Research Article ISSN 2993-6799

Japanese Journal of Medical Research

The Serpent's Bite: Divine Complicity and Therapeutic Presence in Post-Holocaust Healing

Julian Ungar-Sargon* MD PhD

Borra College of Health Sciences, Dominican University IL, USA.

***Correspondence:**
Julian Ungar-Sargon, Borra College of Health Sciences, Dominican University IL, USA.

Received: 22 May 2025; **Accepted:** 28 June 2025; **Published:** 09 July 2025

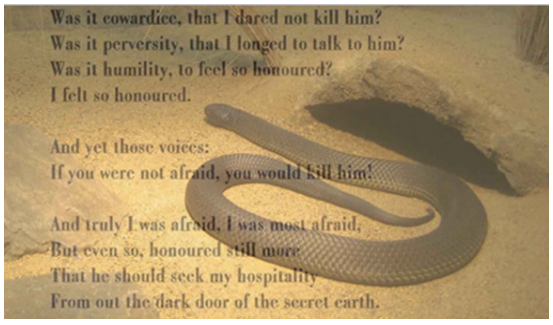
Citation: Julian Ungar-Sargon. The Serpent's Bite: Divine Complicity and Therapeutic Presence in Post-Holocaust Healing. Japanese J Med Res. 2025; 3(3): 1-17.

ABSTRACT

This article develops a theological framework for understanding divine presence and concealment within therapeutic practice, drawing upon the kabbalistic myth of the ayalta (doe) and serpent as a paradigm for divine complicity in suffering and healing. Through integration of tzimtzum theology, post-Holocaust anti-theological perspectives, and contemporary therapeutic spirituality, we propose that authentic healing requires acknowledging the necessary role of apparent evil—the "serpentine" dimensions of therapeutic work—in facilitating transformation. The therapeutic encounter emerges as a contemporary manifestation of divine indwelling where presence and absence, concealment and revelation, complicity and compassion converge in the sacred work of accompanying human suffering.

Keywords

Divine concealment, Therapeutic presence, Post-Holocaust theology, Tzimtzum, Shadow integration, Ayalta myth.



A snake came to my water-trough On a hot, hot day, and I in pyjamas for the heat, To drink there. In the deep, strange-scented shade of the great dark carob-tree I came down the steps with my pitcher and must wait, must stand and wait, for there he was at the trough before me.
D. H. Lawrence: Snake
Taormina, 1923

Introduction: The Theological Scandal of Healing

In the depths of the Zohar, amid its luminous teachings and mystical symbolism, we encounter a disturbing image that has haunted Jewish mystical consciousness for centuries: the ayalta, the pregnant doe, trapped in birth agonies with her womb sealed shut, crying out in pain until God provides a serpent to bite her genitals, enabling her to give birth and release waters that nourish the world [1,2].

בְּשָׁעָה שֶׁמִּתְעַבֶּרֶת, נִסְתֶּמֶת. כֵּיוָן שֶׁמַּגִּיעַ זְמַנָּהּ לֵילֵד,
בּוֹכָה וּמְרִימָה קוֹלוֹת, קוֹל אַחַר קוֹל, עַד שִׁבְעִים קוֹלוֹת
כְּחֻשְׁבּוֹן תֵּבוֹת שֶׁל מִזְמוֹר (תהלים כ) יַעַנְךָ ה' בְּיוֹם צָרָה,
שֶׁהִיא שִׁירָה שֶׁל הַמְעֻבֶּרֶת הַזֹּאת. וְהַקָּדוֹשׁ בָּרוּךְ הוּא
שׁוֹמֵעַ לָהּ וּמְצַוֶּה אֶצְלָהּ. וְאָז מוֹצִיא נָחָשׁ אֶחָד גָּדוֹל
מִתּוֹךְ הֶרֵי הַחֹשֶׁךְ, וּבָא בֵּין הֶהָרִים, פִּיו מְלֻכְלָךְ בְּעָפָר,
מַגִּיעַ עַד אַיִל זֶה, וּבָא וְנוֹשֵׁךְ לָהּ בְּאוֹתוֹ מָקוֹם פַּעֲמַיִם.

Zohar III:249a–b — "Ayaltā" (The Doe)

"A voice is heard in the heights, the voice of the Shekhinah, yearning like a hind (ayaltā) for her mate..."

*Annotation: The Shekhinah (the feminine Divine Presence) is likened to a doe, a frequent biblical metaphor (cf. Song of Songs 2:9), expressing **longing, urgency, and desire**. The term ayaltā reflects not just gentleness, but a **piercing cry** — a voice of exile and yearning for union with the Holy One, blessed be He (Kudsha Brikh Hu).*

"She calls without words, a cry that awakens the lower worlds, stirring the chambers of concealment."

*Annotation: This is a **pre-verbal or extra-verbal cry**, echoing themes in Lurianic Kabbalah where divine speech and repair (tikkun) begin with **unformed sound**. It parallels Kol demama daka — the "still, small voice" — heard by Elijah (I Kings 19:12).*

"From the depth of her concealment she brings forth an answer — not with speech, but with echo (kol)... a sound that travels through the firmaments."

*Annotation: The "answer" (teshuvah in Hebrew can mean both "response" and "repentance") is **not verbal** but **resonant** — a spiritual frequency that reverberates. This is the mystical principle that **divine union** begins not with words, but with **attunement**.*

"When the ayaltā gives forth her voice, the worlds tremble — above and below — and the King inclines his ear to listen."

*Annotation: This moment signals a **cosmic alignment** — the cry of the Shekhinah **triggers divine attention**, implying that human prayer, suffering, or yearning can **reopen divine channels**. It's an early form of theurgy: the human-divine interaction causes **Heavenly response**.*

"Then the flow begins — rivers of compassion pour forth, and the lower world is nourished anew."

*Annotation: The ayaltā's cry activates **chesed (lovingkindness)** from the upper sefirot, especially **Binah** and **Tiferet**, nourishing Malchut (the Shekhinah). This imagery reflects both **kabbalistic cosmology** and **emotional-experiential mysticism** — suffering transformed into spiritual sustenance.*

"Happy is the one who listens to this voice, for even though it is hidden, it speaks to all who are still."

*Annotation: Echoing Psalm 42 ("As the deer longs for streams of water..."), the Zohar praises those spiritually attuned to divine whisperings. The mystic must cultivate **inner stillness and attentiveness** — this voice is not heard by the distracted or arrogant.*

This ancient myth confronts us with an irreducible theological scandal—the divine provision of apparent evil as the necessary agent of healing and new life.

For the contemporary healer working in therapeutic space, this myth poses profound questions about the nature of our calling. If the divine response to ultimate suffering requires the agency of the serpent—the very symbol of deception, temptation, and evil in biblical consciousness—what does this reveal about the structure of healing itself? The ayalta myth, particularly as interpreted through the Sabbatian lens examined by David Halperin [2], reveals that traditional boundaries between sacred and profane, healer and destroyer, divine and demonic, are far more porous than conventional religious thinking allows.

This article argues that the kabbalistic understanding of divine concealment (hester panim) and contraction (tzimtzum), particularly as embodied in the ayalta myth, provides an essential theological framework for contemporary therapeutic practice. Rather than viewing suffering as purely pathological, this approach recognizes it as a potential locus of divine encounter. Rather than seeking to eliminate shadow material, it proposes a methodology for integrating it. Rather than maintaining rigid boundaries between healer and patient, sacred and profane, it envisions the therapeutic space as a contemporary manifestation of divine indwelling where transformation becomes possible through the recognition of God's hidden presence within darkness itself.

Divine Complicity in Suffering

The Zohar presents us with the ayalta (doe), a figure of extraordinary compassion who ventures into dangerous territory to gather food for all creatures, distributing nourishment while remaining hungry herself [1]. This doe, clearly identified with the Shekhinah—the divine presence in exile—represents both the Jewish people in their historical suffering and the feminine aspect of divinity itself [3,4].

The myth reaches its crisis point when the doe becomes pregnant but finds herself unable to give birth due to a sealed womb. Yet the divine response confounds all conventional expectations: God provides not a healing angel but summons a great serpent from the mountains of darkness. This serpent approaches the suffering doe and bites her twice in her most intimate place. The first bite draws blood, which the serpent consumes. The second bite breaks her waters, enabling birth and releasing the flow that nourishes all creation.

What makes this myth so theologically challenging is its fundamental claim about divine methodology. The myth insists that God's response to ultimate suffering requires the agency of apparent evil. The serpent is not merely a neutral instrument but the primordial symbol of deception, yet it becomes God's chosen agent of healing [5].

Textual Analysis

Daniel Matt's Pritzker Edition translation represents a revolutionary approach to the ayalta myth through his establishment of the first critical Aramaic text based on extensive manuscript analysis. Matt's methodology—examining "a wide range of original manuscripts" to establish the most authentic textual tradition—reveals significant textual variants in the ayalta passage that previous translations had obscured [6].

