

## A Genealogy of 'Jewish Psychology'

### *Mad Polish Jews*

#### Hasidic Abstract:

*"The parable about a turkey.* The king's son once went mad and decided that he was a turkey. As a turkey, he had a need to sit naked under the table and gobble up crumbs of bread and bones. The doctors all despaired of helping him, and the king was greatly troubled. Then a wise man [zaddik] came and announced that he would take it upon himself to heal the prince. He stripped naked and sat under the table alongside the king's son, pecking with him at the crumbs and bones. The prince asked him: 'Who are you and what are you doing here?' He replied: 'What are you doing here?' 'I,' said the king's son, 'am a turkey.' 'And I,' said the sage, 'am a turkey, too.' 'So the two of them sat there together for some time, until they got used to one another. Then, at the wise man's signal, a shirt was thrown to them. 'Do you think,' said the turkey-sage to the prince, 'that a turkey cannot wear a shirt? You can wear a shirt and still be a turkey!' After a time he signaled again, and they were given trousers. He said the same again: 'Do you think that with pants on you can't be a turkey?' Thus they both put on pants and all the rest of their clothing. He signaled again, and regular human food was thrown to them from the table, and he said: 'You think if you eat good food you are not a turkey? You can eat and still be a turkey!' And so they ate. Then the sage said: 'Do you think that a turkey can only sit under the table. You can be a turkey and sit right at the table.' Thus he went on with him, until he had cured him completely.'" (Parable by Rabbi Nachman in Arthur Green's *Tormented Master*, 172)

Like a true Nachman parable, all the mysteries of this essay can be deduced from simply reading the mystical eighteenth century story above. The real author of the story however is Author Green, who uses some poetic license to rewrite a similar apocryphal hasidic parable, attributed to Nachman, in Nachman's psychological biography, *Tormented Master*. For Green, the "sage" portrayed in the parable is "exactly the role which Nachman sought to play among his disciples; he is a doctor of souls. *Dressed in the garb of madness this healer offers to the boy that empathy at which all others had failed; with that empathy comes healing*" (1992, 172 *emphasis mine*). The parable nevertheless captures a crucial aspect of the Hasidic zaddik (sometimes spelled

tzaddik or zaddiq, meaning literally ‘righteous one’) whose emergence in eighteenth century Poland functions not just as spiritual leadership for Jewish society; he was also a healer. However, the story also captures an approach to healing employed by the zaddik that may contradict our understanding of normative therapeutic practice. As Green posits, “What is the source of this wise man’s knowledge, that which allows him to do more that which allows him to do more for the boy than had all the others? Must he himself not be a now-cured mad man? Might the wise man himself indeed be a turkey, but one who has learned to eat with a knife and fork?” (1992, 173). The turkey-sage-zaddik does not try to convince the child he is not a turkey. Instead, the zaddik descends to the child’s level, undresses himself, and merely gets the turkey-child to only ‘act’ as human. The madness is not exorcised. It is able to remain, only dressed in normalcy.

## **Introduction**

In this paper I am interested in constructing a constitutive genealogy<sup>1</sup> of the Hasidic Zaddik as a Polish "healer." This topic emerges from my research in the Hasidic movement.<sup>2</sup>

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<sup>1</sup> A "constitutive genealogy" means more than just a historical examination. If this were simply a "history" paper I would limit myself to a specific "period." I find periodization useful but also arbitrary. While a "period" refers to a timeframe, such as post-world war II to September 11th, any periodization is fraught with a discursive ideological framework. What may an agreed upon "period" for certain cultural identities also may exclude others. Nevertheless, "constitutive" affirms that during specific "periods" identities and ideologies are formed and identifiable in discourse. Genealogy as a methodological tool is to point out how these constitutive identities and ideologies are discursive. I also am borrowing Foucault's reading of Nietzsche's rejection of "the metahistorical deployment of ideal significations and indef-inite teleologies. It opposes itself to the search for 'origins'" Foucault, Michel, and Paul Rabinow. *The Foucault Reader*. New York: Pantheon Books, 1984. Print. 92). I am interested in using this constitutive genealogical analysis on the "Hasidic Zaddik" because I believe this identity can teach us about the mechanics of discourse. Furthermore, only in the last few years have historians actually challenged our understanding of the emergence of Hasidism. In order to add to the already breathtaking amount of scholarship on the relationship between identity and discourse, I believe taking another look at the formation of the "Hasidic Zaddik" from the 16th century Kabbalist exorcists (the Ba'alai Shem) to a quirky social-psychologist in Israel, Mordechai Rotenberg, we can trace a mode of thinking that has been refracted genealogically but also constituted distinctively from what is considered the European western tradition.

