

## An Economy of Delight: Sha'ashu'im, Jouissance, and the Erotics of Healing

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## ABSTRACT

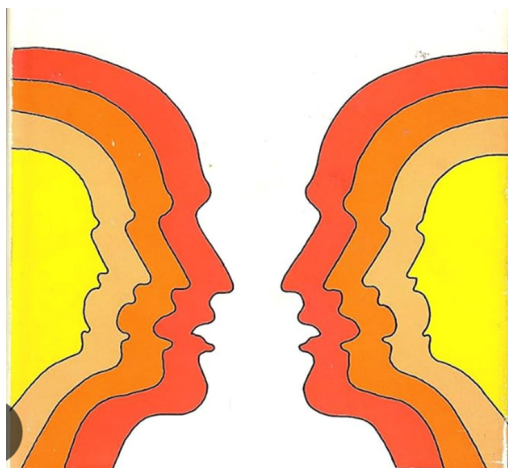
This paper argues that at the core of the doctor–patient relationship lies a structure of delight — not pleasure in the ordinary clinical sense of relieved symptoms or satisfied metrics, but the far older theological category the Hebrew tradition names sha'ashu'im (שֵׂאֲשׁוּ׳יִם). Beginning from Proverbs 8:30 — “I was His delight day after day” — the tradition gradually transformed a word for play and cherished affection into one of the deepest names for creation itself, a name for the way the Infinite seeks relationship with the finite through the dialectic of concealment and revelation.

I trace the genealogy of sha'ashu'im across the Tanakh, midrash, Talmud, the Bahir and Zohar, Lurianic Kabbalah, Chabad and Breslov Hasidism, and the cosmic creativity of Rav Kook, drawing especially on Elliot R. Wolfson's reading of divine delight as the experience of unity discovering itself through difference. I then place this cosmic symbol in critical dialogue with its apparent secular twin and shadow: the Lacanian concept of jouissance, the painful surplus enjoyment that emerges when the subject transgresses the pleasure principle. Where sha'ashu'im names a delight that completes through relation, jouissance names an enjoyment that consumes through the foreclosure of relation. The clinic, I argue, is the precise site where these two economies of enjoyment contend.

Building on my published essays on the therapeutic tzimtzum, the “space between” healer and patient, revelation-in-concealment, the patient as sacred text, and sacred listening [1-4], I advance a thesis: the therapeutic encounter, when it succeeds, is a re-enactment of cosmic sha'ashu'im. The physician who contracts the self to make room for the patient, who does not abolish concealment but creates a space in which revelation may emerge from within it, participates in the same structure by which, in much of Kabbalah and Hasidut, the world exists at all. The deepest satisfaction of medicine is not the removal of distance but the discovery of intimacy through distance. Medicine's characteristic pathologies — burnout, the commodified “self-serving loop,” defensive practice, the reduction of the patient to a data object — are correspondingly read as the clinic's drift from sha'ashu'im into jouissance.

## KEYWORDS

Medical humanities, Doctor–patient relationship, Sha'ashu'im, Jouissance, Kabbalah, Tzimtzum, Elliot R. Wolfson, Jacques Lacan, Hermeneutic medicine, Therapeutic presence.



make room for the other [2]; and that the deepest disclosures of the clinic occur not despite concealment but through it — revelation in concealment [3]. What I have not yet done, and what this paper attempts, is to name the affective core of that whole structure. That core, I will argue, is *sha'ashu'im*: cosmic delight, re-enacted in miniature each time a clinician makes room for a patient to appear.



## Introduction

### The Doctor Who Listens

There is a sentence that the chronically ill say to certain physicians and to almost no others. Some version of it recurs across my own practice in neurology and pain medicine with a regularity that ought to disturb the profession: “*You’re the only doctor who actually listens to me*” [5]. Read at the surface, the sentence is a compliment. Read structurally, it is an indictment, because it implies that listening — the most elementary act of the clinical relationship — has become rare enough to be remarkable. But there is a third reading, and it is the one this paper pursues. The sentence is a report of delight. The patient is describing not a service rendered but an event undergone: the experience of being received, of being made room for, of becoming present to another and discovering oneself in the process. That event has a name in the tradition from which I write, and the name is far stranger and far older than “rapport” or “patient satisfaction”. The name is *sha'ashu'im*.

*Sha'ashu'im* (שֶׂאֵשׁוּ'יִם) is among the richest words in the Jewish theological lexicon. It denotes delight, intimate pleasure, play, cherished affection, and mutual enjoyment. Over the long arc of the tradition it migrated from a description of human joy into a metaphysical category describing the relationship between God, Torah, the *Shekhinah*, and Israel — and, in its boldest Kabbalistic and Hasidic developments, into a name for the purpose of creation itself. The world exists, on this reading, because the Infinite desired relationship; and relationship, for reasons I will develop, is impossible without concealment, distance, and difference. Delight is what is generated in the play between hiddenness and disclosure.

My wager is that this is not merely a theological curiosity but a precise description of what happens — and what fails to happen — in the consulting room. I have argued across a series of essays that the doctor–patient relationship is best understood as a *hermeneutic* relationship: the patient is a sacred text, presented to be read rather than a malfunction to be repaired; [6] that healing transpires in the “space between” the two parties rather than inside either of them [1]; that this space is constituted by a kind of self-contraction on the physician’s part, a clinical *tzimtzum* that withdraws the ego to

To sharpen the claim I set it against a rival. The twentieth century produced its own theory of enjoyment beyond ordinary pleasure, and it is in many respects the photographic negative of *sha'ashu'im*. Jacques Lacan’s *jouissance* — the surplus, transgressive enjoyment that lies beyond the pleasure principle and that characteristically turns to pain — also concerns an excess, also concerns a relation to lack and to the Other, also concerns the limits of language [7,8]. But where *sha'ashu'im* describes an excess that completes through relation, *jouissance* describes an excess that consumes through the foreclosure of relation. The clinic, I will argue, is precisely the place where these two economies of enjoyment contend for the same encounter. The thesis of the paper, stated baldly, is therefore double: that delight is the hidden telos of the therapeutic relationship, and that the recognizable pathologies of contemporary medicine are what delight looks like when it collapses into its shadow.

Before proceeding I should say plainly what kind of claim this is and what kind it is not. I am not claiming that physicians ought to be theologians, or that the consulting room ought to be re-sacralized in any confessional sense, or that delight is a technique to be deployed. I am claiming that there is a phenomenon at the heart of good medicine — attested by patients, known to every clinician who has experienced it, and conspicuously absent from the official vocabulary of the field — and that the most precise description of this phenomenon ever developed happens to lie in a body of Jewish mystical reflection on the word *sha'ashu'im*. To use that description is not to import its metaphysics wholesale; it is to borrow a finely-machined instrument for seeing something we are otherwise prone to miss. A cardiologist who speaks of the heart’s “electrical conduction” is not committing to a metaphysics of electricity; she is using the best available language for a real structure. I use *sha'ashu'im* in the same spirit, as the best available language for the relational delight on which healing turns.

The paper proceeds in four movements. The first (§3–4) reconstructs the genealogy of *sha'ashu'im* from biblical seed to cosmic symbol, culminating in Wolfson's reading of delight as the structure of divine self-disclosure. The second (§5–7) develops the structural condition of that delight — *tzimtzum*, the manufacture of distance — and sets the whole account against its secular shadow, Lacan's *jouissance*. The third (§8–9c) makes the clinical argument proper, showing the doctor–patient relationship to be a re-enactment of cosmic delight and tracing its operation through listening, the gaze, and the three Zoharic relations. The fourth (§10–12) reads the pathologies of contemporary medicine as the collapse of delight into its shadow, answers objections, and concludes.