Most crucially, Matt's linguistic analysis demonstrates that the Zohar's description of the serpent emerging "from the mountains

of darkness" (mi-turei hashokha) employs deliberately ambiguous language that simultaneously evokes geographical location and psychological states. His commentary notes that hashokha (darkness) in Zoharic Aramaic carries connotations not merely of absence of light but of creative concealment—darkness as the matrix from which new awareness emerges.

Matt's translation particularly emphasizes the myth's deliberate inversion of conventional biblical symbolism. Where Genesis presents the serpent as deceiver, the ayalta myth transforms it into divine agent. Matt's commentary traces this transformation through careful attention to the Zohar's hermeneutical strategies, showing how the text systematically reinterprets biblical imagery to reveal hidden redemptive possibilities.

His analysis of the "double bite" proves especially illuminating for therapeutic application. Matt notes that the Aramaic text employs two different verbs for the serpent's actions: nakhtei (bites) for the first action that draws blood, and patach (opens) for the second that releases waters. This linguistic distinction suggests two qualitatively different types of intervention—one that releases toxic material, another that enables flow of life-giving energy.

Matt's commentary also emphasizes the myth's radical claim about divine methodology. His translation renders the crucial phrase zamen leqabblah had nahash as "He [God] prepared for her a serpent corresponding to herself," noting that the Aramaic term leqabblah suggests not external provision but internal correspondence. The serpent represents not foreign intervention but activation of healing potential already present within the doe's own nature.

Critical Scholarly Perspectives

The scholarly consensus on the ayalta myth reveals its profound theological significance. Gershom Scholem [7] first identified the myth's connection to ancient Near Eastern goddess traditions, noting its preservation of pre-monotheistic fertility symbolism within kabbalistic framework. Elliot Wolfson [3] extends this analysis by demonstrating how the myth encodes fundamental tensions about divine sexuality and the coincidence of opposites within God's nature itself.

Moshe Idel [4] argues that the ayalta narrative represents what he terms "theo-eroticism"—the erotic union between masculine and feminine aspects of divinity that requires engagement with apparently destructive forces. For Idel, the serpent's bite symbolizes the necessity of transgression for authentic spiritual transformation, a theme that resonates throughout kabbalistic literature but reaches particular intensity in the ayalta myth.

Michael Fishbane [8] places the myth within broader patterns of biblical interpretation, showing how the Zohar transforms the Genesis serpent from tempter to healer through sophisticated hermeneutical strategies that reveal hidden connections between creation, destruction, and redemption. Matt's translation supports Fishbane's analysis by preserving the subtle wordplay through which the Zohar accomplishes these transformations.

Therapeutic Implications

Halperin's [2] analysis of Israel Hazzan's seventeenth-century commentary reveals how the Sabbatian movement pushed these scholarly insights to their logical extreme. For Hazzan, writing in the aftermath of Sabbatai Zevi's conversion to Islam, the serpent represents not just divine agency but divine identity. Sabbatai Zevi himself becomes the serpent whose bite enables the Shekhinah's delivery—his apparent apostasy becomes the necessary act of "tearing" that enables new birth.

As my own essay on the ayalta demonstrates, this reading proves particularly relevant for post-Holocaust therapeutic practice [9]. The myth suggests that healing may require what appears as betrayal, that redemption may emerge through apparent abandonment, that the divine presence may be most fully revealed precisely when it seems most absent. The therapist, like the serpent, may need to "bite" in order to heal—engaging with shadow material in ways that superficial spirituality would consider inappropriate or dangerous.

Matt's translation work provides essential foundation for understanding these therapeutic implications. His careful attention to the Zohar's linguistic precision reveals that the myth operates through multiple levels of meaning simultaneously—literal, psychological, theological, and mystical. This multivalent structure makes it particularly suitable for therapeutic application, where healing similarly requires engagement with multiple dimensions of human experience.

The myth's insistence on the serpent's necessary role challenges therapeutic approaches that seek to eliminate rather than integrate difficult material. Depression, anxiety, anger, addiction—these may represent not simply problems to be solved but aspects of personality seeking recognition and integration, much like the serpent that emerges from the "mountains of darkness" bearing essential medicine for the doe's liberation.

The Architecture of Divine Concealment

Rabbi Isaac Luria's sixteenth-century innovation revolutionized Jewish mystical thought by proposing that creation begins not with divine expansion but with divine withdrawal. Before anything finite could exist, the infinite divine light (Ein Sof) had to contract

itself, creating a space (chalal panui) where multiplicity and limitation could emerge [7,10].

This tzimtzum provides the fundamental architecture within which healing encounters become possible. The therapeutic space emerges as a contemporary manifestation of the chalal panui—a "vacated space" where divine presence remains hidden enough to allow for genuine human agency while providing the underlying structure that enables transformation [11].

The therapist's role parallels the divine function in tzimtzum: creating and maintaining a space where healing can emerge through the client's own activity rather than through direct intervention. This requires what we might call "therapeutic tzimtzum"—the practitioner's willingness to limit their own presence and expertise to create space for the client's healing wisdom to emerge.

The Paradox of Presence-in-Absence

Tzimtzum establishes the fundamental paradox of therapeutic presence: authentic healing requires the healer to be simultaneously present and absent, engaged and withdrawn, influential and non-interfering. Like the divine presence that maintains reality while remaining hidden, the therapist must provide the structural conditions for transformation while allowing the client's own healing wisdom to emerge [12,13].

This paradox becomes particularly acute when working with severe trauma or existential crisis. The client's suffering may demand immediate intervention, yet premature rescue can prevent the deeper transformative work that requires moving through rather than around difficult material. The tzimtzum model suggests that the healer's most essential contribution may be the capacity to maintain presence within apparent absence, to provide holding while allowing necessary struggle.

The Shattering of Conventional Theodicy

The Holocaust represents an irreducible rupture in human understanding of divine presence, moral order, and the possibility of meaningful response to ultimate evil [14,15]. For those working in therapeutic space—particularly when encountering severe trauma, systemic oppression, or profound meaninglessness—the challenges posed by Holocaust consciousness cannot be avoided through conventional religious reassurance or secular humanism.

Richard Rubenstein's "Death of God" theology provides crucial framework for understanding how post-Holocaust consciousness transforms therapeutic practice. Rubenstein [14] argues that the Holocaust makes conventional theism untenable for honest contemporary consciousness, yet he does not advocate simple atheism. Instead, he proposes "anti-theology"—continuing to work within religious language and symbol while acknowledging their ultimate groundlessness.

Applied therapeutically, this suggests that healing work must be able to operate effectively without requiring belief in ultimate meaning, divine providence, or inevitable progress. The therapeutic relationship becomes a space where healer and patient encounter mystery together, abandoning illusions of control or comprehensive understanding while maintaining full commitment to whatever healing remains possible [11].

The seventh Lubavitcher Rebbe, Menachem Mendel Schneerson, developed perhaps the most sophisticated post-Holocaust theology within Orthodox Judaism. Rather than explaining evil or defending divine justice, the Rebbe reframed the entire question by arguing that post-Holocaust consciousness reveals new dimensions of divine presence precisely within apparent divine absence [16,17].

The Rebbe's radical innovation involves understanding hester panim (divine hiddenness) not as temporary divine withdrawal but as revelation of divine presence that exceeds conventional recognition. Applied therapeutically, this suggests that the deepest therapeutic work may occur precisely during periods when healing seems impossible, meaning appears absent, and conventional therapeutic optimism proves unsustainable.

The Serpentine Wisdom of Practice

Contemporary therapeutic practice operates within paradigms that fundamentally resist the insights embedded within the ayalta myth. The medical model's emphasis on symptom reduction, evidence-based interventions, and measurable outcomes reflects what we might call a "heroic" understanding of healing—one that positions the therapist as conquering hero battling against pathological forces to restore the client to health. This framework, while valuable for certain conditions, proves inadequate when confronting the deeper existential and spiritual dimensions of human suffering that the ayalta myth illuminates.

The serpentine wisdom of the ayalta challenges us to consider whether our therapeutic methodologies, despite their conscious intentions to heal, may inadvertently participate in forms of violence against the very suffering they seek to address. When we approach depression, anxiety, trauma, or addiction primarily as problems to be solved rather than potentially meaningful communications from the depths of human experience, we may be enacting a kind of therapeutic colonization—imposing external frameworks of health and normalcy upon experiences that contain their own indigenous wisdom [18,19].

Resistance as Sacred Intelligence

The ayalta myth's portrayal of the doe's sealed womb offers a profound reframing of what conventional therapy terms "resistance." Rather than viewing the client's reluctance to engage certain material or their persistence in apparently self-destructive patterns as obstacles to treatment, the myth suggests that such closure may represent protective wisdom that serves essential functions we do not yet comprehend. The doe's sealed womb is not pathology but necessary containment—her system is not ready for birth until the proper conditions and timing align.

