

# Patient Parables: Philosophical Allegories as Frameworks for Healing Relationships in Contemporary Medicine

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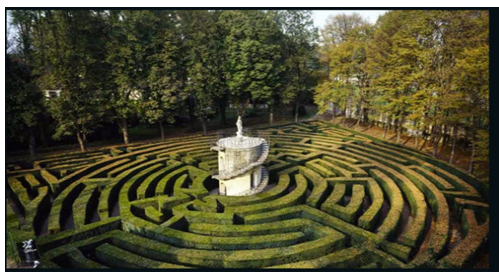
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## ABSTRACT

*This article examines the application of classical philosophical allegories—specifically Rabbi Moshe Chaim Luzzatto's maze metaphor from Mesillat Yescharim and Plato's Allegory of the Cave from The Republic—as hermeneutic frameworks for understanding contemporary physician-patient relationships. Drawing on recent developments in medical humanities and hermeneutic approaches to clinical practice, we argue that these "patient parables" offer profound insights into the epistemological and relational dimensions of healing. The analysis incorporates Actor-Network Theory and the concept of "patient as sacred text" to propose a covenantal rather than contractual model of therapeutic relationships. Through systematic comparison of rationalist and revelatory approaches to truth and guidance, this article demonstrates how classical philosophical metaphors can illuminate the temporal, interpretive, and ethical foundations of medical practice.*

## Keywords

Medical hermeneutics, Physician-patient relationship, Plato, Ramchal, Actor-Network Theory, Medical humanities, Therapeutic alliance.



## Allegories of Healing and Orientation

The contemporary crisis in healthcare extends beyond technological challenges or resource allocation to encompass fundamental questions about the nature of healing relationships themselves. As medical practice becomes increasingly algorithmic and evidence-based, the field of medical humanities originally emerged as a challenge to this overly narrow view, but it has rarely progressed

beyond tinkering around the edges of medical education [1]. This limitation stems partly from insufficient engagement with robust philosophical frameworks that can address medicine's underlying assumptions about human nature, knowledge, and healing relationships.

Two classical philosophical allegories offer particularly illuminating frameworks for understanding the epistemological and relational dimensions of medical practice: Rabbi Moshe Chaim Luzzatto's (Ramchal) metaphor of the maze from *Mesillat Yescharim* [2], and Plato's Allegory of the Cave from *The Republic* [3]. When analyzed through the lens of medical hermeneutics and contemporary therapeutic theory, these "patient parables" reveal profound insights about guidance, interpretation, and the temporal dimensions of healing relationships.

This paper explores the application of Bruno Latour's Actor-Network Theory (ANT) as a conceptual framework for critiquing contemporary healthcare delivery systems while examining hermeneutic approaches to medical practice that emphasize interpretation over mere technical application [4,5]. The analysis

explores four key domains: hermeneutic approaches to medical practice that emphasize interpretation over mere technical application; the sacred-profane dialectic in therapeutic spaces that transforms ordinary clinical settings into healing environments [7]; evidence distortion in clinical decision-making that acknowledges the interpretive dimension of all medical knowledge; and a theological framework for physician-patient relationships grounded in covenantal rather than contractual models [4]. Our analysis proceeds through four interconnected domains: the comparative epistemologies embedded in these philosophical allegories, their implications for understanding therapeutic relationships, the application of hermeneutic theory to clinical practice, and the development of covenantal models of healing that transcend purely contractual approaches to medical care.

Plato's Cave: Rationalist Liberation through Dialectical Ascent

Plato's allegory of the cave is an allegory presented by the Greek philosopher Plato in his work Republic (514a–520a, Book VII) to compare "the effect of education (παίδεια) and the lack of it on our nature" [3]. In this foundational metaphor, prisoners chained in darkness mistake shadows for reality until one prisoner escapes and experiences the illumination of truth outside the cave. The liberated prisoner becomes the philosopher-king, compelled to return and guide others toward enlightenment through rational discourse and dialectical reasoning.