<sup>2</sup> While the current membership of Hasidic Jews is relatively small compared to the world's Jewry, scholars have spent a considerably substantial amount of critical attention on deciphering the ideology, practice, and history of this denomination, due in part to an essentialized assumption that Hasidism represents Jewish traditionalism. While historians like Jacob Katz have argued that Hasidism represents a rupture from traditional Judaism, others like

Rather than attempting to write the 'correct' history of Hasidism, this paper will use a genealogical analysis to contextualize the Hasidic movement's spiritual leaders, the Zaddikim, within a history of healing practices. This paper hopes to provide a new direction for thinking about Hasidism by complicating the notion of its continuity. To do this, I piggyback on top of the scholarship on Hasidism, which has provided a wealth of research on the movement's historical origins. Instead of trying to pinpoint the "origin," I want to examine the discourse of madness and healing that the Zaddikim capitalized on in order to assert themselves as the spiritual leaders of Jewish people.

In being faithful to a genealogical analysis, this structure of this paper deconstructs a current notion of "Jewish psychology," developed by Israeli sociopsychologist Mordechai Rotenberg, who claims to have discovered and synthesized a conceptualization of the self as articulated within canonical Jewish texts and preserved in Hasidic thought. I stumbled upon Rotenberg's work when I began researching the approach to madness conceptualized within Hasidism. Within Rotenberg's own work, he has sought to deconstruct normative practices in the field of psychology. He has challenged psychiatric discourse's configuration of the healthy subject by appealing to the existence of an alternative conception of self, which he claims is discoverable in Jewish discourses. He believes the field of psychology formulates subjectivity along a binary of the 'healthy-elect' and the 'sick-damned.' He believes this formulation comes out of the Protestant-Calvinist tradition. He views psychologists' treatment methods operating within the same logic of the Protestant work ethic of individualism. In contrast, Rotenberg presents 'Jewish psychology' as an alternative way for mental health professionals to treat their patient's mental disorders.

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Moshe Rosman have presented documentary evidence to suggest that Hasidism is less of a rupture from traditional Judaism. Historians continue to debate this fact.

To claim the existence of ‘Jewish psychology’ Rotenberg turns to a conceptual framework developed by Hasidic philosopher, Martin Buber. Buber's famous “I-Thou” schema—which Buber argues founds the basis of Hasidic thought—rests on the assumption that “self-realization” comes out of “reciprocal individualism” (1978, 157-160). Rotenberg borrows Buber’s ‘I-Thou’ paradigm to construe Hasidic ‘reciprocal individualism’ as distinct from Protestant individualism. Rotenberg argues that reciprocal individualism enables ethical self-realization since it is always constituted through an, ‘I and Thou’ dialogic relation, wherein a true ‘I’ individual cannot exist without a relation to its ‘Thou’ Godhead, community, family etc. (1978, 158). The self comes to know itself always already by recognizing the existence of another’s individuality. This is not dialectic; it is neither ‘either/or’ nor ‘we;’ it is dialogic so it always remains ‘I-Thou.’

Stumbling upon Rotenberg breathed a new perspective into this project. Putting the theorists and healer Rotenberg under my microscope, we can read his work as representative of the very the discursive discontinuity of healing practices that constitute the genealogy of Hasidic leadership. Additionally, his ahistorical notion of "Jewish psychology" presents the opportunity to investigate the genealogy of healing practices constituted within Hasidic discourse. It is thus necessary to contextualize the concept of Jewish psychology within a historically and regionally specific framework. For this research, I chose to focus on the relation, signification, and healing of madness as articulated within Polish society, since it was in Poland that Hasidism began and thrived. Thus, I want to write Rotenberg's notion of "Jewish psychology" as historically and regionally endemic to the discursive formation of madness and healing in Poland.