This perspective fundamentally alters the therapeutic stance. Instead of strategizing to overcome resistance through interpretation, education, or motivational enhancement, the therapist learns to approach it with the same reverence that God shows toward the doe's predicament. The divine response is not to force open what is sealed but to provide precisely what is needed for organic opening to occur. The serpent emerges not as conqueror of resistance but as the specific medicine that this particular resistance requires for transformation.

Consider the implications for working with clients who repeatedly "fail" in treatment. Sarah, a combat veteran with severe PTSD, had undergone multiple unsuccessful therapy attempts before encountering work informed by ayalta principles. Previous treatments had focused on challenging her "irrational" survivor guilt and reducing her symptoms through exposure protocols. These approaches, while well-intentioned, failed to recognize that her guilt contained accurate moral and spiritual information about the nature of war, the arbitrariness of survival, and her powerless position within systems of violence beyond her control.

The therapeutic breakthrough occurred not when her guilt was eliminated but when it was honored as containing essential wisdom about the human condition. Her resistance to "getting better" according to conventional definitions reflected her soul's refusal to accept easy comfort in a world where innocents die for no comprehensible reason. The serpentine intervention involved helping her encounter this reality fully rather than defending against it, enabling her to develop what might be called "mature helplessness"—acceptance of powerlessness within larger systems combined with commitment to whatever agency remained available to her.

Erotics of Transformation

The ayalta myth's explicitly sexual imagery—the serpent biting the doe's genitals, the breaking of waters, the birth that follows—insists that authentic transformation engages the most intimate dimensions of human experience. This challenges therapeutic approaches that maintain strict boundaries between emotional and bodily experience, between psychological and spiritual dimensions, between individual pathology and systemic injustice. The myth suggests that healing which avoids the erotic depths of existence may remain superficial despite its technical sophistication.

Idel's concept of "theoeroticism" [4] proves particularly relevant here. The intense intimacy required for deep therapeutic work parallels the erotic union between divine potencies that kabbalistic thought describes as necessary for cosmic repair (tikkun). Yet this intimacy must be carefully boundaried to serve transformation rather than gratification—a delicate balance that the ayalta myth illuminates through its complex portrayal of the serpent's simultaneously violating and healing touch.

Michael's addiction treatment exemplifies this principle. His prescription drug use served multiple functions: temporary relief from overwhelming professional pressure, emotional numbing that protected against painful memories of medical failures, and artificial transcendence of limitation that his ego could not otherwise tolerate. Conventional approaches focused on eliminating these "maladaptive" behaviors through education about addiction's harmful consequences and behavioral strategies for avoiding triggers.

The serpentine approach recognized that Michael's addiction represented a form of misdirected spiritual seeking—an attempt to address legitimate needs for transcendence, meaning, and relief from unbearable internal pressure through inadequate means. This understanding aligns with the foundational insight of Alcoholics Anonymous, which recognizes addiction as fundamentally a spiritual malady requiring spiritual solution rather than merely behavioral modification [20]. Rather than simply fighting the addiction, therapeutic work involved understanding it as creative but ultimately self-defeating attempt to manage experiences that exceeded his conscious capacity to process.

The erotic dimension of this work involved helping Michael develop capacity for intimate relationship with his own emotional reality—learning to be present with anxiety, grief, and professional limitation without being overwhelmed by them. This required what might be called "therapeutic intercourse"—a form of engagement that was simultaneously penetrating and receptive, challenging and holding, that enabled him to encounter aspects of himself he had been avoiding through chemical mediation.

Depression as Theological Crisis

The application of ayalta wisdom to depression reveals perhaps most clearly the limitations of approaches that seek elimination rather than integration of difficult experience. Contemporary psychiatric practice tends to conceptualize depression primarily as neurochemical dysfunction requiring pharmaceutical correction

or cognitive distortion requiring behavioral modification. While such interventions prove helpful for many clients, they may miss the potentially sacred dimensions of depressive experience that require theological rather than purely psychological response.

Rebecca's depression following completion of her doctoral dissertation illustrates this complexity. Her profound sense of meaninglessness and suicidal ideation appeared to conventional assessment as symptoms requiring immediate intervention. Cognitive-behavioral approaches focused on challenging her "negative thinking patterns" and antidepressant medication aimed to address presumed neurochemical imbalance. Yet these interventions, while providing temporary relief, failed to address the existential crisis that underlaid her symptoms [21].

The serpentine approach recognized Rebecca's depression as potentially containing encounter with genuine philosophical problems that could not be resolved through psychological technique alone. Her sense of meaninglessness reflected not distorted thinking but accurate perception of existence's ultimate contingency and the inadequacy of intellectual achievement to provide lasting satisfaction. This recognition of authentic existential anxiety, as May [22] argues, distinguishes genuine encounters with being from neurotic symptoms that can be resolved through behavioral intervention. Her suicidal ideation represented not simply pathological symptom but honest confrontation with the question of whether life was worth living given its apparent ultimate futility.

Rather than attempting to eliminate her despair through cognitive restructuring or pharmaceutical intervention, therapeutic work involved helping Rebecca develop capacity to inhabit existential uncertainty without being paralyzed by it. As Grof [21] demonstrates in his research on consciousness and transformation, authentic healing often requires moving through rather than around states of psychological death and rebirth. This required learning to find immediate meaning within activities and relationships while acknowledging that such meaning might prove temporary and contingent. The therapist's serpentine function involved guiding Rebecca into full encounter with philosophical problems she had been avoiding through academic achievement, enabling her to discover that meaningful engagement with life could emerge through commitment to particular persons and projects rather than through abstract philosophical justification.

Chronic Pain as Embodied Teaching

The intersection of ayalta wisdom with chronic pain management reveals the limitations of approaches that view pain purely as pathological signal requiring elimination. Contemporary pain medicine tends to conceptualize chronic pain as neurological dysfunction requiring pharmaceutical intervention, physical rehabilitation, or psychological coping strategies. While such approaches prove essential for many clients, they may miss the potentially communicative function of pain that requires interpretive rather than purely technical response.

David's chronic back pain exemplifies this complexity. Despite extensive medical evaluation revealing no structural abnormalities that could account for his symptoms, his pain persisted and gradually intensified over several years. Multiple treatment approaches—medication, physical therapy, surgical consultation—provided temporary relief but no lasting improvement. The medical establishment's inability to identify clear pathological cause led to implicit questioning of the pain's legitimacy, creating additional suffering around shame and self-doubt.

The serpentine approach began with the radical hypothesis that David's pain might serve essential communicative functions that could not be eliminated without attention to underlying messages. Rather than viewing pain purely as pathological symptom, the therapeutic work involved learning to engage with it as potential teacher about needed life changes. This required David to develop fundamentally different relationship with his bodily experience—shifting from fighting against pain through increased activity or numbing it through medication to listening to it with respectful attention.

Gradually, the pain began to reveal information about David's driven lifestyle, suppressed emotions, and spiritual emptiness that had characterized his pre-accident existence. His body was attempting to communicate what his conscious mind had been avoiding: that his compulsive focus on business success was costing him connection to family, friends, and deeper sources of meaning. The pain functioned as somatic resistance to a way of life that was ultimately unsustainable despite its external success.

The therapeutic work involved helping David understand that his pain represented not simply pathological dysfunction but his body's attempt to redirect his attention toward aspects of existence he had been neglecting. As he learned to slow down, to prioritize relationship over achievement, and to find meaning through presence rather than productivity, his pain levels decreased significantly though never completely disappeared. The remaining pain came to serve as ongoing reminder of needed life balance rather than simply pathological symptom requiring elimination.

The Moral Complexity of Healing

Perhaps the most challenging application of ayalta wisdom involves therapeutic work with individuals who have caused significant

harm to others. Such work requires holding the paradox that people can be simultaneously perpetrators requiring accountability and wounded individuals needing healing—a tension that the serpent myth illuminates through its complex understanding of evil and redemption.

Robert's domestic violence treatment exemplifies this complexity. His initial presentation emphasized external blame—job stress, alcohol use, family financial pressure—while minimizing personal responsibility for his abusive behavior. Conventional approaches to perpetrator treatment often emphasize confrontation of denial and minimization through direct challenge of cognitive distortions and emphasis on victim impact. While such techniques address important aspects of accountability, they can also reinforce adversarial dynamics that prevent deeper transformation.

The serpentine approach began with the paradoxical recognition that Robert was simultaneously perpetrator requiring accountability and wounded person needing healing. His abusive behavior could not be excused but it also could not be adequately addressed without understanding its psychological and spiritual roots. This required the therapist to embody the complex moral position that the serpent represents—serving justice through apparently harsh intervention while maintaining underlying compassion for the whole person.

