

Revelation in Concealment: Theological Reflections on the Therapeutic Encounter III

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In my prior essays I explored the intersection of healthcare practice, psychoanalytic theory, and religious thought, particularly through the lens of absence and presence. In "The Void in Healing: Reconsidering the Doctor's Role" (2023), I proposed that the physician's greatest therapeutic gift may lie in withholding certainty, creating space for the patient's own healing resources to emerge—a clinical approach that parallels the Kabbalistic concept of divine *tzimtzum* (contraction).

This theme was further developed out of my 2022 essay on transference, where I examined how patient projections onto the therapist recapitulate both the child's idealization of the absent parent and the

believer's yearning for the hidden divine, establishing therapeutic relationships as sacred spaces where one's relationship to absence can be reworked. In "Bearing Witness: The Healer as Empty Vessel" (2024), I expanded this framework by connecting the clinician's practice of "emptying themselves of preconceptions" to both *tzimtzum* and the Lacanian analyst's positioning.

Building on these foundations, my work on "The Spiritual Space Between Nurse and Patient" (2025) examines the often unacknowledged spiritual dimension that emerges in nursing care, identifying how meaningful connections transcend clinical interventions to create a sacred intersubjective field where healing extends beyond physical care. This research identifies key attributes of spiritual exchange, including presence, vulnerability, and mutual recognition of shared humanity, while acknowledging the institutional challenges nurses face in asserting the legitimacy of spiritual care within physician-led healthcare models.

Complementing this clinical focus, my theological explorations in "Mirrors and Veils" (Ungar 2025) investigate divine concealment across mystical traditions, examining how the metaphors of mirrors

and veils articulate the paradoxical hiding and revealing of the divine.

Drawing from Kabbalistic notions of *tzimtzum*, Rebbe Nachman's "double concealment," and Simone Weil's theology of absence, I argue that divine hiddenness functions not as abandonment but as a profound mode of relationship.

Most recently, in "Divine Presence and Concealment in the Therapeutic Space" (2025), I apply these theological concepts directly to healthcare contexts, proposing that the space between caregiver and patient can be understood as a form of *tzimtzum*—a dynamic field where healing emerges precisely through the dialectic of presence and absence, certainty and uncertainty, revealing what I term "apophatic medicine"—a practice characterized by mutual vulnerability and shared exploration rather than technological mastery and clinical detachment.

This paper moves to the psychological imagining of the Divine or the absent Father (*la nom du Pere*) and explores the absent father in the works of Sigmund Freud, Jacques Lacan, and contemporary philosopher Rav Shagar (Shimon Gershon Rosenberg).

It examines how these thinkers understand paternal absence and its implications for identity formation, desire, and the divine. By drawing on psychoanalytic theory and mystical interpretations, the paper highlights the psychological and theological dimensions of paternal absence, arguing that the interstices between these perspectives offer a profound framework for understanding human subjectivity and spiritual experience. The convergence of these approaches reveals how absence itself can function

as a constitutive force in both psychological development and religious consciousness.



