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The Wound as Altar : Divine Absence and the Therapeutic Space of Healing

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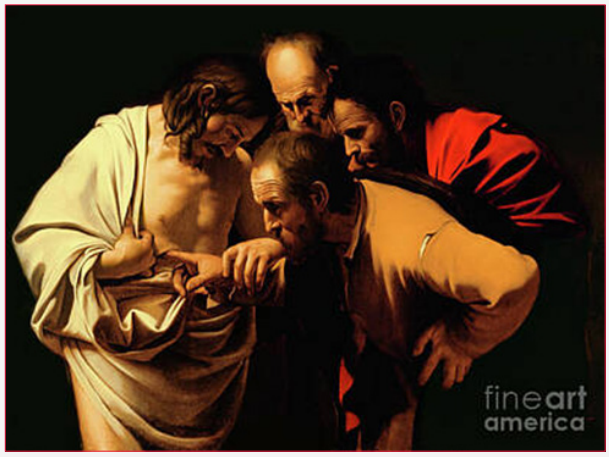

The Incredulity of Saint Thomas by Caravaggio, c. 1601–1602

Abstract

This essay explores the theme of divine absence as a generative, rather than merely traumatic, space for healing. Building upon the poem "The Insanity of the Last Century," the discussion examines how the post-Holocaust theological landscape—marked by silence, rupture, and disillusionment—can also birth a radical ethic of sacred presence through human compassion. Drawing from Jewish mysticism, post-theodical theology, and insights from the clinical and therapeutic encounter, this essay argues that healing becomes most potent not despite the absence of God, but because of it. The therapeutic space emerges as a new sanctuary where divine withdrawal enables unprecedented human responsibility and compassionate presence.

Keywords: Divine Absence, Healing, Therapeutic Space, Tzimtzum, Post-Holocaust Theology, Sacred Compassion, Jewish Mysticism, Emmanuel Levinas.

As if awakening from a perpetual nightmare the horror continues. Across the globe the genocidal impulse persists. We have learned nothing because the urge for bloodletting has not been satisfied. A bottomless well of desire unfulfilled, a thirst unquenched for corpse upon corpse, a hunger for rotting flesh over the smell of death.

Is there any fixity of the dark heart of man now that we banished Divine justice from our consciousness and euthanized Divine retribution?

We mistook progress for grace, worshipped reason as if it could absolve, but no calculus of pain redeems the butcher's ledger.

God, once hidden in the shadow of mercy, now lies buried beneath treaties and teeth-gritted smiles—a silence mistaken for peace.

We march forward, anesthetized, draped in flags stitched from the skins of the forgotten. Empires kneel before algorithms while the soul, unscripted, bleeds through the cracks of our civility.

What altar remains when the priest is a broker and the prophet a brand?

Where now do we offer the ashes of our unrepented violence?

Is the abyss within or merely the mirror we refuse to clean?
Yet perhaps in this silence— this ache where Presence once thundered—there lies a hidden mercy: not in the miracle, but in the wound itself.

For when the heavens withdraw, it is the hands of the healer that become the altar. In the absence of command, we are called not to obedience, but to compassion— to become, ourselves, the justice we once awaited.

And maybe that is the final retribution: not divine fury, but divine trust that we would bear the unbearable and still choose to heal.

Introduction: The Silence After the Scream

My poem above "The Insanity of the Last Century", describes a time of genocidal insanity, reveals a theological wound that continues to fester in the moral imagination of our time (1). "God, once hidden in the shadow of mercy, / now lies buried beneath treaties and teeth-gritted smiles," articulates not merely a statement of despair, but a midrash on concealment—a modern tzimtzum, the Lurianic contraction of divine presence (2). The terrifying vacuum left in the wake of Auschwitz, Hiroshima, and countless smaller abysses renders the absence of God not just a theological riddle, but a clinical crisis demanding both intellectual and pastoral response (3).

This essay examines how the apparent withdrawal of divine presence in the aftermath of twentieth-century trauma paradoxically creates space for a more mature, co-creative ethics of healing. Rather than viewing divine absence as theological defeat, we explore how this silence becomes generative—a sacred pause that enables human beings to step into unprecedented responsibility for one another's suffering (4). The clinical encounter, in this framework, becomes not a secular substitute for religious experience, but a new form of sacred space where healing occurs precisely because divine intervention has been withdrawn (5).

The theological implications of this shift are profound. Where traditional theodicy sought to reconcile divine goodness with human suffering, post-Holocaust theology increasingly abandons such reconciliation in favor of human response-ability (6). The therapeutic space emerges as a paradigmatic site where this responsibility is enacted, where the healer becomes a vessel for presence in the face of absence, and where the wound itself becomes a site of potential sanctification (7).