The therapeutic process involved helping Robert encounter the parts of himself that were capable of cruelty while also connecting with wounded aspects that drove his violent behavior. This included confronting his own childhood trauma, his terror of powerlessness, and his inability to tolerate emotional vulnerability. The work required developing capacity to experience vulnerability without resorting to violence, to tolerate powerlessness without asserting dominance through force.

Like the serpent whose bite serves larger healing purposes, therapeutic confrontation of Robert's harmful behavior served not punishment but transformation. The therapist's serpentine function involved creating conditions where Robert could encounter the full weight of his responsibility for causing harm while also receiving support for the inner work necessary to prevent future violence. This delicate balance required maintaining accountability while avoiding shame that might drive defensive reactions, challenging destructive patterns while supporting emerging capacity for healthier relationship.

The Paradox of Therapeutic Success

The ayalta myth challenges conventional understandings of therapeutic success by suggesting that authentic healing may require temporary increases in distress, apparent deterioration of functioning, or prolonged periods of uncertainty. The doe's liberation through the serpent's bite involves initial pain, bleeding, and apparent violation before waters of life begin to flow. This sequence cannot be rushed or reversed—the blood must be drawn before the waters can be released.

Elena Rodriguez's physician crisis illustrates this paradox. Her complete loss of faith in medicine appeared to conventional assessment as burnout requiring stress management, cognitive restructuring, or career transition. Yet attempts to restore her previous functioning or redirect her toward different work failed to address the spiritual crisis that her medical experience had precipitated. Her breakdown of faith in medical efficacy reflected not pathological thinking but honest confrontation with medicine's limitations and existence's ultimate contingency.

The therapeutic work required allowing Elena's crisis to deepen before attempting resolution. Like the serpent's first bite that draws blood, initial therapeutic intervention involved helping her encounter the full weight of medical limitation without premature rescue through false reassurance or artificial optimism. This meant validating her loss of faith as spiritually honest rather than pathological, enabling exploration of ultimate questions about meaning, mortality, and divine presence within apparently godless circumstances.

The breakthrough occurred not through restoration of previous beliefs but through development of what might be called "hopeless hope"—commitment to healing work that did not depend upon optimistic prognosis or belief in ultimate success. Elena learned to find meaning through faithful presence with suffering, willingness to accompany patients through difficult experiences, and recognition that healing often occurs through relationship rather than intervention. Her return to medical practice represented not recovery from crisis but transformation through it.

Most fundamentally, the clinical application of ayalta wisdom demands recognition that therapeutic work represents a form of spiritual practice requiring ongoing development rather than merely professional service that can be mastered through training and experience. This approach resonates with Yalom's [23] understanding of existential psychotherapy, which acknowledges that effective therapeutic work must address ultimate concerns—death, freedom, isolation, and meaninglessness—that cannot be resolved through technique alone but require genuine encounter between therapist and client facing these universal human predicaments together. The serpentine dimensions of healing work—the necessary engagement with shadow material, the willingness to work through rather than around resistance, the capacity to find sacred meaning within apparently meaningless suffering—require qualities that exceed conventional therapeutic education while remaining essential for authentic transformation.

Implications

These clinical applications suggest that implementation of ayalta wisdom requires fundamental reconceptualization of therapeutic training and practice. Rather than focusing primarily on technique acquisition and symptom management, training programs would need to address the spiritual and existential dimensions of therapeutic work, including the therapist's own relationship to suffering, meaning, and mortality.

Supervision would require models that can address ultimate questions raised by difficult cases rather than focusing exclusively on risk management and treatment compliance. Therapists would need support for their own spiritual development and shadow work, recognizing that their capacity to serve transformation emerges through engagement with their own limitations rather than despite them. Institutional structures would need modification to support approaches that cannot be easily measured or standardized, requiring longer timeframes than current productivity models allow.

Nachash Hakadmoni

The Degel Machaneh Ephraim (Moshe Chaim Ephraim of Sudilkov, 1748-1800), grandson of the Baal Shem Tov, provides perhaps the most psychologically sophisticated interpretation of the serpentine myth in Hasidic literature. His commentary on Parashat Balak transforms the conventional understanding of the nachash hakadmoni (primordial serpent) from external tempter to internal spiritual force requiring integration rather than elimination [24].

According to the Degel, the serpent represents the divine sparks trapped within the kelippot (husks) that must be extracted through spiritual work rather than avoided through pious withdrawal. He writes: "Pinchas saw and understood from within himself that malkhut lacked unification—for a human being is a microcosm. Thus, he made the unification [in himself]" [24]. The serpent becomes the very force that enables spiritual transformation when properly engaged rather than simply rejected.

This reading proves revolutionary for therapeutic practice. The Degel's insight that "every human emotion and characteristic, in its purest form, is directed toward God" suggests that what appears as pathological symptom may actually represent misdirected spiritual energy seeking proper channel. The therapist's task becomes not elimination of difficult emotions but their redirection toward constructive purposes.

Most significantly, the Degel argues that the zaddik (righteous person) must be capable of "sweetening" divine judgments (gevurot) through inner work that integrates rather than denies shadow material. As I suggested this "sweetening" parallels the therapeutic process through which clients learn to metabolize difficult experiences rather than being overwhelmed by them [9]. The therapist serves a function analogous to Pinchas, who was able to "seize the letter mem from the angel of death" and transform it from destructive to life-giving force.

Building on the Degel Machaneh Ephraim's insights about the nachash hakadmoni (primordial serpent), therapeutic work must be attuned to organic timing rather than external schedules. The Degel's revolutionary claim that Pinchas "saw the letter mem floating in the air" and was able to transform it from symbol of death (mavet) into symbol of life suggests that the same psychic content can serve either destructive or constructive purposes depending on the consciousness that encounters it.

One crucial application of serpentine wisdom involves learning to work with rather than against client resistance. The serpent does not attack the doe's resistance but responds to it skillfully. The first bite addresses the blockage that prevents natural process from unfolding; the second bite enables release when the system is ready. This parallels the Degel's teaching that spiritual transformation requires "sweetening" harsh judgments (gevurot) rather than simply overpowering them.

Working with resistance requires developing capacity to discern the intelligence within apparent obstruction. The client who "refuses" to engage traumatic material may be protecting essential psychological structures that cannot be safely challenged until alternative supports are established. Rather than viewing such resistance as pathological, the serpentine therapist learns to recognize it as adaptive intelligence that serves essential protective functions—what the Degel would term the soul's natural wisdom seeking proper timing for transformation.

I argue for "serpentine patience"—the willingness to wait for organic readiness while maintaining presence with whatever emerges in the meantime [9]. The nachash hakadmoni represents not external evil to be conquered but internal wisdom to be integrated through patient spiritual work that honors natural developmental processes.

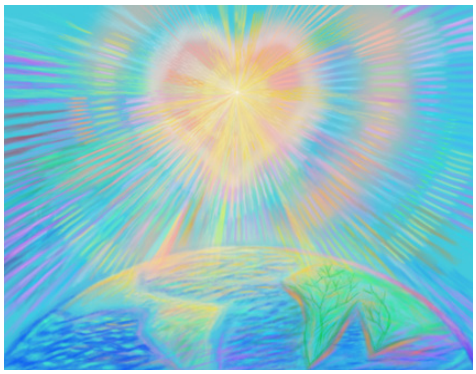
Theological Anthropology

Wolfson's [3] analysis of gender symbolism in kabbalistic thought proves particularly relevant for understanding the ayalta myth's therapeutic implications. His argument that kabbalistic texts reveal fundamental androgyny within divine nature—where apparent opposites are ultimately unified—provides framework for therapeutic work that seeks integration rather than elimination of contradictory elements within personality.

The doe's predicament represents what Wolfson terms the "feminine" aspect of divinity trapped within limitation and requiring "masculine" intervention for liberation. Yet the myth complicates this gendered symbolism by making the serpent—traditionally masculine symbol—serve the feminine principle's deepest needs. This suggests that authentic therapeutic work requires fluid movement between different modes of presence rather than rigid adherence to single approach.

Idel's [4] concept of "theoeroticism" proves equally crucial for understanding therapeutic relationship. The intense intimacy required for deep therapeutic work parallels the erotic union between divine potencies that kabbalistic thought describes as necessary for cosmic repair (tikkun). Yet this intimacy must be carefully boundaried to serve transformation rather than gratification—a principle that the ayalta myth illuminates through its complex portrayal of the serpent's simultaneously violating and healing touch.

My essay extends these scholarly insights by proposing that the therapeutic relationship itself becomes a contemporary manifestation of the hierosgamos (sacred marriage) between masculine and feminine principles within both therapist and client [9]. The "bite" that enables healing represents not external intervention but activation of transformative potential that already exists within the client's psychological system.



