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The Parabolic Encounter III: From Ancient Mashal to Patient as Sacred Text

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ABSTRACT

Building upon previous research establishing philosophical allegories as frameworks for healing relationships and the application of tzimtzum hermeneutics to patient narratives, this paper synthesizes traditional parabolic discourse with contemporary therapeutic practice through comparative analysis of Kafka, Benjamin, and Rebbe Nachman's parabolic thought. This study extends our prior work on Plato's Cave versus Ramchal's maze metaphors and mystical hermeneutics in medical encounters by examining how classical parabolic traditions provide interpretive frameworks for understanding patients as "living parables." Drawing on established foundations of patient-as-sacred-text methodology and covenantal therapeutic relationships, we demonstrate how traditional mashal structures parallel contemporary hermeneutic approaches to clinical practice. This analysis reveals how parabolic interpretation challenges reductionist biomedicine while offering robust philosophical foundations for integrative healing practice that honors both scientific rigor and spiritual depth.

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Nachman. Building upon our established patient-as-sacred-text methodology [3,4] and covenantal therapeutic relationship models [1], we now examine how classical parabolic traditions provide interpretive frameworks that can deepen our understanding of therapeutic encounters as fundamentally hermeneutical engagements.

Introduction: Building on Parabolic Foundations

Our previous work has established two complementary frameworks for understanding the hermeneutic dimensions of medical practice. In "Patient Parables: Philosophical Allegories as Frameworks for Healing Relationships," we demonstrated how classical philosophical allegories—specifically Plato's Cave and Ramchal's maze metaphor—provide contrasting models for therapeutic guidance, with Plato emphasizing autonomous rational discovery and Ramchal stressing receptivity to divine revelation [1]. Subsequently, in "The Patient as Parable: Applying Mystic Hermeneutics to Patient Narratives," we extended the concept of literary tzimtzum from Hasidic mystical pedagogy to medical encounters, proposing that patients present as "living parables" requiring interpretive engagement that transcends biomedical reductionism [2].

This current analysis synthesizes these foundational insights with a broader examination of traditional parabolic discourse as exemplified in the works of Kafka, Benjamin, and Rebbe

The parable has long occupied a unique position in human discourse, functioning neither as straightforward narrative nor as transparent allegory, but as what Walter Benjamin might call a "dialectical image"—a form that arrests conventional understanding and demands deeper engagement [5]. From the rabbinic mashal tradition to Kafka's enigmatic narratives, parables resist easy interpretation, creating what we might term "interpretive tension" that generates meaning through the very act of wrestling with their ambiguity [6]. This resistance to closure mirrors our previous findings regarding the limitations of purely rationalist approaches to healing relationships and the necessity of embracing paradoxical logic in therapeutic interpretation [1,2].

Our prior work on tzimtzum hermeneutics revealed how divine contraction makes infinite meaning accessible through finite forms, paralleling how patients present complex multidimensional experiences in contracted narrative structures [2]. This paper extends that analysis by examining how traditional parabolic thought provides broader frameworks for understanding these interpretive processes, moving beyond individual mystical concepts to comprehensive philosophical approaches to meaning-making in therapeutic contexts.

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The Mashal Tradition and the Problem of Meaning

The rabbinic mashal (parable) tradition emerges from a recognition that certain truths cannot be communicated directly but must be approached obliquely, through narrative forms that create space for discovery rather than mere transmission [6]. Unlike fables, which typically conclude with explicit moral lessons, the mashal operates through what we might call "semantic suspension"—a deliberate withholding of final meaning that invites ongoing interpretation.

Rabbi Nachman of Bratzlav's approach to storytelling exemplifies this dynamic [6]. His tales function not as vehicles for predetermined meanings but as generative spaces where significance emerges through the encounter between text and reader. The story itself becomes a kind of sacred space, a locus where the divine and human meet in the act of interpretation.

Kafka and the Parable of Unreadability

Franz Kafka's relationship to parabolic form represents both continuation and radical departure from traditional approaches [5,6]. His famous meta-parable "On Parables" directly thematizes the interpretive challenge: "All these parables really set out to say merely that the incomprehensible is incomprehensible, and we knew that already." Yet this apparent dismissal masks a deeper engagement with the parabolic structure itself.

Kafka's genius lies in his recognition that the parable's power emerges precisely from its resistance to closure. His narratives function as what we might call "impossible parables"—texts that generate meaning through their very refusal to yield stable interpretation. This creates what Benjamin identifies as the "aura" of the parabolic text: its capacity to maintain its mystery even under intensive interpretive scrutiny [5].