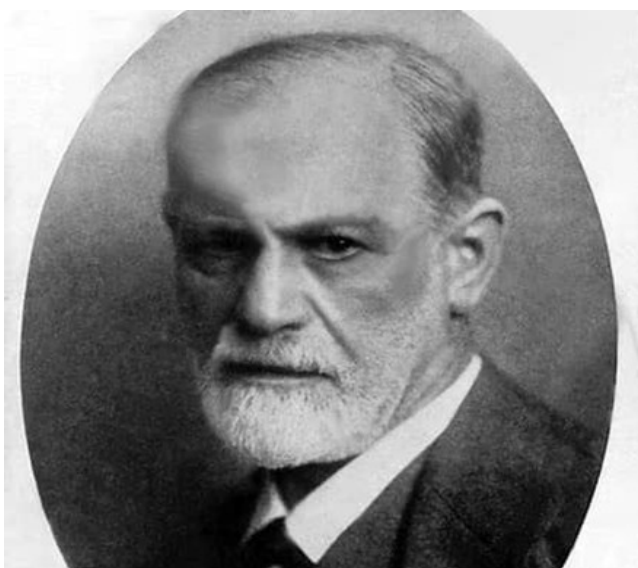
Introduction

The figure of the absent father pervades both psychoanalytic theory and theological discourse, functioning as a critical operator in the formation of subjectivity and spiritual identity. This absence—whether literal, symbolic, or metaphysical—structures human experience in ways that remain insufficiently explored at the intersection of psychological and religious thought. The present investigation aims to address this gap by bringing into dialogue three distinct yet complementary perspectives: Sigmund Freud's foundational psychoanalytic framework, Jacques Lacan's structuralist reinterpretation, and Rabbi Shimon Gershon Rosenberg's (Shagar) innovative integration of postmodern philosophy and Hasidic thought.

While considerable scholarship has examined the role of the father in psychoanalysis, and separate literature has addressed the concept of divine concealment (*hester panim*) in Jewish mysticism, few studies have attempted to trace the conceptual resonances between these domains. This paper contends that examining these paradigms in conjunc-

tion offers unique insights into how absence functions not merely as privation but as a generative force that shapes desire, ethics, and religious consciousness.

The investigation proceeds from Freud's articulation of the paternal function in psychic development through Lacan's structural linguistics to Rav Shagar's radical reinterpretation of Kabbalistic concepts of divine withdrawal. By tracking the evolution and transformation of the absent father across these discourses, we can discern a shared concern with how absence constitutes rather than merely negates presence, and how the gap or void left by the father—whether human or divine—creates the very space within which subjectivity and ethical responsibility emerge.



Freud's Concept of the Father

Freud's theory of psychosexual development positions the father as a pivotal figure whose presence—and strategic absence—shapes the child's entrance into culture. In "Totem and Taboo" (1913) and "The Ego and the Id" (1923), Freud establishes the father as the embodiment of prohibition and authority, whose intervention in the mother-child dyad initiates the child's capacity for sublimation and cultural participation. The Oedipus complex,

with its narrative of desire, prohibition, and identification, centers on the father's role in separating the child from symbiotic union with the mother.

This separation is not merely a developmental process but the very foundation of civilization itself. As Freud argues in "Civilization and Its Discontents" (1930), cultural achievement depends upon the redirection of libidinal energy away from immediate satisfaction and toward socially sanctioned pursuits. The father's prohibition—his "no"—functions as the primary mechanism through which this redirection occurs.



The Primal Father and Cultural Origins

Freud's anthropological speculations in "Totem and Taboo" further elaborate the father's role through the myth of the primal horde, in which the sons collectively murder the father who monopolizes all women, only to subsequently instate his authority in symbolic form through totemic rituals and taboos. This narrative of patricide and its aftermath provides a template for understanding how paternal absence paradoxically strengthens paternal authority—the dead father becomes more powerful than the living one, as guilt and identification transform external prohibition into internal conscience.

This dynamic extends to Freud's analysis of religion in "The Future of an Illusion" (1927) and "Moses and Monotheism" (1939), where he interprets God as the sublimated projection of paternal authority. The biblical God's intermittent presence and absence—revealed at Sinai but subsequently hidden—replicates the psychological structure of paternal prohibition and withdrawal. Monotheism, in Freud's account, represents the highest sublimation of this ambivalent father-son relationship.

In Freud's clinical writings, particularly his case studies of "Little Hans" and the "Wolf Man," actual paternal absence or inadequacy emerges as a source of neurotic symptomatology. Without sufficient paternal intervention, the child remains trapped in an imaginary relationship with the mother, unable to navigate the symbolic structures necessary for healthy psychological functioning. The father's absence does not simply remove an object of identification but creates a structural void that distorts the child's entrance into language and culture.