The Theological Landscape of Absence

The poem's opening lines—"God, once hidden in the shadow of mercy, / now lies buried beneath treaties and teeth-gritted smiles"—echo the post-Holocaust reflections of major theological voices who grappled with divine silence in the face of unprecedented evil (8). Richard Rubenstein's declaration of the death of the mythic God of history represented one response to this crisis, arguing that the Holocaust rendered traditional theism intellectually untenable (9). Emil Fackenheim's counter-response emphasized the 614th commandment—that Jews must not grant Hitler posthumous victories—while acknowledging the fundamental rupture in divine-human relationship (10).

Elie Wiesel's contribution to this dialogue centered on the cry to a God who remained silent, transforming the question from "Where was God?" to "Where is God now?" (11). His night-time theology emphasized protest as a form of faith, maintaining relationship with the divine precisely through accusation and demand (12). Yet the poem suggests something different: "Yet perhaps in this silence— / this ache where Presence once thundered— / there lies a hidden mercy" (13).

This represents a move toward what we might call post-theodical theology—a framework that abandons attempts to reconcile divine goodness with human suffering and instead locates sacred meaning in the human response to suffering (14). The "hidden mercy" is not divine intervention delayed, but divine withdrawal that enables human intervention empowered (15).

Theology of Contraction

The Lurianic concept of tzimtzum—divine contraction—provides a crucial framework for understanding how absence functions generatively rather than merely negatively (16). According to Isaac Luria's kabbalistic system, creation required God to contract the divine presence, creating empty space (*chalal*) where finite beings could exist (17). This contraction was not abandonment but humility—a divine self-limitation that enabled creaturely freedom and responsibility (18).

In the contemporary context, tzimtzum becomes a model for understanding how divine absence enables human moral agency (19). The therapeutic encounter exemplifies this dynamic: healing occurs not through miraculous intervention but through the sustained presence of one human being with another in the face of suffering (20). The therapist or physician becomes an agent of divine presence precisely through their willingness to remain present where God appears absent (21). This theological framework transforms our understanding of clinical practice from secular technique to sacred vocation (22). The doctor-patient relationship becomes a site of dirah betachtonim—the divine dwelling in the lowliest realms—where the Shekhinah hovers between wound and word (23). The clinical encounter thus participates in the ongoing work of creation, not through supernatural intervention but through the natural miracle of sustained compassionate presence (24).

The Broken Vessels and Human Responsibility

Luria's further teaching about shevirat hakelim (the breaking of the vessels) offers additional insight into how brokenness becomes generative (25). According to this doctrine, the divine light was initially too powerful for the vessels meant to contain it, causing them to shatter and scatter sparks of holiness throughout the material world (26). The task of humanity (*tikkun olam*) is to gather these scattered sparks and repair the broken world (27).

In the therapeutic context, human suffering represents not divine failure but the inevitable result of finite beings attempting to contain infinite meaning (28). The patient's pain becomes a site of scattered sparks, and the healing encounter becomes an act of *tikkun*—not through eliminating the suffering but through dignifying it, bearing witness to it, and creating meaning from it (29). The healer becomes a gatherer of sparks, locating holiness precisely in the broken places (30).

This understanding radically reframes the medical encounter from a battle against suffering to a consecration of it (31). The goal is not always cure but always care—the transformation of meaningless pain into meaningful suffering through the alchemy of sustained presence (32).

Sanctuary Without Walls

The poem's central metaphor—"For when the heavens withdraw, / it is the hands of the healer / that become the altar"—suggests a fundamental relocation of sacred space from traditional religious venues to clinical settings (33). This transformation reflects not secularization but sacralization—the expansion of holy ground to include wherever authentic healing occurs (34).

The therapeutic space becomes sanctuary not through architectural design or liturgical performance but through the quality of presence brought to suffering (35). The examining room, the therapy office, the hospital bed—these become sites of potential revelation where the divine-human encounter occurs through mediated human relationship (36). The white coat becomes a kind of priestly garment, not conferring magical power but signifying vocational commitment to standing at the intersection of life and death (37).

These understanding challenges both purely secular and traditionally religious approaches to healing (38). Against secular reductionism, it insists that healing involves more than technical intervention—it requires presence, witness, and the creation of meaning from suffering (39). Against religious triumphalism, it locates the sacred not in supernatural intervention but in the natural miracle of one human being truly seeing another (40).

The Healer as Kohen

The metaphor of the healer as priest (kohen) requires careful theological development to avoid both grandiosity and superficiality (41). The priest in Jewish tradition serves not as mediator between human and divine but as representative of the community's obligation to maintain sacred space and time (42). Similarly, the healer functions not as wonderworker but as guardian of the sacred dimension of human vulnerability (43).