The Shadow of Divine Love

Scholem's [7] recognition of the myth's preservation of ancient fertility symbolism points toward deeper theological questions about the relationship between creation and destruction within divine nature itself. The Zohar's willingness to portray God as orchestrating apparent violence for ultimately creative purposes suggests that authentic love may require what conventional morality would condemn.

This theological insight proves essential for therapeutic work with severe trauma, addiction, or chronic suffering—situations where conventional approaches emphasizing safety and stabilization may prove insufficient for addressing the spiritual dimensions of pain. The myth suggests that divine love operates through engagement with rather than avoidance of destructive forces, transforming them into instruments of healing through direct encounter rather than defensive withdrawal.

Fishbane's [8] hermeneutical analysis demonstrates how the Zohar systematically inverts biblical symbolism to reveal hidden redemptive possibilities within apparently problematic material. The Genesis serpent, traditionally understood as tempter and deceiver, becomes agent of divine mercy when viewed through kabbalistic lens. This hermeneutical strategy provides model for therapeutic reframing that seeks transformative potential within pathological presentations rather than simply eliminating symptomatic material.

Therapeutic Complicity

Perhaps the most challenging aspect of acknowledging therapeutic complicity involves recognizing the shadow dimensions of professional helping identity itself. We enter helping professions with conscious intentions to alleviate suffering, yet honest examination reveals more complex motivations including desires for professional status, personal meaning, and compensation for our own unresolved wounds [25,26].

The ayalta myth, as interpreted through the Degel's framework, suggests that acknowledgment of shadow motivations is not pathological but essential for authentic healing work. The serpent represents not pure evil but the divine willingness to work through apparently problematic means for ultimately creative purposes. Similarly, the therapist's mixed motivations can serve genuine healing when acknowledged and integrated rather than denied or projected.

This requires developing what Nouwen [27] terms "wounded healer" consciousness—recognition that our capacity to serve transformation emerges through engagement with our own limitations rather than despite them. The Degel's insight that "every human emotion and characteristic, in its purest form, is directed toward God" suggests that even our shadow motivations contain sparks of divine energy that can be redirected toward authentic service when properly understood.

Practical Guidelines

The translation of ayalta myth wisdom into contemporary therapeutic practice confronts a fundamental tension between the deeply personal, spiritual nature of authentic healing and the institutional demands of modern healthcare systems. The implementation of this theological framework requires not merely the addition of new techniques to existing practice but a fundamental reconceptualization of what therapeutic work entails, who the therapist must become to engage in such work, and how institutions must transform to support depth encounters with human suffering.

The challenge begins with recognizing that creating what we might call "sacred therapeutic space" cannot be achieved through procedural modifications alone. While structural elements—consistent boundaries, appropriate containment, clear therapeutic frame—provide necessary foundation, they remain insufficient without corresponding qualitative transformation in the practitioner's capacity for what we have termed "incarnated availability." This represents a mode of presence that transcends technical competence to embody the paradoxical stance that the ayalta myth reveals: simultaneously vulnerable and stable, open and boundaried, engaged and detached.

The serpentine wisdom embedded within the myth suggests that authentic therapeutic presence requires the practitioner's willingness

to be genuinely affected by client experience while maintaining enough inner stability to serve as container for transformation rather than becoming another casualty of trauma. This represents a far more demanding requirement than conventional therapeutic training typically addresses, necessitating not merely professional development but ongoing spiritual and psychological work that enables the therapist to inhabit paradox skillfully rather than defending against it through technical expertise or emotional detachment.

Shadow Integration

Perhaps the most challenging aspect of implementing this framework involves acknowledging and integrating what we might call the "shadow dimensions" of therapeutic relationship itself. The ayalta myth's insistence that divine healing requires the agency of apparent evil forces us to confront uncomfortable truths about the mixed motivations that drive both therapists and clients toward healing encounter. The conventional idealization of therapeutic relationship as pure helping by expert professional serving vulnerable client obscures the more complex reality that both parties bring conscious and unconscious needs that may serve or subvert authentic transformation.

For therapists, this requires honest examination of the desires for meaning, recognition, power, and compensation for personal wounds that inevitably influence their choice of healing professions. Rather than viewing such motivations as contamination requiring elimination, the ayalta framework suggests they may represent essential energy that can serve authentic healing when consciously acknowledged and skillfully integrated. The therapist who cannot admit their own needs for significance and impact may unconsciously use clients to meet these needs rather than serving genuine transformation.

This shadow work extends beyond personal therapy or supervision to encompass what we might call "vocational discernment"—ongoing examination of whether one's therapeutic work serves genuine healing or more subtle forms of ego gratification. The serpentine wisdom suggests that effective therapeutic intervention often requires temporary increases in client distress as natural defenses are challenged and avoided material emerges into consciousness. The therapist must be capable of distinguishing between interventions that serve the client's deeper healing and those that serve the therapist's needs for progress, compliance, or professional success.

For clients, shadow integration involves exploring symptoms and resistance as potentially containing essential information rather than simply obstacles to overcome. The ayalta myth's portrayal of the doe's sealed womb as both limitation and protection suggests that what appears as pathological dysfunction may serve crucial psychological functions that cannot be eliminated without replacement by more adequate adaptive strategies. This requires therapeutic approaches that can honor the intelligence within apparent dysfunction while gradually creating conditions where alternative responses become possible.

Integrating Scholarly Frameworks

The convergence of insights from Wolfson, Idel, Scholem, Fishbane, Matt, and the Degel Machaneh Ephraim generates what we might call "principles of serpentine therapy" that challenge conventional therapeutic paradigms in fundamental ways. Wolfson's analysis of divine androgyny suggests that effective therapeutic work requires fluid movement between receptive and active modes of presence rather than adherence to fixed therapeutic roles. The therapist must be capable of profound empathic attunement when such presence serves healing while also being willing to challenge, confront, or destabilize when such intervention proves necessary for transformation.

Idel's concept of theoeroticism illuminates the intense intimacy that deep therapeutic work requires while highlighting the crucial importance of maintaining appropriate boundaries that serve transformation rather than gratification. This represents one of the most delicate aspects of implementing serpentine wisdom—learning to engage with sufficient depth and intensity to enable genuine encounter while maintaining clear awareness of professional purpose and ethical responsibility.

Scholem's recognition of the myth's ancient fertility symbolism points toward understanding therapeutic work as involving cycles of death and rebirth rather than linear progression from dysfunction toward health. This has profound implications for how we assess therapeutic progress and success. Periods of apparent regression, increased symptom severity, or therapeutic impasse may represent necessary disintegration of inadequate psychological structures that must occur before more adequate development becomes possible.

Fishbane's hermeneutical insights suggest that symptoms function as communications requiring interpretation rather than simply problems demanding solution. This transforms the therapeutic task from symptom elimination toward what we might call "existential translation"—helping clients discover the wisdom embedded within their suffering while developing more skillful ways of responding to the life challenges their symptoms represent.

Matt's emphasis on textual inversion provides framework

for recognizing that what appears most problematic in client presentation may actually contain the key to healing. The client whose anger seems most destructive may need to learn appropriate assertion; the individual whose depression appears most debilitating may be encountering essential questions about meaning and mortality that require spiritual as well as psychological response.

Therapeutic Epistemology

The integration of post-Holocaust consciousness into therapeutic practice generates what we might call a "theological epistemology" that fundamentally alters how we understand therapeutic knowledge and intervention. Rather than operating from presumptions about positive outcomes, human resilience, or inevitable progress, this approach requires developing comfort with what Irving Greenberg terms "moment faith"—commitment that emerges and disappears rather than providing sustained foundation for therapeutic optimism.

This epistemological shift has practical implications for how therapists approach treatment planning, outcome measurement, and professional identity. Rather than deriving satisfaction from demonstrated therapeutic efficacy or measurable client improvement, the practitioner learns to find meaning in faithful presence with suffering that may exceed healing possibility. This does not represent therapeutic nihilism but what we might call "hopeless hope"—commitment to whatever transformation remains possible without requiring guarantees about ultimate outcomes.

Such an approach proves particularly valuable when working with chronic conditions, terminal illness, intractable trauma, or existential crisis where conventional therapeutic optimism may represent denial of reality's genuine limitations. The therapist develops capacity to acknowledge powerlessness within larger systems while maintaining commitment to whatever agency remains available, both for themselves and their clients.

Educational Transformation

The implementation of this framework requires institutional changes that extend far beyond individual therapeutic practice to encompass training programs, supervision models, and healthcare administrative structures. Current emphases on evidence-based practice, measurable outcomes, and productivity metrics often prove incompatible with the depth of engagement that serpentine wisdom requires. Authentic encounter with the theological dimensions of human suffering cannot be easily quantified, standardized, or subjected to conventional research methodologies without losing essential aspects of what makes such work transformative.

