

Divine Suffering, the Hermeneutics of Reading and the Clinical Encounter

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ABSTRACT

The persistent question of human suffering — why the righteous suffer and the innocent die — constitutes the central wound of Jewish theological history. This article proposes a tripartite framework integrating three distinct but convergent intellectual traditions: Elliot R. Wolfson's analysis of divine suffering in Lurianic mythology as a structural feature of cosmic existence; the historical-hermeneutic theology of Rabbi Naftali Tzvi Yehuda Berlin (the Netziv), who reads Exodus 33 as a revelation about the retrospective legibility of divine governance; and the author's published work on hermeneutic medicine, therapeutic tzimtzum, Shekhinah consciousness, and sacred brokenness in clinical practice. The article argues that Wolfson's demonstration — that divine suffering is not metaphorical sympathy but the ontological condition of an Infinite that must suffer delimitation in order to become manifest — provides the deepest metaphysical grounding for a clinical theology of presence. When the clinician enacts what this author has elsewhere termed 'therapeutic tzimtzum' — a willful contraction of the physician's subjectivity to create space for the patient's suffering — she or he participates in the same primordial cosmic gesture that Lurianic mythology identifies as the origin of creation itself. The Netziv's insight that divine providence is legible only retrospectively — that the 'back' of God (achorai) rather than the divine 'face' (panim) is what human consciousness can access — maps precisely onto the phenomenology of trauma, illness narrative, and retrospective meaning-making in clinical medicine. Together, these frameworks constitute what the author designates 'hermeneutic medicine': a clinical orientation in which the patient is encountered not as a biological organism requiring repair but as a sacred text whose suffering calls forth interpretive wisdom, compassionate witness, and embodied presence.

Keywords: Divine Suffering; Hermeneutic Medicine; Tzimtzum; Shekhinah Consciousness; Therapeutic Presence; Lurianic Kabbalah; Netziv; Narrative Medicine; Sacred Brokenness; Theodicy; Clinical Theology



Figure 1.

Introduction

The Wound that Does Not Close

The question *tzaddik v'ra lo* — why does the righteous person suffer? — is not a footnote in Jewish theology. It is the bone beneath the skin of every major canonical encounter with the divine, from Job's ash heap to Jeremiah's confessional laments, from the Talmudic discussion in Berakhot 7a to the silence of the crematoria. In its most condensed formulation, Moses himself presses the question directly to God at the summit of intimacy and revelation:

הַרְבֵּךְ תָּא אֵן יְגַאֲרֶהָ, "Show me, please, Your glory." (Exodus 33:18)

Rashi, following the Talmudic tradition in Berakhot 7a, reads this request not as a request for a vision but as a philosophical demand: Moses is asking to understand the inner logic of divine governance — specifically, the principle by which the righteous sometimes suffer and the wicked prosper [1]. The 'glory' — *kavod*, the weight and irreducible density of divine being — is, in Rashi's reading, the principle of divine justice itself. To see God's glory is to understand why the world is as it is. This article proposes that three intellectual traditions, each powerful in its own right, converge on a response to this question that is theologically more honest and clinically more useful than any rationalist theodicy: the Lurianic Kabbalah as interpreted by Elliot R. Wolfson, the hermeneutic philosophy of the Netziv, and the author's own published framework of hermeneutic medicine developed across more than two hundred articles in clinical theology. The integration of these three traditions does not resolve the question of suffering. It does something more important: it transforms the question into a practice.

Suffering As Ontological Structure

Beyond Empathy: The Structural Claim: Elliot R. Wolfson, in his essay 'Divine Suffering and the Hermeneutics of Reading: Philosophical Reflections on Lurianic Mythology,' published in the volume *Suffering Religion* (Routledge, 2002) edited by Robert Gibbs and Wolfson, advances a claim that is at once philosophically precise and theologically radical [2]. Wolfson insists that the Lurianic tradition does not merely assert that God sympathizes with human suffering — the empathetic reading long associated with Heschel's concept of divine pathos. Rather, Lurianic mythology asserts that divine suffering is structurally constitutive of divine being itself: God suffers in the very act of becoming God. Wolfson begins with Heschel's distinction between pathos — the correlative suffering of God in response to Israel's suffering — and passion — the intrinsic suffering that belongs to the inner life of the deity [3]. Classical rabbinic literature, Wolfson argues, maintains an ambivalence about this distinction. The Talmudic passage in Berakhot 59a, which records competing interpretations of the earthquake as a sign of God's grief over the Temple's destruction, exemplifies this ambivalence: God's weeping and sighing are affirmed while the specific interpretation that presupposes di-