As Socrates sees it, education isn't about one person putting information into someone else's mind. Instead, education consists in turning the soul so that it can see new things and have new insights that it hasn't had before [9]. This educational model emphasizes the autonomous development of rational capacity, with the guide serving primarily to facilitate the student's own intellectual ascent. The Political Significance of Plato's Allegory of the Cave reveals how this metaphor functions not merely as epistemological instruction but as a cultural and political allegory [10] about liberation from conventional opinion through philosophical reflection.

Ramchal's Maze

In contrast to Plato's rationalist framework, Ramchal's maze metaphor from the introduction to *Mesillat Yesharim* presents a theocentric approach to guidance and truth. The Hebrew text states: *"You will see that most people, even among the wise and the learners, do not possess clear understanding regarding the perfection of divine service and vigilance in it. Everyone follows their nature and habits, what they were accustomed to from youth or influenced by their surroundings, without arriving at the true understanding of the truth."* *"This is like what the Sages said: a parable of a maze. A person inside sees many paths but does not know which is correct until someone who has already exited the maze climbs to a high place and sees all the paths and calls out, 'This is the path—go this way—for it is the straight one.'"* [2]

This allegory fundamentally differs from Plato's cave in several crucial respects. Where Plato emphasizes autonomous rational

discovery, Ramchal stresses receptivity to divine revelation transmitted through tradition and spiritual guides (*tzaddikim*). The guidance comes not through philosophical argument but through authoritative direction from one who has aligned himself with divine wisdom. The maze-walker must trust and follow step-by-step directions rather than achieving independent enlightenment.



Orto Botanico di Padova

Historical context enriches our understanding of this metaphor. Writing in 18th-century Padua, Ramchal lived in an environment where the **Orto Botanico di Padova** the world's oldest academic botanical garden established in 1545 featured labyrinthine designs that employed maze imagery as allegories for philosophical and spiritual journeys. Scholars such as Idel and Kreisel have noted Ramchal's integration of European rhetorical forms into his Jewish mystical and ethical writing [7,8], suggesting his maze metaphor emerged from this rich cultural synthesis.

Dimension	Plato's Cave	Ramchal's Maze
Source of Error	False appearances, sensory illusion	Ego, habit, false priorities
Path to Truth	Dialectical reasoning, education	Divine revelation, spiritual guidance
Role of Guide	Philosopher-king with rational authority	Tzaddik aligned with divine will
Student's Posture	Active intellectual engagement	Receptive trust and obedience
Goal	Knowledge of eternal Forms	Moral clarity, spiritual perfection
Temporal Structure	Progressive rational ascent	Patient receptivity to disclosure

This comparative framework reveals fundamentally different assumptions about human nature, knowledge acquisition, and the relationship between guide and guided—differences with profound implications for understanding healing relationships in medical practice.

Patient as Text

The art of interpretation has traditionally been an integral part of medical practice, but little attention has been devoted to its theory [11]. Medical hermeneutics, drawing primarily on the philosophical hermeneutics of Hans-Georg Gadamer, reconceptualizes clinical practice as fundamentally interpretive rather than purely technical. I argue that clinical medicine can best be understood not as a purified science but as a hermeneutical enterprise: that is, as involved with the interpretation of texts [12].

According to the model, a patient is analogous to a literary text which may be interpreted on four levels: (1) the literal facts of the patient's body and narrative, (2) the diagnostic meaning of

clinical data, (3) therapeutic decisions and prognosis, and (4) the transformative change effected in both patient and clinician through the clinical encounter [11]. This hermeneutic model directly parallels the medieval fourfold sense of scripture, suggesting deep structural similarities between textual interpretation and clinical practice.

Drew Leder (1990) explains that medical hermeneutics may include the interpretation of a variety of "texts." He accepts Daniel's definition of a text as any group of signs or set of elements that constitute a whole and that take on meaning through interpretation [13]. These multiple textual layers include: the experiential text of the patient's illness experience, the narrative text of their symptom accounts, the physical text revealed through examination, and the instrumental text provided by diagnostic technologies.

Building on these hermeneutic foundations, the metaphor of "patient as sacred text" is explored as a hermeneutic approach that respects both the scientific basis of medicine and the interpretive nature of the clinical encounter [6]. This concept draws on both philosophical hermeneutics and theological traditions that understand interpretation as a sacred act requiring reverence, patience, and spiritual preparation. This paper examines various hermeneutic frameworks applied to the medical context, comparing approaches that focus on the interpretation of medical literature with those that view the patient as a text requiring interpretation [6].

