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The Wild Man and the Broken Vessel Sussex, 1993: A Clinical-Theological Retrospective on Bly, Hillman, Prechtel, and Meade Thirty Years On

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ABSTRACT

Between 1990 and 1996 a loose confederation of poets, analysts, and storytellers — Robert Bly, James Hillman, Martín Prechtel, and Michael Meade — conducted large residential gatherings in North America and Britain that proposed initiation, imagination, grief, and myth as remedies for a culture they judged to be soul-starved.

This essay is a retrospective assessment of that movement by a neurologist who attended one such gathering in Sussex in 1993–94 and who has spent the three decades since developing a hermeneutic and kabbalistic account of the clinical encounter. I argue that the mythopoetic teachers correctly diagnosed the symptom — the collapse of initiatory structure, the flattening of imagination, the privatization of grief — but lacked an adequate ontology of absence and therefore could not finally distinguish a descent that heals from a descent that merely repeats.

Lurianic Kabbalah supplies that ontology through tzimtzum, shevirat ha-kelim, and tikkun; twelve-step recovery supplies the accountability structure that the men's movement conspicuously lacked.

Read through those two correctives, the four teachers remain clinically indispensable: Hillman's injunction to stay with the image underwrites sacred listening; Bly's initiatory grammar illuminates the patient's passage through diagnosis; Prechtel's economy of grief and praise names what caregiver burnout actually is; Meade's civic mythology explains why healthcare institutions reproduce their own pathologies. I close with a critical accounting of what in the movement should not be recovered, and with the parallel between Hillman's archetypal psychology and Elliot Wolfson's phenomenology of kabbalistic symbolism.

Keywords

Mythopoetic men's movement, Archetypal psychology, Lurianic Kabbalah, Tzimtzum, twelve-step recovery, Hermeneutic medicine, Sacred listening, Caregiver grief, Initiation.

Prologue: A Field in Sussex

I was, in 1993, a mid-career neurologist with a busy New York Manhattan practice, a doctorate still years ahead of me, and a private life I had not yet learned to describe. I had published on sprouting and regeneration in peripheral nerve [1,2], on the diagnostic uses and abuses of EMG [3], on the effect of diagnostic ambiguity on patient stress [4] — a small early paper I now regard as the seed of everything that followed — and, in a different register altogether, on hospice care and Jewish values [5] and on the exilic embarrassment of the head covering [6]. The two registers did not speak to each other. That was the condition I brought to Sussex.

What I encountered there was not therapy and not religion. It was something for which the culture had no available category: several hundred men in a field, a drum, a story told slowly over four days, poetry recited from memory, and a permission — startling, faintly embarrassing, unmistakably real — to grieve in public.

Privileged men from public schools gathered to hear Robert Bly's poems, James Hillman's archetypal interpretation of our mid-life crises and group rituals of grief with Martin Prechtel. Most spoke of the unexpressed grief of fathers whose fathers had not returned from the Great War, what would now be called epigenetic trauma and the shattered inner lives we all shared.

I left with an image I could not read and no framework for it. It took me thirty years, a doctorate in Ancient Near Eastern languages, and a sustained apprenticeship to Lurianic and Hasidic sources, a personal reckoning I have written about elsewhere [7,8]. This essay is an attempt to pay a debt by assessing the creditors honestly.

Four Visions of Soul-Recovery

The four men are routinely lumped together as "the men's movement". They were in fact four incompatible research programs sharing a tent, and the incompatibilities are the interesting part.

Bly: Initiation as developmental grammar

Iron John [9] was widely misread, then and now, as a defense of patriarchy. It is nearly the opposite: a claim that patriarchy had *failed to initiate*, leaving men with authority they had not earned, and no ritual means of earning it. Bly's Wild Man is not aggression; he is instinct submitted to discipline through a supervised descent. The four-stage grammar — separation, ordeal, encounter with the mentor, return — is borrowed from van Gennep and Turner but Bly's contribution was to apply it to *ordinary adult men in ordinary time*, and to insist that poetry, not analysis, was the delivery vehicle. His earlier work on the shadow [10] and the anthology he edited with Hillman and Meade [11] make the method explicit: the poem does the work the interpretation cannot.

Clinically this matters more than it appears. Every serious diagnosis is an involuntary initiation: separation from the well world, ordeal, and a return — if there is a return — to a life whose terms have changed. Medicine performs the separation expertly and the return not at all. I have argued this at length in relation to convalescence, a category modern medicine has effectively abolished [12] and in relation to the patient's passage through the four dimensions of illness [13].

Hillman: Stay with the image

Hillman is the most rigorous and the least assimilable of the four. *Re-Visioning Psychology* [14] rejects the therapeutic teleology that Jung, in Hillman's reading, never fully escaped: the symbol as a rung on a ladder toward integration. For Hillman the image is not *about* anything; it is the mode in which psyche appears. Symptoms are not obstacles to meaning but its bearers. His polemic with Ventura [15] carried the argument into social critique: a century of interiorization had produced healthier individuals and a sicker world.