vine suffering is attributed to a necromancer and thereby implicitly distanced from normative rabbinic authority [4]. The Lurianic tradition dissolves this ambivalence not by choosing between pathos and passion but by identifying them as expressions of a single ontological principle. Wolfson articulates this through the central Lurianic myth of *tzimtzum*: the primordial act of divine self-contraction through which God withdraws from infinite plenitude to create the conceptual space within which finite existence becomes possible [5].

Tzimtzum as Primordial Suffering: The myth of *tzimtzum*, as Wolfson demonstrates through close reading of Lurianic sources including Hayyim Vital's *Etz Hayyim* and the *Sifra di-Tseni'uta* commentary tradition, is not simply a cosmological narrative about the mechanism of creation. It is a narrative about divine suffering as the very condition of divine creativity [6]. The Infinite — *Ein-Sof* — fills all space. There is nothing outside it, nothing that is not it. For there to be anything other than *Ein-Sof*, the Infinite must first become limited; it must suffer the violence of boundary and measure. The primordial act of divine self-contraction is, therefore, precisely an act of self-suffering: the Infinite wounds itself into finitude. As Wolfson explicates from the Lurianic sources, this constriction is an act of divine judgment — the feminine quality of boundary and restriction — which is at the same time an act of the supreme mercy, since without this self-limiting contraction there could be no world, no other, no love. The *sefirot* — the ten divine emanations through which God becomes manifest — are, in Wolfson's reading, simultaneously acts of revelation and concealment. Each *sefirah* reveals the infinite light precisely by garbing it, by occulting it within a specific form. The kabbalistic axiom *ha-he'lem hu' gilluy ve-ha-gilluy hu' he'lem* — 'concealment is disclosure and disclosure is concealment' — expresses this paradox with formal precision [7]. The divine light is revealed only insofar as it is concealed; to see the emanation is to see the garment, not the naked light, which would be unbearable. This paradox has direct consequences for theodicy. If concealment is the very mechanism of divine self-revelation, then the suffering that arises from divine hiddenness — the *hester panim* — is not an accidental feature of a world that has gone wrong but the structural expression of the Infinite's willingness to be finite, to be bounded, to be other than itself. God suffers not because Israel suffers and God responds in sympathy, but because being God — being an Infinite that chooses to create — requires the suffering of self-limitation.

Shevirat Ha-Kelim and the Structure of Evil: The second major Lurianic myth analyzed by Wolfson — *shevirat ha-kelim*, the breaking of the vessels — deepens this account of divine suffering [8]. When the divine light poured into the primordial vessels of the lower seven *sefirot*, the vessels could not contain the overpowering effluence and shattered. The shards of the broken vessels fell into the lower worlds; divine sparks — *nitzotzot* — were scattered throughout creation, imprisoned within the husks of the demonic. The breaking of the vessels is not a cosmic accident or a divine error. It is, in Wolfson's reading, an

expression of the same structural logic as *tzimtzum*: the divine desire to extend beyond itself, to overflow its own boundaries, necessarily exceeds what any finite vessel can contain. The breaking is the measure of the overflow; suffering is the cost of abundance. The scattered sparks constitute the divine presence within the material world — a presence that is simultaneously a form of divine suffering, exile, and hiddenness. The resonance with clinical experience is immediate and profound. The physician who treats patients with chronic, refractory pain — with the neuropathic agonies of spinal cord injury, complex regional pain syndrome, the relentless suffering of late-stage cancer — encounters in the clinical room precisely this structure: an overflowing of pain that shatters the vessel of the patient's selfhood, scattering the vital sparks of personhood across the shards of a broken life. The question the suffering patient asks — 'Why is this happening to me?' — is, in the Lurianic framework, not merely a personal question but a cosmic one: it is the question of the scattered spark asking why it is imprisoned in the husk of its affliction.

