

The Unsounded Summons: The Silent Shofar, and the Discipline of Not Carrying in Medicine

Julian Ungar-Sargon, MD, PhD*

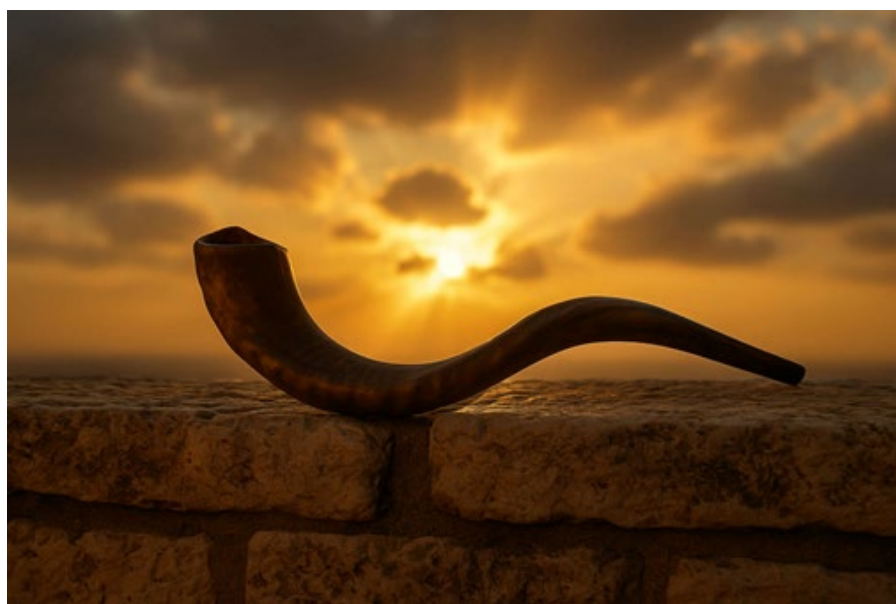
Former Clinical Director, PA Program, Borra College of Health Sciences, Dominican University, River Forest, Illinois

***Correspondence Author:**

Julian Ungar-Sargon, MD, PhD, Former Clinical Director, PA Program, Borra College of Health Sciences, Dominican University, River Forest, Illinois.

Received: 24 Sep 2026, **Accepted:** 29 Sep 2026, **Published:** 03 Oct 2026

Citation: Julian Ungar-Sargon. The Unsounded Summons: The Silent Shofar, and the Discipline of Not Carrying in Medicine. *American J Psy Res Rev.* 2026; 1(2), 01-17.



Abstract

Three Torah-level commandments — shofar, lulav and megillah — are suspended when their day falls on Shabbat, not because the acts themselves are forbidden but because of a rabbinic fear: that a person might carry the object four cubits through the public domain to seek instruction from an expert.

This paper takes that decree seriously as a theology of space. It traces a trajectory from the halachic unit of Shabbat violation (four cubits in reshut ha-rabbim, given not derived, and attached to the one labour that changes nothing but place) through the four cubits that constitute a human being's portable domain, to the Talmud's statement that after the destruction of the Temple God retains only four cubits of halachah, and on to the Zoharic and Hasidic transposition of the two domains into the domain of the One and the domain of separation.

The halachic fear and the mystical reading are shown to converge: the shofar is not sounded on Shabbat because within the private domain the summons is already present and must not be carried out into multiplicity. The final movement applies this trajectory to the clinical encounter.

The consulting room is a reshut ha-yachid; the patient brings a portable enclosure of four cubits into it; the contemporary health system — the record, the referral, the expert, the protocol — is a reshut ha-rabbim into which the contents of that enclosure are constantly carried out. The physician's discipline, on this reading, is a Shabbat discipline: to enter the patient's four cubits, to refrain from carrying, and to trust that what needs to be heard is already sounding within the domain.

Keywords: Shabbat; four cubits (arba amot); public and private domain; hotza'ah; shofar; Zohar; tzimtzum; hermeneutic medicine; therapeutic space; clinical restraint

1. Introduction: A Decree That Silences a Commandment

Every few years the first day of Rosh Hashanah falls on Shabbat, and in every synagogue outside the ancient Temple the shofar stays in its bag. Nothing in the Torah forbids sounding it. The commandment to hear the teruah is explicit at the Torah-level; the prohibition that silences it is rabbinic, and it is not a prohibition on blowing at all. It is a fear about walking. The Sages worried that someone, somewhere, uncertain of the correct blasts, would pick up the shofar and carry it four cubits through the public domain— and so the whole community, expert and novice alike, is asked to hold its breath. The same fear silences the lulav on the Shabbat of Sukkot and cancels the public reading of Esther when Purim does.

This paper is an attempt to take that decree seriously as a theology of space, and then to ask what it has to teach a physician. I have argued elsewhere that the clinical encounter is a sacred space and the patient a sacred text [1-3], and that Shabbat in particular carries a phenomenology of time that medicine has largely lost [3]. What I have not previously done is follow the halachah of Shabbat into its most technical corner — the measure of a forbidden carrying — and ask why that measure, four cubits, recurs at every level of the tradition: as the unit of transgression, as the size of a person, as the residue of God's presence after the destruction, and as the frame within which a mystic on Shabbat is said to stand.

My claim is that these are not four uses of a convenient number but four stations on a single trajectory, and that the trajectory ends in the consulting room.

The argument runs from the halachic to the mystical to the clinical, and I want to be honest at the outset that the three registers are not the same. The rabbinic reshut is a legal category with measurable walls; the Zoharic reshut is an ontological one; the clinical reshut is a phenomenological description of what happens between two bodies in a room. A reader trained in halachah will be suspicious of any move that treats the first as if it were the second, and a reader trained in medicine will be suspicious of any move that treats the second as if it bore on the third. I will try to earn each transition rather than assert it, and I set out the limits of the analogy explicitly in Section 12. But I also want to say why the exercise is worth the risk. Contemporary medicine has an enormous vocabulary for what is carried out of the encounter — data, orders, referrals, documentation, escalation — and almost no vocabulary for what should stay in it. The halachah of Shabbat is one of the very few bodies of thought that treats not carrying as a positive discipline with a precise measure, a theology, and a joy attached to it [4]. Heschel called Shabbat a palace in time; the Sages who framed the decree of Rabbah were guarding the door of that palace with a tape measure. I want to know what the tape measure knows.

The structure is as follows. Sections 2 through 5 lay out the halachic material: the decree itself, the unit of violation, the four cubits as the measure of a person, and the Talmud's startling statement that God, too, has been reduced to four cubits. Sections 6 through 8 follow the Zohar and the Hasidic masters as they transpose the two domains into the domain of the One and the domain of separation and show how the mystical reading of the silent shofar inverts and completes the halachic one; Section 8 connects the whole to the Lurianic doctrine of tzimtzum on which my clinical work has drawn [5,6]. Sections 9 through 11 bring the trajectory into the clinic: the patient's four cubits, the health system as public domain, and the physician's Shabbat — the discipline of the unsounded summons. Section 12 answers objections. The conclusion proposes a single image, the portable enclosure, as a way of carrying the whole argument in the pocket.

גזירה שֶׁמֵּא יִטְלֶנּוּ בְּיָדוֹ וְיִלָּךְ אֶצֶל הַבָּקִי לְלִמּוּד, וְיַעֲבִירֶנּוּ אַרְבַּע אַמּוֹת בְּרִשּׁוֹת
הָרַבִּים.

Rather, Rava said: By Torah law one is permitted to sound the *shofar* on Rosh HaShana even on Shabbat, and it was the Sages who decreed that it is prohibited. This is in accordance with the opinion of Rabba, as Rabba said: All are obligated to sound the *shofar* on Rosh HaShana, but not all are experts in sounding the *shofar*. Therefore, the Sages instituted a decree that the *shofar* should not be sounded on Shabbat, lest one take the *shofar* in his hand and go to an expert to learn how to sound it or to have him sound it for him, and due to his preoccupation he might carry it four cubits in the public domain, which is a desecration of Shabbat.

