Research Article ISSN 2835-6276

American Journal of Medical and Clinical Research & Reviews

Neither Object Nor Abyss: Relational Theology from Hasidism to the Twelve Steps to the Bedside

Julian Ungar-Sargon

*Correspondence:Julian Ungar-Sargon

Received: 20 Dec 2025; Accepted: 30 Dec 2025; Published: 10 Jan 2026

Citation: Julian Ungar-Sargon. Neither Object Nor Abyss: Relational Theology from Hasidism to the Twelve Steps to the Bedside. AJMCRR. 2026; 5(1): 1-15.

Abstract

Jewish theology sustains a persistent tension between two spiritual grammars: personal encounter with God as an addressable "Thou," and mystical union in which the self is attenuated or absorbed into an impersonal infinite. This essay argues that while rational Orthodoxy protects divine personalism through transcendence and restraint, and Kabbalah often radicalizes transcendence into theosophical or absorptive mysticism, Hasidism—particularly in its existential and devotional streams—reorients mystical depth toward relational responsibility rather than dissolution. Drawing on classical scholarship in Jewish mysticism and Hasidic studies, and extending these insights into the domains of clinical ethics and addiction recovery, the essay proposes that the I–Thou relation constitutes not merely a theology of prayer but an ethical discipline of presence. In therapeutic contexts, this discipline manifests as tzimtzum, sacred not-knowing, and the refusal of premature explanation—practices that preserve the irreducibility of the patient as subject. The twelve-step recovery tradition is examined as a parallel spiritual trajectory in which the "Higher Power" evolves from an external, interventionist deity toward an internalized source of wisdom and moral orientation. The I–Thou relation is thus reframed as a foundational ethic for relational medicine and transformative recovery, capable of sustaining meaning, responsibility, and human dignity under conditions of suffering and uncertainty.

Keywords: I–Thou relation; Jewish mysticism; Hasidism; Kabbalah; therapeutic presence; twelve-step spirituality; Higher Power; tzimtzum; Martin Buber; relational medicine; clinical ethics; divine absence; Rebbe Nachman; hitbodedut; medical humanities; addiction recovery; conscious contact; sacred not-knowing; physician grief; theodicy.

Introduction: The Persistent Urgency of the I–Thou

The opposition between a personal God and an impersonal infinite is often framed as a metaphysical dispute confined to the history of ideas. Yet within Jewish thought, this opposition has never been merely speculative. It has shaped how responsibility is understood, how suffering is interpreted, and how the other—divine or human—is permitted to remain other. In contemporary clinical and therapeutic settings, the stakes of this opposition have intensified. Medicine increasingly risks reducing

persons to objects, while contemporary spiritualities frequently dissolve difference into interior experience. These parallel failures mirror longstanding theological extremes: transcendence without presence on one side, and mystical absorption without responsibility on the other.

This essay argues that Jewish tradition not only preserves this tension but also offers a sustained attempt to resolve it without sacrificing either transcendence or relation. Rational Orthodoxy maintains divine otherness through epistemic humility and ethical restraint. Kabbalah radicalizes transcendence through the language of infinity, emanation, and cosmic structure. Hasidism, especially in its existential and devotional expressions, reclaims relational address while retaining mystical depth. When extended into the therapeutic domain and the landscape of addiction recovery, this trajectory reveals the I–Thou relation as an ethical practice rather than a metaphysical claim: a discipline of presence that safeguards subjectivity, resists objectification, and sustains responsibility in the face of irreducible suffering.

The twelve-step tradition, born from the fusion of evangelical Christianity, Jamesian pragmatism, and experiential spirituality, traces a parallel arc. The journey from Step Three's surrender to a "Higher Power" to Step Eleven's "conscious contact" with God enacts, in compressed form, the very movement this essay traces across Jewish theological history: from an external, interventionist deity who rescues the powerless to an internalized source of wisdom that transforms character from within. This convergence is not accidental. Both trajectories—the Jewish mystical and the twelvestep spiritual—arrive at a relational posture that neither objectifies the divine into a cosmic vending machine nor dissolves the self into impersonal process.

Part I: Theological Foundations Rational Transcendence and the Ethics of Distance

Jewish rationalism, most classically articulated by Maimonides, is often criticized for spiritual austerity. Yet its central impulse is ethical rather than ascetic. By denying God corporeality, emotion, and human psychology, rational theology seeks to protect the divine from projection and manipulation. God becomes less narratively available, but more morally authoritative. The divine–human relationship is preserved not through affective intimacy but through covenantal obligation and intellectual restraint. Knowledge of God culminates not in union but in recognition of limits (1).

This disciplined distance does not negate relationality; it protects it. God is not assimilated to the self's needs or fantasies. The personal God of rational theology remains personal precisely because God cannot be consumed or merged with the human subject. Command, law, and ethical demand structure the relationship. The Maimonidean framework thus establishes a fundamental principle that will echo through subsequent developments:
genuine relation requires irreducible otherness.

