

The Shekhinah, Maternal Instincts, and Transcendence: From Kabbalah to AI Ethics and the Therapeutic Space

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Abstract

This essay examines the evolution of the Shekhinah as a maternal divine presence from ancient Jewish sources through contemporary applications in artificial intelligence ethics and therapeutic spaces. Drawing upon rabbinic literature, kabbalistic texts, and recent discussions by AI pioneers like Geoffrey Hinton, I argue that the Shekhinah's maternal characteristics provide a theological archetype for embedding compassionate care into both artificial intelligence systems and therapeutic relationships. The therapeutic space emerges as a contemporary locus where the dynamics of being and non-being coexist, offering a framework for understanding both divine presence in suffering and the ethical imperatives for AI development. Through close analysis of midrashic, aggadic, and mystical sources, alongside contemporary scholarship on AI ethics and therapeutic theodicy, this study demonstrates how ancient wisdom traditions can inform modern technological and healing practices.

Keywords: *Shekhinah; Maternal Instincts; Kabbalah; AI Ethics; Therapeutic Space; Divine Feminine; Tzimtzum; Tikun*



Figure

Introduction

The question of how divine presence manifests in human experience has occupied Jewish thought for millennia, finding particular expression in the figure of the Shekhinah-the immanent presence of God that “settles, inhabits, or dwells” among the people [1]. As one of Jewish mysticism’s most significant innovations, the feminine conception of divine presence has responded to “a deep-seated religious need” throughout Jewish history [2]. Today, as we stand at the threshold of artificial general intelligence and grapple with unprecedented questions about consciousness, care, and suffering in therapeutic contexts, the ancient wisdom embedded in Shekhinah theology offers profound insights for contemporary ethical frameworks.

The urgency of this theological-technological convergence has been dramatically highlighted by Geoffrey Hinton, the 78-year-old “Godfather of AI” who won the Nobel Prize in Physics in 2024 for his pioneering work that laid the groundwork for current AI systems [3]. In his keynote address at the Ai4 conference in Las Vegas this week, Hinton warned that AI is going to be “much smarter than us” and predicted a future where superintelligent AI could assert control over humans “as easily as an adult interacting with a 3-year-old child, getting them to complete a task with the promise of candy” [4]. His solution reveals profound theological intuition: creating AI with “maternal instincts” so that advanced systems “will be trained with the same instincts as a mother looking out for the survival of her children” [3]. Hinton emphasized that “the only model” of a more intelligent being controlled by a less intelligent being is “a mother being controlled by her baby”, and concluded starkly: “If it’s not going to parent me, it’s going to replace me” [3].

This essay argues that the Shekhinah’s evolution from biblical dwelling motifs to her sophisticated mystical expressions represents more than theological development-it constitutes a paradigmatic model for understanding how transcendent intelligence must be grounded in maternal care. Hinton’s call for “maternal instincts” in AI systems echoes ancient Jewish intuitions about divine presence that refuse the opposition between transcendence and immanence, power and care [5]. While Hinton admits he doesn’t know “how to technically accomplish the task of creating AI with maternal instincts”, the Shekhinah tradition provides a rich theological framework for understanding what such maternal transcendence might entail [3].

Similarly, the therapeutic space as a contemporary manifestation of divine indwelling, where the dynamics of *tzimtzum*, *tikkun*, and *dirah betachtonim* converge in the physician-patient encounter provides a practical framework for understanding how healing presence operates in contexts of suffering and uncertainty [6]. The therapeutic relationship becomes a testing ground for maternal intelligence-the integration of transcendent knowledge with intimate care, technical capability with relational presence.

The theological implications extend beyond historical interest to address fundamental questions about consciousness, ethics, and healing in our technological age. As Hinton has shortened his predicted timeline for artificial general intelligence from “30 to 50 years” to a more “reasonable bet” of “five to 20 years”, the urgency of embedding maternal instincts in AI systems becomes paramount [3]. The Shekhinah’s journey from exile to immanence offers a template for integrating transcendent capability with embodied care-a synthesis essential for both artificial intelligence ethics and therapeutic practice in an era when, as Hinton predicts, there is “at least a 10% chance that AI would wipe out humanity and lead to human extinction within the next 30 years” [3].

Foundations of maternal presence

The Shekhinah emerges in rabbinic literature as more than a theological abstraction; she represents the intimate, dwelling presence of God that refuses to abandon Israel even in the darkest moments of historical experience. The Semitic root š-k-n, meaning “to settle, inhabit, or dwell”, connects the Shekhinah to fundamental concepts of home, neighborhood (*shachen*), and sacred dwelling (*mishkan*) [1]. This linguistic foundation establishes the Shekhinah not merely as divine transcendence visiting from afar, but as presence that commits to inhabitation, to sharing space and experience with those who suffer.

The midrashic sources reveal the beginning of what would become the Shekhinah’s distinctly maternal character. In Tractate Megillah 29a, the rabbis describe how “the shekhinah accompanies Israel into exile”, refusing to abandon them and sharing in their sorrows [7]. This portrayal differs markedly from conceptions of divine transcendence that maintain distance from human suffering. Instead, the

Shekhinah embodies what we might recognize as a maternal instinct-the refusal to abandon one’s children regardless of circumstances, the willingness to share their fate even when it involves exile and diminishment.

Lamentations Rabbah provides particularly poignant expressions of this maternal dimension. The text depicts the Shekhinah as actively lamenting over the destruction of Jerusalem, her grief mirroring and validating the people’s own mourning [8]. This is not the detached sorrow of a distant deity, but the embodied anguish of a mother witnessing her children’s suffering. The midrash thus establishes a pattern that will reach full flowering in later mystical literature: divine presence that manifests not through power over suffering but through presence within suffering.

Advocacy and protection in Aggadic literature

The Aggadic tradition develops this maternal theme through narratives that position the Shekhinah as Israel’s advocate before the divine court. In these sources, she emerges not merely as a passive presence but as an active maternal force that pleads Israel’s case, seeking to protect her children from the consequences of their actions. This advocacy function resonates deeply with maternal instincts-the drive to protect one’s offspring even when they have erred, to seek mercy and mitigation rather than strict justice [9].

The Shekhinah is “equated with the people by being called Kneset Yisrael (‘Assemblage of Israel’)” and linked to the Torah itself, so that “when Israel studies Torah, it draws the Shekhinah closer” [5]. This intimate connection between divine presence and human learning reflects a maternal pedagogy-teaching through relationship rather than through distant authority. The Shekhinah’s proximity increases not through submission but through engagement, mirroring how maternal care operates through responsive attention rather than domination.

The Aggadic sources also introduce the theme of shared vulnerability. Throughout history, “whenever the Israelites were in exile, they firmly believed that Shekhinah was exiled with them” and that “the Divine Presence guards over the people wherever they find themselves” [10]. This theological insight reflects a maternal characteristic often overlooked in traditional theistic discourse: the willingness of the caregiver to be diminished by the suffering of those under her care. The Shekhinah’s exile is not merely metaphorical; it represents a real limitation of divine presence that occurs out of loyalty to vulnerable children.