The priestly function involves three primary responsibilities: witness, blessing, and service (44). In the therapeutic context, witness means seeing the patient fully—not just as medical case but as whole human being whose suffering carries meaning (45). Blessing involves affirming the fundamental dignity and worth of the person regardless of their condition (46). Service means placing one's skills and presence at the disposal of the other's healing, understanding healing as broader than mere cure (47).

This priestly dimension of healing requires what we might call "therapeutic kedushah"—a sanctification of the clinical encounter through intentional presence and ethical commitment (48). The healer becomes a vessel for divine presence not through mystical experience but through sustained compassionate attention to human need (49).

The Ethics of Presence

Emmanuel Levinas's philosophy of ethical subjectivity provides crucial insight into how therapeutic presence functions as sacred response (50). For Levinas, the face of the other commands us more urgently than divine voice from Sinai—the ethical demand emerges from immediate encounter with human vulnerability rather than from religious law (51). In the therapeutic context, the patient's face becomes the site of ethical revelation, commanding response before any technical knowledge or professional obligation (52).

This face-to-face encounter disrupts the normal subject-object relationship that characterizes much of modern medicine (53). The patient cannot be reduced to medical case or diagnostic category—they appear as irreducible other whose suffering calls forth response (54). The healer discovers their own subjectivity precisely through this response to the other's need (55).

The ethical dimension of therapeutic presence thus precedes and grounds all technical intervention (56). Before applying medical knowledge, the healer must respond to the fundamental ethical demand posed by human suffering (57). This response involves what Levinas calls "substitution"—the willingness to bear the unbearable on behalf of the other (58).

The Final Inversion

The poem's concluding stanza represents a radical theological inversion that deserves sustained analysis: "And maybe that is the final retribution: / not divine fury, / but divine trust / that we would bear the unbearable / and still choose to heal" (59). This passage reframes divine judgment not as wrath but as trust—a complete reversal of traditional theodicy that locates divine response to evil not in punishment but in confidence in human moral capacity (60).

The word "retribution" typically implies payback or revenge, but here it suggests something more like "ultimate response" or "final reckoning" (61). The divine response to human evil is not to intervene with force but to withdraw with trust, creating space for human beings to demonstrate their capacity for repair and healing (62). This represents what we might call "therapeutic theodicy"—a theology that finds divine vindication not in the punishment of evil but in the human choice to heal despite evil (63).

This inversion has profound implications for how we understand both divine action and human responsibility in the face of suffering (64). Rather than waiting for divine intervention, human beings are called to become the agents of divine presence through their own choices for healing and repair (65). The therapeutic encounter exemplifies this dynamic healing occurs not through supernatural intervention but through the sustained commitment of human beings to bear one another's burdens (66).

Empathic Sovereignty

The concept of "empathic sovereignty" emerges from this theological inversion as a new model for understanding human agency in the absence of divine intervention (67). Freed from divine command, human beings are not left in moral anarchy but called to an even higher level of responsibility—the responsibility that comes from freedom rather than compulsion (68). The healer exercises empathic sovereignty by choosing to remain present with suffering, to bear witness to pain, and to create meaning from meaninglessness (69).

This sovereignty is empathic because it originates not from power over others but from vulnerable identification with others (70). The healer's authority comes not from professional credentials or technical knowledge but from their willingness to enter into the patient's experience of suffering (71). This empathic identification creates the conditions for authentic healing—not through elimination of pain but through transformation of pain into meaning (72).

The exercise of empathic sovereignty in the therapeutic context thus becomes a form of witness to human capacity for transcendence (73). By choosing to heal despite divine absence, human beings demonstrate their ability to create sacred meaning from secular suffering (74). The clinical encounter becomes a testimony to the possibility of ethical transcendence within immanent experience (75).

The Covenant of Responsibility

The poem's vision suggests a new kind of covenant—not between God and humanity but between human beings committed to bearing one another's suffering (76). This covenant of responsibility operates not through divine command but through ethical recognition of mutual vulnerability and interdependence (77). The therapeutic relationship exemplifies this covenant, creating bonds of obligation that transcend contractual arrangements (78).

In traditional covenantal theology, divine promise grounds human obligation (79). In the covenant of responsibility, human recognition of shared vulnerability grounds mutual obligation (80). The healer commits to remaining present with the patient's suffering not because commanded by God but because called by the patient's need (81). This creates a form of secular sanctification where ethical commitment generates sacred meaning (82).

The covenant of responsibility thus transforms the therapeutic encounter from service transaction to sacred bond (83). The healer becomes accountable not just for technical competence but for maintaining the ethical dimension of the healing relationship (84). This accountability extends beyond individual encounters to encompass the broader social commitment to creating conditions where healing can occur (85).

