

## A Virtual Selfobject as an Aid to Healing

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### Abstract

*In this article, we propose that the mental healing forces are present in both the therapist and the patient. We will present an internal function inherent in individuals that serves as a kind of compass and guide for healing. This involves a connection to an energetic or spiritual place of internal forces oriented towards healing. This perspective is inspired by Kohut's theory.*

**Keywords:** Kohut, Healing, Self-psychology, Self-object, Internal forces

### 1. Introduction

According to Kohutian self psychology, the capacity for healing resides both in the patient and in the therapist. Through the therapeutic act, this capacity may be transformed into a life force within us - one that sustains and enlivens us.

In the present article I elaborate this claim and propose an internal function inherent in the human being: an immanent, primary, spiritual factor that strives for and propels the person toward health. I call this factor the "virtual self object". This image of an inner force is presented as a kind of guide or compass for healing, learning, and growth - an agency that searches for providers of self - needs even before such providers are concretely available to the person. In this sense, it involves a connection to an energetic or spiritual source of intrinsic, healing-oriented capacities.

Kohut foregrounds human relatedness in general, and the therapeutic relationship in particular. Therapeutic relationships are almost solely responsible for the constitution of the self, and they constitute the royal road to healing. This need, therefore, is not merely developmental; rather, it persists - though in changing forms - throughout the person's life. Moreover, only what can be known through empathy constitutes the individual's psychological field [1].

Empathy, or vicarious introspection, is also a cornerstone of Winnicottian theory: the capacity to think and feel within another person's inner life [2]. Kohut's position effectively suspends the dualism between self and other and renders unnecessary the analytic division between subject and object. What is described, therefore, is an event in which the two are one. This ethical relinquishment of one's selfhood for the sake of constituting the other stands at

the center of Kohut's thought; he viewed the loss or absence of an empathic environment as a source of profound anxiety - anxiety over the loss of the self altogether [3]. Accordingly, the essence of healing in self psychology resides in the therapeutic relationship, or in the patient's newly acquired capacity to identify and request self objects that adequately meet their needs [1].

I extend this argument through the notion of the virtual self object. I propose that there exists an internal function that operates as a developmental guide. This function anticipates and \*generates\* virtual providers of self-needs even before such providers become concretely available to the person. This claim is grounded in a review of the conceptual tradition of self psychology and rests on the assumption that, in most cases, the presence of a self object existed at some point in early life - even if only briefly - because self-formation cannot occur without it. This force is a latent potential within the self, orienting the person toward the realization of personal needs and serving as a signpost for development and healing - or as a form of provisional healing in times of deprivation.

### 2. Three Interwoven Dimensions in Contemporary Self Psychology

In recent decades, self psychology has articulated three interwoven dimensions as central pillars:

- The ethical dimension.
- The spiritual dimension.
- The unitive (oneness/holistic) dimension.

These constitute a core ontological viewpoint within the approach [4]. Like the vertices of a single triangle, these three dimensions generate three paired relationships; the three sides of this triangle can be understood as containing the metatheory as a whole.

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The interlacing of spirit within the ethical dimension already appears in the philosophical writings of Emmanuel Levinas and Jacques Derrida, who emphasize an ethics of welcoming the Other [5, 6]. Their work is preceded by writings from Eastern Buddhist philosophy, which focused on spiritual and moral aspects [7]. The second side of the triangle - unity and ethics - likewise emerges from diverse philosophical approaches, ranging from Spinoza's ethical-monistic worldview (in which God is identical with the world) to contemporary social and environmental movements [8]. The third side - spirituality and unity - is present in many spiritual practices and belief systems and appears even within psychoanalysis itself. Freud's discussion of the "oceanic feeling" and mystical experience constitutes an early reference to unitive experience within psychoanalytic discourse [9].

From this triadic - dyadic framework, I focus on the pair spirituality and unity and describe their role in conceptualizing health and illness in general, and in defining 'virtual self objectness' in particular.

### **3. Unity (Holism) and Spirituality: Working Definitions**

Within psychoanalysis, the notion of unity is described by multiple terms with overlapping meanings. In this article I formulate unity in accordance with holism: the view that a person is a single whole - within themselves and in relation to others and their world. This is a phenomenological standpoint claiming that a complex phenomenon cannot be understood only through analysis of its parts.