Hermeneutics as Redemption: Wolfson's essay concludes with one of its most original and clinically resonant claims: the act of reading and interpreting sacred texts is itself a participation in the redemptive process — the *tikkun* — that aims to gather the scattered sparks and restore the shattered divine configuration [9]. Just as God suffers in delimiting himself by donning the garment of his name, which is the Torah, so the reader must constrict the interpretive gaze to be cloaked by the limitations of a particular hermeneutical perspective. Reading, on this account, is structurally identical to divine self-limitation: the interpreter must contract her or his infinite hermeneutical possibilities into the finite space of this particular reading, at this particular moment, of this particular text. The interpreter suffers the wound of limitation in order to produce meaning. And in producing meaning — in gathering the scattered letters into a coherent interpretation — the reader participates in the cosmic gathering of scattered divine sparks. This is not merely a metaphor. It is a structural claim about the nature of interpretive practice and its relationship to the suffering from which all meaning emerges. In the clinical context, where the 'text' is the suffering patient and the 'interpretation' is the diagnostic and therapeutic encounter, Wolfson's hermeneutic of redemptive reading becomes a philosophy of medicine.

Divine Providence as Retrospective Hermeneutics

The Face and the Back: Rabbi Naftali Tzvi Yehuda Berlin — the Netziv of Volozhin (1816–1893) — offers in his commentary *Ha'amek Davar* on Exodus 33 a philosophical account of divine governance that is at once epistemologically precise and theologically humble [10]. The Netziv reads Moses' request not, as Rashi does, as primarily a question about theodicy but as an inquiry into the mechanism of divine governance — specifically, how God governs the world through what appears to be natural, historical causality. Moses has successfully negotiated God's continued personal accompaniment of

Israel rather than a mediating angel. Now he pushes further: he asks to understand the operative principle by which this accompaniment functions. The Netziv calls this the *hashgacha nistarah* — the hidden providence — the mode of divine governance that operates not through overt miracle but through the concealed workings of natural and historical causality. The divine response introduces the Netziv's central epistemological distinction. The *panim* — the divine face — represents the direct, real-time apprehension of divine intention: to see the face of God would be to understand, in the moment of its occurrence, precisely what God is doing and why. The *achorai* — the divine back — represents retrospective recognition: the traces of divine action that can be discerned only after events have unfolded [11]. Moses was told: you may understand My governance retrospectively, through reflection on historical outcome, but you cannot apprehend it prospectively, in the moment of its occurrence. This is an epistemological claim of the first order. The Netziv is saying that the legibility of divine governance in history is structurally retrospective. In the moment of suffering — in the hour of crisis, persecution, or loss — the face of God is hidden, not because God is absent, but because divine intention operating through historical causality is irreducibly opaque in real time. Only from behind — only in the aftermath — do the contours of divine purpose begin, however partially, to become visible.

History as Text: The Hermeneutic Implication: The Netziv's philosophy of history is simultaneously a hermeneutic philosophy. History, like Scripture, is a text that can only be read backward. The interpretive act that makes historical meaning possible is always retrospective; it requires the distance of the *achorai* to become possible. This has enormous implications for post-Holocaust theology, a point to which we will return. It also maps with striking precision onto the contemporary psychology of trauma and illness narrative. Research in narrative medicine, pioneered by Rita Charon and colleagues, demonstrates that patients construct meaning from illness through retrospective storytelling: the illness narrative is always told in retrospect, making sense of what, in its acute phase, was senseless [12]. Arthur Kleinman's foundational distinction between disease (the biomedical construct) and illness (the patient's lived experience) similarly privileges the retrospective, interpretive dimension of suffering: illness is not merely biological dysfunction but a narrative event that demands to be understood and situated within the patient's larger life story [13]. The Netziv's insight — that the divine back is the only theologically honest vantage point for creatures operating within history — thus legitimizes the clinician's embrace of retrospective rather than prospective meaning-making. The physician who can sit with the not-knowing of the acute moment, who can resist the impulse to premature explanation or false reassurance, is embodying precisely the epistemological posture that the Netziv identifies as the only posture adequate to the structure of reality.

