamental psychoanalytic assumption of the unconscious determination of psychic functioning, this study explores the defensive and developmental dimensions of



generosity, which are linked to unconscious guilt, narcissistic vulnerability, and the need for validation. Such generosity is conditioned by the regulation of guilt, aggression, and narcissistic vulnerability.

In contrast, authentic generosity is associated with psychic health: mentalization, secure attachment, tolerance of ambivalence, and preserved self-protection.

The paper also considers the relationship between generosity, insight, and truth. Bion's concepts of truth and the transformation into O, together with Grotstein's and Blass' elaborations on the drive for truth as an organizing function of the psyche, interact dynamically with the capacity to tolerate and utilize truth.

A necessary prerequisite for the containment and integration of truth is structural capacity. Without it, revealing interventions—or truth itself—can unacceptably destabilize the psyche.

Authentic generosity on the part of the therapist is a prerequisite for establishing and maintaining a therapeutic framework in which the patient can develop the capacity to tolerate and utilize truth for psychological growth.

KLJUČNE RIJEČI / KEYWORDS

psihodinamska perspektiva / *psychodynamic perspective*, velikodušnost / *generosity*, zdravlje / *health*, istina / *truth*, uvid / *insight*

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UVOD

Jedna od temeljnih psihodinamskih pretpostavki jest da psihički procesi i ponašanje koje oni uzrokuju nisu slučajni, nego su determinirani nesvjesnim procesima (1). U tom kontekstu, iz psihodinamske perspektive, velikodušnost nije jednoznačan fenomen. Kvaliteta i razvojna razina velikodušnosti ovise o strukturi osobnosti. Davanje može biti izraz psihičke zrelosti, ali i obrambenih aktivnosti kojima se regulira unutarnji konflikt, defekt, krivnja ili narcistička ranjivost (2, 3).

Klasična metapsihologija nije razvila sustavnu teoriju velikodušnosti. Međutim, njezini temeljni koncepti – konflikt, sublimacija, reaktivna formacija, regulacija krivnje – omogućuju psihodinamsko razumijevanje fenomena davanja, brige i altruizma.

Prema klasičnoj metapsihologiji, snovi (4), simptomi, omaške i svakodnevno ponašanje (5) predstavljaju kompromisne formacije koje proizlaze iz konflikta između nagonskih zahtjeva, obrambenih mehanizama ega i zahtjeva superega. U tom okviru ni prosocijalna ponašanja, uključujući velikodušnost, ne mogu se razumjeti isključivo kao moralne ili socijalne kategorije, nego zahtijevaju dinamičku analizu.

Kasnije psihodinamske teorijske paradigme, ego psihologija (6), teorija objek-

INTRODUCTION

One of the fundamental assumptions of psychodynamic theory is that mental processes and the behaviors they generate are not random but are determined by unconscious processes (1). Therefore, from a psychodynamic perspective, generosity is not a univocal phenomenon. The quality and developmental level of generosity depend on personality structure. While giving may represent an expression of psychological maturity, it may also reflect defensive activities through which inner conflict, feelings of defectiveness, guilt, and narcissistic vulnerability are regulated (2, 3).

Classical metapsychology did not develop a systematic theory of generosity. Nevertheless, its core concepts—conflict, sublimation, reaction formation, and regulation of guilt—allow for a psychodynamic understanding of the phenomena of giving, care, and altruism.

According to classical metapsychology, dreams (4), symptoms, slips of the tongue, and everyday behavior (5) represent compromise formations that arise from conflicts between instinctual demands, the ego's defensive mechanisms, and the demands of the superego. Within this framework, prosocial behaviors, including generosity, cannot be understood solely as moral or social categories, but require dynamic analysis.

Later psychodynamic theoretical paradigms—ego psychology (6), object rela-



tnih odnosa (7-9) i self-psihologija (9-13), dodatno su diferencirale razvojne dimenzije prosocijalnog ponašanja, premještajući fokus s nagonskog konflikta na adaptacijske funkcije, unutarne objekte i regulaciju kohezije i koherencije selfa.

U razumijevanju ponašanja, psihodinamska dijagnostika u okviru PDM-2 (14) naglašava razine organizacije osobnosti (neurotska, granična, psihotična) te dimenzije mentalnog funkcioniranja poput regulacije afekta, kapaciteta za mentalizaciju i integracije identiteta. Iz perspektive PDM-a, kapacitet za velikodušnost može se promatrati kao indikator integracije identiteta, tolerancije ambivalencije, sposobnosti za stabilne objektne odnose i regulaciju agresije. Na neurotskoj razini organizacije, velikodušnost se povezuje s cjelovitim, integriranim, relativno stabilnim psihičkim strukturama. Prema Kernbergu (15), u graničnoj organizaciji često se susreće polarizacija između grandiozne „spasiteljske“ pozicije i regresivne ovisnosti. U takvim slučajevima, velikodušnost može služiti kao obrana protiv osjećaja praznine ili bezvrijednosti. Na psihotičnoj razini organizacije, kapacitet za velikodušnost i stabilnu investiciju u drugoga su ozbiljno kompromitirani psihičkom fragmentacijom. PDM također naglašava važnost kapaciteta za mentalizaciju i simbo-

tions theory (7–9), and self psychology (9–13)—further differentiated the developmental dimensions of prosocial behavior, shifting the focus from instinctual conflict toward adaptive functions, internal object relations, and the regulation of the cohesion and coherence of the self.

Psychodynamic diagnostics, as articulated in the PDM-2 (14), emphasizes the levels of personality organization (neurotic, borderline, and psychotic), as well as key dimensions of mental functioning, such as affect regulation, the capacity for mentalization, and identity integration. From the perspective of the PDM, the capacity for generosity may be viewed as an indicator of identity integration, tolerance of ambivalence, the ability to sustain stable object relations, and the regulation of aggression. At the neurotic level of organization, generosity is typically associated with cohesive, integrated, and relatively stable psychic structures. According to Kernberg (15), borderline organization often involves a polarization between a grandiose “rescuer” position and regressive dependency. In such cases, generosity may function defensively, serving to counteract feelings of emptiness or worthlessness. At the psychotic level of organization, the capacity for generosity and stable investment in another person is significantly compromised by psychic fragmentation.

The PDM also emphasizes the importance of capacities for mentalization and symbolization. Fonagy and Target

lizaciju. Fanagy i Target (16) ukazuju na važnost mentalizacije. Bez sposobnosti refleksije o vlastitim i tuđim mentalnim stanjima, velikodušno ponašanje je često impulzivno, rigidno i neprimjereno.

Bitna vrijednost koju psihodinamske psihoterapije daju su uvidi, odnosno istina. Suvremena psihoanalitička misao, osobito u radovima Biona (17-19), Grothsteina (20, 21), Harrang (22) i Blass (23, 24), razmatra odnos između kapaciteta davanja i primanja istine te strukturne organizacije psihe.

U tom kontekstu postavlja se pitanje: može li se autentična velikodušnost razumjeti kao funkcija kapaciteta ne samo davanja, nego i podnošenja psihičkih istina? I obrnuto, može li nedostatak takvog kapaciteta dovesti do obrambene ili pseudo-velikodušnosti?

Cilj ovoga rada jest teorijski razraditi odnos između velikodušnosti, istine i terapijskog uvida te razmotriti njihove strukturne implikacije u psihoterapijskom procesu.

VELIKODUŠNOST

U hrvatskim leksikografskim izvorima, velikodušnost se definira kao spremnost na davanje, pomaganje ili opraštanje bez očekivanja izravne protuusluge, uz naglašenu dimenziju

(16) have highlighted the central role of mentalization in the regulation of interpersonal behavior. Without the capacity to reflect on one's own and others' mental states, generous behavior is often impulsive, rigid, and poorly attuned.

A central value of psychodynamic psychotherapy is insight—that is, the apprehension of psychological truth. Contemporary psychoanalytic thought, particularly in the works of Bion (17–19), Grotstein (20, 21), Harrang (22), and Blass (23, 24), has explored the relationship between the capacity to give and receive truth and the structural organization of the psyche.

Within this framework, an important question arises: can authentic generosity be understood as a function not only of the capacity to give but also of the capacity to tolerate psychological truths? Conversely, might the absence of such a capacity give rise to defensive or pseudo-generosity?

This paper aims to theoretically elaborate on the relationship between generosity, truth, and therapeutic insight and to examine their structural implications within the psychotherapeutic process.

GENEROSITY

In Croatian lexicographic sources, generosity is defined as the willingness to give, help, or forgive without expecting a direct return, with a pronounced dimension of nobility and selflessness (25).



plemenitosti i nesebičnosti (25). Semantički, pojam obuhvaća ponašanja materijalnog i nematerijalnog davanja (vrijeme, pažnja, emocionalna podrška), kao i sklonost altruističkom postupanju prema drugima. U engleskoj leksikografskoj tradiciji, velikodušnost podrazumijeva spremnost na davanje više nego što je uobičajeno ili očekivano, obilje duha i plemenitost karaktera (26). Etimološki, latinski korijen *generosus* upućuje na plemenito podrijetlo, što se povijesno povezivalo s moralnom uzvišenošću i širinom duha (27).

