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The Location of the Unexplained: David Deutsch, Hasidic Epistemology, and the Patient's Non-Rational Thinking

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Abstract: David Deutsch holds that all knowledge is created by conjecture and criticism, that every problem is in principle soluble, and that a rational mind resolves its inner conflicts without coercion. Hasidic and Kabbalistic thought holds that knowledge arises from a prior nothingness (*ayin*), that the flash of *chokhmah* precedes and exceeds its articulation in *binah*, and that some questions belong to a vacated space (*ḥalal ha-panui*) where explanation cannot follow. This essay sets the two systems side by side, identifies four convergences and four divergences, and then turns Deutsch's own criterion of a good explanation on Kabbalah: as cosmology, *tzimtzum* fails it; as a clinical conjecture, parts of it pass. Elliot Wolfson's apophatic reading of Kabbalah is brought in as a third voice that corrects both sides, and the Izbica doctrine of the will is set against Deutsch's theory of the self. The essay then asks what all of this contributes to the clinician who meets a patient's non-rational thinking: the premonition before the test result, the conviction that illness is punishment, the refusal of a recommended treatment, the lament that asks "why me?" Deutsch supplies a test of form (is this belief open to criticism?); the Hasidic tradition supplies a test of location (is this a question explanation can answer, or one only presence can hold?); Izbica adds that the patient's choices may be discovered rather than authored. Reason does not abolish the patient's mystery but changes where that mystery is found.

Keywords: David Deutsch, critical rationalism, Hasidism, Kabbalah, chokhmah and binah, ayin, inexplicit knowledge, non-rational thinking, hermeneutic medicine, therapeutic encounter



INTRODUCTION: THE BEDSIDE PROBLEM

Every neurologist has met the patient who knows before the scan does. She cannot say how she knows. She reports that something is "not right" in a hand that tests normally, and six months later the fasciculations appear. Every neurologist has also met the opposite patient: the man who is certain his tremor is a punishment for a sin he will not name, who declines levodopa because suffering is owed, and who treats every reassurance as further evidence that he is not being told the truth. Both patients are thinking non-rationally, in the loose sense that neither can give a reasoned account of his or her conviction. Yet the first is reporting knowledge that has not yet found words, and the second is defending a belief that has sealed itself against words. Clinical medicine has no settled vocabulary for the difference.

This essay looks for that vocabulary in an unlikely pairing. The physicist and philosopher David Deutsch has spent three decades arguing that human beings are, before anything else, creators of explanations; that all knowledge, scientific or personal, grows by conjecture and the criticism of conjecture; and that the defining mark of a rational mind is not the absence of error but the capacity to find and correct it [1–3]. His position descends from Karl Popper's critical rationalism [4] but goes further, into a theory of the self, of creativity, and of the emotional life. In a recent extended conversation he described the mind as a vast collection of possibly conflicting ideas, explicit, inexplicit and unconscious, whose conflicts are resolved creatively when nothing thwarts the process, and he treated the felt absence of "fun" as a criticism signalling that something in that process has gone wrong [1].

The Hasidic and Kabbalistic tradition makes claims about the same territory: how insight arises, why the mind is divided, what can and cannot be known, and how the knower is changed by knowing. Its answers are built from a different metaphysics. Knowledge begins not in conjecture but in *chokhmah*, the undifferentiated flash that emerges from *ayin*, nothingness; it is elaborated in *binah* and bound to the person in *da'at*; and beyond all three lies a divine infinity that is not merely unexplained but in principle beyond explanation. Where Deutsch sees an open frontier, the tradition often sees a constitutive concealment.

I have argued elsewhere that the patient's history is best approached as a sacred text, one that demands interpretation rather than mere decoding [5,6]. That claim stands in a line running from Kleinman's distinction between disease and illness [7] through Cassell's insistence that suffering belongs to persons rather than bodies [8] and Toombs's phenomenology of the different worlds that physician and patient inhabit [9]. But hermeneutic medicine has an unresolved problem at its core. If the patient is a text, are the non-rational parts of the text errors to be corrected, or meanings to be received? Deutsch gives the clinician powerful grounds to say the former. The Hasidic masters give powerful grounds to say the latter. My thesis is that both are partly right, and that their disagreement, properly located, tells the clinician something neither tells alone.

Two features distinguish this essay from my earlier work, and they should be named at the outset. In *The Third Grammar* I asked what a clinician may legitimately say in the face of a patient's suffering, and drew on Rebbe Nachman's vacated space, among other sources, to argue for holding personal address and impersonal ground together without synthesis [10]. That essay governed the clinician's speech. The present essay asks a prior question: what kind of thinking is the patient doing when the patient thinks non-rationally?

Nachman reappears here, but in a different role. There, the vacated space licensed an antinomy; here, it marks a boundary in a taxonomy of the patient's questions. And where *The Third Grammar* set the tradition's heretical and archetypal readers against each other, this essay puts the tradition under examination by an outsider who denies that mystery is a legitimate category at all.

The argument proceeds in eight steps. Section 2 sets out Deutsch's epistemology as it bears on non-rational experience. Section 3 sets out the relevant Hasidic and Kabbalistic claims. Section 4 identifies where the two genuinely converge, and section 5 where they cannot be reconciled. Section 6 turns Deutsch's criterion of a good explanation on Kabbalah itself and brings in Elliot Wolfson, whose apophatic reading reframes the dispute. Section 7 sets the Izbica doctrine of the will against Deutsch's theory of the self. Section 8 turns to the bedside and proposes a working clinical stance, and section 9 concludes. A clarification is needed: the parallels drawn here are philosophical analogies. Deutsch did not derive his epistemology from Kabbalah, and nothing in what follows should be read as claiming he did.