Furthermore, the idea of a "Jewish psychology"—or a mentality that is descriptively unique from dominant psychology—poses an opportunity to trace how understandings of the

'self', which have led to alternative healing practices, were in fact part of the discursive strategies to maintain and assert hierarchical status of the elite. Rotenberg's ignorance or refusal to acknowledge this aspect of Hasidic thought is why this paper needs to be written. Rotenberg cautions that the existence of 'Jewish psychology' has little to do with advocating a mass conversion to Judaism. Nevertheless, he situates his alternative theory of psychology within a Judaic literary tradition, which makes it both appear rational and marketable.

Embedding his articulation of 'Jewish psychology' as 'Jewish' does pose some problems. First, it essentializes Jewish thought as something ahistorical. Second, it suggestively racializes a way of thinking as Jewish. Third, it appears exclusive to Jews either through cultural ancestry or religion. Even Rotenberg apologizes for his terminology. He says that he did not intend to father the concept of 'Jewish psychology'; it was just something he too 'stumbled upon.' He asserts again and again 'Jewish psychology' "is by no means exclusively Jewish," but also maintains the ideas come out of the Hasidic-Jewish tradition (2004, xxiii).

As appealing and neat as this idea is, I want to instead trace Hasidic thought within a genealogical framework of healing practices in Poland, in order to demonstrate that what emerges is by no means something uniquely 'Jewish.' Instead, it emerges out of discursive practices. Still, I think the ideas are worth examination. They provide us an anchor to understand a method of healing that was developed within Polish society and institutionalized within Hasidism. Furthermore, it gives us a glimpse into an alternative history of doctor-patient relation, which was theorized, formalized, reproduced, and institutionalized outside of the clinic. Specifically, the infamous "gaze. . . which establishes the individual in his irreducible quality," which Foucault describes in *The Birth of a Clinic*, does not occur in Poland (2003, xiv). There are specific historical reasons for this and it will be suggested that Hasidism emerged as a result

of the absence of the institutionalized hospital. There are two intertwining, intermingling histories that need to be articulated in order to illustrate how a social movement, whose leaders claimed to be prophetic healers, was able to emerge and thrive. We first need to understand the emergence of mysticism so as to explain why Jewish society in Poland was so receptive to spiritual healing; second, we need to illustrate how the *znachor*, *felczer*, or *ba'alei shem*, the so-called 'charlatans', were able to continue practice what's often pejoratively referred to as 'folk-medicine' well into the early twentieth century.

In this paper, I first examine the therapeutic practices developed by Mordechai Rotenberg which he claims emerge out of his synthesization of Jewish psychology; next, I examine the popularization of kabbalistic practical magic and exorcism as the dominant method of healing, which all historians of Jewish history have claimed is the reason for the success of the Hasidic movement. Although I do not mean to contradict this claim, I do not feel it is the whole story. I attempt to complicate this understanding by looking first at an early modern theorist of medicine, Paracelsus, who was widely influential throughout Europe, and as it turns out early Jewish Kabbalists. His writings not only influenced new approaches to healing, it also enabled the proliferation of itinerant healers. At this point, I turn my attention to the constitution of madness. This is important because if Poland was more receptive to madness, it gives an explanation to why Hasidism embraces deviance. I find the answer is more complicated than either yes or no. While certain mad subjects were not subjected to the great confinement of the seventeenth century, it turns out that Polish society was just as happy to confine its poor, sick, elderly, and mentally ill as the rest of Europe. In fact, it was well on its way to 'birth' clinics during the mid-eighteenth century, at about the same time that the Hasidic conquest of Poland occurs. One of the biggest factors preventing this shift was the Polish Partitions of 1772, 1793, and 1795. The

failure to synthesize professional medicine with the sickhouses into institutionalized hospitals, in fact enables the continuation of the practice of folk-medicine. Finally, I turn to the Polish School of Philosophy of Medicine (PSPM), who in fact articulate similar philosophical principles of the art of healing, espoused by Rotenberg.