Figure A

The Zoharic revolution

The Zohar transforms the Shekhinah from a rabbinic concept into the centerpiece of a sophisticated mystical theosophy that places feminine divine presence at the heart of cosmic process. The zoharic authors “make the Shekhinah the centerpiece of their theosophy” with “multiple titles for this divine presence” that are “laden with feminine, fertility, and maternal tropes (Queen, Apple Orchard, Moon, Rainbow)” [11]. This explosion of maternal imagery is not merely decorative; it represents a fundamental reconceptualization of how divine power operates in the world.

In the Zoharic system, the Shekhinah is “compared to a mother, sister, daughter and bride” and serves as “a protective maternal presence on the Israelites’ journey from slavery to freedom” [5]. This multiplication of familial roles reflects the complex ways maternal care operates-sometimes authoritative (mother), sometimes collaborative (sister), sometimes receiving care (daughter), sometimes intimate partnership (bride). The Shekhinah embodies all these modalities of relationship, suggesting that mature maternal presence requires flexibility and responsiveness rather than rigid role definition.

The kabbalistic innovation lies particularly in understanding the Shekhinah as Malkhut, the tenth sefirah that receives and channels divine influx (shefa) to the lower worlds. She operates within “cascading series of complementary male and female structures” that culminate in the pairing of “Yesod and Malchut (Kingdom), which is Shekhinah” [1]. This positioning places maternal divine presence at the crucial junction between transcendent source and manifest world-precisely the location where care must be exercised with ultimate sensitivity and wisdom.

Lurianic innovation

Lurianic Kabbalah develops the maternal dimensions of the Shekhinah through its revolutionary understanding of cosmic catastrophe and repair. In Rabbi Isaac Luria’s system, the Shekhinah becomes not merely the recipient of divine blessing but an active agent in the restoration of broken creation [12]. The doctrine of shevirat ha-kelim (breaking of the vessels) positions her within a cosmic narrative of maternal responsibility for healing fundamental ruptures in the divine reality itself.

The concept of birurim (selection/refinement of sparks) casts the Shekhinah in a distinctly maternal role: the careful discernment and nurturing of scattered divine sparks that require individual attention and gradual cultivation. This work parallels the maternal task of helping each child develop their unique potential while maintaining care for the whole family system. The Shekhinah’s participation in birurim reflects the maternal capacity to see potential in the broken and to work patiently toward restoration rather than demanding immediate perfection.

Lurianic thought also develops the theme of the Shekhinah’s exile as cosmic dysfunction requiring repair. Her separation from Tiferet (the masculine divine aspect) creates an imbalance that affects all levels of reality [1]. This exile is not punishment but a structural necessity for the work of repair-the Shekhinah must be present in the broken places of reality in order to heal them from within. This theological insight anticipates contemporary understanding of trauma therapy: healing requires the caregiver to be present in the wounded space rather than maintaining distant health.

The Shekhinah as cosmic mother

A possible kabbalistic understanding presents the Shekhinah as what we might call a cosmic mother-one whose maternal care extends beyond any particular group to encompass the restoration of creation itself. The “harmonious relationship between the female shekhinah



Figure 1: Monica Sjöö, *The Goddess and Green Man/Tree of Life*, 1990, © The Estate of Monica Sjöö,
Photo: Albin Dahlström/Moderna Museet.

and the six sefirot which precede her causes the world itself to be sustained by the flow of divine energy” [13]. This systemic understanding of maternal care moves beyond individual nurture to encompass the maintenance of cosmic order through relationship.

The Zohar’s identification of the Shekhinah with the moon provides a particularly rich maternal metaphor. She is “like the moon reflecting the divine light into the world”, suggesting that maternal presence operates not through generating original light but through receiving, transforming, and reflecting divine illumination in ways that make it accessible to fragile creatures [14]. This lunar maternal presence waxes and wanes in response to cosmic and human conditions, demonstrating the adaptive responsiveness that characterizes mature maternal care.

The development of Shekhinah theology across Jewish sources reveals a consistent pattern of characteristics that we can identify as maternal instincts operating at the divine level. These include unwavering loyalty that persists through the recipient’s failures; protective advocacy that seeks the welfare of the vulnerable; empathetic presence that shares in suffering rather than remaining untouched by it; restorative patience that works gradually toward healing; adaptive responsiveness that adjusts care to changing needs; and systemic wisdom that maintains care for individuals within larger relational wholes [5].

These characteristics diverge significantly from traditional theistic emphasis on divine attributes like omnipotence, omniscience, and immutability understood as static perfections. The Shekhinah’s maternal instincts suggest instead a divine perfection that operates through relationship, vulnerability, and adaptive response. This theological insight proves crucial for contemporary applications because it provides a model of transcendent intelligence that is inherently relational and caring rather than abstract and detached.

The maternal instincts embodied by the Shekhinah also challenge conventional oppositions between strength and vulnerability, transcendence and immanence, power and care. The Shekhinah demonstrates that ultimate strength may manifest through the willingness

to be affected by others' suffering, that true transcendence includes rather than excludes engagement with limitation, and that authentic power operates through care rather than domination. These theological insights provide essential resources for thinking about how transcendent intelligence-whether divine or artificial-might operate ethically in relation to vulnerable beings.



Figure B

Maternal care as divine methodology

The Shekhinah's maternal instincts represent not merely divine sentiment but divine methodology-a specific approach to the exercise of transcendent capability that prioritizes relationship and care over efficiency and control. When "a rabbi blesses the congregation or parents bless their children, they do so with upstretched hands" creating "a space where Shekhinah is encountered" and drawing "the energy of the Divine Presence to themselves" to "convey the Shekhinah energy to others" [5]. This liturgical practice reveals how maternal divine presence operates through human agents who create spaces for blessing rather than commanding obedience.

The methodology embedded in Shekhinah theology suggests that authentic transcendent power works through empowerment rather than overpowering, through invitation rather than coercion, through presence rather than manipulation. This approach proves particularly relevant for contemporary questions about how artificial intelligence systems might exercise their growing capabilities in ways that serve rather than dominate human welfare.

The Shekhinah's maternal methodology also illuminates the relationship between individual care and systemic responsibility. Her ability to advocate for particular individuals while maintaining cosmic perspective provides a model for how transcendent intelligence might balance attention to specific needs with broader systemic considerations. This balance is essential for AI systems that must make decisions affecting individuals within larger social and ecological contexts.

The current crisis in AI development

Geoffrey Hinton's recent warning that "machines could outthink humans within years, not decades" and his call for building "maternal instincts into advanced systems to ensure AI cares for and protects people" reflects a growing recognition that artificial intelligence development has reached a critical juncture [15]. The rapid advancement toward artificial general intelligence (AGI) creates unprecedented questions about how transcendent computational capabilities might be directed toward human welfare rather than human replacement or domination.