The divergence from Bly is real and productive. Bly asks what Iron John *teaches*. Hillman refuses the question: ask instead what

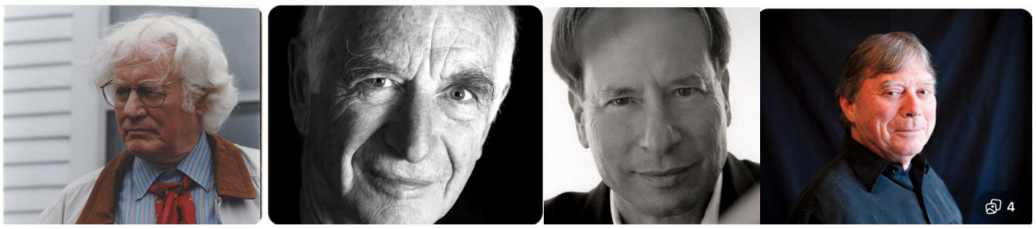


Figure	Central Question	Primary Method	Main Concern
Robert Bly	How does a man mature?	Poetry, myth, initiation	Recovering masculine depth
James Hillman	How does soul perceive?	Archetypal psychology	Restoring imagination
Martín Prechtel	How do we belong?	Ritual, grief, indigenous wisdom	Rebuilding community
Michael Meade	How do myths heal	Storytelling, folklore	Cultural renewal

image is speaking and stay there. I have taken Hillman's side of this argument into clinical epistemology directly — in an examination of the absent divine and the problem of evil through Jung, Hillman, and Drob [16] and in two papers assessing archetypal against embodied approaches to biomedical orthodoxy [17,18]. My conclusion in those papers was, and remains, that Hillman is right about method and incomplete about ground. Staying with the image is the correct clinical discipline. But "stay with the image" cannot by itself tell you whether a patient's recurring dream of drowning is a summons or a symptom of hypoxia, and the archetypal school's institutional indifference to that question is not a strength.

Prechtel: The debt to beauty

Prechtel entered from outside the analytic tradition altogether, on the authority of years lived among the Tz'utujil Maya at Santiago Atitlán [19,20]. His claim was not psychological but economic in the oldest sense: that human beings incur a debt to the beauty that produced them, that ritual is the currency of repayment, and that a civilization which stops paying does not become neurotic — it becomes *indebted*, and the interest is collected as violence and ecological ruin. His later work on grief and praise as a single indivisible act [21] is the most clinically useful thing any of the four wrote.

"How do I become whole?" is the wrong question, in Prechtel's framing. The right one is "how do I repay?" That inversion — from acquisition to obligation — maps almost exactly onto the shift from *hitpa'alut* as self-cultivation to *avodah* as service, and onto the twelve-step movement's insistence that recovery which does not issue in amends and service is not recovery [22,23].

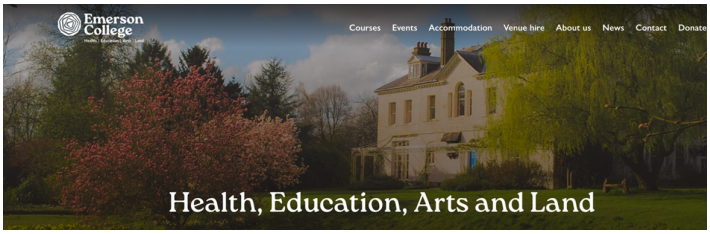
I applied Prechtel's grief–praise identity, without at the time naming him, in a framework for caregiver grief work [24] and in a paper on physician grief after a patient's death [25]. What both papers argue is that clinical burnout is misdescribed as depletion. It is *unpaid grief*, accumulating at interest. The intervention is not resilience training; it is ritual.

Meade: Myth as civic medicine

Meade occupied the middle. Where Hillman remained resolutely psychological and Bly resolutely developmental, Meade read folktales as diagnostic instruments for communities — gang violence, prison populations, racial rupture [26]. His wager was that a culture unable to metabolize its own myths will act them out, and that the acting-out will be indistinguishable from policy.

Anyone who has watched a hospital system perform its own liturgy — the white coat ceremony, the morbidity and mortality conference as ritual expiation, the procedural culture that resembles nothing so much as a purity code — will recognize the wager as sound. I have made versions of this argument about the white coat as liturgical costume [27], about the architecture of procedural horror [28] and about the structural homology between religious and medical mechanisms of heresy control [29,30].

	Central question	Primary method	Governing concern	Failure mode
Bly	How does a man mature?	Poetry, myth, staged initiation	Recovering initiatory depth	Programmatic developmentalism
Hillman	How does soul perceive?	Archetypal psychology	Restoring imagination	Aestheticized quietism
Prechtel	How do we belong?	Ritual, grief, indigenous transmission	Rebuilding reciprocity	Unverifiable authority
Meade	How do myths heal a polis?	Storytelling, folklore	Cultural renewal	Myth as universal solvent



What the Drum Could Not Hold

Thirty years on, four limits are visible that were not visible in the field.

Descent without an ontology of absence

The movement's central move was downward: into grief, shadow, the wound. But it possessed no account of *why* the descent should be generative rather than merely repetitive. Jung supplied a psychology of the shadow; nobody supplied a metaphysics of the void. Without one, the difference between katabasis and decompensation is left to the facilitator's intuition — which, at scale, in a field, over four days, is not a safeguard.