2. Rabbah's Decree and Its Strange Hierarchy

The decree is stated three times in the Babylonian Talmud, in nearly identical language, for three different commandments. In Rosh Hashanah 29b the question is why the shofar is not sounded on Shabbat when the verse in Numbers calls the day yom teruah without qualification. Rabbah answers: everyone is obligated in the sounding of the shofar, but not everyone is expert in it; the Sages decreed against it lest a person take it in his hand and go to an expert to learn and carry it four cubits in the public domain [7]. The identical formula, with the object changed, governs the lulav in Sukkah 42b–43a [8] and the megillah in Megillah 4b [9]. (For the lulav the decree reaches the intermediate days of the festival; the first day, Torah-level everywhere, was exempt while the Temple stood, and the present practice of not taking the lulav on a first-day Shabbat rests on doubt about the calendar rather than on the decree itself [8].) The three passages are so alike that the Talmud itself treats them as one decree with three applications, and the codifiers preserve the reason verbatim [11,12].

Three things about this decree deserve attention before any theology is built on it.

First, the hierarchy is inverted. A rabbinic fear about a rabbinic-grade act overrides three Torah obligations. Carrying four cubits in the public domain is itself a Torah prohibition, but the fear of it — the possibility that one person might do it inadvertently — is a rabbinic construct, and the Sages allow that construct to silence a commandment that the Torah states in plain words. Rabbinic law here does not merely fence the Torah; it overrules its positive demand for the sake of protecting its negative one. Maimonides, who is usually at pains to keep the levels distinct, records the decree without discomfort [11], and the later halachic literature treats it as settled. I have written elsewhere on the dual rational and intuitive pathways of halachic decision [13] and on the Brisker insistence that the law has its own internal logic, not reducible to the reasons offered for it [14]; the decree of Rabbah is a textbook case of a rule whose stated reason is far smaller than its effect.

Second, the feared act is a route, not a deed. Rabbah does not fear that the shofar will be blown wrongly, or that the lulav will be damaged, or that the megillah will be mishandled. He fears a trajectory: the person leaves the place of the mitzvah, enters the public domain, and moves toward the expert. The verb is year-end; he will carry it across. The object is passive; it is the person who moves. And the motive of the movement is not malice but a desire for competence — *lilmod*, to learn. The decree, in other words, is not a fence against sinners. It is a fence against the anxious and the conscientious, against precisely the person who does not trust his own capacity to perform the rite and therefore goes looking for someone who can. That is a fact of some importance for a paper about physicians.

Third, the decree did not apply in the Temple. The Mishnah in Rosh Hashanah 4:1 state that when Rosh Hashanah fell on Shabbat, they sounded the shofar in the Mikdash but not in the provinces, and that after the destruction Rabban Yochanan ben Zakkai ordained that it be sounded wherever there was a court [10]. Rashi explains the exemption by the principle that rabbinic shevut restrictions do not apply in the Temple, where the priests are vigilant and the space is enclosed [7]. Whatever the mechanics of that exemption, the structure it produces is this: inside the one enclosed and holy domain the summons was sounded on Shabbat; outside it, in the scattered and open domain of the provinces, the summons fell silent. The decree of Rabbah is therefore not only a rule about carrying. It is a rule about the difference between two kinds of space, and about what happens to the divine summons when the enclosed space is lost. That is the thread I intend to follow.



3. Four Cubits and the Inferior Labour

Why four cubits? The answer takes us into the most peculiar of the thirty-nine forbidden labours. The Mishnah's list in Shabbat 7:2 ends with *ha-motzi me-reshut li-reshut*, one who carries from domain to domain [15], and the whole tractate opens not with the first labour but with this last one — *yetzi'ot ha-Shabbat shtayim she-hen arba*, the carryings-out of Shabbat are two which are four [16]. The Talmud derives the prohibition on transferring between domains from the Mishkan, where Moses ordered the people to stop bringing materials [17]. But the specific case of carrying four cubits within the public domain, without crossing any boundary, is not derived at all. The Talmud in Shabbat 96b states that it is a *halachah le-Moshe mi-Sinai*, a law given to Moses at Sinai with no scriptural anchor [17]. Maimonides codifies both together: one who carries from domain to domain, and one who carries four cubits in the public domain, are alike liable, and the four cubits are measured by the person's own cubit [19].

The Tosafists, in their very first comment on the tractate, name the difficulty. Carrying, they say, is a *melachah geru'ah*, an inferior labour, because unlike every other labour on the list it does not change the object at all [18]. Ploughing changes the earth; weaving changes the thread; writing changes the parchment. Carrying leaves the shofar exactly as it was. Nothing is made, nothing is destroyed, nothing is transformed. All that has changed is where the thing is. And precisely this labour — the one in which place is the whole of the matter — is the one whose measure is revealed rather than reasoned, and the one whose fear is strong enough to silence the shofar.

I want to draw out the ontological weight of that observation, because the rest of the argument rests on it. In thirty-eight of the thirty-nine labours the violation consists in an act upon the world; the world is different afterward. In the thirty-ninth the violation consists in displacement alone. The *halachah* is saying, with a precision that no philosophy of space has matched, that on the seventh day the relocation of an unchanged object across a certain distance in a certain kind of space is a transgression of the same order as building or burning. Place is not a neutral container for objects. Place is itself a quality, and moving a thing from one place to another can be a violation of the order of creation even when the thing is untouched. Soloveitchik's halakhic man, who measures sunset by the width of a hand and sanctity by the cubit, would recognise this immediately [20]: the law does not describe space, it constitutes it, and the constituted space has an inside and an outside that no physical survey could detect.

The four cubits are the unit of that constitution. Less than four, and the person has not yet left the place where he stands; four, and he has moved from one place to another place. This is the smallest quantum of displacement the law recognises, and it is fixed at Sinai rather than derived from a verse, as though the Torah did not want it argued about. Shabbat violation, in its purest form, is not action but transfer. The reason these matters for what follows is that the modern clinic has almost no concept of transfer as transgression. It treats information, people, and decisions as things that can be moved from room to room, from record to record, from generalist to specialist, without being changed by the moving. The *halachah* of Shabbat holds the opposite view and holds it with a tape measure. I have argued in a different context that rabbinic categories often travel alone, resisting reduction to the medical or philosophical systems they superficially resemble [21]; the concept of carrying as an inferior labour is one of those categories, and it is the hinge of this essay.



4. The Human Envelope: Four Cubits as the Portable Domain

The four cubits of Shabbat are not an arbitrary length. They are the size of a person. The Talmud in Eruvin 48a asks how the measure of four cubits was arrived at and answers that a person's body is three cubits, and one more is added so that he may stretch out his hands and feet [22]. Four cubits, in other words, is the body plus its reach — the envelope of space a human being occupies when fully extended. The unit of forbidden transfer is exactly the unit of personal extent. To carry a thing four cubits is to carry it out of the space of the self.

The same measure governs acquisition. In Bava Metzia 10a the rule is stated that a person's four cubits acquire for him — an object that comes to rest within the four cubits surrounding a person becomes his, in the public domain and in a side alley, without any act of taking [23]. The four cubits are a portable jurisdiction. Wherever a person stands, a small private domain travels with him, invisible but legally real, within which things belong to him simply by being there.

