

The Clinical Gaze of Lurianic Kabbalah

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■ Abstract

What changes in the conceptualization of God, the ultimate healer, once God himself becomes the object of healing? This article examines the delicate tensions between divine and human agency in the Lurianic kabbalah, focusing on its grammar of action, and the complex relations between the subjects and the objects of this action. Rather than analyzing the relations between the kabbalists and their God through their conscious perceptions, the article explores how these relations emerge from the Lurianic discursive configurations and describes the role of medical discourse in their shaping. I claim that in order to perceive the transformation in the image of God in this early modern kabbalistic corpus, we should place at the heart of our inquiry the questions of who the patient is in the Lurianic medical clinic and how the relations between the human and the divine protagonists of the Lurianic drama are woven in this clinic.

■ Keywords

kabbalah, medicine, discourse analysis, agency, Luria, Safed, sovereignty

And He said: “If thou wilt diligently hearken to the voice of the LORD thy God . . . I will put none of the diseases upon thee, which I have put upon the Egyptians; for I am the LORD that healeth thee.”

–Exod 15:26 (JPS)

■ Introduction

One of the most archaic and enduring attributes of God, in the Abrahamic traditions and far beyond them, is that of the healer or the physician. This image stood at the

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center of the age-old ambivalence of religions toward medicine, stemming from the concern that the human physician might undermine the exclusive authority of the source of all medicines, the supernal physician.¹

This tension between human and divine agency is far from restricted to the question of medicine. It is fundamental to many aspects of religious, and indeed social, thought. The literature of the kabbalah is of special interest to this issue, as it brings this tension to its extreme due to an extraordinary emphasis on human action, and the possibility and necessity of human manipulation of the internal dynamics of the Godhead (referred to in modern scholarship as “theurgy”).² Nowhere is this more so than in the Lurianic kabbalah, the Safedian apex of early modern kabbalistic literature, originating in the teachings of R. Isaac Luria (1534–1572). In the words of Gershom Scholem: “The hegemony of . . . Lurianic kabbalah, may justly be described as a period in which practical mysticism dominated.”³

The exceptional preoccupation of Lurianic kabbalah with human agency in regard to the divine is apparent, first, in its renowned overarching narrative, entrusting humanity—and primarily a small kabbalistic elite—with the responsibility to rectify a broken divinity in need of mending (*tiqqun*).⁴ But it is also apparent in the vast space allocated to practice in the Lurianic literary corpus, a practice articulated in an abundance of highly technical and intricate details. It is not just a matter of volume but also of priority. Whereas earlier scholarship (following a long exegetical tradition) saw Lurianic theory (and especially its theogony) as its kernel and significance, scholars in recent decades claimed the opposite. As Lawrence Fine (following Yehuda Liebes) put it: “Luria and his disciples were far more

¹ For a general survey of the relations between medicine and religion, see, for example, Gary B. Ferngren, *Medicine and Religion: A Historical Introduction* (Baltimore: Johns Hopkins University Press, 2014). On these tensions in biblical religion, see, for example, Jacob Milgrom, *Leviticus: A New Translation with Introduction and Commentary* (3 vols.; AB; New York: Doubleday, 1991–2001) 3:887–89; and more generally regarding both biblical and rabbinic cultures, the seminal, though somewhat dated, Julius Preuss, *Biblical and Talmudic Medicine* (trans. Uri Wirtzburger; Jerusalem: Magnes, 2012) esp. 29–37 [Hebrew]. In Latin culture, see Joseph Ziegler, *Medicine and Religion c. 1300: The Case of Arnau de Vilanova* (Oxford: Clarendon, 1998) esp. 3–5; in Islamic culture, Fazlur Rahman, *Health and Medicine in the Islamic Tradition: Change and Identity* (Chicago: ABC International Group, 1998) 11–40; and more recently, Ahmed Ragab, *Piety and Patienthood in Medieval Islam* (New York: Routledge, 2018).

² See, among many: Gershom G. Scholem, *On the Kabbalah and Its Symbolism* (New York: Schocken, 1965) esp. 118–57; Moshe Idel, *Kabbalah: New Perspectives* (New Haven: Yale University Press, 1998) 156–99; Jonathan Garb, *Manifestations of Power in Jewish Mysticism* (Jerusalem: Magnes, 2005) [Hebrew]. For a preliminary critique of the use of the etic term theurgy to denote kabbalistic action, see Haviva Pedaya, *Vision and Speech: Models of Revelatory Experience in Jewish Mysticism* (Los Angeles: Cherub, 2002) 6 [Hebrew]; Uri Safrai, “‘Worship of the Heart’ in the Kabbalah of the Sixteenth Century” (PhD diss., Ben-Gurion University, 2016) 20–22 [Hebrew].

³ Gershom G. Scholem, *Major Trends in Jewish Mysticism* (New York: Schocken, 1941) 259.

⁴ For summaries of the Lurianic narrative, see *ibid.*, 260–68; Lawrence Fine, *Physician of the Soul, Healer of the Cosmos: Isaac Luria and His Kabbalistic Fellowship* (Stanford: Stanford University Press, 2003) 124–49. Cf. Assaf Tamari, “The Body Discourse of Lurianic Kabbalah” (PhD diss., Ben-Gurion University, 2016) 10–17 [Hebrew].

interested in the life of praxis . . . than in speculative or theoretical matters.”⁵ In accordance with its commitment to the actual healing of the divine from its broken state, Lurianic kabbalah is thus extremely engaged, both explicitly and implicitly, with what might allow the kabbalists to carry out their mission, namely, with the conditions of possibility of effective human action.⁶

One of the keys to the Lurianic notions of agency is the foundational role medical discourse plays in this corpus. The principal figure responsible for shaping Lurianic kabbalah was R. Hayyim Vital (1542–1620), Luria’s closest disciple.⁷ As his medical composition, an eclectic book of recipes known today as *Sefer Hape’ulot* (“The Book of Actions”),⁸ attests, Vital was engaged in medical activity probably throughout his life.⁹ The evidence of *Sefer Hape’ulot*, as well as the medical knowledge appearing in his kabbalistic writings, reveals Vital as quite characteristic of a certain type of Jewish physician of no formal education found throughout the sixteenth-century Ottoman Empire.¹⁰

Until recent years, scholars did not consider this fact relevant to the study of Lurianic kabbalah, yet the imprint and effect of Vital’s medical interests and experience are easily discerned in the Lurianic project. The centrality of the medical metaphor to Luria and Vital was first highlighted by Fine, who even titled his important intellectual biography of Luria and his fellowship *Physician of the Soul, Healer of the Cosmos*.¹¹ Indeed, the notion of sin as “the sickness of the pure soul,”¹² as well as Luria’s self-perception as a soul physician, are frequently found in Vital’s writings: “Know that just as in the human pulse the physical illnesses are known and are apparent to the physical doctors, so too my teacher, may his

⁵ Fine, *Physician of the Soul*, 9, following Yehuda Liebes, “New Directions in the Study of Kabbalah,” *Pe’amim* 50 (1992) 150–70, at 161 [Hebrew]. For studies analyzing in detail Lurianic practice, see especially: Safrai, “Worship of the Heart”; idem, “Intention and Ability in the Kabbalah of R. Hayyim Vital,” *Daat* 90 (2020) 323–58 [Hebrew]; Menachem Kallus, “The Theurgy of Prayer in the Lurianic Kabbalah” (PhD diss., The Hebrew University, 2002); Assaf Tamari, “Medicalizing Magic and Ethics: Rereading Lurianic Practice,” *JQR* 112 (2022) 434–67; and Agata Paluch, “Intentionality and Kabbalistic Practices in Early Modern East-Central Europe,” *Aries* 19 (2019) 83–111.

⁶ See Tamari, “Medicalizing Magic and Ethics,” and Safrai, “Intention and Ability,” both addressing the fluctuations between optimism and pessimism within Vital’s self-understanding regarding this possibility.

⁷ On the Lurianic corpus and its immensely complex history of formation, see Joseph Avivi, *Kabbala Luriana* (3 vols.; Jerusalem: Ben-Zvi Institute, 2008) [Hebrew]; Ronit Meroz, “Ge’ula be-torat ha-Ari” (PhD diss., The Hebrew University, 1988) [Hebrew].

⁸ R. Hayyim Vital, *Sefer Hape’ulot* (Mod’in ‘Illit: n.p., 2009) [Hebrew].

⁹ See Meir Benayahu, “Extracts from the Medicine and Properties Manuscript of Rabbi Hayyim Vital,” *Korot* 9.5/6 (1987) 3–17 [Hebrew]; Gerrit Bos, “Hayyim Vital’s ‘Practical Kabbalah and Alchemy’: A 17th Century Book of Secrets,” *Journal of Jewish Thought & Philosophy* 4 (1994) 55–112; Yael Buchman, “Rabbi Hayyim Vital’s Notebook of Practical Advice,” *Qatedrah* 99 (2001) 37–64 [Hebrew]; Tamari, “Body Discourse,” 41–50, and there a detailed discussion of its genre and context.

¹⁰ Tamari, “Body Discourse,” 23–73.

¹¹ Fine, *Physician of the Soul*.