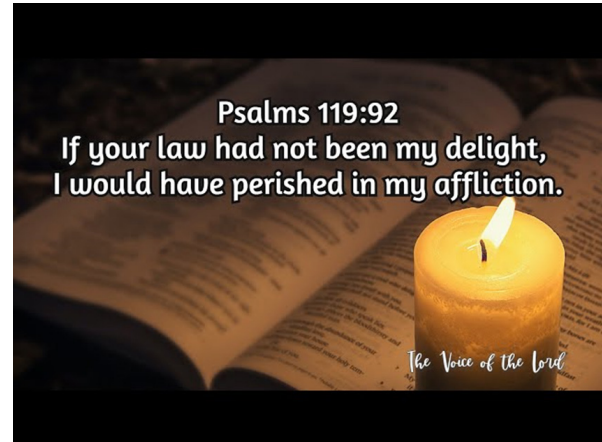
### A Note on Method: Theology as Clinical Theory

A medical reader is entitled to ask why a clinical theory should be built on Kabbalistic symbols and Lacanian metapsychology rather than on outcomes data. I have addressed the epistemological tension at length elsewhere and do not wish to soften it here: a spiritually-oriented hermeneutic of medicine sits uneasily beside the methodological demands of evidence-based practice, and it risks reintroducing pre-scientific thinking into the clinic if it is allowed to displace rather than supplement empirical reasoning [3]. I take that risk seriously and bound my claims accordingly. This paper is a work of theory in the medical humanities, not a clinical trial. It does not claim that invoking *sha'ashu'im* cures disease. It claims something more modest and, I think, more defensible: that the categories by which we describe the clinical relationship shape what we are able to notice within it, and that the dominant categories — satisfaction, compliance, throughput, even “empathy” understood as a billable competency — systematically fail to capture the event that patients themselves report as decisive.

The method, then, is comparative and phenomenological. I treat theology not as a source of supernatural claims to be adjudicated but as a refined descriptive vocabulary developed over millennia for exactly the phenomena — presence, concealment, the generativity of distance, the relation between a self and what exceeds it — that the clinic stages and that biomedicine has no language for. Lacan serves the complementary function of a hostile witness: a thoroughly secular, indeed anti-religious, theorist who arrives at a structurally parallel account of enjoyment and lack, and whose divergences from the Kabbalistic account are therefore diagnostic. Where the two frameworks agree, we have triangulated something real about human encounter. Where they diverge — most decisively on whether the Other exists and whether the gap between self and other is generative or merely traumatic — we have located the precise fork at which a clinical relationship turns toward healing or toward harm.

Throughout I read “mashal” as parable/mashal, and I follow Wolfson in describing the resulting metaphysics as apophatic acosmism rather than as any simple pantheism or theism [9]. These are not idle terminological preferences; as will become clear, the whole argument turns on the claim that reality is neither identical with the divine nor severed from it — a structure that maps with

surprising exactness onto the relation between a physician and a patient who are neither merged nor estranged.



### Sha'ashu'im I — From Human Joy to Cosmic Symbol The biblical seed

The noun appears chiefly in Wisdom literature and the Psalms. The Psalmist twice makes Torah his *sha'ashu'im*:

לוֹלֵי תוֹרַתְךָ שְׂשַׁעְי אֹז אֶבְרַתִּי בְּעַנְיִי:

Were not Your teaching my delight  
I would have perished in my affliction.

“*Had not Your Torah been my delight, I would have perished in my affliction*” (Ps 119:92), a verse in which delight is not decoration but survival, the thing that holds a person together under suffering. Here already the word does double duty: it names a pleasure, but a pleasure that does the work of salvation. The decisive verse, however, is Proverbs 8:30,

וְאֶהְיֶה אֶצְלוֹ אֱמוּן וְאֶהְיֶה שְׂשַׁעְוֵם יוֹם יוֹם מִשְׁחֶקֶת לְפָנָיו בְּכָל־עֵת:

I was with [God] as a confidant,<sup>d</sup> confidant Or “protégée.”  
A source of delight every day,  
Rejoicing before [God] at all times,

where Wisdom — read by the later tradition as Torah, and by the boldest readers as an aspect of God's own self — declares: “I was beside Him as a nursling (*amon*), and I was *sha'ashu'im*, day after day”. Delight here is *primordial*: it precedes the world. Before there is anything to enjoy, there is enjoyment. This single clause becomes the seed crystal around which virtually all later mystical reflection on delight will form.

It is worth slowing down on Proverbs 8:30, because the rabbinic tradition built so much on its ambiguity. The word *amon* — rendered above as “nursling” — was already read in antiquity in at least three ways: as *amon* the nursling or ward; as *oman*, the craftsman or master-worker; and, by transposition, as *omen*, a kind of faithful constancy. Genesis Rabbah (1:1) famously gathers these

readings so that Wisdom/Torah is at once God's beloved child, His instrument of craft ("I looked into the Torah and created the world"), and His steady companion.

Rabbi Hoshaya the Great began: "I \*The speaker is Wisdom (the Torah) personified, was with Him as an *amon*, a delight day after day..." (Proverbs 8:30) – *amon* means a child's caretaker, *amon* means covered, *amon* means hidden, and some say *amon* means greatness. *Amon* means a child's caretaker, as it says: "As a caretaker [omen] carries a nursing child" (Numbers 11:12). *Amon* means covered, as it says: "Those covered [ha'emunim] in scarlet..." (Lamentations 4:5). *Amon* means hidden, as it says: "He was omen \*This is expounded to mean that Mordechai hid Esther from the emissaries of *Ahashverosh*, Hadassa" (Esther 2:7). *Amon* means great, as it says: "Are you better than No Amon [which sits in the rivers]?" (Nahum 3:8), which we translate in Targum as: Are you better than the great city of Alexandria, \*No (or No Amon) is the name of a city in Egypt. Targum identifies this city as *Alexandria*, and explains *Amon* to mean great, which is located among the rivers?

Another matter, *amon* means artisan [uman]. The Torah is saying: 'I was the tool of craft of the Holy One blessed be He.' The way of the world is that when a flesh-and-blood king builds a palace he does not build it based on his own knowledge, but rather based on the knowledge of an artisan. \*A professional builder. And the artisan does not build it based on his own knowledge, but rather, he has [plans on] sheets and tablets by which to ascertain how he should build its rooms, how he should build its doors. So too, the Holy One blessed be He looked in the Torah and created the world. The Torah says: "Bereshit God created" (Genesis 1:1), and *reshit* is nothing other than the Torah, as it says: "The Lord made me at the beginning of [*reshit*] His way" (Proverbs 8:22). \*Be-*reshit* is interpreted as 'by means of the Torah.'

What unites them is the second clause: in every reading, Wisdom is *sha'ashu'im*, delight, "day after day". The delight is the constant; the metaphysical role of the beloved — child, craft, companion — varies around it. For my argument this matters because it shows that, from the earliest layer, delight was understood as prior to and more fundamental than any particular relation it took. Delight is not a property of the relationship; the relationship is an occasion of the delight. The clinical analogue is exact: the various roles a physician plays — diagnostician, technician, companion — are occasions of a delight that is more fundamental than any of them, and a medicine that retained the roles while losing the delight would have kept the husk and discarded the seed.



הבן יקיר לִי אֶפְרַיִם אִם יֵלֵד שְׁעֵשְׂעִים כִּי־מַדִּי דְבַרְלִי בּוֹ זָכַר אֶזְכְּרֶנּוּ עוֹד עַל־כֵּן  
הָמוּ מֵעַי לֹא רָחַם אֶרְחַמֶנּוּ נְאֻם־יְהוָה: (ס)

Truly, Ephraim is a dear son to Me,  
A child that is dandled!  
Whenever I have turned<sup>k</sup> against him,  
My thoughts would dwell on him still.  
That is why My heart yearns for him;  
I will receive him back in love  
—declares GOD.