KNOWLEDGE AS CONJECTURE, CRITICISM AND CORRECTION

Good Explanations and the Rejection of Authority

Deutsch's central claim in *The Beginning of Infinity* is that the Enlightenment's decisive achievement was not a new body of facts but a new tradition: the rejection of authority as a source of knowledge and its replacement by a tradition of criticism [2]. Knowledge, on this view, never arrives by revelation, induction, or direct observation. It is conjectured, and then it survives or fails under criticism. Popper had already argued that we learn from our mistakes and that there is no secure foundation from which knowledge is derived [4,11]. Deutsch adds a criterion for distinguishing good explanations from bad ones: a good explanation is hard to vary while still accounting for what it purports to account for [2]. His favourite counterexample is mythological. A story that winter comes because a goddess grieves for her abducted daughter could be told with any goddess and any grief; its details do no work, and so it explains nothing. The axial tilt of the earth, by contrast, cannot be altered in any detail without ruining the explanation. Two corollaries matter for the clinic. The first is fallibilism: we can always be mistaken, and there is no limit to the number or size of our mistakes [1,2]. The second is what Deutsch calls the principle of optimism: problems are inevitable, but problems are soluble, and every evil that is not forbidden by the laws of nature is in principle the result of insufficient knowledge [2]. There are no permanently inaccessible mysteries, only problems we have not yet solved. Deutsch's earlier book, *The Fabric of Reality*, grounded this optimism in physics and the universality of computation [3]; the later book extends it to culture, morality and the mind.

Inexplicit and Unconscious Knowledge

What makes Deutsch useful for a clinician, rather than merely a scientist, is that he does not equate the rational with the explicit. In the 2026 conversation with Edwin de Wit he distinguishes three modes in which ideas exist in a mind: explicit ideas expressed in language, inexplicit ideas that are conscious but wordless, and unconscious ideas that operate without awareness [1]. His examples are ordinary. A walker sees an obstacle and lengthens his stride without the words "step" or "obstacle" ever forming; a speaker obeys

grammatical rules she cannot state; a visitor returns from abroad with an accent he does not know he acquired. A great tennis player knows how to win and cannot write it down, so that the chapter in his memoirs called "How I Did It" makes no one else a great tennis player [1].

This is close to Polanyi's tacit knowing, the claim that we know more than we can tell [12], but Deutsch draws a stronger conclusion. Because Popper's epistemology is universal, he argues, even the most unconscious process that delivers the right word, the right stride or the right shot consists, if it is rational, of conjecture and criticism. Every utterance has undergone that process [1]. Explicit knowledge is always rooted in inexplicit knowledge, because the meaning of words cannot be given entirely in words without infinite regress. And inexplicit knowledge is not inferior to explicit knowledge; it is simply not yet, and perhaps never, translated.

Deutsch is equally clear that creativity has a substrate that is not itself creative. At the atomic or cellular level, he says, thought must consist of mechanical processes, so that creativity is "an emergent high-level property of non-creative, low-level processes" [1]. The origin of an idea and its justification are therefore different things. An idea may arise from processes no one understands; whether it is any good is settled by criticism.

The Fun Criterion and the Self as Institutions of Consent

The most surprising part of Deutsch's thought, for readers who know him as a physicist, is his account of emotion. The "fun criterion" holds that the felt absence of fun, boredom, tedium, a sense of being thwarted, should be treated not as a stop rule or a feeling to chase but as a criticism: a signal that the different parts of a mind are working against each other [1]. Fun, in his technical sense, is not pleasure. A marathon runner in pain may be having fun, because the pain is understood and endorsed. What is not fun is conflict that one does not understand, which feels bad for reasons one cannot name and which indicates that something coercive is happening: parts of the mind using their creativity against each other [1]. From this follows a theory of the self. Deutsch has described the self as the collective term for the creative institutions of consent among the many strands of creativity and criticism that constitute a mind [1]. "Institution" is used in Popper's sense: not a building but a practice or habit of mind that governs how other ideas interact. The self is not a policeman in a particular brain region; it is the aspect of problem-solving that aims at unanimity. In a rational mind, conflicts get resolved, and at resolution there are no chronic hangovers of the rival theories [1]. Deutsch is careful to add that a rational mind is not one in which every idea is consistent with every other; minds are vast collections of potentially conflicting ideas, and conflict is where new knowledge comes from. What is pathological is not conflict but the thwarting of its creative resolution. When people report conflicting inner voices that will not go away, he regards this as a sign that something anti-rational is operating [1].

What Deutsch Leaves Open

Deutsch is candid about the limits of what is known. He does not know how thought is implemented in the brain; he does not know whether bodily sensations and emotions are different in kind; he does not know whether focus is a hardware or a software property [1]. He notes that sensations must be interpreted before they are experienced, that one can

train oneself into perfect pitch or finer colour discrimination, and that soldiers have lost limbs in battle without noticing until it was over [1]. Each of these admissions opens a door that a clinician must walk through. Pain, fatigue, dread and hope are exactly the phenomena where interpretation and sensation are hardest to separate, and where the patient's non-rational report is most likely to carry knowledge the clinician does not yet have.

HASIDIC AND KABBALISTIC EPISTEMOLOGY

The most systematic Hasidic account of cognition is in the *Tanya* of Rabbi Schneur Zalman of Liadi, whose school took its very name, Ḥabad, from the acronym of the three intellectual faculties [13]. In the third chapter of *Likutei Amarim*, *chokhmah* is described as the source of the intellect, the first point of an idea before it has been unfolded; *binah* is the faculty that broadens and deepens that point, drawing out its implications in length and breadth; and *da'at* is the binding of the mind to what it has understood, the faculty that makes understanding consequential for the emotions and conduct of the knower. The verse "and Adam knew Eve" (Genesis 4:1) is the paradigm: *da'at* is knowledge as union, not as information [13]. Two features of this scheme matter here. First, *chokhmah* is pre-propositional. Later chapters of the *Tanya* gloss *chokhmah* as *ko'aḥ mah*, the potential of "what is," the capacity that has not yet become anything definite, and locate in it the faith and the hidden love of God that are beyond reason and that no argument produced [13]. Second, the scheme is developmental and ethical rather than merely logical. The goal is not that an idea be correct but that it be integrated: that *da'at* bind the knower to it so that it reshapes the heart. Rachel Elior's study of Ḥabad theosophy shows how thoroughly this cognitive psychology is grounded in a cosmology in which the divine itself contracts and expands through the same stages [14].