¹² R. Hayyim Vital, *Olat Tamid* (vol. 7 of *Kitvey Ha’ari*; Tel Aviv: n.p., 1964) 113a [Hebrew].

memory be for everlasting blessing, used to discern an individual's illnesses of the soul, when feeling a man's pulse."¹³

Yet, in Lurianic kabbalah the analogous structure separating the medicine of the body from that of the soul disintegrates through the extensive integration of medical knowledge into its theosophy. As I show elsewhere,¹⁴ this knowledge, manifesting an intimate acquaintance with Galenic theory, is far from allegorical. Rather, Lurianic kabbalah presents as its fundamental descriptive vocabulary the human body and the principal knowledge regarding it: "All of the worlds, in their totality, are [in the structure] of one human countenance (*partsuf adam*)."¹⁵ The Lurianic *partsuf* is a term reserved primarily for the five essential divine emanated entities in this kabbalah, comprising the Godhead (and corresponding to the *sefirot* of the classical kabbalah), expanded as we see here to the structure of the worlds at large. Though, literally, the word means countenance or face, the Lurianic *partsuf* is structured as an *anthropos*, that is, as a complete body containing all of the limbs: "Each individual world contains all of these aspects," namely, "*n[efesh]-r[uah]-n[eshamah]-h[ayya]-y[ehidah]* [i.e., the five gradations of the soul structure] and the organs of the body, called vessels [*kelim*]."¹⁶ This general principal is followed by a long and detailed, distinctly anatomical-physiological discussion of the elementary aspects of Lurianic theosophy, structured upon the classic Galenic concept of the principal members: the brain, heart, and liver.

A comprehensive examination of the Vitalic corpus shows that, typically, medical knowledge is completely assimilated into the theosophical writing. It is posited as part and parcel of the ontological portrayal of the cosmos, without any allegorizing distancing and without any need to distinguish it, at least no more and no less than any of the other discursive fields utilized in these accounts of the supernal worlds.¹⁷ Moreover, a comparison between Vital's *Sefer Hape'ulot* (and medical epistemic genres more generally) and the second part, devoted to practice, of Vital's magnum opus *'Ets Hayyim* shows the extent to which medical discourse provides it with its grammar, language, and even, to a certain measure, its overall structure. Differently put, it shows the extent to which the "theurgical" formulae of Lurianic kabbalah—its "intentions" (*kavanot*) and "unifications" (*yihudim*)—are thoroughly medicalized.¹⁸

¹³ R. Hayyim Vital, *Sha'ar Ruah Haqodesh Veshar Hagilgulim* (vol. 11 of *Kitvey Ha'ari*; Tel Aviv: n.p., 1963) 14a [Hebrew]. On Luria as a soul physician, see Assaf Tamari, "Like the Proficient Physician": The Long Tradition of Soul Physicians from Al-Kindī to Isaac Luria," *Jerusalem Studies in Jewish Thought* 27 (2022) 123–87 [Hebrew].

¹⁴ Tamari, "Body Discourse," esp. 127–226.

¹⁵ R. Hayyim Vital, *Sefer 'Ets Hayyim* (Jerusalem: Yerid Hasfarim, 2013) 111a [Hebrew].

¹⁶ *Ibid.*

¹⁷ Tamari, "Body Discourse," 127–42; Cf. Yehuda Liebes, "Myth vs. Symbol in the Zohar and in Lurianic Kabbalah," in *Essential Papers on Kabbalah* (ed. Lawrence Fine; New York: NYU Press, 1995) 212–42.

¹⁸ Tamari, "Medicalizing Magic and Ethics," 447–65.

Building on these broad observations regarding the place of the medical discourse in shaping the Lurianic project, we return to the tension between human and divine agency. Lurianic kabbalah not only puts the responsibility for mending the divine itself wholly on the shoulders of the human agent, but it also conceptualizes the agent's ability to do so in the unique language and grammar of medicine and its typical modes of action. At the same time, it identifies Luria, the ideal kabbalist, as a physician. It appears clear that this framework reinforces the challenge, so to speak, to the status of God as the supernal healer. Consequently, in the following, I explore the changes in God's positioning once the kabbalist occupies the physician's position. I ask: What are the implications for the notion of God fashioning the act of *tiqqun* (mending), performed by the kabbalist, in medical terms?

In this essay, I examine the delicate tensions between divine and human agency in this corpus by focusing on its grammar of action and especially on the complex relations between the subjects and the objects of this action (and the subjectifications and objectifications it requires and constructs). As implied, my approach in this analysis is discursive: it examines the relations between the kabbalists and their God not so much through their conscious perceptions, as the authors put them forth, but rather through the "silent" configurations of discourse, its unapparent workings through the Lurianic grammar, and its medical ingredients.¹⁹ I claim that in order to perceive the transformation in the image of God (and his healing attributes), we should place at the heart of our inquiry the questions of who the patient is in the Lurianic medical clinic, and how the relations between the human and the divine protagonists of the Lurianic drama are woven in this clinic.

■ The Discursive Inversion: God's Path to the Clinic

Applying the image of healing to the Godhead is certainly not unique to Lurianic kabbalah. In particular, the notion of healing the *Shekhinah*, the lowest *sefirah* in the kabbalah's emanated Godhead and its gateway to the created worlds, plays an important role in the language and imagination of the medieval *Tiqquney Zohar*. Its anonymous author reads the verse "for I am sick in Love" (Song 5:8) as referring to the *Shekhinah*, the feminine divine beloved, seeking healing from the kabbalist who performs as the supernal queen's private physician.²⁰ This motif was adopted wholeheartedly by the Safedian kabbalists. R. Moses Cordovero explains, for example, that the meaning of the commandment "to visit the sick and heal them"

¹⁹ On discourse analysis, in the Foucauldian tradition, see, e.g.: Michel Foucault, *The Order of Things: An Archaeology of the Human Sciences* (New York: Vintage Books, 1973); idem, *The Archaeology of Knowledge* (trans. A. M. Sheridan Smith; New York: Vintage Books, 2002). See also Frans Wijzen and Kocku Von Stuckrad, *Making Religion: Theory and Practice in the Discursive Study of Religion* (Leiden: Brill, 2016). On the "silent" formations of discourse more specifically, see Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (trans. A. M. Sheridan; New York: Routledge, 2003) xi.

²⁰ See Tamari, "Body Discourse," 109–12; and, more generally, Biti Roi, *Love of the Shekhinah: Mysticism and Poetics in Tiqquney ha-Zohar* (Ramat Gan: Bar-Ilan University Press, 2017) [Hebrew].

is that one must assist in healing the *Shekhinah* and her husband, the primary male *sefirah Tif'eret*, “for the healing of them both is in our hands.” But the actual healing is translated into “conventional” kabbalistic practice of unifying and balancing the *sefirot*. The metaphorical distancing is still felt: “in the same fashion that holds for corporeal sick people, so one should [treat] the supernal sick.”²¹

Lurianic kabbalah, however, uses the medical metaphor much more concretely. Earlier, we mentioned Fine’s book about the Lurianic fellowship, titled *Physician of the Soul, Healer of the Cosmos*. This title (as well as its contents) reveals a separation between the healing imagery as it is directed to humans and as it is directed to the “cosmos,” that is, to the divine countenances (*partzufim*) of Lurianic kabbalah—a separation between physician and healer.²² Yet, this distinction prevents us from observing that it is the same medical discourse precisely that Vital and Luria apply to both: the healer and the physician are one and the same. They are separated neither conceptually nor textually.

The interweaving of divine and human healing can be observed first and foremost in the almost indiscernible textual passage between the supernal and corporeal bodies in the language of Lurianic kabbalah. To a large extent, the use of a specifically medical notion of healing for the divine countenances is an expansion of its application to the human sphere; it relies on the adoption of a therapeutic medical discourse for the mending of the human soul.²³ Hence, above and beyond the grand narratives of *tiqqun*, the actual transformation of God from healer to patient occurs primarily as an effect of discourse, as a discursive inversion. Therefore, rather than a change originating in overt, conscious, theological considerations, this shift in the conceptualization of the divine emerges from the unique Lurianic poetics.

An example will help clarify. The above-quoted passage, regarding Luria’s proficiency in diagnosing one’s sickness of the soul by feeling one’s pulse, continues with a long elaboration of “the secret of the matter.”²⁴ Vital begins by stating: “Know, that the supernal man (*'adam*) . . . is *Ze'ir 'Anpin*,” namely, the central male divine countenance, corresponding to the *sefirah Tif'eret*, and the main object of mending in the Lurianic Godhead. Vital then describes the process by which the simple infinite light of God flows down into the *'atsilut*, the divine world of emanation, and is clothed and concealed within it through the second *sefirah Hokhmah* (wisdom). The divine light, Vital further explains, “flows in the aspects of the arteries and veins of the vital blood²⁵ of a man (*'adam*), which are the known aspects of the pulsating pulses, and within these pulses the supernal vitality of *'eyn sof* [i.e., God in its infinitude] that gives life to the whole of the *'atsilut* is secreted

²¹ R. Moses Cordovero, *Tomer Devorah* (Venice: Di Gara, 1589) 12b–13a [Hebrew].

²² Fine, *Physician of the Soul*. Cf. Jonathan Garb, *Yearnings of the Soul: Psychological Thought in Modern Kabbalah* (Chicago: University of Chicago Press, 2015) 34.