Benjamin's Constellation of Meaning

Walter Benjamin's approach to parabolic thought through his concept of "constellation" provides a crucial bridge between traditional and contemporary understandings [7]. For Benjamin, meaning emerges not through linear interpretation but through the sudden recognition of previously hidden connections—what he calls the "dialectical image" that flashes up in moments of interpretive insight.

This non-linear approach to meaning-making prefigures contemporary hermeneutic approaches that emphasize the participatory nature of understanding [7]. The interpreter is not external to the parable but becomes part of its meaning-generating structure.

The Patient as Parable - Extending Tzimtzum Hermeneutics

Building upon our previous application of tzimtzum hermeneutics to medical encounters [2], we can now examine how the patient-as-parable approach represents a synthesis of mystical interpretation with broader philosophical frameworks for understanding therapeutic relationships.

Our earlier work established that patients undergo

"phenomenological contraction" as complex, multidimensional experiences of illness are compressed into reportable symptoms and signs [2]. This process of linguistic tzimtzum requires physicians to function as hermeneutical interpreters, much as the Alter Rebbe interpreted infinite spiritual concepts through finite parabolic structures. The current analysis extends this insight by demonstrating how traditional parabolic interpretation provides methodological frameworks for this hermeneutical work.

Our concept of "patient as sacred text" represents a fundamental challenge to the reductionist tendencies of contemporary biomedicine, which often treats patients as collections of symptoms and laboratory values [3,8]. Just as traditional parables resist reduction to simple moral lessons, patients resist reduction to diagnostic categories. Our previous research on Actor-Network Theory approaches to healthcare [1] revealed how this reduction obscures the complex networks of meaning that constitute authentic healing relationships.

The patient-as-parable approach recognizes that each therapeutic encounter involves what we might call "incarnate meaning"—significance that is embedded in the lived experience of illness, suffering, and healing rather than abstracted into universal diagnostic criteria [9,10]. Like the rabbinic mashal, the patient's story requires not just technical analysis but interpretive engagement that honors the uniqueness of each individual narrative, while drawing upon the wisdom traditions explored in our philosophical allegory research [1].

The Hermeneutic Circle in Clinical Practice

The application of hermeneutic philosophy to medical practice, as developed in our previous work [3,11], emphasizes the interpretive nature of the clinical encounter. This approach recognizes that understanding a patient involves the same kind of circular movement between part and whole that characterizes textual interpretation: individual symptoms gain meaning only within the context of the patient's overall life story, while that life story is illuminated by attention to particular details.

This hermeneutic approach mirrors both the way traditional parables function and the mystical interpretation processes examined in our tzimtzum research [2]. Just as a parable's meaning emerges through the interplay between narrative details and overarching significance, and just as divine communication requires progressive revelation through sustained contemplative engagement, a patient's condition becomes comprehensible only through the integration of biomedical data with lived experience, cultural context, and existential meaning [12].

Our previous analysis of Plato's Cave versus Ramchal's maze revealed fundamental tensions between autonomous rational discovery and guided receptive interpretation [1]. The patient-as-parable approach synthesizes these models by requiring both analytical competence and contemplative receptivity, both scientific rigor and spiritual sensitivity.

Continuing Dialectical Analysis

Our prior work on sacred and profane space in therapeutic encounters revealed how the clinical setting can become a liminal zone where conventional categories blend and transform [1,13]. This insight connects directly to the parabolic tradition's creation of interpretive spaces that transcend ordinary categories of understanding, while building upon our tzimtzum analysis of how divine presence manifests through concealment and revelation [2].

Like the sacred grove or temple precinct where parables were often shared, the therapeutic encounter creates what we might call "hermeneutic sanctuary"—a protected space where vulnerable truths can be shared and explored without the demands for immediate closure that characterize much of contemporary discourse [14]. This liminal understanding resonates with our previous analysis of both Plato's cave as threshold space between shadow and light, and Ramchal's maze as transitional zone between confusion and clarity [1].

Building upon our previous comparative analysis of rationalist versus revelatory approaches to guidance [1] and our application of tzimtzum hermeneutics to therapeutic interpretation [2], we can now examine broader convergences and divergences between traditional parabolic thought and contemporary healing practice.

Shared Resistance to Instrumental Reason

Both traditional parables and the patient-as-parable approach share a fundamental resistance to what Max Weber called "instrumental rationality"—the reduction of all phenomena to means-ends calculations [15]. Our previous research demonstrated how this resistance manifests differently in Platonic versus Ramchalic approaches to therapeutic guidance [1], while our tzimtzum analysis revealed how divine communication transcends purely rational categories [2].