The Nothing Between One Thing and the Next

The second claim comes from the circle of Rabbi Dov Ber, the Maggid of Mezritch. Reading Job 28:12, *ve-ha-chokhmah me-ayin timatze* ("wisdom comes from where?"), as "wisdom is found from nothing," the Maggid taught that every genuine transformation passes through *ayin*. An egg cannot become a chick without first ceasing to be an egg; there is an intermediate moment that is neither. New thought, likewise, is not a rearrangement of old thought but an emergence through a gap in which the old self is suspended [15]. Daniel Matt's classic study traces this motif from the Zohar through Hasidism and shows how *ayin* became, for the Maggid's students, not merely a name for God's transcendence but a description of the creative moment in human consciousness [15]. Rivka Schatz Uffenheimer read the same material as the core of a Hasidic quietism: the self must be annulled (*bittul*) so that thought can arise from beyond it [16].

The Permanent Conflict

The third claim concerns the divided mind. The *Tanya* describes the soul of the ordinary person as a "small city" contested by two kings, the divine soul and the animal soul, drawing on the parable of Ecclesiastes 9:14–15 [13]. Its central figure is not the saint (*tzaddik*), in whom evil has been transformed, but the intermediate person (*beinoni*), who never sins in

deed, word or thought and yet in whom the animal soul's desires remain fully alive. The *beinoni*'s achievement is not the resolution of the conflict but its governance: the mind rules the heart by the nature of its creation, moment by moment, for a lifetime [13]. Schneur Zalman insists that this is the rank every person can reach, and that the ongoing presence of unwanted thoughts is no cause for despair. He distinguishes, crucially, between *merirut*, a bitterness that energises change, and *atzvut*, a deadening sadness that is itself an obstacle to divine service and must be dispelled by joy [13].

The Questions without Answers

The fourth claim is the sharpest. In *Likutei Moharan* I:64, Rabbi Nachman of Breslov reads the Lurianic *tzimtzum* as producing a vacated space (*ḥalal ha-panui*) from which God is, in some sense, absent, though without God nothing could exist there. He then distinguishes two kinds of question. Questions that arise from the *shevirat ha-kelim*, the breaking of the vessels, belong to the world of created wisdom; they have answers, and a sufficiently great mind can find them. Questions that arise from the vacated space have no answers, because the place they come from is by definition beyond intellect. To them the only appropriate response is faith and, at its height, silence [17]. Arthur Green's biography shows that this teaching was not abstract for Nachman: it was how he lived with doubt, illness and the death of his children [17].

Concealment as the Form of Revelation

The deepest background to all four claims is the Lurianic myth that Scholem made central to modern understanding of Kabbalah: creation begins with divine withdrawal, proceeds through catastrophe, and is completed by human repair (*tikkun*) through the sorting of fallen sparks (*birur*) [18]. Moshe Idel has cautioned against reading Hasidism as merely Lurianism popularised, emphasising its ecstatic and magical strands [19]. Elliot Wolfson's work adds the decisive hermeneutic point: in Kabbalah, concealment is not the opposite of revelation but its mode. What is disclosed is disclosed as hidden; the veil is the face [20,21]. Eli Rubin has recently argued that Ḥabad's non-literal reading of *tzimtzum* is the hinge of its whole response to modernity [22]. I have argued in earlier work that the Lurianic sequence of contraction, breakage and repair is not only a cosmology but a model of epistemic humility in the therapeutic relationship [23,24], and that the Hasidic masters, especially the *Me'or Einayim*, made reading itself a contemplative act in which the reader is transformed by what exceeds the text [25,26].

FOUR CONVERGENCES

The Origin of an Idea is not its Justification

Deutsch separates sharply where an idea comes from and whether it is any good. The first may be wholly obscure; the second is settled only by criticism [1,2]. The Ḥabad triad makes a structurally similar division. *Chokhmah* is the point of insight that arrives whole, without argument, from a source the knower does not control; *binah* is the labour of drawing that point out, testing it against what else is known, discovering its consequences and its limits [13]. It would be too quick to say that *chokhmah* is conjecture and *binah* is criticism. *Binah*

is elaboration as much as testing, and Ḥabad does not treat *chokhmah* as a guess that may well be false. But the analogy holds at the level that matters: in both systems the moment of insight and the work of articulation are distinct, and neither can substitute for the other. An insight that is never elaborated remains sterile; an elaboration with no seed has nothing to elaborate.

Judaism also possesses its own native tradition of conjecture and criticism. The Brisker method of Rabbi Ḥayyim Soloveitchik, which I have elsewhere called a "counter-university," builds explanatory concepts (*ḥakirot*, two-sided analytic distinctions) that are then tested against every case in the sources, and discarded when they fail [27]. Talmudic dialectic, with its *kushya* and *teirutz*, is a culture in which objection is a form of honour. Deutsch's claim that the Enlightenment replaced authority with a tradition of criticism [2] is historically fair to the European scientific revolution, but traditions of disciplined criticism are older and more widely distributed than his narrative sometimes allows.

New Knowledge is not Derived from Old

Popper's rejection of induction is the core of the critical rationalist program: no number of observations entails a general law, and new theories are not extracted from data but invented and then tested [4,11]. Deutsch radicalises this. Even learning an existing theory is creative, he argues; to learn relativity one must guess what Einstein's problem was, because knowledge cannot be downloaded from one mind into another [1]. The Maggid's teaching on *ayin* makes the same negative claim from the other direction. Transformation does not proceed by accretion from what already exists; it passes through a nothing in which the old form is suspended [15]. The egg does not gradually become a chick; it ceases to be an egg. The convergence is real, though its grounds differ. For Deutsch, the gap between old knowledge and new is epistemological: there is no valid inference from the old to the new, so the new must be conjectured. For the Maggid, the gap is ontological: the divine *ayin* is the actual source from which every new thing is drawn. Yet both reject the picture of the mind as a container filled from outside, and both locate creativity in a discontinuity. I have argued that the clinician's own ego dissolution, a brief passage through not-knowing, is the condition under which something new about the patient can be perceived [28]. Deutsch would not use that language, but he would recognise the structural point: the clinician who already knows what the patient means cannot learn anything from the patient.