²³ See: Tamari, “Medicalizing Magic and Ethics,” esp. 442–47.

²⁴ Vital, *Sha'ar Ruah Haqodesh*, 14a–b.

²⁵ Vital seems to conflate in this passage the arteries and the veins, contrary to accepted medical notions. For a discussion of his confusion, see Tamari, “Body Discourse,” 135.

and concealed and clothed.”²⁶ Vital clearly premises his discussion upon a medical notion: the distribution of the *spiritus*—the vehicle of vital virtue, ensuring the maintenance of life—to the organs via the arterial blood. He identifies the *spiritus* with the divine influx.²⁷

Vital then elaborates the physiology of sin and sickness. Lurianic kabbalah famously posits a cataclysm in the Godhead—the “breaking of the vessels” (*shevirat hakelim*)—as a foundational moment in its cosmology. This breaking caused sparks of divine light to fall down and be captured in the domain of evil, and Lurianic kabbalah assigns the painstaking processes of sorting out and separating them from this realm as the primary task of humanity.²⁸ Vital depicts this process of sorting (*berur*) as occurring in the divine thought (associated with *Hokhmah*) and grounds it in the medieval medical perceptions concerning the gradual process of transforming food into humors through concoction.²⁹ This leads him back to the physiology of sin and sickness: “sometimes on account of a man’s transgressions thought is unable to sort out and excrete the superfluities of the waste of the bad blood, and then man becomes ill, and [the superfluous blood] needs to be phlebotomized so that it can be excreted, as known to the physicians when they phlebotomize the blood of the pulse.”³⁰

It is physicians, then, who hold the knowledge relevant for understanding what sin causes and how to repair that damage. The elaboration continues with an intricate explanation of the nature of the pulse in terms of different aspects of *Hokhmah*’s enclotting of the divine affluence. Vital concludes: “For this reason, all of man’s vitality is dependent upon the pulse, and all his illnesses are apparent in it. Because in accordance with the transgression and sin performed by man, the [corresponding] aspect of light and vitality in the pulse will fall short.”³¹ These passages, however, create a significant ambiguity regarding the identity of the “man,” whose pulse is discussed.³² On the one hand, it seems clear that it is the corporeal man, the one Luria diagnoses by feeling his pulse, whose transgressions are manifested in the pulse in accordance with this physiological-theosophical explanation. On the other hand, the passage makes clear at the outset that it is the

²⁶ Vital, *Sha’ar Ruah Haqodesh*, 14a–b.

²⁷ Fine, *Physician of the Soul*, 164–66; Tamari, “Body Discourse,” 134–37. See summaries of these medical notions in Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 2009) 109; Manfred Ullmann, *Islamic Medicine* (Edinburgh: Edinburgh University Press, 1978) 64–69.

²⁸ Yoram Jacobson, *From Lurianic Kabbalism to the Psychological Theosophy of Hasidism* (Tel Aviv: Misrad ha-bitahon, 1984) 42–51 [Hebrew].

²⁹ Siraisi, *Medicine*, 105–6.

³⁰ Vital, *Sha’ar Ruah Haqodesh*, 14b.

³¹ *Ibid.*

³² Notably, the gender bias is in the original text. It is partially due to the place of the specifically male divine body in our context. However, this bias also reflects a basic implicit assumption that it is the Jewish male who is the subject of these theorizations.

“supernal man (*'adam*) . . . *Ze'ir 'Anpin*” whose physiology is portrayed and whose pulsating arteries are manifesting the supernal lights through *Hokhmah*.

This ambiguity continues throughout and is especially evident in discussions of the mechanism of sin. The physiology seems to relate to the supernal man, yet the transgression must be human, and there is never any clear linguistic marker of the shift between the two “men” involved. Is the phlebotomy needed for *Ze'ir*? Who has become sick on account of sin? The context of this passage is the Lurianic penitentials (*tiqquney 'avonot*), designed to mend human transgressions, but the passage also makes clear that the flaw is a flaw in the supernal body. The passage necessitates both readings. This rhetorical moment, in which the bodies of God and of man amalgamate—at least to a certain degree—in the language of the medical narration, is not only common within Lurianic practical writings but is also essential to the analysis proposed in this essay.

■ Ontological Continuity

In a beautiful homily, R. Isaac Aroyo, Luria and Vital's Salonican contemporary, comments on the use of the plural tense in the appeal for health in the ninth benediction of the daily Amidah prayer, recited thrice a day: “Heal us O Lord, and we shall be healed—You and me . . . for our praise which is our soul is you, that is to say, it is a part of you.”³³ God does not need healing similarly to man. Rather, it is precisely the same healing: a shared condition, which requires a shared solution. It stems from the assertion that they are ontologically the same—“our soul . . . is a part of you.” The assumption of an ontological continuity between the supernal and corporeal *anthropoi* is fundamental to Lurianic kabbalah and especially to its discourse of action. As J. H. Chajes noted, Lurianic kabbalah is characterized by a “radical conflation of cosmology and anthropology” distilled “to the level of ritual.”³⁴

The ontological framework for this notion has been the subject of many scholarly discussions.³⁵ Here, suffice it to note that for the kabbalists the ability to manipulate the supernal realms is essentially premised upon an emphasized notion of similarity in form and substance between the divine being and the human one, created in its form.³⁶ As Jonathan Garb stressed, isomorphic influence through human action is a central model in the kabbalah.³⁷ The substantive aspect, seeing the soul as a “portion of God from above” (Job 31:2) is just as central: according to Moshe Idel,

³³ R. Isaac Aroyo, *Beyt Tefillah* (Salonica: David Azoviv, 1582) 17a [Hebrew].

³⁴ J. H. Chajes, *Between Worlds: Dybbuks, Exorcists, and Early Modern Judaism* (Philadelphia: University of Pennsylvania Press, 2003) 83.

³⁵ See the classic by Alexander Altmann, “‘Homo Imago Dei’ in Jewish and Christian Theology,” *JR* 48 (1968) 235–59.

³⁶ On the roots of this connection in rabbinic thought, see especially Yair Lorberbaum, *In God's Image* (New York: Cambridge University Press, 2015) and Alon Goshen-Gottstein, “The Body as Image of God in Rabbinic Literature,” *HTR* 87 (1994) 171–95.

³⁷ Garb, *Manifestations of Power*, 113.

not only was the divinity of the soul one of the key notions substantiated in the kabbalah by the school of Nahmanides, but also its impact on Safedian thought was immense.³⁸ Whether in its dynamic facets or its isomorphic ones, the reciprocity of this ontological system enables the human agent to take part in the divine as he acts upon it, just as it enables the divine to take part in the human and to dwell within a corporeal body.³⁹ Reciprocity, however, does not blur the basic distinction between the realms in the theosophical-theurgical kabbalah, and the analogical framework is kept even while there is much movement between the edges.

In the Lurianic context, these notions were brought to their apex. Alongside the intensification⁴⁰ of the isomorphic practical model in Safed, several scholars highlighted the radical ontological continuity between the different strata of reality in Lurianic kabbalah. In the words of Liebes: “All reality is one highly detailed machine, with no principal difference between its layers.”⁴¹ Furthermore, Liebes and Ronit Meroz both convincingly argued that Luria and Vital maintain that divine lights and the substance of the soul are one and the same. This claim (though arguable) means that the process of salvaging and purifying the fallen sparks of holiness following the breaking of the vessels is anthropologized, conflated with the process of the soul’s purification.⁴²

■ Whose Nose? Discursive Ambiguities

This general characterization—regarding the “radical nature of the deep affinity between the human and the divine bodies” in Lurianic kabbalah and the organic intimacy it brought to this relationship⁴³—is not sufficient, however, to explain the rhetorical interchangeability of the human and the divine in the passage we read earlier.⁴⁴ Let us then observe a set of practical theurgic formulae in Vital’s *Sha’ar Ruah Haqodesh* that sheds additional light on this performative relationship:

³⁸ Moshe Idel, “*Nishmat ‘Eloha: On the Divinity of the Soul in Nahmanides and His School*,” in *Life as a Midrash, Perspectives in Jewish Psychology* (ed. S. Arzy, M. Fachler, and B. Kahana; Tel Aviv: Miskal, 2004) 338–80 [Hebrew].

³⁹ See, e.g., Isaiah Tishby, *Wisdom of the Zohar* (2 vols.; Jerusalem: Bialik Institute Press, 1975) 2:260 [Hebrew].

⁴⁰ See, especially, Patrick B. Koch, *Human Self-Perfection: A Re-Assessment of Kabbalistic Musar-Literature of Sixteenth-Century Safed* (Los Angeles: Cherub, 2015) esp. 78–103; Garb, *Manifestations of Power*, 29–33.

⁴¹ Liebes, “Myth vs. Symbol,” 212–42; Rachel Elior, “The Metaphorical Relation between God and Man and the Significance of the Visionary Reality in Lurianic Kabbalah,” *Meḥkere Yerushalayim be-maḥshevet Yisra’el* 10 (1992) 47–57, at 55–57 [Hebrew].

⁴² Liebes, “Myth vs. Symbol,” 203; Meroz, “Ge’ula,” 277–79; Fine, *Physician of the Soul*, 307–8; Garb, *Yearnings of the Soul*, 35–37; Assaf Tamari, “Human Sparks: Readings in the Lurianic Theory of Transmigration and Its Concept of the Human Subject” (MA thesis, Tel Aviv University, 2009) 20–21, 27–28 [Hebrew].