Velikodušnost možemo promatrati na dva načina: kao relativno stabilnu crtu ličnosti i kao specifično ponašanje. Velikodušno ponašanje često je motivirano svjesnom željom za pomoć drugima, ali i subjektivnim psihičkim blagostanjem koje davatelj doživljava tijekom ili nakon čina nesebičnog davanja (28, 29). Ono uključuje darivanje novca, materijalnih dobara, vremena ili psiholoških resursa bez očekivanja nagrade, pri čemu je motivacija utemeljena na zdravoj velikodušnosti i empatiji, a ne na osobnoj koristi. Iako motivi velikodušnog ponašanja mogu biti nesebični, empirijska istraživanja pokazuju da ono pozitivno utječe na emocionalno stanje, samopoštovanje i ukupnu kvalitetu života davatelja, uključujući aktivaciju neurobioloških sustava nagrađivanja (30, 31). Drugim riječima, velikodušnost

Semantically, the concept encompasses behaviors involving both material and non-material giving—such as time, attention, and emotional support—as well as a general disposition toward altruistic conduct toward others. In the English lexicographic tradition, generosity refers to a readiness to give more than is customary or expected, reflecting the abundance of spirit and nobility of character (26). Etymologically, the Latin root *generosus* denotes noble origin, historically associated with moral elevation and breadth of spirit (27).

Generosity can be viewed in two ways: as a relatively stable personality trait and as a specific form of behavior. Generous behavior is often motivated by a conscious wish to help others, but it is also associated with the subjective sense of psychological well-being experienced by the giver during or after the act of selfless giving (28, 29). It includes the donation of money, material goods, time, or psychological resources without the expectation of reward, with motivation grounded in healthy generosity and empathy rather than personal gain. Although the motives underlying generous behavior may be altruistic, empirical research indicates that such behavior positively influences the giver's emotional state, self-esteem, and overall quality of life, including the activation of neurobiological reward systems (30, 31). In other words, generosity enhances positive emotions not only in the recipient but also in the giver.

osnažuje pozitivne emocije ne samo primatelja, već i davatelja.

ALTRUIZAM I VELIKODUŠNOST

Velikodušnost i altruizam su blisko povezani pojmovi koje je teško strogo razgraničiti; velikodušnost se može shvatiti kao jedan od oblika altruizma. Altruizam je širi pojam i odnosi se na svako ponašanje usmjereno ka dobrobiti drugih bez očekivanja nagrade (33). Prema Salmanu Akhtaru (34, 35), altruizam i velikodušnost mogu biti izraz zrele i integrirane ličnosti, ali i funkcija obrane ega ili patološki kompromis.

Sun (36) tumači altruizam kao obranu ega, čija je ekstremna manifestacija patološki altruizam: pojedinac ugrožava sebe, uvjeren da djeluje iz vrline, dok se zapravo brani od nepodnošljivih emocija krivnje ili zadovoljava prisilu superega. U tom kontekstu ego isključuje iz svijesti činjenice koje ukazuju na realna ograničenja kapaciteta, a ponašanje prelazi osobne mogućnosti.

Ferenczi (37) slično smatra da nesvjesna izvorišta altruizma uključuju traume, identifikaciju s ulogom žrtve, krivnju i potrebu za reparacijom. Altruizam je tada pokušaj ispravljanja onoga što osoba doživljava – često iracionalno – kao vlastitu krivnju za tuđu patnju, primjerice krivnju zbog preživljavanja

ALTRUISM AND GENEROSITY

Generosity and altruism are closely related concepts that are difficult to delineate strictly; generosity may be understood as one form of altruism. Altruism is a broader concept that refers to any behavior directed toward the welfare of others without the expectation of reward (33). According to Salman Akhtar (34, 35), altruism and generosity may represent expressions of a mature and integrated personality, but they may also function as ego defenses or as pathological compromises.

Sun (36) interprets altruism as an ego defense, the extreme manifestation of which is pathological altruism: the individual endangers themselves while believing that they are acting virtuously, when in fact they are defending against intolerable feelings of guilt or complying with the compulsive demands of the superego. In such situations, the ego excludes from awareness the facts that point to the real limits of one's capacities, and behavior exceeds the individual's actual possibilities.

Similarly, Sándor Ferenczi (37) suggested that unconscious sources of altruism may include trauma, identification with the role of the victim, guilt, and the need for reparation. In these circumstances, altruism represents an attempt to repair what the individual experiences—often irrationally—as their own responsibility for another person's suffering; for example, survivor's guilt following the death



smrti voljene osobe. Snažna motivacija proizlazi iz nesvjesne krivnje zbog mržnje, napadanja ili napuštanja voljenih.

Obrambena funkcija poistovjećivanja s ulogom žrtve služi izbjegavanju svjesnosti o vlastitim osjećajima agresije, zavisti i mržnje. U nekim slučajevima prisilni altruizam nastaje iz potrebe održavanja veze s okolinom radi preživljavanja u teškim odnosima i okolnostima. S druge strane, zdravo pomaganje drugima zahtijeva očuvanje vlastitih psihičkih resursa. Zdravi altruizam postaje moguć tek nakon osvješćivanja i analize agresije, zavisti, neodoljive potrebe za odnosom i krivnje, kako bi pojedinac prestao prisilno spašavati drugoga kao pokušaj spašavanja sebe ili ostajati u patološkim odnosima.

Autentična velikodušnost, kao komponenta zdravog altruizma, mora se izražavati unutar granica realnih kapaciteta davatelja (29). Davanje treba uključivati brigu o sebi kako ne bi dovelo do iscrpljivanja ili štete za davatelja, te realnu procjenu potreba primaatelja i njegovog kapaciteta prihvaćanja dobrog. Zdrava velikodušnost, stoga, može se definirati kao aspekt altruizma usklađen s realitetom: promišljeno davanje, emocionalna prisutnost, sposobnost toleriranja frustracije i realna procjena psihičkih kapaciteta davatelja i primatelja.

of a loved one. Powerful motivation may arise from unconscious guilt related to hatred, aggression, or fantasies of abandoning loved ones.

The defensive function of identifying with the role of the victim may serve to avoid conscious awareness of one's own feelings of aggression, envy, or hatred. In some cases, compulsive altruism develops from the need to maintain relationships necessary for psychological survival within difficult interpersonal contexts. In contrast, healthy helping behavior requires the preservation of one's own psychological resources. Healthy altruism becomes possible only after aggression, envy, compulsive relational needs, and guilt are recognized and worked through, allowing the individual to cease compulsively rescuing others as a way of rescuing themselves or remaining trapped in pathological relationships.

Authentic generosity, as a component of healthy altruism, must therefore be expressed within the limits of the giver's realistic capacities (29). Giving must include self-care in order to prevent exhaustion or harm to the giver, as well as a realistic appraisal of the recipient's needs and their capacity to receive what is offered. Healthy generosity may thus be defined as a form of altruism aligned with reality: thoughtful giving, emotional presence, the capacity to tolerate frustration, and a realistic assessment of the psychological capacities of both the giver and recipient.

KLASIČNA METAPSIHOLOGIJA: KONFLIKT I MORALNA REGULACIJA

U Freudovoj (1) strukturnoj teoriji ego posreduje između zahtjeva ida, superega i realnosti. Superego predstavlja instancu zabrane, idealizacije i kazne. U tom okviru prosocijalna ponašanja mogu biti motivirana pritiscima superega na ego. Velikodušnost služi redukciji nesvjesne krivnje, zadobivanju odobrenja superega putem neutralizacije agresivnih impulsa reaktivnom formacijom ili sublimacijom nagonске energije.

Ana Freud (2) opisuje kako sublimacija skreće seksualnu i agresivnu nagonску energiju sa seksualnih i agresivnih objekata u društveno prihvatljive ciljeve, a reaktivna formacija preobražava neprihvatljive impulse u suprotnu manifestaciju. Ona sustavno elaborira obrambene mehanizme ega koji strukturiraju takve transformacije. No, obrambena velikodušnost proizašla iz sublimacije ili reaktivne formacije ima karakteristike svih obrana: nesvjesnost, rigidnost i prisilu. U takvim slučajevima davanje nije izraz slobodne oduke, nego prisilna regulacija nepodnošljivih emocija zbog nesvjesnih konflikata.

