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# The Faustian Physician: Psychological and Ethical Dimensions of Medical Practice in Late Modernity

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## ABSTRACT

*This article examines Goethe's Faust through contemporary psychological and medical ethics scholarship, exploring how the archetypal Faustian bargain illuminates moral distress and professional identity crises in modern healthcare. Drawing on Jungian analytical psychology and recent research on physician moral distress, this analysis demonstrates how Faust's psychological journey from knowledge-seeking to moral redemption offers profound insights into the ethical challenges facing contemporary physicians. The article argues that understanding Faust's inner dynamics—his confrontation with the shadow, his alienation from authentic relationship, and his eventual recognition of human limitations—provides a framework for addressing the systemic pressures that drive moral distress in medical practice.*

**Keywords**
Faust, Medical ethics, Moral distress, Jungian psychology, Physician wellbeing, Archetypal psychology.

### Psychological Dimensions of Faust:

Faust is a learned German scholar who, at the beginning of the poem, is disillusioned and demoralized by his inability to discover life's true meaning. Despite his worldly accomplishments he is assailed by frustration because the traditional and conventional modes of thought that he has mastered cannot help him to discern a coherent purpose or form behind all the numerous and varied phenomena of life and nature [1]. This existential crisis represents what Jung would recognize as a fundamental confrontation with the limits of conscious rationality and the compensatory emergence of unconscious contents demanding integration.

Despite the complicated plot and the numerous philosophical and literary digressions, a single main theme is evident throughout both parts of Faust and provides a unifying structure for the entire work. This is Faust's dissatisfaction with the finite limits on man's potential — the driving force that motivates him in all his adventures as he strives to find a way to pass beyond the boundaries set on human experience and perception [2]. From a Jungian perspective, this represents the archetypal pattern of individuation taken to its pathological extreme—a refusal to accept the fundamental constraints of human existence.

Contemporary Jungian scholars have extensively analyzed Faust's psychological dynamics. Jung, whose psychology can be described as an amplification of Goethe's Faust, saw it as his ethical task to take on Faust's guilt. He placed an inscription over the gate of his home at Bollingen that read: Philemonis Sacrum—Fausti Poenitentia (Shrine of Philemon—Repentance of Faust) [3]. This personal identification reveals Jung's understanding of Faust as a central myth of modernity, embodying the psychological dynamics of Western civilization's relationship to knowledge, power, and ethical responsibility.

## Mephistophelean Dynamics

It was from the spirit of alchemy that Goethe wrought the figure of the "superman" Faust, and this superman led Nietzsche's Zarathustra to declare that God was dead and to proclaim the will to give birth to the superman, to "create a god for yourself out of your seven devils" [4]. Jung's analysis reveals Mephistopheles not merely as an external tempter but as the projection of Faust's own shadow—those aspects of personality that consciousness has rejected or failed to integrate.

Faust embodies that human curiosity that was the moving principle of modern Enlightenment. Mephisto teaches the magic of FIAT money creation, through which capitalism became a dominant force [5]. This interpretation positions the Faustian bargain as emblematic of modernity's trade-offs: unlimited power and knowledge in exchange for moral integrity and authentic human connection.

The psychological dynamics at work involve what Jung termed the "transcendent function"—the capacity to hold tension between opposing psychological forces without premature resolution. Jung views the development towards a state of individuation as a development towards the fulfillment of potential wholeness that exists on an unconscious level and is centered in the Self. The actualized personality is centered in the ego, while the personality potential, characterized by wholeness, "has an a priori unconscious existence" (CW 6:447), and needs to be redeemed by consciousness [6].

## Faustian Redemption

Chapter Seven is an exploration of Faust's encounter with Helena in relation to Jungian concepts of the anima. This chapter deals with benevolent and malefic manifestations of the anima; the anima as projection-maker and illusion-maker; integration of the anima into consciousness; artistic creativity, creative process, and the anima archetype as unconscious source behind artistic creativity [7]. Faust's journey through various relationships—particularly with Gretchen and later Helen of Troy—represents successive encounters with anima projections, each offering opportunities for psychological development and integration.