Initiation without accountability

The gatherings produced intense affect and dissolved it into no continuing structure. Men wept on Saturday and returned Monday to the marriages and workplaces where their conduct was adjudicated. There was no sponsor, no inventory, no amends, no meeting on Tuesday. This is, in my judgment, the movement's decisive structural failure, and it is precisely the failure that the twelve-step tradition does not make [22,31].

Essentialism about gender

Bly's "deep masculine" was defended as archetypal rather than biological, but the defense did not survive contact with the sociology. Kimmel's edited volume [32], Schwalbe's ethnography [33], Connell's theoretical account [34] and Faludi's later reporting [35] together establish that the movement's account of masculine wounding systematically substituted mythic explanation for economic and political analysis. Men were told the father had vanished into the industrial revolution; they were not told what had happened to wages, unions, or the terms of care work. The

mythic reading was not wrong so much as *load bearing beyond its capacity*.

Borrowed ritual

The drums, the sweat lodges, the invocation of "indigenous wisdom" as a generic resource raise the problem Deloria named with precision [36]: the settler culture's habit of resolving its own crises by putting on someone else's ceremonial clothing. Prechtel is the complicated case here, and honesty requires saying that initiatory authority grounded in unverifiable personal testimony is a category that scholarship cannot audit and should not simply credit. That is a limitation on what can be *claimed*, not a dismissal of what was *taught*.

Tzimtzum and the Wild Man: What Kabbalah Supplied

The first of those limits is the one my subsequent work has been occupied with, and it is the one Kabbalah answers.

Luria's account begins not with emanation but with withdrawal. *Tzimtzum* is a self-contraction that opens the *ḥalal ha-panui*, the vacated space, as the precondition of anything other than God existing at all. The vessels made to receive the returning light break — *shevirat ha-kelim* — and the sparks lodge in the shells. *Tikkun* is not restoration to a prior state; it is the raising of sparks from precisely the places where the breakage occurred. Absence is not a defect in the system. Absence is the system's enabling condition.

This is a different proposition from the psychological descent, and the difference is decisive for clinical work. In the mythopoetic frame, one goes down into the wound *because that is where the gold is* — a claim which is either true or a rationalization, and which the frame gives you no way to test. In the Lurianic frame, one attends to the wound because the wound is structurally continuous with the act by which the world was made. The descent is not a technique. It is an ontological correspondence.

I have developed this across a series of papers: on *tzimtzum* as a model for the epistemology and ontology of the doctor–patient relation [37]; on divine error and rupture as therapeutic possibility [38]; on the wound as altar [39,40]; on the fractured *vav* as a theology of sacred brokenness [41]; and most fully in the study of *makom*, *tzimtzum*, and the collapse of the horse-and-rider parable [42], where I argue that the classical *mashal* of divine governance breaks down under the pressure of the twentieth century and that the breakdown itself is theologically informative.

Three specific corrections follow for the mythopoetic program:

On the shadow. Jung's shadow is what the ego excludes. The kabbalistic *kelipah* is a shell that *contains* a spark — an entirely different topology. The shadow is to be integrated; the shell is to be broken and the spark released, after which the shell is discarded. I have argued this distinction in the context of the animal soul and addiction [43] and in a synthesis of Jungian and kabbalistic accounts of shadow and light [44]. The practical difference is enormous: integration counsels' acceptance of what one is; *birur* counsels' extraction of what is holy from what is not, and the discarding of the remainder. For a patient in active addiction, the first counsel is dangerous and the second is lifesaving.

On the feminine. Bly's anima and Prechtel's "the mother" are thin beside the *Shekhinah*, who is not an archetype within the psyche but the exiled presence of God in the world, who suffers, who is spoken of in the language of nursing and of rupture, and who has a dark aspect the archetypal tradition has no equivalent for [45-47].

On grief. Prechtel is closest to the tradition here and did not know it. The Lurianic insistence that the sparks are *in the shells* — that redemptive material is located specifically in the ruin — is Prechtel's grief–praise identity given a metaphysical spine.

Recovery as the Initiation that Actually Happened

The men's movement offered ritual without accountability. The twelve-step tradition offered accountability without myth — a rigorous daily structure, a genuine transmission lineage in sponsorship, an inventory practice with teeth, and a theology so deliberately minimal ("a Power greater than ourselves," "God *as we understood Him*") that it could accommodate almost anyone at the cost of articulating almost nothing.

What I have spent fifteen years arguing is that the two traditions are each other's missing half, and that Kabbalah is the joint. Step Two's "came to believe" is not assent to a proposition but a phenomenological process, closer to *emunah* as trust-in-relation than to *credo* [48].

Ramchal's *Mesilat Yesharim* lays out a graded ascent — watchfulness, alacrity, cleanliness, abstinence — that maps onto the steps with a fidelity that cannot be coincidence, since both derive from the same pietistic stream [49].

Breslov *tikkun ha-brit* and step work share a structure of confession, repair, and communal witness [50]. And the deepest problem in recovery theology — how a personal address ("Him") and an

impersonal ground ("a Power") can be the same thing without one collapsing into the other — is the same antinomy that the *tzimtzum* debate has argued for four centuries, which is why I have insisted it should be held rather than resolved [51-53].

This is the answer to the Sussex problem. What the field lacked was not intensity. It was Tuesday. The steps are Tuesday. Kabbalah is why Tuesday matters.