Thus, I am interested in demonstrating that the healing practices that emerge in Poland are in fact due to specific historical circumstances relating to the hospitalization of madness, or lack thereof. Without a clinic to institutionalize health, practitioners of medicine in Poland are able to develop and concretize healing practices that are therapy-oriented. Mysticism as healing prevails. Asserting themselves as possessors of mystical knowledge of healing, an elite class of mystics, known as the zaddikim, are able to constitute themselves as Jewish society's spiritual healers and leaders. The absence of institutionalized hospitals in effect force the elite healers to develop a rhetoric of healing that resists homogenizing the patient's body under the scope of the clinical gaze, but is forced to preserve the subject's individualism so as to retain continual patronage. This is the very "I-Thou" paradigm that emerges; in order that 'you still seek my services for healing, I must create a space for both you and I, so that I will win your patronage.' As a result, an understanding of the self is constituted in Hasidic discourse that places the curation of the self over knowing the self. The "I-Thou" paradigm of Hasidic ideology that appears egalitarian in effect emerges as a discursive strategy so that a group of mystics can claim hierarchy over Jewish society. Rotenberg refers to this as "Jewish psychology." Instead, I want to provide a genealogy to illustrate how this way of thinking about the self is not essentially Jewish. Instead, genealogical analysis reveals that it is constitutive of the discursive strategies utilized by the elite to preserve hegemony over deviance.

## **Mordechai Rotenberg: the Secular Zaddik**

Rotenberg was born to the Gur Hasidic Dynasty in Bratslav, Germany (which today is Wroclaw, Poland). Right before World War II broke out, seven-year-old Mordechai moves with his family to Palestine in 1939. Rotenberg considers himself the "white sheep" of his family (Haaretz interview). He left Israel to get his master's at New York University in social work and criminology. He then went on to UC Berkeley to do his doctoral thesis on prisoners in San Quentin Prison in California. Rotenberg insists that he "took off the skullcap when it became a party or political symbol" (Haaretz interview). While he claims that he stopped believing in God, he also concedes that he has continued to be "an anti-religious observer of the [Judaico-Hasidic] precepts" (Haaretz interview). This paradox will be more understood after tracing Rotenberg's discursive formation of "dia-logic therapy . . . as a treatment system for reincluding [*sic*] the mystic 'unreasonable' form of thought as creative power" (Rotenberg: 1991, 14).

From his first book, *Damnation and Deviance* (1978), to his fourth, *Dia-Logo Therapy* (1991), Rotenberg has struggled to articulate what he views as the essential trend in modern psychology of "predestinal damnation" (1978, 23). He has argued incessantly that the discourse of modern psychology has produced pathologized subjects with "innate, irreversible state[s] of deviance" (1978, 23). Rotenberg is convinced that what is needed to undo the "predestinal damnation" of pathologized labels, such as schizophrenia, are new psychotherapeutic techniques.

By *Dia-Logo Therapy*, Rotenberg has begun to champion an alternative approach to therapy that utilizes the psychotherapist's role as a 'healer' to enable patients to "reread events and experiences by adding new interpretation metacodes" through "optimistic" recomposition (Rotenberg: 1991, 31). Rotenberg believes that traditional talk therapy provides a



"dia-logic" opportunity for the therapist to encourage their patients to "recompose" understandings of themselves by offering and even suggesting alternative ways to reinterpret troubling events and experiences optimistically. Rotenberg cautions that this method is not another way for the therapist to "impose his [*sic*] own doctrinaire interpretation"; instead, "dialogo therapy" is an "egalitarian norm of discourse" that forces the therapist to "learn his [*sic*] patient's language" (1991, x).<sup>3</sup>

Rotenberg draws from Hasidic ethics to develop an alternative approach to psychotherapy. In *Hasidic Psychology, Making a Space for Others*, he informs us that his interest in positing Jewish psychology is related to "being a descendent of two Hasidic dynasties"<sup>4</sup> (xiii). Rotenberg's approach derives from the kabalistic concept of "tzimtzum