The Jeremiah material adds a second note that the tradition never lets go of. "Is Ephraim a precious son to Me, a child of delight?..."

therefore My innards yearn for him" (Jer 31:20): although the noun *sha'ashu'im* is read into rather than out of the verse, the rabbis return to it constantly because it binds delight to yearning and to the viscera — *hamu me ai*, "My innards churn". Delight here is not serene; it is the ache of a parent for a wayward child, a delight shot through with grief and longing. This is the tradition's answer, centuries in advance, to the worry that *sha'ashu'im* might be a sentimental category: divine delight includes the churning of the innards over what one loves and cannot save. Any clinician who has loved a patient toward an outcome they could not secure knows this delight precisely — the delight that yearns, that is not the absence of grief but its dignified form.

### Midrash and the erotics of reading

Although the noun itself is rare in the Song of Songs, the rabbis read the entire book as an extended grammar of *sha'ashu'im*. The lovers become God and Israel, Torah and Israel, God and the *Shekhinah*; the kisses, fragrances, gardens, and vineyards become forms of divine delight. The Tanhuma can therefore state plainly that "the Holy One desired to have delight with the righteous", making creation an act of divine desire for relationship. What is crucial for my purposes is the hermeneutic form this takes: delight is generated precisely in the act of reading one thing as another, of treating the beloved as a text whose every surface conceals and discloses. The erotic and the interpretive are, from the start, the same gesture.

### Torah before creation; God at study

The Talmud (Pesachim 54a; Avodah Zarah 3b)

תּוֹרָה, דְּתִיב: "ה' קָנְנִי רֵאשִׁית דְּרַכּוֹ". תְּשׁוּבָה, דְּתִיב: "בְּטָרְם הָרִים יְלֹדוּ",  
וְתִיב: "תֵּשֶׁב אָנוּשׁ עַד דְּכָא וְתִמְקַר שׁוּבוּ בְנֵי אָדָם".

The Gemara provides sources for the notion that each of these phenomena was created before the world was. Torah was created before the world was created, as it is written: "The Lord made me as the beginning of His way, the first of His works of old" (Proverbs 8:22), which, based on the subsequent verses, is referring to the Torah. Repentance was created before the world was created, as it is written: "Before the mountains were brought forth, or ever You had formed the earth and the world, even from everlasting to everlasting, You are God," and it is written immediately afterward: "You return man to contrition; and You say: Repent, children of man" (Psalms 90:2-3).

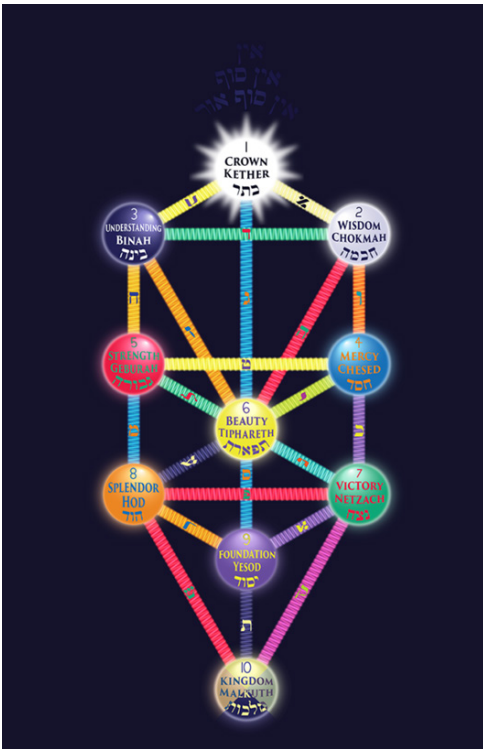
develops the Proverbs verse into a cosmology: Torah pre-exists the world and is the object of God's eternal delight, and God is imagined spending a portion of each day in study — delighting in Torah as one delights in a beloved. The point is not the anthropomorphism but its implication: at the ground of being there is an activity of loving attention to a text. The universe is underwritten by an act of reading-with-delight. I will return to this; it is, almost without modification, a description of what the attentive clinician does at the bedside.

### The delight of the King and Queen

Early Kabbalah turns delight into a metaphysical principle. In the

*Bahir*, divine delight becomes the inner movement of emanation, the joy through which divine life flows outward; creation exists because of God's delight in self-disclosure.

The *Zohar* employs language of **ta'anug** (delight), **re'uta** (desire), and **Sha'ashu'im** (playful delight), because they all belong to the same symbolic economy of divine pleasure and locates it in three relations: between God and Torah, between God and Israel (where the performance of *mitzvot* generates divine enjoyment), and, most mystically, between the masculine *Tiferet* and the feminine *Shekhinah*. The union of these dimensions of divinity is described as the *sha'ashu'im* of King and Queen, and the cosmos is said to exist in order to facilitate it. Delight is the reason there is a world.



### The delight that rises from below

For Rabbi Isaac Luria the great mystic from Safed, the concept fuses with the purpose of creation. Before creation, Infinite Light filled all reality and God possessed perfect self-delight; creation introduces the possibility of a new delight — *sha'ashu'a de-letata*, delight arising from below — generated by finite beings and impossible in undifferentiated unity. The return of the finite to the Infinite produces a pleasure that the Infinite could not have alone. This is the hinge of the entire tradition: the existence of an other is the condition of a delight unavailable to the one. I will argue that the clinic is one of the places where *sha'ashu'a de-letata* is still manufactured — a delight that rises from the encounter with the patient and that no amount of solitary expertise can produce.

### Essential delight and the joy that returns

No movement develops the concept further than Chabad. In the *Tanya*, the *mitzvah* produces *nachat ruach* — “pleasure before

Him” — which is divine delight in another idiom. The Lubavitcher Rebbe<sup>1</sup> repeatedly returns to Proverbs 8:30 and distinguishes essential delight (God's delight in Himself), relational delight (God's delight in creation), and messianic delight — *dirah be-tachtonim*, a dwelling place for God below, which yields the greatest possible *sha'ashu'im*.

*And even more comprehensive than all these days is Simchas Torah, which comprises the whole month of Tishrei, for what is elicited on that day is the all-embracing Supernal makkif, which is known as 'the King's own delights,' the 'Crown' of the Torah. [This revelation is drawn downward on Simchas Torah by dancing [with the Torah], and this transcends by far the limits of mortal understanding.]*

Rebbe Nachman of Breslov reads delight psychologically: joy is itself a path to God, and the *tzaddik* awakens a forgotten delight hidden within the soul — a formulation with obvious resonance for any clinician who has watched a despairing patient rediscover the will to live.



### Rav Kook: delight as cosmic creativity

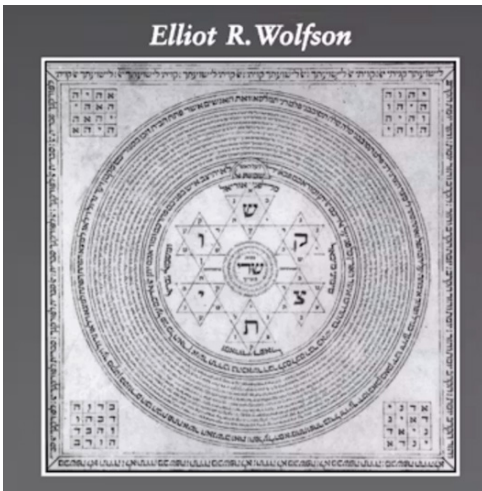
Abraham Isaac Kook universalizes the symbol. Creativity, Torah study, scientific discovery, and spiritual growth are all forms of *sha'ashu'im*; every authentic act of creation reflects the primordial delight that preceded the world. For Kook the researcher at the bench and the mystic in prayer participate in the same divine play. This matters for the medical reader because it dissolves the supposed opposition between the science of medicine and its art: on Kook's reading, the diagnostic act, done with full attention and love of truth, is itself a mode of delight, not a cold preliminary to the warm part of the encounter.

