

## Review Article

# Shekhinah Consciousness in the Therapeutic Space: From Incarnation to Redemption in the Sacred Space of Healing

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### Abstract

This article examines the evolution of Shekhinah consciousness from biblical dwelling motifs to its contemporary manifestation in therapeutic encounters. Drawing upon critical scholarship in Jewish mysticism, from Gershom Scholem's foundational analyses to contemporary feminist theological critiques, we explore how the Shekhinah's journey from exile to immanence provides a theological framework for understanding the sacred dimensions of healing relationships. The therapeutic space emerges as a contemporary locus of divine indwelling, where the dynamics of *tzimtzum*, *tikkun*, and *dirah betachtonim* converge in the physician-patient encounter.

**Keywords:** Shekhinah; Therapeutic presence; Jewish mysticism; Divine immanence; Trauma therapy; Sacred psychology; *Tzimtzum*; *Tikkun olam*; Mystical theology; Clinical practice

## Introduction

The concept of Shekhinah—divine presence dwelling among humanity—represents one of Judaism's most profound theological contributions to understanding sacred encounter. From its nascent biblical expressions through its elaborate Kabbalistic systematization, the Shekhinah has embodied the tension between divine transcendence and immanence, between cosmic exile and intimate presence. This study argues that the therapeutic encounter constitutes a contemporary manifestation of Shekhinah consciousness, where the classical mystical dynamics of divine indwelling find expression in the sacred space between healer and patient [1].

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## Biblical origins and rabbinic development

Gershom Scholem's seminal analysis traces the Shekhinah's development from the biblical *kavod* (divine glory) to its personification in rabbinic literature [2]. Unlike the transcendent *Ein Sof* of later Kabbalah, the biblical Shekhinah represents divine vulnerability—a God willing to risk presence among imperfect humanity. As Scholem notes, this represents a radical departure from purely transcendent theology, introducing what he terms "theosophical speculation" into Jewish thought. Peter Schäfer challenges Scholem's linear progression, arguing for multiple, sometimes contradictory streams of Shekhinah consciousness [3]. Schäfer's analysis reveals that even in early rabbinic texts, the Shekhinah embodies paradox: simultaneously powerful and vulnerable, present and absent, comforting and demanding. This multivalency proves crucial for understanding its therapeutic applications. Elliot Wolfson adds phenomenological depth, arguing that Shekhinah consciousness involves a fundamental "seeing-not-seeing"—an encounter with presence that remains partially concealed [4]. This paradoxical visibility becomes central to therapeutic presence, where healing often occurs in spaces of acknowledged unknowing—a theme explored extensively in contemporary therapeutic practice [1].

## Shekhinah in exile and the therapeutic response to trauma

Before examining the Zohar's systematization, we must attend to the crucial midrashic developments that establish the theological foundation for understanding Shekhinah's exile and presence in spaces of trauma. The midrashic literature, particularly *Eicha Rabbah* (Lamentations Rabbah), provides perhaps the most psychologically sophisticated early Jewish exploration of divine presence amid catastrophic loss—insights that prove remarkably prescient for contemporary trauma therapy. Michael Fishbane's analysis of *Eicha Rabbah* reveals how the rabbis transformed the biblical book of Lamentations into a profound meditation on divine suffering and presence in exile [5]. The midrash presents the Shekhinah not as transcendent deity removed from human suffering, but as divine presence that shares intimately in the trauma of destruction and displacement. This represents a radical theological innovation with profound implications for therapeutic understanding. The opening passages of *Eicha Rabbah* depict God weeping over the destruction of Jerusalem, with the Shekhinah lamenting: "Woe is me! What have I done? I caused my Shekhinah to dwell below for the sake of Israel, and now that they have sinned, I have returned to my former place" [6]. This divine lament reveals the Shekhinah's vulnerability to trauma—divine presence that risks genuine loss and suffers authentic grief.

Fishbane demonstrates how this midrashic innovation creates theological space for understanding trauma not as punishment or divine abandonment, but as experience that even divine presence shares. The Shekhinah's exile becomes paradigmatic for all forms of displacement and loss, offering framework for therapeutic engagement with trauma that honors both the reality of devastation and the possibility of continued sacred presence even within suffering [2]. Alan Mintz's literary analysis of destruction narratives in Jewish

tradition illuminates how Eicha Rabbah creates what might be termed “sacred language for unspeakable loss” [7]. Mintz shows how the midrash develops sophisticated vocabulary for discussing experiences that threaten to overwhelm normal categories of meaning—a function remarkably similar to contemporary trauma therapy’s emphasis on finding language for speechless terror. The midrash’s use of personification, dialogue, and dramatic scene-setting creates what Mintz terms “imaginative containers” for experiences of catastrophic loss. These literary techniques serve therapeutic function by providing symbolic framework within which unbearable experience can be held and gradually integrated. The Shekhinah’s own process of mourning becomes model for how human beings might engage with their own traumatic losses. Particularly significant is the midrash’s refusal to provide premature consolation or easy answers to theodicy questions. Instead, Eicha Rabbah sits with the reality of destruction while maintaining faith in eventual restoration—a temporal stance that mirrors contemporary trauma therapy’s emphasis on “staying with the trouble” rather than rushing toward false healing [8].

### The Shekhinah’s presence in midrash

Beyond Eicha Rabbah, the broader midrashic corpus develops themes that anticipate key insights of contemporary therapeutic practice. The Shekhinah appears repeatedly as divine presence that accompanies individuals and communities through experiences of exile, persecution, and loss. Significantly, this presence is not portrayed as eliminating suffering but rather as providing sustained companionship through difficult passages. Divine Accompaniment and Therapeutic Alliance: The midrashic portrayal of Shekhinah accompaniment mirrors what contemporary therapy recognizes as the therapeutic alliance—the fundamental relationship of trust and presence that enables healing work to occur. Like effective therapeutic presence, the Shekhinah’s accompaniment involves what might be termed “reliable availability” rather than dramatic intervention.