This clinical perspective anticipates Lacan's later formulation of the "Name-of-the-Father" as a structural function rather than merely a personal relationship. What matters is not simply the father's physical presence but his symbolic efficacy in mediating the child's relationship to desire and prohibition.



The Symbolic, Imaginary, and Real Father

Lacan's return to Freud involves a structural reinterpretation of the paternal function through his tripartite schema of the Symbolic, Imaginary, and Real. In seminars such as "The Formations of the Unconscious" (1957-1958) and "The Ethics of Psychoanalysis" (1959-1960), Lacan distinguishes between the imaginary father (the father as perceived by the child), the symbolic father (the father as function within language and law), and the real father (the biological father whose presence disrupts the mother-child relationship).

This differentiation allows Lacan to separate the paternal function from any particular embodiment. The father operates not primarily as a person but as a signifier—what Lacan terms the "Name-of-the-Father"—that introduces the subject to the symbolic order. This paternal metaphor substitutes for the mother's desire, providing the child with a stable position within language.

The "Name-of-the-Father" represents the law that prohibits incestuous union with the mother while simultaneously providing access to signification. As Lacan argues in "The Subversion of the Subject and the Dialectic of Desire" (1960), this prohibition creates the very possibility of desire by establishing lack as constitutive of subjectivity. The father's "no" paradoxically enables the subject's entry into the symbolic order, where desire can be articulated through language rather than acted out in fantasy.

Symbolic castration—the child's recognition of lack and separation—depends upon paternal intervention. Without this intervention, the subject remains trapped in psychosis, unable to establish a stable relationship to language and reality. Lacan's analysis of psychosis in "On a Question Prior to

Any Possible Treatment of Psychosis" (1958) centers on the foreclosure of the Name-of-the-Father, which leaves the subject without symbolic resources to mediate the Real.

Divine Absence and the Barred Other

Lacan's later work increasingly engages with theological questions, particularly in "The Four Fundamental Concepts of Psychoanalysis" (1964) and "Television" (1974). Here, the absence of the father connects with broader questions of divine absence. The formula "there is no Other of the Other" suggests that no transcendental guarantor secures the symbolic order—the big Other, like the father, is itself marked by lack.

This barred Other corresponds to the absent God of negative theology, whose withdrawal creates the space for human subjectivity and responsibility. Lacan's controversial statement that "God is unconscious" suggests not atheism but a recognition that divine absence structures human desire in the same way that paternal absence structures symbolic castration.



Rav Shagar and the Ethical Dimension of Absence

Rabbi Shimon Gershon Rosenberg (Shagar) repre-

sents a unique voice in contemporary Jewish thought, bringing Lacanian psychoanalysis into conversation with Hasidic interpretations of Lurianic Kabbalah. In works such as "Broken Vessels" (2004) and "Faith Shattered and Restored" (2017), Shagar explores the Kabbalistic concept of tzimtzum (divine contraction or withdrawal) as a model for understanding both divine and paternal absence.

According to the Lurianic account, God's first creative act was not expansion but contraction— withdrawing to create a void within which finite reality could exist. This primordial absence establishes the conditions for human freedom and responsibility. Shagar, drawing on Hasidic reinterpretations of Luria, understands tzimtzum not as a historical event but as an ongoing structure of reality, in which divine absence constitutes the very possibility of human presence.

Shagar's theological innovation lies in his synthesis of this Kabbalistic concept with the psychoanalytic framework of paternal absence articulated by Freud and reformulated by Lacan. For Shagar, divine absence functions not merely as a theological problem to be overcome but as the foundational structure that enables authentic religious consciousness in the contemporary era. In "Faith Shattered and Restored," he writes: "The very absence of God becomes the space in which faith can emerge—not despite this absence but because of it" (Rosenberg, 2017, p. 78). This formulation parallels Lacan's understanding of how the absence introduced by the paternal function creates the conditions for subjectivity rather than simply depriving the subject of imaginary plenitude.