The Debt: Jung Received Through Hillman

Before mapping the scholarly field, I must name a debt that structures everything in this essay, because it was contracted in that field in Sussex and I did not recognize it as a debt for years.

I did not come to Jung through Jung. I came to Jung through Hillman — which is to say I received Jung **already revised, already stripped of the thing that would later have caused me the most trouble**. That accident of transmission turns out to have determined the shape of my subsequent work more than any decision I made deliberately.

What Jung gives

Five things, and I want to state them without the defensiveness that Jungian citation now attracts in medical writing.

The reality of the psyche. Jung's *esse in anima* — the insistence that psychic events are real events, not epiphenomena of neurochemistry — is the founding permission for everything I do at the bedside [54]. Without it, the patient's dream, image, or dread is data about the brain. With it, it is data about the patient. My whole quarrel with chemical reductionism in depression research [55] and with the neurochemical framing of addiction [56] rests on a proposition I first accepted on Jung's authority.

The dark side of God. Answer to Job [57] is the text I have circled for fifteen years and am currently rewriting my 2011 essay on. Jung's claim — that the divine in Job is morally ambivalent, that Job's steadiness confronts God with an unconsciousness God had not confronted, and that the encounter obliges the divine to become conscious — is theologically outrageous and clinically indispensable. Any physician who has sat with a patient asking why this happened to *them* has met the problem Jung refused to smooth over. My anti-theodicy papers [39,40,58] and my work on the dark Shekhinah [46,59] are, whatever else they are, continuations of Jung's refusal to let God off.

The wounded healer and the mutuality of the encounter. The Psychology of the Transference [60] makes the analyst a participant in the transformation rather than its operator. This is the direct ancestor of my argument that the physician is altered by the encounter, or the encounter has not occurred [61,62].

The symptom as bearer of meaning. Not a malfunction to suppress but a communication to read — the premise of hermeneutic medicine in its simplest form.

The kabbalistic moment. Jung's 1944 vision, the alchemical Kabbalah of *Mysterium Coniunctionis* [63], the late remark that the Maggid of Mezeritch had anticipated his entire psychology, and Neumann's unfinished *Roots of Jewish Consciousness* [64] — the material Drob assembled and I have been working through [65]. This is not a warrant for equating archetypes with sefirot. It is evidence that Jung himself sensed the adjacency and could not name it correctly, which is a more interesting fact than an equation would have been.

What Hillman removed before it reached me

Hillman was Jung's institutional heir who broke with the inheritance, and the break has four parts.

He removed the teleology. No Self as unifying goal, no individuation as arrival. The psyche is polytheistic; soul-making is Keats's phrase and Keats's meaning, a making rather than a completing [14,66].

He removed the developmental staircase. Puer and senex are not stages one climbs but tensions one inhabits. Growth narratives, in Hillman's reading, are ego narratives wearing psychological costume [67].

He removed interiority as the site of the problem. With Ventura, the symptom is relocated to the world: the anima mundi are sick, and the patient is where you happen to be noticing [15].

He removed interpretation as the goal. Stay with the image. Do not translate.

Why the accident mattered

Because I received Jung with the teleology already removed, **I was immunized against the one move that has cost the Jewish–Jungian conversation most of its credibility**: the equation of individuation with *tikkun*, archetypes with sefirot, the Self with *Keter*. That equation is what Scholem dismissed, what Buber attacked as psychologism [68] and what Drob has spent a career carefully complicating rather than repudiating [65]. Had I come to Kabbalah as an orthodox Jungian, I would almost certainly have made it, because it is the obvious move and it feels profound for about a year.

Hillman had already taken away the ladder. So, when I reached Lurianic material two decades later, I did not have a developmental scheme looking for a mystical correlate. I had a discipline of

staying with images and no account whatever of where staying leads.

That absence is what Kabbalah filled, and it filled it with something neither Jung nor Hillman possesses.

The third option: Purposive without being developmental

Jung's psyche has a goal and the goal is maturation. Hillman's psyche has no goal, and the price of his rigor is a certain aestheticized quietism — one stays with the image, and nothing is owed.

Tikkun is neither. It is unmistakably purposive: the sparks are to be raised, the work is real work, and failing to do it has consequences. But it is not developmental. Nothing matures. The raising of a spark from a shell is not a stage in anyone's growth; it is a repair to a rupture that preceded the person entirely and will outlast them. The obligation is total and the self-improvement is nil.

This is precisely the structure I need clinically and could not derive from either man. It licenses urgency without licensing the growth narrative that turns a patient's illness into an opportunity for their personal development — the single most resented sentence in medicine and the one Jungian-adjacent clinicians say most often. On the Lurianic account, the patient's suffering is not for their improvement. It is a location where something broken is accessible. That is a harder and more honest thing to say, and patients can hear it.

I have made versions of this argument in the shadow-and-*kelipah* papers [43,44] and in the work on moral injury and the therapeutic imagination [69], but I have not previously named its genealogy: the argument is only available to me because Hillman took Jung's ladder away before I could climb it.

VI.5 What I owe and what I withhold
Two honest reservations.