Post-Holocaust Implications: The Netziv, writing in nineteenth-century Volozhin, could not have anticipated the specific

demands that the Shoah would make upon his framework. Yet his categories have proven equal to those demands in ways that more rationalist theologies have not. Emil Fackenheim's 614th commandment — the obligation not to hand Hitler posthumous victories — is, at the philosophical level, an act of retrospective theological interpretation: an attempt to read the divine back in the aftermath of catastrophe [14]. Eliezer Berkovits's distinction between *hester panim* as temporary concealment and radical divine abandonment is similarly structured by the Netziv's epistemological framework: the question is not whether God was present at Auschwitz but whether that presence can be, and how it is to be, read [15]. The tension between the obligation to read and the prohibition on triumphalist meaning-making is perhaps best captured in Irving Greenberg's formulation of the 'working principle' that no theological statement can be made about the Holocaust that could not be made in the presence of the burning children [16]. This is the Netziv's epistemology radicalized to its limit: the retrospective vantage point of the *achorai* is constrained by the requirement of moral seriousness — the requirement that the reader not betray the suffering it attempts to interpret.

Hermeneutic Medicine

The Patient as Sacred Text: Across more than two hundred published essays in clinical theology, the author has developed what may be designated 'hermeneutic medicine': a clinical orientation grounded in the premise that the suffering patient is not primarily a biological organism requiring repair but a sacred text demanding interpretive engagement [17]. This framework draws explicitly on the Jewish hermeneutical tradition — the tradition of rabbinic close reading, of midrashic interpretive creativity, of kabbalistic attention to the multiple layers of textual meaning — and applies it to the clinical encounter. The concept of hermeneutic medicine emerges from the recognition that biomedical reductionism — the treatment of the patient as a collection of dysfunctional biological systems to be corrected — systematically fails to address the dimension of suffering that exceeds somatic dysfunction. Pain is not merely nociception; illness is not merely pathophysiology; dying is not merely organ failure. Each of these clinical realities carries an existential, relational, and potentially spiritual dimension that cannot be accessed through biomedical categories alone [18]. The physician who brings only biomedical competence to the bedside of the suffering patient has brought much — but not enough.

Therapeutic Tzimtzum: The most clinically operative concept the author has developed is therapeutic *tzimtzum*: the deliberate, willful contraction of the physician's subjectivity — her diagnostic certainties, therapeutic agenda, existential anxieties, and professional ego — to create an open, receptive space within which the patient's suffering can unfold, be witnessed, and be partially held [19]. The Lurianic theology of *tzimtzum* provides the metaphysical grounding for this clinical practice. Just as Ein-Sof contracts from infinite plenitude to create the space within which finite existence is possible — suffering the wound of self-limitation as the price of creative

love — so the physician who genuinely receives the patient's suffering must first empty herself of the fullness of her clinical knowing. The contraction is not an impoverishment; it is a form of abundance. The space created by the physician's withdrawal is not a vacuum but a consecrated receptivity. Wolfson's analysis deepens this clinical application. The Lurianic *tzimtzum* is not merely a spatial metaphor; it is a description of how the divine becomes present to the finite precisely through a form of self-absence. The physician's therapeutic *tzimtzum* similarly creates a paradoxical form of presence through absence: by withdrawing from the role of the expert who explains and solves, the clinician becomes present in a more fundamental mode — the mode of witness. And it is as witness, not as explainer, that the physician most fully honors the sacred dimension of the patient's suffering.

Shekhinah Consciousness in the Clinical Encounter: The concept of Shekhinah consciousness — the awareness that the divine presence is encountered in and through its exile and concealment, in and through the suffering of the vulnerable — constitutes a second axis of the author's clinical theology [20]. The kabbalistic tradition understands the Shekhinah, the feminine divine presence, as accompanying Israel into exile, sharing in the people's suffering, and seeking redemption together with, not independently of, those who are afflicted.