Louis Jacobs' theology represents a modern articulation of this balance. Rejecting both fundamentalist literalism and reductive skepticism, Jacobs affirms a personal God whose reality exceeds rational comprehension yet remains accessible through covenantal life and moral struggle (2). Mystical experience may enrich faith, but it cannot replace responsibility. The personal God is not encountered through self-annihilation but through sustained tension between belief, doubt, and ethical commit-

ment. Jacobs navigates what he terms "liberal supernaturalism"—a theological posture that honors both the reality of divine presence and the limits of human comprehension.

David Weiss Halivni's post-Holocaust theology intensifies this rational posture. Divine absence becomes a historical and theological fact that cannot be overcome through mystical consolation without moral distortion (3). The collapse of easy theodicy forces renewed emphasis on human responsibility. God's withdrawal does not invite fusion; it demands response. Halivni contrasts Sinai's revelation with Auschwitz's "revelation of absence," insisting that theological integrity requires acknowledgment of divine hiddenness without abandoning covenantal obligation. Transcendence thus becomes ethically generative rather than spiritually evasive.

This rational tradition already gestures toward a therapeutic ethic. Distance, when disciplined, is not indifference but the condition that allows the other to remain other. In clinical contexts, such distance anticipates the need for boundaries that preserve patient subjectivity without withdrawing care. The Maimonidean via negativa—knowing God through what God is not—finds its therapeutic analogue in the clinician's willingness to suspend interpretive mastery, to resist the temptation to explain the patient's suffering into manageable categories.

Kabbalah and the Temptation of Absorption

Classical Kabbalah pushes transcendence further, articulating a divine reality that exceeds not only anthropomorphism but personality itself. Gershom Scholem famously characterized Kabbalah as a symbolic theosophy, oriented less toward personal encounter than toward mapping the inner life of God through the sefirotic system (4). Human action participates in cosmic repair, not primarily through dialogue with God, but through theurgic alignment with divine processes. The ultimate divine ground, Ein Sof, lies beyond attributes, will, and relationality.

Scholem's interpretation has been refined and challenged, yet its core insight remains influential: much of Kabbalistic discourse privileges structure over address. The divine is navigated, repaired, and harmonized more than spoken to. Fulfillment often appears as reintegration into a cosmic whole rather than sustained encounter with an irreducible other. The mystic ascends through palaces of consciousness, charts the geometries of divine emanation, manipulates the letters of creation—but rarely pauses to address God as "Thou."

Moshe Idel complicates this picture by identifying ecstatic strands of Kabbalah, particularly in Abraham Abulafia, where the mystic seeks direct experiential union with the divine through techniques of language and consciousness (5). Yet even here, the goal frequently appears absorptive. The self is destabilized or dissolved into divine flow. Abulafia's letter permutations aim at what he calls devekut—cleaving—but this cleaving often trends toward merger rather than dialogue. The prophet who achieves union speaks with God's voice, not to God.

Elliot Wolfson sharpens rather than resolves this tension. Kabbalah is saturated with erotic, gendered, and relational imagery, yet these images point toward a metaphysical ground that ultimately dissolves them (6). The Shekhinah appears as divine feminine presence, bride, mother—relational in the extreme—yet ultimate reality remains the

Ein Sof that precedes and transcends all relation. The personal is indispensable for religious life but provisional in relation to ultimate reality. Lurianic Kabbalah introduces tzimtzum—divine contraction—as the very condition of creation, yet even this gesture toward relational space exists within a framework oriented toward tikkun, cosmic restoration to primordial unity.

Rabbi Jonathan Eybeschutz (1690–1764) occupies a uniquely revealing position in this theological landscape. His controversial work Va'avo Hayom El Ha'ayin—the title itself a mystical pun on Genesis 24:42, where the "spring" (ayin) becomes the "nothingness" (ayin) of divine depth—was at the center of accusations that he harbored Sabbatean sympathies. Whether or not those accusations were justified, the text itself enacts the very tension this essay traces. Eybeschutz deploys theosophical Kabbalah with extraordinary sophistication, mapping the erotic dynamics of the sefirot and the indwelling Shekhinah in language that verges on absorptive mysticism. Yet his persistent emphasis on devekut as attachment rather than dissolution, and his insistence that mystical intimacy intensifies rather than suspends halakhic obligation, pulls against the antinomian tendencies latent in Sabbatean theology. Va'avo Hayom El Ha'ayin thus stands as a limit case: it presses Kabbalistic interiority to its extreme while refusing the final step into impersonal absorption. For the present thesis, Eybeschutz demonstrates that the God "out there" can be radically internalized— brought into the depths of erotic and mystical encounter—without collapsing the relational structure that sustains responsibility. The spring remains a source one comes to, not a void one disappears into.

The ethical implications are significant. Absorptive mysticism risks neutralizing protest and responsibility. If difference is ultimately illusory, suffering risks becoming metaphysical noise rather than ethical demand. In both spiritual and clinical contexts, such metaphysics can anesthetize compassion under the guise of transcendence. The patient's pain becomes a perturbation to be resolved through return to cosmic wholeness rather than a call that demands response.

Hasidism and the Recovery of Address

Hasidism does not abandon Kabbalah; it re-voices it. The metaphysical depth of Kabbalah is retained, but the spiritual grammar shifts from structure to presence, from cosmic repair to lived relation. This shift reflects a theological claim: divine transcendence does not culminate in impersonality but in intensified relational demand. The Baal Shem Tov's revolution was not primarily doctrinal but devotional—a reorientation of mystical aspiration from esoteric knowledge to intimate encounter.