And the same measure marks the residue of freedom when everything else is lost. The Mishnah in Eruvin 4:1 considers a person who has been carried out beyond the Shabbat boundary — by gentiles, by an evil spirit, by force — and rules that he has only four cubits [24]. He may not walk further. He has lost his town, his boundary, his two thousand cubits of permitted movement. What he has not lost, and cannot lose, is the four cubits of himself. The Talmud in Eruvin 41b elaborates the case at length, and the elaboration only sharpens the point: the four cubits are the minimum below which the law will not go, the domain that remains a person's own when the world has displaced him [24].

Put the three rulings together and a picture emerges. A human being is, in halachic terms, a small, enclosed domain of four cubits that moves through the world. Within it, things are his; from it, things may not be carried on Shabbat; to it, he is reduced when he has been exiled from every larger space. The four cubits are the *reshut ha-yachid* that persists inside the *reshut ha-rabbim* — the private domain a person carries into the public one. It is worth noticing that the anthropologist Edward Hall, working with no knowledge of this material, found that human beings across cultures maintain a zone of personal space whose outer edge lies at roughly the same distance, an arm's length beyond the body, and that intrusion into it produces measurable physiological arousal [25]. The rabbis had the number first, and they had it as law.

For the clinician, this is the first point at which the trajectory touches the ground. The patient who enters the consulting room does not enter empty. She brings four cubits with her — a domain in which she is sovereign, within which things are hers, and to which she will be reduced if the encounter goes badly. The physician who leans in to examine, who takes the history, who reads the body, is crossing into that domain. I have argued that the physician's fundamental discipline is a contraction, a making-room modelled on the divine *tzimtzum* [26]; the halachah of the four cubits gives that contraction a measure. The question is never whether the physician will enter the patient's four cubits — the examination requires it — but whether, having entered, he will carry anything out.



5. God's Four Cubits: The Contraction After the Destruction

The Talmud in Berakhot 8a preserves a statement in the name of Rabbi Chiya bar Ami, reporting Ulla: since the day the Temple was destroyed, the Holy One, blessed be He, has nothing in His world but the four cubits of halachah alone [27]. The saying is usually read as praise of study — that the house of learning has replaced the house of sacrifice as the site of divine presence. That reading is correct as far as it goes. But it passes too quickly over the measure. The Talmud could have said that God now dwells in the study hall, or in the words of Torah, or wherever ten are gathered. It said four cubits. And four cubits, as the previous section showed, is the size of a person: the body plus its reach, the smallest domain the law recognises, the residue to which the exile is reduced.

The symmetry is exact and, I think, deliberate. After the destruction the divine domain and the human envelope coincide numerically. God has been reduced to what a person is reduced to when he is carried beyond the boundary against his will. The One who filled the Temple — an enclosed domain of stone, measured in hundreds of cubits — now occupies the same portable four cubits that an exiled Jew occupies on Shabbat in a strange field. Fishbane has shown how deeply the rabbinic imagination was prepared to think of God as undergoing the history of Israel, going into exile, suffering the constriction of the people's condition [28]; Berakhot 8a is that imagination expressed as a measurement.

Now set this beside the Mishnah in Rosh Hashanah 4:1. In the Temple, the shofar was sounded on Shabbat. Outside it, not. After the destruction, Rabban Yochanan ben Zakkai's court sounded it at Yavneh, and later generations restricted even that [10]. The chronology is the point. The shofar falls silent on Shabbat in the provinces exactly when God's own domain contracts to four cubits of halachah — and the four cubits of halachah to which God is reduced are the decree itself. The rule that keeps the summons unsounded is one of the walls of the only domain God has left. The decree of Rabbah is not merely a fence around the divine presence; it is, on this reading, part of the diminished house in which the presence now lives. The Hasidic tradition drew exactly this line. The Lubavitcher Rebbe, building on the Tzemach Tzedek's discourse on the Mishnah, explains that the shofarot verses are recited even on a Shabbat Rosh Hashanah, and even outside the Land, because since the destruction God has nothing but the four cubits of halachah — so that Torah is now the Mikdash, and reciting the verses of the shofar within it does what the sounding once did in the Temple [32,33].

I do not want to overstate the claim. Berakhot 8a is aggadah, not a proof-text for the mechanics of the decree, and the Talmud does not draw the connection I am drawing. But the tradition's own habit of reading its measures against one another licenses the juxtaposition, and the juxtaposition produces a theology that I believe is latent in the sources. The God of the post-destruction world is a God confined to the private domain; with the same walls a human being has. The summons that once went out from the enclosed sanctuary into the open provinces on the day of unity no longer goes out. It stays within the four cubits. To carry it out — to take the shofar across the public domain toward the expert — would be to carry God's summons out of the only place it still sounds.

I have written at length about divine absence and concealment as the ground of the therapeutic encounter [29,30], and about

the Shekhinah's exile as a theology of shared suffering [31]. The four cubits of Berakhot 8a give that theology a spatial form. Absence is not the disappearance of God from the world; it is the contraction of the divine domain to the measure of a single person's reach. The physician who sits with a patient in a small room sits, on this reading, in a domain of exactly the size the tradition assigns to God after the catastrophe. That is either a grandiose claim or a humbling one, and I intend it as the second.



6. The Domain of the One and the Mountains of Separation

The Zohar does not treat the two domains of Shabbat as legal categories. It treats them as names for two conditions of being. The Zoharic corpus calls the realm of multiplicity and separation, where the Other Side has its seat, *turei de-pruda*, the mountains of separation, and the Chabad tradition adopts the phrase for the lower worlds that appear to stand apart from God [34]. Against it stands the domain of the One. Zohar Chadash gives the Shabbat law its mystical name outright: the *hanachah* of Shabbat, the setting-down that completes an act of carrying, takes place *bi-reshut yechido shel olam*, in the domain of the Single One of the worlds, who is the Shekhinah, Shabbat the Queen [35]. *Reshut ha-yachid* is the domain of the *yachid*, the One; *reshut ha-rabbim* is the domain of the many. On this reading, carrying on Shabbat is not the transfer of an object across a legal boundary. It is the drawing of holiness out of unity into multiplicity — or, more dangerously, the drawing of the self out of the One into the many.

The Hasidic masters inherited this transposition and made it a discipline of consciousness. The Tanya ends its thirty-third chapter on the joy of the meditation that the whole world is the private domain of the Single One of the world, and the Chabad commentators map the pairing onto the two divine names: *reshut ha-yachid* is hinted in the Tetragrammaton, the Name of the One, and *reshut ha-rabbim* in *Elokim*, the Name of plurality and concealment [36]. The Polish masters worked the same vein; the Sefat Emet's Shabbat teachings return repeatedly to Shabbat as the day on which a Jew stands in the *reshut ha-yachid* and every weekday labour is an attachment to the domain of the many [37,38]. The point is not that the two domains are metaphors for spiritual states. It is that the spiritual states are the reality of which the legal domains are the visible trace. When the halachah forbids carrying four cubits in the public domain, it is forbidding, in the only language that can be enforced, the soul's departure from the place where it is gathered.

What the transposition does to the decree of Rabbah is worth stating carefully. In the halachic register, the fear is that a person will carry an object into the public domain. In the Zoharic register, the fear is that a person will carry himself out of the domain of the One — that the anxious seeking of the expert, the *lilmod*, is itself the departure. The novice who does not trust his own blast and sets out to find someone who does is, on this reading, leaving the condition of unity for the condition of the

many; and the Sages, seeing this, forbade the sounding altogether rather than let the seeking begin. The decree becomes a protection of the domain against the very impulse that the domain exists to satisfy: the desire to get it right.