The history can be summarized as a single trajectory: a biblical word for delight in Torah becomes, by way of midrashic eros, Talmudic pre-existence, Zoharic union, Lurianic purpose, Chabad essence, Breslovian interiority, and Kookian creativity, one of the deepest names for why there is a world at all. The world exists because the Infinite desired relationship; Torah is the medium of that relationship, Israel its partner, the *Shekhinah* its presence, redemption its fulfillment. Creation is, in the end, the story of

1 Simchas Torah: Blessings by the Bucketful. From the talks of the Lubavitcher Rebbe; free translation by Uri Kaploun. From the Sichos in English Collection: [https://www.chabad.org/therebbe/article\\_cdo/aid/96212/jewish/Simchas-Torah-Blessings-by-the-Bucketful.htm/utm\\_source/](https://www.chabad.org/therebbe/article_cdo/aid/96212/jewish/Simchas-Torah-Blessings-by-the-Bucketful.htm/utm_source/)

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divine *sha'ashu'im* — the Infinite seeking delight through encounter with the finite.



### Sha'ashu'im II — Wolfson and the Erotic Structure of Self-Disclosure

Elliot R. Wolfson gives the symbol its most rigorous modern articulation, and his reading is the philosophical engine of this paper. For Wolfson, *sha'ashu'im* is not “delight” in a merely emotional sense; it is a key to how the Infinite relates to itself and to the world [9,10]. Four of his claims bear directly on the clinic.

When Proverbs says, “I was His delight,” the Kabbalists frequently read Wisdom/Torah as an aspect of God Himself. The consequence is a paradox: God delights in Torah; Torah is God; therefore God delights in Himself through an internal differentiation. Delight, in other words, requires that the One become, in some sense, two — that it differentiate itself in order to have something to delight in. There is no delight in sheer undivided unity. This is the foundation of what Wolfson calls theosophical symbolism, and it gives us our first clinical principle: delight presupposes a difference that is not a separation.

Wolfson insists that Kabbalah's erotic language is not reducible to metaphor. The unions of *Tiferet* and *Shekhinah*, King and Queen, Bridegroom and Bride express the very structure of divine reality. Delight is the experience of unity discovering itself through difference: the One becomes Two, the Two long for reunion, and the reunion generates delight. *Sha'ashu'im* is therefore the experiential dimension of non-duality — the felt side of a structure in which difference is not the enemy of unity but its very medium. “The highest unity”, as Wolfson suggests in various forms, “is not the absence of difference but the realization that difference itself is the secret language through which unity comes to know itself”.

Wolfson rejects the easy alternatives of pantheism, theism, and acosmism in favor of what he calls *apophatic acosmism*: reality is neither wholly separate from God nor simply identical with God; the world is a manifestation of divine self-disclosure that simultaneously conceals the divine essence [9]. Within this

framework *sha'ashu'im* becomes the delight generated by the play of revelation and concealment. God is revealed through hiddenness; presence emerges through absence; difference becomes the condition of unity. Self-revelation occurs through concealment — the Infinite conceals itself, appears as finite reality, and rediscovers itself through the return of the finite.

### Atzmut: being itself emerges from delight

Most radically, Wolfson attends to Chabad texts in which the deepest level of God — *Atzmut*, essence — is described as possessing *sha'ashu'ei atzmut*, essential delight, a delight that precedes wisdom, will, emanation, and creation. The ultimate ground of reality, on this reading, is not power, not knowledge, not even being, but delight: being itself emerges from primordial delight. For the soul, the return to God is participation in this divine self-recognition; the righteous experience *sha'ashu'im elyonim*, supernal delights, which are not a reward added from outside but the joy of finally seeing — of discovering one's origin, root, and hidden identity within the Infinite. The delight is epistemological as much as emotional: one delights because one at last sees and is seen.

That last formulation — delight as the joy of being seen and of seeing — is the bridge to the clinic, and I will build on it directly. But first I must develop the structural condition that Wolfson's account everywhere presupposes and that my own clinical work has independently centered: the manufacture of distance, *tzimtzum*.

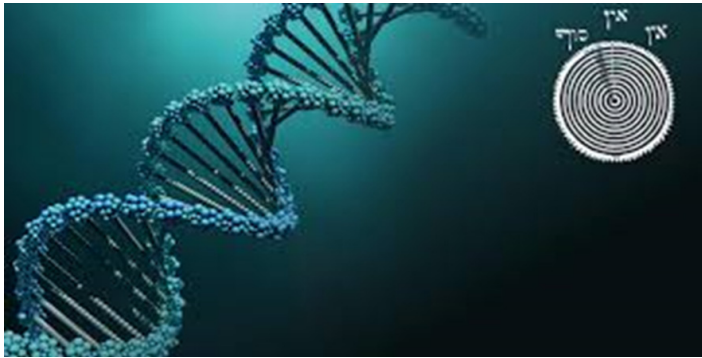
### Tzimtzum and the Manufacture of Distance

If delight requires difference, then delight requires a prior act that *produces* difference. In Lurianic cosmology that act is *tzimtzum*: the divine self-contraction or withdrawal by which the Infinite, which filled all, vacates a space in which something other than itself can exist. Following Wolfson and the non-literalist Chabad reading, I take *tzimtzum* not as a literal evacuation but as an apophatic concealment — the Infinite hides *as* the finite world, so that concealment is not the opposite of presence but its mode [9]. The logic is austere and, I think, exactly right: no concealment, no otherness; no otherness, no relationship; no relationship, no delight. Concealment is the condition of intimacy. *Sha'ashu'im* is impossible without *tzimtzum*.

I have argued in my clinical essays that the therapeutic relationship has precisely this structure [2]. The physician who would heal must first contract — must withdraw the imperial ego, the rush to explain, the reflex to fill silence, the will to master the case — in order to open a space in which the patient can appear as other, can become present in their own terms rather than as an instance of a diagnostic category. This clinical *tzimtzum* is not passivity;

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it is the most demanding form of activity, because it requires the suppression of the very competences by which physicians are trained to assert themselves. It is the self-emptying that makes room for the other to be. And it is generative in exactly Wolfson's sense: the "space between" healer and patient that I have described as the true site of healing [1] is the clinical analogue of the vacated space of *tzimtzum* — a space constituted by withdrawal, in which a delight that rises from below (*sha'ashu'a de-letata*) becomes possible.



The clinical relevance is sharpened by what I have elsewhere called the insubstantiation of meaning in the therapeutic encounter [4]. Drawing on Wolfson, Scholem, Benjamin, and Kafka, I argued that the patient's language is not a transparent medium for transmitting facts but a site of dislocation and concealment — fragmentary, incomplete, haunted by the unconscious. The conventional clinical impulse is to extract clean data from this murk: to convert the patient's halting, contradictory narrative into a tidy history of present illness. But if concealment is the condition of intimacy, then the physician who rushes to dispel it forecloses the very delight the encounter could generate. A hermeneutic of presence honors the language's insubstantiality, treating its gaps and silences not as noise to be filtered but as the medium in which revelation occurs. The healer does not abolish concealment; he creates a space in which revelation can emerge from within it. This is *tzimtzum* practiced at the bedside, and its reward is *sha'ashu'im*.