Ti mehanizmi dobro objašnjavaju obrambenu velikodušnost. Međutim,

CLASSICAL METAPSYCHOLOGY: CONFLICT AND MORAL REGULATION

In Sigmund Freud's (1) structural theory, the ego mediates between the demands of the id, superego, and external reality. The superego represents the psychic agency of prohibition, idealization, and punishment. Within this framework, prosocial behaviors may be motivated by superego pressures exerted upon the ego. Generosity may function to reduce unconscious guilt or to obtain the approval of the superego through the neutralization of aggressive impulses by means of reaction formation or the sublimation of instinctual energy.

Anna Freud (2) described how sublimation redirects sexual and aggressive instinctual energy away from sexual and aggressive objects toward socially acceptable aims, while reaction formation transforms unacceptable impulses into their opposite manifestations. She systematically elaborated on the ego's defensive mechanisms that structure such transformations. However, defensive generosity arising from sublimation or reaction formation retains the characteristic features of defensive processes: unconsciousness, rigidity, and compulsivity. In such instances, giving does not represent a freely chosen act but rather a compelled regulation of intolerable emotions stemming from unconscious conflict.

These mechanisms provide a compelling explanation for defensive forms of generosity. However, they tend to neglect



zanemarena je autentična velikodušnost koja je izraz psihičkog zdravlja i obilja.

TEORIJA OBJEKTNIH ODNOSA: REPARACIJA DESTRUKCIJE I INTEGRACIJA AGRESIJE

Melanie Klein (8) uvodi koncept depresivne pozicije kao razvojne faze u kojoj dijete integrira dobre i loše aspekte objekta. U toj fazi javlja se krivnja zbog vlastite destruktivnosti i želja za reparacijom. Reparacija može biti manična (obrambena, onipotentna, koja negira oštećenje) ili zrela (temeljena na prihvaćanju ambivalencije). Autentična velikodušnost povezana je s integracijom agresije i prihvaćanjem vlastite destruktivnosti. Bez integracije agresije, davanje može služiti kao poricanje zavisti ili napada na objekt.

Donald Winnicott (9) proširuje ovu perspektivu naglašavajući važnost dovoljno dobre okoline. Kapacitet za brigu o drugome i velikodušnost razvija se unutar iskustva majke kao dovoljno dobre okoline. Takva okolina omogućava autentičnost, razvoj pravog selfa i doživljaj stvarnosti svog postojanja. Pravi self je temelj kapaciteta za brigu o okolini koja je preživjela destrukciju, te ju je nakon toga moguće doživjeti izvan vlastite onipotencije. U ovom

authentic generosity, which represents an expression of psychological health, vitality, and inner abundance.

OBJECT RELATIONS THEORY: REPARATION OF DESTRUCTIVENESS AND THE INTEGRATION OF AGGRESSION

Melanie Klein (8) introduced the concept of the depressive position as a developmental phase in which the child integrates the good and bad aspects of the object. In this phase, feelings of guilt emerge in relation to one's own destructiveness, along with the wish for reparation. Reparation may take a manic form—defensive and omnipotent, denying the damage inflicted—or a mature form, grounded in the acceptance of ambivalence. Authentic generosity is associated with the integration of aggression and the acceptance of one's own destructive impulses. Without such integration, giving may function as a denial of envy or of aggressive attacks on the object.

Donald Winnicott (9) expanded this perspective by emphasizing the importance of a "good enough" environment. The capacity to care for others and act generously develops within the experience of the mother as a sufficiently facilitating environment. Such an environment allows for authenticity, the development of the true self, and a sense of the reality of one's own existence. The true self forms the basis for the capacity to care for an external environment that has survived

teorijskom okviru, velikodušnost postaje indikator integracije, a ne samo regulacije konflikta.

SELF PSIHOLOGIJA

Heinz Kohut u okviru self psihologije (10-13) pomiče fokus s nesvjesnih konflikata na probleme vitalnosti, kohezije i koherencije selfa. On postavlja empatiju za suštinski terapijski instrument koji definira self psihološku psihoterapiju. Samo ono što terapeut može empatijski doživjeti i razumjeti je legitimni sadržaj psihoterapije.

Poremećaji selfa razvojno nastaju uslijed poremećaja empatije koji su povezani s neadekvatnim selfobjektnim odgovorima okoline. Kasnije se mogu javiti u neadekvatnoj okolini i u terapiji kod poremećaja i gubitka empatije.

Kada je self ugrožen, što signalizira emocija srama, regulacija selfa postaje centralna motivacija. Obrambena velikodušnost u tom okviru je pokušaj stabilizacije doživljaja selfa putem izazivanja potrebnih selfobjektnih reakcija okoline. Glavne selfobjektnje potrebe koje stabiliziraju self su zrcaljenje, idealizacija i blizanaštvo.

Zdravi self koji je koherentan i kohezivan je izvor vitalnosti i inicijative. Osoba s takvim selfom prepreke i zastoje u

the subject's destructive impulses and can subsequently be experienced as existing outside one's omnipotence. Within this theoretical framework, generosity becomes an indicator of psychological integration rather than merely a mechanism for the regulation of conflict.

SELF PSYCHOLOGY

Heinz Kohut, within the framework of self psychology (10–13), shifted the focus of psychoanalytic theory from unconscious conflict to problems related to the vitality, cohesion, and coherence of the self. He positioned empathy as the essential therapeutic instrument that defines self-psychological psychotherapy. Only what the therapist can empathically experience and understand constitutes legitimate material for psychotherapeutic work.

Disorders of the self arise developmentally as a consequence of disturbances in empathy, which are associated with inadequate selfobject responses from the environment. Such disturbances may later reappear in non-responsive environments and within therapy itself when empathy is disrupted or lost.

When the self is threatened—an experience often signaled by the emotion of shame—the regulation of the self becomes the central motivational force. Defensive generosity, within this framework, may represent an attempt to stabilize the experience of the self by eliciting the selfobject responses required from the environment. The primary selfobject



realizaciji svojih ambicija i ideala podnosi bez fragmentacije selfa i regresivnih obrana.

Autentična velikodušnost ne ugrožava zdravo funkcioniranje selfa, nego ga osnažuje i obogaćuje. U tom smislu, autentična velikodušnost označava kapacitet za regulaciju potreba selfa bez obrambene grandioznosti ili radikalnog osamljivanja.

S druge strane, vitalan, stabilan i koherentan self je temelj autentične velikodušnosti. U tom kontekstu može se postaviti sljedeća teza: kapacitet za velikodušnost korelira s kapacitetom za podnošenje istine koja se temelji na zdravom selfu. Osoba s nekoherentnim selfom, koja ne može tolerirati i integrirati svoje razne aspekte, na primjer istinu o vlastitoj agresiji ili zavisti, teže će razviti autentičnu brigu za drugoga; njegovo davanje će biti obrambeno ili instrumentalizirano.

UVID

Uvid predstavlja iznenadnu kognitivnu spoznaju – novo razumijevanje utemeljeno na svjesnosti prethodno nesvjesnih psihičkih sadržaja i procesa (38). Psihodinamska terapija različitim interpretativnim i razotkrivajućim intervencijama, analizom snova, ponašanja, transfera i kontratransfera, terapijskog

needs that stabilize the self include mirroring, idealization, and twinship.

A healthy self, both coherent and cohesive, represents a source of vitality and initiative. An individual with such a self can tolerate obstacles and frustrations in the realization of personal ambitions and ideals without fragmentation of the self or the emergence of regressive defensive processes.

Authentic generosity does not threaten the healthy functioning of the self; rather, it strengthens and enriches it. In this sense, authentic generosity reflects the capacity to regulate one's self-needs without resorting to defensive grandiosity or radical withdrawal.

Conversely, a vital, stable, and coherent self constitutes the foundation of authentic generosity. In this context, the following thesis may be proposed: the capacity for generosity correlates with the capacity to tolerate psychological truth, a capacity grounded in a healthy self. A person with an incoherent self, who cannot tolerate or integrate different aspects of their internal experience—for example, the truth about their own aggression or envy—will find it more difficult to develop authentic concern for others; their giving will tend to be defensive or instrumentalized.

INSIGHT

Insight refers to a sudden cognitive realization—a new understanding grounded in the awareness of previously unconscious

odnosa te proradom obrambenih mehanizama omogućuje pojavu uvida. Obrane same mogu postati predmet uvida, jednako kao i drugi psihički sadržaji, primjerice intrapsihički konflikti koji su iz svijesti uklonjeni djelovanjem obrambenih mehanizama (1-5).