The creative process has a feminine quality, and the creative work arises from unconscious depths—we might truly say from the realm of the mothers. Whenever the creative force predominates, life is ruled and shaped by the unconscious rather than by the conscious will, and the ego is swept along on an underground current, becoming nothing more than a helpless observer of events. The progress of the work becomes the poet's fate and determines his psychology. It is not Goethe that creates Faust, but Faust that creates Goethe [8].

This psychological insight suggests that Faust's ultimate redemption occurs not through intellectual achievement or willful striving, but through surrender to larger transpersonal forces—what Jung would term the Self archetype. It is because Faust does retain his sense of right and wrong, and because his eyes are constantly focused on a vision of something higher than himself, which is ultimately the cause of his frustrated despair, that he is finally rewarded by entrance into Heaven [9].

## Contemporary Faustian Bargain in Healthcare

Goethe's *Faust* offers profound insights into the moral complexities that can indeed resonate with modern medical practice, though the parallels aren't exact. The Faustian bargain—trading one's soul for knowledge, power, or worldly gain—does echo some genuine tensions physicians face today. Physicians are buffeted by conflicting pressures to reduce costs in some settings while in others, to raise institutional or individual incomes by prescribing or referral practices. Something as simple as RVU-driven throughput incentives may impede meaningful conversations with patients or disincentivize exploration of health concerns that extend beyond the patient's reason for visiting [10].

The pressures of insurance requirements, pharmaceutical incentives, productivity metrics, and institutional demands can sometimes feel like forces pulling doctors away from their primary commitment to patient care. A term coined to evoke the torment felt by soldiers as they process the cruelty of war, it's now used by doctors to describe the guilt and helplessness we feel when patients can't access needed care [11]. This moral distress represents a contemporary manifestation of the Faustian dilemma—the conflict between professional ideals and systemic constraints.

The clinician-ethicist Richard Gunderman wrote in the Atlantic (2014), "professional burnout is the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice" [12]. These betrayals of purpose with their attendant pressure to engage in practices that contradict ethical ideals contribute powerfully to today's crisis of burnout and disillusionment. This description remarkably parallels Faust's gradual corruption through seemingly minor compromises with Mephistophelean forces.

Physicians report feeling pulled in opposite directions. On the one hand, they aim to provide the best healthcare. On the other hand, they are beholden to the government, their institution, or insurance company to always lower the cost-benefit ratio. In such cases, they feel powerless and morally distressed [13]. This mirrors Faust's fundamental predicament—caught between transcendent aspirations and worldly limitations, between ethical ideals and pragmatic necessities.

## The Loss of Individual Humanity

Faust becomes so consumed with abstract knowledge and power that he loses connection to real human suffering. This mirrors how systemic pressures can push physicians toward seeing patients as diagnoses, numbers, or time slots rather than whole people. Electronic health records – distracts from face-to-face care yet valuable for many purposes. Risk of litigation – may lead to over-testing, over-analyzing, and over-reacting [14].

The pandemic has also deprived patients and physicians of the usual human connection that's important in medical care. At the Boston field hospital, "you could tell the staff from the patients because the patients just had masks and the staff were in what looked like moon suits with masks and face shields," said Dr. Brendel. "Imagine the cumulative toll of not really ever seeing the faces and reactions of the people you're working with and not having that normal human connection with patients or peers" [15].

This technological and bureaucratic alienation echoes Faust's progressive detachment from authentic human relationship as he becomes increasingly absorbed in abstract pursuits and magical manipulations of reality.

## The Importance of Genuine Relationship

The most redemptive moments in *Faust* involve authentic human connection. Despite system constraints, the physician-patient relationship remains a space where practitioners can prioritize the person before them. Dierckx de Casterlé (2015: 3328) defines the skilled companionship approach as: 'Achieving the full capacity of companionship lies in being able to discover the uniqueness of a person, to sense his needs, and to really help this person'. Achieving this kind of competent companionship (Dierckx de Casterlé, 2015), we believe, will work towards lowering external pressures on physicians that drive their feelings of moral distress [16].

The therapeutic relationship mirrors what Jung identified as the transcendent function—the capacity to hold tension between opposing forces (professional obligations vs. personal connection, institutional demands vs. patient needs) without premature resolution or total identification with either pole.