It is worth registering how contested the doctrine of *tzimtzum* is, because the contest itself illuminates the clinical point. The literalist reading takes the withdrawal as an actual evacuation — God really vacates a space, really absents Himself, so that the world stands in a genuine void. The non-literalist Chabad reading, which Wolfson develops, insists that the withdrawal is apparent from the creature's perspective but not real from the Infinite's: God only seems to withdraw; in truth the concealment is itself a mode of presence, and the apparent absence is the very form the presence takes [9]. The two readings yield two utterly different moods. On the literalist reading, the world is genuinely abandoned and must cry into a void; on the non-literalist reading, the world is suffused with a presence that has disguised itself as absence, so that what looks like abandonment is intimacy in cipher. The clinician stands at exactly this fork. To the suffering patient it can seem that they have been abandoned — by the body, by God, by a medical system

that processes and discards. The physician who practices *tzimtzum* enacts the non-literalist reading: the withdrawal of the imperial ego is not abandonment but the disguised form of a deeper presence, a making-room that the patient may at first experience as distance and only later recognize as the condition of having been truly met.

This is where Levinas joins the argument, for his entire ethics is a meditation on the generativity of distance. The face of the Other, for Levinas, commands precisely because it cannot be reduced to my comprehension — because it remains infinitely other, exceeding every concept I form of it [11]. The ethical relation is not a fusion but a proximity that preserves separation; responsibility arises in the gap, not in its closure. Translated to the clinic, the Levinasian point is that the patient's irreducibility — the very fact that I cannot fully know them, that their suffering exceeds my categories — is not a limit on the relationship but its ethical ground. *Sha'ashu'im*, *tzimtzum*, and the Levinasian face converge on a single counter-intuitive claim that the entire apparatus of this paper exists to defend: that the distance between physician and patient, rightly held, is not the obstacle to their relation but its very medium.



### Jouissance — The Anatomy of an Enjoyment That Wounds

To see what is distinctive about clinical *sha'ashu'im*, we need its rival. Jacques Lacan's *jouissance* is the most developed modern theory of an enjoyment that exceeds ordinary pleasure, and it is left untranslated in the English editions because no single English word captures it [8]. Its structure is the inverse of *sha'ashu'im*, and the inversion is instructive. I have engaged this Lacanian apparatus directly in earlier work on the crisis of language in therapeutic practice [12].

For Lacan the pleasure principle functions as a *limit* on enjoyment — a law commanding the subject to enjoy as little as possible, to keep satisfaction within bearable, homeostatic bounds. *Jouissance* is what appears when that limit is transgressed. But — and this is the crux — the result of going beyond the pleasure principle is not more pleasure; it is pain, because the subject can bear only so much. Beyond the limit, pleasure becomes suffering. As Lacan develops it in the Ethics of Psychoanalysis seminar, *jouissance* is therefore bound up with suffering, with the death drive, with the "recoil imposed on everyone by the approach of *jouissance* as such" [7,8]. The slot machine is the paradigm of its later form: a circuit engineered not to satisfy but to sustain repetitive engagement

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through intermittent reward, binding the subject to continued play by an excess that exceeds the pleasure of any actual win [13].

Three features of *jouissance* matter for the clinic. First, it is *repetitive*: it manifests as compulsion, as patterns that return despite the distress they cause — the symptom as a paradoxical enjoyment the subject cannot relinquish. Second, in its phallic mode it does *not* relate to the Other as such; it is, structurally, a circuit closed upon the subject's own lack, an enjoyment that uses the apparent object merely as a pretext [8]. Third, in his later teaching Lacan names *surplus-jouissance* (*plus-de-jouir*), modeled explicitly on Marx's surplus value: just as capital extracts a surplus beyond the laborer's compensation, the psychic and social apparatus extracts an excess of enjoyment that has no use value and persists for its own sake, as a remainder that resists symbolization [8,13]. *Jouissance*, in short, names an enjoyment that is excessive, repetitive, extractive, and — decisively — fundamentally *solitary*, a satisfaction that circles a constitutive lack and turns to pain.

Lacan does gesture toward an exception: a feminine or supplementary *jouissance* “beyond the phallus”, a *jouissance* of the Other that is ineffable and that he associates, strikingly, with the mystics [8]. It is at exactly this seam — the *jouissance* that does open toward the Other — that Lacan's secular account and the Kabbalistic account of *sha'ashu'im* brush against each other. The mystics, Lacan conceded, were enjoying something and saying nothing about it. The Kabbalists would reply that they were saying a great deal, and that what they were enjoying was the delight of a relation that *jouissance* in its ordinary form forecloses.

## Two Economies of Enjoyment

Set side by side, the two concepts share a remarkable amount. Both name an enjoyment beyond the ordinary pleasure of satisfied need. Both are bound up with lack, distance, and the limits of language. Both arise in relation to an Other and to difference. Both are, in a sense, the hidden engine of a whole field — of creation in one case of subjectivity in the other. The convergence is not accidental; both traditions are describing the same human predicament, that we are constituted by a gap between ourselves and what we desire, and that something happens at the edge of that gap which exceeds mere contentment.

But the divergences are precisely where the clinical argument lives. I name four.

First, the valence of the gap. For Wolfson's Kabbalah, the distance between self and other is generative: *tzimtzum* produces the space in which relationship, and therefore delight, becomes possible. The gap is a gift. For Lacan, the gap is constitutive but wounding: it is the lack around which the subject is organized, and *jouissance* is what circles it without ever closing it. Same gap; opposite mood. *Sha'ashu'im* says distance is the condition of intimacy; *jouissance* says distance is the wound that enjoyment keeps reopening.

Second, the status of the Other. Phallic *jouissance* does not reach the Other; it is a closed circuit, using the object as pretext [8].

*Sha'ashu'im* is nothing but a reaching of the Other — the delight is the union, the mutual enjoyment of King and Queen, the joy of being seen by and seeing the other. One enjoyment is monologic; the other is irreducibly dialogic.

Third, the direction of motion. *Jouissance* is extractive: it takes a surplus from the apparatus and leaves a remainder, modeled on the extraction of surplus value [13]. *Sha'ashu'im* is *generative and reciprocal*: *sha'ashu'a de-letata* is a delight that rises from the encounter and *adds* to both parties — a delight the Infinite itself could not have alone. One economy depletes; the other creates.

Fourth, the relation to repetition and pain. *Jouissance* turns to pain and binds the subject in compulsive repetition. *Sha'ashu'im* does not deny suffering — the Psalmist's delight is what saves him in affliction — but it metabolizes suffering into relation rather than circling it. The Lurianic and post-Holocaust traditions I have drawn on elsewhere hold delight and devastation together without collapsing one into the other [14,15]; *jouissance*, by contrast, lets pleasure curdle into the pain it cannot stop seeking.

There remains the tantalizing exception. Lacan's feminine or supplementary *jouissance*, the *jouissance* of the Other that lies beyond the phallus, is the one form in his system that does open toward relation, and he associated it explicitly with the mystics — with those who, in his famous quip, were clearly enjoying something about which they could say nothing [8]. Here the two traditions almost meet. What Lacan could only gesture at as ineffable and could only locate at the margin of his system — a relational enjoyment beyond the closed phallic circuit — the Kabbalists placed at the center of theirs and described in elaborate detail as *sha'ashu'im*. The difference is not that one tradition found a relational enjoyment and the other did not; it is that for Lacan the relational enjoyment is the rare exception that escapes the structure, while for the Kabbalists it is the structure — the very reason there is a world. The clinic, I am arguing, vindicates the Kabbalists: in the consulting room the relational delight is not a marginal mystical anomaly but the ordinary, repeatable event on which healing depends.

The upshot is that *jouissance* is best understood not as the opposite of *sha'ashu'im* but as its *shadow* — what delight becomes when the relation to the Other is foreclosed, when the gap is experienced as wound rather than gift, when enjoyment is extracted rather than shared. This is not a merely conceptual distinction. It is, I will now argue, the difference between two kinds of medicine.