I have argued elsewhere that the Chabad tradition's literary meshalim function as a kind of tzimtzum, contracting infinite content into finite form so that it can be received [39], and that the Me'or Einayim's teaching on seeing through divine eyes has direct clinical application in the reading of the patient [40]. The Zoharic transposition of the two domains belongs to the same family of moves. It does not abolish the halachic measure; it discloses what the measure was measuring. Four cubits is the distance a self can travel before it has left itself. The public domain is the condition in which the self, having left, wanders among the many. And Shabbat is the day on which the tradition, for twenty-five hours, refuses to let that happen — refuses it not by exhortation but by law, and not by law in general but by a specific and enforceable prohibition on the inferior labour of moving a thing from here to there. The Chabad account of a divine withdrawal that precedes sin, which I have treated at length [41], offers the systematic version of the same claim: separation is not a punishment for leaving the One; it is what leaving the One is.



7. The Sound That Need Not Be Carried Out

The Torah names Rosh Hashanah twice, and the two names differ by a word. Numbers 29:1 calls it yom teruah, a day of sounding. Leviticus 23:24 calls it zikhron teruah, a remembrance of sounding [42]. The Bavli in Rosh Hashanah 29b first proposes that this is the source of the silence — a weekday is a day of actual sounding, Shabbat only a remembrance — and then rejects the derivation, since the shofar was in fact sounded in the Temple on Shabbat and since sounding is a skill and not a labour; the decree of Rabbah is the Bavli's conclusion [7]. The Yerushalmi keeps the scriptural reading: on Shabbat the day is zikhron teruah, one mentions the sounding but does not perform it [43]. So, the tradition preserves both accounts of the same silence, one built on a fear, and one built on a verse, and the Zohar and its Hasidic heirs take up the second.

The Zohar's treatment of Rosh Hashanah in Pinchas is a treatise on judgment: the day is dina kashya, hard judgment, the second day softer, and the shofar's work is to confound the accuser and sweeten din at its root with a sound that rises from below [44]. The Chabad discourses on the Mishnah yom tov shel Rosh Hashanah she-chal lihyot be-Shabbat draw the consequence the Zohar leaves implicit: everything the shofar draws down — the Alter Rebbe and the Tzemach Tzedek call it ta'anug, delight, from shipru ma'aseikhem and imrei shafer — is on Shabbat already present min ha-muchan, ready-made, without human labour, because Shabbat is mekadsha ve-kayma, sanctified of itself; and so on a Shabbat Rosh Hashanah the commandment does not stand in its full force and yields to the fear that one might carry [32,33]. In the Temple, where a still higher delight could be drawn, they blew even on Shabbat. The shofar is not so much forbidden on Shabbat as unnecessary: what it would summon has already arrived. Hence zikhron teruah: on Shabbat the sounding is recalled inwardly, held in memory, present without being carried out into the air.

Set the two explanations side by side and something remarkable appears. The halachah says: do not sound the shofar, lest it be carried into the public domain. The Zohar says: do not sound the shofar, because within the private domain the sound is already present and there is nowhere it needs to go. The first is a fear; the second is a fulfilment. And they are the same fact

seen from the two sides of a single threshold. From the outside — from the side of the many — the decree looks like a prohibition, a loss, a silence imposed by anxiety about error. From the inside — from the side of the One — the same decree looks like a completion: the summons is not sounded because it does not need to travel, and it does not need to travel because everyone who needs to hear it is already inside. The novice who would have gone looking for the expert does not need the expert. The expert who would have been sought does not need to be found. Both stand in the same four cubits, and within those four cubits the *teruah* is remembered.

This convergence is the theological centre of the paper, and I want to name what it does to the concept of restraint. In the halachic reading, restraint is a cost paid for safety: three commandments are sacrificed to prevent one possible transgression. In the mystical reading, restraint is not a cost at all. It is the form the commandment takes on the day of unity. The not-sounding is the sounding, transposed into the register of memory. The refusal to carry is not a limitation on the divine summons but its proper mode on Shabbat, when the summons no longer needs to cross any distance because the distance has been abolished.

I have argued that the deepest clinical listening happens within and beyond words [45], and that the primordial silence of divine concealment is not the absence of presence but its most intimate form [46]. The silent shofar of a Shabbat Rosh Hashanah is the liturgical instance of both claims. It is a sound that is present as memory, a summons that is heard without being carried, a call that reaches its hearer precisely by not going anywhere. I have written on the cosmic and neurological dimensions of sound as a medium of sacred consciousness [47]; the shofar that is not blown is the limit case of that medium — sound as the remembered shape of a call, in a domain where the call has already been answered.



8. The Public Domain as the Vacated Space

The reader who has followed my earlier work will have been waiting for the word *tzimtzum*, and it belongs here. In the Lurianic account preserved by Chaim Vital, the infinite light filled everything, and creation became possible only when the Infinite contracted itself, withdrawing from a point to leave a *chalal*, a vacated space, within which a world could stand [48,49]. The vacated space is, in the most literal sense, the space outside God — the region from which the divine presence has removed itself so that something other than God can exist. The whole subsequent drama of Lurianic Kabbalah, the emanation into the void, the shattering of the vessels, the scattering of the sparks, the labour of repair, takes place inside that vacated space.

The *reshut ha-rabbim* of the Zoharic transposition is structurally the *chalal*. It is the domain of the many because it is the domain from which the One has withdrawn; it is the place of separation because separation is what withdrawal produces. And the *reshut ha-yachid* is the point of the divine that did not withdraw — or, in the Chabad reading that I have discussed elsewhere, the point at which the withdrawal is understood to have been apparent rather than real [41,50]. The Tanya's *Sha'ar ha-Yichud* argues that the vacated space is vacated only from the perspective of the creature; from God's side nothing has changed, and the world that seems to stand outside Him stands inside Him still [50]. Wolfson's term for this position, *apophatic acosmism*, captures both its radicalism and its restraint: the world is not, but its not-being is the mode of its being in the One [51]. On the acosmic reading the public domain is a *reshut ha-yachid* that has forgotten itself, and carrying on Shabbat is not the transfer of a thing across a real boundary but the reinforcement of an illusory one.

I do not think the physician needs to decide between the realist and acosmic readings of the vacated space, and I have argued that the tradition itself refuses to decide, holding the irreducibility of *ayin* and *yesh* as a normative rather than a merely de-

scriptive claim [54]. What the physician needs is the structure that both readings share: a domain of unity, a domain of separation, and a prohibition on carrying between them on the day set aside for unity. And the decree of Rabbah can now be seen for what it is at this level. It is a tzimtzum in miniature. The commandment withdraws itself — the shofar is not sounded, the lulav is not taken, the megillah is not read — so that the boundary of the domain will hold. The divine summons contracts to make room for the integrity of the space in which it would otherwise have sounded. I have written about the pain of that self-contraction in creation, revelation and the therapeutic encounter [53], and about the possibility that the original tzimtzum was itself a kind of divine error requiring human rectification [52]. The silent shofar belongs to that lineage: a withdrawal that is also a wound, a restraint that costs the one who practises it, undertaken so that a domain may remain a domain.

There is one further piece of the halachic apparatus that belongs here, and it is the countermotion to everything said so far. The eruv — the legal instrument by which a courtyard, an alley, or a whole city is joined into a single domain so that carrying becomes permitted — is the tradition's own answer to the problem of the public domain [55]. Fonrobert has argued that the rabbinic eruv was from its origins an urban technology, a way of constituting a community as one household in space [56]. In the terms of this paper, the eruv is a small tikkun: a repair of the vacated space, performed not by God but by the community, in which the domain of the many is legally re-gathered into the domain of the One so that the inferior labour of carrying is no longer a departure from unity. I have argued that healthcare spaces need to be revisioned along the lines of spiritual community [57]; the eruv is the halachic form of that revisioning, and it deserves a paper of its own. For present purposes it is enough to note that the tradition does not leave the public domain as a permanent exile. It offers a way of making it, for one day, private.