⁴³ Roni Weinstein, *Kabbalah and Jewish Modernity* (Tel Aviv: Tel Aviv University Press, 2011) 324, 326 [Hebrew].

⁴⁴ Other explanatory trajectories are *theosis*, or incarnation of the divine in the human, and internalization of the divine in the human, or psychologization. See Shaul Magid, *From Metaphysics*

One should always perform an intention (*yekhaven*) [by contemplating] how he was created and made in the image of God, and the [explanation of the] matter is that in the lower man there are both internality and externality, and in his example [the same is true] in the supernal man. And the internality is the *mohin* (intellects)⁴⁵ and the externality is man's flesh.⁴⁶

The analogous principle—the example—serves as a key to the discursive construction of the ambiguity between the two bodies and between the spiritual and physiological formations. The instructions create a two-fold movement: from the supernal image to the lower man created in that image and, at the same time, from the structural physiological principle embodied in the lower man to the supernal man, as the former presents itself as the example of the latter. The formula seeks to merge the two bodies, the two images, as much as possible. This is achieved, instructs Vital, when one intends to become and appraises himself as “an abode and a throne to the holy emanation (*'atsilut*).”⁴⁷

Vital continues by listing various limbs and the specific theurgic formulae required to allow them to become a throne to the specific divine names corresponding to them: “and he should perform an intention [relating to] his nose . . . and perhaps he will merit and smell a holy smell.” These are accompanied by elaborate linguistic details concerning the relevant divine names.⁴⁸ What nose is “his nose”? On whose nose should the performer of the “unification” meditate? The ambiguous phrasing is part of the discursive mechanism that allows the intended alignment and even merging of the bodies.

The difficulty of discerning at any given time which of the bodies is the object of discussion emerges in the Lurianic prayer intentions as well. In the intentions for the daily liturgical confession, the kabbalist is instructed to beat his heart with his fist.⁴⁹ Vital explains that the beating is meant to unclog the blockage created by sin, preventing *hasadim* from flowing down to the heart. In the classical kabbalah, *hesed* (lit., charity or kindness) and *gevurah* (lit., strength, also known as judgment) refer to two *sefirot*, but also to the essential two powers of the divine, that of affluence and that of limitation and containment, corresponding to the masculine right side and the feminine left. The Lurianic kabbalah develops this idea and speaks of five

to Midrash: Myth, History, and the Interpretation of Scripture in Lurianic Kabbala (Bloomington: Indiana University Press, 2008) 196–221; Elliot R. Wolfson, *Language, Eros, Being: Kabbalistic Hermeneutics and Poetic Imagination* (New York: Fordham University Press, 2005) 190–260; Ron Margolin, *The Human Temple: Religious Interiorization and the Structuring of Inner Life in Early Hasidism* (Jerusalem: Magnes, 2005) [Hebrew]; Garb, *Yearnings of the Soul*.

⁴⁵ Literally, brains. See Tamari, “Body Discourse,” 149–52.

⁴⁶ Vital, *Sha'ar Ruah Haqodesh*, 142a.

⁴⁷ *Ibid.*, 142b. For the origins of this notion, see Diana Lobel, “A Dwelling Place for the Shekhinah,” *JQR* 90 (1999) 103–25.

⁴⁸ Vital, *Sha'ar Ruah Haqodesh*, 143a.

⁴⁹ R. Hayim Vital, *Sha'ar Hakavvanot* (vol. 9–10 *Kitvey Ha'ari*; Tel Aviv: n.p., 1962) 278a–b [Hebrew].

hasadim and five *gevurot* as the building blocks of each *partzuf*, identified with the divine semen.

Divine sexuality, I should emphasize, is not only a central theme in Lurianic kabbalah but is also one of the key sites for its use of medical knowledge, and the rebuilding of the countenances, their *tiqqun*, is achieved through successful impregnation. Returning to Vital's prayer intention, its explanation is intricate but clearly concerns the preparatory steps needed for *Ze'ir's* copulation with the *Shekhinah*, the feminine countenance, described in great physiological-theosophical detail.⁵⁰ These steps entail a drawing down of the five *hasadim* and *gevurot* that become, finally, *Ze'ir's* semen.

Vital's statement that "it is known that man's heart is fabricated by the strength of the illumination of the *hasadim* and *gevurot*" relates here to *Ze'ir* and to the construction of the supernal body. But once again, discursively, the supernal and corporeal hearts merge together, as the man confessing beats his own heart with his right hand, "the secret of the five *hasadim* in their supernal source," and intends to shake down these *hasadim* and allow them to be revealed. The beating certainly activates the supernal through the "theurgical" analogous principal, and the reader can easily discern his heart from the supernal one. Nonetheless, the effect of this interchangeability is hardly diminished: the analogous structure and the shared physiology imply that each theosophic description is easily applicable to the human body, to the man beating his heart with his fist. The discursive addressee is never stable.

■ The Recipe's Addressee

Safedian kabbalah typically posits the mending of the individual soul as equivalent to the mending of the supernal body. The blemishes of the soul, the rust that sin has caused, are blemishes and rust in the upper realms. As Cordovero explains, by wiping these stains "caused by his deeds," man repairs the supernal aspects as well: "and he will re-light the place darkened by his transgressions."⁵¹ This equivalence designates the human body as the site of the supernal mending. This premise allows us to better account for the place of the supernal body in the Lurianic penitentials, defined by Vital explicitly as medicines for the sick soul, and to analyze the medical discourse deployed in these delicate negotiations between the two bodies.⁵²

One of the penitentials designed "to remove anger from a man, when it overpowers him" contains a bodily performance—taking the four tassels of the

⁵⁰ Safrai, "Worship of the Heart," 269–321; Tamari, "Body Discourse," 192–226.

⁵¹ R. Moses Cordovero, *Tefillah Lemoshe* (Przemyśl: Zupnik, Knoller & Hammerschmidt, 1892) 22a.

⁵² Vital, *'Olat Tamid*, 113a–114b. On the medical grammar of the Lurianic penitentials, see Tamari, "Medicalizing Magic and Ethics," 443–47. On the recipe as an epistemic genre, see Gianna Pomata, "The Recipe and the Case: Epistemic Genres and the Dynamics of Cognitive Practices," in *Wissenschaftsgeschichte und Geschichte des Wissens im Dialog—Connecting Science and Knowledge* (ed. Hans Kaspar von Greyerz, Silvia Flubacher, and Philipp Senn; Göttingen: V&R Unipress, 2013) 131–54.

tsitsit and holding them to one's chest—transformed through the theurgic intention into a manipulation of the lights revealed in the site of *Ze'ir's* chest.⁵³ The anger of a corporeal man is mended by “sweetening” (i.e., diluting the harsh judgment with divine mercy) the divine names “from which the judgment and the anger were drawn down.” However, tellingly, besides naming the corporeal action required, the human body is missing from the “recipe” altogether. The grammar of instructions turns directly to the supernal body, damaged by this anger. The same is true in other penitentials as well. The *tiqqun*⁵⁴ for a transgression of swearing a false oath, for instance, damaging the divine female, concerns from the outset the supernal bodies alone, and the lower body appears only when one is instructed “to fast twenty-eight consecutive days, in order to mend her body.”⁵⁵

The significance of the absence of the lower body from these recipes and its substitution with the supernal one is better recognized once we consider that these penitentials emerged out of a clinical setting.⁵⁶ That is to say, they are a formalization of events that occurred regularly in Luria's “clinic”:

And he [Luria] did not reveal any secret of the secrets of this holy wisdom to anyone he saw through the holy spirit to have blemished his soul, before he gave him a *tiqqun*, to mend all that he distorted. And just as the proficient physician administers for each illness the drug needed for the cure of that illness, so he, may he rest in peace, recognized the transgression, told him what place did he damage, and administered the *tiqqun* required for that transgression, so that he could wash his soul, and be able to receive the supernal light.⁵⁷

Recognizing correctly the “damage” (*pegam*) is the basic action taken by a physician diagnosing a patient standing in front of him, and more precisely the body of the patient standing in front of him. Yet the body positioned before the eye of the diagnostician here is the supernal one. Earlier, we elucidated the ontological framework accounting for the movement between the bodies, now, we may assess the discursive framework allowing it.

The discursive comparison of the penitentials in *Sha'ar Ruah Haqodesh* and the recipes in Vital's medical composition, *Sefer Hape'ulot*, reveals a telling difference in the addressees of the instructions. While in *Sha'ar Ruah Haqodesh* the instructions address solely the patient, seeking mending for his own soul, in *Sefer Hape'ulot* some address the patient while many others address the physician who needs to prepare the medicine or perform the treatment. Moreover, in this composition the borders between the two addressees are often blurred, so that

⁵³ Vital, *Sha'ar Ruah Haqodesh*, 50b.

⁵⁴ Note that here *tiqqun* designates the Lurianic penitential formula rather than the general sense. On the history of the term and its uses, see Assaf Nabarro, “‘Tikkun’: From Lurianic Kabbalah to Popular Culture” (PhD diss., Ben-Gurion University, 2006) esp. 15–35 [Hebrew].