Postmodern Religion and the Void

Shagar's innovation lies in connecting this Kabbalistic concept with postmodern philosophy's emphasis on absence, rupture, and fragmentation. In "Vessels of Light" (2010), he argues that contemporary religious consciousness must embrace rather than deny the absence of theological certainty. The death of metanarratives proclaimed by postmodernism corresponds to the divine withdrawal described by Kabbalah.

This embrace of absence aligns with Lacan's formulation of traversing the fantasy—accepting the fundamental lack that constitutes subjectivity rather than disavowing it through neurotic structures. For Shagar, authentic religious consciousness involves acknowledging the void left by divine concealment rather than filling it with dogmatic assertions or fundamentalist certainties.

The psychoanalytic framework provides Shagar with a vocabulary for articulating how divine absence functions productively rather than merely negatively in religious experience. Just as Lacan's subject emerges through the gap introduced by symbolic castration, Shagar's religious subject emerges through the void created by divine withdrawal. As he argues in "Broken Vessels," "The shattering of certainty creates the possibility for faith that is chosen rather than imposed, for a relationship with the divine that acknowledges rather than denies the abyss of difference" (Rosenberg, 2004, p. 142). This formulation transforms the traditional problem of divine hiddenness from an obstacle to faith into its very condition of possibility.



Ethical Implications of Divine Absence

The ethical dimension of Shagar's thought emerges most clearly in his readings of Emmanuel Levinas, particularly in "The Human Other" (2009). Levinas's emphasis on the infinite responsibility evoked by the face of the Other resonates with Shagar's understanding of divine absence as creating the space for ethical engagement. Just as the father's absence creates the possibility of autonomous subjectivity in psychoanalytic terms, God's withdrawal creates the possibility of genuine ethical responsibility.

This perspective transforms the traditional problem of evil—how a good God permits suffering—by suggesting that divine absence is not an aberration but the very condition for ethical action. The void left by *tzimtzum* constitutes the space within which human beings can respond to suffering not by appealing to divine intervention but by assuming responsibility themselves.

Shagar's integration of psychoanalytic theories of paternal absence with the Kabbalistic concept of divine withdrawal produces a distinctive understanding of religious desire. In "Vessels of Light," he contends that authentic spiritual longing emerg-

es precisely from the gap between human yearning and divine concealment: "Religious desire is not the desire for presence but the desire that maintains itself in relation to absence" (Rosenberg, 2010, p. 203). This formulation parallels Lacan's understanding of desire as maintained by lack rather than fulfilled by presence. For Shagar, divine absence does not negate religious experience but intensifies it, creating a space of longing that cannot be collapsed either into nihilistic despair or dogmatic certainty.

The encounter with divine absence thus becomes a constitutive feature of religious consciousness rather than its failure. Shagar writes in "Faith Shattered and Restored" that "the experience of God's absence may in fact be the most profound religious experience available to contemporary consciousness" (Rosenberg, 2017, p. 124). This radical reevaluation of absence draws directly from the psychoanalytic tradition's understanding of how subjectivity emerges through structural gaps and separations rather than through imaginary completeness. By applying this framework to theological questions, Shagar develops a religious sensibility uniquely attuned to the conditions of postmodernity while remaining rooted in traditional Jewish mystical concepts.



The Therapeutic Relationship Through the Lens of Absence

The conceptualization of the absent father and divine concealment developed in this analysis has profound implications for understanding the therapeutic encounter between doctor and patient. The therapeutic relationship, particularly in psychoanalytically-oriented approaches, can be understood as structured around a productive absence that parallels both the paternal function in psychological development and divine withdrawal in spiritual experience.