## Moral Courage in Small Moments

Rather than grand gestures, *Faust* suggests redemption comes through countless individual choices to act with compassion and integrity. Many participants also described workarounds—such as the emergency department physician who snuck families of dying patients in through an ambulance bay—that prevented moral distress from ever developing. While such workarounds and appeals for exceptions also raised concerns about fairness for some participants (see also Jaswaney et al. 2022), which could lead to additional moral distress, they highlight how the same policy could affect different clinicians differently [17].

These "workarounds" represent precisely the kind of moral courage that Faust initially lacks—the willingness to act ethically within systemic constraints rather than seeking to transcend all limitations through supernatural bargains.

## Recognition of limits

Faust's tragedy partly stems from refusing to accept human limitations. Acknowledging what physicians cannot control in the healthcare system while focusing on what they can influence in each patient encounter becomes crucial. Solutions for burnout should focus on enabling clinicians to act according to their professional values. Healthcare organizations will need to prioritize ethics at the highest level of hospital leadership and embed ethical values into the core of their organization's mission [18].

Nevertheless, students and residents are particularly vulnerable to moral distress given the deeply hierarchical nature of medical training, a vulnerability that has only recently been recognized. A study I conducted with Matthew Baldwin and another medical student, Lauren Pollack, found that 90 percent of student respondents at a New York City medical school reported moral distress [19].

This systemic recognition parallels Faust's eventual understanding that redemption comes not through infinite striving but through acceptance of finite human responsibility within larger cosmic orders.

## The Sacred-Profane Dialectic

Drawing from both Jung's analysis of Faust's individuation journey theological framework of Shekhinah consciousness, medical professionals can understand their ethical development through the "sacred-profane dialectic inherent in therapeutic encounters." The therapeutic space emerges as a contemporary locus of divine indwelling, where the dynamics of tzimtzum, tikkun, and dirah betachtonim converge in the physician-patient encounter [20].

We have claimed that "Modern healthcare increasingly operates within a paradigm of scientific reductionism that can inadvertently reduce patients to collections of symptoms and laboratory values" [21]. This reductionist approach parallels Faust's initial error—seeking to understand life through abstract knowledge divorced from authentic relationship and spiritual reality.

The physician-patient relationship becomes a space of "dialectical presence" were healer and patient encounter mystery together, abandoning the illusion of medical omniscience in favor of shared vulnerability. This approach recognizes that authentic healing often requires accepting the limits of medical intervention while maintaining full engagement with suffering—a medical practice that can hold both scientific rigor and spiritual humility without requiring their intellectual reconciliation [22].

## Physician Grief

Our understanding of physician grief attempts to add insight into the Faustian predicament facing modern healthcare providers. In his framework for understanding physician grief, he notes that "The medical profession's culture of emotional stoicism and the

cumulative impact of unprocessed grief are examined, alongside practical approaches for individual and systemic healing" [23].

This culture of emotional suppression mirrors Faust's initial relationship to mortality and limitation—a refusal to acknowledge the fundamental constraints of human existence, including the reality of loss and failure in medical practice. The concept of "divine concealment" (*hester panim*) in therapeutic settings suggests that the physician's experience of apparent divine absence during patient suffering represents not theological abandonment but rather an invitation to deeper engagement with mystery.

As he articulates in his theological essays, "Drawing on theological frameworks of divine presence manifesting through absence as articulated in the author's previous works, this analysis proposes that clinicians' systematic avoidance of death-related dialogue creates an 'elephant in the therapeutic room' that undermines effective care" [24]. This avoidance represents a form of Faustian bargain—the illusion that medical technology can transcend fundamental human limitations.

## Holistic Healing Approaches

Our critique of Cartesian dualism in medical practice directly parallels the psychological split that characterizes Faust's predicament. In his paper "Worn out Philosophical Ideas Still Pervade the Practice of Medicine: The Cartesian Split Lives On," he demonstrates how reductionist thinking creates the very alienation that drives moral distress [25].

His development of what he terms "the healing spaces model" offers a practical framework for integrating the sacred and profane dimensions of medical care. This model recognizes that "authentic healing emerges from recognizing the sacred-profane dialectic inherent in therapeutic encounters" rather than attempting to eliminate mystery through purely technical approaches [26].