In the clinical context, Shekhinah consciousness is the awareness that the encounter with the suffering patient is an encounter with the concealed divine. The Talmudic teaching in Shabbat 55a that the Shekhinah rests above the head of the sick person is not merely a pious sentiment; it is a theological claim about the ontological structure of the sickroom. When the physician enters that room with the awareness that she is approaching a locus of concealed divine presence — with what Martin Buber might describe as an I-Thou rather than I-It orientation [21] — the entire clinical encounter is transformed. The Wolfson-Lurianic analysis supports and deepens this claim. If the divine light is scattered throughout creation in the shards of the broken vessels — if the *nitzotzot*, the divine sparks, are imprisoned within the *kelipot*, the husks of the material world — then the suffering patient who lies before the physician is, in the most literal kabbalistic sense, a locus of imprisoned divine sparks awaiting liberation. The clinical act of attending, witnessing, and healing is, in this framework, an act of cosmic *tikkun*: the gathering of scattered sparks, the partial repair of the shattered divine configuration.

Sacred Brokenness and the Vav Ketia: The author has developed at length the concept of sacred brokenness — the theological principle, grounded in the rabbinic tradition, that wholeness is achieved not despite fracture but through it [22]. The paradigmatic symbol for this principle is the *vav ketia* — the broken *vav* in the word *shalom* in Numbers 25:12, where God's covenant of peace is written with a structurally fractured letter. The crack in the letter is not a scribal error; it is a theological statement: the covenant of peace is made through the very fracture that threatens to destroy it. In the clinical context, sacred brokenness names the therapeutic insight that

the patient's shatteredness — the dissolution of the pre-illness self, the fragmentation of the body image, the disruption of the life narrative — is not merely a tragedy to be overcome but potentially the very condition of a deeper wholeness. The Talmudic teaching that the broken tablets of the first covenant were preserved in the Ark alongside the whole tablets of the second (Berakhot 8b; Bava Batra 14b) articulates this principle: the broken and the whole are carried together in the same sacred vessel. Wolfson's analysis of shevirat ha-kelim supports and extends this clinical principle. The breaking of the vessels is not the story of divine failure; it is the precondition of tikkun. The scattered sparks cannot be gathered without first having been scattered. The shattered patient cannot achieve the deeper integration that illness sometimes makes possible without having first been shattered. This is not a theodicy that justifies suffering. It is a clinical wisdom that refuses to abandon the suffering patient to meaninglessness while also refusing to impose premature meaning.

The Sacred Epistemology of Not-Knowing: A crucial dimension of the author's clinical theology is what has been designated 'the sacred epistemology of not-knowing': the principled embrace of diagnostic and existential uncertainty as a mode of clinical integrity rather than a failure of competence [23]. In an era of evidence-based medicine that privileges algorithmic certainty, the physician who can inhabit the not-knowing — who can say, with genuine equanimity, 'I do not know why you are suffering, and I will not pretend otherwise' — models a form of intellectual honesty that is simultaneously a spiritual achievement. The Netziv's epistemology provides the theological grounding for this clinical stance. The divine back rather than the divine face is the only honest vantage point for creatures operating within history. The physician who claims to see the face of God — who claims to explain the patient's suffering fully, to provide a complete and satisfying theodicy of the clinical encounter — is making a claim that even Moses was not permitted to make. The sacred epistemology of not-knowing is, in this sense, not a clinical limitation but a form of prophetic humility.

Toward A Clinical Theology of Suffering

Suffering as Structural, Not Accidental: The integration of Wolfson's Lurianic analysis, the Netziv's historical hermeneutics, and the author's clinical theology generates a unified position on the nature of suffering that is theologically more honest than conventional theodicy. Suffering is not accidental to existence; it is structural to it. The Lurianic myth reveals that suffering — in the form of divine self-limitation through tzimtzum, the shattering through shevirat ha-kelim, the exile of the Shekhinah — belongs to the very fabric of divine being as it chooses to create. The Netziv reveals that suffering is structurally opaque in real time — that the divine governance operating through it cannot be read prospectively but only retrospectively and partially. The author's clinical theology reveals that suffering is the site of encounter between divine concealment and human compassion, the locus where the scattered sparks of divine presence await the gathering attention of the healer.