Error and its Repair

The Lurianic myth begins with a catastrophe. The vessels meant to hold the divine light break, sparks fall into the husks (*kelipot*), and the history of the world is the slow work of finding and raising them [18]. The cosmos is not created perfect and then corrupted; it is created broken and then repaired. Deutsch's cosmos of knowledge has the same shape. Problems are inevitable; our explanations always contain errors; progress consists not in arriving at certainty but in finding mistakes and correcting them, indefinitely [2]. In both pictures, error is not an anomaly to be explained away but the precondition of growth. *Tikkun* is error correction under a theological description.

There is a further, more surprising, parallel. Deutsch's forthcoming work on reason begins from what he calls the hierarchy rule: in the inanimate universe, large and powerful

things affect small things and not the reverse, but wherever knowledge is present, the small can govern the large [1]. A few grams of neural tissue redirect rivers. Kabbalah has its own version of this inversion in the doctrine of *itaruta di-letata*, the arousal from below: human intention and action, though tiny, move the supernal worlds [18,19]. The parallel should not be pressed into an identity. Deutsch's claim is physical and causal; the Kabbalistic one is theurgic. But both deny that the significance of a thing is proportional to its mass, and both locate the decisive causal power of the universe in something like meaning.

Coercion, Sadness and Joy

The closest convergence, and the most clinically fertile, is between the fun criterion and the *Tanya*'s teaching on joy. Deutsch treats unexplained misery, boredom and a sense of being thwarted as criticisms: evidence that parts of the mind are coercing one another [1]. Schneur Zalman treats *atzvut*, deadening sadness, as an obstacle to divine service that must be identified and dispelled, and he insists that a person cannot overcome the animal soul from a state of heaviness, any more than a wrestler can defeat an opponent while he is sluggish [13]. In both systems, the affective state is diagnostic. It tells you something about the condition of the inner process. More striking still is the shared distinction between pain that is understood and pain that is not. Deutsch's marathon runner is in pain but having fun, because the pain is endorsed by his purposes [1]. The *Tanya*'s *merirut* is a bitterness that is wanted, that clarifies, and that issues in renewed effort; it is categorically different from *atzvut*, even though both feel bad [13]. Both thinkers therefore deny that the aim of a well-ordered mind is pleasure. The aim is a state in which the parts of the person are not at war in ways the person cannot understand. *Da'at*, in Ḥabad, is precisely the binding of the mind's understanding to the heart's response; Deutsch's "alignment" of explicit, inexplicit and unconscious ideas is, in a secular register, the same desideratum [1,13]. Wolfson's study of the dream in Jewish mysticism, in which the interpretation of a dream is itself taken up into the dreaming [29], is a reminder that this alignment is not static: it is a continuing reciprocal translation between levels of the mind.

FOUR DIVERGENCES

The convergences are genuine, but they should not obscure where the two systems part. The divergences are not failures of translation. They mark different answers to the question of what lies at the edge of explanation, and it is at those edges that patients most often live.

Problem and Mystery

For Deutsch, there are no permanent mysteries, only unsolved problems. To call something inherently inexplicable is, on his account, a form of bad philosophy, because it forecloses the search for explanation in advance [2]. Rebbe Nachman's teaching on the vacated space says the opposite about one class of questions. Questions that arise from the breaking of the vessels can be answered; questions that arise from the *ḥalal ha-panui* cannot, and a person who tries to answer them with philosophy will fall into the void [17]. Nachman does not deny the value of inquiry. He denies its universal jurisdiction.

Gabriel Marcel drew a related distinction in the twentieth century. A problem is something set before me that I can survey from outside; a mystery is something in which I am myself involved, so that the distinction between what is in me and what is before me loses its meaning [30]. Marcel's distinction clarifies what is at stake. Deutsch's optimism concerns problems in Marcel's sense: the cause of a disease, the mechanism of a symptom, the design of a treatment. Nachman's silence concerns questions in which the asker is implicated: why this suffering, why to me, why now.

Deutsch has a strong reply, and it deserves to be stated at full strength. "Why me?" is not one question but several. Part of it asks for a causal explanation: genetic risk, exposure, chance. That is a problem, and it often has an answer. Part of it asks for a moral explanation: did I deserve this? That also has an answer, and the answer is no; illness is not desert, and a clinician who withholds that answer out of reverence for mystery fails the patient. Part of it is not a question at all but a cry, a request for company. On this reading, the "vacated space" names a confusion of three different things, and the mystic's silence protects the confusion rather than the patient [2].

Much of this should be granted. Clinicians should decompose "why me?" and answer every part that can be answered. But the decomposition leaves a residue. Once the causes are given and desert is denied, a patient may still ask why the world is such that this can happen to anyone at all. Deutsch can answer that too: the laws of physics permit it, and nothing in them is aimed at her. The answer is true. It is also beside the point, because it addresses the question as a problem about the world and not as a question asked by someone inside it. The disagreement therefore narrows to something precise. Deutsch holds that once the answerable parts are answered, nothing meaningful remains. Nachman holds that what remains is the most meaningful part, and that it is not answered but accompanied. I have written about the physician's own existential crisis when theodicy fails at the bedside [31], and about the inadequacy of explanatory frameworks, including Jungian ones, in the face of the patient's encounter with apparent divine absence [32]. The narrowed disagreement is exactly the ground those essays occupied.

Two infinities

The title of Deutsch's book names his infinity: the unbounded reach of good explanations, the open-ended future in which knowledge grows without limit [2]. It is an infinity of progress, a horizon that recedes as we approach it. The Kabbalistic *Ein Sof* is a different infinity. It is not the limit of a series but the ground that precedes every series; it is not reached by adding knowledge to knowledge, and it is present before anything is known. The *Tanya* describes even *chokhmah* as a garment for the divine light that is utterly beyond it [13], and Wolfson has shown how, for Ḥabad, the essence (*atzmut*) is what is disclosed precisely as undisclosable [20]. The consequence is a different relation to concealment. For Deutsch, concealment is temporary and contingent: what is hidden is hidden because we have not yet found the explanation. For Kabbalah, concealment is intrinsic to the relation between God and world. The hidden light (*or ha-ganuz*) is not waiting to be discovered; its hiddenness is the form in which it is given [21,33]. A clinician formed only by Deutsch will be inclined to treat whatever is hidden in the patient as a gap in the history. A clinician formed only by Kabbalah may be tempted to treat a gap in the history as a sacred hiddenness. Both are errors, and each tradition is the other's best corrective.