9. The Clinic as Reshut ha-Yachid: The Patient's Four Cubits

The consulting room is a private domain in the most literal halachic sense: it is enclosed, it has walls, it is set apart from the corridor and the waiting area. But that is not the sense in which I want to call it a reshut ha-yachid. I want to call it that because of what happens inside it when the door closes. Two people are in a small space. One of them has brought her body, her history, her fear, and the four cubits of sovereignty that the halachah assigns to every person and that Hall found every culture protects [25]. The other has brought his training, his instruments, his obligations to the record and the system, and a professional licence to cross into the space where he would otherwise not be permitted. I have described the design of such a space as a clinical model [58] and argued that patients should co-create it [59]; here I want to describe its halachic structure.

The patient's four cubits are not a metaphor for her privacy. They are the actual dimensions of the clinical examination. The neurologist who tests the cranial nerves, who checks the pupils and the fundi, who asks the patient to follow a finger and then touches the face to test sensation, is working entirely within the arm's-length envelope that the Talmud measures as three cubits of body and one of reach. There is no neurological examination that can be performed from outside four cubits. The physician must enter. And the entry is licensed — by the patient's consent, by the profession's norms, by the necessity of the task — in a manner structurally like the way the Temple was licensed to sound the shofar on Shabbat when the provinces were not. The clinic is the enclosed space in which the ordinary rules of distance are suspended for the sake of a summons

that could not otherwise be heard.

What the halachah adds to this familiar picture is a precise account of what the licence does not cover. The licence to enter the four cubits is not a licence to carry out of them. The examination is permitted; the transfer is not. And here the inferior labour of Section 3 returns with its full weight, because the thing carried out of the encounter is, in most cases, unchanged by the carrying. The patient's account of her headache, her account of her marriage, the tremor the physician noticed when she reached for her bag, the thing she said about her mother as she was leaving — none of these is transformed by being recorded, referred, coded or escalated. They are simply moved. And the halakhah's claim, which I take to be one of its deepest, is that moving an unchanged thing across the boundary of a domain on the day of unity is a transgression of the same order as building or burning. I have argued that the temporality of healing requires solitude and witness rather than throughput [60], and that the clinical encounter is a space of human freedom precisely because it is bounded [61]; the four cubits are the measure of that boundary.

A clinical illustration, composite and de-identified. A woman in her sixties with a long history of migraine is seen for a new pattern of headache. In the course of the history she says, almost in passing, that the headaches began the week her husband was told his cancer had returned. The neurologist notes this, and it is relevant: stress is a trigger, sleep is disrupted, the timing matters. The question is what to do with it. It could go in the note as a psychosocial stressor. It could generate a referral to counselling. It could prompt a screening questionnaire. Each of these is a carrying-out: a movement of an unchanged fact across the boundary of the four cubits into the public domain of the record and the system. What the woman had done, in saying it, was to bring the fact into the domain — to set it down within her own four cubits in the presence of a witness. The Shabbat discipline would be to receive it there, to let it remain where it had been placed, and to let the headache be treated in the light of it without the fact itself being made to travel. I have described the dissolution of the physician's ego as the precondition of this kind of receiving [62]; the halachic frame gives the receiving a location.

The consulting room, then, is a reshut ha-yachid not because it is private but because it is the domain of the One in the Zoharic sense: the place where, for the duration of the encounter, two people are gathered into a single space of attention, and where the multiplicity of the system outside — the schedule, the record, the payer, the protocol — is held at the door. I have called this the sacred space of the clinical encounter in earlier work [63]. The halachah of the four cubits names its walls.



10. Carrying Out of the Domain: The Record, the Referral, and the Expert

If the consulting room is the private domain, the health system is the public one, and it is worth being concrete about what that means. The contemporary physician spends, by careful time-and-motion measurement, roughly half of the working day on the electronic record and desk work and only about a quarter in direct clinical face time with patients [64]. The dominant activity of medicine is no longer the encounter. It is the carrying-out of the encounter — the transfer of what happened inside the four cubits into the domain of the many, where it is coded, billed, queried, audited, forwarded, and acted upon by people who were not in the room. Weiner and Schwartz have shown that a large fraction of clinical error consists of contextual error: the physician has the right medical facts and the wrong situation, because the situational information that would have changed the plan was present in the encounter and did not survive the transfer out of it [65]. I have argued that contextual error is not a failure of attention, but a structural consequence of a system built for carrying [66].

Rabbah's decree describes the psychology of this system with uncomfortable accuracy. The person who carries the shofar into the public domain does so *lilmod*, to learn — out of anxiety about his own competence and a desire to find the expert who will make the rite correct. The physician who carries the encounter into the system does so for the same reason. The consultation request, the second opinion, the escalation to the subspecialist, the order for the test that will settle the matter,

the documentation that will protect against later challenge — all of these are the shofar carried four cubits toward someone who is thought to know better. And the decree's insight is that this movement, however well-intentioned, is the departure from the domain. The seeking of the expert is the leaving of the One. I have argued that medical education has replaced the apprenticeship, in which competence was formed inside a relationship, with a regime of standardized testing in which competence is certified from outside [67,68]; the result is a generation of clinicians who do not trust their own blast and set out, reflexively, for the expert.

The institutional structure amplifies the reflex. I have described the modern health system as an iron cage of institutional coercion [69], and the capitalist organization of care as a machine for converting encounters into transactions [70]; the Medicaid contractions of recent years have produced what I called a therapeutic exile, the displacement of patients from continuous relationships into episodic and fragmented care [71]. In the terms of this paper, the system is a reshut ha-rabbin in the full Zoharic sense: a domain of multiplicity in which the patient's four cubits are not recognised as sovereign, in which every fact placed within them is treated as a candidate for transfer, and in which the inferior labour of moving unchanged things from room to room is the principal activity. The record is the public domain made durable. The referral is the public domain made procedural. The expert is the public domain made personal.

I want to be careful not to say that carrying is always wrong. It is not. The halachah permits carrying six days of the week, and the clinic has six days of the week too — there are transfers that must be made, referrals that are the only competent act, documentation that protects the patient rather than the physician. The claim is narrower and, I think, more useful: that the encounter has a Shabbat, a mode in which carrying is forbidden, and that the contemporary system has lost the ability to recognise when that mode applies. I have argued that the patient who has entered the clinical space cannot be discharged from it by administrative fiat — that the licence to enter creates an obligation that outlasts the visit [72]. The four cubits give that obligation its shape. What is brought into the domain belongs to the domain. On the day of unity, it stays.

A second illustration. A man in his forties presents with a first seizure. The workup is straightforward; the imaging is normal; the electroencephalogram is unrevealing. During the conversation about driving restrictions, he says that his job requires him to drive, that he has not told his employer, and that he is frightened of losing the position. Everything in the system pulls this fact outward: the state reporting requirement in some jurisdictions, the documentation of counselling, the occupational-health referral, the note that will be read by the insurer. Some of that carrying is obligatory. But there is a residue that is not — the fear, the shame, the specific texture of what the job means to him — and the discipline is to recognise that residue as belonging to his four cubits and to let it remain there. Actor-network theory, which I have applied to medical hierarchies elsewhere [73], would describe the system as an assemblage in which every actant is enrolled to move things; the halachah of Shabbat describes a day on which the assemblage is asked to stop.



11. The Summons from silence:

The convergence of Section 7 — the halachic fear and the mystical fulfilment as two faces of one threshold — now yields its clinical form. The physician has a shofar. It is the instrument of summons: the diagnosis named, the prognosis stated, the plan announced, the referral made, the order written. Sounding it is the physician's commandment; it is what the licence is for. And there is a mode of the encounter, which I am calling its Shabbat, in which the discipline is not to sound it — not because the summons is forbidden but because, within the four cubits, it is already present and does not need to be carried out.