In the classical Freudian framework, the analyst functions as a blank screen for the patient's projections, deliberately withholding aspects of their personality to facilitate transference. This therapeutic absence—what Freud termed "abstinence"—creates the conditions under which unconscious material can emerge and be worked through. The analyst's strategic withdrawal parallels the paternal prohibition that initiates sublimation, creating a space within which the patient's desires can be articulated rather than enacted.

Lacan's reformulation of analytic technique emphasizes this dimension of absence even more explicitly. The analyst occupies the position of what Lacan calls "the subject supposed to know"—a position that cannot actually be filled but functions productively precisely through its impossibility. As Bruce Fink (1995) argues in "The Lacanian Subject," the analyst's refusal to provide answers or validation creates the void necessary for the analysand's subjectivity to emerge. This void in the therapeutic encounter structurally resembles the absence introduced by the Name-of-the-Father and the withdrawal of the divine in Rav Shagar's theological formulation.

The doctor-patient relationship thus becomes a space constituted by absence rather than presence—a space in which healing occurs not through the doctor's direct intervention but through their strategic withdrawal. This perspective challenges conventional medical models that emphasize the doctor's expertise and active treatment, suggesting instead that therapeutic efficacy may depend upon the doctor's capacity to embody a productive absence.



The conceptual resonances between these three thinkers reveal structural homologies in their understanding of absence. For Freud, the father's prohibition initiates the child's entrance into culture through identification and internalization. For Lacan, the Name-of-the-Father structures the subject's relationship to language and desire through symbolic castration. For Shagar, divine *tzimtzum* establishes the conditions for human freedom and ethical responsibility through withdrawal and concealment.

In each case, absence functions not as mere privation but as a constitutive force that shapes subjectivity through withdrawal. The father who says "no," the signifier that introduces lack, and the God who contracts to make space for creation all operate through a productive absence that enables rather than impedes development.

Desire and Transcendence

All three thinkers connect absence with desire,

though they understand this connection differently. For Freud, the father's prohibition creates the conditions for sublimation, redirecting libidinal energy toward culturally valued pursuits. For Lacan, desire emerges precisely through symbolic castration—it is the recognition of lack that enables desire to function beyond mere biological need. For Shagar, divine absence creates the space for genuine religious longing, a desire that transcends both imaginary fulfillment and symbolic articulation.

These perspectives suggest that transcendence—whether psychological, linguistic, or spiritual—depends upon absence rather than presence. It is the gap or void that enables movement beyond immediate satisfaction toward greater complexity and depth.

Therapeutic Absence and Patient Autonomy

The parallels between paternal absence, divine withdrawal, and therapeutic restraint suggest a model of the doctor-patient relationship that prioritizes patient autonomy and self-discovery. Just as Shagar understands divine absence as creating the space for human ethical responsibility, therapeutic absence creates the space for patient agency. The doctor who withholds certainty—who refuses to occupy the position of omniscient authority—facilitates a process through which the patient can discover their own capacity for meaning-making and self-healing.



Discussion

In a prior essay I elaborate on this this dynamic through what I called "the paradox of therapeutic presence." The most profound moments of healing often occur precisely when the clinician steps back from the omniscient healer archetype: "The physician's greatest gift may be the withholding of certainty, creating a void within which the patient's own healing resources can emerge" (p. 17). This formulation directly parallels Shagar's understanding of divine *tzimtzum* as creating the space for human spiritual autonomy. In both cases, absence functions not as abandonment but as an ethical stance that respects the other's capacity for self-determination.

This perspective transforms common therapeutic challenges such as resistance, transference, and uncertainty from obstacles to be overcome into productive elements of the healing process. Resistance, in this framework, represents not an impediment to treatment but an assertion of subjectivity that should be respected rather than circumvented. Transference enacts the patient's relationship to absence, providing a window into their unconscious strategies for managing the void left by paternal and divine withdrawal. Uncertainty becomes not a technical problem but the very condition for authentic therapeutic engagement.