The Mekhilta’s famous teaching that “in every place where Israel was exiled, the Shekhinah was exiled with them” establishes theological precedent for understanding therapeutic presence as form of sacred accompaniment [9]. The therapist’s capacity to remain present with patient’s exile—their displacement from safety, meaning, or connection—becomes contemporary expression of this ancient understanding of divine faithfulness. Sacred Witnessing and Midrashic Testimony: Fishbane’s analysis reveals how midrashic literature functions as form of sacred testimony that ensures traumatic experiences do not remain unwitnessed [5]. The elaborate narrative attention given to experiences of destruction, exile, and suffering serves crucial function of communal witnessing that prevents historical trauma from disappearing into silence.

This midrashic emphasis on sacred witnessing provides theological foundation for contemporary trauma therapy’s emphasis on bearing witness to unbearable experience. The therapeutic function of testimony—helping patients find language for experiences that exceed normal categories—participates in ancient Jewish tradition of ensuring that suffering does not remain hidden or unacknowledged. The Dialectic of Presence and Absence: Perhaps most sophisticated is the midrashic exploration of how divine presence can be simultaneously experienced and absent, available and withdrawn. Eicha Rabbah develops complex vocabulary for describing experiences where the Shekhinah feels both present and hidden, accompanying yet distant. This dialectical understanding proves remarkably relevant for therapeutic work with complex trauma, where patients often

experience simultaneous longing for connection and terror of intimacy. The midrashic recognition that sacred presence can be partial, intermittent, and paradoxical provides framework for therapists working with patients whose capacity for relationship has been compromised by trauma.

### Zoharic systematization

In the Zohar, *Shekhinah* emerges as the tenth *sefirah*, *Malkhut*, the feminine divine presence that is both immanent and vulnerable. She is in exile, separated from the male *sefirah* *Tiferet*, representing the Holy One (*HaKadosh Baruch Hu*). Their union is the goal of prayer, ritual, and ethical life. Here, exile is not merely political but metaphysical: the fragmentation of the divine structure itself. The *Shekhinah* in exile mirrors the Jewish people in exile—a rupture that demands mystical repair. The Zohar’s transformation of Shekhinah into the tenth *sefirah*, *Malkhut*, represents both theological innovation and, according to feminist scholars, problematic gender dynamics. Melila Hellner-Eshed argues that while the Zohar grants feminine divine status to the Shekhinah, it simultaneously constrains her within patriarchal frameworks of dependency and incompleteness [10].

Rachel Elior provides crucial context for understanding how later Hasidic thought both perpetuates and subverts these gender dynamics [11]. The Shekhinah’s exile becomes not merely cosmic but deeply psychological—internalized by communities and individuals experiencing historical trauma and displacement. Daniel Matt’s translation and commentary reveals how the Zohar’s erotic metaphysics creates space for understanding divine-human encounter as fundamentally intimate and embodied [12]. This embodied mysticism provides theological grounding for viewing therapeutic relationships as sites of sacred encounter, resonating with contemporary approaches that recognize the somatic dimensions of healing [1].

### Cosmic trauma and repair

Rabbi Isaac Luria (1534–1572)—known reverently as *the Ari* (HaElohi Rabbi Yitzchak)—was the preeminent mystical innovator of Safed’s 16th-century Kabbalistic renaissance. Though he wrote little himself, his teachings were recorded and disseminated by disciples such as Rabbi Chaim Vital, forming the basis of *Lurianic Kabbalah*, a system that profoundly reshaped Jewish theology. Luria’s cosmic vision begins with *tzimtum*—the self-contraction of God to make space for creation—introducing a metaphysics of divine absence. From this void emerged a process of creation that went awry: vessels meant to contain divine light shattered (*shevirat ha-kelim*), scattering sparks into the world and embedding holiness within materiality. The *Shekhinah* in this theology becomes the divine remnant exiled in the broken world, awaiting *tikkun* (repair). Human action—through mitzvot, intention (*kavanah*), and prayer—liberates these sparks, reuniting *Shekhinah* with *HaKadosh Baruch Hu*. Uniquely, Luria casts the divine itself as wounded, in need of rescue. Redemption is thus not merely for humanity, but for God. This bold portrayal of a suffering divinity, and a *Shekhinah* whose exile mirrors divine trauma, situates Lurianic Kabbalah at the crossroads of the mystical, the theurgical, and the existential—laying the groundwork for both Hasidic immanence and post-Holocaust theology.

Isaac Luria’s doctrine of *shevirat ha-kelim* (shattering of vessels) revolutionizes Shekhinah consciousness by introducing divine trauma into the cosmic narrative. Lawrence Fine demonstrates how Luria’s system makes divine brokenness the starting point for

theological reflection rather than its problematic conclusion [13]. Shaul Magid shows how Lurianic trauma theology anticipates contemporary psychoanalytic insights about the necessity of working through rather than avoiding painful experience [14]. The scattered sparks of Shekhinah trapped in *kelipot* (husks) mirror the fragmented aspects of psyche that require integration rather than elimination. Moshe Idel challenges romantic interpretations of Lurianic *tikkun*, arguing that the system's emphasis on repair often masks its underlying antinomian possibilities [15]. For Idel, true *tikkun* may require transgressing conventional boundaries—an insight with profound implications for therapeutic boundary-crossing.