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<sup>3</sup> Rotenberg goes on to say that he opposes religion because "all the wars are fought in the name of religion. Allahu akbar - that means my god is greater than your God" (Haaretz interview). Looking at Rotenberg's work, I think it is also important to note the unavoidable paradox of Rotenberg's thinking. The reference "allahu akbar" as indicative of the failure of religion reflects a political and racialized ideology that has been cemented within Israeli thought in relationship to Palestinians. Unfortunately, this paper does not broach this tenuous issue. It seems possible that another reason Rotenberg has not been accepted into western academic canon is that as a cultural intellectual he also represents an anti-Islamic, anti-Palestinian, military hero for Israeli-Zionism. A noted current trend in the critical theory circle has been the academic boycott of Israeli Academic institutions due to their complicity in the illegal dispossession of Palestinian homes in the occupied territories. Judith Butler, a world-renown critical theorist, has written excellent and thought provoking work on this issue. Butler, who identifies as Jewish, has written extensively on deconstructing Zionism and its claim that anti-Zionism is anti-Semitism. See *Deconstructing Zionism* and *Parting Ways*. In Rotenberg's Haaretz interview, he recalls fighting in Israel's war of independence with great fondness; he discusses the loss of his son Boaz, who died at age 19, while Boaz was serving in Israel's military. Haaretz praises Rotenberg for exhorting the anti-Zionist Eda Haredit community "to pray for Israel's soldier's. They of course refused, and Rotenberg lashed out against them in the form of a stinging article in the daily Maariv, in which he referred to the Haredim as 'leeches' and called for a civil revolt against them. He demanded that the state draft them all into the army and boycott them until they complied" (Haaretz interview). It becomes difficult to read Rotenberg's work without putting his militant Zionist ideology in perspective. One wonders how he reconciles his work to dismantle dominant notions of deviant subjectivity and pathologized labeling techniques against a militant anti-Palestinian, anti-Muslim rhetoric. Perhaps this paper's research may answer why Rotenberg's theories are limited in practice

<sup>4</sup> It seems laborious--but necessary--to point out that Freud was Viennese and Lombardo Italian. While Rotenberg was born in Bratslav, Germany (which was prior and now within the jurisdiction of the Polish state), the Gur Hasidic dynasty (of which Rotenberg proudly claims *yihus* or his noble lineage) was named after the Góra district of Warsaw, Poland (YIVO). According to Mendelsohn, "one of the most important of all East European Hasidic leaders, the Rebe of Ger (Góra Kalwaria), maintained his court in a town near Warsaw" (1983, 20). In the context of the rise of the Hasidic movement, it will seem less surprising that Rotenberg has insinuated that his noble lineage, or *yihus*, gives him the right to disclose Jewish psychology. While lineage has signified noble status throughout Jewish history, the leaders of the Hasidic movement strategically utilized the shared cultural understanding of *yihus* to assert aristocratic status and a right to lead. Glenn Dynner explains that the early leaders of the Hasidic movement,

(contraction),<sup>5</sup>” which underscores the Hasidic understanding of free will within a God-centered world. Essentially, it is the notion that “God contracted Himself into himself to evacuate space for the human world” (Rotenberg: 2004, xiv). Rotenberg claims that the concept of contraction was integral to the Hasidic movement’s democratic approach to religious observance. The Hasidic movement’s leaders ‘contracted’ acceptable forms of worship in order to enable the “deviants” of society such as women, poor, unlearned, adolescents, and even sinners all of whom represented a class of excluded bodies of Jewish society to be able to participate in religious activities once reserved for society's elite. Rotenberg idealizes this shift in Jewish history by claiming this contraction brought an end to “inferiors [and] ostracized castes in Jewish society. Every deviant can realize himself in his own way” (Haaretz: 2009).

By Israeli standards, Rotenberg is considered "the father of what is referred to as Jewish psychology" (Haaretz: 2007). Rotenberg insists that his philosophical approach to therapy utilizes themes from Jewish theology. He claims that using Jewish psychology as a theoretical framework is not equivalent to advocating for God-centered treatment. Dia-logo therapy is not the converse of secular therapy. Jewish psychology is an alternative to "Western psychology." He contends, "What underlies Western psychology is Christian theology, which holds that every human being is born cursed because of the original sin" (Haaretz: 2007). This is a reiteration of

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or the Zaddikim, "cultivated folk religion on their own terms, preserving the social hierarchy by selectively grooming successors among sons of wealthy or scholarly followers" (2008, 195). Dynner found that all of the early Zaddikim either claimed, "elitists backgrounds" or had to concretize their social hierarchy through "marriage alliances within the mercantile and rabbinical elite" (2008, 4-5). This practice continued in Central Poland within the Hasidic dynastic courts until the mid-19th century, wherein the Polish Zaddikim adopted the Ukrainian and Galician Hasidic practice of father to son dynastic succession (see Glen Dynner's men of silk).