Like unity, spirituality is a broad concept whose definition remains contested. It may refer to contact with the divine or the supernatural, to a transformative passage, or to an anti-institutional form of religiosity [10]. Nevertheless, common usage often reflects approaches that posit elements beyond matter or consciousness - such as soul, destiny, spirits, deities, or another higher power.

Because psychoanalytic definitions of spirituality and unity are complex and controversial, psychoanalytic dictionaries often include only partial entries describing spirit (spirit) or soul (soul), and many omit these terms altogether. Akhtar, for example, lists spirituality alongside mysticism and notes disputes regarding the place of both concepts within psychoanalysis [7]. At the same time, an extensive literature addresses spirituality under headings such as "the spiritual component", "the God within us", "the transcendent function", and even "O".

### **4. Kohut's Spirituality: Cosmic Narcissism and Supra-Individual Participation**

In this article I present Kohut's understanding of spirituality as constituted through a new, transformed narcissism - cosmic narcissism - that transcends the boundaries of the individual [11]. I seek to conceptualize it as a subjective and healing essence present in every person, uniting the person's internal parts and connecting the person with others and with the world.

Kohut searched for an ontological spiritual mode of existence that connects and unifies the individual's parts with one another and with other persons. This resembles a web interweaving existence and the universe as a whole. Kohut's use of the term "cosmic narcissism" aptly illustrates this aspect of human life - linked to the transcendent dimensions of the self. Kohut described a state of supra-individual participation in the world: an expanded or merged self, characterized by spiritual unity between person and other, together with the world. This spirituality may be understood as implying that the division between body and psyche - or between observer and observed - is not absolute. Indeed, it can be viewed as a position in which the independent existence of each member of a dyad is not possible. From this viewpoint, human existence depends on intersubjective relations, or on the shared life of the psyche within the therapeutic space.

Sucharov, in a poetic formulation, describes this shared basis - rooted in a phenomenological perspective - as the "spiritual music" of the therapeutic space [12]. This spiritually unitive mode of thought, or unity between persons grounded in the spiritual component, stands at the center of Kohutian theory. The human figure that emerges in Kohut's later writings - and perhaps even more clearly in the writings of his followers - is that of the mystical human being: homo mysticus [13]. Kohut, like Jung before him, defined the self as a unitive-spiritual energy that animates and unifies the human being, existence, and the universe.

### **5. Health and Illness on a Continuum**

Much of the clinical literature adopts a splitting stance that separates health from illness. In contrast, professional writing grounded in a unitive perspective regards both as dynamic aspects of the person, complementing one another and forming a continuous spectrum. This approach understands illness as an engine of development, rather than (only) as a symptom requiring treatment and cure [10]. Winnicott viewed illness, delinquency, and even madness as part of a healing force operating in the service of the true self [2]. Kohut, in an unprecedented step, called for viewing individual pathology as an arena in which the person is not merely thrown back upon themselves but is also summoned to respond to the question of humankind [14]. Health and illness, in self psychology, thus move along a single continuum as dynamic aspects of the same self.

To be alive, from this holistic standpoint, is to move like an eternal pendulum between balance and imbalance - and self-development unfolds accordingly (a crisis that pushes toward development). Not only are illness and health unified within this conception; they also arise from the same source. As with the patient, so too with the therapist: both bear illness and bear the capacity to heal it. The therapist's ability to unite and repair the patient's fragmented self - through a process of joining - is, according to self psychology, the means by which healing is achieved. The unifying component is not materialistic or psychic in the Freudian sense of libido, but rather a spiritual energy. Thus illness, no less than healing, originates in the patient; its source is likewise the patient's own wellspring of spiritual healing, reflecting the best available solution at a given

moment.

Kohut writes: “You do not heal the patient; the patient heals himself” [15]. He repeatedly argued that therapeutic success becomes possible when the patient is able to reactivate - within selfobject transferences - self-needs that were thwarted or deprived in childhood. Accordingly, the essence of healing lies in the therapeutic relationship and in the patient’s newly acquired ability to identify and request self objects that fit their developing self-needs [1].

At the center of Kohut’s thought is presence as the sole path to development and healing. The therapist’s devotion, Kohut argues, initiates a process leading to transmuting internalization of the therapist and of the sustaining function embodied by the therapist; following this, the development of a psychic structure that had previously been missing becomes possible [16]. In this way, new optimal self-structures are acquired and existing structures are strengthened. These developments lead to an elevation in baseline self-esteem and to a cohesive, unitive, and stable self [15].