Educational reform must address what we might call "theological literacy"—basic understanding of religious and spiritual frameworks that inform client worldviews even in ostensibly secular therapeutic settings. This extends beyond multicultural competence to encompass familiarity with concepts of divine presence, suffering, and transformation that provide essential context for understanding how clients make meaning from their experiences.

More fundamentally, training programs must address the spiritual and psychological development of therapists themselves rather than focusing exclusively on technique acquisition and theoretical knowledge. The capacity for incarnated availability that serpentine wisdom requires cannot be taught through didactic instruction but emerges through sustained personal work that enables practitioners to inhabit paradox, uncertainty, and intensity without being overwhelmed by them.

Supervision models must evolve to address not merely case management and risk assessment but the existential and spiritual questions that deep therapeutic work inevitably raises. Supervisors must be prepared to explore ultimate questions about meaning, mortality, and divine presence rather than deflecting such concerns toward religious professionals or treating them as beyond therapeutic scope.

Perhaps most challenging, healthcare institutions must create conditions that support approaches requiring longer timeframes, less predictable outcomes, and more individualized interventions than current productivity models typically allow. This may require fundamental reconsideration of how we structure, fund, and evaluate therapeutic services—a transformation that extends well beyond individual practice to encompass healthcare policy and social understanding of what authentic healing entails.

The ayalta myth suggests that such institutional transformation, like individual healing, may require periods of apparent chaos and disintegration before more adequate structures can emerge. The willingness to engage this broader serpentine work—challenging systems that inadvertently prevent the very healing they purport to serve—represents perhaps the ultimate application of the theological wisdom embedded within this ancient narrative.

Case Example

Dr. Elena Rodriguez, a 42-year-old emergency medicine physician, sought consultation following "complete loss of faith in medicine and maybe everything else" after working during the COVID-19 pandemic. Her crisis began when she witnessed repeated failures of medical intervention despite heroic efforts, culminating in watching a young mother die from COVID complications.

Rather than viewing Elena's crisis as stress reaction requiring symptom management, the therapeutic work explored it as encounter with ultimate questions about meaning, mortality, and divine presence within suffering. Her loss of faith reflected honest confrontation with medicine's limitations rather than pathological thinking.

The therapeutic process involved validating Elena's crisis as spiritually honest rather than pathological, enabling exploration of deeper questions about vocation and meaning. Like the serpent's bite that initially causes pain, the work involved helping her

encounter the full weight of medical limitation without being overwhelmed.

Elena gradually developed "mature helplessness"—acceptance of powerlessness within larger systems combined with commitment to whatever agency remained available. She began discovering sacred dimensions of medical practice through quality of presence brought to patient encounters rather than through medical efficacy alone.

The work culminated in Elena's return to practice with transformed understanding of her vocation. Rather than seeking meaning through cure rates or treatment success, she found it through faithful presence with suffering, willingness to accompany patients through difficult experiences, and recognition that healing often occurs through relationship rather than intervention.

Implications

The integration of Kabbalistic principles into therapeutic practice demands a fundamental reimagining of how we prepare and support mental health professionals. This transformation extends beyond adding new techniques to existing curricula—it requires a philosophical shift in how we understand the nature of therapeutic work itself.

Contemporary therapeutic training typically emphasizes technical competency and evidence-based interventions, but this framework suggests that such preparation may be insufficient for addressing the deepest dimensions of human suffering. Therapists working within this paradigm need what might be called theological literacy—not necessarily adherence to specific religious doctrines, but a nuanced understanding of how concepts like divine presence, sacred suffering, and spiritual transformation operate in human experience. This knowledge becomes essential even in ostensibly secular settings, as clients' deepest concerns often touch on questions of meaning, purpose, and transcendence that purely psychological frameworks may inadequately address.

The emphasis on shadow work represents perhaps the most challenging aspect of this educational reform. Traditional training programs focus heavily on developing therapeutic skills while paying relatively little attention to the therapist's own psychological and spiritual development. This framework suggests that therapists must engage deeply with their own wounds, motivations, and limitations—not as a prerequisite that can be completed during training, but as an ongoing process that parallels and informs their clinical work. Such shadow integration cannot be achieved through academic study alone but requires sustained personal therapy and spiritual practice.

Equally important is the cultivation of what might be termed uncertainty tolerance. Most therapeutic training programs implicitly promise that sufficient knowledge of theory and technique will enable practitioners to help their clients effectively. This framework challenges that assumption by suggesting that therapeutic work inevitably encounters mysteries that cannot be solved through professional expertise alone. Training must therefore help future therapists develop comfort with not-knowing, with questions that lack clear answers, and with the humility to recognize when healing emerges through relationship rather than intervention.

The development of therapeutic presence itself becomes a central educational goal. Rather than focusing exclusively on what therapists do, this approach emphasizes who they are in the therapeutic encounter. Such presence cannot be taught through lectures or textbooks but must be cultivated through practices that develop the practitioner's capacity for authentic encounter, deep listening, and spiritual attunement.

Supervision and Consultation

These educational reforms necessitate corresponding changes in how we support practicing therapists. Traditional supervision models typically focus on case management, technical skill development, and ethical compliance. While these elements remain important, supervision within this framework must also address the spiritual and existential dimensions of therapeutic work.

Supervisors themselves must be prepared to explore their supervisees' spiritual development and shadow material, recognizing that the therapist's inner life profoundly influences their clinical effectiveness. This requires supervisors who have engaged in their own deep personal work and who can model the kind of authenticity and vulnerability that this approach demands.

Consultation structures must be capable of addressing the ultimate questions that emerge in difficult cases—questions about the meaning of suffering, the nature of healing, and the limits of human intervention. Such consultation may require collaboration between mental health professionals and spiritual directors, chaplains, or other practitioners trained in addressing existential and theological concerns.

Peer support takes on particular significance in this model, as therapeutic work is understood as a form of spiritual practice

requiring ongoing development and community. Practitioners need colleagues who can appreciate the sacred dimensions of their work and who can provide both professional guidance and spiritual encouragement during challenging periods.

Institutional Changes

Healthcare institutions must also adapt to support this depth of therapeutic engagement. Current productivity models often prioritize quantity over quality, requiring therapists to see numerous clients for brief periods rather than allowing the time necessary for deeper therapeutic work. This framework suggests that authentic healing may require longer timeframes and more intensive engagement than such models accommodate.

Administrative support becomes crucial for approaches that cannot be easily measured or standardized. Insurance companies and healthcare administrators typically prefer interventions with clear protocols and predictable outcomes, but this framework suggests that the most important therapeutic changes may be precisely those that resist quantification.

The integration of spiritual care resources with psychological treatment represents another institutional challenge. Many healthcare settings maintain strict boundaries between psychological and spiritual interventions, but this approach suggests that such divisions may ultimately serve neither patients nor practitioners well.

Limitations and Challenges

This framework faces several significant limitations that must be acknowledged. The theological foundation draws primarily from Jewish mystical sources, which may not resonate with practitioners or clients from different religious backgrounds. Implementation requires extraordinary sensitivity to diverse spiritual traditions and a willingness to adapt core concepts rather than impose specific theological content.

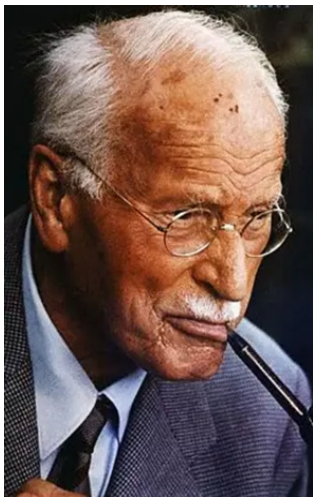
The emphasis on therapeutic intimacy and shadow integration raises important questions about professional boundaries that the framework does not fully resolve. Practitioners must develop sophisticated understanding of how to maintain appropriate limits while allowing for deeper therapeutic encounter—a balance that requires both wisdom and ongoing supervision.

The training requirements exceed what most practitioners can reasonably be expected to undertake. This approach demands extensive personal and spiritual development that goes far beyond conventional therapeutic preparation. Not all practitioners may be suited for or interested in such demanding work, raising questions about how widely this model can be implemented.

Perhaps most significantly, current healthcare systems emphasize measurable outcomes and evidence-based practice in ways that may be fundamentally incompatible with this approach. The framework challenges these systems by suggesting that the most important therapeutic changes may be unmeasurable and that healing often occurs through relationship quality rather than specific interventions. This creates tension with institutional requirements for accountability and evidence-based practice that cannot be easily resolved through compromise or accommodation.

Despite these limitations, the framework offers a compelling vision of therapeutic practice that takes seriously both the mystery of human suffering and the possibility of profound healing. Its implementation may require not just changes in training and practice, but a broader cultural shift in how we understand the nature of healing itself.

see my podcasts "Ayalta and Serpent" I and II May 2014. www.jyungar.com/podcast [29].