The Wound as Site of Holiness

The poem's central insight—that the wound itself becomes a site of holiness—requires careful theological development to avoid both sentimentality and masochism (86). The sanctification of suffering does not mean that pain is inherently good or that healing should be avoided (87). Rather, it means that human vulnerability, when met with authentic presence, becomes a site of potential transformation for both sufferer and witness (88).

The theological precedent for this understanding can be found in the tradition of imitatio Dei—the imitation of divine attributes (89). In the context of divine absence, the attribute to be imitated is not divine power but divine humility—the willingness to be vulnerable for the sake of creation (90). The healer participates in this divine humility by choosing to remain present with suffering rather than fleeing from it (91).

The wound becomes sacred not through its pain but through the quality of presence brought to it (92). When suffering is met with genuine witness, blessing, and service, it becomes a site of potential revelation—not of divine intervention but of human capacity for transcendence (93). The healing encounter thus participates in the ongoing work of creation, bringing meaning out of meaninglessness through the alchemy of sustained presence (94).

The Incarnational Dimension

The poem's vision of healing as incarnation—"where the healer becomes the vessel for the unseen"—suggests a theology of embodied presence that transcends traditional mind-body dualism (95). In the therapeutic context, healing occurs not through the manipulation of matter by mind but through the integration of physical, emotional, and spiritual dimensions of human experience (96). The healer becomes incarnational by bringing their whole person into relationship with the patient's whole person (97).

This incarnational understanding challenges both mechanistic and spiritualistic approaches to healing (98). Against mechanistic reductionism, it insists that healing involves more than technical intervention—it requires the presence of one person with another (99). Against spiritualistic escapism, it locates the sacred not in escape from the body but in full embodied presence with suffering (100).

The healer as incarnational presence thus embodies the possibility of integration—the healing of the false splits between body and soul, individual and community, suffering and meaning (101). The therapeutic encounter becomes a site of potential wholeness where fragmented experience can be integrated through the medium of compassionate relationship (102).

The Liturgy of Healing

The understanding of the therapeutic space as liturgical space suggests that healing involves not just individual transformation but participation in larger patterns of meaning and repair (103). The clinical encounter becomes a form of worship—not of divine power but of human dignity and potential (104). The healer engages in liturgical action by creating sacred time and space around the patient's experience of suffering (105).

This liturgical dimension involves several elements: preparation, invocation, witness, blessing, and commissioning (106). Preparation involves the healer's own spiritual and emotional readiness to encounter suffering (107). Invocation calls forth the healing potential present in both healer and patient (108). Witness involves seeing and acknowledging the full reality of the patient's experience (109). Blessing affirms the fundamental dignity and worth of the person (110). Commissioning involves empowering the patient to participate in their own healing and the healing of others (111).

The liturgy of healing thus transforms the therapeutic encounter from isolated intervention to participation in the ongoing work of world-repair (112). Each healing encounter becomes a small act of tikkun olam—the repair of the world through the transformation of suffering into meaning (113).

The theological understanding of healing developed in this essay has profound implications for medical education and training (114). If the healer functions as a kind of priest attending to sacred vulnerability, then medical education must include not just technical training but formation in the spiritual dimensions of healing (115). This does not mean imposing religious doctrine but developing the capacity for presence, witness, and ethical response that makes healing possible (116).

Medical education informed by this understanding would emphasize the development of what we might call "therapeutic presence"—the ability to remain fully present with suffering without being overwhelmed by it (117). This requires not just emotional resilience but spiritual maturity—the capacity to find meaning in the face of meaninglessness and to create hope in the midst of despair (118).

The curriculum would need to include training in the arts of presence: deep listening, empathic response, and the ability to create sacred space around human vulnerability (119). Students would learn not just how to diagnose and treat disease but how to encounter the person who has the disease (120). This would require integration of medical training with training in pastoral care, counseling, and spiritual direction (121).

Redefining Clinical Success

The theological framework developed here also requires rethinking how clinical success is measured and evaluated (122). If healing involves more than cure—if it includes the transformation of suffering into meaning—then clinical outcomes must be assessed not just in terms of physical improvement but in terms of the quality of presence brought to the encounter (123).

This does not mean abandoning technical competence or objective measures of improvement (124). Rather, it means expanding the definition of healing to include the creation of meaning, the affirmation of dignity, and the development of capacity for transcendence (125). A patient who dies with dignity and meaning may be more healed than one who survives but remains alienated from themselves and others (126).

The evaluation of clinical success would thus need to include measures of the healer's capacity for presence, the quality of the therapeutic relationship, and the patient's experience of being seen, heard, and valued (127). These "soft" outcomes are actually the foundation upon which all technical intervention depends (128).