⁵⁵ Vital, *Sha'ar Ruah Haqodesh*, 42b–43a.

⁵⁶ On the Lurianic “clinic,” see Tamari, “Soul Physicians,” 164–86.

⁵⁷ Vital, *Olat Tamid*, 114a.

linguistically the recipe moves from the patient to the physician as its audience.⁵⁸ Thus, the recipe's addressee may take at one and the same time two different roles, as both patient and healer, in the same clinical setting. This is possible because the act of addressing in the recipe creates a distinction between patients and their bodies, which allows ill subjects to treat their own selves as objects of healing, namely, to perform the role of the physician. There is, as Michel Foucault puts it, "the possibility for the individual of being both subject and object of his own knowledge."⁵⁹

The analytic differentiation in the recipe between the body as object of healing and oneself as addressed subject allows us to observe how in practice the blurring of addressees applies just as much in *Sha'ar Ruah Haqodesh*, though in a slightly different mode. It is this separation, I suggest, that allows Luria's patient, the sinner, to be both a patient, with a sickness of the soul that needs healing, and a healer—the healer of the body of God. This principal distinction of patient and body, inherent to medical clinical discourse, enables the supernal body to appear at that moment as the object of treatment.

■ On the Structure of Discursive Revolutions

Earlier, we mentioned Roni Weinstein's note regarding the "radical nature of the deep affinity between the human and the divine bodies" in Lurianic kabbalah. Weinstein further suggests viewing this affinity as no less than a "Copernican step." Luria's "boldness" in situating the human body and its needs at the center of interest in his mysticism was, according to Weinstein, no less daring than the inversion of the roles of the sun and the earth in the Copernican revolution.⁶⁰ Weinstein is right to stress the radical nature of the human body's uses in this kabbalah. Yet, we may ask, is it truly an act of "daring"? In a sense, the "revolutionary" terminology (a long-standing tradition in the study of Lurianic kabbalah)⁶¹ serves to conceal the true radicality of these developments.

The strength of this shift, the profundity of its lasting effect, stems precisely from the fact that it is not declared, nor is it reflective of its innovative nature. In other words, it is not a step perceived as radical by either Luria or Vital.⁶² There was certainly a strong sense of innovation and renewal in the Lurianic circle;⁶³ however, it was located elsewhere, in our context probably primarily in Luria's

⁵⁸ See Tamari, "Body Discourse," 249–51.

⁵⁹ Foucault, *Birth of the Clinic*, 197.

⁶⁰ Weinstein, *Kabbalah*, 326.

⁶¹ See Scholem, *Major Trends*, and, most recently, Jonathan Garb, *A History of Kabbalah: From the Early Modern Period to the Present Day* (Cambridge: Cambridge University Press, 2020) 30–66.

⁶² On the nonreflective character of this Lurianic creativity, see Assaf Tamari, "The City of Kabbalists? Sixteenth-Century Safed as Center and as Periphery," *Zion* 87 (2022) 505–48 at 541–47 [Hebrew].

⁶³ See, most recently, Uri Safrai, "On the Figure and Status of R. Joseph Karo in the Lurianic Circles," *Sefunot* 13 (2023) 189–250 [Hebrew].

ability to diagnose and heal through the “holy spirit,” an ability the loss of which is lamented by Vital.⁶⁴

The inversion of God from healer to patient should not be perceived as an outcome of a conscious, unprecedented projection of the bodily on the divine, as part of a sought-after strategy of *tiqqun*. Rather, it is the result of an accumulation and specific alignment of discursive components, all of which were already existent in Luria and Vital’s available repertoire: the image of the sick *Shekhinah*; the inherited conceptualizations of the affinities between, and similitudes of, the supernal and earthly realms; the shared ontological substance; the concrete medical practice of Vital; the action-oriented nature of medicine in general; the strong motivation of Safedian kabbalists to act; and the characteristic impersonality of technical discourse.

It is the unique combination of these and other discursive “building blocks” that brought about the intensification and opening of possibilities that were perhaps latent or marginal in previous writing and practice, even if certainly not absent. This unique alignment is of course not arbitrary; like any change in discourse, it is imbricated in time and place-specific tendencies and contexts, some of which I have hinted at earlier.⁶⁵

Paraphrasing Amos Funkenstein’s famous critique of the revolutionary nature of the scientific revolution, scientific “innovation” is often to be found not in the invention of new categories or forms of thought but in out-of-the-ordinary uses of existing categories, applied to unusual fields or recontextualized.⁶⁶ The transformation of God into the patient of the kabbalist, through the application of a medical discourse to God, thus enters Jewish culture to a large extent through the back door, so to speak, exemplifying Foucault’s claim that what changes in discursive shifts “is the silent configuration in which language finds support: the relation of situation and attitude to what is speaking and what is spoken about.”⁶⁷

■ Intimacy, Action, and the Sovereignty of the Clinical Gaze

The patienthood of God opens up a plethora of questions regarding the nature of divine health and sickness, its relation to prevalent medical conceptions, and its maintenance and treatment by the kabbalist—all highly significant questions with

⁶⁴ Vital, *Olat Tamid*, 114b. Here, too, it is not innovation in the modern “revolutionary” sense, but rather renewal of an ability that characterized the ancients, from R. Shimon bar-Yohay to Nahmanides, which was lost and now reappears. See *Ets Hayyim*, 7–8; Fine, *Physician of the Soul*, 105–10; Boaz Huss, “The Zoharic Communities of Safed,” in *Shefa Tal: Studies in Jewish Thought and Culture* (ed. Zeev Gries, Howard Kriesel, and Boaz Huss; Beer Sheva: Ben Gurion University Press, 2004) 150–53 [Hebrew].

⁶⁵ See Tamari, “Body Discourse,” 26–126; idem, “City of the Kabbalists.”

⁶⁶ Amos Funkenstein, *Theology and the Scientific Imagination from the Middle Ages to the Seventeenth Century* (Princeton: Princeton University Press, 1986) 14.

⁶⁷ Foucault, *Birth of the Clinic*, xi.

which I deal elsewhere in detail.⁶⁸ Here, I wish to deepen the discourse analysis perspective on the question of divine and human agency, as they are constituted by the internalization of medical practical discourse. I will especially explore their relation to the unique forms of intimacy the Lurianic kabbalah manifests.

The Lurianic kabbalist, especially while performing prayer intentions, appears to be required to maintain divine health and prevent its breaching through what we might call a constant balancing activation. Throughout the liturgical cycles, the kabbalist accompanies with his attention the innermost minute processes within the divine body⁶⁹ and none more, as we have already seen, than those connected with the physiology of divine sexuality and embryology.⁷⁰

In many of the prayer intentions we find an ambiguity between supernal processes depending on human actions and those transpiring independently.⁷¹ This ambiguity is epitomized by the fact that the common formula “and you should intend” (*vetsarikh shetekahven*) is often followed merely with a description of the relevant supernal process, with no mention of human activity.⁷² The exceptional intimacy with the supernal bodies demanded of the kabbalist, who must actively oversee these bodies through and through, is apparent.

In many respects this is similar to the physician’s task when attending a patient: “to maintain health by regulating the non-naturals,” through a sensitive “tailoring” of all aspects of the patient’s life “so as to maintain him or her with the optimum complexion.”⁷³ Although typically a physician cannot supervise his patient to this degree, both depth-wise and time-wise, the fantasy here certainly complies with the fundamental pre-assumption of Galenic medicine: the closer the regulation, the better health is maintained. Notably, there is one type of physician that comes closer to this sort of attentiveness—the king or sultan’s personal physician.⁷⁴ Could the court physician model have had an effect—consciously or unconsciously—on the shaping of the Lurianic kabbalists’ self-perception in devoting their life to the preservation of the health of the king of kings?

Let us then explore the unique type of intimacy arising from this framing and its implications for the relationship between the kabbalist and God. Lurianic scholarship has always struggled with the seeming gap between the highly technical, jargonistic, and detailed language of this kabbalah and its embodied imagery. Scholem, for instance, noted that “there is something bewildering in the eccentricity

⁶⁸ Tamari, “Body Discourse,” 304–28.

⁶⁹ See, as one example of many, *Sha’ar Hakavvanot*, 236a–237b.

⁷⁰ See Safrai, “Worship of the Heart,” 273–300.

⁷¹ An important distinction in Vital’s writings. See his account in *Sha’ar Hakavvanot*, 14a–b.

⁷² *Ibid.*, 236a and many other places.

⁷³ Siraisi, *Medicine*, 120.