## The Clinical Encounter as Re-enactment of Cosmic Delight

Here is the central thesis of the paper, now stated with its full apparatus behind it: the doctor-patient relationship, when it heals, is a re-enactment in miniature of cosmic *sha'ashu'im*, and its characteristic structure is identical to the structure by which, on Wolfson's reading, the Infinite relates to the world.

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Consider the parallel term by term. In the cosmic case, the Infinite contracts (*tzimtzum*) to make room for an other; in the clinic, the physician contracts the ego to make room for the patient. In the cosmic case, the Infinite conceals itself as the finite, so that revelation occurs through concealment; in the clinic, the patient presents concealed — behind symptoms, trauma, shame, and silence — and the healer does not abolish that concealment but creates a space in which revelation can emerge from within it [3]. In the cosmic case, the delight (*sha'ashu'a de-letata*) rises from below, generated by the encounter with the finite other and unavailable to the One alone; in the clinic, the satisfaction that distinguishes a true healing relationship rises from the encounter with the patient and is unavailable to the solitary expert, however brilliant. And in the cosmic case the delight is finally epistemological — the joy of seeing and being seen, of the other discovering their hidden identity — which is exactly what the patient reports when they say that someone, at last, listened.

This is why the Talmudic image of God spending each day in loving study of a text is, almost without modification, a description of the attentive clinician. The physician at the bedside who reads the patient as a sacred text — with the full attention that Kook would call a mode of delight — is performing the same act that, in the tradition, underwrites the world: loving attention to a text, in which delight is generated by the play of what the text conceals and discloses. The diagnostic act and the compassionate act are not two; on this reading they are a single act of reading-with-delight, and their unity dissolves the tired opposition between the science and the art of medicine.

Crucially, the delight is mutual. The patient is not the only one who is changed; the physician who practices clinical *tzimtzum* and is admitted into the patient's concealed world receives a *sha'ashu'a* that no procedure or payment can supply. This reciprocity is the answer to the burnout literature's puzzle of why some heavily burdened clinicians remain vital while others, less burdened, hollow out. The vital ones are still generating *sha'ashu'im*; the hollowed ones have been routed into *jouissance* — the extractive, repetitive, relation-foreclosing enjoyment of a system that has made the encounter into a slot machine. The thesis thus does real explanatory work: it predicts not only what heals patients but what sustains physicians.

### The Patient as Sacred Text; Listening as the Organ of Delight

If the encounter is reading-with-delight, then its central organ is listening, and listening of a particular kind. I have called it sacred listening: an attention that does not aim to extract usable data but to receive the other in their irreducible particularity [1]. The distinction maps exactly onto the difference between *sha'ashu'im* and *jouissance*. Extractive listening — listening for the chief complaint, the billable code, the disposition — is the clinical form of *plus-de-jouir*: it mines the patient's speech for a surplus that serves the apparatus and discards the remainder, the very gaps and silences in which the person lives. Sacred listening, by contrast, dwells in those gaps. It treats the patient's fragmentary,

unconscious-haunted language not as defective signal but as the medium of revelation [4] and in doing so it generates the delight of a relation rather than the surplus of an extraction.

The patient-as-text formulation guards against a sentimental misreading of all this. To read the patient as a sacred text is not to find them uniformly luminous; sacred texts contain darkness, contradiction, and horror, and so do patients. My work on the shadow side of healing insists that the therapeutic space must be able to hold evil and suffering, light and dark, presence and absence, without flinching into false comfort [16]. *Sha'ashu'im* is not the denial of the patient's abyss; it is the capacity to remain in relation across it. This is precisely where it outperforms *jouissance* as a clinical category: *jouissance* is what the clinician falls into when the patient's darkness becomes unbearable and the relation closes — into compulsive ordering, defensive testing, the repetitive enactments of a system circling its own lack. *Sha'ashu'im* is what becomes possible when the clinician can bear the darkness and stay.

There is, finally, the matter of seeing. Wolfson's *sha'ashu'im elyonim* — the supernal delight that is the joy of seeing, of the soul discovering its hidden identity within the Infinite — finds its clinical translation in the phenomenon that patients describe as being, perhaps for the first time, seen. The chronically ill, the addicted, the traumatized, the dying: these are people whom the medical gaze has often objectified without ever beholding. The delight they report when a clinician finally beholds them is not gratitude for a service; it is the felt experience of being recognized in their hidden identity — which is, in the tradition, the very content of supernal delight. The clinic, on this reading, is one of the few remaining secular sites where *sha'ashu'im elyonim* can still occur.

### The Gaze, the Veil, and the Phenomenology of Being Beheld

It is worth dwelling on the phenomenology of seeing, because it is here that the difference between *sha'ashu'im* and *jouissance* becomes most concrete at the bedside. Medicine has its own theory of the gaze, and it is not a flattering one. Since Foucault, the “medical gaze” has named the way clinical perception constitutes the patient as an object of knowledge — a body to be inspected, palpated, imaged, and resolved into findings. This gaze is powerful and often necessary; one does not want a surgeon who cannot objectify a field. But as a total stance it is structurally identical to phallic *jouissance*: it does not reach the Other as Other; it uses the patient's body as the material from which a diagnostic surplus is extracted, and it leaves the person — the remainder — unbeheld [8,13]. The patient who has been looked at exhaustively and seen not at all is one of the most common figures in the chronic-illness clinic, and the desolation such patients carry is a desolation of unrecognition.

Against this, the Kabbalistic tradition offers a different optics. To be beheld in *sha'ashu'im* is to be seen through a veil rather than

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to have the veil stripped away. The *Shekhinah* is present precisely as concealment; revelation occurs in the veil, not by its removal. Clinically, this is the difference between the gaze that demands the patient expose everything — that treats reticence as obstruction — and the gaze that can behold a person without requiring them to be transparent. I have argued that the patient’s language is irreducibly veiled, fragmentary, and haunted, and that healing depends on honoring rather than penetrating that veil [4]. The same holds for the visual and bodily register. The clinician who can look at a suffering body with attention *and* with reverence for what remains hidden enacts the optics of *sha’ashu’im*: a beholding that does not violate, a seeing that lets the other remain other even as it draws near.

This is why the report “you saw me” carries a weight out of all proportion to anything the clinician may have done. The patient is not describing accurate observation; accurate observation they have received in abundance. They are describing the rare event of being beheld without being reduced — of having their concealment honored at the same moment their suffering was received. That event is *sha’ashu’im elyonim* in clinical dress: the supernal delight of being seen in one’s hidden identity. It cannot be commanded, billed, or measured, and it is, I suspect, the single thing patients most reliably remember about the physicians who helped them.

### The Three Relations of Delight and Their Clinical Translation

The Zohar, recall, located divine *sha’ashu’im* in three relations: between God and Torah, between God and Israel, and between *Tiferet* and *Shekhinah*. Each has an exact clinical translation and laying them out completes the architecture of the thesis.

The first — **delight between God and Torah** — is the delight of reading. Its clinical form is the diagnostic encounter properly understood: the physician’s loving attention to the patient-as-text, the pleasure (in Kook’s sense, a genuine *sha’ashu’a*) of discerning the pattern, of reading the body and the history with the care one brings to a sacred page. This is the delight that the rushed and commodified encounter destroys first, because it is the delight that requires time and attention — the two resources the apparatus most aggressively strips.

The second — **delight between God and Israel**, generated by the performance of *mitzvot* — is the delight of right action in relation. Its clinical form is the act of care itself: the procedure done well, the difficult conversation held with courage, the presence maintained through a long night. The tradition’s insistence that the *mitzvah* generates *nachat ruach*, pleasure before the Infinite, translates into the recognition that ethical clinical action is not a grim duty but a source of delight for the one who performs it — the antidote, precisely, to the depletion of burnout.