### Contemporary trauma theory

Cathy Caruth and other trauma theorists provide illuminating parallels to Lurianic cosmology [16]. Like Luria's shattered divine vessels, traumatic experience creates fragmentation that demands careful, sustained attention rather than premature repair. The Shekhinah's presence in broken places resonates with trauma therapy's emphasis on bearing witness to unbearable experience. Judith Herman demonstrates how healing requires restoring connection between fragmented aspects of experience—remarkably similar to gathering scattered divine sparks [17]. The therapeutic relationship becomes a container for this reintegration work, embodying what Luria might recognize as *tikkun* activity. This container function of the therapeutic space has been explored as a fundamental aspect of healing presence [1].

### Reframing divine desire

Among the many branches of Kabbalistic thought, Chabad Hasidism offers one of the most radical reinterpretations of the concept of *Shekhinah*. Rooted in the teachings of Rabbi Shneur Zalman of Liadi and systematized through generations of Chabad Rebbes—culminating in the visionary theology of Rabbi Menachem Mendel Schneerson—Chabad reframes divine immanence not as a tragic exile to be mourned or reversed, but as the very goal of creation. Through the doctrine of *dirah betachtonim*—that God desires a dwelling place in the lowest realms—Chabad shifts the mystic's task from cosmic ascent to worldly sanctification. In this view, the *Shekhinah* is not merely rescued from exile but is revealed through the ordinary, mundane, and embodied experiences of life. This departure from classical Lurianic trauma toward messianic immanence marks a theological revolution, one that profoundly reframes not only the cosmic mission of the Jewish people but the spiritual work of the individual healer, parent, or teacher engaged in the sanctification of daily life.

The Chabad doctrine of *dirah betachtonim* (dwelling in the lower realms) represents a radical reorientation of mystical theology. Rather than viewing materiality as obstacle to divine encounter, Chabad posits that God's deepest desire is precisely to dwell within ordinary, even broken, human experience. Rachel Elior analyzes this as a profound democratization of mystical experience [18]. No longer confined to elite practitioners, divine encounter becomes available within any genuine human relationship—including, paradigmatically, the therapeutic encounter. Elliot Wolfson demonstrates how Chabad's emphasis on divine immanence challenges traditional hierarchies between sacred and profane space [19]. The physician's office, the hospital room, the therapy session—these become potential sites of divine indwelling when approached with appropriate consciousness. Jeffrey Rubin explores parallels between therapeutic presence and contemplative awareness that illuminate Chabad insights [20]. Like the Chabad emphasis on sanctifying the mundane, effective therapy

requires finding the sacred within ordinary, often painful human experience. Emmanuel Levinas, while not explicitly Kabbalistic, provides philosophical grounding for understanding therapeutic encounter as ethical-mystical event [21]. The face-to-face encounter with suffering evokes what Levinas terms “trace of the infinite”—remarkably similar to Shekhinah presence in places of brokenness. This ethical dimension of therapeutic encounter has been further developed in contemporary discussions of healing presence [1].

### Mystical antinomianism

Rabbi Jonathan Eybeschütz (1690–1764) was a towering and enigmatic figure in early modern Jewish history, known for his brilliance as a Talmudist, halakhist, preacher, and Kabbalist. Born in Kraków and later serving as Chief Rabbi of the triple community of Altona-Hamburg-Wandsbek, Eybeschütz combined rabbinic erudition with a bold, often ambiguous mystical vision. Though widely respected for his legal and homiletical writings, including *Urim Ve-Tumim* and *Ya'arot Devash*, his legacy remains clouded by the fierce controversy with Rabbi Jacob Emden, who accused him of covert Sabbateanism. Central to these charges were amulets allegedly written by Eybeschütz, containing cryptic kabbalistic language that some interpreted as messianic or antinomian in nature. Of particular note is his use of the term *ayin* (divine nothingness), and his mystical phrase *ve-avo hayom el ha-ayin* (“I come today to the well/nothingness”), which some scholars see as gesturing toward a radical theology of divine absence and paradoxical presence. Eybeschütz's writings reveal a Kabbalist unafraid to approach the boundaries of orthodoxy, gesturing toward a view of *Shekhinah* not merely as divine presence in exile, but as a portal to apophatic unity—where revelation is cloaked in concealment, and redemption is found in the very depth of divine withdrawal.

Jonathan Eybeschütz's coded mystical formulations reveal antinomian currents within Shekhinah consciousness that complicate simple therapeutic applications [22]. Eybeschütz's phrase “*ve-avo hayom el ha-ayin*” (I come today to the divine Nothingness) suggests that authentic encounter with the Shekhinah may require venturing beyond conventional religious and therapeutic boundaries. This creates tension for therapeutic practice: How does one honor the Shekhinah's call toward boundary transgression while maintaining ethical therapeutic frameworks? The question reveals inherent tensions within mystical approaches to healing. Rabbi Moshe Chaim Luzzatto (Ramchal, 1707–1746) was a prodigious Italian Jewish mystic, philosopher, and dramatist whose contributions straddle rigorous rationality and deep Kabbalistic vision. Born in Padua, Ramchal exhibited extraordinary intellectual precocity, mastering both traditional rabbinics and secular subjects in his youth. By his early twenties, he had begun receiving what he described as divine teachings from a *maggid* (angelic teacher), leading to controversy and suspicion among rabbinic authorities who feared a resurgence of Sabbatean tendencies. Despite these pressures, Ramchal produced a wide corpus, including ethical works such as *Mesillat Yesharim*, philosophical treatises like *Derekh Hashem*, and esoteric Kabbalistic writings that sought to systematize and reframe the complex symbolism of Lurianic Kabbalah.