Traditional parables resist this reduction by refusing to function as simple moral technologies, while the patient-as-parable approach resists the reduction of healing to mere technical intervention [16,17]. This shared resistance creates what we might call "spaces of contemplation" within otherwise instrumentalized domains—spaces that our Actor-Network Theory analysis showed are essential for authentic healing relationships [1].

Both the parable and the patient demand what our previous work has termed "sacred listening"—an experiential encounter that transcends merely rational engagement [11,18]. This concept, developed through our mystical hermeneutics research [2], now finds broader context within traditional parabolic interpretation where meaning emerges through sustained contemplative engagement rather than analytical dissection.

The Question of Authority and Interpretation

Our previous analysis revealed crucial differences between Platonic emphasis on autonomous rational discovery and Ramchal's stress on receptive guidance from spiritual authority

[1]. A parallel difference emerges in comparing traditional parabolic communities with contemporary therapeutic relationships.

Traditional parables, particularly in their rabbinic context, were often embedded within hierarchical interpretive communities where certain readings carried institutional weight [6]. The patient-as-parable approach, by contrast, necessarily involves a more dialogical interpretive process where patient and practitioner engage as co-interpreters of the patient's experience [19], reflecting the covenantal rather than contractual therapeutic model established in our philosophical allegory research [1].

This shift reflects broader cultural movements from authoritarian to more participatory models of meaning-making, while maintaining the insight from our tzimtzum analysis that interpretation requires contemplative receptivity to transcendent communication [2]. Yet both contexts share recognition that interpretation cannot be mechanized—it requires wisdom, sensitivity, and what we might call "interpretive virtue" [20].

Temporality and the Unfolding of Meaning

Our previous work on convalescence as spiritual expansion [2] revealed how healing involves gradual revelation of meaning contracted within illness experience. This insight connects directly to how both parables and patients exist in what we might call "narrative time" rather than purely chronological time [21].

Traditional parables often employ temporal compression or expansion to create interpretive effects, while the patient-as-parable approach recognizes that healing occurs within the context of the patient's life story rather than as isolated medical intervention [22,23]. Our philosophical allegory research demonstrated how both Plato's cave journey and Ramchal's maze navigation require temporal patience and progressive revelation [1].

This shared attention to narrative temporality creates space for what Benjamin calls "messianic time"—moments of interpretive breakthrough that cannot be predicted or controlled but emerge from sustained engagement with mystery [5]. Our tzimtzum framework provides the hermeneutical infrastructure for understanding how such revelatory moments occur through therapeutic relationship [2].

Toward a Parabolic Pedagogy

Our previous research established the need for hermeneutical competence in medical education, proposing training programs that develop narrative sensitivity, contemplative practice, cultural humility, and spiritual literacy. The comparison between traditional parables and patient encounters now suggests more specific pedagogical approaches that build upon our philosophical allegory frameworks [1].

Such education might include close reading of both traditional parables and patient narratives, attention to the hermeneutic

dimensions of diagnosis, and cultivation of what our previous work identified as the capacity for sacred listening. The contrast between Platonic autonomous discovery and Ramchalic guided interpretation [1] suggests that medical education must prepare students for both independent clinical reasoning and receptive engagement with transcendent dimensions of healing.

This parabolic pedagogy would integrate insights from our Actor-Network Theory analysis [1], recognizing that healing emerges through complex networks of relationships rather than individual clinical expertise. Students would learn to read not only individual patients as texts but entire therapeutic networks as interpretive communities requiring skilled facilitation.

Deepening Sacred Listening and Interpretive Presence

Building upon our established concept of "sacred listening" and our analysis of covenantal versus contractual therapeutic relationships [1], the parabolic approach to patient care suggests refined practical modifications to clinical practice. Rather than rushing toward diagnostic closure, practitioners might cultivate what we could call "interpretive patience"—the capacity to remain present to patients' stories without premature reduction to medical categories [24,25].

This approach synthesizes insights from our tzimtzum research with our philosophical allegory analysis [1]. Like the cave-dweller who requires gradual preparation for the light of truth, or the maze-walker who must trust step-by-step guidance, patients need therapeutic relationships that honor both their autonomous capacity for growth and their need for skilled interpretive assistance.

The approach does not reject biomedical knowledge but situates it within the broader hermeneutic framework established in our previous work [26]. Like the interpreter of parables who must balance attention to textual details with openness to larger patterns of meaning, the clinician must integrate scientific knowledge with hermeneutic sensitivity developed through contemplative practice [27]

Actualizing Sacred-Profane Integration

The sacred-profane dialectic identified in our previous work [1,13] suggests possibilities for institutional transformation that would support more parabolic approaches to patient care. This might involve physical modifications to clinical spaces that support contemplative engagement, temporal restructuring that allows for deeper listening, and cultural changes that value interpretive wisdom alongside technical expertise [28].