<sup>5</sup> What he calls the role of “contraction” is similar to what Dynner describes as “worship through corporeality” (8). Deriving from kabalistic influence, "worship through corporeality" essentially meant that one could gain spiritual rewards through the material world. In one way, it provided a means for the unlearned masses to participate in the more esoteric aspects of Judaism. Dancing, singing, eating, and even shouting were taught to be theurgical acts that could bring a Jew closer to the divine. Both Rotenberg and Dynner agree that this conceptual innovation was crucial for the Hasidic movement. However, Dynner disagrees that this innovation meant "inclusiveness" (195). While, zaddikim "received all petitioners . . . they cultivated folk religion on their own terms, preserving the social hierarchy by selectively grooming successors among sons of wealthy or scholarly followers" (195).

Rotenberg's belief that modern psychology's pathological labeling represents a discursive continuity of "predestinal damnation" embedded within Calvinist and Protestant ethics. It is this sentiment that he claims has led to the destructive and disciplinary "dichotomous classification of people as 'sick-damned' or 'healthy-elect'" (1978, 2). In the same vein, he views the diagnosis of schizophrenia as representative of the worst types of "predestinal damnation." He stresses that there is an important distinction between "labeling certain behavior sequences 'melancholic'" versus the turn in psychiatric discourse that says, "You behave in this melancholic manner because you are schizophrenic" (1978, 19).

Rotenberg writes his fourth book, *Dia-logo Therapy*, to illustrate how dia-logic therapy has and can provide treatment for a person suffering from symptoms of schizophrenia. He even reproduces dialogues with patients to give therapists and interested scholars a template of sample dialogic strategies a therapist could employ to assist a patient's 're-biography.'

The success illustrated in *Dia-logo Therapy* suggests feasibility of Rotenberg's method. The therapist, or as Rotenberg says the 'psychonarrator,' doesn't tell the patient that schizophrenia is a social construct, as what one may expect from his previously stated views. Rather, Rotenberg describes how the psychonarrator can guide a patient to think positively about his or her condition. This involves a 3-step process: 1) encourage the patient think of the voices positively 2) to think about how the voices made him feel less lonely 3) to engage in a dialogue with his voices. Rotenberg hopes to help his patients "produce the voice by free will in order to challenge it and control it as every person would do when he wants to ponder over some important issue with his own inner voice or with some significant other who may not necessarily be alive" (1991, 124).

Patient "M," a Hasidic Jew diagnosed with schizophrenia, was treated in Rotenberg's

clinic from 1987-1988. Rotenberg reviews the reasons why the patient sought treatment: 1) the voices he heard were telling him he was a bad person and 2) no one else heard them (1991, 124). In the transcript the first thing the therapist asks Patient "M" is "can you tell me a bit about the voices" (1991, 124). Not only does the therapist ask the patient to describe the voices, the therapist also asks, "Do the voices ever mean good things?" (1991, 125) The patient at first does not know what to make of the question. Eventually with prodding from the therapist the patient says, "Yes, like it can me feel I'm not alone, that somebody cares about me" (1991, 126). In the next session, the therapist encourages the patient to "talk" to the voices, "The voices tell you things. You can respond to them" (1991, 126). Following this session, the patient comes back to report that he heard a voice, that sounded like his deceased father, said "I will lift up mine eyes unto the hills, From whence cometh my help; my help cometh from The Lord who made heaven and earth" (1991, 127). The patient reports that the voice left him with "sort of a good feeling, like I have hashgocho [guidance, protection] and am being taken care of. It even made me smile a little" (1991, 128).

There is currently a similar movement, albeit one with a larger following called the Hearing Voices Movement (HVM), which advocates for a similar therapeutic model of healing. The idea behind the HVM comes from the work of Marius Romme who proposed that accepting the voices could offer potentially alternative curative effects than traditional approaches to schizophrenia. The HVM has established Hearing Voices Network (HVN) all over London and a few in the US as well. There are two qualitative differences between Rotenberg's dia-logic therapy and the HVN. First, Rotenberg's psychotherapeutic model retains the hierarchical

patient-doctor model of healing.<sup>6</sup> The Hearing Voices Network (HVN), in contrast, is more democratic. The (HVN) sessions are group-oriented. It is the voice-hearers who say who can and cannot attend meetings.