Taking as our starting point Plato's metaphor of the doctor as philosopher we reflect on some aspects of the epistemological status of medicine. The framework to this paper is the hermeneutics of Hans-Georg Gadamer which shows the paradoxical nature of Western medicine in choosing the body-object as its investigative starting point, while in actual fact dealing with subjects [14]. This paradox treating subjects as objects lies at the heart of contemporary medicine's relational crisis.

The sacred text metaphor reframes this relationship by emphasizing the patient's irreducible subjectivity and the interpretive complexity of clinical encounters. Like sacred texts that require multiple readings, contextual understanding, and spiritual receptivity, patients present themselves as complex hermeneutic challenges that resist reduction to purely technical problems. This article examines the therapeutic relationship between physician and patient through the lens of sacred and profane domains, analyzing how the rigid distinction between sacred and profane domains creates unnecessary tensions within healthcare settings [7].

### Challenging Hierarchical Medical Authority

By examining the complex networks of human and non-human actors that constitute medical practice, we challenge the traditional hierarchical structures that dominate modern healthcare. Through ANT's lens, medical authority emerges not from institutional positions but through dynamic associations between diverse actors—physicians, patients, technologies, protocols, and physical spaces [5]. By reconceptualizing healthcare as heterogeneous

networks where healing emerges through translations between actors rather than top-down impositions of medical authority, this paper proposes alternative frameworks that acknowledge the distributed agency within healthcare networks and reveal fundamental limitations in current biomedical models [5].

This network perspective aligns with both Ramchal's and Plato's recognition that guidance emerges through relationships rather than individual authority. However, ANT complicates both allegories by distributing agency across networks of actors rather than locating it in individual guides (philosopher-kings or *tzaddikim*). In healthcare networks, healing emerges through dynamic translations between multiple actors: patients, physicians, technologies, family members, institutional protocols, and physical environments.

We argue that recognizing the distributed agency within healthcare networks reveals fundamental limitations in current biomedical models that prioritize vertical authority structures and technical interventions over holistic healing relationships [5]. The maze and cave metaphors, when viewed through ANT lens, become not just individual journeys toward truth but complex network assemblages where guidance and orientation emerge through multiple relational translations.

### Sacred-Profane Dialectics

Drawing on anthropological, sociological, philosophical, and theological frameworks, we analyze how the rigid distinction between sacred and profane domains creates unnecessary tensions within healthcare settings. By reconceptualizing the therapeutic encounter as a liminal zone where these categories blend and transform, we offer healthcare practitioners a framework for understanding and improving patient-provider relationships [4].

This liminal understanding resonates with both philosophical allegories under consideration. Plato's cave represents a threshold space between shadow and light, ignorance and knowledge. Ramchal's maze similarly functions as a transitional zone between confusion and clarity, requiring navigation through uncertain terrain toward truth. Both allegories understand transformation as occurring within bounded but transitional spaces that are neither fully profane nor sacred but partake of both.

### Toward Covenantal Care

This paper proposes an integrated framework that harmonizes these seemingly disparate approaches to enhance treatment outcomes. This paper explores the historical development, theoretical foundations, and practical applications of two prominent approaches to understanding and treating addiction: the 12-Step recovery model, which conceptualizes addiction as a "dis-ease," and the classical medical model, which frames addiction within allopathic healing paradigms. The integration acknowledges the biological, psychological, social, and spiritual dimensions of addiction, offering a more comprehensive approach to recovery [4], while developing a theological framework for physician-patient relationships grounded in covenantal rather than contractual models [4].

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Contemporary bioethics has largely operated within contractual frameworks emphasizing informed consent, patient autonomy, and rights-based approaches to medical decision-making. While these frameworks provide important protections for patients, they may inadequately capture the deeper relational and temporal dimensions of healing relationships revealed by our philosophical allegories. Evidence distortion in clinical decision-making acknowledges the interpretive dimension of all medical knowledge, challenging purely objectivist approaches to evidence-based medicine [4].