Buber's objection stands and I do not evade it. In *Eclipse of God* [68] Buber charged Jung with psychologism — with converting the God who addresses into a content of the psyche, and thereby with dissolving the very relation that makes address possible. Wolfson's disclosure-under-erasure [70,71] and Jung's developmental God are not compatible positions, and I side with Buber and Wolfson. The clinical stake is exact: if the divine is a psychic content, then the patient's prayer is a self-relation, and my presence is a technique. If it is not, then something is at issue in the room that neither of us controls. I write as though the second is true.

Noll's critique applies to the field in Sussex as well. Noll's account of the charismatic and quasi-initiatory structure of Jung's early circle [72] describes a risk architecture — a magnetic teacher, high affect, initiatory language, no external accountability — that I have already named in §III as the men's movement's failure. It is not a coincidence that the same structure appears at both ends of this lineage. It is the characteristic failure mode of depth psychology as a social form, and any clinician drawing on the tradition should be able to say so plainly.

What survives, then, is not Jungianism and not archetypal psychology as a school. It is a method, received secondhand and improved in transmission: take the image seriously, do not translate it, do not use it, and do not pretend the suffering is for anybody's growth.

The philological baseline, and why I do not stand on it

The mythopoetic teachers had no scholars. That was part of their charm and the whole of their weakness: nobody in that field was accountable to a philologist. If the argument of this essay is to hold — that Kabbalah supplies what the movement lacked — then the version of Kabbalah being invoked must be answerable to the people who study, it. What follows is a map of the field as I understand it, an account of what each school gives me, and a statement of where my own work sites, including where it is exposed.

Scholem established Jewish mysticism as a historical discipline and, in doing so, imposed a set of commitments — the primacy of the historical-philological method, mysticism as a dialectical counterforce within Jewish history, symbol as the vehicle of an otherwise inexpressible reality [73,74]. Idel's revision three decades later displaced the dialectic with a phenomenological and comparative model, recovering ecstatic and unitive strands Scholem had marginalized and insisting on continuities of technique and experience rather than ruptures of ideology [75,76]. Liebes rehabilitated myth as native to the sources rather than as foreign contamination and read the Zohar as a literary composition with authorial personalities [77]. Lawrence Fine gave us the Lurianic fellowship as a social and ritual world rather than a system of ideas — and his title, *Physician of the Soul, Healer of the Cosmos*, states my whole thesis about Luria's relevance more economically than I have managed in twenty papers [78]. Matt's Pritzker edition made the Zohar available in a form that permits non-philologists to work responsibly [79].

I am not a philologist of Kabbalah, and this essay does not pretend otherwise. My doctorate is in Ancient Near Eastern languages and my dissertation concerned the *mashal le-melekh* as a trope of rabbinic protest — which is to say I was trained to read rabbinic sources historically and then went to work in a clinic. The genre I write in is **constructive theology with clinical application**, and its obligation to the philological literature is not to reproduce it but to avoid contradicting it. That obligation is real. A constructive theologian who builds on a historically false claim about the sources has built on nothing.

Garb's history of modern Kabbalah does something specific for me here [80,81]. He demonstrates that the psychologization of Kabbalah is not a twentieth-century Western imposition but an internal development of the tradition from the eighteenth century forward — those modern kabbalists themselves turned the sefirotic system inward toward the soul. That finding licenses my method against the charge that applying Kabbalah to therapeutic interiority is a category error imported from Jung. The tradition did it first.

VII.2 Wolfson: disclosure that occludes

Wolfson is the most demanding interlocutor and the one whose objections I take most seriously.

His account of kabbalistic symbolism [71,82,83] holds that the symbol does not point past itself to a referent it represents. It is the medium through which the imageless becomes imaginable — and, crucially, the disclosure is simultaneously an occlusion. The secret is not revealed and then concealed; it is concealed in the manner of its revealing. Imagination is therefore not a faculty that copies a reality lying behind it but the site at which reality appears in the only form consciousness can bear. His apophatic commitments [71] press this further: the overcoming of theomania requires giving beyond the gift, a negation that will not settle into a positive theology of presence. And his reading of Heidegger and Kabbalah together [84] proposes poetic thinking as the mode adequate to a truth that withdraws in showing itself.

What this gives me. Everything structural in my account of the clinical encounter. *Tzimtzum* read through Wolfson is not a myth about a past event but a description of how presence works: what is given is given by withdrawal, and the withdrawal is not a preliminary to the giving but its form. That is exactly the claim I make about the physician who stops talking [37,42,85]. The term "apophatic acosmism" that I use throughout the *Makom* essay is his, and I use it deliberately in place of the looser "acosmism" precisely because it preserves the negation.

Where Wolfson would object to me

First, *gender*. Wolfson's sustained argument — from *Circle in the Square* onward [86] — is that the kabbalistic Shekhinah is not a divine feminine available for retrieval but a figure within an androcentric economy in which the feminine is ultimately restored into the masculine, the female ascending to become male. Celebratory readings of Shekhinah as a resource for a gender-balanced theology, he holds, misread the sources by lifting the image out of that economy.

My Shekhinah trilogy and the clinical papers descending from it [45-47] are vulnerable here in exactly the way he describes I have used the Shekhinah as a paradigm of divine suffering and exilic presence with the therapeutic value of that reading uppermost. The honest response is not to route around the critique but to make the move explicit — to say that I am performing a constructive appropriation with full knowledge that the medieval economy was androcentric, and to give reasons why the appropriation is licit rather than pretending the problem does not exist.