The Clinical Encounter as Theophany: The clinical encounter, on this integrated account, is not merely a professional transaction or a technical procedure. It is a theophany — a moment in which the concealed divine becomes partially, provisionally, visible through the medium of human compassion. The physician who practices therapeutic tzimtzum, who maintains Shekhinah consciousness, who honors the sacred epistemology of not-knowing, is enacting, in the clinical room, the same structure that Wolfson identifies in the act of sacred reading and the Netziv identifies in the retrospective discernment of divine providence. The midrashic teaching preserved in Shemot Rabbah 45:5 — that God's response to Moses' request for an explanation of suffering is not a philosophical account but the proclamation of the thirteen attributes of divine mercy [24] — is the ancient precedent for this clinical orientation. When explanation fails, and it frequently does, what remains is not silence but compassion. The thirteen attributes — grace, mercy, slowness to anger, abundant kindness, truth, forgiveness — are not theological propositions but clinical dispositions. They describe the mode of presence that is adequate to the reality of suffering: not the presence that explains but the presence that accompanies.

Tikkun as Clinical Practice: The Lurianic concept of tikkun — repair, restoration, the gathering of scattered sparks — provides the eschatological horizon within which clinical practice can be understood as a form of cosmic participation. Wolfson's demonstration that the act of sacred reading is itself a form of tikkun — that interpretation gathers scattered sparks — implies that the clinical act of attending to the suffering patient, of constructing with her a narrative that makes partial sense of her suffering, is also a form of tikkun [25]. This does not sanctify all clinical practice indiscriminately. Tikkun requires the specific orientation of therapeutic tzimtzum, Shekhinah consciousness, and sacred brokenness; it requires the physician to be present as a witness rather than merely as a technician. But for the clinician who brings this orientation to her work, the encounter with the suffering patient is never merely clinical. It is always also cosmic.

The Limits of the Framework: Intellectual honesty requires acknowledging the limits of any theological framework applied to clinical suffering. The most searching objection to integrating Lurianic mythology into clinical medicine is the one that Elie Wiesel has raised, in different registers, against virtually all post-Holocaust theology: the danger that grand theological frameworks will absorb and thereby normalize the suffering they claim to honor. The physician who becomes too comfortable with the framework of sacred brokenness risks losing the appropriate moral urgency that responds to suffering with the demand that it be alleviated, not only witnessed. The author's response to this objection, developed in published essays on moral injury and physician grief, is that the framework does not replace the imperative to alleviate suffering; it provides the context within which that imperative can be sustained when alleviation is impossible. The physician who has no framework for the suffering she cannot cure will burn out, emotionally withdraw, or become clinically

callous. The framework of therapeutic presence — of tikkun, of Shekhinah consciousness — does not reduce the moral demand; it enables the physician to continue making it, even in the face of irreducible suffering.

From Theology to Practice

The Structuring of Therapeutic Time: The Netziv's insight about retrospective legibility has immediate practical implications for clinical communication. Research in medical communication demonstrates that premature closure — the physician's rush to explanation and reassurance before the patient has fully articulated the dimensions of her suffering — is one of the most consistent sources of patient dissatisfaction and clinical misunderstanding [26]. The Netziv's philosophy suggests a principled theological basis for the practice of deliberate temporal suspension: the refusal to read divine governance in real time is the model for the clinical refusal to impose meaning before the patient's suffering has been fully witnessed. In practice, this means cultivating what the author has elsewhere described as 'sacred temporality' — a willingness to remain in the unresolved present of the clinical encounter without flight into premature explanation or therapeutic activism. The physician who can say, with genuine presence, 'I don't yet understand what this means for you, and I am not going to pretend otherwise' — while remaining manifestly present and engaged — is practicing a form of sacred temporality that honors both the Netziv's epistemological humility and the Lurianic structure of divine concealment.

Narrative Medicine and the Retrospective Construction of Meaning: The author's integration of narrative medicine with the theology of the divine back has direct implications for clinical practice. Rita Charon's model of close reading and narrative competence [27] — the capacity to receive, interpret, and be moved by the stories patients tell of their illness — is, from the present perspective, the clinical instantiation of the Netziv's hermeneutic. The patient who constructs a coherent narrative of her illness is reading the back of God in her own life: she is finding, retrospectively, the partial patterns of meaning that were invisible in the acute phase of suffering. The physician's role in narrative medicine is not to impose a narrative but to provide the witness that makes the patient's own narrative construction possible. This is therapeutic *tzimtzum* in its purest clinical form: the physician contracts her own interpretive authority to create the space within which the patient's meaning-making can unfold.