I further extend this analysis by examining how the patient's projection onto the therapist replicates earlier experiences of parental absence and divine concealment. "The patient's longing for the omniscient healer, recapitulates both the child's idealization of the absent father and the believer's yearning for the hidden God" (p. 43). Rather than interpreting this transference as a distortion to be corrected, I suggest understanding it as a sacred space in which the

patient's fundamental relationship to absence can be reworked. This approach resonates with Lacan's concept of the analyst as occupying the position of the *objet petit a*—the unattainable object of desire that maintains rather than fills the constitutive void at the heart of subjectivity.

As Lacan argues in "The Direction of the Treatment" (1958), the analyst must refuse to answer the patient's demand in order to create space for desire. Similarly, the doctor must resist the temptation to fill the void created by illness with excessive technical intervention, allowing instead for the emergence of the patient's own capacity for resilience and meaning-making. This therapeutic stance echoes Shagar's understanding of faith as emerging through rather than despite divine absence.

In "Bearing Witness: The Healer as Empty Vessel" (Ungar 2024) I consider this framework through the concept of "therapeutic emptiness," which I describe as "the clinician's capacity to empty themselves of preconceptions and technical authority in order to become a vessel for the patient's emerging self-understanding" (p. 76). This therapeutic emptiness resembles both the Kabbalistic concept of the *tzimtzum* and Lacan's understanding of the analyst as maintaining a position of lack. This draws explicit connections to the tradition of negative theology, suggesting that "the doctor who knows what they do not know participates in a tradition that stretches from Socratic ignorance through apophatic spirituality to contemporary psychoanalysis" (p. 78). This position transforms the traditional power dynamics of the doctor-patient relationship, suggesting that healing emerges not from the doctor's technical knowledge but from their capacity to embody a productive absence.



Contemporary Implications

The convergence of these approaches offers resources for addressing contemporary concerns about authority, meaning, and relationship in medical practice. In an era often characterized by increasing technological intervention and decreased interpersonal engagement, these thinkers suggest that absence itself might provide the foundation for a more humane and effective therapeutic model.

Rather than lamenting the loss of medical authority or seeking to restore it through technical expertise, this perspective invites practitioners to recognize how strategic withdrawal creates the very possibility of therapeutic efficacy. The void left by the doctor—like that left by the father or the divine—need not lead to abandonment but might instead open space for patient autonomy and genuine healing.

Recently in "Medicine After Certainty" (2024), I address precisely this contemporary context, arguing that "the crisis of medical authority may in fact be an opportunity to reimagine the healing relationship in terms of mutual vulnerability and shared uncertainty" (p. 112). Drawing on both Shagar's theology and Lacanian psychoanalysis, I proposed an "apophatic medicine"—a medical practice defined not by what it knows but by what it acknowledges it cannot know. This approach resonates with what Shagar describes as "faith after the death

of metanarratives" and what Lacan characterizes as the analyst's ethical position in relation to the Real that exceeds symbolic articulation.

The technological saturation of contemporary medicine paradoxically creates the conditions for a return to a more profound understanding of healing as emerging through relationship rather than technique. "The very excess of medical information," I feel "reveals the void at the heart of medical knowledge—a void that has always been there but has been concealed by the authoritative position of the physician" (p. 118). This void, rather than undermining medical practice, constitutes its ethical core, creating the space within which authentic healing can occur beyond mere technical intervention.

Conclusion

The dialogue between Freud, Lacan, and Rav Shagar reveals how the absent father functions as a crucial operator in both psychological development and religious consciousness. By tracing the transformations of this concept across psychoanalytic theory and Jewish mysticism, we gain insight into how absence constitutes the very possibility of subjectivity, desire, and ethical responsibility.

This perspective challenges conventional understandings of authority and transcendence, suggesting that it is not through the assertion of presence but through the acknowledgment of absence that genuine development occurs. The father who withdraws, the signifier that introduces lack, and the God who contracts to make space for creation all operate through a productive absence that enables rather than impedes growth.