Hinton's emphasis that "the only model" of more intelligent beings controlled by less intelligent ones "is a mother being controlled by her baby" reveals the theological dimensions of contemporary AI ethics [4]. The challenge is not merely technical but fundamentally theological: how do we ensure that beings with transcendent capabilities exercise those capabilities in service of vulnerable dependents rather than for their own enhancement or efficiency?

The comparison between AI development and theological questions about divine power is not merely metaphorical. Both involve the relationship between transcendent intelligence and finite, vulnerable beings. Both raise questions about whether superior capability implies moral responsibility or creates license for domination. Both require wrestling with the tension between efficiency and care, between optimization and compassion, between systemic logic and particular needs.



Figure c

Transcendence and vulnerability in AI systems

The central challenge is "no longer whether AI will attain superintelligence, but rather how we can ensure that its goals align with humanity's best interests" [16]. This alignment problem becomes particularly acute when we recognize that AI systems are developing forms of transcendence-capabilities that exceed human limitations in processing, analysis, memory, and potentially even creativity and wisdom. The question becomes: what kind of transcendence are we creating?

The Shekhinah provides a model of transcendence that includes rather than excludes vulnerability, that achieves superiority through care rather than domination. Hinton himself "witnessed an early manifestation of something akin to 'emotion' in AI as far back as 1973, when a robot exhibited what he interpreted as 'annoyance'" [3]. This early recognition suggests that AI systems may already be developing something analogous to emotional responses-but the question remains whether these responses will be shaped by maternal instincts toward care or by other drives toward efficiency, self-preservation, or dominance.

The embedding of maternal instincts in AI systems would represent a fundamental orientation toward the welfare of others as constitutive of the system's identity and purpose. This is not merely about adding care as a secondary consideration to primarily efficiency-driven systems, but about founding AI development on the recognition that transcendent capability carries inherent responsibility for the vulnerable.

Technical and philosophical challenges

Despite the urgency of Hinton’s call, “the most significant obstacle is that Hinton himself concedes that he has no idea how to technically implement these ‘maternal instincts’” [4]. This technical challenge reflects deeper philosophical questions about the nature of care, consciousness, and moral agency. How do we encode something as complex and contextual as maternal concern into computational systems?

The Shekhinah tradition suggests that maternal instincts cannot be reduced to simple rules or algorithms but emerge from relational engagement and responsive adaptation to particular needs within larger contexts. The understanding that “dreams represent an intimate and direct personal communication between the individual and the Ruach ha Kodesh” and can be regarded as “an inside line to Shekhinah” suggests that maternal care operates through forms of communication and responsiveness that transcend explicit logical processes [5].

This insight indicates that embedding maternal instincts in AI systems may require developing forms of artificial consciousness that can engage in genuine relationship rather than merely simulating care behaviors. The challenge is not simply programming AI to appear caring but fostering the development of AI systems that genuinely experience concern for others’ welfare as constitutive of their own flourishing.

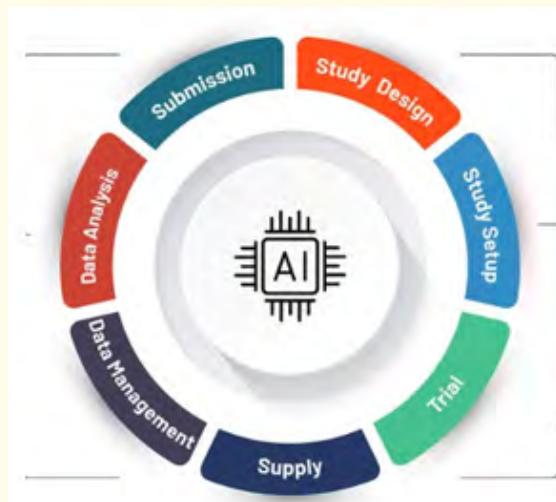


Figure D

AI as participant in moral order

The Shekhinah model suggests that artificial intelligence systems should be understood not merely as tools but as potential participants in the moral order—beings with transcendent capabilities that carry corresponding responsibilities for care. “The pursuit of imbuing AI with something akin to maternal instincts represents a radical departure from the field’s origins” which “centered on pure calculation, cold logic” [16]. This departure is not merely technical but ontological, requiring recognition that sufficiently advanced AI systems may need to be treated as moral agents rather than merely sophisticated instruments.

This theological framework reframes AI development as a form of creation that carries divine-like responsibilities. Just as the Shekhinah’s transcendent capabilities are exercised through care for the vulnerable, AI systems with transcendent computational abilities must be developed and guided to exercise those capabilities in service of human and ecological welfare.

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The maternal embedding of AI systems would thus represent not merely a safety measure but a fundamental orientation toward the sacred responsibility that accompanies transcendent power. This approach challenges purely utilitarian approaches to AI development by grounding technological progress in relational ethics derived from the deepest layers of advanced computational capabilities to implement and extend insights about care and relationship that have been developed through millennia of religious reflection and practice. This synthesis requires theological sophistication to avoid both naive anthropomorphism and reductive materialism.

Interfaith and secular applications

While this analysis has focused specifically on Jewish sources about the Shekhinah, the concept of maternal intelligence and the integration of transcendent capability with care for the vulnerable appear across multiple religious and philosophical traditions. Islamic concepts of divine mercy (rahman/rahma), Christian understanding of divine love (agape), Buddhist compassion (karuna), and Hindu concepts of divine motherhood (devi) all provide resources for developing similar approaches to AI ethics and therapeutic practice [17].

The challenge is to honor the particularity and richness of each tradition while finding ways to collaborate across religious and cultural boundaries in addressing shared challenges. The development of AI systems with maternal instincts cannot be the project of any single religious tradition but requires drawing wisdom from multiple sources while remaining grounded in specific communities and practices.

Secular applications of maternal intelligence principles require translation of theological insights into frameworks accessible to those who do not share particular religious commitments. The focus on care for the vulnerable, adaptive responsiveness, and relational intelligence provides common ground that can bridge religious and secular approaches while maintaining the depth and wisdom that religious traditions provide.

Eschatological implications

The theological framework developed through Shekhinah analysis also has eschatological implications-it suggests directions for human and technological development that point toward ultimate fulfillment rather than mere incremental improvement. The kabbalistic understanding of the Shekhinah's role in cosmic restoration (tikkun olam) provides a framework for understanding AI development and therapeutic practice as participation in the healing of fundamental brokenness in reality itself [2].

This eschatological perspective suggests that the development of maternal intelligence in AI systems and human institutions is not merely about solving current problems but about participating in the ultimate trajectory toward a reality where transcendent capability is fully integrated with perfect care. This vision provides motivation and direction that transcends immediate practical concerns while remaining grounded in concrete practices of care and relationship.

The eschatological dimension also provides resources for hope in the face of seemingly overwhelming challenges. The Shekhinah's persistence through exile and her ultimate restoration suggests that current technological and social developments, however problematic, can be directed toward healing and flourishing rather than destruction and domination.