The Treatment of Chronic and Refractory Pain: The author's clinical specialty in neurology and pain management provides the most immediate context for applying the integrated framework developed in this article. Chronic pain — particularly neuropathic pain, which resists standard pharmacological approaches and frequently defies both explanation and cure — presents the clinician with the most acute form of the theodicy problem [28]. The patient with complex regional pain syndrome, with post-herpetic neuralgia, with the intractable pain of metastatic malignancy, is asking the most funda-

mental theological question in the most embodied possible form: why does this happen to me, and what does it mean? The biomedical answer — this is neuropathic sensitization, central sensitization, a disorder of pain modulation — is true but insufficient. It addresses the disease without addressing the illness; it explains the mechanism without attending to the meaning. The integrated framework developed here suggests that the clinician who accompanies the chronic pain patient must offer something more than mechanism: she must offer the witness of presence, the accompaniment of not-knowing, and — where the patient's own meaning-making process permits — the invitation to read the back of God in her own suffering history.

3.6.4. Physician Moral Injury and the Theology of Presence: The crisis of physician burnout and moral injury — extensively documented in the contemporary medical literature as a consequence of the commercialization and bureaucratization of healthcare [29] — is, from the present perspective, a crisis of meaning. The physician who entered medicine with the vocation of healing — who understood clinical practice as a form of sacred calling — and who now finds herself processing insurance denials, meeting productivity metrics, and documenting in electronic records rather than attending to patients, has suffered a profound rupture between her theological orientation and her institutional reality. The author has described this rupture in published essays as a form of 'therapeutic exile': the displacement of the clinical encounter from the sacred space of genuine presence into the bureaucratic space of efficient transaction [30]. The kabbalistic concept of the exile of the Shekhinah — the divine presence displaced from its proper dwelling and imprisoned in the forces of the demonic — is not a remote mythological symbol in this context. It is a precise description of what happens when the sacred dimension of medical practice is systematically suppressed by institutional structures that recognize only productivity, efficiency, and financial return. The therapeutic response to physician moral injury, the author has argued, is not primarily institutional or political — though institutional and political advocacy is necessary — but theological: the recovery of a framework within which the act of genuine clinical presence can be understood as intrinsically meaningful, independent of institutional recognition. The physician who maintains Shekhinah consciousness — who understands each patient encounter as a potentially sacred moment in the cosmic drama of tikkun — has a resource against burnout that no wellness program or administrative reform can provide [31-53].

Conclusion

In the Cleft of the Rock

Moses, placed by God in the cleft of the rock while the divine presence passes by, covers his face with the divine hand and sees — when the hand is removed — only the back of God. He does not see what he asked to see. He sees something else: the traces of a passing, the afterglow of a presence that has just been. The cleft of the rock — the crack in the stone — is the site of the only revelation available to crea-

tures operating within history. This image captures with unmatched economy the theological situation of the clinician who accompanies human suffering. She does not see God's face in the suffering of her patient. She does not understand why the righteous suffer; she cannot provide a theodicy that satisfies. What she can do — what she is called to do — is to be present in the cleft of the rock with her patient: to witness, to accompany, to hold without explaining, to receive without abandoning. Wolfson's analysis reveals that this presence is not merely humanly compassionate; it is structurally homologous with divine creative love. The Infinite that suffers self-limitation in order to make room for the other — the Ein-Sof that performs therapeutic *tzimtzum* in the primordial act of creation — is the theological model for the physician who contracts her clinical authority to make room for the patient's suffering. The Netziv's hermeneutics reveals that the partial, retrospective, *achorai* visibility of divine meaning is the only epistemologically honest mode of engagement with suffering that history and clinical experience warrant. The author's framework of hermeneutic medicine reveals that these theological insights are not merely inspirational but operationally useful: they generate specific clinical orientations — therapeutic *tzimtzum*, Shekhinah consciousness, sacred brokenness, the sacred epistemology of not-knowing — that can be taught, practiced, and evaluated. The question *har'eini na et kevodecha* — show me, please, your glory — remains open. It has not been answered and will not be. But it has been inhabited, by Moses in the cleft of the rock and by every clinician who has ever sat in the darkness of an inexplicable suffering with a patient who asked why. To inhabit the question without deserting it — to see the back and call it enough — is the only theodicy that clinical medicine can honestly offer. And it may be, in the end, the only theodicy that God has offered us.

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