His mystical cosmology, though more structured than Luria's, retained the profound sense of divine concealment and redemption, casting the *Shekhinah* as a metaphysical force awaiting ultimate rectification. In Ramchal's vision, theodicy, history, and human moral striving converge within a redemptive framework that, while orthodox in form, often borders on the radical in its implications. Moshe



Chaim Luzzatto's Da'at Tevunot provides more structured approach to Shekhinah consciousness that proves more amenable to therapeutic application. Mordechai Pachter analyzes Ramchal's emphasis on divine governance and historical progression as offering framework for understanding healing as participation in cosmic repair process [23]. Michael Eigen demonstrates how therapeutic work participates in what he terms "creative unknowing"—remarkably similar to Ramchal's emphasis on divine hiddenness as prelude to revelation [24].

### Shekhinah consciousness in therapeutic encounter

Drawing upon phenomenological analysis by Emmanuel Levinas and feminist theological critiques by scholars like Rachel Adler [25], we can identify several characteristics of Shekhinah consciousness in therapeutic space. Like Levinas's face-to-face encounter, therapeutic relationship involves fundamental asymmetry that cannot be overcome through empathy alone. The Shekhinah's presence emerges precisely in acknowledgment of this unbridgeable difference. This asymmetry is not a therapeutic failure but rather the very condition that makes sacred encounter possible [1]. The therapist does not attempt to eliminate this difference through identificatory empathy but rather holds space for the irreducible otherness of the patient's experience. The phenomenological tradition, particularly as developed by Maurice Merleau-Ponty, offers insight into how this asymmetry operates somatically [26]. The body-to-body encounter in therapeutic space mirrors the Kabbalistic understanding of divine embodiment, where the Shekhinah's presence is always mediated through material, vulnerable flesh. The therapist's embodied presence—their breathing, posture, quality of attention—becomes vehicle for what mystics might recognize as divine indwelling.

Against gnostic tendencies to spiritualize healing, Shekhinah consciousness insists on divine presence within material, bodily experience. Therapeutic attention to somatic experience becomes form of mystical practice. This embodied approach finds resonance in contemporary trauma therapy, where healing occurs not through cognitive insight alone but through restoration of embodied safety and presence [27]. The Zoharic understanding of divine embodiment provides theological framework for this somatic emphasis. When the Zohar describes the Shekhinah as having "a body of light," it suggests that divine presence is never purely spiritual but always involves material manifestation [12]. Similarly, therapeutic healing involves attention to how trauma and blessing alike are held in the body's memory and present sensation. Peter Levine's somatic experiencing methodology offers practical application of these insights [28]. The therapist's attention to the patient's nervous system activation, breathing patterns, and embodied responses becomes form of sacred witnessing that honors the Shekhinah's presence in bodily experience. The therapeutic container holds space for what Levine terms "felt sense"—the body's innate wisdom that knows how to move toward healing when provided adequate support and witnessing.

The Shekhinah exists simultaneously in exile and presence, absence and intimacy. Similarly, therapeutic healing often occurs through sustained attention to what remains broken rather than premature movement toward cure. This temporal paradox challenges linear models of therapeutic progress that assume healing moves from pathology toward health in straightforward progression. Jacques Lacan's insights into the unconscious temporal structure offer psychological parallel to this mystical understanding [29]. For Lacan, the unconscious operates according to "logical time" rather than chronological sequence, where past trauma remains present until it finds

symbolic integration. The Shekhinah's temporal paradox—her simultaneous exile and presence—mirrors this psychological reality where healing occurs not through forgetting trauma but through finding new relationship to what remains irreducibly broken. Contemporary narrative therapy approaches recognize similar dynamics, where healing involves developing new stories about old wounds rather than eliminating traumatic memory [30]. The therapeutic task becomes helping patients develop what might be termed "Shekhinah consciousness" toward their own suffering—the capacity to hold presence with what remains painful while recognizing the sacred dimension of their experience.

Unlike hierarchical therapeutic models, Shekhinah consciousness suggests that healer and patient mutually participate in divine rescue operation. The therapist is simultaneously agent and recipient of healing presence [1]. This mutuality does not collapse important professional boundaries but rather recognizes that authentic therapeutic encounter transforms both participants. Carl Jung's concept of the "wounded healer" finds new depth when understood through Shekhinah consciousness [31]. The therapist's own brokenness becomes not obstacle to healing but rather condition of possibility for authentic encounter. Like the Shekhinah who shares in human exile, the therapist's capacity for healing emerges from their willingness to remain present with suffering rather than maintaining false position of invulnerability. The concept of therapeutic "container" or "holding environment," developed by Donald Winnicott and others, finds profound resonance with Kabbalistic understanding of divine vessels [32]. Just as the sefirot serve as containers for divine light, the therapeutic relationship creates vessel capable of holding experiences too intense or fragmented for individual psyche to integrate alone. Winnicott's notion of "good enough" holding parallels the Kabbalistic understanding that divine vessels must be strong enough to contain light while remaining permeable enough to allow transformation [33]. The therapeutic container neither eliminates patient's pain nor becomes overwhelmed by it but rather provides stable presence that allows difficult material to emerge and be witnessed.

The Shekhinah's temporal paradox illuminates what might be termed "therapeutic kairos"—moments of sacred timing when healing becomes possible. Unlike chronological time (chronos), kairos represents qualitative temporal opening where transformation occurs [34]. In therapeutic practice, these kairos moments often arrive unexpectedly—in sudden silence, unexpected tears, or flash of insight that reorganizes patient's entire narrative. Shekhinah consciousness involves learning to recognize and honor these sacred temporalities rather than forcing therapeutic progress according to predetermined schedule. The Lurianic concept of "time of repair" (et tikkun) provides framework for understanding how therapeutic healing participates in cosmic restoration process [13]. Each moment of authentic encounter between therapist and patient contributes to larger project of world repair, gathering scattered sparks of divine light that have been trapped in broken places. Perhaps the most practically significant aspect of Shekhinah consciousness for therapeutic practice involves learning what Kabbalists term tzimtzum—divine self-contraction that creates space for otherness to emerge. In therapeutic context, tzimtzum involves the therapist's capacity to constrain their own agenda, interpretations, and desire to heal in order to create spaciousness for patient's authentic experience to unfold. This is not passive withdrawal but rather active self-limitation that requires considerable skill and self-awareness. The phenomenologist Gaston Bachelard's work on "poetics of space" offers insight into how therapeutic tzimtzum

operates spatially [35]. The therapy room becomes what Bachelard might term “intimate immensity”—bounded space that paradoxically opens toward infinite possibility. The therapist’s self-contraction allows this intimate immensity to emerge.