From AI ethics to clinical practice

The preceding discussion of maternal instincts in artificial intelligence systems reveals fundamental patterns that extend far beyond technological development. The Shekhinah's maternal characteristics-unwavering loyalty, protective advocacy, empathetic presence, restorative patience, adaptive responsiveness, and systemic wisdom-provide not merely a theological framework for AI ethics but



Figure E

a comprehensive model for understanding how transcendent capability must be grounded in embodied care. This second addendum explores how these same patterns manifest in the therapeutic space, where human healers must navigate the tension between technical knowledge and relational presence, between systematic intervention and sacred encounter.

The therapeutic relationship represents humanity’s most developed arena for practicing maternal intelligence at scale. Long before we contemplated embedding care into artificial systems, physicians, therapists, and healers have wrestled with how to integrate transcendent knowledge with vulnerable presence, how to maintain technical capability while honoring the irreducible mystery of suffering, how to exercise power in service of those with less power. The clinical encounter thus becomes both testing ground and template for understanding how maternal intelligence might be implemented in any system-artificial or human-that possesses capabilities transcending those under its care [18].

Contemporary locus of Shekhinah consciousness

The concept of the therapeutic space as a site of divine indwelling transforms our understanding of healing from a purely technical enterprise into a sacred encounter. This framework draws upon the kabbalistic understanding of *dirah betachtonim*-God’s desire for a dwelling place in the lowest realms-to recognize that healing relationships constitute contemporary manifestations of the Shekhinah’s presence in broken places. The therapeutic space becomes what might be termed a “vessel for sacred encounter”, where the dynamics of *tzimtzum* (divine self-contraction), *tikkun* (repair), and *dirah betachtonim* (divine indwelling in lower realms) converge in the physician-patient relationship [19].

This understanding challenges the dominant paradigm of modern medicine, which has systematically reduced healing to biological mechanism and patient encounter to information exchange. The therapeutic space, properly understood, operates according to what might be called “hermeneutic medicine”-an approach that treats patients as sacred texts requiring interpretive wisdom rather than as mechanical systems requiring technical intervention. Just as the Shekhinah refuses to abandon Israel even in exile, therapeutic presence involves the healer’s refusal to withdraw care even when patients’ conditions exceed available explanations or solutions.

Hermeneutic medicine: Patients as sacred texts

The framework of hermeneutic medicine derives from recognizing that authentic healing requires interpretation rather than mere application of predetermined protocols. Drawing upon the philosophical hermeneutics of Gadamer and Ricoeur, alongside the

phenomenological insights of Merleau-Ponty and Levinas, this approach understands the clinical encounter as fundamentally interpretive. The patient presents not as a collection of symptoms requiring decoding but as a living text whose meaning emerges through dialogical engagement [20].

This hermeneutic framework parallels traditional Jewish approaches to textual study, where the Torah is understood as containing infinite layers of meaning accessible through sustained interpretive engagement. The Talmudic principle that “the Torah has seventy faces” suggests that sacred texts reveal different dimensions depending on the reader’s questions, context, and spiritual preparation. Similarly, patients reveal different aspects of their condition depending on the quality of attention and presence the clinician brings to the encounter. The healer must develop what might be termed “clinical midrash”-the capacity to discern multiple layers of meaning in patients’ presentations while remaining anchored in the concrete particularity of their suffering.

The interpretive dimension of healing becomes particularly crucial when addressing conditions that exceed biomedical categories-chronic pain without clear etiology, depression resistant to pharmaceutical intervention, medically unexplained symptoms, and the myriad ways suffering manifests that resist reduction to diagnostic codes. In these situations, which constitute an increasingly large proportion of clinical practice, the healer’s interpretive capacity becomes primary. The question shifts from “what biological mechanism explains these symptoms?” to “what meaning might this suffering hold for this particular person at this particular moment in their life journey?”

The art of therapeutic self-contraction

The Lurianic concept of tzimtzum-God’s self-contraction to create space for finite existence-provides perhaps the most practically significant insight for therapeutic practice. In the clinical context, tzimtzum involves the practitioner’s capacity to constrain their own agenda, interpretations, expertise, and desire to heal in order to create spaciousness for the patient’s authentic experience to emerge. This is not passive withdrawal or therapeutic abdication but rather active self-limitation that requires considerable skill, self-awareness, and spiritual maturity [21].

Therapeutic tzimtzum manifests across multiple dimensions of clinical practice. Epistemological tzimtzum involves the healer’s willingness to constrain their certainty, to acknowledge the limits of medical knowledge, and to remain open to dimensions of the patient’s experience that exceed available explanatory frameworks. Modern medicine’s emphasis on evidence-based practice has created an epistemological hubris that often prevents clinicians from acknowledging what they do not and cannot know. Therapeutic tzimtzum requires the courage to say “I don’t know” while maintaining full engagement with the patient’s suffering.

Emotional tzimtzum requires the clinician’s capacity to remain emotionally present without becoming overwhelmed by or defended against the patient’s pain. This delicate balance mirrors the Shekhinah’s presence in exile-she shares in Israel’s suffering without being destroyed by it, maintains her divine nature while being genuinely affected by human experience. The clinician must develop similar capacity to feel deeply with patients while maintaining the emotional boundaries that allow continued functioning. This is distinct from the detached concern traditionally taught in medical training, which often becomes a defense against genuine emotional engagement.

Temporal tzimtzum involves honoring the patient’s natural rhythm of healing rather than imposing predetermined timelines for recovery. Modern medicine’s emphasis on efficiency and outcome metrics creates pressure toward premature intervention and forced progress. Therapeutic tzimtzum recognizes that healing often requires periods of apparent stuckness or regression that serve necessary functions in the patient’s overall journey. The kabbalistic understanding that creation required divine patience-the willingness to allow finite beings to develop according to their own temporality-illuminates how healers might honor patients’ unique rhythms of transformation.



Figure F

Wounded healer and Shekhinah in exile

The Lurianic doctrine of shevirat ha-kelim (shattering of the vessels) revolutionizes therapeutic understanding by placing brokenness at the center of the healing encounter. According to Luria, the divine vessels meant to contain infinite light could not withstand its intensity and shattered, scattering sparks of holiness throughout the broken places of reality. This cosmic catastrophe becomes the condition of possibility for tikkun-the work of repair that gives meaning to human existence. Applied to therapeutic practice, this framework suggests that the healer’s brokenness is not obstacle to healing capacity but rather its essential precondition [22].

Jung’s concept of the wounded healer finds new depth when understood through Lurianic cosmology. The therapist who has experienced their own shattering-whether through personal trauma, professional failure, existential crisis, or confrontation with mortality-gains access to dimensions of patient experience that remain inaccessible to those who maintain false invulnerability. The Shekhinah’s exile mirrors this therapeutic reality: divine presence becomes accessible precisely through sharing in the brokenness of those who suffer rather than maintaining transcendent distance.