While the democratic aspect makes the HVN more appealing than Rotenberg's hierarchical dia-logic therapy, Rotenberg's dia-logic therapy offers a more positive schematization of voice-hearing than the HVN. Although HVM advocate for the de-pathologization of voice-hearing, they argue that voice-hearing can usually be traced to a traumatic event or crisis. By placing crisis as cause for voice hearing, the HVM have reconfigured voice hearing causality as pathological. They have stopped 'saying something is wrong with hearing voices,' but they do say that hearing voices arises from a negative external experience internalized. This causality narrative may benefit patients who feel the need to rationalize their experience. But it could also have damning effects. It treats voice-hearers as victims. Rotenberg's method does not seem so concerned about causality. Rather, he is more concerned with recomposing the experience of voice hearing as a positive experience. In this way, he is more 'radical' than the HVM. He assumes that any negative association one has with their 'schizophrenia' will be an impediment to treatment.

In effect, HVM's causality narrative reconfigures hearing-voices through the terms of psychoanalysis's repression theory. Michel Foucault condemns psychoanalysis in the *Order of Things* (a genealogy of Western Thought from classical thought to the human sciences) as the ultimate form of knowledge that will never free the subject from its grasp. As a result, the human becomes an "undoubted and inexhaustible treasure-hoard of experiences and concepts, and above all a perpetual principle of dissatisfaction, of calling into question, of criticism and contestation

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<sup>6</sup> For application of HVM Hornstein, Gail A., *Agnes's Jacket : A Psychologist's Search for the Meanings of Madness*. New York: Rodale : Distributed to the Trade by Macmillan, 2009. See also Romme, M. A. J., & Escher, S. (1993). *Accepting voices*. London: Mind Publications.

of what may seem, in other respects, to be established" (1970, 373). Foucault goes on to connect this discursive formation of the subject to madness: "This is why psychoanalysis finds in that madness par excellence - which psychiatrists term schizophrenia - its intimate, its most invincible torture" (1970, 375). The HVN's recapitulation of "crisis" to rationalize the experience of voice hearing in fact reproduces the "perpetual principle of dissatisfaction" that reforms "schizophrenia" as the "most invincible torture." This leads to the assumption: if one still hears voices then it must be that the crisis has not been fully rooted out. The conceptualization of "crisis" to rationalize voice-hearing gives the HVN that "inexhaustible treasure-ward of experiences and concepts" to never fully accept the voices.

Rotenberg's model of dia-logic therapy does not seek to rationalize voice-hearing. His model truly seeks accepting voices as the primary objective. It never erases madness. It merely embraces madness. In this, there is even a benefit, albeit a problematic one, of Rotenberg's model. Rotenberg has provided a way for both psychologists and their patients to persevere the hierarchical model of psychotherapy, so as not to give the hegemonic structure in the name of reform. I believe that practitioners of psychology and their patients could benefit from incorporating Rotenberg's notion of "dia-logo therapy" so as not to discard the institutionalized psychiatric practice.

Although American scholars for the most part have rejected Rotenberg's work, with the exception of Maurice Friedman, Martin Buber's biographer, his work has steadily gained recognition in Israel and even institutionalized. Since 1970, Rotenberg has taught social work at Hebrew university. In 2006, Rotenberg along with his daughter (also a practicing psychologist) founded the "Rotenberg Center for Jewish Psychology" at Hebrew University. The center currently trains graduates students in the field of Jewish psychology. Most recently, Israel

awarded him the state's highest honor, the "Israeli Prize," for his research in social welfare in 2009.