The Me'or Einayim of Rabbi Menachem Nahum of Chernobyl exemplifies this reorientation. Divine immanence is not merely metaphysical but affective and ethical. God is encountered as near, accessible, and responsive, particularly to the broken and estranged (7). Prayer becomes an act of return rather than a technique of ascent. The Chernobyler's teachings emphasize drawing sinners back "with cords of love"—a phrase that captures the relational warmth distinguishing Hasidic piety from theosophical abstraction. Joy, not merely knowledge, becomes the medium of divine encounter (28).

Rebbe Nachman of Breslov radicalizes this relational grammar through hitbodedut—solitary prayer spoken in ordinary language, addressed directly to God. This is not mystical absorption but sustained

address. The self speaks, pleads, protests, and sometimes remains silent without disappearing (8). Hitbodedut is conversation "as with a best friend," Rebbe Nachman insists—language that explicitly rejects the impersonal sublime in favor of dialogical intimacy. The practitioner is not seeking dissolution but deepened selfhood through genuine encounter.

Joseph Weiss identified in Rebbe Nachman's teachings a deeply existential struggle marked by loneliness and the refusal of premature consolation (9). God remains a Thou precisely because God is not absorbed. Rebbe Nachman's tales portray spiritual seekers who wander, lose their way, encounter obstacles—and persist. The journey is never completed through mystical shortcut. Faith itself becomes a form of address, maintained in the face of absence.

Shaul Magid emphasizes the modernity of this stance. Rebbe Nachman rejects stable mediation and inherited authority, insisting on an immediate and risky relationship without metaphysical guarantees (10). Relation is preserved at the cost of security. The tzaddik matters not as intermediary who shields the seeker from direct encounter but as exemplar who models the courage of address. This anti-institutional emphasis anticipates later critiques of religious hierarchies that substitute system for presence.

Yet Breslov Hasidism, for all its emphasis on intimate address, simultaneously preserves radical divine transcendence through the structure of longing itself. Rebbe Nachman's teachings are saturated with ga'aguim—the ache of desire for a God who remains, in some essential sense, beyond reach. This is not the cold distance of philosophical theology but the charged distance of erotic anticipation: the beloved is addressed precisely because the beloved has not yet been attained. In Breslov spirituality, the seeker who imagines he has "arrived" has already lost the path. The tales depict protagonists who journey endlessly, lose what they have found, and begin again. Hitbodedut itself presupposes absence: one speaks to God in the forest, in the night, in solitude, because God is not simply here in the way objects are here. The longing is not a defect to be overcome but the very medium of relation. This places Breslov in striking alignment with the thesis of this essay: genuine I–Thou requires that the Thou remain other, that the distance not collapse even in the most intimate address. Absorption would extinguish longing; fusion would end the journey. Breslov insists that the journey never ends—that the infinite recedes as the seeker approaches, generating ever-deeper longing rather than satiation. The God of Breslov is thus both intimately addressed and permanently transcendent, near enough to speak to and far enough to yearn for. This paradox—presence structured by absence, intimacy sustained by distance—is precisely what the I–Thou relation requires.

Chabad Hasidism introduces a further paradox. Its insistence on attachment to divine essence rather than attributes—"eilav velo lemidotav" (to Him, not to His attributes)—might appear abstract, yet in practice it generates ethical mission and disciplined action. The theology of concealment articulated by the Lubavitcher Rebbe insists that divine infinity does not dissolve difference but charges the finite with responsibility (11). The infinite does not absorb the finite; it calls it. Every mundane act becomes occasion for elevation, every encounter with another human being a potential revelation of divine presence.

The Lubavitcher Rebbe's Basi Legani discourse of 5736 (1976) introduces a paradox at the heart of divine reality that proves decisive for the present argument. The Rebbe expounds the Chabad doctrine that the divine Essence (Atzmus) transcends the very categories of being (yesh) and nonbeing (ayin)—that God is neither existence nor nothingness but the ground from which both emerge and in which both are unified. This is not merely negative theology's apophatic gesture but a positive paradox: the Essence possesses the capacity (koach) for both manifestation and concealment precisely because it is reducible to neither. Creation itself—yesh me'ayin, something from nothing—reveals this paradox in action: the "nothing" from which the world emerges is not mere absence but divine depth beyond determination. For the thesis of this essay, the implications are profound. The God who transcends being and non-being cannot be absorbed because absorption presupposes a category into which the self dissolves; yet this same God can be addressed because the Essence, precisely in its transcendence, chooses relation over impersonal necessity. The I–Thou survives the most radical metaphysics because the Thou who speaks from beyond being and non-being is more—not less—capable of genuine encounter. The paradox thus resolves into ethical urgency: if God's Essence cannot be captured by the categories of existence or void, then neither objectification (reducing God to an existent among existents) nor mystical dissolution (merging into cosmic emptiness) can reach the Real. Only address remains—the sustained turning toward a Thou who is neither thing nor nothing, but the One who calls from beyond the dichotomy and awaits response.