Practical applications of therapeutic *tzimtzum* manifest in several ways. Rather than rushing to provide explanations or insights, the therapist practices what might be termed “sacred not-knowing,” allowing patient’s meaning to emerge organically rather than imposing predetermined theoretical frameworks. The therapist’s capacity to remain emotionally present without becoming overwhelmed or withdrawn creates emotional container for patient’s intense affects. This requires what Kabbalists might recognize as divine emotional *tzimtzum*—the ability to feel deeply while maintaining appropriate boundaries. Honoring patient’s natural rhythm of disclosure and integration rather than pushing toward premature revelation or closure acknowledges that healing occurs according to sacred timing that cannot be forced.

The quality of therapeutic presence—how the therapist “is” with the patient—becomes central to Shekhinah consciousness in clinical practice. This presence involves what phenomenologists term “ontological availability”—being fully present to whatever emerges in therapeutic encounter [36]. Therapeutic presence involves somatic awareness that extends beyond verbal communication to include what might be termed “energetic attunement.” The therapist learns to sense subtle changes in patient’s nervous system activation, breathing patterns, and embodied presence. This somatic sensitivity mirrors mystical practices of divine attunement where practitioners learn to sense sacred presence through embodied awareness. Drawing upon Wolfson’s analysis of mystical “seeing-not-seeing,”<sup>24</sup> therapeutic presence involves making oneself simultaneously visible and transparent. The therapist remains genuinely present while not intruding upon patient’s experience with their own personality or agenda. This paradoxical visibility allows patient to experience both genuine human encounter and spaciousness for their own emerging truth. The therapeutic function of witnessing finds deep resonance with mystical traditions of sacred testimony. The therapist serves as what might be termed “divine witness” to experiences that may have remained previously unwitnessed or unintegrated. This witnessing function involves more than empathetic understanding; it involves holding sacred space for experiences that exceed normal categories of meaning. Contemporary trauma therapy recognizes that many traumatic experiences involve what Judith Herman terms “speechless terror”—experiences so overwhelming that they cannot be integrated through normal cognitive or emotional processing [17]. The therapeutic witness holds space for these speechless experiences to be held and gradually integrated through embodied presence rather than premature verbalization.

Shekhinah consciousness offers new perspective on classical psychodynamic concepts such as transference, countertransference, and therapeutic alliance. The transference relationship becomes understood not merely as projection of past relationships but as potential site of sacred encounter where patient’s deepest wounds and longings for divine connection find expression. The therapist’s countertransference responses—their emotional reactions to patient’s material—become valuable information about the quality of sacred presence in therapeutic space. Rather than viewing countertransference as obstacle to objectivity, Shekhinah consciousness recognizes these responses as indicators of how divine presence is being received or resisted in

therapeutic encounter. While cognitive-behavioral approaches might seem incompatible with mystical consciousness, Shekhinah awareness can inform CBT practice in significant ways. The therapist’s quality of presence while teaching coping skills or examining thought patterns can transform these techniques from purely mechanical interventions into opportunities for sacred encounter. The Buddhist concept of “right mindfulness,” which has been integrated into third-wave CBT approaches, finds parallel in Shekhinah consciousness as developed in Jewish contemplative traditions [37]. Both involve cultivation of present-moment awareness that recognizes sacred dimension of ordinary experience.

Body-based therapies find natural resonance with Shekhinah consciousness, which insists on divine presence within embodied experience. Approaches such as somatic experiencing, sensorimotor psychotherapy, and body-mind centering can be understood as forms of embodied mystical practice [28]. The therapeutic attention to sensation, movement, and nervous system regulation becomes form of sacred embodiment that honors the Shekhinah’s presence in material experience. The body’s innate capacity for healing, when supported by appropriate therapeutic presence, mirrors the mystical understanding of divine light trapped in material vessels and seeking release through conscious attention. Shekhinah consciousness offers unique perspective on family and systems therapy by recognizing that divine presence emerges in relational space between people rather than within isolated individuals. The family system becomes potential site of collective *tikkun* where inherited trauma patterns can be transformed through conscious relational practice. The Kabbalistic understanding of how individual healing contributes to cosmic repair provides framework for understanding how family healing participates in larger restoration process. Each family’s work to transform inherited patterns of trauma, addiction, or disconnection contributes to broader project of world repair.

From Shekhinah consciousness perspective, patient resistance becomes understood not as obstacle to treatment but as potentially sacred communication about what the psyche needs for authentic healing. Resistance often indicates that therapeutic approach is not yet attuned to patient’s deepest needs or that premature movement toward healing is being attempted. The Kabbalistic concept of *kelipot* (husks) that trap divine sparks provides framework for understanding resistance as protective shell that once served important function but may now be preventing access to patient’s essential vitality. The therapeutic task becomes learning how to approach these protective structures with appropriate respect and patience rather than trying to eliminate them through force. The mystical emphasis on boundary transgression and antinomian possibility creates ongoing tension for therapeutic practice that must maintain clear ethical boundaries. Shekhinah consciousness requires sophisticated understanding of when boundaries serve sacred purpose and when they might inadvertently prevent authentic encounter. The Hasidic tradition offers guidance through its understanding of “holy transgression”—boundary crossing that serves divine purpose rather than personal gratification [38]. In therapeutic context, this might involve moments when conventional therapeutic boundaries must be skillfully modified to serve patient’s authentic healing needs while maintaining ethical integrity.