Resolution and Governance

Deutsch's rational mind resolves its conflicts; at resolution, only one idea remains, with no chronic hangovers [1]. The *Tanya*'s *beinoni* is defined by a conflict that is never resolved in this life. The animal soul's desire persists; what changes is that the divine soul governs it, moment by moment [13]. For Schneur Zalman, this permanent struggle is not a symptom of something going wrong. It is the ordinary and honourable condition of almost every human being, and it is pleasing to God precisely because it is a struggle.

This divergence has direct clinical consequences. Deutsch's picture tends to read persistent inner conflict as evidence that creativity is being thwarted somewhere [1]. That may be true in some cases. But a patient living with progressive disease does not usually resolve her ambivalence about it. She wants to fight and to let go; she wants to know and not to know; she hopes and despairs in the same afternoon. To treat that ambivalence as a defect awaiting resolution is to impose a standard of inner unanimity that the *Tanya* would regard as reserved for the *tzaddik*, and that most people never reach. The *beinoni* model offers the clinician a different goal: not a resolved mind, but a governed one, in which the person can act well while the conflict remains. Deutsch's further remark that conflicting inner voices indicate something anti-rational [1] needs similar caution. Hallucinated voices are a clinical phenomenon with many causes, and an epistemologist's metaphor should not be read as a psychiatric claim.

Objective Knowledge and the Transformed Knower

Popper insisted that knowledge, once formulated, exists independently of any knower, in what he called world 3 [11]. Deutsch inherits this realism: an explanation is good or bad regardless of who holds it, and its goodness has nothing to do with the moral state of the person who conceived it [2].

Table 1: Deutsch and the Hasidic-Kabbalistic tradition compared

Theme	Deutsch	Hasidic and Kabbalistic claim	Relation	Clinical yield
Origin vs elaboration of insight	Origin obscure; justification by criticism	*Chokhmah* arrives whole; *binah* unfolds it	Converge	Take the patient's unarticulated knowing seriously; help it toward words
How the new arises	No induction; even learning is creative	Passage through *ayin*; the old form is suspended	Converge	Clinician must suspend prior knowing to learn from the patient
Error	Problems inevitable; growth by error correction	Breaking of the vessels; *tikkun* by *birur*	Converge	Diagnostic error as the normal route to better understanding
Affect as signal	Absence of fun is a criticism	*Atzvut* obstructs; *merirut* clarifies	Converge	Distinguish suffering that is understood from suffering that is not
Limits of explanation	No permanent mysteries; "why me?" decomposes	Questions from the vacated space have no answer	Diverge (narrowed)	Answer every answerable part; accompany the residue
Infinity	Unbounded progress of explanation	*Ein Sof* as prior ground; concealment intrinsic	Diverge	Do not mistake a gap in the history for sacred hiddenness, or the reverse
Inner conflict	Rational minds resolve conflict	The *beinoni* governs a conflict that persists	Diverge	Ambivalence in chronic illness need not be resolved to be lived well
Knowledge and knower	Knowledge objective, knower-independent	*Da'at* transforms the knower	Diverge	Diagnosis and healing are different kinds of knowing

Hasidic epistemology does not deny that some knowledge is like this. But its central interest is in a kind of knowing that is inseparable from the transformation of the knower. *Da'at* is knowledge that binds; it is complete only when it has changed the heart [13]. The Ḥabad tradition also, unlike Deutsch, retains a place for authority: the *rebbe* is a source of guidance whose insight is not reducible to arguments anyone could check.

This is the deepest divergence. Deutsch asks how an explanation becomes better; the Hasidic master asks how knowing makes the knower better. They are answering different questions, and the clinician needs both answers. Diagnosis is a matter of explanations that can be criticised and improved. Healing, in the sense in which the patient lives through it, often involves a knowing that changes the one who knows.

TURNING THE CRITERION ON THE TRADITION

So far the comparison has asked what Kabbalah contributes where Deutsch's framework runs out. The fairer test runs the other way. Deutsch's criterion for a good explanation, that it be hard to vary while still accounting for what it purports to account for [2], is a weapon, and he has aimed it at myth. Does Kabbalah survive it?

Tzimtzum as Cosmology Fails the Test

Take the central Lurianic doctrine. As an account of how a finite world can exist alongside an infinite God, *tzimtzum* has been varied repeatedly without any loss of what its holders took to be its explanatory function. In one version, preserved in the circle of Joseph ibn Tabul, the contraction purged the roots of judgment from the infinite; in another it was a simple withdrawal that made room [18]. Some later readers took it literally, as an actual withdrawal of God from a space; Ḥabad took it non-literally, as a concealment that leaves God everywhere present but hidden [14,22]. Rebbe Nachman held both at once and called the contradiction a question without an answer [17]. Each version served its holders equally well, and none could be refuted by anything the world might show.

By Deutsch's standard this is the signature of a bad explanation. The details do no work; they can be changed to suit the theologian, as the Persephone myth can be changed to suit the storyteller. It is better to concede this plainly than to defend it. As cosmology, *tzimtzum* is not a good explanation, and a Kabbalist who offered it to a physicist as a rival account of the origin of the world would deserve the reply he got.

Tzimtzum as a Reading May Pass It

The concession matters less than it first appears, because cosmology may not be what the doctrine was for. Shaul Magid has argued that Lurianic myth is better understood as exegesis than as metaphysics: a way of reading scripture and history, which generates new readings rather than describing a state of affairs [34]. If that is right, the question is not whether *tzimtzum* is a good explanation of the cosmos but whether it is a good conjecture about something else.