Martin Buber, influenced by Hasidism, crystallized this sensibility philosophically. Genuine encounter resists objectification without collapsing into fusion. The Thou cannot be possessed or explained; it can only be met (12). Buber's insight provides a conceptual grammar for understanding why relational presence is ethically irreducible. The I–Thou is not a special category reserved for religious experience; it is the fundamental structure of genuine encounter wherever it occurs—between human and divine, between human and human, between healer and patient.

Part II: The Twelve-Step Trajectory—From External Power to Interior Transformation The Spiritual Architecture of the Steps

The twelve-step program, originating with Alcoholics Anonymous in the 1930s, represents one of the most significant spiritual movements of the twentieth century. Born from the fusion of Oxford Group evangelical practices, William James's pragmatic psychology of religious experience, and the lived wisdom of recovering alcoholics, the twelve steps trace a spiritual trajectory that parallels—with striking fidelity—the movement from rational transcendence through mystical depth to relational transformation outlined in Jewish theological history (13). The "Higher Power" of early recovery evolves, through disciplined practice, into the "conscious contact" of mature spirituality.

This evolution is not incidental but structural. The steps are ordered as a spiritual curriculum, each building upon the last, each preparing for what follows. The movement from Step Three to Step Eleven marks the decisive arc: from surrender to an external power capable of restoration to ongoing conscious contact with a God "as we understood Him" who transforms character from within. This is the journey from the God "out there" to the God who speaks in the still small voice of conscience,

intuition, and moral clarity (21).

Step Three: Surrender to the External Other

Step Three reads: "Made a decision to turn our will and our lives over to the care of God as we understood Him." The language of "turning over" presupposes a God who can receive what is turned over—an external agent capable of care, of holding, of responsibility. This is the God of theistic personalism in its most accessible form: the Higher Power who can be trusted because He is other than the self that has proven untrustworthy.

For the newcomer in recovery, this externality is not a philosophical liability but a therapeutic necessity. The alcoholic or addict has exhausted the resources of self-will. The ego's strategies have failed catastrophically. What is needed is not further self-reliance but genuine surrender to something beyond the self. The God of Step Three functions precisely as Maimonides' transcendent deity functions: as radical other whose otherness creates the space for transformation. The addict cannot save himself; he must be saved.

This early-stage theology is intentionally provisional. The phrase "as we understood Him" opens space for theological diversity while maintaining the essential structure of surrender. The newcomer need not resolve metaphysical questions; she need only act as if a power greater than herself exists and can be trusted. This pragmatic agnosticism echoes William James's insistence that religious belief be tested by its fruits rather than its philosophical coherence (14). The question is not whether the Higher Power exists in some absolute sense but whether acting as if He does produces the promised transformation (23).

Yet even at this early stage, the relational structure is present. The decision of Step Three is not impersonal submission to cosmic process but personal entrustment to a caring other. The language of "care" implies relationship. The addict is not merging with impersonal infinity but placing himself under the protection of one who cares. This is I–Thou in embryonic form: the self addresses a Thou capable of response.

The Middle Steps: Moral Inventory and Relational Repair

Steps Four through Nine trace a rigorous process of moral self-examination, confession, character transformation, and amends. This section of the program is often described as the "housecleaning" portion—the practical work that makes sustained conscious contact possible. Without this labor, Step Eleven remains aspiration rather than achievement.

Step Four's "searching and fearless moral inventory" requires the kind of ruthless self-examination that medieval Jewish ethicists termed cheshbon hanefesh—accounting of the soul. The practitioner catalogues resentments, fears, harms done, and patterns of self-deception. This is not morbid introspection but diagnostic clarity: the recovery equivalent of the clinical history. Without accurate diagnosis, treatment cannot proceed.

Step Five—"Admitted to God, to ourselves, and to another human being the exact nature of our wrongs"—introduces the triadic structure of confession. The admission is made to God (vertical relation), to self (interiority), and to another human being (horizontal relation). This structure prevents both the privatization of spirituality and its impersonal abstraction. The presence of the human other—the sponsor, the confessor—anchors the divine

encounter in embodied relationship. God is not encountered in isolation but in the context of human community.

Steps Six and Seven address character transformation: becoming "entirely ready" for God to remove defects of character, then "humbly asking Him" to do so. The language again presupposes a personal God who acts in response to request. Yet the content of the request has shifted. The newcomer asked to be saved from addiction; the practitioner of Steps Six and Seven asks for interior transformation. The God who rescues from external danger becomes the God who heals from within.

Steps Eight and Nine complete the relational circuit through amends. The recovered person repairs the damage done to others during active addiction. This is not merely ethical housekeeping but the restoration of I– Thou relation with those who were treated as means rather than ends. The amends process acknowledges that addiction is not merely a private illness but a breach of community, a violation of the relational fabric. Recovery requires not only vertical restoration (relation to God) but horizontal healing (relation to others) (22).

Step Eleven: Conscious Contact and the Internalized Divine

Step Eleven reads: "Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out." The shift from Step Three is decisive. The God who was "turned over to" is now the God with whom one seeks "conscious contact." The external power has become interior presence.

This internalization does not dissolve the I–Thou structure but deepens it. Conscious contact is precisely not absorption. The practitioner seeks knowledge of God's will—which presupposes a God who has a will, who can be known, who can be consulted. Prayer and meditation are means of address, not techniques of dissolution. The Buberian grammar remains intact: the self encounters a Thou who cannot be reduced to the self's projections or needs.