Sigmund Freud (1) smatrao je uvid ključnim mehanizmom psihičke promjene. Prema njegovu shvaćanju, interpretacija nesvjesnih sadržaja omogućuje ego prepoznavanje potisnutih želja i konflikata, čime se smanjuje anksioznost i jača sposobnost realistične prilagodbe stvarnosti. Freudova poznata maksima „Wo Es war, soll Ich werden“ („Gdje je bio id, neka bude ego“) sažima taj proces kao postupno širenje područja ega na račun nesvjesnog. U teoriji objektnih odnosa prema Melanie Klein (8), uvid dobiva specifičnu razvojnu dimenziju povezanu s prijelazom u depresivnu poziciju. U tom kontekstu uvid uključuje sposobnost integracije prethodno rascijepljenih iskustava objekta i suočavanje s ambivalencijom prema cjelovitom objektu. Smanjenje rascjepa, integracija i razvoj uvida označavaju sposobnost uspostave depresivne pozicije, čime se omogućuje pojava zahvalnosti i velikodušnosti. Razvoj uvida omogućuje integraciju prethodne podjele majke na isključivo „dobri“ i „loši“ objekt, čime se otvara prostor za empatiju, zahvalnost i odgovornost prema objektu.

psychological contents and processes (38). Psychodynamic therapy facilitates the emergence of insight through various interpretative and uncovering interventions, including the analysis of dreams, behavior, transference, and countertransference, the therapeutic relationship, and the working-through of defensive mechanisms. Defenses themselves may become the object of insight, just as other psychic content, such as intrapsychic conflicts that have been removed from consciousness through defensive processes (1–5).

Sigmund Freud (1) regarded insight as a central mechanism of psychological change. In his view, the interpretation of unconscious material allows the ego to recognize repressed wishes and conflicts, thereby reducing anxiety and strengthening the individual's capacity for realistic adaptation to reality. Freud's well-known maxim, "Wo Es war, soll Ich werden" ("Where id was, there ego shall be"), summarizes this process as the gradual expansion of the ego's domain at the expense of the unconscious.

In object relations theory, according to Melanie Klein (8), insight acquires a specific developmental dimension related to the transition to the depressive position. In this context, insight involves the capacity to integrate previously split experiences of the object and to confront ambivalence toward the whole object. The reduction of splitting, the process of integration, and the development of insight mark the establishment of the depressive position, thereby enabling the emergence of gratitude and generosity. The develop-



Takav uvid ima izravne implikacije za razvoj velikodušnosti. Integracija ambivalentnih osjećaja prema objektu omogućuje smanjenje destruktivnih impulsa i porast reparativnih tendencija koje se očituju kao briga, davanje i očuvanje odnosa. U tom se smislu velikodušnost može razumjeti kao razvojni ishod uvida i psihičke integracije, a ne isključivo kao obrambeno ili nagonski uvjetovano ponašanje (8, 9).

Ipak, sam uvid ne može biti konačni cilj terapije. Znanje o sebi ne jamči promjenu. Oslanjanje na ideju da „analitičar analizira, a priroda liječi“ (39) implicira fokus na promicanje samosvijesti, ali može odvratiti terapeuta od konkretnih ciljeva liječenja. Pacijenti mogu steći značajne uvide o sebi, a da ih ne primjenjuju u svakodnevnom životu. Krajnji cilj psihoterapije stoga nisu uvidi sami po sebi, nego liječenje – postizanje zdravijeg psihičkog funkcioniranja.

BION: ISTINA, KONTEJNIRANJE I TRANSFORMACIJA

Wilfred Bion uvodi radikalnu epistemološku dimenziju u psihoanalizu (17-19). Istina nije moralna kategorija, nego emocionalna realnost koja zahtijeva mentalnu obradu. Kapacitet za transformaciju beta-elemenata u alfa-elemente predstavlja temelj men-

ment of insight allows the earlier division of the mother into exclusively “good” and “bad” objects to be integrated, opening space for empathy, gratitude, and responsibility toward the object.

Such insight has direct implications for the development of generosity. The integration of ambivalent feelings toward the object reduces destructive impulses and increases reparative tendencies expressed through care, giving, and the preservation of relationships. In this sense, generosity may be understood as a developmental outcome of insight and psychological integration, rather than solely as a defensive or instinctually determined behavior (8, 9).

Nevertheless, insight alone cannot be considered the ultimate goal of therapy. Knowledge about oneself does not, in itself, guarantee change. Reliance on the idea that “the analyst analyzes, while nature cures” (39) implies a focus on the promotion of self-awareness but may divert the therapist from the concrete goals of treatment. Patients may acquire significant insights about themselves without applying them in everyday life. The ultimate aim of psychotherapy, therefore, is not insight in itself but healing—that is, the achievement of healthier psychological functioning.

BION: TRUTH, CONTAINMENT, AND TRANSFORMATION

Wilfred Bion introduced a radical epistemological dimension to psychoanalysis

talnog funkcioniranja. Nemogućnost podnošenja istine dovodi do napada na povezanost i projekivnih identifikacija. U terapijskom kontekstu, terapeut mora imati kapacitet za sadržavanje neprorađenih afekata pacijenta. U tom svjetlu, velikodušnost terapeuta nije sentimentalnost, nego sposobnost toleriranja boli bez osvete. Ona predstavlja strukturni kapacitet za podnošenje emocionalne istine bez fragmentacije.

Bion naglašava da se ljudski um razvija kroz izlaganje istini, odnosno stvarnosti koja frustrira. Formulira koncept O kao apsolutne istine ili ultimativne realnosti koja se ne može u potpunosti konceptualizirati, nego se može samo neposredno doživjeti. Kapacitet podnošenja istine – sposobnost toleriranja i procesuiranja emocionalno zahtjevnih iskustava – predstavlja ključnu dimenziju mentalnog rasta i psihičkog zdravlja.

Bion tvrdi da je potreba za istinom temeljna razvojna i egzistencijalna nužnost. Istina je psihi potrebna jednako kao što je tijelu potrebna hrana; njezin nedostatak dovodi do pogoršanja mentalnog funkcioniranja. Pri tome ne govori o moralnoj istini, nego o epistemofilnom nagonu i transformacijama u O. Istina je strukturna potreba: bez nje nema transformacije emocionalnog iskustva ni razvoja mišljenja. Ova koncepcija nadovezuje se na njegovu

(17–19). In his view, truth is not a moral category but an emotional reality that requires mental processing. The capacity to transform beta-elements into alpha-elements represents a fundamental basis of mental functioning. When the mind is unable to tolerate truth, attacks on linking and processes of projective identification emerge. In the therapeutic context, the therapist must possess the capacity to contain the patient's unprocessed affects. In this light, the therapist's generosity does not consist of sentimentality, but of the ability to tolerate pain without retaliation. It represents a structural capacity to endure emotional truth without fragmentation.

Bion emphasized that the human mind develops through exposure to truth—that is, to aspects of reality that are inherently frustrating. He formulated the concept of O as absolute truth or ultimate reality, which cannot be fully conceptualized but can only be directly experienced. The capacity to tolerate truth—the ability to endure and process emotionally demanding experiences—thus becomes a crucial dimension of mental growth and psychological health.

Bion further argued that the need for truth is a fundamental developmental and existential necessity. Truth is as necessary for the psyche as food is for the body; its absence leads to a deterioration of mental functioning. Importantly, Bion did not refer to moral truth but rather to the epistemophilic drive and transformations in O. Truth, in this sense, represents



raniju tezu prema kojoj su tolerancija frustracije i sposobnost podnošenja emocionalne istine preduvjet nastanka misli.

POTREBA ZA ISTINOM

James Grotstein (20, 21), koji je bio u didaktičkoj analizi kod Biona, razvija koncept poriva prema istini i transformacije u O. Grotstein Bionovu ideju proširuje pretpostavkom da u ljudskoj psihi postoji temeljni poriv prema istini – egzistencijalna potreba da se doživi istina i bude u istini, osobito u emocionalnoj realnosti. Istina u tom okviru nije puka faktografska točnost, nego emocionalna istinitost iskustva. Potraga za istinom nije sekundarna racionalna funkcija, nego ontološki pokret psihe prema integraciji. Poriv prema istini usmjerava subjekt prema otkrivanju emocionalne istine i transformaciji kroz iskustvo.

Prema Grotsteinu, postoji inherentna psihička tendencija prema istini čak i kada je ona traumatska ili destabilizirajuća. Izbjegavanje istine dovodi do formiranja obrambenih kompromisa koji služe održavanju neautentične prilagodbe. Kada je istina o agresiji, ovisnosti, zavisti ili ranjivosti nepodnošljiva, aktiviraju se nesvjesni obrambeni procesi koji izobličavaju percepciju realnosti. Obrane mogu uključivati

a structural necessity: without it, the transformation of emotional experience and the development of thought cannot occur. This conception builds upon his earlier thesis that tolerance of frustration and the capacity to bear emotional truth constitute prerequisites for the emergence of thought.

THE NEED FOR TRUTH

James S. Grotstein (20, 21), who underwent didactic analysis with Wilfred Bion, further developed the concept of the drive toward truth and the idea of transformations in O. Grotstein expanded Bion's ideas by proposing that within the human psyche there exists a fundamental drive toward truth—an existential need to experience truth and to exist within it, particularly in the realm of emotional reality. In this framework, truth does not refer merely to factual accuracy but to the emotional authenticity of experience. The search for truth is therefore not a secondary rational function but an ontological movement of the psyche toward integration. The drive toward truth directs the subject toward the discovery of emotional truth and transformation through experience.