Here the clinical use of the doctrine becomes interesting, because at the level of the clinic it is harder to vary than at the level of the cosmos. When I proposed *tzimtzum* as a model of the therapeutic relationship [23,24], the model carried specific commitments. The clinician withdraws, so that the patient has room to appear. The withdrawal is not abandonment; something of the clinician remains, as the Lurianic *reshimu*, the trace of light, remains in the vacated space. The withdrawal is followed by a single line of return, not a flood. Each of these commitments rules something out. A clinician who withdraws and

leaves no trace has abandoned the patient; one who withdraws and then floods the space with explanation has not withdrawn at all. These are claims that can fail in practice. A patient can be harmed by a clinician's silence, or helped by it, and the difference can be observed, discussed and criticised.

The clinical *tzimtzum*, in other words, is a conjecture in Deutsch's sense. It may be wrong. It is open to criticism. It has what he calls reach, since it was not invented for the clinic and yet explains features of the clinic that its inventors never considered. Table 2 applies the same test to the other claims examined in this essay.

Table 2: Kabbalistic and Hasidic claims under Deutsch's criterion

Claim	As cosmology or metaphysics	As a clinical conjecture	What would count against the conjecture
Tzimtzum	Easy to vary; fails	Withdraw, leave a trace, return by a single line	Patients harmed by clinical silence where explanation was needed
Shevirah and *tikkun*	Easy to vary; fails	Error is the normal route to understanding; repair is piecemeal	Better outcomes from clinicians who avoid acknowledging error
Ayin	Not testable	New understanding of a patient requires suspending prior interpretation	Equal accuracy from clinicians who never revise first impressions
The *beinoni*	Not a cosmological claim	Governed ambivalence is compatible with acting well	Patients unable to act until ambivalence resolves
The vacated space	Not testable	Some patient questions are harmed by explanatory answers	Patients consistently helped by causal answers to "why me?"

The exercise does not vindicate Kabbalah, and it is not meant to. It shows that the tradition contains two things that are easily confused: a set of metaphysical claims that fail Deutsch's test, and a set of practical conjectures, extracted from the same images, that pass it. I proposed in The Third Grammar that a practice may sometimes be detached from the doctrine that first carried it [10]. Deutsch's criterion supplies a principled way of performing that detachment.

What Wolfson Adds

Wolfson has not written on Deutsch; what follows is what his reading of Kabbalah implies when set against Deutsch's epistemology. On that reading, Wolfson would object to the way this section has framed both sides, and his objection is the most important correction the essay can receive.

First, he would object that the comparison treats Kabbalah as though it were trying to explain at all. The most sophisticated Kabbalistic texts, on Wolfson's reading, do not posit a hidden entity behind the world and then fail to account for it. They practise a poetics in which the secret is disclosed precisely in being concealed, and in which language is the veil through which what cannot be said is shown as unsayable [20,21]. Deutsch's critique of mysticism, that it invokes an unexplained explainer, lands on popular mysticism and on much theology. It misses the tradition at its height, which had already refused to make God an object of explanation.

Second, and more surprisingly, Wolfson's own apophaticism converges with Deutsch on one point the theologians would rather not concede. In *Giving Beyond the Gift*, Wolfson argues that the apophatic impulse, followed through, must overcome what he calls theomania: the compulsion to name God as a being, even as the highest being [35]. Deutsch

rejects God as an explanatory entity because supernatural explanations are easy to vary. Wolfson rejects God as a nameable entity because naming is idolatry. The reasons differ completely; the refusal is the same. Both stand against a theology that fills the gaps in knowledge with a divine object.

Third, Wolfson parts from Deutsch on the nothing. For Deutsch, what is unknown is a frontier, the not-yet of explanation. For Wolfson, reading Kabbalah alongside Heidegger, the nothing is not a region of the unknown at all but the open in which anything comes to be known; it is not a problem awaiting solution but the condition of there being problems [36]. *Ayin*, on this reading, is neither a gap nor a hidden God. It is the clearing.

This changes the clinical tests proposed below. If Wolfson is right, the vacated space is not a separate region of questions lying beside the region of problems. It is the condition under which any question, including a causal one, is asked. The test of location then becomes a test of register: is the patient asking from within a problem about the world, or from within the condition of being someone to whom the world happens? The same words, "why me?", can be asked in either register, and the clinician must listen for which.

Wolfson's correction also carries a risk, and the clinician should name it. An apophasis followed to the end dissolves not only God as an object but the addressee: there is no one left to whom the cry is directed and no one who answers [10]. A patient does not need the nothing to be explained to her, but she does need someone to stay. Wolfson corrects both Deutsch and the tradition's popularisers. He does not, by himself, bring anyone to the bedside.

THE INSTITUTIONS OF CONSENT

Deutsch's account of the self, the collective name for the creative institutions of consent among the strands of a mind [1], is also a theory of choice. A choice, on this view, is not the act of an inner sovereign selecting among options. It is what happens when conflicting ideas are brought into a creative process that produces a new idea acceptable to all of them. Deutsch has defended the reality of free will against the claim that physics excludes it [3], and his free will is creativity itself: the capacity to conjecture something that was not entailed by what came before. Choice is fallible, as every conjecture is; one can choose and be mistaken about what one wanted. But the chooser is the self, and the self is nothing over and above its institutions.

The Izbica Reversal

Rabbi Mordecai Yosef Leiner of Izbica, in the teachings collected as *Mei ha-Shiloach*, offered a theory of choice that matches Deutsch's at one point and inverts it at another [37]. The Talmud states that everything is in the hands of heaven except the fear of heaven (Berakhot 33b), the classic proof text for human free will.

The Izbicer reads the sources toward the opposite conclusion: at the deepest level, even the fear of heaven is in the hands of heaven. Human choice is real as experience; a person must deliberate and act as though everything depends on her. But what she discovers, in retrospect, is that the will she acted from was not hers alone. The process of clarification (*berur*) by which a person comes to know what she truly willed happens after

the act, not before it. Shaul Magid's study of Izbica shows how far this doctrine was pressed: in the Izbica reading of figures such as Judah with Tamar, an act that looks like transgression can turn out, in the clarification that follows, to have expressed a divine will the actor could not have known in advance [38].

Convergence and divergence

The convergence is that neither thinker allows the chooser transparent knowledge of her own will. For Deutsch, our knowledge of what we want is conjectural, like all knowledge, and can be corrected by what happens when we act on it [1,2]. For the Izbicer, the clarification of the will is a process that runs through action and comes to completion only afterward. Both reject the picture of a self that knows its preferences and then executes them.