This is a difficult thing to say to physicians, and I want to say it carefully, because it is easily mistaken for a counsel of passivity or, worse, of withholding. It is neither. The Zohar's point about the Shabbat Rosh Hashanah is not that judgment is ignored but that judgment has already been sweetened; the shofar is silent because its work is done, not because its work is refused. The clinical parallel is the encounter in which the patient has, in the act of speaking, already heard what she needed to hear — in which the naming of the fear has been its answer, and the physician's role is to have been the domain within which the naming occurred. I have written on sacred listening as the core clinical skill [74], on the measurable effect of listening on outcome [75], and on the insubstantial language that does its work in the space between healer and patient rather than in propositional content [76]. The unsounded summons is the limit case of all three. It is the moment when the most competent act is to let the teruah remain zikhron, remembered, held within, rather than blown into the public air.

Three features of the halachic material guide the discipline.

The first is the decree's target. Rabbah does not fear the expert; he fears the novice on the way to the expert. The clinician's Shabbat is therefore not a discipline of confidence but a discipline of tolerated uncertainty — of not setting out for the expert the moment one is unsure. I have argued that not-knowing is a sacred epistemology and the ground of clinical humility [77]; the four cubits give not-knowing a place to stand. The physician who does not know what the headache means, and who does not immediately order the scan or make the referral, but who stays within the domain with the patient and the not-knowing, is keeping the decree.

The second is the inferior labour. What is carried out of the encounter is unchanged by the carrying, and the halachah counts that as the purest form of transgression. The clinical corollary is that the physician should be most suspicious of the transfers that change nothing — the note that records what the patient said in the patient's own words and thereby makes it available to everyone but her; the referral that moves the problem to another room without altering it; the test ordered to reassure the physician rather than to inform the plan. I have written on the improvised, sufficient encounter — the nitgalgel principle, make do with me — as an alternative to the reflex of escalation [78]. The Shabbat of the clinic is the day on which sufficiency is the rule.

The third is the remembered sound. Zikhron teruah means that on Shabbat the summons is not absent but present in memory. The physician who does not name the prognosis in a particular encounter has not forgotten it; the physician who does not make the referral has not decided it is unnecessary. The summons is held. It will be sounded on a weekday. What the Shabbat discipline protects is the domain in which, on this day, the sound can be present without travelling. I have argued for a third grammar of the clinical encounter, neither the grammar of cure nor the grammar of consolation but one that lets suffering be witnessed without being explained [79]; the unsounded summons is a sentence in that grammar.

A third illustration. A woman in her early eighties, with a diagnosis of a progressive dementia made two years earlier, is brought by her daughter for follow-up. The daughter has questions about the trajectory, about care facilities, about what to expect. The mother, who is present and attentive, says little. In the middle of the daughter's questions the mother says, to no one, that she has been thinking about her own mother, who died in a strange country without her children. The system's shofar is loud here: the staging, the referral to social work, the discussion of goals of care, the documentation of capacity. Some of it must be sounded, and on a weekday it will be. But there is a Shabbat in the encounter — the moment when the mother has placed within her four cubits a memory of abandonment, and the daughter's questions about facilities fall silent, and the physician's task is to have been the enclosed space in which that memory could be spoken and remain. I have argued that the patient with memory loss is a sacred text whose meaning the clinical community is summoned to keep [80]; the keeping is done inside the domain, not by carrying the text out of it. Whether patients possess the freedom the system attributes to them is a question I have examined at length [81], and the end-of-life encounter is where the question is sharpest [82]. The mother's four cubits were, at that moment, the only domain she had. The decree of Rabbah says: do not carry from it.

12. Objections and Limits

The halakhist's objection. A reader trained in halakhah will say that I have run together three things the tradition keeps apart: a rabbinic decree with a stated technical reason, an aggadic saying about God's four cubits, and a Zoharic-Hasidic transposition that the codifiers never adopted as law. The objection is fair, and I have tried to answer it by structure rather than by denial. Sections 2 through 5 stand on the halachic material alone and make no mystical claim; Sections 6 through 8

introduce the transposition as a reading of what the halachah was measuring, not as a replacement for it; and the convergence of Section 7 is presented as a convergence, two readings that meet at a threshold, not as an identity. What I do insist on is that the tradition's own habit of reading its measures against one another — four cubits of carrying, four cubits of a person, four cubits of God — is not homiletic licence but a form of argument the sources practise. The Tosafists' observation that carrying is an inferior labour is halachic, not mystical, and it is the hinge on which the whole trajectory turns. If the halachic reader grants that observation, the rest follows more closely than he might wish.

The clinician's objection. A reader trained in medicine will say that a theology of domains, however elegant, has no place in a paper about clinical practice; that the real problems of the record and the referral are problems of workflow, incentive and regulation; and that dressing them in Zoharic language does nothing to solve them. I have argued elsewhere that the tension between evidence-based practice and spiritual frameworks is real and should not be papered over [83], and that dialogical medicine must guard its boundary against pseudoscience with the same care it guards it against reductionism [84]. So let me say what the halachic frame does and does not offer. It does not offer a workflow. It offers a category — transfer as transgression — that the clinical literature on contextual error has been groping toward without a name [65], and a measure, the four cubits, that locates the category in the body of the patient rather than in the abstraction of privacy. And it offers a mode, Shabbat, in which the category applies absolutely, and the physician's competence is judged by what he does not do. Whether that mode can be built into a system is a question for another paper. That it exists, and that good clinicians already practise it without a vocabulary, is the claim of this one.

The mystic's objection. A reader trained in Kabbalah will say that I have been too cautious — that the acosmic reading of the vacated space dissolves the very distinction between domains on which the halachic argument rests, and that a fully Hasidic account would say the clinic is never a public domain because nothing is. Idel's warning against reading the Kabbalah as a single system with a single doctrine applies here [85]. I have deliberately declined to choose between the realist and acosmic accounts, and I have argued that the tradition's refusal to collapse ayin into yesh is normative [54]. But I would add that the physician's situation gives the caution a reason. The patient in the room does not experience the health system as an apparent domain that is really the One. She experiences it as a place where she is carried out of herself. The heretical Kabbalah that I have examined as a response to catastrophe [86] is instructive here precisely because it refuses to let the acosmic consolation arrive too early. The four cubits are real to the person standing in them, and a theology that tells her otherwise is a theology that has left the room.

What the analogy cannot bear. Three things stated plainly. It cannot decide which transfers are obligatory — the state reporting requirement, the safeguarding referral, the documentation that protects the patient; those are weekday matters, and the Shabbat frame does not adjudicate them. It cannot make the physician the patient's Temple; the exemption of the Mikdash from the decree was an exemption for an enclosed and vigilant sacred space, and the clinic is at best a provincial court. And it cannot turn restraint into a virtue in itself; the shofar is silent on Shabbat only because it is sounded on the weekday, and a clinician who never sounds the summons has not kept the decree but abandoned the commandment.

Conclusion: The Portable Enclosure

The trajectory can now be stated in a single line. The unit of Shabbat violation is four cubits in the public domain; four cubits is the size of a person; four cubits is what God has left after the destruction; the public domain is the domain of the many from which the One has withdrawn; and the decree that silences the shofar on Shabbat is a refusal to carry the summons out of the only domain in which it still sounds. Each step is in the sources. What the sources do not say, and what I have tried to say for them, is that the steps form a line, and that the line ends in a room where a physician and a patient sit within arm's reach of each other.