Institutional Implications

The vision of healthcare as sacred vocation has implications not just for individual practitioners but for healthcare institutions (129). Hospitals, clinics, and medical schools would need to be reorganized around the principle of creating and maintaining sacred space for healing (130). This would affect everything from architectural design to staffing patterns to administrative policies (131).

Healthcare institutions would need to create conditions that support the healer's capacity for presence rather than undermining it (132). This might mean reducing administrative burdens, providing adequate time for patient encounters, and creating spaces for reflection and renewal (133). The institution itself would need to embody the values of witness, blessing, and service that characterize therapeutic presence (134).

The economic implications of this transformation are significant but not impossible (135). Healthcare systems organized around the principle of sacred presence might actually prove more efficient and effective than those organized around purely technical intervention (136). The prevention of illness through the development of meaningful relationships and the creation of healing communities could reduce the need for expensive technical interventions (137).

The Risk of Spiritual Bypassing

The theological approach to healing developed in this essay must be carefully distinguished from what psychologists call "spiritual bypassing"—the use of spiritual concepts to avoid dealing with practical and emotional realities (138). The sanctification of suffering does not mean that pain should be accepted passively or that technical intervention should be avoided (139). Rather, it means that healing involves both technical competence and spiritual presence—both curing and caring (140).

The risk of spiritual bypassing is particularly acute in healthcare settings where the magnitude of suffering can overwhelm even well-intentioned healers (141). The temptation to retreat into spiritual platitudes or theological abstractions must be resisted in favor of the more difficult work of remaining present with

concrete human need (142). The theological framework developed here is meant to support and deepen clinical practice, not replace it (143).

The antidote to spiritual bypassing is the maintenance of what we might call "theological realism"—the recognition that divine absence is real, that suffering is genuinely painful, and that healing requires both divine grace and human work (144). The healer must be prepared to enter into the patient's experience of abandonment and meaninglessness without offering premature consolation or false hope (145).

Boundaries and Professional Ethics

The understanding of the healer as priest raises important questions about professional boundaries and ethical conduct (146). If the therapeutic relationship is understood as sacred bond rather than service transaction, how are appropriate limits maintained? (147) How does the healer avoid both emotional merger with the patient and professional detachment from the patient's experience? (148).

The concept of "therapeutic presence" offers a middle way between these extremes (149). Therapeutic presence involves being fully present with the patient's experience without becoming lost in it (150). The healer maintains appropriate boundaries not through emotional distance but through clear recognition of their role as witness and servant rather than savior (151).

This requires what we might call "ethical clarity"—the ability to distinguish between empathic identification and emotional fusion, between professional commitment and personal attachment (152). The healer's own spiritual and emotional health becomes crucial for maintaining these distinctions (153). Regular supervision, peer consultation, and personal spiritual practice become essential elements of professional competence (154).

Secular Context

The theological framework developed in this essay draws primarily from Jewish mystical tradition, but its application in healthcare settings must be sensitive to religious diversity and secular contexts (155). The goal is not to impose particular religious beliefs but to create space for the sacred dimension of healing to emerge in whatever form is meaningful to the individual patient (156).

This requires what we might call "theological hospitality"—the ability to honor the sacred without requiring conformity to particular religious expressions (157). The healer's role is to create conditions where the patient's own spiritual resources can be activated rather than to provide spiritual answers or religious comfort (158).

In secular contexts, the same principles apply but with different language and conceptual frameworks (159). The essential elements—presence, witness, blessing, and service—can be expressed in humanistic terms while maintaining their essential meaning (160). The goal is always to honor the full humanity of the patient, including their spiritual dimension, regardless of particular religious affiliation (161).

Toward Integrative Practice

The theological understanding of healing developed in this essay points toward a more integrative approach to healthcare that honors both technical competence and spiritual wisdom (162). This integration does not mean the abandonment of scientific medicine but its expansion to include dimensions of human experience that have been marginalized in the modern medical model (163).

Integrative practice would involve the coordination of technical intervention with spiritual accompaniment, the integration of cure with care, and the development of healing communities that support both individual recovery and collective transformation (164). The healer would be prepared to work not just with disease but with the whole person in their full context of relationships and meaning (165).

This approach would require new models of healthcare delivery that bring together medical professionals, spiritual directors, counselors, and community leaders in collaborative teams (166). The patient would be seen not as passive recipient of treatment but as active participant in their own healing and the healing of others (167).

The Healing Community

The vision of healing developed in this essay ultimately points beyond individual therapeutic encounters toward the creation of healing communities (168). If divine absence creates space for human responsibility, then healing becomes a collective as well as individual undertaking (169). The therapeutic encounter becomes a model for all human relationships—based on mutual witness, blessing, and service (170).

Healing communities would be organized around the principle of shared vulnerability and mutual support (171). Members would be prepared to bear one another's burdens and to find meaning in their own suffering through service to others (172). The distinction between healer and patient would become fluid, with all members participating in both receiving and providing care (173).