⁷⁴ See, e.g., Amir Mazor, “Jewish Court Physicians in the Mamluk Sultanate during the First Half of the 8th/14th Century,” *Medieval Encounters* 20 (2014) 38–65; Miri Shefer, “Physicians in Mamluk and Ottoman Courts,” in *Mamluks and Ottomans: Studies in Honour of Michael Winter* (ed. David J. Wasserstein and Ami Ayalon; London: Routledge, 2013) 114–22.

of these over-detailed expositions⁷⁵ but reassured the reader that even though “much of it can be fathomed only in the practice of mystical meditation . . . the underlying structure, Luria’s fundamental myth, is . . . amazingly clear.”⁷⁶ As this quote insinuates, the perception of a gap was to a large extent a result of observing Lurianic kabbalah through the analytic lens of myth.⁷⁷

The romantic conception of myth, adopted by Scholem and his school,⁷⁸ presupposes a sensual and poetical nature to its subject matter, and so, considering these expectations, the dry “pseudo”-scientific language characteristic of Lurianic bodily descriptions seemed inadequate and was left, more often than not, unaccounted for. This is all the more so as the Zoharic literature was set by Liebes as the criterion for kabbalistic myth and its sensual bodily poetics.⁷⁹

If the erotic nature of the Zoharic divine body was seen as key to the sensual intimacy the kabbalists share with it, what then should we make of the relationship between the kabbalist and this technical body arising from the Lurianic corpus? If, as Weinstein asserted, Lurianic kabbalah offers modes of action that “enable God to be present in a close and intimate way in the believer’s life,” and this doctrine aims to create a “connecting bridge” between the human and the divine,⁸⁰ how could these anthropomorphic descriptions be so “devoid of poetic merit or inspiration . . . lacking any aesthetical or rhetorical element?”⁸¹ The answer lies, I suggest, in a proper identification of the specific kind of intimacy that the unique poetics of the Lurianic medical body discourse create, namely, the intimacy that arises from the relations between physician and patient, characterized by the “clinical gaze.”

⁷⁵ Scholem, *Major Trends*, 211.

⁷⁶ Scholem, *On the Kabbalah*, 110.

⁷⁷ Tamari, “Body Discourse,” 10–16; Assaf Tamari and Yael Fisch, “The Absence and Presence of ‘Myth’ as an Analytical Category in the *Wissenschaft des Judentums* and Beyond” (paper presented at the Conference “Grey Areas: Two Centuries of *Wissenschaft des Judentums*,” Hochschule fuer Juedische Studien, Heidelberg, 18 June 2019); Gil Anidjar, “Jewish Mysticism Alterable and Unalterable: On ‘Orienting’ Kabbalah Studies and the ‘Zohar of Christian Spain,’” *JSS* 3 (1996) 89–157. See more generally on the function of this category in modernity: Talal Asad, *Formations of the Secular: Christianity, Islam, Modernity* (Stanford, CA: Stanford University Press, 2003) esp. 23; Bruce Lincoln, *Theorizing Myth: Narrative, Ideology, and Scholarship* (Chicago: University of Chicago Press, 1999).

⁷⁸ See, among many, Amir Engel, “Gershom Scholems ‘Kabbala und Mythos’ jenseits deutsch-jüdischer Romantik,” in *Gershom Scholem in Deutschland. Zwischen Seelenverwandtschaft und Sprachlosigkeit* (ed. Gerold Necker, Elke Morlok, and Matthias Morgenstern; Tübingen: Mohr Siebeck, 2014) 203–17.

⁷⁹ See especially, Yehuda Liebes, “Zohar and Eros,” *Alpayyim* 9 (1994) 67–115 [Hebrew]; Melila Hellner-Eshed, *A River Flows from Eden: The Language of Mystical Experience in the Zohar* (Stanford, CA: Stanford University Press, 2009).

⁸⁰ Weinstein, *Kabbalah*, 118–20.

⁸¹ *Ibid.*, 112–13.

■ The Intimacy of the Gaze

In itself, the gaze is certainly not foreign to the analysis of kabbalistic literature. The visual and visionary aspects of revelation are often juxtaposed to technical languages of description on the same romantic note. As Rachel Elior put it, there is a “gap between the ecstatic method-less origin [of Lurianic Kabbalah], its primal visionary character, and its modes of transmission.”⁸² Just as the fundamental myth of Luria was veiled by the bewildering “over-detailed” technical descriptions, so the ecstatic vision of the supernal, the true heart of the Lurianic phenomenon, was to be uncovered from its language of delivery.

Visionary traditions have a very long history in Jewish religiosity, and the gaze had a pivotal role in the construction of the relation between man and God within their framework. Moshe Halbertal demonstrated that the ethics of the gaze had a constitutive role in the history of Jewish esotericism. Discussing the limitation of esoteric study of the divine chariot in late antique rabbinic culture, Halbertal explained: “The core of the requirement of esotericism in dealing with the chariot vision is not the fear of error, but reticence toward the exposure inherent in the visual image. Seeing is a kind of intimacy restricted to the elect few who know how to peek with a cautious, fleeting glance.”⁸³ Halbertal further emphasized the passive dimension of an appropriate gaze that creates intimacy without intrusion. Even in the *merkavah* literature, where the rabbinic “ethics of gazing” are to some extent breached, the intimacy tension, premised on this play of proximity and distance, is kept, even while the passions of people to observe and of God to be seen increase substantially. Yet, God remains transcendent, and so the active aspect of the gaze maintains and is conditioned by a passive, modest aspect.⁸⁴

A much more active dimension of the intimacy-constituting gaze is found in the opening of the Zoharic *'Idra Rabba*, and the gazing relations between the supernal bodies it presents, analyzed recently by Melila Hellner-Eshed.⁸⁵ Hellner-Eshed pointed at the healing power of the gaze in the relationship between the two main divine countenances in this composition: *Ze'ir 'Anpin* (the short-faced one, indicating his changability) and *'Arikkh 'Anpin* (the long-faced one, corresponding to the highest *sefirah*, *Keter*). The different states of *Ze'ir* depend on his gazing—“his face reflects his reactions to the deeds of the lower realms”—and its healing is achieved by “the mere gazing” in the face of *'Arikkh 'Anpin* whereby it is “filled by its gaze.” Hellner-Eshed characterizes this gaze as a form of illumination, loving and nourishing. This healing gaze “is wide, peripheral, unfocused and unintrusive,

⁸² Elior, “The Metaphorical Relation,” 47.

⁸³ Moshe Halbertal, *Concealment and Revelation: Esotericism in Jewish Thought and Its Philosophical Implications* (trans. Jackie Feldman; Princeton: Princeton University Press, 2007) 14.

⁸⁴ *Ibid.*, 13–27.

⁸⁵ Melila Hellner-Eshed, *Seekers of the Face: The Secrets of the Idra-Rabba (the Great Assembly) of the Zohar* (Rishon Letzion: Miskal, 2017) 67–78 [Hebrew].

and does not deal with the observer privately . . . it does not observe or examine, yet is not at all indifferent.”⁸⁶

■ Luria’s Penetrating Gaze

Equipped with these two different perspectives concerning the intimacy-constituting aspect of the gaze, let us return to the Lurianic vision. The concrete gaze of Luria is typically tied to his charismatic figure and his pneumatic abilities.⁸⁷ Vital recounts in his introduction to *Sha’ar Hahaqdamot* that his teacher “would watch and view with his own eyes the souls of the righteous.”⁸⁸ One may even sense something of the spirit of the *’Idra* in Vital’s description of his teacher’s revelation: “although there is no revelation in this our generation, even so the holy spirit did not inhibit itself from hovering over his face, which was illuminated, as he merits.”⁸⁹

This Zoharic gaze—bringing together a certain intersubjective intimacy and a transfer of divine influx (connected to the longstanding premodern notion of the active nature of the gaze)⁹⁰—can certainly be traced to several other places in Lurianic kabbalah, both in descriptions of the relations between the divine countenances, following the *’Idra* literature,⁹¹ and in descriptions of relations between people, including Luria and Vital themselves.⁹² Following Fine, we may interpret in this spirit one occasion in which Vital endured eye-aches as a result of watching Luria while he performed “in his prayer great and tremendous intentions, through which supernal light rested upon him, and I [Vital] was not worthy then to look at it.”⁹³

Yet, this example also allows distinguishing this sort of gaze from another occurring in the same situation. This passage, discussing Vital’s eye-ache, is an important example of the medical structuring of Luria’s activity. It begins with Vital turning to his teacher with a distinctly physical problem: “a great ache in the eyes, and this ache persisted almost two months and there was no sickness in them aside from the ache of the eyes.” Indeed, Vital suffered from eye problems for many years, and apparently even lost his eyesight in his old age.⁹⁴ Vital, the physician, seemed to have exhausted his self-diagnosis, and so turned to his teacher, “I asked

⁸⁶ Ibid., 69.

⁸⁷ Fine, *Physician of the Soul*, 9, 105–10, 156–67.

⁸⁸ Vital, *’Ets Hayyim*, 8.

⁸⁹ Ibid., 10.

⁹⁰ A. Mark Smith, *From Sight to Light: The Passage from Ancient to Modern Optics* (Chicago: University of Chicago Press, 2015) 287–90.

⁹¹ See, e.g., Vital, *Sha’ar Hakavvanot*, 359b; idem, *’Ets Hayyim*, 29a.

⁹² See, e.g., R. Hayyim Vital, *Sha’ar Hamitsvot* (vol. 8 of *Kitvey Ha’ari*; Tel Aviv: n.p., 1962) 102b; Saffrai, “Worship of the Heart,” 343–46.

⁹³ Vital, *Sha’ar Hamitsvot*, 89a; Fine, *Physician of the Soul*, 234.