According to Grotstein, there is an inherent psychic tendency toward truth, even when that truth is traumatic or destabilizing. The avoidance of truth leads to the formation of defensive compromises that maintain an inauthentic adaptation

idealizaciju, devalvaciju, projekтивne procese ili rigidne moralne pozicije. Slom tih obrana dovodi do traumatskog izlaganja istini i fragmentaciji te ugrožava psihičko funkcioniranje.

Međutim, kad su prisutni odgovarajući psihički preduvjeti, istina potiče emocionalni rast i prihvaćanje psihičke realnosti. Psihička transformacija ne postiže se logičkim znanjem, nego iskustvenim preoblikovanjem psihe.

Grotsteinov koncept označava egzistencijalnu tendenciju psihe da razotkriva obmane, iluzije i obrane kako bi dosegla dublju emocionalnu istinu – ne samo epistemološku činjenicu, nego transformirajuću psihičku realnost koja omogućuje emocionalnu zrelost i klinički napredak.

Caron Harrang (22) bavi se odnosom psihičke istine i psihičkog zdravlja kroz koncept istine i zablude. U svojim radovima razmatra psihološku potragu za istinom unutar psihoanalitičkog procesa i njezine implikacije za emocionalni razvoj i kliničku praksu. Oslanjajući se na Bionovu teoriju O i Grotsteinov koncept poriva prema istini, ističe kako potraga za emocionalnom istinom u terapijskoj situaciji može potaknuti psihičku transformaciju i razvoj. Istina u terapijskom odnosu pridonosi zdravijoj psihičkoj dinamici i dubljoj intersubjektivnoj povezanosti.

to reality. When truths about aggression, dependency, envy, or vulnerability become intolerable, unconscious defensive processes are mobilized that distort the perception of reality. Such defenses may include idealization, devaluation, projective processes, or rigid moral positions. When these defenses collapse, the individual may become traumatically exposed to truth, leading to fragmentation and a threat to psychological functioning.

However, when the necessary psychological conditions are present, truth can stimulate emotional growth and acceptance of psychic reality. Psychological transformation is not achieved solely through logical knowledge but through the experiential restructuring of the psyche.

Grotstein's concept, therefore, points to an existential tendency of the psyche to uncover illusions, deceptions, and defenses in order to reach a deeper emotional truth—not merely an epistemological fact, but a transformative psychic reality that enables emotional maturity and clinical progress.

Caron Harrang (22) explored the relationship between psychic truth and psychological health through the concepts of truth and illusion. In her work, she examines the psychological search for truth within the psychoanalytic process and its implications for emotional development and clinical practice. Drawing on Bion's concept of O and Grotstein's notion of the drive toward truth, she argues that the search for emotional truth within the



Rachel Blass (23, 24) potrebu za istinom vidi kao temeljnu motivaciju i središnju orijentaciju psihe. Traženje istine o unutarnjem iskustvu, konfliktima i fantazijama nalazi se u samome središtu analitičkog rada. Ne radi se samo o epistemičkoj težnji za spoznajom, nego o kliničkoj i egzistencijalnoj orijentaciji koja omogućuje rast, rad na odnosima i integraciju psihičkih sadržaja unutar analitičkog iskustva. Ona naglašava da istina ima organizirajuću funkciju za self. Prema njezinu shvaćanju, analitički proces nije samo relacijski susret, nego i proces razotkrivanja emocionalne istine. Bez konfrontacije s istinom, self ostaje parcijalno organiziran, oslanjajući se na obrambene konstrukcije.

Istina se pritom ne reducira na znanje, nego se razumije kao relacijski i klinički proces koji omogućuje transformaciju psihičkih struktura. Blass se oslanja na Freudovu ideju epistemofilije, ali naglašava da u kleinianskom okviru pitanje istine uključuje i emocionalnu, pa i ontološku dimenziju. Istina o vlastitim fantazijama, strahovima i konfliktima nije samo nešto što se spoznaje, nego i nešto što se živi. Ona se pojavljuje u transfernom odnosu, u radu s projektivnim identifikacijama i u procesima simbolizacije.

U tom kontekstu, istina nije neutralna niti se može svesti na objektivnu

therapeutic situation can stimulate psychological transformation and development. Truth within the therapeutic relationship contributes to healthier psychic dynamics and a deeper intersubjective connection.

Rachel Blass (23, 24) conceptualizes the need for truth as a fundamental motivation and a central organizing orientation of the psyche. The search for truth about inner experience, conflicts, and fantasies lies at the very core of analytic work. This search is not merely an epistemic striving for knowledge but a clinical and existential orientation that enables growth, relational work, and the integration of psychic contents within the analytic experience.

Blass emphasizes that truth has an organizing function for the self. In her view, the analytic process is not only a relational encounter but also a process of uncovering emotional truth. Without confrontation with truth, the self remains only partially organized, relying on defensive constructions.

Truth is therefore not reducible to knowledge; rather, it is understood as a relational and clinical process that enables the transformation of psychic structures. Blass draws on Freud's concept of epistemophilia but emphasizes that within the Kleinian framework, the question of truth includes an emotional and even ontological dimension. Truth about one's own fantasies, fears, and conflicts is not only something that is known but some-

činjenicu. Riječ je o unutarnjoj istini subjekta – onome što je emocionalno značajno i psihički aktivno. Potraga za takvom istinom otkriva fantazijske strukture ega i superega, dinamiku nagona i procese transfera.

Blass stoga zaključuje da potraga za istinom ostaje „alpha i omega“ analitičkog rada, unatoč suvremenim teorijskim raspravama. Istina i njezino izražavanje kroz autentično ponašanje temeljni su za psihičko zdravlje. Kliničko iskustvo pokazuje da prihvatanje novih spoznaja o sebi, kao i življenje vlastite istine, predstavlja složen proces koji pretpostavlja dostatne psihološke kapacitete.

TERAPIJSKE IMPLIKACIJE RAZOTKRIVANJA ISTINE I STRUKTURNA SPREMNOST

Jedno od središnjih pitanja psihodinamske teorije odnosi se na razumijevanje temeljne ljudske motivacije. Brojni autori eksplicitno ili implicitno postavljaju težnju prema istini kao temeljnu ljudsku i terapijsku motivaciju (1, 17-24). Freud (1) i Hartmann (6) su razvoj ego-funkcija povezali s jačanjem principa realiteta, kojim subjekt postupno razlikuje fantazije od objektivnih činjenica te napreduje prema istini o sebi i svijetu. Međutim, važan princip u prepoznavanju i usvajanju istine je

thing that is lived. It emerges within the transference relationship, within work with projective identifications, and within processes of symbolization.

In this context, truth is not neutral and cannot be reduced to objective facts. Instead, it refers to the subject's internal truth—what is emotionally meaningful and psychically active. The search for such truth reveals the fantasy structures of the ego and superego, the dynamics of instinctual life, and the processes of transference.

Therefore, Blass concludes that the search for truth remains the “alpha and omega” of analytic work, despite contemporary theoretical debates. Truth and its expression through authentic living are fundamental to psychological health. Clinical experience demonstrates that accepting new insights about oneself—and living in accordance with one's truth—is a complex process that presupposes sufficient psychological capacities.

THERAPEUTIC IMPLICATIONS OF TRUTH DISCLOSURE AND STRUCTURAL READINESS

One of the central questions in psychodynamic theory concerns the understanding of fundamental human motivation. Numerous authors, explicitly or implicitly, posit the striving for truth as a core human and therapeutic motivation (1, 17-24). Freud (1) and Hartmann (6)



postupnost, što implicira potrebu toleriranja iluzija dok su neophodne (1, 40).

Razvoj uvida i samosvijesti, uključujući prepoznavanje nesvjesnih impulsa i konflikata, ovisi o psihičkim kapacitetima pojedinca – o sposobnosti suočavanja, toleriranja i obrade tih spoznaja (17, 20, 21). Ta sposobnost proizlazi iz relativno stabilnih i zdravih psihičkih struktura. Otkrivanje nesvjesnog stoga nužno uključuje procjenu pacijentove sposobnosti toleriranja svjesnosti i istine. Terapeut procjenjuje spremnost pacijenta za suočavanje s nesvjesnim materijalom kako bi izbjegao preplavljuću tjeskobu ili čak dezintegraciju ega (41).

Ključno kliničko pitanje jest: kada je pacijent strukturno spreman za razotkrivajuće interpretacije?