The “tzimtzum” model applies to therapeutic practice provides a direct parallel to Jung's understanding of Faust's redemption. Just as God contracts to make space for creation, the physician must contract their ego-driven need for control to make space for genuine healing encounter. As he writes: "divine contraction becomes a paradigm for healing presence in contemporary healthcare settings" [27].

## Practical Applications

The key insight might be maintaining awareness of these systemic pressures while consciously choosing, in each interaction, to prioritize patient wellbeing and dignity over external demands when possible. Our clinical experience directly informs this approach: "In my therapeutic practice, I have repeatedly encountered the limitations of conventional clinical discourse when working with patients with chronic neurological disease whose experiences resist categorization or exceed the boundaries of diagnostic language" [28].

His work suggests that rather than projecting all systemic problems onto external "devils" (administrators, insurance companies, pharmaceutical companies), physicians might benefit from recognizing their own complicity in and capacity to transform healthcare culture through conscious ethical choices. This parallels Faust's journey from projection of responsibility onto Mephistopheles toward acceptance of personal moral agency.

In "Hermeneutic Approaches to Medicine: From Objective Evidence to Patient as Sacred Text" we provide a practical methodology for this transformation. By approaching each patient encounter as a sacred text requiring careful interpretation rather than a mechanical problem requiring technical solution, physicians can maintain both clinical competence and spiritual presence [29].

Managing moral distress requires an understanding of its causes, symptoms and solutions. Whether you are experiencing moral distress yourself or want to support someone who is, these featured resources from AACN can help. Systematic approaches to recognizing and addressing moral distress parallel the psychological work of individuation—bringing unconscious dynamics into conscious awareness for integration and transformation.

## The Compromised Healer and Moral Ambiguity

In “The Compromised Healer: Moral Ambiguity in the Physician's Role Through Literary and Historical Lenses" we directly address the Faustian dimension of contemporary medical practice. This analysis recognizes that physicians, like Faust, inevitably find themselves compromised by systemic forces while still being called to serve healing purposes [30].

Rather than demanding impossible moral purity, this framework acknowledges what we term "the absent healer" problem—the recognition that even well-intentioned physicians operate within systems that create moral injury. As he writes in his exploration of "The Problem of Evil, and Therapeutic Approaches to Patient Suffering," the physician must learn to work therapeutically with the reality of unavoidable complicity in imperfect systems [31].

This approach offers a more nuanced understanding than simple moral condemnation or naive idealism. It suggests that physician moral distress, like Faust's guilt, can become a source of ethical motivation rather than a cause for despair, provided it is consciously engaged rather than repressed or projected.

Several solutions are being proposed for addressing moral distress in the field of healthcare. These involve a collaborative effort between practitioners and organizational leadership. In addition, practitioners across sub-specialties must recognize each other's moral distress when collaborating care.

Our "A Healing Space for Caregiver and Patient: A Novel Therapeutic Clinic Model Integrating Holistic Healing Principles" provides a practical framework for institutional transformation. His model recognizes that individual spiritual development must be supported by organizational structures that honor the sacred dimensions of healing work [32].

The solutions proposed mirror the communal aspects of Faust's eventual redemption—recognition that individual ethical development occurs within larger social and spiritual contexts requiring collective transformation. In "Sacred and Profane Space in the Therapeutic Encounter," healing institutions must move "Beyond Rigid Distinctions" to create environments where both scientific excellence and spiritual depth can flourish simultaneously [33].

## Conclusion

In his seminal study of modernity entitled — with an allusion a phrase in the Communist Manifesto — All That Is Solid Melts into Air, the political theorist Marshall Berman (1940-2013) drew on the works and ideas of Marx, Baudelaire, and Goethe, describing the figure of Faust as a powerful symbol of the "experience of modernity" [34]. For contemporary healthcare professionals, this Faustian experience manifests as the tension between technological possibility and human limitation, between institutional efficiency and individual care, between professional ideals and economic.

Our theological framework provides a bridge between Jung's analysis of Faust and the practical challenges facing contemporary physicians. His concept of "Shekhinah Consciousness: Divine Feminine as Theological and Political Paradigm for Human Suffering" offers a way of understanding how divine presence manifests precisely through apparent absence and limitation rather than transcendence of these constraints [35].