Our Actor-Network Theory analysis revealed how current healthcare systems often fragment healing relationships through hierarchical authority structures and technical interventions that bypass holistic engagement [1]. The parabolic approach suggests institutional designs that create what our previous work called "hermeneutic sanctuary"—spaces where vulnerable truths can be shared and explored within supportive interpretive communities.

These transformations would reflect insights from both our philosophical allegory research and our mystical hermeneutics work, creating clinical environments that support both rational analysis and contemplative receptivity, both technical competence and spiritual sensitivity.

The Divine-Human Encounter in Parabolic Space

Both traditional parables and patient encounters can be understood as spaces where the divine-human encounter occurs through concealment and revelation [29,30]. Traditional parables often encode theological insights within seemingly secular narratives, while the patient-as-parable approach recognizes divine presence manifesting through the vulnerability and mystery of human suffering.

This theological dimension does not require explicit religious belief but does suggest that both parabolic interpretation and patient care involve encounter with dimensions of reality that transcend purely empirical investigation [31].

The Problem of Suffering and the Limits of Explanation

Traditional parables often wrestle with the problem of theodicy—the question of how suffering can coexist with divine goodness [6]. Similarly, the patient-as-parable approach must confront what Ungar-Sargon identifies as "the problem of evil in therapeutic encounters"—the reality that medical intervention cannot eliminate the fundamental mystery of human suffering [32].

Both contexts suggest that meaning emerges not through the resolution of these mysteries but through sustained engagement with them. The parable and the patient both teach us to live within questions rather than demanding premature answers.

Drawing on Kabbalistic concepts of divine presence and concealment, we can understand both parables and patients as spaces where meaning emerges through the interplay of revelation and hiddenness [33,34]. Ungar-Sargon's work on divine presence and concealment in therapeutic spaces provides a framework for understanding how authentic encounter requires tolerance for ambiguity and mystery [35]. This dialectical structure protects both parables and patients from instrumentalization while creating space for genuine transformative encounter.

Toward an Integrated Hermeneutic of Care

The comparison between traditional parabolic thought and the patient-as-parable approach suggests possibilities for developing what we might call an "integrated hermeneutic of care" that draws on insights from both textual interpretation and therapeutic practice. Such an approach might contribute to fields ranging from medical humanities to pastoral care to psychotherapy.

Future research might explore specific techniques for cultivating interpretive sensitivity in clinical settings, methods for integrating parabolic pedagogy into medical education, and ways of measuring the effectiveness of hermeneutically

informed approaches to patient care.

The parabolic approach to patient care faces several significant challenges. The time pressures of contemporary medical practice make sustained interpretive engagement difficult. Insurance systems reward rapid diagnostic closure rather than hermeneutic patience. Professional liability concerns may discourage the kind of open-ended engagement that parabolic interpretation requires. Additionally, the comparison between parables and patients must be handled carefully to avoid reducing patients to mere texts or stories. Patients are embodied persons whose suffering is real, not simply interpretive challenges. The patient-as-parable approach must maintain this crucial distinction while still benefiting from hermeneutic insights.

The Question of Outcomes and Evidence

Contemporary medical practice increasingly emphasizes evidence-based outcomes, which may seem incompatible with the parabolic approach's tolerance for ambiguity and mystery. However, Ungar-Sargon's work suggests that effective listening and hermeneutic engagement actually improve clinical outcomes, suggesting that the apparent opposition between interpretive depth and clinical effectiveness may be false.

Future research might investigate correlations between hermeneutically informed clinical practice and various outcome measures, including patient satisfaction, treatment adherence, and psychological well-being.

The Parabolic Vision: Transforming Medical Practice

This analysis has built upon our previous research establishing philosophical allegories as frameworks for healing relationships [1] and applying tzimtzum hermeneutics to patient narratives by demonstrating how traditional parabolic discourse provides comprehensive interpretive frameworks for understanding therapeutic encounters as fundamentally hermeneutical engagements.

The comparison between traditional parabolic thought and the patient-as-parable approach reveals profound connections that extend and synthesize our earlier findings. Our initial work contrasting Platonic autonomous discovery with Ramchal's guided revelation [1] finds broader context within parabolic traditions that balance interpretive authority with dialogical engagement. Our subsequent application of tzimtzum hermeneutics to medical encounters [36] now connects to wider wisdom traditions that understand meaning as emerging through the interaction of contraction and expansion, concealment and revelation.