A fragile self, or collapse into vertical splitting, implies a self that lacks empathy for its own subjective experience, giving rise to what Kohut termed defensive structures [16]. These structures, unlike compensatory structures, function as an alternative armor that covers and protects a self characterized by splitting and the repudiation of significant zones of experience; however, they impede access to healthy empathic relationships. This defensive armor prevents disintegration, yet also prevents spontaneity, vitality, and close contact with others [16]. Kohut emphasized that such structures preserve the self in a precarious state but protect against the loss of the self altogether. Nevertheless, even in extreme states, remnants of the self remain in continual search of an adequately responsive self object.

In what follows I focus on this aspect within the patient: healing the self as an imperative of self-preservation, parallel to the ethical imperative toward the other. More precisely, I focus on the unitive-spiritual healing component - present from the outset in the person - that seeks the fulfillment of emotional needs and the unification of the self even before healing agents appear; that is, before an adequate self object becomes available. I term this healing component the virtual self object - a complementary mirror image of the parent’s or therapist’s virtual self.

## 6. Virtual Self Objectness

The therapist as self object is experienced as an extension of the self [14]. This is not an intrapsychic presence, nor merely an interpersonal one, but a transpersonal presence. Jung offered a botanical analogy for such relations, describing a plant growing in symbiosis with the rock upon which it grows. A self object, Kohut argues, belongs to the psychological sphere, and he termed the operative process self object transferences. Kohut described three principal forms of self object transference that represent basic psychological needs:

- **Mirroring self object:** A transference organized around admiration of the therapist, who functions as a mirror providing recognition of the patient’s abilities.
- **Idealizing/merging (connection) self object:** Security and calm are provided, along with a sense of connection and belonging between the person and the therapist [16].
- **Twinship (alter-ego) self object:** The patient’s needs are expressed through imitation, identification, or perceived similarity to the therapist, through which a sense of union is achieved. Fulfillment of this need is reflected in the development of diverse capacities in the patient.

In addition, Kohut proposed a further developmental sequence moving from the virtual self, through the nuclear self and the cohesive self, and then beyond the boundaries of the individual through transformations of narcissism, including cosmic narcissism. These transformations are articulated in five narcissistic transformations - creativity, empathy, acceptance of life’s finitude/alternatives, humor, and wisdom - and in movement beyond form, being beyond being, or even non-being within being [11].

In my view, human selfhood - from virtual potential, through nuclear ignition and cohesive manifestation, to transformative expansion - is characterized by a spiritual dimension throughout, not only at its most “transformed” pole. I therefore address the concept of self and spiritual selfhood by focusing on the earliest level - the virtual self - and on its proposed parallel within the patient’s psyche: ‘virtual self objectness’.

Kohut defines the self as psychic configurations representing body and psyche - mental and physical functions - experienced as continuous over time, unified and cohesive, and possessing stable spatial dimensions [14]. In his view, one must consider the person from a standpoint of wholeness. Pathology develops when the mother fails to respond to the child as a whole - that is, to the totality of the child’s behavior and being. The virtual self is a concept coined by Kohut; it refers to the self as conceived in the parents’ minds even before it existed as an actual entity, as a bearer of potential existence, and through the empathic presence of a self object the self begins to emerge and become actualized [16].

In what follows I discuss virtual self objectness as a way of describing a self object conceived within the patient’s psyche even before entering treatment: the patient imagines the fulfillment of self object needs as a compass for future development when actual people fail to provide an adequate matrix for the emergence of selfhood. This conceptualization rests on a unitive worldview in which the split between object and subject, and between inside and outside, is not taken as a starting point that adequately reflects the human field. It therefore emphasizes consciousness and spirit as an alternative to the classical focus on contents and conflicts. Within this view, the person is not separate from others or from the surrounding world and may, within a spiritual sphere, provide for emotional needs by drawing upon an inherent spiritual capacity and seeking the specific development required [10].