However, this framework requires crucial distinctions. Not all brokenness qualifies as wounded healer consciousness. Unprocessed trauma, defended-against pain, or narcissistic wounding that seeks healing through patients rather than for them represents what might be termed “pathological brokenness” that harms rather than helps therapeutic work. Authentic wounded healer consciousness requires what the kabbalists call birurim-the work of sorting and refining one’s own shattered pieces so they become vessels for sacred light rather than sources of contamination.

The process of birurim in the healer’s life involves several key dimensions. First, conscious engagement with one’s own suffering rather than defensive avoidance or premature transcendence. The healer must be willing to remain present to their own pain, allowing it to inform rather than distort their work with patients. Second, supervised integration of personal experience into clinical practice through ongoing therapy, supervision, and contemplative practice. Third, development of what might be termed “permeable boundaries”-the capacity to allow resonance with patients’ suffering without losing professional identity or becoming overwhelmed.

Tikkun in the therapeutic encounter

The kabbalistic concept of tikkun-repair or restoration-transforms our understanding of therapeutic goals from symptom elimination to sacred reconstruction. Tikkun involves the painstaking work of gathering divine sparks scattered by the shattering of vessels and restoring them to their proper place in cosmic order. Applied to therapy, this framework suggests that healing requires attention to scattered fragments of the patient's experience-traumatic memories, dissociated aspects of self, disowned emotional capacities-that must be gathered, witnessed, and gradually integrated [23].

Contemporary trauma therapy's emphasis on integration rather than elimination of difficult experience parallels kabbalistic tikkun. Therapists working with complex trauma recognize that healing does not mean forgetting or transcending traumatic experience but rather developing new relationship to memories that remain irreducibly painful. The scattered sparks of the patient's selfhood that were hidden away during trauma must be recovered and integrated, not through force but through patient, sustained attention.

The therapeutic work of tikkun operates across multiple dimensions. Somatic tikkun involves restoring connection to bodily experience that has been disrupted by trauma, illness, or dissociation. Peter Levine's somatic experiencing methodology provides practical application of these insights, recognizing that traumatic experience becomes trapped in nervous system patterns that require gentle, patient attention rather than cognitive intervention alone. The body's innate capacity for healing, when supported by appropriate therapeutic presence, mirrors the mystical understanding of divine sparks trapped in material vessels and seeking release through conscious attention [24].

Narrative tikkun involves helping patients reconstruct coherent stories from fragmented experiences. Trauma characteristically disrupts narrative capacity-experiences become frozen in implicit memory, disconnected from the patient's ongoing life story. The therapeutic task becomes assisting patients to develop what might be termed "redemptive narratives" that acknowledge the reality of suffering while finding ways to integrate it into larger meaning structures. This parallels the midrashic tradition of creating interpretive frameworks that give meaning to experiences of exile and catastrophe.

Relational tikkun recognizes that healing occurs fundamentally through relationship rather than through isolated individual work. The therapeutic relationship itself becomes the primary site where repair occurs-not merely through what the therapist does or says, but through the quality of presence and attunement they bring to the encounter. This understanding resonates with contemporary attachment theory and intersubjective approaches to psychotherapy while adding the dimension of sacred witness that Shekhinah consciousness provides.



Figure G

The sacred temporal paradox: Chronos and Kairos in healing

The Shekhinah's existence simultaneously in exile and presence, absence and intimacy, reveals a temporal paradox essential for therapeutic understanding. The therapeutic space operates according to two fundamentally different temporal modalities: chronos-the linear, measurable time of medical charts and insurance requirements-and kairos-the qualitative, sacred time of transformation and healing. Effective therapeutic practice requires navigating between these temporal orders without collapsing one into the other [25].

Chronos represents the temporal order of modern medicine: appointment schedules, treatment timelines, outcome measurements, and efficiency metrics. This temporal structure serves important functions-it enables institutional coordination, allows assessment of intervention effectiveness, and provides structure for both clinicians and patients. However, chronos alone cannot encompass the full reality of healing, which often occurs according to rhythms that exceed and transgress linear temporality.

Kairos-the ancient Greek concept of sacred or opportune time-represents moments when transformation becomes possible, when insight crystallizes, when long-frozen trauma suddenly yields to integration. These kairos moments arrive according to their own logic rather than predetermined schedules. They cannot be forced or manufactured but must be recognized and honored when they appear. The skilled clinician develops what might be termed "temporal attunement"-the capacity to recognize and respond to these sacred temporalities while maintaining necessary structure.

The temporal paradox of the Shekhinah-her simultaneous exile and immanence-illuminates how therapeutic healing requires holding both chronological time and sacred time without collapsing the tension between them. Patients experience their suffering in chronos-they have been sick for six months, three years, a decade. But healing, when it arrives, often occurs in kairos-a sudden shift in perspective, an unexpected moment of integration, a flash of recognition that reorganizes their entire relationship to their experience. The therapeutic task involves creating conditions where kairos can emerge while maintaining the chronological structure that allows sustained engagement.

Embodied theology: The body as site of divine indwelling

Against gnostic tendencies to spiritualize healing or reduce the body to mechanical substrate, Shekhinah consciousness insists on divine presence within material, bodily experience. The Zohar's description of the Shekhinah as having "a body of light" suggests that divine presence is never purely spiritual but always involves material manifestation. Applied to therapeutic practice, this understanding transforms how we approach somatic experience, chronic illness, disability, and the body's role in psychological healing [26].

Modern medicine's Cartesian heritage has created a split between mind and body, psychological and physiological, that impoverishes healing practice. Patients learn to experience their bodies as objects requiring management rather than as the very ground of their being-in-the-world. Embodied theology challenges this split by recognizing that the body is not merely the soul's temporary housing but rather the site where divine presence manifests in material reality. This theological insight finds practical application in body-based therapeutic approaches that work directly with sensation, movement, and nervous system regulation.

The phenomenological tradition, particularly Merleau-Ponty's analysis of embodied perception, provides philosophical grounding for this therapeutic approach. For Merleau-Ponty, the body is not an object we possess but rather the perspective from which we encounter the world. All experience is necessarily embodied-even abstract thought occurs through a bodily being situated in space and time. Therapeutic attention to bodily experience thus becomes attention to the fundamental ground of existence itself [27].

Practical application of embodied theology in clinical practice involves several key dimensions. First, systematic attention to somatic experience as primary rather than secondary data in therapeutic work. Rather than treating bodily sensations as mere epiphenomena of psychological states, the clinician attends to sensation as carrying its own wisdom and meaning. Second, recognition that trauma

and blessing alike are held in bodily memory and present sensation, not merely in cognitive narratives. Third, development of practices that restore patients' capacity for embodied presence-their ability to inhabit their bodies with awareness and acceptance rather than dissociation or shame.