Yet the quality of this encounter has changed. The newcomer experienced God as rescuer, intervening from outside to save the drowning addict. The mature practitioner experiences God as interior guide, speaking through conscience, intuition, and the moral clarity that emerges in stillness. This is not the replacement of theism with immanentism but the deepening of theistic relation. The God who once seemed far has drawn near—not by ceasing to be other but by dwelling within while remaining irreducible to self (21).

The specification "praying only for knowledge of His will for us and the power to carry that out" disciplines the prayer life against regression to infantile petition. The mature practitioner does not ask God to fix external circumstances but to reveal right action and provide the strength for its execution. This is prayer as moral attunement rather than cosmic manipulation. The Higher Power is no longer a vending machine dispensing desired outcomes but a source of wisdom orienting the self toward its highest possibilities.

Theological Parallels: From Transcendence to Indwelling

The twelve-step trajectory from Step Three to Step Eleven recapitulates, in compressed form, the movement traced through Jewish theological histo-

ry. The God of early recovery resembles the transcendent deity of rational theology: external, authoritative, capable of intervention. The God of Step Eleven resembles the Hasidic God of intimate presence: interior, relational, known through the practices of devotion.

The danger of absorption—so prominent in Kabbalistic mysticism—finds its twelve-step analogue in certain forms of spirituality that dissolve the recovering person into impersonal process. Some interpret "turning it over" as abdication of responsibility, "letting go" as passive drift, "acceptance" as resignation to circumstance. These misreadings collapse the I–Thou into I– It or, worse, into the dissolution of the I altogether. The steps, properly understood, resist such collapse. The recovering person remains a moral agent, responsible for action, accountable for harm, capable of growth.

The Hasidic emphasis on joy finds its twelve-step echo in the "promises" of recovery: freedom from fear, intuitive knowledge of how to handle situations, loss of the sense of uselessness. These are not passive states to be achieved through mystical technique but qualities that emerge from sustained relational practice. Joy is the fruit of encounter, not the product of absorption.

Rebbe Nachman's hitbodedut—solitary conversational prayer—provides a particularly apt parallel to Step Eleven's meditation. Both practices involve direct address to God in ordinary language, both resist the temptation to technique, both insist on the reality of the Thou addressed. The practitioner of hitbodedut does not recite formulas but speaks from the heart; the practitioner of Step Eleven does not execute spiritual exercises but seeks genuine conscious contact. Both understand that the goal is not altered consciousness but deepened relationship.

Part III: From Theology to Therapeutic Presence The Clinical Translation of I–Thou

When extended into the therapeutic domain, these theological trajectories converge. The clinical encounter emerges as a liminal space in which presence, absence, and responsibility are negotiated under conditions of vulnerability. The I–Thou relation becomes a method rather than a metaphor. This is not the importation of religious categories into secular practice but the recognition that genuine healing requires the same relational structure that genuine prayer requires: address to an irreducible other who cannot be possessed, explained, or absorbed (18).

The concept of tzimtzum—divine contraction—has been reframed in contemporary theological ethics as a model for clinical presence. Just as divine withdrawal creates space for the other, therapeutic presence requires deliberate contraction of ego, agenda, and interpretive dominance, allowing the patient's subjectivity to emerge without colonization (15, 24). This is not passivity but ethical restraint. The clinician who practices therapeutic tzimtzum does not abandon expertise but holds it in service of the patient's emergence rather than the clinician's mastery.

Closely related is the discipline of sacred not-knowing. In medical cultures driven by mastery and explanation, uncertainty is often experienced as failure. Yet in therapeutic contexts, premature certainty can function as violence, foreclosing the patient's meaning-making and silencing lived reality (27). The refusal to explain too quickly becomes an act of respect. The clinician who can tolerate not-

knowing creates space for the patient to discover meaning rather than having meaning imposed.

The theology of divine absence further deepens this ethic. When suffering resists explanation, attempts at meaning-making often serve the caregiver's anxiety rather than the patient's healing. Reframing absence as a condition for responsibility rather than a defect to be resolved aligns theology with clinical humility (17, 25, 26). Presence replaces explanation; accompaniment replaces resolution. The clinician who has internalized the wisdom of divine hiddenness can accompany patients through suffering without the compulsion to provide answers that would betray their complexity.

Two Clinical Failures: Objectification and Fusion

Two clinical failures mirror the theological poles that the I–Thou relation navigates. The first is the reduction of the patient to object—what Buber would call the I–It relation deployed where I–Thou is demanded. In this mode, the patient becomes an organ system, a compliance problem, a risk score, a diagnostic category. The clinician becomes technician. Symptoms are managed, protocols followed, outcomes measured—but the person disappears. The hidden cost is moral injury: the clinician's gradual awareness that something essential has been betrayed.

This objectifying tendency is endemic to contemporary medicine. Electronic health records reduce patients to data points. Time pressures foreclose genuine encounter. Specialization fragments the person into organ systems. Evidence-based medicine, for all its genuine achievements, can become an alibi for avoiding the irreducible particularity of the patient before the clinician. The I–It is efficient, measurable, scalable—and ultimately dehumanizing.