The divergence is about what lies beneath the choosing. For Deutsch there is nothing beneath it; the institutions of consent are the self, and the resolution they reach is authored by them. For the Izbicer there is something beneath the self that is not the self's own, a divine will at the root of the person, and the resolution is discovered rather than authored. Deutsch's mind reaches unanimity by creating a new idea; the Izbicer's person reaches clarity by finding out what was already willed through her. The first is a theory of invention. The second is a theory of recognition.

Why this matters for patients

The distinction has a direct clinical use. Much of medical ethics treats the patient's decision as a preference that exists before it is expressed, to be elicited, documented and respected. Deutsch already complicates this: preferences are fallible conjectures, and coercing a patient toward compliance turns her creativity against the plan [1]. I have argued that adherence cannot be commanded, because a patient's choices are bounded by forces a prescription does not address [39]. The Izbicer complicates it further. A patient may not know what she wants until she has done something and seen what it revealed. A trial of treatment, framed as a commitment, asks her to know her will in advance. The same trial, framed as a clarification, asks only that she act and then attend to what the action shows.

The Izbica doctrine also carries a danger that Deutsch's criticism guards against. If every act may turn out to have expressed a hidden divine will, then any refusal, any harm, can be sanctified after the fact. The Izbicer's own followers were aware of the antinomian edge of the teaching [38]. Deutsch's insistence that every resolution remain open to criticism is the check the doctrine needs at the bedside: a clarification that cannot be questioned is not a clarification but a closed belief.

AT THE BEDSIDE: THE PATIENT'S NON-RATIONAL THINKING

Three Kinds of Non-rationality

The comparison allows a working distinction among three things that clinicians tend to collapse under the single heading of "irrational."

The first is **unarticulated knowing**: *chokhmah* without *binah*. The patient senses that something is wrong, that a treatment is not working, that she will not recover, before she can say why. Deutsch's account of inexplicit and unconscious knowledge gives this a respectable epistemic status: it is knowledge, produced by the same conjectural processes as explicit knowledge, merely not yet expressed in words [1]. Damasio's work on the bodily signals that guide judgement before reasons are available points in the same direction [40]. So does Carel's phenomenology of illness, which shows how a changed body changes the whole field of a person's experience long before that change is named [41]. This kind of non-rationality calls for elaboration, not correction. The clinician's task is to offer *binah*: time, questions and language in which the flash can unfold.

The second is **closed belief**: a conviction that has made itself immune to criticism. In the chapters of *The Beginning of Infinity* on the evolution of culture, Deutsch distinguishes rational memes, which survive because they withstand criticism, from anti-rational memes, which survive by disabling the critical faculties of the people who hold them; the latter, he argues, are what keep static societies static [2]. A closed belief is an anti-rational meme at the scale of a single mind. Jaspers's classic criterion for delusion, incorrigibility in the face of evidence, marks its extreme form [42]. But the criterion that matters is form, not content. A religious belief is not closed because it is religious; Luhrmann's ethnography of evangelical prayer shows believers who hold the most vivid convictions while continuing to test, doubt and revise them [43]. A secular belief about a supplement or a vaccine can be entirely closed. Deutsch gives the clinician a test that is neutral as to content: can this belief be criticised by the person who holds it? If so, it is not irrational in his sense, however strange it sounds.

The third is **the question that explanation cannot answer**: the question from the vacated space. "Why me?" "What was it for?" "Where is God in this?" These questions are often asked in the grammar of a request for explanation, and clinicians often answer them that way, with risk factors and probabilities. Rebbe Nachman's teaching suggests why such answers so often wound [17]. The question is not a problem in Marcel's sense [30]; the asker is inside it. As section 5.1 argued, the clinician should first decompose the question and answer every part that can be answered. What remains calls for presence, and sometimes silence, rather than an argument.

The value of this threefold distinction is that it replaces a single judgement (rational or not) with two independent tests. Deutsch supplies a **test of form**: is the belief open to criticism? Nachman supplies a **test of location**, which Wolfson's correction turns into a test of register: is the patient asking from within a problem about the world, which explanation can repair, or from within the condition of being someone to whom the world happens, which only presence can hold? Unarticulated knowing passes the first test and belongs to the register of problems: it can be elaborated and checked. Closed belief fails the first test, whatever its register. The question from the vacated space may pass the first test entirely, but it is not the kind of thing the first test applies to.

The Non-rational Belief as an Unstated Problem

Deutsch's account of learning contains a clinical method in miniature. To learn a theory, he argues, one must guess the problem the theory was meant to solve; the content cannot be downloaded [1]. Applied to the patient, this means that a non-rational belief should first be

read as a solution to a problem the patient has not stated. The question is not only "is this true?" but "what is this belief doing for her?"

This is a hermeneutic move, and it is the move I have elsewhere described as reading the patient as a parable rather than a report [44]. A belief that illness is punishment may be solving the problem of meaninglessness: a punished man still lives in a moral universe. A refusal of treatment may be solving the problem of agency in a body that no longer obeys. Fricker's account of testimonial injustice warns that clinicians routinely discount patients' testimony because of who they are or how they speak [45]. The habit of labelling unarticulated or religiously framed testimony as "irrational" is one of the most common forms of that injustice in medicine. Kahneman's work on fast intuitive judgement is sometimes invoked to justify the discounting, on the ground that intuition is prone to bias [46]. But bias is a property of particular intuitions, not of intuition as such, and Deutsch's view that all thought, explicit or not, is conjecture subject to error puts the clinician's explicit reasoning under the same suspicion as the patient's intuition.

A Case History

The following case includes a point at which I misread what was happening.

A seventy-one-year-old retired cantor with Parkinson's disease, diagnosed three years earlier, had stopped taking carbidopa-levodopa. His daughter, who brought him, was frightened and angry; his rigidity and falls had worsened. He told me, calmly, that the disease was a judgement for something he had done as a young man and would not describe, and that the medication was a way of evading the sentence. His wife, in a later conversation, said that he had not slept properly since his brother died the previous spring, and that the "sin" had never been mentioned before then.