We are haunted by Faustian guilt about melting glaciers, rising seas, the fate of the salmon. Similarly, healthcare professionals are haunted by systemic failures, preventable deaths, and the gap between medical possibility and social provision of care. Yet Jung's analysis of Faust suggests that such guilt, when consciously engaged rather than projected or repressed, can become a source of ethical motivation and professional transformation.

The integration of "The Dialectical Divine: Navigating the Tension between Transcendence and Immanence" with Jung's psychological insights suggests that the way forward for healthcare professionals involves neither naive idealism nor cynical resignation [36]. Instead, it requires what Jung termed "holding the tension of opposites" while simultaneously cultivating divine presence through concealment—maintaining commitment to healing while acknowledging systemic constraints, preserving individual compassion while working for collective change, accepting human limitations while striving for excellence within those bounds.

The moral doctrine that Goethe puts forward in Faust teaches that the essential feature of all existence and the law that governs the universe is one of untiring, purposeful, and positive effort, and that man can find his place in life only through striving to participate in this vast cosmic process [37]. For physicians, this translates into finding meaning through participation in what he terms "The Duality of Divine Presence"—engaging fully with both the light and shadow aspects of healing work rather than seeking to eliminate ambiguity through purely technical approaches.

Ultimately, the Faustian physician must learn what both Faust and the practitioners discover: that redemption comes not through transcending human limitations but through fully embracing the ethical possibilities available within those limitations—choosing compassion over efficiency, relationship over productivity, and professional integrity over institutional compliance, whenever such choices present themselves in the countless small moments that constitute medical practice. This requires recognizing that "authentic healing emerges from recognizing the sacred-profane dialectic" rather than attempting to eliminate either dimension of human experience [38].

## References


1. CliffsNotes. Faust character analysis. https://www.cliffsnotes.com/literature/f/faust-parts-1-and-2/character-analysis/faust
2. CliffsNotes. The main theme of Faust a metaphysical quest. https://www.cliffsnotes.com/literature/f/faust-parts-1-and-2/critical-essays/the-main-theme-of-faust-8212-a-metaphysical-quest
3. Lowinsky NR. The devil and the deep blue sea Faust as Jung's myth and our own. Psychological Perspectives. 2009; 52: 180-201.
4. Jung CG. The collected works of CG Jung. Alchemical studies. Princeton Princeton University Press. 1967; 13.
5. Bishop P. Faust, Jung CG. What holds the world together at its core. stOttilien. 2018. https://stottilien.com/2018/03/28/faust-and-c-g-jung-what-holds-the-world-together-at-its-core/
6. Allner I. Faust's Weg zu sich selbst A Jungian interpretation of Goethe's Faust with special emphasis on the individuation process dissertation. Syracuse University. 1993.
7. Allner I. Faust's Weg zu sich selbst A Jungian interpretation of Goethe's Faust with special emphasis on the individuation process dissertation. Syracuse University. 1993.
8. Jung CG. Anthology Faust. Carl Jung Depth Psychology Site. 2024. https://carljungdepthpsychologysite.blog/2020/01/31/faust-anthology/
9. CliffsNotes. The main theme of Faust a metaphysical quest. https://www.cliffsnotes.com/literature/f/faust-parts-1-and-2/critical-essays/the-main-theme-of-faust-8212-a-metaphysical-quest
10. Dzeng E, Colaianni A, Roland M, et al. Ethics in conflict moral distress as a root cause of burnout. J Gen Intern Med. 2019; 35: 409-417.
11. Doggett L. Moral distress is taking a heavy toll on America's physicians and nurses. 2023. https://www.npr.org/sections/health-shots/2023/08/02/1191446579/doctors-have-their-own-diagnosis-moral-distress-from-an-inhumane-health-system
12. Dzeng E, Colaianni A, Roland M, et al. Ethics in conflict moral distress as a root cause of burnout. J Gen Intern Med. 2019; 35: 409-417.
13. Kherbache A, Mertens E, Denier Y. Moral distress in medicine An ethical analysis. Med Health Care Philos. 2022; 25: 131-142.