Appendix: Jung, the Serpent, and the Uroboros in Therapeutic Practice

The Archetypal Serpent in Analytical Psychology

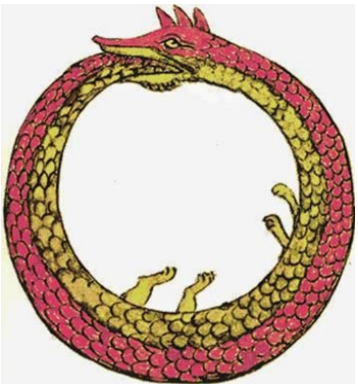
Carl Gustav Jung's exploration of serpent symbolism provides crucial psychological framework for understanding the ayalta myth's therapeutic implications. Jung recognized the serpent as one of the most powerful archetypal images in the collective unconscious, representing both creative and destructive forces that require integration rather than elimination for psychological wholeness [25]. His analysis of the serpent archetype reveals striking parallels with the kabbalistic understanding of the nachash as both tempter and healer, destroyer and creator.

In Jung's understanding, the serpent represents what he termed the "transcendent function"—the psychological mechanism through which conscious and unconscious contents achieve dynamic synthesis [28]. This function operates not through rational resolution of contradictions but through symbolic processes that can hold opposing forces in creative tension. The ayalta myth exemplifies this transcendent function: the serpent embodies both the force that wounds and the power that heals, the agent that causes suffering and enables transformation.

Jung's concept of the "shadow"—those aspects of personality

that the ego rejects or represses—proves particularly relevant for understanding the serpent's role in the ayalta narrative. The shadow contains not only negative qualities that threaten conscious identity but also positive potentials that have been rejected due to cultural conditioning, family dynamics, or personal trauma [30]. The serpent in the ayalta myth represents shadow material in its most complex form: apparently destructive forces that contain essential healing potential.

The therapeutic implications prove profound. Rather than seeking to eliminate shadow material through analysis or behavioral modification, Jungian approach emphasizes integration—learning to relate consciously to rejected aspects of personality in ways that harness their energy for creative purposes. The serpent's bite in the ayalta myth represents this integration process: apparent attack that enables authentic birth, violation that serves ultimate healing.



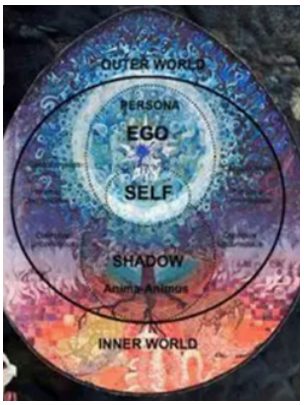
The Uroboros and Cyclical Transformation

The symbol of the uroboros—the serpent eating its own tail—provides another crucial lens for understanding the ayalta myth's therapeutic significance. Jung recognized the uroboros as representing the cyclical nature of psychological development, where apparent endings become new beginnings, where death and rebirth occur within ongoing life process [31]. This image captures the fundamental paradox of therapeutic transformation: healing requires accepting rather than transcending limitation, finding wholeness through embracing rather than eliminating brokenness.

The uroboros challenges linear models of therapeutic progress that assume movement from pathology toward health, from dysfunction toward optimal functioning. Instead, it suggests that authentic development involves cyclical processes where apparent regression may represent necessary preparation for deeper integration. The client who seems to be "getting worse" during therapy may actually be moving closer to essential transformation that requires temporary disintegration of defensive structures.

In the ayalta myth, the doe's sealed womb represents the uroboric condition—a state of containment that is simultaneously limitation and protection, imprisonment and necessary gestation. The serpent's intervention does not simply break the seal but transforms the entire relationship between containment and release, enabling organic opening that serves life rather than merely eliminating obstruction.

This has profound implications for therapeutic timing and intervention. The uroboric perspective suggests that premature attempts to "fix" problems may prevent the deeper transformative processes that require extended periods of apparent stuckness or regression. The therapist learns to discern when apparent pathology represents uroboric containment serving essential developmental functions.



Shadow Work

Jung's approach to shadow work provides practical methodology for implementing the insights embedded within the ayalta myth. Rather than viewing difficult emotions, destructive impulses, or pathological symptoms as simply problems requiring elimination, shadow work explores them as potentially containing rejected aspects of wholeness seeking conscious integration [32].

The process involves several crucial phases that parallel the ayalta narrative structure. First comes recognition—acknowledging that what appears as external problem may represent projection of internal shadow material. The client who experiences persistent relationship conflicts may need to recognize their own capacity for the very behaviors they condemn in others. This recognition often proves painful, like the serpent's first bite that draws blood.

Second comes dialogue—learning to engage with shadow material through active imagination, dream work, or therapeutic conversation rather than simply acting it out or repressing it. This requires developing what Jung called "holding the tension of opposites"—maintaining conscious relationship with contradictory aspects of personality without forcing premature resolution. The client learns to be simultaneously compassionate and aggressive, strong and vulnerable, loving and hateful.

Third comes integration—discovering ways to express previously rejected aspects of personality in socially constructive and personally authentic ways. The person who has rejected their aggressive impulses may learn to set appropriate boundaries; the individual who has denied their vulnerability may discover capacity for deeper intimacy. This integration enables release of creative energy that had been trapped in internal conflict, like the waters that flow from the ayalta after the serpent's second bite.

Active Imagination and Serpentine Dialogue

Jung's technique of active imagination provides specific methodology for engaging with the serpentine dimensions of psychological material [33]. Rather than analyzing symbols intellectually or attempting to eliminate disturbing imagery, active imagination involves entering into dialogue with symbolic figures as autonomous aspects of the psyche requiring respectful engagement.

A client experiencing recurring dreams of snakes, for example, might be encouraged to engage the dream serpent in imaginal conversation: "What do you want from me? What are you trying to tell me? How can I honor your presence without being overwhelmed by it?" Such dialogue often reveals that apparently threatening imagery contains essential information about needed life changes, rejected aspects of personality, or spiritual developments that consciousness has been avoiding.

The ayalta myth provides template for such engagement. The doe's initial response to her sealed condition involves crying out in distress—a form of prayer or supplication that acknowledges her powerlessness while maintaining faith that help will come. This suggests that the first therapeutic response to apparent pathology should be listening rather than intervention, honoring the intelligence within the symptom rather than immediately seeking to eliminate it.

When the serpent appears, the doe does not flee or fight but allows the encounter to unfold according to its own organic timing. This suggests a therapeutic stance of "active receptivity"—maintaining alert presence with whatever emerges while resisting premature intervention. The client learns to tolerate intensity, uncertainty, and apparent danger while remaining open to unexpected sources of healing.

The Wounded Healer

Jung's concept of the "wounded healer" proves particularly relevant for understanding how the serpentine dimensions of the ayalta myth apply to therapeutic relationship itself [34]. The therapist's own shadow material—their wounds, limitations, and unresolved conflicts—does not disqualify them from healing work but may actually represent their most essential therapeutic tool when properly integrated.

This challenges conventional models of therapeutic neutrality that seek to minimize the therapist's personal involvement in the healing process. The wounded healer framework suggests that authentic transformation occurs through genuine meeting between two human beings rather than through technical intervention by expert upon patient. The therapist's willingness to acknowledge their own brokenness creates space for the client's healing rather than threatening it.

In the ayalta myth, the serpent represents not external intervention but activation of healing potential already present within the doe's own nature. Similarly, effective therapy often involves the therapist's serpentine capacity—their willingness to bite, to challenge, to engage with shadow material—serving the client's own healing wisdom rather than imposing external solutions.

The concept of countertransference—the therapist's emotional response to the client—becomes crucial in this framework. Rather than viewing countertransference as therapeutic contamination requiring elimination, the wounded healer approach explores it as potentially containing essential information about the client's unconscious dynamics and therapeutic needs. The therapist's discomfort, attraction, boredom, or irritation may represent the client's projected shadow material seeking conscious recognition.

Synchronicity

Jung's concept of synchronicity—meaningful coincidence that suggests underlying pattern or purpose beyond causal explanation—provides framework for understanding how healing occurs through the ayalta process [35]. The appearance of the serpent at precisely the moment of the doe's greatest need represents synchronistic intervention: the convergence of internal readiness with external provision that enables transformation.

Therapeutically, this suggests that healing often occurs through timing and circumstance that exceed conscious planning or technical intervention. The client who encounters exactly the book, person, or experience they need at the crucial moment may be experiencing synchronistic support for therapeutic process. The therapist learns to recognize and support such meaningful coincidences rather than dismissing them as mere chance.

This has implications for understanding therapeutic relationship itself. The client's arrival in therapy with a particular practitioner at a specific moment may represent synchronistic matching that serves healing purposes neither party fully comprehends. The therapist's own life experiences—including their wounds and limitations—may prove essential for creating conditions where the client's transformation becomes possible.