U klasičnoj analizi naglasak je bio na interpretaciji konflikta (1, 42). Međutim, suvremena klinička praksa pokazuje da interpretacija bez adekvatnog sadržavanja može imati destabilizirajuće učinke kod strukturno krhkih pacijenata (17, 20, 22, 24). Razotkrivanje nesvjesne agresije, zavisti ili narcističke ranjivosti može izazvati regresiju, fragmentaciju selfa, pojačane projektivne procese, gubitak terapijskog saveza i prekid terapije.

Terapeutova velikodušnost podrazumijeva sposobnost odgode interpreta-

linked the development of ego functions to the strengthening of the reality principle, through which the subject gradually differentiates fantasies from objective facts and progresses toward the truth about oneself and the world. However, an important principle in recognizing and assimilating truth is gradualness, which implies the need to tolerate illusions while they remain necessary (1, 40).

The development of insight and self-awareness, including the recognition of unconscious impulses and conflicts, depends on an individual's psychic capacities—their ability to face, tolerate, and process these realizations (17, 20, 21). This ability arises from relatively stable and healthy psychic structures. Therefore, uncovering the unconscious necessarily involves assessing the patient's capacity to tolerate awareness and truth. The therapist evaluates the patient's readiness to confront unconscious material to avoid overwhelming anxiety or even ego disintegration (41).

A key clinical question is: when is a patient structurally ready for revealing interpretations?

In classical analysis, the emphasis was on the interpretation of conflict (1, 42). However, contemporary clinical practice shows that interpretation without adequate containment can have destabilizing effects in structurally fragile patients (17, 20, 22, 24). Uncovering unconscious aggression, envy, or narcissistic vulnerability may provoke regression, self-fragmentation, intensified projective pro-

cije, toleranciju nesigurnosti i regulaciju vlastite potrebe za istinom (20, 21). U tom smislu, velikodušnost je i tehnički princip: ona uključuje suzdržavanje od preranih interpretacija. Interpretacije zahtijevaju strukturnu podlogu – dovoljno integriran self koji može podnijeti emocionalnu istinu bez dezintegracije. Bez te podloge, interpretacija može biti doživljena kao napad i razbjesniti pacijenta (17).

Razmatranje uvida i psihičke istine upućuje na šire pitanje psihičkih kapaciteta koji omogućuju prihvaćanje emocionalne realnosti. Suočavanje s istinom o vlastitim impulsima, fantazijama i konfliktima često je povezano s intenzivnim afektima poput tjeskobe, srama ili krivnje, pa stoga zahtijeva dostatnu razinu psihičke integracije i sposobnosti sadržavanja. Upravo ti kapaciteti – tolerancija frustracije, sposobnost mentalizacije i integracija ambivalentnih osjećaja – predstavljaju temeljne preduvjete za razvoj autentičnih odnosa s drugima.

U tom kontekstu, velikodušnost se može razumjeti kao jedan od razvojnih ishoda psihičke integracije i prihvaćanja emocionalne istine. Osoba koja može tolerirati vlastite agresivne i ovisne impulse, kao i ambivalentne osjećaje prema objektima, sposobnija je razviti stabilne reparativne tendencije, empatiju i brigu za druge. Iz te

cesses, loss of the therapeutic alliance, and termination of therapy.

The therapist's generosity involves the capacity to delay interpretation, tolerate uncertainty, and regulate their own need for truth (20, 21). In this sense, generosity is also a technical principle: it entails refraining from premature interpretations. Interpretations require a structural basis—a sufficiently integrated self capable of bearing emotional truth without disintegration. Without this foundation, interpretation may be experienced as an attack and provoke anger in the patient (17).

Considering insight and psychic truth points to the broader question of psychic capacities that allow for the acceptance of emotional reality. Confronting the truth about one's impulses, fantasies, and conflicts is often associated with intense affects, such as anxiety, shame, or guilt, and therefore requires an adequate level of psychic integration and containment capacity. These capacities—frustration tolerance, mentalization ability, and integration of ambivalent feelings—represent fundamental prerequisites for the development of authentic relationships with others.

In this context, generosity can be understood as one of the developmental outcomes of psychic integration and acceptance of emotional truth. A person who can tolerate their own aggressive and dependent impulses, as well as ambivalent feelings toward objects, is more capable



perspektive, velikodušnost nije samo moralna kvaliteta, nego i pokazatelj psihičke zrelosti (44-46).

Ovo razumijevanje ima posebnu važnost u psihoterapijskom kontekstu, gdje sposobnost terapeuta da tolerira emocionalne istine i psihički sadrži pacijentova iskustva predstavlja jedan od temeljnih uvjeta za razvoj terapijskog odnosa (17-19). Upravo u tom okviru može se razmotriti uloga velikodušnosti kao implicitne, ali ključne dimenzije terapijskog stava.

OPREZ S ISTINOM KOD STRUKTURNO KRHKIH PACIJENATA

Mehanizmi obrane imaju funkciju očuvanja psihičke ravnoteže tako što iz svijesti isključuju istinite, ali emocionalno preopterećujuće ili konfliktne sadržaje (2, 3). U tom kontekstu suočavanje s istinom, odnosno proširivanje svjesnosti putem konfrontacija, klarifikacija i interpretacija, zahtijeva klinički oprez, postupan tempo te pažljivo odmjerenu procjenu i senzibilitet terapeuta prema aktualnim psihološkim kapacitetima pacijenta (17-19, 38, 41).

Razvoj i sustavna potpora tih kapaciteta kod pacijenta imaju temeljno značenje jer upravo oni omogućuju sadržavanje, prihvaćanje, transformaciju i

of developing stable reparative tendencies, empathy, and concern for others. From this perspective, generosity is not merely a moral quality but also an indicator of psychic maturity (44-46).

This understanding is particularly significant in the psychotherapeutic context, where the therapist's ability to tolerate emotional truths and contain the patient's experiences psychologically represents one of the fundamental conditions for developing the therapeutic relationship (17-19). Within this framework, the role of generosity can be considered an implicit yet crucial dimension of the therapeutic stance.

CAUTION WITH TRUTH IN STRUCTURALLY FRAGILE PATIENTS

Defense mechanisms serve to preserve psychic equilibrium by excluding from consciousness truthful but emotionally overwhelming or conflictual content (2, 3). In this context, confronting truth—that is, expanding awareness through confrontation, clarification, and interpretation—requires clinical caution, a gradual pace, and carefully measured assessment and sensitivity of the therapist to the patient's current psychological capacities (17-19, 38, 41).

The development and systematic support of these capacities in the patient are fundamentally important because

integraciju nesvjesnih aspekata selfa, kao i njihovu postupnu realizaciju u životnoj praksi (10-13). Oprez u postupanju s istinom, odnosno u razotkrivanju nesvjesnog uklanjanjem obrambenih formacija i iluzija, nužan je i za pacijente i za terapeute. Istina može potaknuti pozitivne promjene, ali zahtijeva odgovarajuću spremnost pacijenta. Razvoj istinske samosvijesti ostaje složen i kontinuiran razvojni zadatak (20, 23).

Razotkrivanje nesvjesnih konflikata i aspekata selfa, kao i suočavanje s obrambenim strukturama na kojima osoba gradi identitet i odnose – primjerice s grandioznim selfom, lažnim selfom i drugim teško podnošljivim istinama – redovito izaziva snažne afektivne reakcije. Sposobnost podnošenja svjesnosti prethodno nepodnošljivih ili preplavljujućih sadržaja, prvenstveno afekata koji su uklonjeni iz svijesti obrambenim mehanizmima, te sposobnost integracije realističnih činjenica o sebi, drugima i temeljnoj prirodi života, zahtijeva visoku psihičku zrelost i otpornost.

Međutim, mnogi suvremeni pacijenti dolaze na terapiju s znatno smanjenim psihičkim kapacitetima potrebnim za suočavanje, toleriranje i integraciju intenzivnih emocija i istina koje terapijski proces može aktivirati. Oni ne posjeduju početni „kapital“ – kapacitet toleriranja svjesnosti i podnošenja isti-

they enable the containment, acceptance, transformation, and integration of unconscious aspects of the self, as well as their gradual realization in daily life (10-13). Caution in handling the truth, that is, in uncovering the unconscious by removing defensive formations and illusions, is necessary for both patients and therapists. Truth can promote positive change, but it requires adequate patient readiness. The development of genuine self-awareness remains a complex and ongoing developmental task (20, 23).

The disclosure of unconscious conflicts and aspects of the self, as well as confrontation with defensive structures upon which a person builds their identity and relationships—for example, with the grandiose self, false self, and other difficult truths—regularly triggers strong affective reactions. The ability to tolerate the awareness of previously unbearable or overwhelming content, primarily affects removed from consciousness by defense mechanisms, and the ability to integrate realistic facts about oneself, others, and the fundamental nature of life, requires high psychic maturity and resilience.