Second, *therapeutic domestication*. Wolfson's apophasis resists precisely the consolation that clinical application wants. If the negation is genuine, it does not resolve into a warmer bedside manner. There is a real risk that "hermeneutic medicine" becomes a way of making the abyss useful. I have tried to guard this in the papers that refuse consolation outright [39,40,51] and in the anti-theodicy work [58], but the guard must be maintained deliberately, because the pull of the clinic is always toward the usable.

The Hillman parallel

This is the point at which the two halves of the essay meet, and so far, as I can find the comparison has not been made in print. The standard way of relating Jungian thought to Kabbalah — archetypes as sefirot, individuation as *tikkun* — is a category error that Drob has done more than anyone to complicate [73] and that Scholem rejected outright. The productive parallel is not Jung and the sefirot but **Hillman and the symbol**. Hillman's claim about the archetypal image is formally identical to Wolfson's about the kabbalistic one: the image is not a representation of a psychic content lying behind it; the image *is* the psychic reality, and to interpret it into a concept destroys the phenomenon [14]. Both are anti-representational. Both make imagination constitutive rather than reproductive. Both produce a discipline of *staying* rather than *decoding*.

The divergence is equally sharp, and it is the whole question. For Wolfson the imaginal discloses *something* — the infinite, under erasure, within a tradition of binding textual and halakhic constraint. For Hillman the imaginal is polytheistic and answerable to nothing outside itself. That is the difference between a hermeneutics with a canon and a hermeneutics without one.

Translated to the bedside: is the physician's imaginative reading of the patient accountable to anything beyond the physician's own imagination? My entire project answers yes, and the accountability is furnished by treating the patient's history as a text possessing the dignity — and, more importantly, the *resistance* — of a sacred one [83,87,88].

Drob: The psychological translation and its price

Drob is my nearest predecessor in intent and my clearest cautionary example in method.

His achievement across three books [65,89,90] is to have made Lurianic Kabbalah philosophically legible: *coincidentia oppositorum* as the organizing logic, the sefirot as dialectical categories, the Jung–Kabbalah relation traced through Jung's own reading, his alchemical sources, his 1944 vision, and his remark that the Maggid of Mezeritch had anticipated his entire psychology. His work on the *Red Book* [91] extends the reading into Jung's private cosmology. He is a clinical psychologist writing philosophy about mysticism — structurally the same position I occupy as a neurologist.

The price is the one philologist always name: the readings are thematic and synchronic. Sources separated by centuries and by radically different social worlds are placed in conversation on the strength of conceptual resemblance. A historian will object that *coincidentia oppositorum* is a Renaissance Christian formula doing a great deal of work on Jewish material that did not frame itself that way.

How I position against him

I take the translation and refuse the flattening. Where Drob asks what Kabbalah *means* philosophically, I ask what it *does* in a room with a sick person in it. That shifts the test from conceptual coherence to clinical consequence, which is a lower bar in one sense and a much higher one in another — a philosophical reading can be elegant and useless, whereas a clinical reading either changes what happens at the bedside or it does not. My papers on shadow and *kelipah* [44] and on the animal soul in addiction [43] are the sharpest cases: Drob would harmonize Jungian integration with Lurianic *birur*; I argue they are topologically different operations with opposite clinical instructions, and that the difference matters more than the resemblance.

Michael Fishbane: the closest precedent

If my project has a legitimate parent in the academy, it is Michael Fishbane, and I should say so much more loudly than I have. He was a mentor at Brandeis who taught me to read midrash mythically.

Fishbane's arc runs from inner-biblical exegesis [92] — the demonstration that Scripture interprets itself, that revision and reapplication are internal to the canon rather than subsequent to it — through the argument that myth is native to biblical and rabbinic Judaism rather than an alien residue [93], through *The Exegetical Imagination* [94], where exegesis emerges as the actual engine of Jewish theological creativity, to the two constructive volumes: *Sacred Attunement* [95] and *Fragile Finitude* [96]. In those last two he does what almost no one in Jewish studies attempts: he moves from historical scholarship to a constructive hermeneutical theology, proposing attentiveness — a caesura in the flow of the ordinary — as the ground of religious life, and recasting the fourfold *pardes* as living modes of engagement rather than levels of textual meaning.

Why this is the precedent

"The patient as sacred text" is Fishbane's hermeneutical theology applied in a domain he never entered. His fourfold, transposed, is very nearly a clinical taxonomy: *peshat* as the presenting complaint taken at its word; *remez* as the pattern the complaint gestures toward; *derash* as the interpretation the encounter generates; *sod* as what cannot be spoken and is nonetheless present in the room. My hermeneutic papers [83,87,88] have been doing this without adequate acknowledgment of the source, and the monograph should correct that. Fishbane also supplies the answer to the "why not just narrative medicine?" objection: narrative medicine treats the patient's story as a story, which yields empathy; a *hermeneutical theology* treats it as a text that makes a claim, which yields obligation. Those are different and the difference is the argument.