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The virtual self object, like the virtual self and unlike the (actual) self object, exists as an innate, immanent, and primary potential. It is exemplified at the beginning of life, when the newborn searches for the breast immediately after birth. Like its counterpart, the virtual self precedes the self object in reality and serves as a signpost toward its discovery, toward healing, and toward development. As the virtual self is conceived within the spirit of the parent or therapist and constitutes an image of self-development before it occurs, so too the virtual self object can express an image of a self object before it appears in reality, or when it is absent or fails.

It is possible that, just as the self moves from virtuality through nuclear and cohesive forms toward the cosmic self, the experience of 'virtual self objectness' precedes archaic self object experience; following self-development, it may enable a transition to symbolic 'self objectness', as in poetry, literature, and even faith.

### **Example: The Function of the Virtual Self object**

A patient described writing in a diary long before entering therapy. In her journal she recorded her difficult feelings throughout development and her needs whenever these receded from realization. In her experience, this enabled her to survive adolescence when her parents failed to meet these needs. She stated that diary writing helped her whenever despair intensified, and that she would often believe and imagine that the diary would take on a living form and become, for her, a person who calmed, supported, and mitigated her fears.

### **7. A Virtual Therapeutic Encounter (Opening)**

The COVID-19 pandemic introduced into the therapy room heightened anxiety, adaptation difficulties, and pervasive loneliness. The cost of the absence of in-person meetings is well known. In the following case vignette I demonstrate a transition to virtual work that helped illuminate a 'virtual self objectness' that preceded it, and through which a "seeing yet unseen" therapist position enabled the beginnings of self-repair and healing.

Hagai (pseudonym) was six years old when he was referred to me due to intense jealousy toward his younger sister. His parents reported rage episodes and oppositionality, as well as stealing from other children's bags and obsessive hoarding. Hagai feared being alone and experienced anxiety attacks expressed in somatic pains and intense demands toward his parents. Early in life he suffered from atopic dermatitis that later developed into severe asthma attacks, chronic pneumonia, and respiratory difficulties. The skin symptoms emerged around the mother's pregnancy; however, jealousy toward the sister had not yet appeared as a clear, verbalized feeling, instead manifesting as narcissistic rage. This rage oscillated between impulsive intensity and forceful entitlement, and at other times a relinquishment of his place and selfhood. Hagai's self-fragments were expressed in anger and aggression as well as in respiratory difficulties and skin symptoms [17].

Hagai's mother reported that she felt an absence of love toward

him and found it very difficult to connect with him. In contrast, she felt strong love and connection toward his sister.

At the beginning of treatment Hagai formed an immediate dependence that seemed to reflect the intensity of deprivation. He hugged me tightly at the end of each session and found it very difficult to leave the room. I experienced him as an empty shell, lacking cohesive and stable selfhood, searching for concrete gratification and creating a sterile encounter between us. He frequently asked about my life and my home, and it seemed he did not experience me as holding him in mind. He repeatedly asked me to come to his home, saying that he imagined me there, and that the therapy room was boring and he did not want to play. His behavior in the room appeared devoid of vitality; there was a sense of stuckness, an absence of playfulness, and limited free movement. Understood: I will use US spelling throughout and will keep the technical term "self object" (no hyphen).

Below is the continuation of the Academic English translation from where I left off (the COVID/Zoom case narrative), followed by the Discussion, Summary, and Bibliography.

### **8. A Virtual Therapeutic Encounter (Continuation)**

After approximately two years of treatment accompanied by a sense of sterility, we were compelled - due to COVID-19 - to transition to Zoom sessions. At first, he showed me his home; we drew and even played board games on opposite sides of the screen. I felt that the virtual modality further complicated the encounter. After several sessions, Hagai asked to switch from the desktop computer to his mother's mobile phone, and in this way he "wandered" with me through his home, his room, and his life. He said to me: "I've been thinking for a long time about what we'll do today and who I want you to be - that's why I wanted you to come to me." He asked that I turn off my camera so that I became "seeing and unseen," and I agreed. In this position I observed how he moved through his actual life: his relations with his parents, his demandingness and jealousy toward his toddler sister. I watched his bodily movements in space and his location within the household. All of this became tangible, visible, and concrete, yet at a protected distance. I was seeing and unseen.