⁹⁴ See, for instance, his visit to a Muslim “expert in healing ailments originating in demons” in Damascus in 1604, due to his eye problems: *Jewish Mystical Autobiographies: Book of Visions and Book of Secrets* (trans. Morris M. Faierstein; New York: Paulist, 1999) 51 (translation altered).

my teacher of blessed memory what was the reason for the ache, and he told me two reasons,” the central of which is the above-quoted. The whole interaction between Luria and Vital is structured in clinical terms: a physical problem is diagnosed and given an etiology, followed by a treatment that leads to recovery, as Vital claims, “I was cured.”⁹⁵

At the center of this occurrence we find Luria’s diagnosing gaze; “gaze” is both a metaphor for the diagnosing observation of the patient and a literal description of the practice.⁹⁶ In view of the first part of this essay, we may thus go one step further and suggest that Luria’s diagnosing gaze stands at the basis of his healing activity of all bodies, supernal and earthly. As we shall see in the following, in this framework the gaze emerges as a key to Lurianic agency. Already in the prolegomenon to the penitentials discussed above, Luria’s gaze appeared at the center, clearly aimed at both bodies: Luria prohibits esoteric knowledge from “anyone he saw (*shehaya ro’eh*) through the holy spirit a blemish in his soul.” On the basis of this seeing, he administers the appropriate *tiqqun*. But what is seen? Luria recognizes at the moment of his observation “what place did he damage,” referring, as we saw earlier, to the supernal countenances.⁹⁷

What then does Luria see, and especially *how* does he see? One of the two central diagnostic techniques utilized by Luria, alongside pulse reading, was metoposcopy, that is, diagnosis via a reading of the forehead.⁹⁸ Vital’s record of one case when Luria uses metoposcopy is highly telling:

On another occasion he [Luria] saw on the forehead of a certain person that it was inscribed (*nirsham*) there that his wife demanded him to perform an act of *mitsvah* [a euphemism for sexual intercourse], but it was during the weekdays and he was unwilling. And I asked my teacher what did he see in him, and he replied that he saw on his forehead the letter *gimel* inversed.⁹⁹

Luria goes on to specify the ontological context—the etiology—of his reading. The letter *gimel* is connected to the *sefirah Yesod*, the supernal male organ and the principle of divine insemination. Because of the husband’s unwillingness to allow the *Yesod* to fulfil its role, “[the letter] inversed to demonstrate the inexecution of its purpose.” Since this was not an actual transgression, the letter was merely inversed and not darkened. Nonetheless, the letter’s inversed state indicates the “secret of the female from whom he prevented charity, for every inversed letter indicates a female.”¹⁰⁰

⁹⁵ See Tamari, “Medicalizing Magic and Ethics,” 443–44.

⁹⁶ Cf. another occasion recounted by Vital in which a man came to Luria with a strong pain in his shoulder, and Luria “observed him (*venistakel bo*)” and immediately told him the cause of his pain, rooted in a minor breach of the halakah. See Vital, *Sha’ar Hamitsvot*, 106b.

⁹⁷ Vital, *Olat Tamid*, 114a.

⁹⁸ Fine, *Physician of the Soul*, 153–64.

⁹⁹ Vital, *Sha’ar Ruah Haqodesh*, 17a–b.

¹⁰⁰ *Ibid.*

The gaze revealed here is anything but an intersubjective one. Luria's observation is a proficient reading of a text, concealed from the eyes of the person on whom it is inscribed. The patient, as a "subject," is almost redundant in the interaction between Luria, the reader, and the mute body to which he now gives a voice. Luria uncovers a highly intimate moment between that man and his wife, but that man's voice is not part of the revelation: Luria's knowledge is not the result of an intimacy he managed to create with that man (confessing his deeds) but of a different form of intimacy, between the body and a gaze that manages to penetrate its silence and read it.

This absence of the interpersonal is characteristic of all the "clinical" interactions of Luria. He observes and determines. Hence, the judgmental dimension is also utterly absent from the Lurianic penitential literature. 'Arikh's gaze, in Hellner-Eshed's portrayal of the *'Idra*, was "a providence that does not penetrate nor judge . . . a . . . gaze, that does not deal with the observer privately . . . does not observe or examine, yet is not at all indifferent." Luria's gaze, on the other hand, is undeniably penetrating. It is nonjudgmental, but intrusive and examining, though quite indifferent—indifferent in the sense that the judgmental, moral aspect of what is revealed to him does not concern him; only the actions that the revealed entail concern him.¹⁰¹

Luria's gaze also presents a very different ethics from the rabbinical one, which Halbertal elaborated. The passive dimension is now absent: the gaze needs to be investigative and active. The tension between the observer's concealment and revelation disappears, and the gaze settles for nothing less than a full exposure of its object. It is no longer the glance of a cautious and hesitant visitor but the stare of a sovereign.

Earlier we noted that when Luria observes one's body, immediately the supernal body comes before his eyes. Now we may add that with the transition between these bodies, the unique gaze characteristic of the medical encounter migrates as well and determines how the supernal is read. This migration of the medical mode of seeing a body, I contend, is a significant factor in the delicate but consequential transformation in the relations of agency between the kabbalist and the supernal bodies in the Lurianic kabbalah. The dry, technical, unpoetic intimacy of the Lurianic kabbalists with their God makes sense once it is understood in the framework of the clinical gaze.

■ The Clinical Gaze of Lurianic Kabbalah

The clinical gaze is a term that came to be known especially through the pioneering work of Foucault regarding the shifts in the medical episteme in the eighteenth-century, a moment in which "the clinic appears—in terms of the doctor's

¹⁰¹ This reading distances Luria's healing activities from the—surely significant—confessional climate of Safed, emphasized by both Fine, *Physician of the Soul*, 186, and, more broadly, Weinstein, *Kabbalah*, 407–77.

experience—as a new outline of the perceptible and statable.”¹⁰² Foucault makes clear at the outset that these shifts are to be located in the modes of construction of the medical gaze and the affinities between seeing and reading, between the eye and its language.¹⁰³

Admittedly, some of the historical claims in his study were heavily criticized,¹⁰⁴ but his observations on the significance of the gaze in constructing medical knowledge and disposition were highly influential in diverse contexts, transcending the history of medicine per se. One of the consequences of Foucault’s book was a historiographical investigation into the role of the gaze in constructing medical knowledge and relations in various earlier defining moments in the history of medicine and particularly in its late antique formative period in the work and writings of Galen.

Rabbinic scholar Mira Balberg aptly described this critical contribution:

The interweaving of the hermeneutics of texts and the hermeneutics of bodies has been noted as one of the most prominent aspects of the work of Galen and other Graeco-Roman physicians of his persuasion. Galen presented himself not only as the quintessential key holder to the works of his medical predecessors . . . but also as a capable interpreter of the works of the great philosophers, and argued that it was this literacy that allowed him access to the truths of the human body. At the same time, he took great pride in his ability to diagnose a patient with a glance, and emphasized his capability to “read” accurately the signs of the body so as to know the patient’s exact malaise. According to Judith Perkins, it was exactly this hermeneutical ability—or, perhaps, this hermeneutical ethos—that won him more admiration and recognition than any doctor before him: In a period in which people felt that they were their bodies, the doctor who could read the body was seen as having a gateway to the most inner workings of the individual.¹⁰⁵

In other words, the legacy of the Galenic clinic, from late antiquity onward, had to do with the physician’s gaze constituting the physician’s authority to heal and granting the physician the submission of the bodies exposed and read by and through his/her gaze. At the heart of the agency of this gaze, then, stands hermeneutical authority. In Foucault’s phrasing: “The clinical gaze has the paradoxical ability to

¹⁰² Foucault, *Birth of the Clinic*, xviii.

¹⁰³ “This book is about space, about language, and about death; it is about the act of seeing, the gaze” (*ibid.*, ix).

¹⁰⁴ See in *The Companion Encyclopedia of the History of Medicine* (ed. William F. Bynum and Roy Porter; London: Routledge, 2013) 27–28, 1186–87, and the literature cited there.

¹⁰⁵ Mira Balberg, “Rabbinic Authority, Medical Rhetoric, and Body Hermeneutics in Mishnah Nega’im,” *AJSR* 35 (2011) 323–46 at 327, following Owsei Temkin, *Galenism: Rise and Decline of a Medical Philosophy* (Ithaca, NY: Cornell University Press, 1973) 33; Tamsyn Barton, *Power and Knowledge: Astrology, Physiognomics, and Medicine under the Roman Empire* (Ann Arbor: University of Michigan Press, 1994) 150–51; Susan P. Mattern, *Galen and the Rhetoric of Healing* (Baltimore: Johns Hopkins University Press, 2008) 149–56; Judith Perkins, *The Suffering Self: Pain and Narrative Representation in the Early Christian Era* (New York: Routledge, 2002) 142–72.

*hear a language as soon as it perceives a spectacle.*¹⁰⁶ The physician uncovers what is hidden and concealed in the body, thanks to his/her ability to translate the body into knowledge, in his/her capacity as a living book, executed with efficiency and accuracy by observation.