However, many contemporary patients enter therapy with significantly reduced psychic capacities needed to confront, tolerate, and integrate the intense emotions and truths that the therapeutic process may activate. They lack the initial “capital”—the capacity to tolerate awareness and bear the truth. In indi-



ne. Kod osoba s teže oštećenim psihičkim funkcioniranjem i izraženim deficitima psihičke strukture, otpornost se ne može pretpostaviti kao inicijalni terapijski resurs. Njihovi temeljni psihički problemi često proizlaze iz trauma ili izrazito nepovoljnih razvojnih okolnosti, što rezultira nedovoljno razvijenom psihičkom strukturom i slabom otpornošću.

U klasičnom psihoanalitičkom pristupu takve se pacijente smatralo suštinski neizlječivima kroz psihoanalizu (47). Čak ni stručnjaci poput H. Kohuta, unutar klasične psihoanalitičke i ego-psihološke paradigme, često nisu postizali značajniji terapijski napredak kod pacijenata s krhkim selfom (43). Pacijenti moraju posjedovati ili tijekom terapije razviti kapacitet suočavanja s nesvjesnim, njegovo toleriranje i integraciju kako bi mogli asimilirati istinu i djelovati na temelju postignutih uvida (17).

Kod osoba s poremećajima strukture selfa, otkrivajuća terapija može biti pretjerano zahtjevna i destabilizirajuća (10-13). Kada trauma, razvojni deficiti ili poremećeni odnosi ostavljaju psihičke temelje krhkima, prerano ili pretjerano izlaganje nesvjesnim sadržajima predstavlja rizik. Intervencije koje razotkrivaju nesvjesni materijal, osobito kroz analizu obrambenih formacija, mogu narušiti postojeću – premda patološku

viduals with severely impaired psychic functioning and pronounced structural deficits, resilience cannot be assumed as an initial therapeutic resource. Their fundamental psychic problems often arise from trauma or highly adverse developmental conditions, resulting in insufficiently developed psychic structure and weak resilience.

In the classical psychoanalytic approach, such patients were considered essentially untreatable through psychoanalysis (47). Within the classical psychoanalytic and ego-psychological paradigm, even experts such as H. Kohut often did not achieve significant therapeutic progress with patients possessing a fragile self (43). Patients must possess, or develop during therapy, the capacity to confront the unconscious, tolerate it, and integrate it in order to assimilate truth and act on achieved insights (17).

In individuals with self-structure disorders, revealing therapy may be excessively demanding and destabilizing (10-13). When trauma, developmental deficits, or disrupted relationships leave the psychic foundations fragile, premature or excessive exposure to unconscious content poses a risk. Interventions that uncover unconscious material, especially through the analysis of defensive formations, can disrupt the existing—even if pathological—psychic equilibrium that allows for basic functioning (2, 3).

Patients' reactions to truth depend not only on fundamental psychic capacities

– psihičku ravnotežu koja omogućuje osnovno funkcioniranje pacijenta (2, 3).

Reakcije pacijenata na istinu ne ovise samo o temeljnim psihičkim kapacitetima, nego i o tempu, eksplicitnosti i količini istine, kao i o načinu i kontekstu njenog prezentiranja u terapiji. Prerano ili neprimjereno razotkrivanje nesvjesnog može izazvati regresiju, dezintegraciju ili druge katastrofične reakcije umjesto terapijskog napretka.

Primjeren, pacijentu prilagođen i stabilan terapijski okvir – uključujući holding, sadržavanje i stabilne selfobjektne transfere – olakšava podnošenje istine i regulaciju narcističke ranjivosti. U suvremenoj psihoanalitičkoj praksi, koja obuhvaća širok spektar pacijenata s krhkim psihičkim strukturama i ograničenim kapacitetima, etika odnosa i stvaranje dobrih relacija sve više se vrednuju kao preduvjeti za razvoj sposobnosti toleriranja istine.

Humanistički pravci psihodinamske psihoterapije pomaknuli su naglasak s otkrivanja istine ekspresivnim intervencijama prema intervencijama usmjerenim na obnavljanje ili izgradnju psihičkih temelja. Takav pristup – oprez s istinom, najprije jačanje ili izgradnja psihičkih kapaciteta, a tek potom dekonstrukcija patološkog – primjeren je u liječenju svih pacijenata, osobito onih najranjivijih. Neprimjereno razotkrivanje nesvjesnog može destabilizirati

but also on the pace, explicitness, and amount of truth, as well as the manner and context of its presentation in therapy. Premature or inappropriate disclosure of the unconscious can provoke regression, disintegration, or other catastrophic reactions instead of therapeutic progress.

An appropriate, patient-adapted, and stable therapeutic framework—including holding, containment, and stable self-object transfers—facilitates the tolerance of truth and the regulation of narcissistic vulnerability. In contemporary psychoanalytic practice, which encompasses a broad spectrum of patients with fragile psychic structures and limited capacities, relational ethics and the establishment of good therapeutic relationships are increasingly valued as prerequisites for developing the ability to tolerate truth.

The humanistic branches of psychodynamic psychotherapy have shifted emphasis from truth disclosure via expressive interventions to interventions aimed at restoring or building psychic foundations. Such an approach—caution with truth, first strengthening or constructing psychic capacities, and only then deconstructing pathology—is appropriate for the treatment of all patients, especially the most vulnerable. Inappropriate disclosure of the unconscious can destabilize a fragile psyche, whereas generous holding creates a safe framework for later insight.



krhku psihi, dok velikodušni holding stvara siguran okvir za kasniji uvid.

NAGLASAK NA KVALITETNOM TERAPIJSKOM ODNOSU

Učinkovita terapija zahtijeva jasnoću u pogledu ciljeva i realno dostižnih ishoda za pojedinog pacijenta. Suvremena psihoterapija uravnotežuje naglasak klasičnih psihodinamskih pristupa – usmjerenih na istraživanje negativnih i patoloških aspekata psihe – s poticanjem razvoja i jačanja zdravih dijelova psihe, njihove zrelosti i unapređenja pozitivnih psihičkih funkcija.

Kliničko iskustvo pokazuje da razotkrivanje patološkog nesvjesnog ne doводи uvijek do očekivanih pozitivnih promjena. To je osobito vidljivo kod pacijenata s poremećajima selfa, čije su psihičke strukture slabo oblikovane i nestabilne.

Mnogi psihoanalitičari proširenih i humanistički orijentiranih pristupa, poput Ferenczija (37), Balinta (48), Winnicotta (9), Bowlbyja (49) i Kohuta (10-13), uspostavili su drukčiji prioritet: ne liječi se samo uvid, nego i dobri odnosi, koji mogu proizaći jedino iz zdravih psihičkih struktura.

Nije moguće stvoriti nešto iz ničega. Intervencije usmjerene na uklanjanje patološkog i promicanje zdravijeg

EMPHASIS ON A HIGH-QUALITY THERAPEUTIC RELATIONSHIP

Effective therapy requires clarity regarding goals and realistically achievable outcomes for each individual patient. Contemporary psychotherapy balances the emphasis of classical psychodynamic approaches—focused on exploring the negative and pathological aspects of the psyche—with the promotion of development and strengthening of healthy parts of the psyche, their maturity, and the enhancement of positive psychic functions.

Clinical experience shows that the disclosure of pathological unconscious material does not always lead to the expected positive changes. This is particularly evident in patients with self-structure disorders, whose psychic structures are poorly formed and unstable.

Many psychoanalysts from expanded and humanistically oriented approaches, such as Ferenczi (37), Balint (48), Winnicott (9), Bowlby (49), and Kohut (10-13), established a different priority: it is not only insight that is healed, but also good relationships, which can arise only from healthy psychic structures.

One cannot create something from nothing. Interventions aimed at removing pathology and promoting healthier functioning can be effective only if they rely on healthy aspects in both the patient and the therapist. Only healthy aspects allow for the transformation of pathological ones. In other words, healthy psychic

funkcioniranja mogu biti učinkovite jedino ukoliko se oslanjaju na zdrave aspekte i kod pacijenta i kod terapeuta. Samo zdravi aspekti omogućuju transformaciju patoloških. Drugim riječima, zdravi psihički kapaciteti koji podržavaju proces izlječenja moraju biti prisutni unutar same terapije.

U terapiji je poticaj za razvoj pacijenta upravo terapeutovo zdravo psihičko funkcioniranje (44). Zdrave kapacitete najprije treba posjedovati terapeut, da bi ih mogao razvijati i jačati kod pacijenta. On ih manifestira kroz terapijsko ponašanje dok velikodušno unosi sve svoje zdrave resurse u terapijski proces. Njegova stabilnost, dosljednost, istinski interes za pacijenta, sigurna privrženost, empatija i usklađenost s pacijentovim potrebama stvaraju uvjete za pacijentov zdravi razvoj.