After some time, Hagai "took me" to his room and "lifted me" onto the upper bunk of the bunk bed that he shared with his sister. He began arranging dolls, cars, toys, and soldiers and told me about each one. I felt like a participant in a game he was playing alone, and that my virtual presence was vital to what was taking place. Throughout his activity he occasionally "moved me" so that I could see him more easily. I felt that although I was not fully present for him, I was somehow \*inside\* him. After many minutes of arranging the house and the kitchen utensils, he murmured to himself: "We need food." He prepared a lunchbox and whispered - partly to me and partly to himself - "Now we're going to the kitchen to take food to fill the box. Be very quiet and come with me". We went together to the kitchen. He walked on tiptoe holding his mother's phone. From time to time he checked that his parents

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were not nearby, climbed onto a cabinet, took a handful of candies, and filled the box - while continually whispering: "Be quiet so they won't hear us". Hagai quickly returned to his room, murmuring, "Quiet - we haven't gotten there yet", and finally: "Good - we escaped - we did it!" He jumped onto his bed with a broad smile. Then we went together to collect a few small plates and returned to the protected place of "our home" high above, at the top of his bed. Hagai ate some of the candies; "Tasty, right?" he whispered - half to me - until the end of the hour.

This session changed the treatment. In this virtual encounter I became his confidante, far beyond twinship or an auxiliary ego. It seemed that I had become an actual part of him. I experienced myself in this session as becoming one with him - feeling his emotions and living with him through the scene he created. I was afraid with him that someone would discover us, I hoped he would reach his room in time, and I rejoiced with him when the mission succeeded. I was not myself; rather, I was a real part of him - within his own environment, his world, and his psyche. From this point onward, the therapy was no longer the same.

In the next session he arrived limping and said he had injured his leg. I said: "Sometimes you are not given enough space, and so movement cannot be smooth." He played for a few minutes and then said: "I just said I hurt my leg. I have no luck - is angry at me and hates me". "But don't tell me anything", he added, as if he sensed the words and interpretations about to emerge from my mouth, and asked to remain in a unitive experiential-sensory, merging sphere - one in which words would only dissolve the experience. We played for a few minutes, and I felt how much he needed to win, to take up space, to feel lucky. I allowed this. Then Hagai said: "Helped me come here today."

In the following session, as Hagai entered, we heard the faint cry of a kitten beneath the clinic window. I suggested that we go down to it. This behavior felt as though it came from me without conscious deliberation, and only after the session could I understand it. Hagai immediately attached to the kitten and asked that we feed it. He spoke to the kitten and talked about missing the kitten's mother who had abandoned it. He asked that we adopt it together.

In the next session I felt a calmness and softness in Hagai's presence that had not been there before. His mother said he talked incessantly about the kitten. He ran into the clinic and asked that we go down again. However, after checking outside, I told him the kitten was not there. Hagai replied: "His mom probably came to take him."

When he left the clinic and drove home with his father, they encountered a small kitten. Hagai asked to adopt it and his parents agreed. He told me it was the same kitten that had disappeared from beneath the clinic. He looked at me with a gaze that seemed to plead for my agreement. I felt his wish to rescue it, as well as the connection he sought to create between me and his parents - a bridge between the two homes. Hagai cared devotedly for the kitten

and spent long hours with it. His behavior remained controlling, yet it underwent a transformation into caring for another. He no longer allowed anyone to approach the kitten, claiming that he alone knew what was right for it. Hagai became a kind of parent to the kitten, "knowing" it without words and meeting both its physical and emotional needs. Gradually, his behavior toward his sister also began to change: he started playing with her, protecting her, and showing love and concern.

## 9. Discussion

The clinical material presented above may be interpreted in many different ways. I will examine it through the lens of 'virtual self objectness'.

At the beginning of treatment, Hagai sought concrete closeness, and for a long time the treatment was accompanied by a sense of lifelessness and arrested movement. It seemed that his mother's difficulty in functioning as a self object for him, together with his father's relative absence, prevented the emergence of a cohesive, vital self - an absence that found expression in various forms of drive discharge. The move to Zoom, despite its well-known limitations, enabled a broader face-to-face encounter with Hagai's concrete environment. It is possible that precisely the absence of the actual body, gaze, and physical space - together with the entry into his home and world - made it possible to open a channel of transference relations with diminished differentiation, thereby creating an empathic matrix that gathered, held, and constituted the self. This also allowed a wider range of free movement. The shift further paved the way for the expression of Hagai's needs and for the development of symbolic thought. Therapy - specifically within the virtual sphere, at a different "frequency" and mode of awareness - enabled movement from archaic narcissism toward transformation. Hagai became a self object for another, first in caring for the kitten and later in caring for his sister.