Vital reflects upon this ability when describing the metoposcopic technique:

There are merely the twenty-two letters on the forehead, and sometimes the letters relevant for a certain indication stand out and are more illuminated . . . but they are [at times] revealed and [at other times] veiled . . . and therefore intense viewing is required, before they become hidden from his eyes, and great observation is required in order to apprehend these matters extremely quickly before they are veiled.¹⁰⁷

The notion of hearing a language while perceiving a spectacle is given here a literal meaning, to which we shall return briefly. Yet, first, it is striking to see how the Lurianic gaze demonstrates the need for a proficient accuracy in order to tackle the inherent darkness of the body's internality, refusing to give in to the gaze so easily.¹⁰⁸

Luria's ability to substantiate his authority so effectively (at least in the accounts of his disciples) has been the subject of much scholarly discussion, focusing primarily on his charisma, his revelatory claims, and his personalization of the kabbalistic fellowship's participation in the theosophic and messianic schemes.¹⁰⁹ The analysis of the Lurianic clinical gaze offers an additional angle to the riddle of Luria's authority: substantiating authority is after all the precondition of the clinic, which depends on the willingness of the patient to be subordinated to the physician's authority.

The seeming curiosity of the Lurianic technical language makes perfect sense once it is understood in the framework of a Galenic clinic and its rhetorical authority-making: expertise is established through the language of the diagnosing gaze, a language characterized by the proficiency of its observations and the idiosyncrasy of its taxonomies and vocabularies. In such a framework, the privilege to gaze depends upon proving your hermeneutical ability, namely, upon the appearance of the physician before the body with "a gaze equipped with a whole logical armature."¹¹⁰

The authority created by this specialized language (and the gaze that manifests it) is not limited to the construction of the relations between Luria and the people seeking his *tiqqun*. The clinical gaze is applied—unconsciously more likely than

¹⁰⁶ Foucault, *Birth of the Clinic*, 108 (italics in original).

¹⁰⁷ Vital, *Sha'ar Ruah Haqodesh*, 16b.

¹⁰⁸ "The residence of truth in the dark center of things is linked, paradoxically, to this sovereign power of the empirical gaze that turns their darkness into light" (Foucault, *Birth of the Clinic*, xiii–xiv).

¹⁰⁹ Fine, *Physician of the Soul*, 88–122; Moshe Idel, "On Mobility, Individuals and Groups: Prolegomenon for a Sociological Approach to Sixteenth-Century Kabbalah," *Kabbalah* 3 (1998) 161–65; Huss, "Zoharic Communities"; Jonathan Garb, "The Cult of the Saints in Lurianic Kabbalah," *JQR* 98 (2008) 203–29; Liebes, "New Directions," 162–63; Weinstein, *Kabbalah*, 193–99. Cf. Safrai, "Karo."

¹¹⁰ Foucault, *Birth of the Clinic*, 107.

consciously—to the relations with the divine as well and becomes the framework enabling the subjection of the divine body to human action.

■ “The Eye That Governs”

Let us then take an additional step forward, using once again Balberg’s helpful elucidation of the mechanism at the foundation of the clinical gaze:

The subjection of one’s body to another person’s gaze is a quintessential way of asserting the power of the one looking over the one being looked at; the one who looks directly at the body of another is always objectifying him or her, and thereby becomes, in a way, a sovereign over the other’s body. Thus, the connection between sight and knowledge is bidirectional: One knows because one sees (this is the Galenic ethos), but one also gets to see in the first place because one knows.¹¹¹

Authority, then, stems from a fundamental subjection through which the gaze grants sovereignty: Foucault’s “the eye that knows and decides, the eye that governs.”¹¹² Foucault’s stress on sovereignty in this context is extremely significant in the context of the discursive inversion between the kabbalist and his God, since it is precisely the sovereignty of God that here comes into question. At the heart, then, of the effect of the Lurianic clinical gaze are relations of objectification: the objectification of the supernal (as well as the corporeal) body constitutes at the moment of the gaze both a medical object and a medical subject. This moment, we should emphasize, is not confined to the brief glance Luria gives one of the Safedians consulting him, or even to some ecstatic visionary moment. Far from it, it relates to the comprehensive framework that the meeting of the physician and his/her patient (once a body appears as such) creates.

In theoretical terms, we may speak of the subject position discourse creates. Discursive structures construct positions, and subjects become subjects (or objects) only when they position themselves within them. These positions, which are essentially a structural matter, dictate to a large degree the relations in a given situation, be it the relations of parents and children, disciples and teachers, or, of course, physicians and patients.¹¹³ Each person is naturally situated in a multitude of subject positions, just as we all take part in a variety of discourses and social contexts. Since the subject position is, according to Adi Ophir, “a projection of a grammatical mold on an analysis . . . of experience,”¹¹⁴ once God enters language

¹¹¹ Balberg, “Rabbinic Authority,” 330.

¹¹² Foucault, *Birth of the Clinic*, 89.

¹¹³ See the analytic account of this formation in Adi Ophir, *The Order of Evils: Toward an Ontology of Morals* (New York: Zone Books, 2005) esp. 65–83. See also Foucault, *Archaeology*; as well as Louis Althusser’s concept of interpellation in his *On the Reproduction of Capitalism: Ideology and Ideological State Apparatuses* (trans. G. M. Goshgarian; London: Verso, 2014).

¹¹⁴ Ophir, *Order of Evils*, 65.

and its modes of constructing relations, discourse dictates God's positioning, just as it determines the subjectivity of any Safedian coming before Luria.

When Foucault describes the innovation of the clinical experience, he stresses the need to reject the "mindless phenomenologies" that present "the feebly eroticized vocabulary of 'Encounter' and of the 'doctor/patient relationship.'"¹¹⁵ Both physician and patient, he asserts, become redundant, so to speak, in the framework of the clinical experience, where "they are tolerated as disturbances that can hardly be avoided." Medicine must paradoxically neutralize their voices in order to allow the disease to appear—be revealed—in its ideal configuration.¹¹⁶

Admittedly, Foucault distinguishes between the clinical experience, concerned with pure knowledge, and the therapeutical scenario. Nonetheless, his analysis of the clinical experience seems clearly relevant to the conditions of possibility of the physician-patient relation, in which the absolute detachment between the patient as a complete, private person, a subject in the most mundane sense, and the body subjected to the gaze is essential.

The objectification is two-fold: the patient's but also the physician's. The latter is required to distinguish himself from his own subjective personality in order to become a pure "objective" gaze. Thus, when Luria gazes, the relations constructed with his object—divine or human—are not only the result of this object's objectification but also of Luria's objectification. Once the gaze steps discursively into effect, it does not reflect Luria's personality as an individual but the purity of the knowing gaze, independent of the personality of the observer and whatever personal relation he has to his object.

When the king enters the physician's clinic (even if it is the physician who comes to the king, the encounter is in itself an entry to the clinic), the condition of possibility for his treatment is that the king become only a treated body and the physician cease momentarily to be a subject of the king¹¹⁷ and become merely a medical eye. In the same fashion, Luria, Vital, and all subsequent Lurianic kabbalists, once conditioned in their relation to the divine by the terms of the medical discourse of *tiqqun*, no longer stand as sons to an all-merciful father who art in heaven, as slaves of the king of kings, or even as lovers to the *Shekhinah*. The objectification of the divine body remains—must remain—at the clinical moment the sole relation.

¹¹⁵ Foucault, *Birth of the Clinic*, xiv.

¹¹⁶ *Ibid.*, 9.

¹¹⁷ On the significance of the two meanings of the term subject to the politics of subjectivity, see Etienne Balibar, "Citizen Subject," in *Who Comes After the Subject* (ed. Eduardo Cadava, Peter Connor and Jean-Luc Nancy; New York: Routledge, 1991) 33–57.

■ Conclusion

Paraphrasing Benjamin D. Sommer's famous book title, *The Bodies of God*,¹¹⁸ the God of the Lurianic kabbalists has more than one body, but not (only) in the sense of the variety of bodies-countenances inhabiting the divine pleroma. Like us all, the body of this divinity is in actuality many bodies, determined by the different languages employed in order to discuss it, the different practices used to interact with it, the different ends of this interaction, and the different gazes of those interacting with their God.

There is a principal plurality of affinities to the divine body, a variety of positions it can hold, and in this essay, I have described one such relation fundamental to Lurianic kabbalah: the medical objectification of this body through the clinical gaze. This development in the history of the affinities to God is historically situated, primarily in the dominance of the medical discourse in Vital's activities and in the quest of Safedian kabbalists for effective ways to rectify and mend a broken, unstable divinity.

Yet, my analysis shows that the turning of God into a medical patient is first and foremost a product of discourse, of the linguistic forms that Luria and especially Vital adopted, which in delicate ways position God as the object of treatment, inverting the expected roles of healer and healed. The power of humans over their deity is of course not a Lurianic novelty but rather is assumed in kabbalistic (and pre-kabbalistic) theurgy. However, here we find the subjection of God to a very specific form of inversion of the power relations, which creates a new type of relationship with God: the clinical.

Here, the body appears as corporeal as possible, entirely exposed, but as an object. Subjected to the gaze of the kabbalist as physician, to the clinical gaze, God's body thus undergoes a complete depersonalization, since the precondition of this gaze is at one and the same time extreme intimacy and absolute objectification. But this objectification does not imply a distancing of the living God. On the contrary, new conditions are formed, allowing God's appearance as an almost total presence in the life of practice of the kabbalist, the private physician of the king of kings, spending his days through his gaze in the innermost realms of the divine body.

¹¹⁸ Benjamin D. Sommer, *The Bodies of God and the World of Ancient Israel* (New York: Cambridge University Press, 2009).