The image I want to leave is the portable enclosure. A human being, in halachic terms, is a small private domain of four cubits that moves through the world — sovereign within, forbidden to carry from on the day of unity, reduced to it when everything else is lost. The patient brings that enclosure into the clinic. The physician is licensed to enter it. The health system, which is a public domain in every sense the Zohar gives the term, stands outside the door with its record and its referral and its expert, waiting for what will be carried out. And the decree of Rabbah, read through the Zohar's inversion, says that there is a mode of the encounter in which nothing should be. Not because the summons is unwelcome but because, within the four cubits, it has already been heard — because the fear that has been named has been answered by the naming, the memory that has been placed has been received by the placing, and the physician's competence, on this day, consists in having been the walls. I have written of the fractured vav as a theology of sacred brokenness, the letter that connects heaven and earth broken at the point of connection [87]. The four cubits are the spatial form of the same brokenness. God's domain and the person's domain are the same size because both have been broken down to the same residue, and the clinical encounter is the place where the two residues meet. The physician who understands this will still order the scan, make the referral, write the note — on the weekday, when carrying is permitted and the summons must travel. But he will also know that the encounter has a Shabbat,

that the Shabbat has a measure, and that the measure is the reach of the person in front of him. He will enter the four cubits, and he will not carry from them. And in the silence where the shofar would have sounded, he will hear what the Sages, with their tape measure, were protecting: a summons that does not need to go anywhere, because everyone who needed to hear it is already inside.

References

1. Ungar-Sargon J. Hermeneutic approaches to medicine: from objective evidence to patient as sacred text. *EC Neurology*. 2025;17(6):01-10.
2. Ungar-Sargon J. Sacred and profane space in the therapeutic encounter: moving beyond rigid distinctions. *Am J Neurol Res*. 2025;4(2):1-9.
3. Ungar-Sargon J. Shabbat 'beyond time' and the physics of time: a mystical deep dive with a careful bridge to modern physics. *Am J Med Clin Res Rev*. 2026;5(3):1-27.
4. Heschel AJ. *The Sabbath: its meaning for modern man*. New York: Farrar, Straus and Young; 1951.
5. Ungar-Sargon J. Epistemology versus ontology in therapeutic practice: the tzimtzum model and doctor-patient relationships. *Adv Med Clin Res*. 2025;6(1):94-101.
6. Ungar-Sargon J. Makom, tzimtzum, and the collapse of the horse-and-rider parable/mashal. *Am J Med Clin Res Rev*. 2026;5(6):1-23.
7. Talmud Bavli. Rosh Hashanah 29b, with Rashi ad loc., s.v. gezeirah shema yitlenu. Vilna ed.
8. Talmud Bavli. Sukkah 42b-43a (gezeirah de-Rabbah; first day vs. remaining days; kevi'a de-yarcha). Vilna ed.
9. Talmud Bavli. Megillah 4b. Vilna ed.
10. Mishnah. Rosh Hashanah 4:1.
11. Maimonides. *Mishneh Torah*, Hilkhhot Shofar ve-Sukkah ve-Lulav 2:6-9 and 7:13-18; Hilkhhot Megillah ve-Chanukah 1:13.
12. Karo J. Shulhan Arukh, Orah Hayyim 588:5; 658:2; 688:6.
13. Ungar-Sargon J. The dual nature of halachic decision-making: rational and intuitive pathways. *J Jewish Legal Theory*. 2025;8(1):1-19.
14. Ungar-Sargon J. The Counter-University: The Brisker revolution and the psychology of religious rationality. *Am J Med Clin Res Rev*. 2026;5(8):1-29.
15. Mishnah. Shabbat 7:2.
16. Mishnah. Shabbat 1:1; Talmud Bavli, Shabbat 2a-3a.
17. Talmud Bavli. Shabbat 96b-97a. Vilna ed.
18. Tosafot. Shabbat 2a, s.v. yetzi'ot ha-Shabbat.
19. Maimonides. *Mishneh Torah*, Hilkhhot Shabbat 12:8-15.
20. Soloveitchik JB. *Halakhic man*. Kaplan L, translator. Philadelphia: Jewish Publication Society; 1983.
21. Ungar-Sargon J. A remedy travels alone: Greek medicine, rabbinic law, and the limits of influence. *Am J Neurol Res*. 2026;5(3):1-24.
22. Talmud Bavli. Eruvin 48a. Vilna ed.
23. Talmud Bavli. Bava Metzia 10a-b. Vilna ed.
24. Mishnah. Eruvin 4:1; Talmud Bavli, Eruvin 41b-42a.
25. Hall ET. *The hidden dimension*. Garden City (NY): Doubleday; 1966.
26. Ungar-Sargon J. Self-kenosis and the hermeneutic clinician. *Am J Med Clin Res Rev*. 2026;5(7):1-19.
27. Talmud Bavli. Berakhot 8a. Vilna ed.
28. Fishbane M. *The exegetical imagination: on Jewish thought and theology*. Cambridge (MA): Harvard University Press; 1998.
29. Ungar-Sargon J. The wound as altar: divine absence and the therapeutic space of healing. *Neurol Res Surg*. 2025;8(3):1-16.
30. Ungar-Sargon J. Divine presence and concealment in the therapeutic space. *EC Neurology*. 2025;17(5):01-13.
31. Ungar-Sargon J. The pain of the Shekhinah: from midrashic exile through to embodied theology. *J Relig Theol*. 2026;8(1):58-77.
32. Schneerson MM. Ma'amar "Yom tov shel Rosh Hashanah she-chal lihyot be-Shabbat", erev Rosh Hashanah 5743, §§3-4, 7. In: *Sefer ha-Ma'amarim Melukat, Tishrei*. Brooklyn: Kehot/Va'ad Hanachot be-Lahak; 1986 (published for Rosh Hashanah 5747).
33. Schneersohn MM (Tzemach Tzedek). *Or ha-Torah*, Rosh Hashanah, vol. 5, discourse "Lehavin ha-ta'am", p. 2109 ff. Brooklyn: Kehot; and Shneur Zalman of Liadi, *Likkutei Torah*, Derushim le-Rosh Hashanah 56a-57b ("Lehavin ha-Mishnah yom tov shel Rosh Hashanah"); *Siddur im Da" Ch*, Sha'ar ha-Teki'ot 240c ff.
34. Tishby I. *The wisdom of the Zohar: an anthology of texts*. Goldstein D, translator. Oxford: Littman Library; 1989. Vol. 2, on the sitra ahra; for turei de-pruda as the name of the worlds of separation in Chabad usage see Shneur Zalman of Liadi, *Torah or and Likkutei Torah*, passim
35. Zohar Hadash, Tikkunim, 137. "Ve-hanahah de-Shabbat bi-reshut yehido shel olam ihi Shekhinta, Shabbat malketa." [fo-