Nerealno je očekivati da terapeut može pomoći pacijentu u problemima koje sam nije razriješio, osobito u području nesvjesnih procesa. Ako terapeut reagira neprimjereno ili čak patološki – primjerice iz kontratransferne ljutnje ili čak bijesa te nesvjesne potrebe za osvetom – to može pogoršati pacijentove poteškoće (50–53). Takve reakcije najčešće proizlaze iz neriješenog kontratransfera, što dodatno naglašava važnost psihičkog zdravlja terapeuta i obveznu edukaciju koja uključuje iskustvo vlastite terapije. Osobna analiza u okviru edukacije kao preduvjet psiho-

capacities that support the healing process must be present within the therapy itself.

In therapy, the stimulus for the patient's development is precisely the therapist's healthy psychic functioning (44). The therapist must first possess these healthy capacities in order to develop and strengthen them in the patient. They are manifested through therapeutic behavior, as the therapist generously brings all of their healthy resources into the therapeutic process. Their stability, consistency, genuine interest in the patient, secure attachment, empathy, and attunement to the patient's needs create conditions for the patient's healthy development.

It is unrealistic to expect a therapist to help a patient with problems that the therapist has not resolved themselves, especially in the domain of unconscious processes. If the therapist reacts inappropriately or even pathologically—for example, out of countertransference anger or even rage and an unconscious need for revenge—this may exacerbate the patient's difficulties (50–53). Such reactions most often stem from unresolved countertransference, further highlighting the importance of the therapist's psychic health and mandatory training that includes the experience of one's own therapy. Personal analysis, as part of training, has been continuously advocated as a prerequisite for psychotherapeutic work with patients since Freud (1).



terapijskog rada s pacijentima kontinuirano se zagovara još od Freuda (1).

Da bi „iskra zapalila vatru“, mora pasti na zapaljivu podlogu. U terapiji su to pacijentovi vitalni psihički aspekti koji trebaju adekvatne uvjete da se razviju. Ako su skriveni, terapeut ih mora aktivno tražiti i njegovati; ako su odsutni, potrebno ih je najprije izgraditi. Izgradnja pozitivnog uključuje prepoznavanje i jačanje čak i minimalnih ili latentnih elemenata pacijentove zdrave psihe.

Pažljivo zaštićeno okruženje – pouzdan i stabilan terapijski okvir – ključno je za podršku tom procesu. Siguran okvir, zdravi psihički resursi terapeuta i spremnost da ih velikodušno stavi na raspolaganje pacijentu predstavljaju ključne preduvjete uspješne psihoterapije.

Za mnoge pacijente učinkovita terapija manje se odnosi na stjecanje uvida, a više na poticanje sazrijevanja ličnosti i pozitivnih psihičkih funkcija, čemu terapeut doprinosi vlastitim primjerom i prisutnošću. Psihičko zdravlje terapeuta omogućuje mu da se s patologijom suoči na terapijski način, a njegovim velikodušnim pristupom svi zdravi psihički resursi usmjeravaju se prema dobrobiti pacijenta.

ZAKLJUČAK

Ovaj rad ističe kompleksnu međuzavisnost između psihičke strukture, uvida,

For a “spark to ignite a fire,” it must fall on a flammable substrate. In therapy, these are the patient’s vital psychic aspects, which require adequate conditions to develop. If they are hidden, the therapist must actively seek and nurture them; if they are absent, they must first be built. Building the positive involves recognizing and strengthening even the minimal or latent elements of the patient’s healthy psyche.

A carefully protected environment—a reliable and stable therapeutic framework—is crucial for supporting this process. A safe framework, the therapist’s healthy psychic resources, and the willingness to generously make them available to the patient are key prerequisites for successful psychotherapy.

For many patients, effective therapy is less about gaining insight and more about promoting personality maturation and positive psychic functions, to which the therapist contributes through their own example and presence. The therapist’s psychic health enables them to therapeutically confront pathology, and through their generous approach, all healthy psychic resources are directed toward the patient’s well-being.

CONCLUSION

This paper highlights the complex interdependence between psychic structure, insight, truth, and generosity in the psy-

istine i velikodušnosti u psihodinamskom psihoterapijskom procesu. Velikodušnost se ne može promatrati samo kao moralna ili socijalna kvaliteta, nego kao pokazatelj psihičke zrelosti, integracije selfa, tolerancije ambivalencije i sposobnosti održavanja stabilnih objektnih odnosa. Obrambeni oblici davanja, koji neutraliziraju nesvjesnu krivnju ili reguliraju agresiju, razlikuju se od autentične velikodušnosti koja proizlazi iz integriranog i kohezivnog selfa.

Uvid, shvaćen kao kognitivno i emocionalno prepoznavanje nesvjesnih sadržaja, predstavlja ključni mehanizam psihičke promjene. Razvoj uvida omogućuje smanjenje rascijepljenosti, integraciju ambivalentnih osjećaja prema objektima i posljedično razvoj reparativnih tendencija i autentične velikodušnosti.

Kapacitet za podnošenje istine – temeljni epistemološki i emocionalni aspekt psihe – pokazuje snažnu korelaciju sa sposobnošću autentičnog davanja i brige za druge. Bionova teorija transformacije beta u alfa elemente i koncept O, zajedno s elaboracijama Grotsteina, Harrangove i Blassove poriva prema istini, naglašavaju da tolerancija prema emocionalnoj istini i njeno iskustveno prihvatanje omogućuju psihički rast i integraciju.

Terapijski kontekst zahtijeva strukturalno spremne pacijente i velikodušnog,

chodynamic psychotherapeutic process. Generosity cannot be viewed merely as a moral or social quality but as an indicator of psychic maturity, self-integration, tolerance of ambivalence, and the capacity to maintain stable object relationships. Defensive forms of giving, which neutralize unconscious guilt or regulate aggression, differ from authentic generosity, which arises from an integrated and cohesive self.

Insight, understood as the cognitive and emotional recognition of unconscious content, represents a key mechanism of psychic change. The development of insight allows for the reduction of splitting, integration of ambivalent feelings toward objects, and consequently, the development of reparative tendencies and authentic generosity.

The capacity to tolerate truth—a fundamental epistemological and emotional aspect of the psyche—is strongly correlated with the ability to give and care for others authentically. Bion's theory of the transformation of beta elements into alpha elements and the concept of O, together with elaborations by Grotstein, Harrang, and Blass on the drive toward truth, emphasize that tolerance of emotional truth and its experiential acceptance enable psychic growth and integration.

The therapeutic context requires structurally ready patients and a generous, emotionally stable therapist. Premature or inadequate disclosure of un-



emocionalno stabilnog terapeuta. Preuranjeno ili neadekvatno razotkrivanje nesvjesnih sadržaja kod strukturno krhkih pacijenata može izazvati regresiju, fragmentaciju selfa i destabilizaciju terapijskog procesa. Suprotno tome, pažljivo sadržavanje, postupna gradacija interpretacija i stabilan terapijski okvir omogućuju razvoj uvida, toleranciju prema istini i poticanje autentičnih reparativnih kapaciteta.

Kvalitetan terapijski odnos, u kojem terapeut velikodušno i svjesno stavlja svoje zdrave psihičke resurse na raspolaganje pacijentu, postaje središnja os terapijskog procesa. U tom okviru, razvoj autentične velikodušnosti kod pacijenta postaje moguć tek kada postoje temelji stabilnog selfa i sposobnost mentalizacije, regulacije afekata i integracije identiteta.

Zaključno, velikodušnost, uvid i istina čine međusobno povezanu trojku u psihodinamskoj psihoterapiji: velikodušnost kao indikator zrelog selfa i sposobnosti investiranja u druge, uvid kao mehanizam otkrivanja i integracije nesvjesnog te istina kao emocionalna i epistemološka realnost koja omogućuje transformaciju psihe. Razumijevanje ovih koncepata i njihova primjena u terapijskom procesu omogućuje sustavan i siguran razvoj pacijentovih psihičkih kapaciteta, jačanje relacijskih sposobnosti i promicanje zdravijih psihičkih funkcija.

conscious material in structurally fragile patients can provoke regression, self-fragmentation, and destabilization of the therapeutic process. Conversely, careful containment, gradual gradation of interpretations, and a stable therapeutic framework facilitate the development of insight, tolerance of truth, and the fostering of authentic reparative capacities.

A high-quality therapeutic relationship, in which the therapist generously and consciously offers their healthy psychic resources to the patient, becomes the central axis of the therapeutic process. Within this framework, the development of authentic generosity in the patient becomes possible only when there are foundations of a stable self and capacity for mentalization, affect regulation, and identity integration.

In conclusion, generosity, insight, and truth form an interrelated triad in psychodynamic psychotherapy: generosity as an indicator of a mature self and the capacity to invest in others, insight as the mechanism for uncovering and integrating the unconscious, and truth as an emotional and epistemological reality that enables psychic transformation. Understanding these concepts and applying them in the therapeutic process facilitates the systematic and safe development of the patient's psychic capacities, strengthens relational abilities, and promotes healthier psychic functioning.

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