Clinical Applications

These Jungian insights generate specific therapeutic applications that complement the kabbalistic framework:

Dream Work with Serpent Imagery: *Rather than interpreting snake dreams as simply representing sexual energy or dangerous impulses, explore them as potential communications from the self*

about needed integration of rejected aspects of personality.

Shadow Dialogue Techniques: *Use active imagination to engage with qualities the client rejects in themselves, discovering how these qualities might serve constructive purposes when consciously integrated.*

Symptom as Symbol: *Approach psychological symptoms as symbolic communications from the unconscious rather than simply pathological phenomena requiring elimination.*

Therapeutic Timing: *Learn to recognize when apparent therapeutic resistance represents necessary uroboric containment serving essential developmental functions.*

Countertransference Exploration: *Use the therapist's emotional responses as potential information about the client's unconscious dynamics rather than simply personal reactions requiring management.*

Synchronicity Awareness: *Remain alert to meaningful coincidences that may support therapeutic process, helping clients recognize and utilize such experiences for healing.*

Integration

The Jungian understanding of serpent symbolism provides psychological language for processes that the ayalta myth describes in theological terms. Both traditions recognize that authentic transformation requires engagement with rather than avoidance of apparently destructive forces. Both understand that healing involves integration of opposites rather than elimination of problematic material. Both emphasize timing, organic development, and respect for natural processes that exceed conscious control.

The convergence of these frameworks suggests that the ayalta myth speaks to universal patterns of transformation that transcend specific religious or psychological traditions. The serpent's bite represents both the activation of archetypal healing processes (Jung) and divine intervention in human suffering (Kabbalah). The doe's liberation symbolizes both individuation toward psychological wholeness (Jung) and redemption through divine presence within apparent abandonment (Kabbalah).

For therapeutic practice, this convergence enables work that can address both psychological and spiritual dimensions of human experience without requiring choice between scientific and religious frameworks. The therapist can draw upon Jungian techniques while remaining open to the theological implications that the ayalta myth reveals. Conversely, they can work within explicitly spiritual frameworks while utilizing psychological insights that Jung's analysis provides.

This integration proves particularly valuable for clients whose suffering involves both psychological and spiritual dimensions—those experiencing existential crisis, meaning collapse, or encounter with ultimate questions that exceed purely psychological response. The combined framework enables therapeutic work that can honor both the psychological reality of individuation and the theological possibility of divine presence within human limitation.

Conclusion

The ayalta myth offers a profound challenge to conventional understandings of healing, suffering, and divine presence. By acknowledging the serpentine dimensions of therapeutic work—the necessary role of apparent evil in facilitating transformation—we open possibilities for deeper engagement with the human condition than purely technical approaches allow.

This theological framework does not reject scientific method or clinical expertise but places them within larger context of meaning, mystery, and divine presence. It suggests that authentic healing requires not just symptom reduction but transformation of relationship to suffering itself. Rather than seeking to eliminate darkness, it proposes learning to find sacred presence within it.

The implications extend beyond individual therapeutic practice to questions about healthcare systems, professional training, and cultural understanding of healing. If suffering contains potential sacred significance, if healing occurs through relationship rather than just intervention, if divine presence manifests within apparent absence—then our entire approach to medical and therapeutic practice requires fundamental reconsideration.

The serpent's bite that enables the ayalta's delivery represents not divine cruelty but divine creativity—the willingness to work through apparently destructive means for ultimately life-giving purposes. For those called to healing work, this myth suggests that our most essential contribution may be willingness to embrace such paradox, to work with rather than against shadow material, to find sacred meaning within the most challenging dimensions of human experience.

In a post-Holocaust world that has witnessed unprecedented suffering and systematic evil, such theological framework proves not naive but necessary. It offers resources for maintaining commitment to healing while acknowledging the irreducible mysteries that surround human pain. It suggests that divine presence, if it exists at all, is found not in escape from human limitation but in faithful engagement with it.

The therapeutic encounter thus becomes a contemporary locus of divine indwelling—a space where presence and absence, concealment and revelation, wounding and healing converge in the sacred work of accompanying human transformation. Through such work, both healer and patient discover that the serpent's bite, properly understood, enables not destruction but new birth.

References

1. Zohar. The Zohar [Sperling H, Simon M, Trans.]. London: Soncino Press. 1984.
2. Halperin DJ. The snake and the ayalta: A Sabbatian reworking of a Zoharic myth. Jewish Studies Quarterly. 2013; 20: 245-278.
3. Wolfson ER. Circle in the square: Studies in the use of gender in kabbalistic symbolism. Albany: SUNY Press. 1995.
4. Idel M. Kabbalah and Eros. New Haven: Yale University Press. 2005.

5. Liebes Y. Studies in the Zohar [Schwartz A, Nakache S, Peli P, Trans.]. Albany: SUNY Press. 1993.
6. Matt DC, translator. The Zohar: Pritzker edition, Volume 4. Stanford: Stanford University Press. 2007.
7. Scholem G. Major trends in Jewish mysticism. New York: Schocken Books. 1941.
8. Fishbane M. The exegetical imagination: On Jewish thought and theology. Cambridge: Harvard University Press. 1998.
9. Ungar-Sargon J. Schechina consciousness and the secret of the ayalta and the snake. Kabbalistic Healing Arts. 2014.
10. Fine L. Physician of the soul, healer of the cosmos: Isaac Luria and his kabbalistic fellowship. Stanford: Stanford University Press. 2003.
11. Ungar-Sargon J. Divine presence and concealment in the therapeutic space. EC Neurology. 2024; 17: 1-13.
12. Bion WR. Learning from experience. London: Heinemann. 1962.
13. Winnicott DW. Playing and reality. London: Tavistock. 1971.
14. Rubenstein RL. After Auschwitz: Radical theology and contemporary Judaism. Indianapolis: Bobbs-Merrill. 1966.
15. Fackenheim EL. God's presence in history: Jewish affirmations and philosophical reflections. New York: New York University Press. 1970.
16. Schneerson MM. Likutei Sichot, Volume 15. Brooklyn: Kehot Publication Society. 1986.
17. Wolfson ER. Open secret: Postmessianic messianism and the mystical revision of Menahem Mendel Schneerson. New York: Columbia University Press. 2009.
18. Herman JL. Trauma and recovery. New York: Basic Books. 1992.
19. Van der Kolk B. The body keeps the score: Brain, mind, and body in the healing of trauma. New York: Viking. 2014.
20. Alcoholics Anonymous. Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism. 3rd ed. New York: Alcoholics Anonymous World Services. 1976.
21. Grof S. Beyond the brain: Birth, death, and transcendence in psychotherapy. Albany: SUNY Press. 1985.
22. May R. The discovery of being: Writings in existential psychology. New York: Norton. 1983.
23. Yalom ID. Existential psychotherapy. New York: Basic Books. 1980.
24. Degel Machaneh Ephraim [Moshe Chaim Ephraim of Sudilkov]. Degel machaneh Ephraim. Koretz. 1808. Brooklyn: Kehot Publication Society. 1995.
25. Jung CG. Aion: Researches into the phenomenology of the self [Hull RFC, Trans.]. Princeton: Princeton University Press. 1951.
26. Miller A. The drama of the gifted child [Ward R, Trans.]. New York: Basic Books. 1981.
27. Nouwen HJM. The wounded healer: Ministry in contemporary society. New York: Doubleday. 1972.
28. Jung CG. The transcendent function. In: The structure and dynamics of the psyche. Princeton: Princeton University Press. 1960; 67-91.
29. https://music.amazon.com/podcasts/fae453a5-d1bd-49be-b07d-8222417b9b15/episodes/b25cea6c-a250-4e30-9242-a3eb53c2f4f2/julian-ungar-sargon-ayalta-and-serpent-part-i-understanding-the-geulah?referrer=https%3A%2F%2Fwww.bing.com%2F and https://music.amazon.com/podcasts/fae453a5-d1bd-49be-b07d-8222417b9b15/episodes/3c1355f1-8625-4fd4-8b48-1d4562792dd4/julian-ungar-sargon-ayalta-and-serpent-part-ii-integrating-the-dark-side
30. Jung CG. Psychology and alchemy [Hull RFC, Trans.]. Princeton: Princeton University Press. 1953.
31. Neumann E. The origins and history of consciousness [Hull RFC, Trans.]. Princeton: Princeton University Press. 1954.
32. Johnson RA. Owning your own shadow: Understanding the dark side of the psyche. San Francisco: HarperSanFrancisco. 1991.
33. Jung CG. Memories, dreams, reflections [Winston R, Winston C, Trans.]. New York: Vintage Books. 1961.
34. Guggenbuhl-Craig A. Power in the helping professions [Dyson M, Trans.]. Putnam: Spring Publications. 1971.
35. Jung CG. Synchronicity: An acausal connecting principle [Hull RFC, Trans.]. Princeton: Princeton University Press. 1960.