Where he would resist

Fishbane's caesura is disciplined by canon and by liturgy — by a practice of return to a fixed text in a community. My clinic has no canon, no liturgy, and no community in that sense. The obvious rejoinder is that the patient *is* the text and the encounter *is* the practice, but that rejoinder needs to be earned rather than asserted, and the strongest form of the objection is that a text which is different every time cannot discipline the reader.

Eitan Fishbane: narrative poetics and grief as a scholarly mode

Eitan Fishbane matters to me for two reasons that have nothing to do with each other.

The first is *The Art of Mystical Narrative* [97], which reads the Zohar as literature — plot, character, scene, the drama of the Companions on the road — rather than as doctrine wearing a costume. This is the corrective to my own besetting temptation, which is to mine sources for propositions. His earlier study of Isaac of Akko [98] does the same work biographically, reconstructing an inner mystical life from textual traces.

The second is *Shadows in Winter* [99], a memoir of grief written by a scholar who did not partition the memoir from the scholarship. That is precisely the register I have been working in — "My Own Spiritual Crisis," "My Own Inner Crisis II," and this essay — and having a respected academic precedent for it matters, because the register invites the charge of self-indulgence and the charge must

be answerable. The answer is that in a hermeneutic discipline the reader's situation is not noise; it is data, and concealing it is the actual methodological failure.

Roi and the Shekhinah scholarship

Biti Roi's study of *Tiqqunei ha-Zohar* [100] treats the Shekhinah material of that corpus as poetics as much as doctrine: the erotics of exile, the language of longing, the literary construction of the divine feminine in a text whose relationship to the Zohar proper is itself a scholarly problem. The value for my purposes is that she works at the level of *how the longing is written* rather than what it asserts, which is the level at which theological language reaches a patient.

Between Roi on the poetics of Shekhinah-longing, Hellner-Eshed on the Zohar's language of mystical experience [101] and Wolfson's structural critique of the gender economy, I have the three positions I need to write about Shekhinah consciousness responsibly: the experiential, the poetic, and the critical. My Shekhinah papers to date have leaned on the first two and under-engaged the third, which is the correction I flagged above.

The wider circle

Briefly, five others who belong in the apparatus:

- **Arthur Green** [102,103] — neo-Hasidic constructive theology, the nearest thing to a licensed genre for what I do, and the demonstration that one can write theology out of Hasidic sources for a contemporary readership without either apologetics or reduction.
- **Shaul Magid** [104] — the sharpest analyst of how Hasidism transformed kabbalistic metaphysics into psychological and interpretive practice, which is the historical hinge my whole method depends on.
- **Nathaniel Berman** [105] — the Zohar's demonic as constitutive rather than residual, which is the scholarly ground for my papers on illness as the demonic and on the function of the demonic in dying [106,107].
- **Zachary Braiterman** [58] — anti-theodicy as a category in post-Holocaust thought. My "wound as altar" essays are anti-theodicy in his sense and should be labeled as such rather than left to be inferred.
- **Melila Hellner-Eshed** [101] — the Zohar's language of experience, and the model for writing about mystical texts in a way that transmits rather than merely describes.

The other flank: Hermeneutics and the medical humanities

The Kabbalah scholars are only one of two literatures I am answerable to, and the second is where my originality claim must be defended, because the medical humanities are crowded.

Gadamer's late essays on health [108] give the founding move: health is not an object of knowledge but an equilibrium that shows itself only in its disturbance, and medicine is therefore an interpretive art misdescribing itself as a science. Ricoeur supplies the theory of the text that makes "patient as text" more than a metaphor — distanciation, the surplus of meaning, the world in front of the text rather than behind it [109]. Charon's narrative medicine [110] is the established clinical program and my nearest competitor for the same territory. Kleinman [111] gave us explanatory models and the illness/disease distinction; Cassell [112] made suffering rather than pain the proper object of medicine; Carel [113] and Leder [114] supply the phenomenology of the ill and absent body; Frank [115] gives the typology of illness narratives.

Where I differ from narrative medicine, precisely

Charon's program is anthropological and ethical: attention to the patient's story produces affiliation, and affiliation produces better care. It is deliberately non-metaphysical, which is what has allowed it to be institutionalized. My program is *theological*, and the difference is not decorative. If the patient's history is merely a narrative, my obligation is empathic. If it is a text in Fishbane's sense — then my obligation is to a reality not reducible to the therapeutic relationship, and the discipline that follows is different: not "listen better" but *tzimtzum*, the deliberate contraction of the clinician's presence to make room for what is not the clinician. That is a stronger and more falsifiable claim than narrative medicine makes, and it is the one I should be defending.

How I fit

Five claims, stated plainly, and three exposures.

The claims

1. *Genre.* I write constructive clinical theology, downstream of the philologists and accountable to them, not in competition with them. Stating this clearly is a strength, not a concession.
2. *The third term.* Drob joined Kabbalah to psychology; Wolfson and Michael Fishbane joined it to hermeneutics; Garb documented its psychologization historically. Nobody has joined it to **clinical practice conducted from inside a working medical career**. The clinic is not an illustration in my work; it is the site where the hermeneutic is tested and where it fails when it fails.
3. *Operationalization.* "Patient as sacred text" is Fishbane's hermeneutical theology carried into a domain he did not enter, with the fourfold *pardes* functioning as an actual clinical taxonomy rather than an analogy.
4. *Anti-theodicy at the bedside.* Post-Holocaust anti-theodicy has been argued in the seminar for fifty years. I am arguing it in a

room with a dying patient, where the standard consolations are not merely intellectually inadequate but observably harmful [39,40,58].