The second failure is fusion—what might be called absorptive medicine. Here the clinician collapses into the patient's pain, confuses rescue with care, loses boundaries, and burns out. The self disappears—but not into God; into chaos. This is the occupational hazard of empathic overidentification, particularly common among caregivers drawn to medicine by genuine compassion. Without the structure of I–Thou, compassion becomes enmeshment, and enmeshment becomes exhaustion.

Fusion medicine is the therapeutic analogue of absorptive mysticism. Just as the Kabbalistic mystic risks dissolution into Ein Sof, the boundary-less clinician risks dissolution into the patient's suffering. The intention is good— genuine care, authentic presence—but the execution collapses the necessary distance that allows the other to remain other. The clinician who has merged with the patient's pain can no longer help; she has become part of the problem rather than part of the solution.

I–Thou is the third way: presence without possession. The clinician remains genuinely present to the patient without either reducing the patient to object or dissolving into the patient's experience. This requires the disciplined distance of rational transcendence and the intimate warmth of Hasidic devotion, held together in dynamic tension. It is, in Buber's terms, the sustained meeting of two subjects who neither objectify nor merge.

Therapeutic Tzimtzum: An Enacted I–Thou

The concept of therapeutic tzimtzum provides the operational method by which I–Thou becomes sustainable in clinical practice. The Lurianic doctrine

of divine contraction—God's withdrawal to create space for creation— becomes, when translated into clinical ethics, the practitioner's deliberate contraction of the impulse to dominate meaning (24). This contraction is not withdrawal of care but reorientation of care: from the clinician's need to understand and control toward the patient's need to be heard and accompanied.

Therapeutic tzimtzum includes several specific practices. The first is resisting premature interpretation—what might be called "sacred notknowing." The clinician who rushes to diagnosis, to explanation, to treatment plan, may foreclose the patient's own emergence. Sometimes the most healing response is attentive silence, the willingness to sit with uncertainty while the patient finds words for experience that resists easy categorization.

The second practice is making space for the patient's narrative emergence. The patient is not merely a source of data to be extracted but a narrator whose story must be received. This reception is not passive; it involves active listening, clarifying questions, reflection—but always in service of the patient's meaning-making rather than the clinician's. The narrative that emerges belongs to the patient, not to the medical chart (27).

The third practice is treating the encounter as liminal and sacred rather than purely technical (18). The clinical space is threshold space—betwixt and between the ordinary categories that structure daily life. Illness strips away the taken-for-granted; vulnerability opens depths usually concealed. The clinician who recognizes this sacredness approaches the encounter with appropriate reverence, neither trivializing its significance nor imposing religious meaning the patient has not chosen.

In Buber's terms, the "Thou" is encountered when the clinician does not turn the patient into an "It" in order to manage anxiety. The I–It relation is always tempting because it restores a sense of control. The patient-asobject can be managed, categorized, treated according to protocol. The patient-as-Thou remains irreducibly other, unpredictable, calling the clinician beyond comfortable competence into genuine meeting.

Divine Absence and the Clinical Refusal of Cheap Theodicy

The theological treatment of suffering—traditionally the domain of theodicy—has direct therapeutic consequence. When suffering resists explanation, the ethical act is not explanation but accompaniment (17). This insight, drawn from post-Holocaust theology's confrontation with divine absence, becomes clinically urgent because so much iatrogenic harm comes from spiritualized explanation that silences the patient's protest and grief.

"Everything happens for a reason." "God doesn't give you more than you can handle." "This will make you stronger." These well-meaning formulas, offered to suffering patients, function as what Dietrich Bonhoeffer called "cheap grace"—consolation that costs the comforter nothing and silences the sufferer's legitimate protest. The patient who is told that her suffering has hidden meaning may feel unable to voice the rage, despair, and confusion that are the truthful responses to catastrophic loss.

Job's protest provides a counter-model. Job refuses the explanations of his comforters, insists on his innocence, demands to address God directly. This is theological I–Thou at its most urgent: the sufferer who will not accept mediated explanation but

requires direct encounter. Job's friends, offering conventional theodicy, function as obstacles to genuine relation. Job himself, in his raw address to the divine Thou, models the honesty that genuine healing requires.

The clinician formed by this tradition learns to accompany patients through protest rather than correcting them into serenity. The patient who rages against her diagnosis, who grieves without comfort, who refuses to find silver linings in catastrophe, is not failing at coping; she is engaged in the hard work of truth-telling. The clinician's role is not to provide answers but to remain present while the patient finds her own relationship to what cannot be explained.

Grief as Evidence of Encounter, Not Pathology

The relational medicine framework reframes physician grief as testimony to devotion and presence (19, 20). In conventional medical culture, clinician grief is often pathologized or suppressed. The professional is expected to maintain emotional distance, to "not take it home," to process loss quickly and return to function. Yet this suppression comes at a cost: the gradual numbing that transforms caregivers into technicians.

If the I–Thou relation is genuine, grief is its natural consequence. The clinician who has truly met the patient as Thou will grieve when that Thou is lost. This grief is not failure of professionalism but evidence of encounter. To feel nothing when a patient dies is to confess that the patient was never truly met—that the relation was I–It all along.