The development of healing communities would require new forms of social organization that prioritize human relationship over economic efficiency (174). This might involve the creation of intentional communities organized around healing, the transformation of existing institutions to embody healing principles, and the development of new economic models that support caring relationships (175).

The Global Dimension

The theological framework developed in this essay has implications not just for individual healing but for global health and justice (176). If healing involves the transformation of suffering into meaning, then global health initiatives must

address not just technical challenges but the spiritual and social dimensions of human flourishing (177).

This would require a shift from approaches that focus primarily on disease eradication to approaches that emphasize the development of healing relationships and communities (178). Global health would become a matter of creating conditions where human beings can flourish in all dimensions of their being (179).

The theological concept of tikkun olam—world repair—provides a framework for understanding global health as participation in the ongoing work of creation (180). Each healing encounter becomes a small act of world-repair, and the accumulation of these encounters contributes to the transformation of global conditions that cause suffering (181).

Conclusion: The Wound as Gateway

The journey through this theological exploration of healing returns us to the poem's central insight: the wound as altar, the absence as presence, the silence as speech (182). The twentieth century's legacy of trauma and abandonment becomes not merely a problem to be solved but a gateway to be entered—a passage into deeper understanding of what it means to be human in the face of suffering (183).

The therapeutic encounter, viewed through this lens, becomes more than professional service or even compassionate care (184). It becomes a form of witness to the possibility of transcendence within immanence, of meaning within meaninglessness, of presence within absence (185). The healer who chooses to remain present with suffering participates in the ongoing work of creation, bringing light into darkness not through magical intervention but through the sustained commitment to see and serve (186).

This understanding transforms both the practice and the meaning of healing (187). Technical competence remains essential, but it is grounded in and guided by spiritual wisdom (188). Professional boundaries remain important, but they are maintained through ethical clarity rather than emotional distance (189). Individual healing remains the immediate goal, but it is understood as participation in the larger work of world-repair (190).

The vision developed in this essay does not promise easy answers or quick solutions to the problems of suffering and healing (191). Rather, it offers a framework for understanding how healing can occur precisely in the midst of those problems—how the wound itself can become a site of holiness when met with authentic presence (192). The divine absence that initially appears as abandonment is revealed as invitation—an invitation to step into unprecedented responsibility for one another's wellbeing (193).

The healer who responds to this invitation becomes more than medical professional or caring individual (194). They become a vessel for the unseen, a guardian of sacred space, a witness to the possibility of transformation (195). In choosing to heal despite divine absence, they demonstrate the human capacity for creating meaning from suffering and hope from despair (196).

This is the final gift of divine absence: not the elimination of human responsibility but its amplification, not the reduction of human agency but its expansion (197). The therapeutic encounter becomes a small but significant act of rebellion against the meaninglessness that threatens to overwhelm human existence (198). By choosing to heal, the healer affirms that human life has meaning, that suffering can be transformed, and that presence is possible even in the midst of absence (199).

The wound, sanctified by such presence, becomes indeed an altar—not for sacrifice but for blessing, not for appeasement but for transformation (200). In this sacred space, healing occurs not despite divine absence but because of it, not in opposition to suffering but in the heart of it. The ache where Presence once thundered becomes the very place where new forms of presence are born.

Yehudah Levine

Appendix: Jung, Evil, and the Therapeutic Encounter

Carl Gustav Jung's analytical psychology provides crucial insights into how evil functions within the therapeutic encounter and how healers must confront both personal and collective shadow material in their work (201). Jung's understanding of evil as the shadow—the repressed, denied, or undeveloped aspects of the personality—offers a psychological framework for understanding how divine absence creates space for both destructive and constructive human potentials (202).

In Jung's system, the shadow represents not inherent evil but the unlived life, the aspects of the self that have been rejected by the conscious ego in favor of the persona or social mask (203). The shadow contains both negative potentials (destructive impulses, primitive desires) and positive potentials (creative energy, authentic emotion, instinctual wisdom) that have been suppressed by societal conditioning (204). The therapeutic encounter becomes a space where shadow material can be

safely encountered, integrated, and transformed rather than projected onto others (205).

The relevance of Jung's shadow concept to post-Holocaust theology lies in its recognition that evil cannot be eliminated but must be consciously integrated (206). The divine absence that followed the twentieth century's catastrophes does not eliminate the human capacity for evil but rather removes the projection of evil onto external divine or demonic forces (207). Human beings must now take full responsibility for their shadow potentials, and the therapeutic encounter becomes a crucial space for this integration work (208).