However, I propose that the virtual session with Hagai constituted a continuation of a psychic process that had begun earlier, when Hagai had already conceived of and requested it in his imagination. Hagai appeared to "know" his emotional needs and to imagine them, thereby mapping and striving to realize the healing path uniquely suited to him. Thus, even before an empathic matrix was formed, Hagai imagined a self object that would help heal the pain produced by the environment's failure to match his needs. In retrospect, I understood his repeated remarks about imagining me with him in his room as an imagination that enlivened him, supported his development, and even enabled him to direct me toward his needs.

In this way, a sequence emerged: from an imagined twinship-type virtual self object, to a self object realized through the virtual modality of the Zoom meeting, and finally toward a more fully actualized self object experience in the treatment room.

Hagai's virtual imagination - followed by our virtual meeting - and his precise guidance of me as a self object for his emotional

needs enabled movement from a place of disavowed emotional needs toward a bodily expression of psychic pain (the knee pain). This encounter functioned as a bridge between imagination and reality, enabling movement onward to symbolic domains, to more differentiated closeness, and to an emotional intimacy that had previously been absent. Hagai's imagined self object constituted a kind of preliminary, potential inner knowing, first actualized in the virtual sphere and later in reality. In this sense, mental health - measured, in Kohut's terms, by the availability of an adequate self object - began, in effect, in imagination.

Moreover, might it be that certain moments in therapy - moments characterized by the absence of gaze and body - are in fact moments of 'virtual self objectness', in which a spiritual-level self object encounter takes shape, one that is inherently "personally tailored" and thereby connects to the patient's healing capacities? In the virtual sphere, the empathic matrix was constituted, and Hagai was able to feel himself enveloped by a self object, such that his self began to emerge. As self-cohesion increased, capacities and symbolic thinking began to develop, followed by the transformation of narcissism into empathy.

## 10. Summary

Kohut argued that healing forces are located within the person - within the person's experience and distinctive illness as well [1]. Accordingly, in treatment the therapist must remain open to the uniqueness of the patient's experience in all its particulars - health and illness alike - and to the patient's subjective apprehension of reality. From this perspective, an unbreakable unitive link exists between illness and health, or between sickness and recovery; both arise from the same source: the unitive-spiritual healing source within the patient.

Virtual self object is a term introduced in this article to describe a capacity observed in patients and reflected in different clinical descriptions as the creation of an inner, personally tailored healing function - namely, a self object. The term is proposed as a counterpart to the virtual self conceived in the therapist's psyche even before the self fully emerges: a primary function within the patient's psyche, a spiritual compass searching for development and healing. This conceptualization can capture those aspects of self object experience that seek an adequate human response even before it exists in reality - much as a newborn, immediately upon birth, already seeks the mother's breast. Such a formulation may serve as an additional tool for identifying the patient's needs and their degree of readiness, and for providing an individually fitted form of healing. In this way, the ethical imperative to unite with and constitute the other is recruited in the service of seeking self-healing through the unitive-spiritual healing function.

In the clinical illustration grounded in these insights, spiritual unity is defined not as a superimposed overlay but as a primary immanent factor within the person: a factor through which unity and connection are sustained between body and psyche, as well as between person and other, as a unique and holistic entity. This rests

on forms of thinking oriented toward connection rather than linear causality, and on viewing health and illness as variables within the same life dynamic. This dimension - captured by the term 'virtual self objectness' - is understood as a self objectness created within the patient's psyche, through which the patient "knows" (in an unconscious manner) the qualities and capacities of the person who could best provide an empathic matrix and enable growth and healing.

Self-psychology, which foregrounds ethics and emphasizes the decisive importance of context in self-development, may at times lead therapists toward a collapse into grandiosity due to the responsibility of the role and the guilt it may entail. Emphasizing the patient's contribution and the healing forces within the patient can mitigate this risk and strengthen the patient's confidence in their own capacities to create providers for their needs and to orient themselves toward healing. These capacities, in turn, function as self objects that heal and mobilize the patient's ability to act as a unitive entity in their world, serving along two parallel pathways - analogous to grandiosity and transformation - namely, in the service of healing the self, or alternatively, in the service of healing the other.

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