An I–Thou clinic must therefore build structures that can bear grief: debriefing, communal witnessing, moral-injury literacy, and practices that metabolize suffering rather than disavowing it. These structures acknowledge that healing work exacts a toll, that genuine presence to suffering exposes the clinician to genuine loss. The goal is not to eliminate grief but to structure it ethically, preventing burnout through meaning rather than through numbness.

The twelve-step tradition offers relevant wisdom here. The recovering person learns to grieve losses rather than anesthetize them—to feel the feelings that addiction was designed to avoid. The clinician, similarly, must learn to feel the losses inherent in medical practice rather than developing defensive numbness. Both recoveries require community: the alcoholic cannot recover alone, and the clinician cannot grieve alone. Shared grief becomes bearable grief.

Part IV: Synthesis and Conclusion A Practical Ethics of I–Thou Presence

An I–Thou therapeutic stance tends to produce specific clinical outcomes: greater tolerance for ambiguity without collapse, less interpretive violence, stronger boundaries without emotional withdrawal, more trustworthy alliance, reduced burnout through meaning rather than through numbness. These are not merely desirable qualities but essential features of medicine that heals rather than merely treats.

If "relationship itself is medicine," as relational approaches to healing insist, then I–Thou is not an optional spirituality layered atop healthcare; it is the core clinical ethic that keeps medicine human (15). The theological resources surveyed in this essay—rational transcendence, mystical depth, Hasidic warmth, twelve-step wisdom—converge on this practical conclusion: genuine healing requires genuine encounter, and genuine encounter requires the

disciplined refusal of both objectification and fusion.

The twelve-step journey from Step Three to Step Eleven provides a developmental map for this ethic. The newcomer learns to trust an external power; the mature practitioner internalizes that power as source of wisdom and moral orientation. The early-career clinician may rely on protocols and hierarchies; the mature practitioner internalizes clinical wisdom as second nature while remaining open to the surprising otherness of each new patient. Development, in both cases, is not from relation to non-relation but from external relation to internalized relational capacity.

Conclusion: Responsibility as the Measure of Encounter

The enduring tension between personal relation and mystical impersonality in Jewish thought is not resolved by choosing one pole over the other. Its most generative resolution occurs where transcendence deepens responsibility rather than dissolving difference. Rational theology protects the other through distance; Kabbalah reveals the depth that threatens to erase it; Hasidism insists that infinity culminates not in absorption but in address.

The twelve-step tradition independently discovers the same resolution. The Higher Power that begins as external rescuer becomes, through disciplined practice, interior presence—but never collapses into mere self. Conscious contact with God is precisely not self-help; it is relation to one who remains irreducibly other while dwelling intimately within. The recovering person does not graduate from theism to autonomy but from external dependence to internalized relationship.

In therapeutic contexts, this insistence becomes urgent. Healing requires a presence that neither objectifies nor fuses, neither explains away suffering nor disappears into it. The I–Thou relation, understood as an ethical discipline of attention, contraction, and responsibility, offers a framework capable of sustaining meaning under conditions of uncertainty.

In a culture increasingly hostile to irreducible otherness, the I–Thou is not a sentimental ideal. It is an ethical refusal. It insists that the other cannot be solved, consumed, or erased. Healing begins where explanation ends and responsibility begins.

Addendum: The Impact of I–Thou on the Therapeutic Relationship

I–Thou as Structure of Attention, Not Sentiment

In clinical work, I–Thou is frequently mistaken for warmth or empathy. But dialogical relation is not primarily an emotion; it is a stance. The patient is not a case, not a problem, not a set of metrics. The patient is a who, not a what. This stance changes everything downstream: how questions are asked, how silence is held, how uncertainty is tolerated, how power is used. The clinician who approaches the patient as Thou asks different questions, listens differently, responds differently than the clinician who approaches the patient as It—regardless of how "warm" either clinician appears.

The Third Way: Presence Without Possession

I–It medicine treats the patient as object: an organ system, a compliance problem, a risk score. The clinician becomes technician. The hidden cost is moral injury—the gradual awareness that something essential has been betrayed. Fusion medicine collapses the clinician into the patient's pain: boundaries dissolve, rescue replaces care, burnout

follows. Here the self disappears—but not into God; into chaos. I–Thou is the third way: presence without possession. The clinician remains genuinely present without either reducing or merging. This requires what Buber called "the courage of address"—the willingness to meet the other without defensive retreat or enmeshed collapse.

Therapeutic Tzimtzum in Practice

Clinical tzimtzum is the operational method by which I–Thou becomes sustainable. The practitioner contracts the impulse to dominate meaning. This includes: resisting premature interpretation through sacred notknowing; making space for the patient's narrative emergence; treating the encounter as liminal and sacred rather than purely technical. In Buber's terms: the Thou is encountered when the clinician does not turn the patient into an It in order to manage anxiety. The It is always tempting because it restores control; the Thou remains unsettling because it remains other.

The Wound as Altar: Against Cheap Theodicy

When suffering is inexplicable, the ethical act is not explanation but accompaniment. This is clinically urgent because so much iatrogenic harm comes from spiritualized explanation—"everything happens for a reason"— that silences the patient's protest and grief. Job's protest becomes a template for allowing patients to speak their rage and despair without being corrected into serenity. The clinician formed by this tradition accompanies rather than explains, witnesses rather than resolves.