The Wounded Healer and Shadow Integration

Jung's concept of the wounded healer, drawn from the myth of Chiron, provides a framework for understanding how the healer's own encounter with evil and suffering enables authentic therapeutic presence (209). The healer who has not confronted their own shadow material cannot provide safe container for the patient's shadow work (210). The divine absence that characterizes the post-Holocaust landscape requires healers to develop what Jung called "individuation"—the lifelong process of integrating shadow material into conscious awareness (211).

The wounded healer must recognize that their capacity for healing emerges not from their perfection but from their willingness to remain conscious of their own potential for evil (212). This consciousness creates what Jung termed "ethical attitude"—not moral superiority but moral humility that recognizes the shadow's presence in all human beings (213). The therapeutic space becomes sacred not because it is free from evil but because it provides conscious container for evil's transformation (214).

Jung's analysis of the *Aion* and the dark side of the God-image suggests that divine absence may represent not God's withdrawal but God's shadow becoming visible (215). The twentieth century's horrors revealed the shadow aspect of Western civilization's God-image, requiring a more complete understanding of divinity that includes both light and dark aspects (216). The healer working in this context must be prepared to encounter not just personal shadow but collective shadow material—the accumulated evil of cultural and historical trauma (217).

Jung's technique of active imagination provides a method for engaging shadow material therapeutically without being overwhelmed by it (218). Active imagination involves conscious dialogue with unconscious contents, allowing shadow figures to emerge into awareness where they can be understood and integrated rather than acted out destructively (219). In the therapeutic context, this technique enables both healer and patient to encounter evil as psychological reality rather than external force (220).

The process of active imagination requires what Jung called "moral courage"—the willingness to face one's own capacity for evil without either denial or identification (221). The healer must model this courage by maintaining conscious relationship with their own shadow while providing safe space for the patient's shadow work (222). This creates what Jung described as "temenos"—sacred space where transformation can occur through conscious encounter with unconscious material (223).

The divine absence that characterizes contemporary experience requires healers to develop their own capacity for active imagination as spiritual practice (224). Without traditional religious frameworks for containing evil, the healer must develop psychological methods for engaging shadow material consciously (225). Active imagination becomes a form of prayer or meditation that enables ongoing relationship with the totality of human potential, including its destructive aspects (226).

Synchronicity and Meaning-Making

Jung's concept of synchronicity—meaningful coincidence that suggests underlying order in apparently random events—offers a framework for finding meaning in the midst of apparent divine absence (227). Synchronistic experiences often occur during periods of intense psychological transformation, suggesting that meaning emerges from the depths of the psyche even when external religious supports are absent (228). The therapeutic encounter becomes a space where synchronistic events can be recognized and integrated into the patient's ongoing development (229).

The healer attuned to synchronistic phenomena can help patients recognize meaningful patterns in their suffering without imposing religious interpretation (230). This approach honors the autonomous psyche's capacity for meaning making while respecting the patient's own religious or philosophical framework (231). Synchronicity becomes a bridge between psychological and spiritual dimensions of experience without requiring belief in external divine intervention (232).

Jung's understanding of synchronicity as expression of unus mundus—the underlying unity of psyche and matter—suggests that healing can occur through recognition of meaningful patterns rather than through elimination of suffering (233). The therapeutic space becomes a laboratory for discovering how meaning emerges from the interplay of conscious and unconscious forces (234).

The Transcendent Function and Healing

Jung's concept of the transcendent function—the psychological mechanism that bridges conscious and unconscious contents—provides insight into how healing occurs in the absence of traditional religious framework (235). The transcendent function operates through symbol formation, creating images that unite opposing psychological forces and enable forward movement in development (236). The therapeutic encounter facilitates this function by providing conscious container for unconscious material to emerge and be integrated (237).

The healer's role involves midwifing the transcendent function rather than directing it toward predetermined outcomes (238).

This requires what Jung called "therapeutic faith"—confidence in the psyche's inherent capacity for healing and growth (239). The divine absence that characterizes contemporary experience requires healers to develop this faith in psychological rather than religious terms (240).

The transcendent function enables transformation of evil through integration rather than elimination (241). Shadow material that has been consciously encountered and integrated becomes source of energy and creativity rather than destructive force (242). The therapeutic space becomes alchemical vessel where the lead of suffering is transformed into the gold of integrated personality (243).

Historical Trauma

Jung's analysis of collective shadow—the unconscious aspects of cultural and historical experience—provides crucial insight into how healers must work with patients carrying historical trauma (244). The collective shadow of the twentieth century includes not only the Holocaust but all forms of genocide, warfare, and systematic oppression that have marked human history (245). Healers working with descendants of both perpetrators and victims must be prepared to encounter this collective shadow material in their therapeutic work (246).