Periods of therapeutic stuckness or impasse can be understood through lens of Shekhinah’s exile—times when divine presence seems withdrawn or inaccessible. Rather than viewing these periods as therapeutic failure, Shekhinah consciousness recognizes them as

potentially sacred spaces where deeper transformation may be gestating. The mystical tradition's understanding of "divine hiddenness" provides framework for remaining present during difficult therapeutic periods when progress seems absent. These dark periods often precede significant breakthroughs and may be necessary stages in healing process rather than signs of therapeutic inadequacy. Development of Shekhinah consciousness requires ongoing contemplative practice that cultivates capacity for sacred presence. This might involve meditation practices that develop present-moment awareness, embodied spiritual practices that honor divine presence in material experience, and study of mystical texts that provide theoretical framework for understanding therapeutic work as spiritual practice. Training in Shekhinah consciousness requires supervisory relationships that model the quality of presence being cultivated. Supervision becomes form of spiritual mentorship where supervisor helps supervisee recognize and develop their capacity for therapeutic presence. The Hasidic tradition of spiritual mentorship provides model for this supervisory relationship, where the mentor's primary function is to help student recognize and develop their own authentic spiritual capacity rather than imposing predetermined techniques or interpretations.

Maintaining Shekhinah consciousness requires understanding self-care not merely as prevention of burnout but as spiritual practice that maintains therapist's capacity to serve as vehicle for divine presence. This involves attention to contemplative practice, embodied self-care, community support, and ongoing engagement with sources of spiritual nourishment. The challenge involves integrating mystical consciousness with rigorous clinical training in ways that enhance rather than compromise therapeutic effectiveness. This requires demonstrating how Shekhinah consciousness can inform evidence-based practice rather than replacing it with purely intuitive approaches. Developing assessment methods that can recognize and honor sacred dimensions of therapeutic encounter requires qualitative research approaches that can capture subtle aspects of therapeutic presence. This might involve phenomenological interviewing methods that explore patient's experience of sacred encounter in therapy. Research into therapeutic presence increasingly recognizes importance of somatic and energetic dimensions of therapeutic encounter. Heart rate variability, nervous system coherence, and other physiological measures may provide objective indicators of the quality of presence being cultivated. Shekhinah consciousness suggests that therapeutic effectiveness should be measured not only by symptom reduction but by patient's increased capacity for sacred encounter in their daily life. This might involve assessment of contemplative capacity, relational depth, meaning-making ability, and sense of connection to larger purpose.

Recognition of Shekhinah presence in therapeutic space requires heightened attention to power dynamics between therapist and patient. The sacred dimension of encounter does not eliminate these dynamics but rather demands greater ethical sensitivity to how power can be used to serve healing or inadvertently cause harm. Application of Jewish mystical concepts to therapeutic practice with patients from different cultural backgrounds requires careful attention to cultural appropriation and religious sensitivity. The universal dimensions of Shekhinah consciousness must be distinguished from its particular Jewish expressions in ways that honor both universal human experience and specific cultural traditions. Therapists working from Shekhinah consciousness must navigate integration of mystical awareness with professional requirements, licensing standards, and institutional expectations. This requires developing language and frameworks that

can communicate sacred dimensions of therapeutic work in professionally acceptable terms.

### Cultural appropriation concerns

The application of Jewish mystical concepts to secular therapeutic practice raises legitimate concerns about cultural appropriation and theological reduction. Shaul Magid argues that contemporary appropriations of Kabbalistic concepts often strip them of their particular historical and halakhic contexts [39]. Responsible application of Shekhinah consciousness requires ongoing engagement with Jewish textual tradition and contemporary Jewish scholarship rather than superficial borrowing of mystical concepts. Feminist scholars like Melila Hellner-Eshed and Rachel Adler have demonstrated how traditional Shekhinah imagery often reinforces problematic gender dynamics that view feminine divine aspects as incomplete or dependent. Contemporary therapeutic applications must critically examine these dynamics rather than unconsciously perpetuating them. The mystical emphasis on boundary transgression and antinomian possibility creates tension with therapeutic ethics that emphasize clear boundaries and professional limits. Navigating this tension requires sophisticated understanding of both mystical theology and clinical ethics.

### Conclusion

The evolution of Shekhinah consciousness from biblical dwelling motifs through Kabbalistic systematization to contemporary therapeutic application reveals enduring human concern with sacred encounter in spaces of vulnerability and brokenness. The therapeutic relationship, approached with appropriate consciousness, can become contemporary expression of humanity's ancient longing for divine presence. However, such application requires critical engagement with both mystical tradition and contemporary scholarship that illuminates both possibilities and dangers inherent in sacred approaches to healing. The Shekhinah's presence in therapeutic space is neither automatic nor unproblematic but requires sustained attention to ethical, cultural, and theological complexities. Ultimately, Shekhinah consciousness in therapeutic space points toward what we might term "sacred psychology"—approach to healing that honors both scientific rigor and mystical depth, both individual need and cosmic repair. In the liminal space between healer and patient, the ancient promise of divine dwelling among humanity finds new expression, offering hope for healing that encompasses not only individual suffering but the brokenness of the world itself [1].