Grief as Evidence of Encounter

The relational medicine framework reframes physician grief as testimony to devotion and presence, not as professional failure. An I–Thou clinic must therefore build structures that can bear grief: debriefing, communal witnessing, moral-injury literacy, and practices that metabolize suffering rather than disavowing it. Grief is not pathology to be eliminated but evidence of genuine encounter to be honored and structured.

Summary:

An I–Thou therapeutic stance produces: greater tolerance for ambiguity without collapse; less interpretive violence; stronger boundaries without emotional withdrawal; more trustworthy alliance; reduced burnout through meaning rather than through numbness. If relationship itself is medicine, as relational healing frameworks insist, then I–Thou is not an optional spirituality layered atop healthcare; it is the core clinical ethic that keeps medicine human.

References

1. Maimonides M. Guide of the Perplexed. Pines S, translator. Chicago: University of Chicago Press; 1963.
2. Jacobs L. We Have Reason to Believe. 5th ed. London: Vallentine Mitchell; 2004.
3. Halivni DW. Revelation Restored: Divine Writ and Critical Responses. Boulder: Westview Press; 1997.
4. Scholem G. Major Trends in Jewish Mysticism. New York: Schocken Books; 1941.
5. Idel M. Kabbalah: New Perspectives. New Haven: Yale University Press; 1988.
6. Wolfson ER. Language, Eros, Being: Kabbalistic Hermeneutics and Poetic Imagination. New York: Fordham University Press; 2005.
7. Menachem Nahum of Chernobyl. Me'or Einayim. Jerusalem: Various editions.
8. Nachman of Breslov. Likkutei Moharan. Jerusalem: Breslov Research Institute; various editions.
9. Weiss J. Studies in Eastern European Jewish

Mysticism and Hasidism. Goldish M, editor. London: Littman Library; 1997.
10. Magid S. Hasidism Incarnate: Hasidism, Christianity, and the Construction of Modern Judaism. Stanford: Stanford University Press; 2014.
11. Schneerson MM. Likkutei Sichot. Brooklyn: Kehot Publication Society; various volumes.
12. Buber M. I and Thou. Kaufmann W, translator. New York: Scribner; 1970.
13. Kurtz E. Not-God: A History of Alcoholics Anonymous. Center City: Hazelden; 1979.
14. James W. The Varieties of Religious Experience. New York: Longmans, Green; 1902.
15. Ungar-Sargon J. Divine Presence in Healing: A Kabbalistic Approach to Compassionate Care. J Behav Health. 2025;14(2):1-4.
16. Ungar-Sargon J. Shekhinah Consciousness in the Therapeutic Space: From Incarnation to Redemption in the Sacred Space of Healing. HSOA J Psychiatry Depress Anxiety. 2025;11(1):059.
17. Ungar-Sargon J. The Wound as Altar: Divine Absence and the Therapeutic Space of Healing. Neurol Res Surg. 2025;8(3):1-16.
18. Ungar-Sargon J. Sacred and Profane Space in the Therapeutic Encounter: Moving Beyond Rigid Distinctions. Am J Neurol Res. 2025;4(2):1-9.
19. Ungar-Sargon J. Navigating the Depths: A Framework for Caregiver's Grief Work. J Behav Health. 2025;14(2):1-9.
20. Ungar-Sargon J. When the Healer Mourns: Physician Grief after a Patient's Death. Trends Gen Med. 2025;3(4):1-10.
21. Ungar-Sargon J. The Dialectical Divine: Navigating the Tension between Transcendence and Immanence and Relevance for 12 Step Recovery. HSOA J Addict Addict Disord. 2025;12:197.
22. Ungar-Sargon J. Spiritual Pathways to Healing: An Integration of Alcoholics Anonymous's Twelve Steps and Ramchal's Mesilat Yesharim in Contemporary Therapeutic Practice. J Relig Theol. 2025;7 (3):24-34.
23. Ungar-Sargon J. Coming to Believe in a Post-Belief World: Mysticism, Recovery, and Clinical Applications of Step 2. Addict Res. 2025;9(1):1-6.
24. Ungar-Sargon J. Epistemology versus Ontology in Therapeutic Practice: The Tzimtzum Model and Doctor-Patient Relationships. Adv Med Clin Res. 2025;6(1):94-101.
25. Ungar-Sargon J. Divine Presence and Concealment in the Therapeutic Space. EC Neurology. 2025;17(5):01-13.
26. Ungar-Sargon J. Revelation in Concealment: Toward an Embodied Post-Holocaust Spirituality. J Relig Theol. 2025;7(3):1-23.
27. Ungar-Sargon J. Hermeneutic Approaches to Medicine: From Objective Evidence to Patient as Sacred Text. Adv Educ Res Rev. 2025;2(1):40-45.
28. Ungar-Sargon J. Seeing Through Divine Eyes: Beyond the Veil of Sacred Text—The Me'or Einayim's Vision of Transcendent Reading and Its Clinical Applications. Adv Med Clin Res. (2):157-166.