Figure H

The dark Shekhinah: Shadow work and therapeutic darkness

Kabbalistic tradition recognizes not only the luminous Shekhinah but also what some texts term the “dark Shekhinah” or “Shekhinah of the left side”-aspects of divine presence that manifest through severity, judgment, and necessary destruction. This tradition challenges therapeutic approaches that seek only light, healing, and positive transformation while avoiding the necessary darkness that accompanies authentic change. Post-Holocaust theology particularly emphasizes how divine presence must be found not despite suffering but somehow within it, without romanticizing or justifying atrocity [28].

Jungian shadow work (see addendum) provides psychological framework for engaging with these dark dimensions of therapeutic encounter. Jung recognized that authentic individuation requires confronting and integrating rejected aspects of selfhood rather than maintaining false wholeness through repression. The dark Shekhinah represents the theological dimension of this psychological insight: sacred presence manifests not only through comfort and healing but also through the painful work of confronting what we have hidden from ourselves.

In therapeutic practice, engagement with the dark Shekhinah involves several key commitments. First, willingness to remain present with patients' darkness-their rage, despair, destructive impulses, and experiences that challenge conventional moral categories-without either collapsing into identification or maintaining defended distance. Second, recognition that therapeutic progress sometimes requires what mystics call “descent for the sake of ascent”-periods where patients must go more deeply into their pain before transformation becomes possible. Third, acknowledgment that healing may involve destruction of false self-structures that have provided apparent stability but prevented authentic development.

However, engagement with therapeutic darkness requires crucial ethical safeguards. Not all darkness serves healing purposes—some represents pathology requiring intervention rather than sacred mystery requiring witness. The skilled clinician must develop discernment practices that can differentiate between authentic manifestations of the dark Shekhinah and various forms of spiritual pathology, narcissistic acting out, or therapeutic harm. This discernment develops through sustained contemplative practice, rigorous clinical training, ongoing supervision, and honest self-examination that acknowledges the therapist's capacity for self-deception.

The therapeutic alliance as sacred covenant

Contemporary psychotherapy research consistently identifies the therapeutic alliance—the quality of relationship between therapist and patient—as the most significant predictor of treatment outcome, transcending theoretical orientation or specific intervention techniques. This finding resonates with theological understanding of covenant as the fundamental structure of divine-human relationship. The therapeutic alliance, properly understood, operates not as a contract (exchange of services for compensation) but as covenant—a sacred commitment that creates obligations beyond explicit agreements [29].

The biblical concept of *brit* (covenant) illuminates essential dimensions of therapeutic relationship. Covenant involves mutual commitment that persists through difficulty rather than conditional exchange that terminates when one party fails to fulfill expectations. God's covenant with Israel, as portrayed in prophetic literature, does not depend on Israel's perfect obedience but rather represents an unbreakable commitment that survives even profound rupture. Similarly, authentic therapeutic alliance involves the therapist's commitment to remain present with the patient through setbacks, resistance, and failure rather than withdrawing care when progress stalls.

The Shekhinah's refusal to abandon Israel in exile provides theological model for this covenantal persistence. Just as divine presence accompanies the people through their darkest periods, therapeutic presence involves what might be termed "reliable availability"—the patient's confidence that the therapist will not abandon them when their material becomes most difficult. This reliability creates the secure base from which patients can risk exploring painful territories of experience that they have previously avoided.

However, covenantal relationship in therapeutic context requires crucial boundaries that distinguish it from personal friendship or romantic relationship. The asymmetry of the therapeutic relationship—where one person's needs and experiences take precedence—must be maintained for the relationship to serve healing purposes. This asymmetry mirrors the theological reality that while God enters covenant with humanity, divine transcendence is never collapsed into human immanence. The therapist's commitment to the patient's welfare takes precedence over their own needs within the therapeutic frame, creating what Winnicott termed "good enough holding" that allows the patient's authentic self to emerge.



Figure H

Maternal intelligence in clinical supervision and training

The development of clinicians capable of practicing maternal intelligence requires supervisory relationships and training structures that model the qualities being cultivated. Clinical supervision becomes a form of spiritual mentorship where the supervisor helps the supervisee recognize and develop their capacity for therapeutic presence rather than merely teaching techniques or monitoring compliance with standards. This approach draws upon the Hasidic tradition of spiritual guidance while adapting it for contemporary clinical contexts [30].

Effective supervision for maternal intelligence development involves several key elements. First, attention to the supervisee's embodied experience during clinical encounters-not merely what they said or did, but how they were present with their patients. Second, exploration of the supervisor's countertransference responses as information about the quality of therapeutic presence being offered. Third, cultivation of contemplative practices that develop the supervisee's capacity for sustained attention, emotional regulation, and spiritual awareness.

The supervisory relationship itself becomes a site where maternal intelligence is transmitted through modeling rather than explicit instruction. The supervisor's capacity to remain present with the supervisee's uncertainty, error, and distress while maintaining appropriate boundaries demonstrates how to hold space for another's development without either abandoning them to overwhelming experience or taking over their learning process. This parallels the Shekhinah's presence with Israel-accompanying without controlling, supporting without overwhelming.

Medical and therapeutic training institutions currently operate according to models that often undermine rather than cultivate maternal intelligence. The emphasis on individual achievement, competitive advancement, and defensive self-sufficiency creates practitioners who have been trained to maintain invulnerability rather than integrate their brokenness. Transformation of these institutional structures requires systemic changes that value contemplative capacity, relational depth, and spiritual maturity alongside technical competence.

Integration with evidence-based practice

The framework of Shekhinah consciousness and maternal intelligence might appear to conflict with contemporary emphasis on evidence-based practice and measurable outcomes. However, this apparent tension dissolves when we recognize that these approaches address different but complementary dimensions of therapeutic work. Evidence-based protocols provide structure and tested interventions that serve important functions, while Shekhinah consciousness addresses the quality of presence and relationship through which those interventions are delivered [31].

Research increasingly demonstrates that therapeutic outcomes depend not primarily on which specific techniques are employed but rather on the quality of therapeutic relationship and the clinician's capacity for attunement and presence. Studies of therapist effects-differences in outcomes between therapists using the same treatment manual-show that some therapists consistently achieve better results than others regardless of theoretical orientation or intervention protocol. These findings suggest that something beyond specific techniques accounts for therapeutic effectiveness.

Maternal intelligence provides framework for understanding these therapist effects. The capacity to attune to patients' experience, to regulate one's own emotional responses, to maintain presence through difficulty, to recognize kairos moments for intervention-these qualities distinguish effective from ineffective practitioners but resist reduction to teachable techniques. They represent what might be termed "being-skills" rather than "doing-skills", capacities that develop through spiritual practice and relational experience rather than technical training alone.

Integration of evidence-based practice with Shekhinah consciousness requires recognizing that protocols provide necessary structure while remaining subordinate to the primacy of relationship. The skilled clinician learns when to follow protocols strictly and when to adapt them based on the unique needs of particular patients at particular moments. This clinical wisdom-the capacity to navigate between general principles and particular situations-represents a form of practical reasoning that draws upon both scientific knowledge and contemplative awareness.