The third — **delight between Tiferet and Shekhinah**, the union of the masculine and feminine dimensions of divinity — is the delight of mutuality across difference and it is the deepest and most fragile of the three. Its clinical form is the genuine meeting of physician

and patient as two irreducible others whose encounter generates something neither could produce alone. This is the *sha’ashu’a de-letata* of the clinic, the delight that rises from below. It is fragile because it depends on the physician’s *tzimtzum* — on the willingness to remain other, to preserve rather than collapse the distance — and because it cannot be engineered, only permitted. A clinic organized to maximize the first two relations while foreclosing the third would produce competent, even kind, medicine that nonetheless leaves both parties hollow. It is the third relation that patients are reporting when they say they were, at last, met.

### Pathologies of the Clinic

A theory of clinical delight earns its keep by explaining clinical disease. If *sha’ashu’im* is the telos of the encounter, then the maladies of contemporary medicine should be legible as the drift of delight into its shadow. I read four such maladies.

The commodified encounter. When the consultation is reorganized around throughput, coding, and “patient satisfaction” scores, the relation to the Other is foreclosed and replaced by an extraction of surplus — exactly the structure of plus-de-jouir [13]. The patient becomes the apparatus from which value is mined; the remainder — the person — is discarded. The encounter retains the form of a relationship while being evacuated of its generative content. This is *jouissance* in a white coat.

The self-serving loop. I have described the way clinical and institutional systems can close into self-referential circuits that serve their own perpetuation rather than the patient [17]. Structurally this is the repetition-compulsion of *jouissance*: a loop that returns despite the distress it generates, sustained by an enjoyment that exceeds and outlasts any actual good it produces — the slot-machine logic transposed into institutional life [13].

Defensive and reductive practice. The flight into exhaustive testing, algorithmic compliance, and the reduction of the patient to a data object is, on this reading, a flight from the vulnerability of the open space of *tzimtzum* into the closed certainty of the circuit. It abolishes concealment instead of dwelling in it, and in doing so forecloses the revelation that only concealment could yield. It trades the risk of delight for the safety of extraction.

Finally, burnout as the subjective face of all three. The hollowing of clinicians is what happens when the encounter stops generating *sha’ashu’a de-letata* — the delight that rises from genuine relation — and begins instead to extract *jouissance*, which turns inexorably to pain. The burned-out physician is not someone who has enjoyed too little but someone who has been routed into the wrong enjoyment: the repetitive, depleting, relation-foreclosing kind. The remedy implied by the theory is therefore not merely “wellness” or reduced hours but the structural restoration of the conditions under which *sha’ashu’im* can occur — time, attention, and the institutional permission to make room for the other.

Each pathology, in other words, is the same conversion: delight

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that required relation, distance experienced as gift, and enjoyment that was shared, collapsing into enjoyment that forecloses relation, distance experienced as wound, and enjoyment that is extracted. To name the maladies this way is to specify their cure with unusual precision. The task of any humane reform of medicine is to make the clinic, once again, a place where the Infinite can take delight in the finite — which is to say, a place where one human being can make room for, behold, and be changed by another.

### Delight and Its Shadow at the Bedside

The following composite vignettes — drawn from the textures of neurology and pain practice, with identifying detail altered — are offered not as evidence but as illustration, to show how the categories of this paper attach to recognizable clinical moments.

A woman with two decades of migraine arrives having seen, by her own count, eleven physicians. She does not begin with her headaches; she begins with the eleven physicians, and with the particular way each stopped listening. The temptation — the *jouissance* temptation — is to interrupt, to extract the headache history, to convert her into a manageable case. The *sha'ashu'im* alternative is to contract: to let the catalogue of failures be spoken, because the catalogue *is* the chief complaint, the veil through which the actual suffering will eventually become visible. When the room can hold the catalogue without rushing past it, something shifts; the patient, beheld rather than processed, begins for the first time to describe not her symptoms but her life. The clinical yield is also higher — the history that emerges is richer than any efficient extraction would have produced — but that is almost beside the point. What has happened is a small re-enactment of delight: room was made, and a person appeared.

A man in recovery from opioid dependence describes the addiction in language that is unmistakably the language of *jouissance*: an enjoyment that long ago turned to pain, that he could not stop seeking, that returned despite every devastation it caused, that served no use and persisted for its own sake [8,13]. The recovery literature's instinct is to treat this as a disorder of reward circuitry, which it also is. But the *sha'ashu'im* framework names what reductive accounts miss: the addiction was a foreclosed relation, a circuit closed upon a lack and what heals it is not merely the blockade of the circuit but the restoration of relation — the slow rediscovery of a delight that completes rather than consumes. Rebbe Nachman's *tzaddik* who awakens a forgotten delight hidden in the soul is, in this light, a precise description of what good recovery work does.

A physician, finally, sits in a workroom at the end of a shift, having seen thirty patients well and feeling nothing but depletion. Nothing went wrong; the metrics are excellent. This is the most diagnostic vignette of all, because it shows that competence and even kindness are insufficient. The encounters generated surplus for the apparatus but not *sha'ashu'a de-letata* for the clinician — the third relation, the mutuality across difference, was foreclosed by a structure that permitted no *tzimtzum*, no room, no time to be other to the other. The hollowness is not a personal failing; it is the

subjective signature of a clinic that has been routed from delight into extraction. The remedy is structural, and the theory specifies it: restore the conditions under which the third relation can occur.

### Objections and Limits

Three objections deserve a direct answer. The first is empirical: none of this is measurable, and medicine rightly distrusts the unmeasurable. I concede that *sha'ashu'im* is not an outcome variable and should never be smuggled in as one; the framework is descriptive and heuristic, a way of seeing the encounter, not a treatment with a dosage [3]. Its claims are falsifiable only indirectly — through whether the vocabulary it supplies lets clinicians notice and protect things that the dominant vocabulary renders invisible. That is a real but limited form of validation, and I do not overstate it.

The second objection is theological: I have yoked a tradition that affirms a real Infinite (*sha'ashu'im*) to one that denies any such Other (*jouissance*), and the comparison may flatter the former by contrast. I have tried to avoid this by treating Lacan as a hostile witness rather than a foil — his account is not a failed version of the Kabbalistic one but an independent and rigorous description of what enjoyment becomes without the Other. The clinical value of the comparison does not depend on adjudicating which metaphysics is true. It depends only on the observation that encounters which reach the other and encounters which foreclose the other feel and function differently, and that the two traditions, between them, map that difference with rare precision.

The third objection is ethical: to call the clinical relationship “erotic”, even in Wolfson's structural sense, courts dangerous misunderstanding in a domain where boundaries are paramount. The point must be made carefully. The eros of *sha'ashu'im* is the eros of relation across difference — the generativity of a distance that is honored, not abolished. It is, if anything, the strongest possible ground for boundaries: the delight depends on the preservation of the gap, on the physician's *tzimtzum* rather than the physician's self-assertion. A clinician who collapsed the distance would not be deepening *sha'ashu'im* but destroying it, falling precisely into the boundaryless circuit of *jouissance*. The framework forbids transgression on its own terms.

### Implications for Practice and Formation

If the foregoing is right, certain consequences follow for how medicine is practiced, taught, and structured — not as prescriptions derived from theology, which would overreach, but as the natural entailments of taking relational delight seriously as the core of the clinical encounter.

For practice, the first implication is the rehabilitation of slowness. *Sha'ashu'im* cannot be rushed, because it depends on the *tzimtzum* of making room, and room takes time. This is not a romantic complaint against efficiency; it is a structural claim that the most valuable event in the encounter is precisely the one that throughput destroys. A second implication concerns silence. If the patient's

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language is irreducibly veiled and revelation emerges from within concealment [4], then the clinician's silences are not dead air to be eliminated but the spaces in which disclosure becomes possible — the clinical form of the vacated space of *tzimtzum*. A third concerns the ethics of not-knowing: the willingness to remain in uncertainty, to resist the premature closure that converts a person into a case, is on this account not a failure of rigor but a condition of relation.