### Appendix: The dark shekhinah and shadow dynamics in therapeutic encounter

The therapeutic application of Shekhinah consciousness requires honest engagement with what might be termed the "dark Shekhinah"—those aspects of divine presence that manifest through suffering, exile, and the challenging dimensions of sacred encounter. This appendix explores the shadow dynamics inherent in mystical approaches to healing, drawing upon the insights of Rebbe Nachman of Bratslav, contemporary scholarship, and clinical observations of how divine presence can manifest in disturbing and potentially harmful ways within therapeutic relationships [1]. Rebbe Nachman of Bratslav (1772-1810) developed perhaps the most psychologically sophisticated understanding of divine darkness within the Hasidic tradition. His concept of "ratzo v'shov" (running and returning) describes the soul's oscillation between moments of divine closeness and periods of seeming abandonment that can feel more devastating than ordinary suffering [40]. Nachman's insight proves crucial for therapeutic work,



where patients often experience intensified spiritual crisis precisely within the context of healing relationships. Nachman's famous teaching that "it is a great mitzvah to be happy always" emerges not from superficial optimism but from deep engagement with depression, spiritual desolation, and what he terms "fallen thoughts" (*machshavot zarot*) [41]. His autobiographical writings reveal sustained periods of spiritual darkness where divine presence felt not absent but actively tormenting. This phenomenology of sacred torment requires therapeutic attention, as patients engaged in deep healing work often encounter similar experiences of intensified suffering that paradoxically signals proximity to breakthrough. The Breslov understanding of "descent for the sake of ascent" (*yeridah l'tzorech aliyah*) provides framework for understanding how therapeutic engagement with Shekhinah consciousness can initially intensify rather than alleviate psychological distress [42]. Patients may find that approaching their suffering as sacred encounter temporarily increases their pain as previously unconscious material rises to consciousness. Therapists working from Shekhinah consciousness must be prepared to support patients through these dark passages without premature reassurance or retreat from the process.

### Mystical concealment

Elliot Wolfson's phenomenological analysis of Jewish mysticism reveals how divine concealment can manifest as active deception rather than mere hiddenness [4]. His work on the "speculum that shines" explores how mystical vision often involves encounters with divine presence that appears to be its opposite—experiences where the sacred manifests through what seems profane, destructive, or evil. This insight proves essential for understanding how Shekhinah consciousness in therapy can sometimes mask harmful dynamics rather than promote healing. Wolfson's analysis of kabbalistic texts reveals how the feminine divine can become vehicle for masculine projection and domination despite superficial honoring of feminine wisdom [43]. In therapeutic contexts, this dynamic may manifest when therapists unconsciously use mystical language to rationalize inappropriate intimacy, boundary violations, or spiritual bypassing of necessary psychological work. The therapist may genuinely believe they are serving divine presence while actually enacting unconscious power dynamics that harm patients. The phenomenological sophistication of Wolfson's analysis illuminates how authentic mystical experience can be virtually indistinguishable from its pathological counterparts. Therapists working with Shekhinah consciousness must develop discernment practices that can differentiate between genuine sacred encounter and various forms of spiritual inflation, grandiosity, or dissociation that may masquerade as divine connection [1].

### Romantic mysticism

Moshe Idel's scholarly work consistently challenges romanticized interpretations of Jewish mysticism that ignore its antinomian, potentially destructive aspects [15]. His analysis of ecstatic Kabbalah reveals how mystical practices designed to promote divine union can instead produce psychological fragmentation, grandiose identification with divine attributes, and loss of ethical grounding. These insights prove crucial for understanding potential dangers in therapeutic applications of mystical consciousness. Idel's research into Abraham Abulafia's ecstatic techniques reveals how meditative practices aimed at dissolving ego boundaries can precipitate psychotic episodes in vulnerable individuals [44]. Similarly, therapeutic approaches that encourage patients to identify their suffering with cosmic divine

exile may inadvertently promote grandiose defenses against ordinary human vulnerability. The patient may begin to experience their personal trauma as mystically significant in ways that prevent practical healing work. The antinomian currents that Idel identifies within mystical tradition create particular challenges for therapeutic application. While some boundary transgression may serve healing purposes, the mystical emphasis on transcending conventional moral categories can rationalize genuinely harmful behavior. Therapists drawn to mystical approaches may unconsciously use spiritual language to justify interventions that violate standard therapeutic ethics.

### Hermeneutics of suspicion

Michael Fishbane's biblical scholarship demonstrates how sacred texts often encode traumatic experiences that resist easy interpretation or healing [5]. His hermeneutical approach requires what he terms "suspicious reading"—attentiveness to how religious language can conceal rather than reveal truth, particularly regarding experiences of violence, abandonment, and systemic oppression. This hermeneutical suspicion proves essential for therapists working with mystical concepts. Fishbane's analysis of biblical trauma narratives reveals how divine presence often manifests precisely through experiences of violation and abandonment rather than comfort and protection [45]. The Shekhinah's exile means that divine presence may be most authentically encountered through sustained engagement with what remains broken rather than premature movement toward restoration. Therapeutically, this suggests that healing approaches emphasizing rapid symptom relief or positive thinking may inadvertently avoid the sacred dimensions of suffering. However, Fishbane's work also illuminates how attention to sacred dimensions of trauma can become form of sophisticated avoidance if it prevents practical action toward safety and justice. Patients may develop mystical interpretations of abusive relationships that prevent them from seeking appropriate protection. Therapists must maintain discernment between genuine sacred encounter within suffering and religious defenses against necessary change.