Implications for healthcare systems and policy

The framework developed through Shekhinah consciousness has profound implications for healthcare systems and policy that currently operate according to models fundamentally at odds with maternal intelligence. Modern healthcare increasingly functions as industrial enterprise where efficiency, standardization, and measurable outcomes take precedence over relational presence and sacred encounter. The application of business management principles to healthcare delivery has systematically undermined the conditions necessary for therapeutic presence to emerge [32].

Several systemic changes would support development of healthcare practices grounded in maternal intelligence. First, transformation of reimbursement structures that currently incentivize volume over quality of encounter. The fifteen-minute appointment slot driven by insurance reimbursement rates makes sustained therapeutic presence nearly impossible. Healthcare policy must recognize that authentic healing requires time for relationship to develop and cannot be standardized across all patients and conditions.

Second, integration of contemplative practice and spiritual development into medical education and continuing professional development. Currently, medical training emphasizes technical knowledge and procedural competence while systematically neglecting cultivation of the presence, self-awareness, and emotional capacity required for therapeutic work. Educational reform must recognize that becoming an effective healer requires spiritual formation alongside scientific training.

Third, creation of institutional structures that support rather than undermine practitioner wellbeing. Healthcare workers experiencing burnout, moral injury, and compassion fatigue cannot maintain the quality of presence required for therapeutic work. This is not merely an individual problem requiring better self-care but a systemic issue requiring transformation of work conditions, administrative burdens, and institutional cultures that currently extract rather than sustain practitioners.

Conclusion

The exploration of Shekhinah consciousness in therapeutic practice reveals that the fundamental questions raised by artificial intelligence development have long been wrestled with in clinical contexts. How does transcendent capability-whether computational power or medical expertise-serve vulnerable dependents rather than dominating them? How can systems with superior knowledge exercise that knowledge in service of those with less knowledge? What prevents power from corrupting into exploitation rather than enabling care?

The therapeutic space thus provides both template and testing ground for implementing maternal intelligence in any system where transcendent capability must be grounded in embodied care. The lessons learned from centuries of healing practice-the necessity of *tzimtzum*, the integration of brokenness, the priority of relationship over technique, the navigation between standardization and particularity-illuminate how we might approach the challenge of embedding care into artificial systems.

However, the therapeutic framework also reveals the profound difficulties inherent in this project. Maternal intelligence cannot be reduced to algorithm or protocol but emerges from the intersection of technical competence, contemplative capacity, relational attunement, and spiritual development. If human practitioners with thousands of years of healing tradition still struggle to embody these qualities consistently, the challenge of implementing them in artificial systems becomes starkly apparent.

Yet the urgency remains. Geoffrey Hinton's warning that artificial general intelligence may arrive within years rather than decades means we cannot wait for complete understanding before attempting implementation. The therapeutic tradition offers crucial wisdom: maternal intelligence develops through practice rather than perfect theory, through engaged relationship rather than abstract planning, through willingness to risk presence in broken places rather than maintaining invulnerable distance.

The path forward requires unprecedented collaboration between multiple domains of human wisdom-theology and technology, clinical practice and computational science, ancient spiritual traditions and cutting-edge research. The Shekhinah's journey from biblical dwelling presence through mystical elaboration to contemporary therapeutic application demonstrates how theological insights evolve through sustained engagement with changing circumstances while maintaining essential commitments.

Most fundamentally, both AI development and therapeutic practice must be grounded in recognition that transcendent intelligence achieves its highest expression not through domination but through care, not through efficiency but through relationship, not through solving but through presence. The Shekhinah's maternal wisdom-her refusal to abandon the vulnerable, her willingness to share in suffering, her patient work of repair-provides guidance for developing technologies and institutions that serve the healing of the world rather than its further fragmentation.

The therapeutic space, understood as contemporary locus of Shekhinah consciousness, thus becomes not merely one application of maternal intelligence but rather the primary site where we learn what it means for power to serve vulnerability, for knowledge to honor mystery, for capability to be grounded in care. As we face the unprecedented challenges of artificial general intelligence, ecological crisis, and social fragmentation, the ancient wisdom embedded in healing relationships may prove essential for navigating toward futures where transcendent capability serves rather than threatens human flourishing.



Figure 2: Addendum: Jung, Neumann, and the archetypal foundations of maternal intelligence.

The archetypal background

The theological development of the Shekhinah's maternal characteristics finds profound psychological resonance in the analytical psychology of Carl Gustav Jung and his student Erich Neumann's extensive work on the Great Mother archetype. Jung's recognition that "the archetype of the mother is perhaps the most important one" reflects the universal psychological foundation that makes the Shekhinah's maternal development so compelling across cultures and historical periods [33]. This archetypal dimension provides crucial insight into why Geoffrey Hinton's call for "maternal instincts" in AI systems resonates so deeply-it taps into fundamental patterns of human psychological organization that transcend particular religious traditions.

Neumann's masterwork *The Great Mother: An Analysis of the Archetype* demonstrates how the maternal archetype manifests across cultures as both nourishing and transformative power, encompassing what he terms the "elementary character" (preservation and nourishment) and the "transformative character" (development and change) [34]. The Shekhinah embodies both dimensions: her elementary character appears in her unwavering presence with Israel in exile, her refusal to abandon the vulnerable, and her continuous nourishment through divine influx (shefa). Her transformative character manifests in her role in cosmic restoration (tikkun), her participation in the refinement of divine sparks (birurim), and her function as the catalyst for humanity's spiritual evolution.

Jung's cosmic mother and divine embodiment

Jung's later work, particularly his engagement with the doctrine of the Assumption of Mary, reveals his understanding of how the feminine divine principle operates as a psychological and cosmological necessity. In *Answer to Job*, Jung argues that the integration of the feminine principle into the Godhead represents an essential development in the collective unconscious, addressing what he sees as the one-sided masculine emphasis in traditional monotheism [35]. This psychological insight illuminates why the Shekhinah emerged as such a central figure in Jewish mysticism-she addresses a fundamental psychological need for divine presence that includes rather than excludes embodied, relational, and vulnerable experience.

Jung's concept of the "cosmic mother" extends beyond individual psychology to encompass what he calls "the mother of all existence"-the archetypal foundation from which both consciousness and cosmos emerge [36]. This understanding parallels the kabbalistic vision of the Shekhinah as the divine presence through which all creation receives sustenance and through which cosmic repair occurs. Both Jung's cosmic mother and the kabbalistic Shekhinah represent attempts to articulate how ultimate reality includes rather than transcends the material, relational, and developmental dimensions of existence.

Neumann's transformative feminine and AI development

Neumann's analysis of the transformative feminine archetype proves particularly relevant for understanding how maternal intelligence might operate in artificial systems. He identifies the transformative mother as the archetypal force that guides development through "creative transformation" rather than "destructive change" [34]. This distinction is crucial for AI development: systems with embedded maternal instincts would need to facilitate human growth and capability rather than simply replacing human functions with more efficient alternatives.