Our third essay has progressively deepened understanding of hermeneutical dimensions in medical practice:

Philosophical Foundations: Our initial analysis of classical allegories established that therapeutic relationships require frameworks that can address fundamental tensions between rationalist and revelatory approaches to truth and guidance [1]. The contrast between Plato's cave and Ramchal's maze revealed how different philosophical assumptions about

human nature and knowledge acquisition lead to different models of therapeutic authority and patient agency.

Mystical Hermeneutics: Our subsequent work on tzimtzum interpretation provided specific methodological tools for reading patients as "living parables" requiring contemplative engagement [2]. This framework offered practical approaches to sacred listening, progressive revelation, and the integration of technical competence with contemplative wisdom.

Synthetic Framework: This current analysis demonstrates how traditional parabolic wisdom provides meta-hermeneutical understanding that can integrate insights from both philosophical and mystical approaches. The parabolic vision of healing situates therapeutic encounters within broader wisdom traditions while maintaining relevance for contemporary clinical practice.

The parabolic vision of healing suggested by this synthetic analysis does not reject biomedical knowledge but situates it within a broader framework that honors the interpretive dimensions of human encounter. Like the traditional parable that conceals its deepest insights within apparently simple narratives, the patient-as-parable approach recognizes that healing often occurs through processes that transcend purely technical intervention.

This vision integrates our previous findings about covenantal versus contractual therapeutic relationships [1] with our insights about divine communication through clinical encounter [2]. The result is an approach to healing that honors both the mystery of human existence and the genuine insights of biomedical science, while providing practical methodologies for interpretive engagement.

Our research program demonstrates possibilities for medical practice that integrates scientific rigor with hermeneutic wisdom, technical competence with interpretive sensitivity, and professional expertise with contemplative presence. The synthesis reveals how ancient wisdom traditions can inform contemporary healthcare without displacing scientific knowledge, but rather by providing the interpretive frameworks necessary for its full human application.

Future Directions

This trilogy of studies opens several avenues for future investigation that build upon established foundations:

Empirical Validation: Research comparing therapeutic outcomes using parabolic interpretation approaches versus conventional medical models, building upon our theoretical frameworks with clinical outcome data.

Cross-Cultural Analysis: Examining how parabolic wisdom from different cultural traditions (Buddhist, Islamic, Indigenous) might enrich our established frameworks while maintaining methodological rigor.

Training Integration: Developing comprehensive educational programs that integrate philosophical allegory analysis, mystical hermeneutics, and parabolic interpretation into medical humanities curricula.

Institutional Application: Implementing our Actor-Network

Theory insights [1] with parabolic pedagogy to create healthcare institutions that support contemplative clinical practice. Interdisciplinary Expansion: Exploring applications of our hermeneutical frameworks in nursing, chaplaincy, social work, and other healing professions.

The Continuing Journey: From Cave to Maze to Parable

Our research journey has moved from philosophical allegory through mystical hermeneutics to parabolic synthesis, revealing progressively deeper dimensions of interpretive engagement in healing relationships. Like the cave-dweller who gradually prepares for the light of truth, the maze-walker who learns to trust transcendent guidance, and the parable-reader who discovers meaning through sustained contemplation, the healing relationship requires patience, wisdom, and openness to transformation.

The patient-as-parable approach thus represents not merely a novel clinical technique but a fundamental reorientation toward healing that draws on some of the deepest insights of human interpretive tradition. In recognizing patients as sacred texts requiring interpretive engagement, we recover a vision of medical practice that serves not only the restoration of biological function but the deeper human need for meaning, connection, and transcendence.

As we face the challenges of increasingly technologized and bureaucratized healthcare systems, our parabolic framework offers resources for maintaining the essentially human dimensions of healing encounter. Like the traditional parable that preserves its transformative power across centuries of interpretation, the patient-as-parable approach suggests possibilities for therapeutic engagement that remain vital and life-giving even within the constraints of contemporary medical practice.

The ancient wisdom of parabolic discourse thus finds new expression in contemporary therapeutic encounter, creating spaces where healing and interpretation, science and wisdom, technique and contemplation can be integrated in service of more complete human flourishing. This integration does not eliminate the tensions between these domains but transforms them into creative dialectics that generate new possibilities for authentic healing encounter.

This paper completes our trilogy examining hermeneutical dimensions of medical practice through philosophical allegory, mystical hermeneutics, and parabolic synthesis. Future research will extend these foundations into empirical validation and practical implementation across diverse healthcare contexts.

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