### Dark shekhinah dynamics

The dark aspects of Shekhinah consciousness manifest in therapeutic relationships through several problematic dynamics that require careful attention and skilled intervention [1]. Spiritual inflation represents perhaps the most common manifestation, where either therapist or patient begins to identify personally with divine attributes rather than serving as humble vehicle for sacred presence. The therapist may develop messianic fantasies about their healing abilities, while patients may interpret their suffering in grandiose terms that prevent engagement with ordinary therapeutic tasks. This inflation often masks deeper feelings of unworthiness and vulnerability that require direct therapeutic attention. Mystical bypassing involves using spiritual concepts to avoid necessary psychological work. Patients may interpret trauma as divinely ordained in ways that prevent them from developing appropriate anger, setting boundaries, or seeking justice. Therapists may encourage premature forgiveness or acceptance that prevents patients from fully experiencing and integrating difficult emotions. The emphasis on finding sacred meaning in suffering can become sophisticated form of denial. Boundary confusion frequently emerges when mystical concepts of unity and merger compromise necessary therapeutic boundaries. The emphasis on mutual vulnerability and shared participation in divine rescue operation can rationalize inappropriate self-disclosure, physical contact, or dual

relationships. Therapists may confuse their own emotional needs with divine guidance, leading to exploitation of patients' trust and vulnerability. Theological abuse occurs when mystical language is used to shame, control, or manipulate patients. The therapist may interpret patient resistance as spiritual failure or suggest that continued suffering indicates lack of faith or spiritual development.

This theological overlay on therapeutic relationship can recreate religious trauma and prevent authentic healing encounter. The Kabbalistic concept of *kelipot* (husks or shells) that trap divine sparks provides framework for understanding how therapeutic relationships can become contaminated by unconscious dynamics that prevent authentic healing [15]. These *kelipot* manifest as repetitive patterns that seem therapeutic but actually maintain pathological equilibrium. Codependent rescue dynamics often develop when therapist and patient become mutually invested in maintaining crisis rather than promoting genuine independence. The patient's continued suffering provides the therapist with sense of purpose and meaning, while the therapist's dedication allows the patient to avoid taking responsibility for their healing. Both parties may interpret this dynamic as sacred service while unconsciously perpetuating dysfunction. Spiritual materialism, to use Chögyam Trungpa's phrase, involves collecting mystical experiences and insights as ego trophies rather than allowing genuine transformation [46]. Patients may become addicted to therapeutic breakthrough moments without integrating insights into daily life. Therapists may pursue increasingly esoteric techniques to maintain sense of specialness rather than providing consistent, skilled therapeutic presence. Trauma reenactment can occur when therapeutic relationship unconsciously recreates abusive dynamics under the guise of spiritual healing. The patient may interpret therapeutic re-traumatization as necessary spiritual purification, while the therapist may rationalize harmful interventions as serving higher purpose. The emphasis on submission to divine will mask exploitation and prevent recognition of actual harm.

### Navigating therapeutic darkness

Rebbe Nachman's teachings offer practical guidance for therapists working with dark manifestations of sacred encounter. His emphasis on "simple faith" (*emunah peshutah*) suggests that mystical sophistication can become obstacle to genuine healing when it prevents direct engagement with suffering [47]. Sometimes the most sacred therapeutic intervention involves setting aside mystical interpretations and providing practical support for basic human needs. Nachman's practice of "midnight confession" (*vidui chatzot*) involved regular self-examination that acknowledged his capacity for self-deception and harmful behavior despite mystical attainment [48]. Therapists working with Shekhinah consciousness require similar practices of rigorous self-scrutiny that can recognize when spiritual concepts are being used defensively or manipulatively. This self-examination must include attention to how power, sexuality, and grandiosity manifest within therapeutic relationships. The Breslov emphasis on finding "the point of goodness" (*nekudat hatov*) within even destructive experiences offers guidance for working therapeutically with dark Shekhinah manifestations [49]. Rather than denying or spiritualizing harmful dynamics, this approach involves careful discernment of whatever authentic sacred elements may be present while clearly acknowledging what requires change or healing. The therapist learns to honor patients' mystical interpretations of their experience while maintaining clear boundaries around safety and ethics.

### Ethical safeguards and clinical supervision

Working with Shekhinah consciousness requires enhanced ethical safeguards that can address the particular vulnerabilities created by mystical approaches to therapy [1]. Regular supervision with clinicians trained in both mystical traditions and standard therapeutic ethics becomes essential for recognizing when spiritual concepts are being used inappropriately. Informed consent processes must explicitly address how mystical approaches might intensify rather than alleviate psychological distress, at least initially. Patients need clear understanding that engaging suffering as sacred encounter can precipitate spiritual crises that require sustained support and may temporarily interfere with ordinary functioning. The therapist's mystical interests must never override the patient's right to conventional therapeutic approaches. Ongoing training in trauma-informed care remains essential, as mystical approaches that ignore basic principles of safety and stabilization can retraumatize vulnerable patients. The emphasis on finding meaning in suffering must never prevent appropriate intervention when patients are at risk of harm to themselves or others. Therapists must maintain capacity to shift from mystical to conventional therapeutic modalities when clinical necessity requires. Peer consultation with other therapists working from mystical perspectives can provide essential reality-testing about whether particular interventions serve genuine healing purposes or unconscious therapist needs. This consultation should specifically address how spiritual concepts might be masking standard therapeutic errors such as boundary violations, countertransference acting-out, or failure to maintain appropriate professional distance.

### Integration and discernment

The dark dimensions of Shekhinah consciousness in therapeutic work require neither rejection of mystical approaches nor naive acceptance of all experiences as equally sacred. Instead, they demand sophisticated discernment practices that can differentiate between authentic manifestations of divine presence and various forms of spiritual pathology [1]. This discernment develops through sustained contemplative practice, rigorous clinical training, ongoing supervision, and honest self-examination that acknowledges the therapist's capacity for self-deception and harm. The goal is not elimination of darkness from therapeutic encounter but rather conscious engagement with shadow dynamics that allows authentic transformation rather than spiritual bypassing. When approached with appropriate skill and ethical grounding, even the dark manifestations of Shekhinah consciousness can serve healing purposes by revealing unconscious patterns, challenging false spiritual identities, and demanding greater integrity in therapeutic relationship. The darkness becomes sacred not because it is comfortable or easy, but because it requires the kind of honest engagement that genuine healing demands.

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