5. *Recovery theology as a scholarly object.* Twelve-step spirituality is treated in the academy, when treated at all, as folk religion. I am reading it as a theological tradition with a real structural problem — the antinomy of personal address and impersonal ground — and putting it in conversation with Hasidic and Lurianic sources that have argued the same problem for four centuries [51-53].

The exposures

1. *Philological thinness.* I work largely in translation and thematically. The defense is genre declaration plus scrupulous avoidance of historical claims I cannot support — and it only works if the declaration is made explicitly in each piece.
2. *The Wolfson gender critique.* My Shekhinah work needs to meet it head-on. An appropriation defended as appropriation is respectable; an appropriation that pretends the critique does not exist is not.
3. *Volume against depth.* A body of work distributed across a very large number of papers in a very large number of journals invites the reviewer's suspicion of repetition, and some of the repetition is real. The answer is the monograph — *Hermeneutic Medicine: The Patient as Sacred Text* — as the consolidated statement against which the articles are read as workings-out rather than as the work itself. That is a reason to let the book carry the weight of the position and to make the articles cite it rather than each other.

Clinical Translation

Six practices, each traceable to one of the four and each now grounded differently than it was in 1993.

Stay with the image (Hillman → sacred listening). The clinical discipline of not converting the patient's presenting image into a diagnostic category at first contact. The patient who says "it feels like a band around my head" has given you an image; the reflex to write *tension-type headache* is the reflex to destroy it. I have argued the case for listening as an experiential rather than propositional encounter in several places [85,116,117] and demonstrated that the outcome data support it [118].

Honor the ordeal (Bly → the structure of diagnosis). Naming for the patient that they are in a passage with a shape, and that the shape includes a return. This is not reassurance; it is orientation. Convalescence is the missing third act [12].

Pay the grief (Prechtel → caregiver ritual). Institutionalized practices of mourning for clinical teams. Not debriefing, which is cognitive; mourning, which is not [24,25].

Read the institution's myth (Meade → structural critique). Ask what story the hospital is enacting when it enforces a rule that serves no patient [27-29].

Break the shell, keep the spark (Kabbalah → addiction work). The *birur* model rather than the integration model, applied to substance and process addictions [43,56,119].

Hold the antinomy (recovery theology → bedside practice). Refusing to resolve the tension between the personal God the patient prays to and the impersonal ground the physician may believe in. Both are operative at the bedside, and the resolution is not the clinicians to perform [51,53,59].

What Should Not Be Recovered

A retrospective that only praises is a memoir, not an assessment. Four things from that field should be left in it.

The **essentialism**, for the reasons Kimmel, Connell, and Schwalbe give [32-34]. The **appropriation**, for the reasons Deloria gives [36]. The **charismatic structure** — large gatherings, unaccountable facilitators, high affect, no follow-up, no complaints procedure — which is a known risk architecture and was not recognized as one at the time. And the **displacement of politics by myth**: the movement's characteristic move of explaining a material grievance mythically, which flatters the griever and changes nothing. Faludi's reporting on what happened to the men in question is the necessary corrective [35].

What survives is the method, not the movement: the insistence that the image is not decoration, that grief is a form of payment rather than a malfunction, that passage requires structure, and that a culture unable to tell its own story will act it out. Those four propositions are, as far as I can tell, true, and medicine has systematically forgotten all four.

Coda: The Interval

My work returns compulsively to a single figure: the interval — between presence and absence, concealment and revelation, the

doctor and the patient, three and π. None of the four teachers would have used kabbalistic language for it. Each was nonetheless working the same seam.

Hillman would say the image must not be collapsed into a meaning; the space between image and interpretation is where soul lives. Bly would say the initiatory threshold is neither the old self nor the new, and the whole work occurs there. Prechtel would say the sacred distance is maintained by grief and gratitude and destroyed by mastery. Meade would say the mythic threshold is where an individual destiny meets a community's need.

The Lurianic name for that space is *ḥalal ha-panui*, and the claim the tradition makes about it is stronger than anything the four would have ventured: that the space is not an unfortunate gap to be closed but the deliberate condition of encounter, made by a withdrawal that was itself an act of love. Which is also, if the framework holds, an accurate description of what happens when a physician stops talking.

Bly led a guided imagery on the last morning. He took us down; with Bly it was always down. I went through a perfumed garden (Eden?) so heavily perfumed I can still smell it, into a blue cool pond, and under. The water was improbably clear. A stone lay on the bottom. I turned it over, and on the underside, there was a word.

זהוּר…. radiance.
Also, though I did not know it that morning, a book.

I had no Kabbalah then and no reason to expect any. What I had was a word on the wrong face of a stone and no willingness to put it back. It has taken thirty years to stop treating that as a peculiarity of a lucid dream. Nothing was being withheld from me. Radiance is not obstructed by the stone; it is legible only there, on the covered side, to someone prepared to go down in the dark, put a hand underneath, and turn.

That is also, as it happens, a serviceable description of a consultation.

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