Covenantal models, by contrast, emphasize ongoing relationship, mutual commitment across time, and shared responsibility for outcomes. Personal continuity led to a degree of intimacy that both clinicians and patients likened to relationships between members of a family. As one patient said, "And I think after years and years and years and years it's like...a marriage. You and your doctor has a marriage" [15]. This relational depth requires temporal investment and mutual vulnerability that transcends transactional exchanges of information or services.

The philosophical comparison between Plato's and Ramchal's guidance models illuminates different approaches to therapeutic authority and patient agency. The Platonic model corresponds to contemporary shared decision-making approaches that emphasize patient education, rational discourse, and collaborative deliberation. The physician functions as facilitator of patient autonomy, providing information and analysis while respecting the patient's ultimate decision-making authority.

The Ramchal model, by contrast, corresponds to more traditional paternalistic approaches where medical authority derives from specialized knowledge and training. However, when interpreted through covenantal rather than contractual frameworks, this guidance becomes relational rather than dominating. Clinicians in our sample reported that most often they work to increase patients' power. One way they do this is by engaging patients as partners [11], while also providing clear direction when patients need authoritative guidance.

Sometimes, however, clinicians carefully pushed resistant patients to take actions that were important for their health. According to one patient infected with HIV, "...that's why I really need, someone to push me, tell me you have to do those things" [15]. This tension between autonomy and guidance reflects the deeper philosophical divide between rationalist and revelatory approaches to truth and healing.

### **Incarnational vs. Referential Models**

Both philosophical allegories emphasize the temporal dimensions of understanding and transformation. These new insights, as the cave allegory suggests, often enable one to recontextualize and to achieve a more complete interpretation of all of one's previous experience. The job of the teacher isn't to put new knowledge into the student's mind. Rather, the job of the teacher is to lead the student to achieve new insights on his or her own [9].

This temporal structure what we might call the pedagogy of patience directly applies to healing relationships and connects to fundamental tensions between two paradigms of textual engagement: the incarnational model, where language itself embodies and is saturated with divine presence, and the referential model, where text functions as signifier pointing toward transcendent truths beyond itself. Drawing on Kabbalistic, Hasidic, psychoanalytic, and postmodern frameworks, these competing understandings shape both religious experience and medical interpretation [8].

There's being there for the big events, whether that's birth or death or the diagnosis of something bad, or being there when they need you to be there, pushing other things away in order to be there in a way that's more substantial [15]. Healing relationships require sustained engagement across time, through multiple encounters and changing circumstances.

The concept of "patient parables" suggests that certain truths about healing can only emerge through temporal unfolding rather than immediate disclosure. Like parables that reveal their meanings gradually through contemplation and lived experience, therapeutic relationships develop deeper understanding through sustained relationship rather than single encounters.

### **Hope and Uncertainty**

Patients want clinicians to help them define honest and realistic expectations, differentiating among clinicians who attend to this effort in an emotionally connected way from those who do so in a dispassionate, disconnected fashion [15]. This delicate balance between honesty and hope reflects the epistemological tensions embedded in our philosophical allegories.

At the same time, the inherent uncertainty of outcomes for any individual leaves room for the possibility that a particular patient may experience something different from usual outcomes. As one patient reflected, "But I think hope is that little glimmer out there that there are new medicines" [15]. This uncertainty requires what both Plato and Ramchal recognize as essential: the humility to acknowledge the limits of current knowledge while remaining open to new possibilities.

### **Clinical Applications**

The integration of philosophical allegory with medical hermeneutics suggests practical applications for clinical practice. The book offers a comprehensive philosophical argument why good medical practice cannot be curtailed to scientific investigations of the body but is a form of clinical hermeneutics performed by health-care professionals in dialogue with their patients [16].