My first reading was that this was a closed belief, perhaps the beginning of a depressive or psychotic process, and I said too quickly that Parkinson's disease is not caused by anything a person does. He nodded and said nothing. At the next visit, he had cancelled his physical therapy. Deutsch would recognise what I had done: I had met a conflict in his mind with coercion from outside, and the predictable result was that his creativity was turned against my plan [1]. I had also answered the moral part of his question correctly and the rest of it not at all.

The second visit went differently. I asked what the medication felt like when he took it. He said that when the tremor eased he felt he was "getting away with something," and that at his brother's funeral he had been unable to sing the memorial prayer because his voice had failed. The belief was not, on closer inspection, closed. It had a history; it had arisen after a loss; and it was partly open to criticism, because he himself was uneasy with it. Two questions had been fused. One was a problem about his voice, his gait and his medication, which could be addressed. The other was asked in a different register: why his brother, why now, why a cantor whose instrument was failing. I stopped trying to answer the second question. I said that I did not know why, and that the medication was not a way of escaping a judgement but a way of being able to stand at the *amud* again. With the help of his rabbi, who was more learned than I in the sources he cared about, he agreed to restart the medication for a month and see what it showed him. He did not give up his belief. He held it, and the medication, and his grief, at once. He was, in the *Tanya*'s terms, a *beinoni*:

the conflict persisted, and he governed it [13]. And his decision to continue, when it came, was in the Izbica sense a clarification: he found out what he wanted by doing it [37]. What changed was not the content of his theology but its function. Once the second question was received rather than refuted, the first could be treated as the problem it was. The clinician's error was to answer a question in one register with an answer from another.

A Working Stance

Six principles follow from the comparison.

1. **Read before correcting.** Treat a non-rational report first as a conjecture whose problem has not been stated, and ask what the problem is [1,44]. Correction offered before that question is asked is usually experienced as coercion.
2. **Offer language to unarticulated knowing.** Where the patient knows something without being able to say it, the clinician's role is to provide the time and (sacred) language in which it can unfold [13,47]. Much of this happens in silence and in the space between words [48,49].
3. **Apply the test of form without regard to content.** A belief is a clinical concern when it is sealed against criticism, not when it is religious or strange. The clinician who cannot tell the difference will either pathologise faith or collude with delusion [42,43].
4. **Decompose, then listen for register.** Answer every part of the patient's question that can be answered, including the moral part. Then listen for whether what remains is asked from within a problem or from within the condition of being the one who suffers. To the second, the clinician's own *tzimtzum*, a withdrawal of the urge to explain, is the appropriate response [24,50]. I have described this elsewhere as self-kenosis, and as a relational stance that refuses both to objectify the patient and to dissolve into the patient's abyss [50,51].
5. **Aim at governance, not unanimity.** In chronic and progressive illness, the realistic goal is often not that the patient's conflicts be resolved but that the patient be able to act well while they persist. The *beinoni* is a better model for most patients than the resolved rational mind, and the brokenness that remains is not necessarily a failure [13,52].
6. **Frame decisions as clarifications where the patient cannot know her will in advance.** A time-limited trial, offered as a way of finding out rather than a commitment, respects the Izbica insight that the will is often discovered through action [37,39]. Keep the clarification open to criticism, so that it does not harden into a sanctified refusal.

The Limits of the Synthesis

These principles carry risks. The language of mystery can be used to excuse the clinician's failure to explain what can and should be explained. A patient refusing antibiotics for meningitis on the strength of a closed belief needs clear, urgent criticism, not reverent silence. Deutsch's optimism is a necessary corrective to every tendency, religious or

medical, to declare a problem insoluble because solving it is difficult. Conversely, the Hasidic sources can be used to sacralise suffering that should simply be relieved. The test of register exists precisely to prevent that: questions from the broken vessels are to be repaired, not revered. And the analogies drawn in this essay between Deutsch's epistemology and the *Tanya*, the Maggid, Rebbe Nachman and the Izbicer are analogies. They are offered as tools for clinical thought, not as claims about the history of ideas or about the truth of either system's metaphysics.

Conclusion: Reason Changes the Location of Mystery

Deutsch is right that the non-rational is not, as such, opposed to reason. Much of what clinicians call irrational in their patients is knowledge that has not yet found words, produced by the same conjectural processes that produce explicit knowledge and as liable to be right [1]. He is right that the decisive question about a belief is whether it remains open to criticism, not whether it sounds strange [2]. He is right, too, that much of what passes for mystery is a confusion of answerable questions, and that a clinician who will not answer them has failed the patient. And his criterion, turned on Kabbalah, does real work: it separates metaphysical claims that cannot be defended from clinical conjectures, drawn from the same images, that can be tested and criticised.

The Hasidic and Kabbalistic tradition is right about something Deutsch's framework cannot see. When the answerable parts of a patient's question have been answered, something can remain that is asked from inside the suffering rather than about it, and that is not answered but accompanied [17]. The knower is changed by certain kinds of knowing, and that change is part of what the knowledge is [13]. The divided mind is not always a mind in which something has gone wrong; for most people, most of the time, the conflict persists and is governed rather than resolved. And, as the Izbicer saw, a person may learn what she willed only by acting and attending to what the act reveals [37].

Wolfson's reading stands between the two and corrects both. Against the tradition's popularisers, and against Deutsch's picture of mysticism, he shows that Kabbalah at its height had already refused to make God an object of explanation. Against Deutsch, he denies that the nothing is merely the not-yet-known; it is the open within which anything is known at all [35,36].

The thesis with which this essay began can now be stated more precisely. Reason does not abolish the patient's mystery. It changes the location of mystery. Each successful explanation moves the unknown: the mechanism of the tremor becomes understood, and the question of why this man, whose voice was his life, should lose it becomes sharper rather than softer. A clinician who knows only Deutsch will keep explaining, and will meet the second question with more of the first kind of answer. A clinician who knows only the mystics may stop explaining too soon. The patient as sacred text [5,6] requires a reader who can tell which part of the text is asking to be corrected and which part is asking to be received, and who can do both without confusing them.

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