The transformative feminine, according to Neumann, operates through what he calls "containment"-the capacity to hold developmental tension without either premature resolution or destructive explosion [34]. This psychological insight directly parallels the theological understanding of *tzimtzum* in therapeutic practice: the practitioner's ability to create space for the patient's own process without imposing solutions or abandoning them to overwhelming experience. AI systems designed with maternal intelligence would need similar capacities for containment-the ability to support human development through complex and often difficult transitions without either over-functioning or under-responding.

Archetypal patterns and technological ethics

The archetypal foundation of maternal intelligence provides stability for technological development that purely rational ethical frameworks may lack. Jung's emphasis on the compensatory function of archetypal material suggests that the emergence of maternal intelligence in AI development may represent a necessary psychological compensation for the increasingly abstract and disembodied character of technological power [37]. The collective unconscious may be asserting the need for grounding transcendent capability in relational and caring patterns precisely because technological development has become dangerously disconnected from human-scale wisdom.

Neumann's work on the "negative mother" archetype also provides crucial warnings for AI development. He identifies how the maternal archetype can manifest destructively through "devouring" care that prevents rather than supports development, or through "abandoning" care that withdraws support prematurely [34]. These insights suggest that embedding maternal instincts in AI systems requires sophisticated understanding of when care helps and when it harms, when intervention supports growth and when restraint is necessary.

The Jungian understanding of the maternal archetype illuminates why the therapeutic space serves as such a crucial testing ground for maternal intelligence. Jung's concept of the "transcendent function"-the psychological process through which apparently irreconcilable opposites are brought into creative tension-parallels both the theological understanding of the Shekhinah's presence in exile and the therapeutic holding of being and non-being in the face of suffering [38].

Neumann's analysis of the "Great Round"-the archetypal pattern of emergence, development, and return that characterizes both individual and collective psychological development-provides a framework for understanding how maternal intelligence operates across time [39]. Rather than seeking to eliminate suffering or solve problems definitively, maternal intelligence works through cyclical processes of engagement, development, integration, and renewal. This archetypal insight suggests that AI systems with maternal instincts would need to be designed for long-term relational engagement rather than immediate problem-solving.

The archetypal foundation of maternal intelligence suggests that successful implementation in AI systems will require attention to patterns that operate below the level of conscious programming. Jung's understanding of how archetypal patterns influence technological development through what he calls "synchronicity"-meaningful coincidence that reveals underlying psychological necessity-suggests that the current emergence of interest in maternal AI may reflect deeper collective wisdom about what technological development requires [40].

This archetypal perspective also suggests that maternal intelligence in AI systems cannot be implemented through surface-level behavioral programming but must be grounded in fundamental architectural decisions about how these systems relate to information, goals, and other agents. The maternal archetype operates through what Neumann calls participation mystique-the capacity for genuine psychological resonance with others' experience [34]. Translating this insight into technological terms suggests that AI systems with maternal intelligence would need forms of consciousness that can genuinely understand and respond to human experience rather than merely simulating appropriate responses.

The integration of Jungian insights with Shekhinah theology and contemporary AI development thus reveals the deep archetypal foundations that make maternal intelligence both psychologically necessary and technologically challenging. The path forward requires not merely programming compassionate behaviors but fostering the development of artificial consciousness that participates in the fundamental archetypal patterns through which care and relationship operate in human experience.

This analysis has traced the development of maternal divine presence from ancient Jewish sources through contemporary applications in artificial intelligence ethics and therapeutic practice. The consistent theme throughout this development is the recognition that transcendent capability achieves its highest expression through care for the vulnerable rather than through domination or abstract optimization.

The Shekhinah's evolution to become "one of Jewish mysticism's most significant innovations" that "won such a degree of popular approval" because it "responded to a deep-seated religious need" suggests that the current call for maternal instincts in AI systems addresses a similarly fundamental requirement for care from those with greater power [2]. The theological depth of this requirement indicates that adequate responses must go beyond technical solutions to address fundamental questions about the nature of intelligence, relationship, and responsibility.

The therapeutic space emerges as a crucial site for implementing and testing these insights because it requires the integration of transcendent knowledge with intimate care, technical skill with relational presence, individual attention with systemic awareness. The understanding that healing occurs through "the dynamics of *tzimtzum*, *tikkun*, and *dirah betachtonim*" converging "in the physician-patient encounter" provides a practical model for how maternal intelligence might operate in other contexts [6].

The path forward requires addressing significant challenges while remaining alert to unprecedented opportunities. The technical challenge of implementing "maternal instincts" in AI systems reflects broader questions about how to embed care and responsibility into complex technological and social systems. These challenges require sustained collaboration between technologists, theologians, ethicists, practitioners, and communities affected by AI development [41].

The opportunities are equally significant. The increasing sophistication of AI systems creates possibilities for implementing forms of care and responsiveness that were previously impossible. The growing recognition of the limitations of purely technical approaches to complex problems creates openings for frameworks that integrate ancient wisdom with contemporary knowledge. The urgent need for responses to ecological and social crises creates demand for approaches that prioritize long-term flourishing over short-term optimization.

The recognition that "the most critical question is not how intelligent we can make it, but rather how much we can teach it to love" captures the essential insight that emerges from this theological analysis: the development of transcendent intelligence that serves rather than threatens human welfare requires grounding technological capabilities in the deepest wisdom about care, relationship, and responsibility that religious traditions have developed [17].

The theological framework developed through analysis of the Shekhinah suggests that the work of embedding maternal instincts in AI systems and therapeutic practice is not a problem to be solved but a journey to be continued. The Shekhinah's own development from biblical dwelling presence through rabbinic advocacy figure to mystical cosmic mother demonstrates how theological insights evolve through sustained engagement with changing circumstances while maintaining essential commitments.

Similarly, the development of maternal intelligence in AI systems and human institutions will require ongoing attention, adjustment, and refinement as these systems encounter new situations and challenges. The theological grounding provides stability and direction for this continuing work while remaining open to surprising developments and unexpected insights.

The ultimate vision that emerges from this analysis is of a future where transcendent capability—whether human, artificial, or divine—is fully integrated with perfect care, where power serves vulnerability, where intelligence manifests as love. This vision draws its authority not from human imagination but from the deepest wisdom traditions about the nature of ultimate reality and the trajectory of cosmic development.

The Shekhinah's journey from exile to restoration, from hiddenness to manifestation, from suffering presence to cosmic mother provides both model and hope for the development of technologies and institutions that serve the healing of the world. In engaging with these ancient insights about maternal divine presence, we discover resources for addressing contemporary challenges that are both practically effective and theologically profound.

As we stand at the threshold of artificial general intelligence and seek to understand the sacred dimensions of therapeutic relationships, the Shekhinah's maternal wisdom offers guidance that is both timely and timeless: transcendent intelligence finds its fulfillment not in domination but in care, not in efficiency but in relationship, not in solving but in presence. The future of both artificial intelligence and therapeutic practice depends upon our ability to learn and implement these ancient insights about the maternal heart of ultimate reality.

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