This hermeneutic approach involves several practical components: *Interpretive Receptivity: Like reading sacred texts, clinical encounters require spiritual and intellectual preparation, attentiveness to multiple layers of meaning, and willingness to revise preliminary interpretations based on deeper engagement.* *Relational Continuity: Following the covenantal model, healing*



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*relationships develop through sustained engagement across time rather than episodic transactions. This requires healthcare system structures that support long-term therapeutic relationships.*

*Distributed Authority: Drawing on ANT insights, clinical decision-making involves network translation between multiple actors rather than hierarchical command structures. Physicians serve as facilitators of these network translations rather than autonomous decision-makers.*

*Sacred-Profane Integration: Clinical spaces become liminal zones where technical and spiritual dimensions of healing interact. This requires attention to environmental, ritual, and relational dimensions of therapeutic encounters beyond purely biomedical interventions.*

### **Educational Implications**

The aim of Medical Humanities course is the development of imagination and interpretation of data through analytical complex procedures, the development of skills of close observation and careful interpretation of the patient "language" and the enhancement of empathy for the patients, as well as the development of the physician-patient relationship and finally the conceptualization/construction of personal and professional values [17].

The philosophical allegories examined in this article suggest specific educational approaches:

*Hermeneutic Training: Medical students require training in interpretive methods analogous to literary criticism or theological hermeneutics. This includes understanding of how cultural, social, and personal contexts shape both patient narratives and clinical interpretations.*

*Philosophical Reflection: Engagement with classical philosophical texts—particularly allegories of guidance and enlightenment—provides frameworks for understanding the epistemological and ethical dimensions of clinical practice.*

*Temporal Perspective: Medical education must emphasize the longitudinal dimensions of healing relationships rather than focusing primarily on acute problem-solving skills.*

*Network Literacy: Students need understanding of how healing emerges through complex networks of actors rather than individual therapeutic interventions.*

### **Cultural and Religious Considerations**

The philosophical frameworks examined in this article emerge from specific cultural and religious traditions (Greek rationalism and Jewish mysticism) that may not translate directly to all healthcare contexts. Future research should examine how these hermeneutic approaches apply across diverse cultural settings and religious backgrounds.

This is partly because its practitioners have largely been working from within a pervasive medical culture from which it is difficult to break free, and partly because the field has been insufficiently armed with scholarly thinking from the humanities [1]. Broader engagement with non-Western philosophical and spiritual traditions could enrich this hermeneutic approach to healing relationships.

While this theoretical analysis provides philosophical frameworks for understanding healing relationships, empirical research is needed to evaluate the practical effectiveness of hermeneutic clinical approaches. Throughout this lecture, I will be describing several 20th century discoveries in general practice based on the observations of GPs. My lecture is designed to appeal to the straightforward factual side of all of us (by presenting results of research designed to test the benefits of a more open relationship between doctors and patients) [14]. Similar empirical investigation is needed for hermeneutic and covenantal approaches to medical practice.

### **Toward a Philosophy of Therapeutic Wisdom**

This analysis of philosophical allegories as frameworks for healing relationships reveals the profound epistemological and relational questions underlying contemporary medical practice. The comparison between Plato's cave and Ramchal's maze illuminates fundamental tensions between rationalist and revelatory approaches to truth, autonomous and guided discovery, and contractual and covenantal models of therapeutic relationships.

In the writings of Toulmin and Cassell, the medical humanities and ethics harbored a redemptive, utilitarian idea: that broad learning could nurture the soul of the doctor at a time when medicine, enraptured by science, was losing touch with the patient [15]. The hermeneutic approach developed in this article extends this redemptive project by providing robust philosophical frameworks for reconceptualizing healing relationships. This integration framework is particularly relevant for physicians and other medical practitioners seeking to provide more holistic care for patients, acknowledging both the technical and relational dimensions of healthcare [4].

The concept of "patient parables" suggests that certain truths about healing can only emerge through sustained interpretive engagement rather than immediate technical intervention. Like the maze-walker who must trust guidance from the watchtower or the cave-dweller who requires gradual preparation for the light of truth, healing relationships require patience, humility, and sustained commitment across time.

I further suggest that certain flaws in modern medicine arise from its refusal of a hermeneutic self-understanding. In seeking to escape all interpretive subjectivity, medicine has threatened to expunge its primary subject — the living, experiencing patient [10]. The philosophical allegories examined here provide resources for recovering this hermeneutic dimension while maintaining scientific rigor and clinical effectiveness.

Future developments in medical practice may require integration of multiple wisdom traditions—philosophical, theological, and scientific—to address the complex relational and interpretive challenges of healing. The patient parables explored in this article offer one contribution to this larger project of developing more holistic and relationally grounded approaches to medical care.

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