-
- lio to confirm against the Margalio edition]. See also Zohar II 135 a-b
36. Shneur Zalman of Liadi. Likkutei Amarim — Tanya, ch. 33 (end). Brooklyn: Kehot; 1984. Cf. Schneerson L.Y., Likkutei Levi Yitzchak, Igrot Kodesh, p. 400 (reshut ha-yachid as the Tetragrammaton, yechido shel olam; reshut ha-rabbim as Elokim); Shabbat 99a on the sixteen cubits of the public domain.
 37. Green A. The language of truth: the Torah commentary of the Sefat Emet. Philadelphia: Jewish Publication Society; 1998.
 38. Alter YAL (Sefat Emet). Sefat Emet al ha-Torah, Chanukah, 5642–5643 [תשס"ב–תשס"ג], on the transformation of reshut ha-yachid into reshut ha-rabbim. Piotrków–Cracow: first ed.; 1905–1908.
 39. Ungar-Sargon J. From parable to pedagogy: the evolution of meshalim as literary tzimtzum in Tanya, Likkutei Torah, and Torah Ohr. J Relig Theol. 2025;7(2):1-12.
 40. Ungar-Sargon J. Seeing through divine eyes: beyond the veil of sacred text — the Me'or Einayim's vision of transcendent reading and its clinical applications. Adv Med Clin Res. 2025;6(2):157-166.
 41. Ungar-Sargon J. Radical rupture: Chabad's theological continuity when divine withdrawal precedes sin. J Relig Theol. 2025;7(3):35-48.
 42. Tanakh. Numbers 29:1; Leviticus 23:24.
 43. Talmud Yerushalmi. Rosh Hashanah 4:1 (zikhron teruah: mazkirin ve-lo tok'in).
 44. Zohar. Vol. 3 (Pinchas) 231a-b, on Rosh Hashanah, dina kashya and the shofar. Vilna ed.
 45. Ungar-Sargon J. Presence within and beyond words: sacred listening as experiential encounter. Am J Med Clin Sci. 2025;10(2):1-7.
 46. Ungar-Sargon J. Primordial silence and therapeutic presence: theodicy and the paradox of divine concealment in clinical practice. Biomed Sci Clin Res. 2025;4(2):01-10.
 47. Ungar-Sargon J. Harmonia mundi: cosmic sound, sacred number, and the architecture of musical consciousness. J Neurol Neurosci Res. 2025;6(2):203-214.
 48. Vital H. Etz Hayyim. Heikhal 1, Sha'ar 1 (Sha'ar ha-Iggulim ve-Yosher), Anaf 2. Warsaw; 1891.
 49. Scholem G. Major trends in Jewish mysticism. New York: Schocken; 1946.
 50. Shneur Zalman of Liadi. Likkutei Amarim — Tanya. Sha'ar ha-Yichud ve-ha-Emunah, ch. 7. Brooklyn: Kehot; 1984.
 51. Wolfson ER. Open secret: postmessianic messianism and the mystical revision of Menahem Mendel Schneerson. New York: Columbia University Press; 2009.
 52. Ungar-Sargon J. Divine error and human rectification: tzimtzum as theological rupture and therapeutic possibility. Adv Educ Res Rev. 2025;2(1):76-86.
 53. Ungar-Sargon J. The wound that gives: the pain of self-contraction in creation, revelation, and the therapeutic encounter. Am J Med Clin Res Rev. 2026;5(6):1-15.
 54. Ungar-Sargon J. The heart cannot reach the spring: a normative case for an irreducible ayin and yesh. J Psychol Neurosci. 2026;8(4):1-9.
 55. Mishnah. Eruvin 6:1-2; Maimonides, Mishneh Torah, Hilkhos Eruvin 1:1-6.
 56. Fonrobert CE. From separatism to urbanism: the Dead Sea Scrolls and the origins of the rabbinic eruv. Dead Sea Discoveries. 2004;11(1):43-71.
 57. Ungar-Sargon J. Revisioning healthcare spaces: lessons from spiritual community in contemporary medical practice. Am J Med Clin Res Rev. 2025;4(6):1-17.
 58. Ungar-Sargon J. A healing space for caregiver and patient: a novel therapeutic clinic model integrating holistic healing principles. Med Clin Case Rep. 2025;5(1):1-11.
 59. Ungar-Sargon J. Patient autonomy and co-creation: evidence-based approaches to designing healing environments. J Psychol Neurosci. 2025;7(2):1-9.
 60. Ungar-Sargon J. The sacred temporality of healing: solitude, embodied presence, and the physician as witness. Am J Med Clin Res Rev. 2025;4(11):1-16.
 61. Ungar-Sargon J. The clinical encounter, and the space of human freedom. Biomed J Sci Tech Res. 2026;66(3):58729-58753.
 62. Ungar-Sargon JY. The dissolving self in the therapeutic encounter: mysticism, ego dissolution, and clinical transformation. Adv Med Clin Res. 2025;6(2):229-237.
 63. Ungar-Sargon J. Sacred spaces, clinical encounters: integrating theological and medical perspectives. J Behav Health. 2025;14(3):1-7.
 64. Sinsky C, Colligan L, Li L, Prgomet M, Reynolds S, Goeders L, et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. Ann Intern Med. 2016;165(11):753-760.
 65. Weiner SJ, Schwartz A. Contextual errors in medical decision making overlooked and understudied. Acad Med. 2016;91(5):657-662.
 66. Ungar-Sargon J. Contextual errors in medical decision making reclaiming the human situation in clinical care. J Med Clin Res Rev. 2025;9(10):1-15.
 67. Ungar-Sargon J. From master and apprentice to multiple choice: the erosion of clinical judgment in medical education. J Behav Health Psychol. 2025;14(6):1-7.
 68. Ungar-Sargon J. The MCQ monopoly: how medical education's obsession with standardized testing is destroying clinical

-
- wisdom and perpetuating healthcare's crisis. *Am J Neurol Res*. 2025;4(4):1-9.
69. Ungar-Sargon J. Beyond the iron cage: institutional coercion and the imperative for transformative healing spaces. *Am J Med Clin Res Rev*. 2025;4(6):12-21.
70. Ungar-Sargon J. Capitalism and health care: a critique. *Japan J Med Sci*. 2024;5(1):174-184.
71. Ungar-Sargon J. Shattered vessels in the house of healing: the ethical and psychological devastation of Medicaid cuts through the lens of hermeneutic medicine and mystical theology. *Am J Med Clin Res Rev*. 2026;5(1):1-17.
72. Ungar-Sargon J. The patient who cannot be discharged: licensed access, retrospective consent, and the ethics of release in the clinical encounter. *Am J Med Clin Res Rev*. 2026;5(9):1-21.
73. Ungar-Sargon J. Reimagining healthcare through actor-network theory: a Latourian critique of modern medical hierarchies. *Am J Med Clin Sci*. 2025;10(2):1-7.
74. Ungar-Sargon J. The art of sacred listening: divine presence and clinical empathy in contemporary medical history taking. *Rev Theol*. 2025;25(6):85-97.
75. Ungar-Sargon J. Effective listening to the patient affects the outcome. *J Neurol Neurosci Res*. 2024;(5):92-98.
76. Ungar-Sargon J. Insubstantial language and the space between healer and patient. *Int J Psychiatr Res*. 2025;8(2):1-13.
77. Ungar-Sargon JY. The sacred epistemology of not-knowing: uncertainty and doubt as foundations for humility in medicine and religion. *Clin Rev Cases*. 2026;8(1):1-8.
78. Ungar-Sargon J. 'Make do with me': nitgalgel, divine sufficiency, and the improvised encounter in the therapeutic space. *Am J Glob Clin Trials*. 2026;1(1):1-9.
79. Ungar-Sargon J. The third grammar: an anti-theodicy for the clinical encounter. *Am J Med Clin Res Rev*. 2026;5(9):1-30.
80. Ungar-Sargon J. The blessing of dementia: a neurologist's theological and clinical meditation on forgetting as sacred return. *Neurol Neurosci*. 2025;6(9):044.
81. Ungar-Sargon J. Do patients have free will? A clinical-philosophical essay on adherence, addiction, and the bounds of choice. *Am J Med Clin Sci*. 2025;10(6):1-9.
82. Ungar-Sargon J. Embodied theology for end-of-life care: a being-with-nonbeing approach to dying patients. *KOS J Public Health Integr Med*. 2025;1(2):1-23.
83. Ungar-Sargon J. Beyond reductionism or wishful thinking? Tensions between evidence-based practice and spiritual frameworks in contemporary healthcare. *Trends Intern Med*. 2025;5(1):1-10.
84. Ungar-Sargon J. Navigating the boundaries: dialogical medical practice and the challenge of pseudoscience. *Am J Med Clin Res Rev*. 2025;4(6):1-6.
85. Idel M. *Kabbalah: new perspectives*. New Haven: Yale University Press; 1988.
86. Ungar-Sargon J. The sacred shadow: kabbalistic heresy and the antinomian roots of medical dissent. *J Tradit Med Appl*. 2025;4(2):1-10.
87. Ungar-Sargon J. The fractured vav: a theology of sacred brokenness as portal between healing and holiness. *J Behav Health*. 2025;14(4):1-9.

Copyright:

©2026 Julian Ungar-Sargon, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License.