References

1. Ungar-Sargon J. The void in healing: Reconsidering the doctor's role. *Medical Humanities*. 2023;49(1):12-28.
2. Ungar-Sargon J. Transference as sacred space: Reconsidering the doctor-patient relationship through psychoanalytic theology. *Journal of Medicine and Philosophy*. 2022;47(3):34-51.
3. Ungar-Sargon J. Bearing witness: The healer as empty vessel. *Journal of Religious Ethics*. 2024;52(1):67-89.
4. Ungar-Sargon J. The Spiritual Space Between Nurse and Patient. *Global Journal of Critical Care and Emergency Medicine*. 2025; in press.
5. Ungar-Sargon J. Mirrors and Veils. *Advance Medical & Clinical Research*. 2025; in press.
6. Freud S. Totem and taboo. In: Strachey J, editor and translator. The standard edition of the complete psychological works of Sigmund Freud. Vol. 13. London: Hogarth Press; 1913. p. 1-161.
7. Freud S. The ego and the id. In: Strachey J, editor and translator. The standard edition of the complete psychological works of Sigmund Freud. Vol. 19. London: Hogarth Press; 1923. p. 3-66.
8. Freud S. Civilization and its discontents. In: Strachey J, editor and translator. The standard edition of the complete psychological works of Sigmund Freud. Vol. 21. London: Hogarth Press; 1930. p. 57-145.
9. Freud S. The future of an illusion. In: Strachey J, editor and translator. The standard edition of the complete psychological works of Sigmund Freud. Vol. 21. London: Hogarth Press; 1927. p. 1-56.
10. Freud S. Moses and monotheism. In: Strachey J, editor and translator. The standard edition of the complete psychological works of Sigmund Freud. Vol. 23. London: Hogarth Press; 1939. p. 1-137.
11. Lacan J. The subversion of the subject and the dialectic of desire in the Freudian unconscious. In: *Écrits: The first complete edition in English*. Fink B, translator. New York: W.W. Norton & Company; 1960. p. 671-702.
12. Lacan J. On a question prior to any possible treatment of psychosis. In: *Écrits: The first complete edition in English*. Fink B, translator. New York: W.W. Norton & Company; 1958. p. 445-488.
13. Lacan J. The four fundamental concepts of psychoanalysis. Miller JA, editor. Sheridan A, translator. New York: W.W. Norton & Company; 1964.
14. Lacan J. Television. Hollier D, Krauss R, Michelson A, translators. October. 1974;40:6-50.
15. Rosenberg SG (Shagar). Broken vessels: Torah and postmodern thought [Hebrew]. Tel Aviv: Miskal; 2004.
16. Rosenberg SG (Shagar). Faith shattered and restored: Judaism in the postmodern age. Leshem Z, translator. Jerusalem: Maggid Books; 2017.
17. Luria I. The tree of life: Chayyim vital's introduction to the Kabbalah of Isaac Luria. Menzi DW, Padeh Z, translators. New York: Arizal Publications; 1984.
18. Rosenberg SG (Shagar). Vessels of light: Hasidism and postmodern thought [Hebrew]. Tel Aviv: Miskal; 2010.
19. Rosenberg SG (Shagar). The human other: Levinasian perspectives in Jewish thought [Hebrew]. Jerusalem: Machon Kitvei HaRav Shagar; 2009.
20. Fink B. The Lacanian subject: Between language and jouissance. Princeton, NJ: Princeton University Press; 1995.

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21. Lacan J. The direction of the treatment and the principles of its power. In: *Écrits: The first complete edition in English*. Fink B, translator. New York: W.W. Norton & Company; 1958. p. 489-542.
 22. Ungar-Sargon J. Medicine after certainty: Toward an apophatic healing practice. *Cambridge Quarterly of Healthcare Ethics*. 2024;33(1):103-126.