14. Moral distress the struggle to uphold ethics in healthcare. University of Rochester Medical Center. https://www.urmc.rochester.edu/behavioral-health-partners/bhp-blog/january-2021/moral-distress-the-struggle-to-uphold-ethics-in-he
15. American Medical Association. 4 ways COVID-19 is causing moral distress among physicians. 2020. https://www.ama-assn.org/practice-management/physician-health/4-ways-covid-19-causing-moral-distress-among-physicians
16. Kherbache A, Mertens E, Denier Y. Moral distress in medicine An ethical analysis. Med Health Care Philos. 2022; 25: 131-142.
17. Helms C, Dunn A, Helms A, et al. Moral stress and moral distress confronting challenges in healthcare systems under pressure. Bioethics. 2023; 37: 48-58.
18. Dzeng E, Colaianni A, Roland M, et al. Ethics in conflict moral distress as a root cause of burnout. J Gen Intern Med. 2019; 35: 409-417.
19. Dzeng E. Moral distress A call to action. AMA J Ethics. 2017; 19: 534-538.
20. Ungar-Sargon J. Divine presence and concealment in the therapeutic space. EC Neurology. 2025; 17: 01-13.
21. Ungar-Sargon J. Essays on healing. https://www.jyungar.com/essays-on-healing
22. Ungar-Sargon J. Revelation in concealment Theological reflections on the therapeutic encounter III. American Journal of Medical and Clinical Research and Reviews. 2025; 4: 1-12.
23. Ungar-Sargon J. Navigating the depths A framework for caregiver's grief work. Journal of Behavioral Health. 2025; 14: 1-9.
24. Ungar-Sargon J. The unspoken terror Mortality awareness in clinical settings for chronic and degenerative disease. Journal of Neurology and Neuroscience Research. 2025; 6: 133-137.
25. Ungar-Sargon J. Worn out philosophical ideas still pervade the practice of medicine The Cartesian split lives on. International Journal on Physical Medication & Rehabilitation. 2024; 1: 1-10.
26. Ungar-Sargon J. A new vision for the physician-patient relationship Integrating spiritual intuitive and holistic dimensions. Advance Medical & Clinical Research. 2025; 6: 75-82.
27. Ungar-Sargon J. Epistemology versus ontology in therapeutic practice The tzimtzum model and doctor-patient relationships. Advance Medical & Clinical Research. 2025; 6: 94-101.
28. Ungar-Sargon J. The crisis of language in therapeutic practice Integrating Wittgenstein Heidegger Lacan and mystical approaches. Journal of Behavioral Health. 2025; 14: 1-6.
29. Ungar-Sargon J. Hermeneutic approaches to medicine from objective evidence to patient as sacred text. Advanced Educational Research & Reviews. 2025; 2: 40-45.
30. Ungar-Sargon J. The compromised healer Moral ambiguity in the physician's role through literary and historical lenses. The Journal of Clinical Review and Case Reports. 2025.
31. Ungar-Sargon J. The absent healer The problem of evil and therapeutic approaches to patient suffering. American Journal of Neurology Research. 2025; 4: 1-15.
32. Ungar-Sargon J. A healing space for caregiver and patient A novel therapeutic clinic model integrating holistic healing principles. Med Clin Case Rep. 2025; 5: 1-11.
33. Ungar-Sargon J. Sacred and profane space in the therapeutic encounter Moving beyond rigid distinctions. American Journal of Neurology Research. 2025; 4: 1-9.
34. Berman M. All that is solid melts into air The experience of modernity. New York Penguin Books. 1988.
35. Ungar-Sargon J. The duality of divine presence Exploring the dark Schechina in Jewish mystical thought and post-Holocaust theology. Journal of Behavioral Health. 2025; 14: 1-10.
36. Ungar-Sargon J. The dialectical divine Navigating the tension between transcendence and immanence and relevance for 12 step recovery. HSOA Journal of Addiction & Addictive Disorders. 2025; 12: 197.
37. CliffsNotes. The main theme of Faust a metaphysical quest. https://www.cliffsnotes.com/literature/f/faust-parts-1-and-2/critical-essays/the-main-theme-of-faust-8212-a-metaphysical-quest
38. Ungar-Sargon J. Beyond the Cartesian split the dreambody approach to chronic pain and healing. Addict Res. 2025; 9: 1-6.