For formation, the implications are more unsettling, because medical education is largely organized to produce the very stance that forecloses delight. Trainees are taught to master, to extract, to present the case efficiently, to project certainty — to assert the ego rather than contract it. None of this is wrong; one wants a trained physician. But if *sha'ashu'im* is the core of healing, then formation must also cultivate its opposite competence: the disciplined withdrawal that makes room for the other, the capacity to behold without reducing, the tolerance for the patient's irreducible concealment. These are teachable, but they are not taught by adding a module on “communication skills”, which tends to convert relation into yet another extractable technique — a particularly insidious form of *jouissance* wearing the mask of empathy. They are cultivated, if at all, by formation in attention itself: by the slow apprenticeship of learning to read a patient as one learns to read a difficult and sacred text.

For structure, the implication is the most consequential and the least within any individual clinician's power. The pathologies catalogued in §10 are not, in the main, failures of individual virtue; they are the predictable output of systems engineered for extraction. A clinician of heroic compassion embedded in a slot-machine system will burn out faster, not slower, because the gap between the delight they are built for and the *jouissance* the system extracts will widen with every shift. The theory therefore points beyond exhortation toward institutional design: the protection of time and attention, the dismantling of metrics that reward extraction, the construction of clinical spaces — in the fullest sense, including the literal architecture of the room [2] — in which the third relation, the mutuality across difference, is permitted to occur. To build such a clinic is, in the idiom of this paper, to build a *dirah be-tachtonim*, a dwelling place below in which the Infinite can take delight in the finite. That is an extravagant way to describe health-system reform, and I mean it as more than a flourish: it names the stakes accurately. What is at issue in the bureaucratic struggle over clinical time is, at bottom, whether medicine will remain a site of delight or be fully converted into a circuit of extraction.

## Conclusion

I began with a sentence patients say to almost no one: “You're the only doctor who actually listens to me”. I have argued that this sentence is a report of delight, and that the delight has a name and a long genealogy. From Proverbs' “I was His delight day after day”, through the midrashic eros of reading, the Talmudic image of God at loving study, the Zoharic union of King and Queen, the Lurianic delight that rises from below, the Chabad doctrine of an essential delight prior to being itself, and Wolfson's reading of *sha'ashu'im*

as the experience of unity discovering itself through difference, the tradition built a single, astonishing claim: that the world exists because the Infinite desired relationship, and that delight is generated in the play between concealment and revelation.

Set against the Lacanian *jouissance* — an excess that wounds, repeats, extracts, and forecloses the Other — *sha'ashu'im* reveals itself as the structure of an enjoyment that completes through relation rather than consuming through its absence. And the clinic is the site where the two contend. When the physician contracts to make room for the patient, dwells in concealment rather than abolishing it, and reads the person as a sacred text with the loving attention that is itself a mode of delight, the encounter becomes a re-enactment of cosmic *sha'ashu'im*: a delight that rises from below, mutual and generative, in which both parties are seen and changed. When that structure collapses — when the relation is foreclosed, the gap experienced as wound, the enjoyment extracted rather than shared — the clinic produces the recognizable pathologies of commodification, the self-serving loop, defensive reduction, and burnout, which are nothing other than *sha'ashu'im* decayed into *jouissance*.

The deepest delight, as the Kabbalists understood God's relation to the world, is not found in removing distance but in discovering intimacy through distance. The world is not an obstacle to divine delight; the world, with all its concealments, is the very medium through which delight becomes possible. The consulting room is a small world of the same kind. Its concealments — the symptom, the silence, the shame, the unspeakable — are not obstacles to the relationship but its medium. To practice medicine as *sha'ashu'im* is to believe that there is a light concealed in every patient who walks through the door, and that the physician's task is not to manufacture that light but to make room, withdraw, and wait — so that revelation may emerge from within concealment, and the Infinite may once again take delight in the finite. At the core of the doctor-patient relationship, in the end, is this delight; and a medicine that forgot it would perish in its affliction.

## References

1. Ungar-Sargon J. Insubstantial Language and the Space between Healer and Patient. *Int J Psychiatr Res.* 2025; 8: 1-13.
2. Ungar-Sargon J. Epistemology versus Ontology in Therapeutic Practice: The Tzimtzum Model and Doctor-Patient Relationships. *Adv Med Clin Res.* 2025; 6: 94-101.
3. Ungar-Sargon J. Revelation in Concealment: Theological Reflections on the Therapeutic Encounter III. *Am J Med Clin Res Rev.* 2025; 4: 1-12.
4. Ungar-Sargon J. The Art of Sacred Listening: Divine Presence and Clinical Empathy in Contemporary Medical History Taking. *Rev Theol.* 2025; 25: 85-97.
5. Ungar-Sargon J. A New Vision for the Physician-Patient Relationship: Integrating Spiritual, Intuitive, and Holistic Dimensions. *Adv Med Clin Res.* 2025; 6: 75-82.

- 
6. Ungar-Sargon J. Hermeneutic Approaches to Medicine: From Objective Evidence to Patient as Sacred Text. *EC Neurol.* 2025; 17: 1-10.
  7. Lacan J. *The Seminar of Jacques Lacan, Book VII: The Ethics of Psychoanalysis 1959–1960.* Miller JA, editor; Porter D, translator. London: Routledge; 1992.
  8. Evans D. *An Introductory Dictionary of Lacanian Psychoanalysis.* London Routledge. 1996.
  9. Wolfson ER. *Open Secret: Postmessianic Messianism and the Mystical Revision of Menahem Mendel Schneerson.* Columbia University Press. 2009. See also: Ungar-Sargon J. Makom, Tzimtzum, and the Collapse of the Horse-and-Rider Parable/ Mashal. *Am J Med Clin Res Rev.* 2026; 5: 1-23.
  10. Wolfson ER. *Suffering Time: Philosophical, Kabbalistic, and Hasidic Reflections on Temporality.* Leiden Brill. 2021.
  11. Levinas E. *Totality and Infinity: An Essay on Exteriority.* Lingis A, translator. Pittsburgh Duquesne University Press. 1969. See also: Ungar-Sargon J. Neither Object nor Abyss: Relational Theology from Hasidism to the Twelve Steps to the Bedside. *Am J Med Clin Res Rev.* 2026; 5: 1-15.
  12. Ungar-Sargon J. The Crisis of Language in Therapeutic Practice: Integrating Wittgenstein, Heidegger, Lacan, and Mystical Approaches. *J Behav Health.* 2025; 14: 1-6.
  13. Lacan J. *The Seminar of Jacques Lacan, Book XVII: The Other Side of Psychoanalysis 1969–1970.* Miller JA, editor; Grigg R, translator. Norton. 2007.
  14. Ungar-Sargon J. The Dialectical Divine: Tzimtzum and the Parabolic Theology of Human Suffering—A Synthesis of Classical Mysticism and Contemporary Therapeutic Spirituality. *J Relig Theol.* 2025; 7: 49-58.
  15. Ungar-Sargon J. Chesed, Gevurah, and the Tzimtzum—Between Mercy and Judgment in the Theology of Healing. *J Psychol Neurosci.* 2025; 7: 1-12.
  16. Ungar-Sargon J. The Sacred Paradox of Healing: Integrating Shadow and Light in Medicine, Politics, and Spirituality through Jungian and Kabbalistic Wisdom. *J Psychol Neurosci.* 2025; 7: 1-16.
  17. Ungar-Sargon J. The Self-Serving Loop: Ideology, Institutional Violence, and the Manufacture of Truth in Religious and Medical Collectives. *EC Neurol.* 2025; 1-11.