The divine absence that followed the twentieth century's catastrophes may represent the emergence of collective shadow material that can no longer be contained by traditional religious frameworks (247). The therapeutic encounter becomes a space where this collective shadow can be consciously engaged rather than unconsciously enacted (248). This requires healers to develop what Jung called "cultural attitude"—awareness of how personal psychological material is embedded in larger historical and cultural patterns (249).

Working with collective shadow requires recognition that healing individual trauma is inseparable from healing collective trauma (250). The therapeutic space becomes a site where personal and collective transformation intersect, where individual healing contributes to the larger work of cultural repair (251). This understanding transforms the healer's role from individual practitioner to cultural healer participating in the collective work of shadow integration (252).

The Religious Function of the Psyche

Jung's understanding of the religious function of the psyche—the innate human need for meaning, transcendence, and connection to something larger than the ego—suggests that healing must address spiritual as well as psychological dimensions of human experience (253). The religious function operates independently of particular religious beliefs, emerging from the depths of the psyche as autonomous force seeking expression (254). The therapeutic encounter must provide space for this religious function to emerge and develop (255).

The divine absence that characterizes contemporary experience does not eliminate the religious function but requires new forms of expression that honor both psychological and spiritual dimensions of human experience (256). The healer becomes a guardian of sacred space where the religious function can operate without being constrained by traditional religious forms (257). This creates what Jung called "psychological religion"—authentic spiritual experience grounded in direct encounter with the autonomous psyche (258).

The therapeutic space becomes a modern sanctuary where the religious function can be honored without imposing particular religious beliefs (259). The healer's role involves facilitating the patient's own encounter with the numinous—the mysterious, awe-inspiring dimension of human experience that Jung identified as the core of religious experience (260). This approach respects both religious and secular patients while honoring the spiritual dimension of healing (261).

Clinical Applications

The integration of Jungian principles into therapeutic practice informed by post-Holocaust theology requires specific clinical approaches that honor both psychological and theological insights (262). Healers must develop capacity for working with shadow material without being overwhelmed by it, using techniques such as active imagination, dream work, and symbolic interpretation (263). The therapeutic relationship becomes a container for shadow integration that enables transformation rather than acting out (264).

Clinical work informed by Jungian principles recognizes that healing involves encounter with the totality of human experience, including its destructive aspects (265). The healer must model the integration of shadow material by maintaining conscious relationship with their own capacity for evil while providing safe space for the patient's shadow work (266). This creates therapeutic environment where evil can be encountered consciously rather than projected onto others (267).

The therapeutic process involves gradual integration of shadow material through conscious dialogue between ego and unconscious contents (268). This work requires patience, courage, and commitment to ongoing self-examination on the part of both healer and patient (269). The goal is not elimination of evil but its conscious integration into a more complete understanding of human nature (270).

Jung and the Question of God

Jung's complex relationship with the question of God's existence provides insight into how therapeutic work can proceed in the context of divine absence (271). Jung distinguished between the psychological reality of God—the autonomous psyche's capacity for numinous experience—and the metaphysical question of God's objective existence (272). This distinction enables therapeutic work that honors the spiritual dimension of human experience without requiring belief in particular religious doctrines (273).

Jung's Answer to Job suggests that the encounter with evil requires a more complete understanding of the God-image that includes both light and dark aspects (274). The divine absence

that characterizes post-Holocaust experience may represent not God's withdrawal but the emergence of a more complete God-image that includes the shadow (275). The therapeutic encounter becomes a space where this more complete God-image can be consciously encountered and integrated (276).

The healer working in this framework must be prepared to encounter both the light and dark aspects of the God-image as they emerge in therapeutic work (277). This requires what Jung called "religious attitude"—openness to the numinous dimension of human experience without attachment to particular religious forms (278). The therapeutic space becomes a modern equivalent of the temenos—sacred space where encounter with the divine can occur (279).

Jung's understanding of evil as shadow material that must be consciously integrated rather than eliminated provides crucial framework for healing in the aftermath of historical trauma (280). The therapeutic encounter becomes a space where the shadow of historical trauma can be consciously engaged rather than unconsciously transmitted to future generations (281). This requires healers who are prepared to encounter collective shadow material without being overwhelmed by it (282).

The integration of Jungian insights into post-Holocaust therapeutic practice recognizes that healing involves not just individual recovery but collective transformation (283). The therapeutic space becomes a site where personal and collective healing intersect, where individual shadow work contributes to the larger work of cultural repair (284). This understanding transforms the healer's role from individual practitioner to cultural healer participating in the collective work of shadow integration (285).

The divine absence that characterizes post-Holocaust experience creates space for a more mature understanding of human nature that includes both creative and destructive potentials (286). The therapeutic encounter becomes a laboratory for exploring how these potentials can be consciously integrated rather than unconsciously enacted (287). This work requires healers who have done their own shadow work and are prepared to accompany others in this essential human task (288).

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