Institutionalizing the concept of Jewish psychology has been beneficial for Rotenberg. It has given him considerable recognition in the state of Israel, and even some international attention. However, to say that Jewish psychology exists, Rotenberg also had to reductively constitute all of 'Western Psychology' as stemming from a Protestant theory of the self. I agree with the criticism waged against Rotenberg's work that it is over-simplistic. I am not referring to his conception of "Western Psychology," where most critics have faulted him; instead, I find fault with his belief that there exists a pure "Jewish model" of psychology that has been preserved in Hasidism. This belief elides the impact and importance of Poland as the historic breeding ground for Hasidic ideology.<sup>7</sup>

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<sup>7</sup> For a positive review of Rotenberg see: Friedman, Maurice. "Mordechai Rotenberg's Dia-Logo Therapy: a New Approach to Dialogical Psychotherapy." *Journal of Psychology and Judaism*. 21.3 (1998): 201-210. Print. For negative see: Praglin, Laura. "Book Review: Dia-Logo Therapy: Psychonarration and Pardes Mordechai Rotenberg." *The Journal of Religion*. 73.3 (1993). Gilman, Sander L. "Rotenberg's "dialogue with Deviance"." *The Jewish Quarterly Review*. 77.4 (1987): 327-328. Print. Katz, Jack. "[review Of] Damnation and Deviance: the Protestant Ethic and the Spirit of Failure." *The American Journal of Sociology*. 87.3 (1981): 735-738. It should also be noted that Rotenberg is not the only figure that has used Hasidic thought to articulate an alternative mode of psychotherapy. For instance, see Schachter-Shalomi, Z. (1991). *Spiritual intimacy: A study of counseling in Hasidism*. Northvale, N.J: Jason Aronson Inc. Furthermore, there is currently an American movement initiated by practicing psychiatrists to develop a "third way." In Bradley Lewis's *Moving Beyond Prozac, DSM, & the New Psychiatry*, Lewis situates new techniques for what he terms "postpsychiatry" as compatible within Foucauldian logic of "discursive practices" (2006, 59). Lewis suggests that Foucault's theory of discourse is not a "counsel of despair;" rather, it could be interpreted as a "call to action" wherein postpsychiatry can be seen exemplary of discursive practices at work that has created new psychiatric discourse (2006, 59). Essentially, just because the system is broken does not mean it is impossible to fix. Lewis believes that "pragmatic theories of the sign have the most to offer postpsychiatry. Pragmatic approaches bring an ontology of semiotic realism and an epistemology of pluridimensional consequences" (2006, 34). In other words, psychiatry could learn a little something from post-structuralist theorists. Truth is not always found within dominant discourse. Semiotics can help psychiatry move beyond a fixture of truth by allowing "tolerance and flexibility without falling into the anything-goes paralysis of relativity" (2006, 36). Lewis seems anxious to make a similar move to Rotenberg by utilizing discourse to produce alternative discursive subjectivities. However, Lewis is much more conservative. His intervention seeks to work within dominant mode of Western psychology. He wants to preserve a "criteria for making" diagnosis. In this way, Lewis may benefit from Rotenberg's evaluation of psychiatric discourse as a discursive form of predestinal damnation. Rotenberg's intervention is to enable the psychiatrists seeking that "third-way" a logically-illogical alternative. But of course, my intervention for both of these thinkers is to help them realize the genealogy of their ideas.

## **Poland: A Diasporic Home for Jews**

Rotenberg argues that Jewish psychology is based upon Hasidic ethics. How did these ethics come to be? Furthermore, to de-essentialize Jewish psychology, it must be explained why Poland was amenable for Hasidism. In order to understand this, we have to trace the emergence of mysticism as a dominant and pervasive ideology. This will also show how mystical kabbalistic thought constituted a form of madness. In order to demonstrate how practical magic becomes the most prevalent approach to healing in Poland, it must be articulated how mystical thought was popularized. As a result, ideas of madness were reconstituted and reconfigured in discourse. It was through these conditions that enabled the emergence of the role of the Zaddik as an exorcist.

Prior to World War II, Poland was home to largest Jewish population in Eastern Europe. As historian Gershon Hundert explains in *Jews in Poland-Lithuania in the Eighteenth Century*, "Because the ancestors of about 80 percent of world Jewry lived in the Commonwealth of Poland-Lithuania in the eighteenth century, it is they who must be placed at the center of any understanding of the Jewish experience" (2003, 3).

A bit of geographical/historical context might also be beneficial.<sup>8</sup> Due to the expulsions

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<sup>8</sup>The difficulty that goes into assessing Jewish, more specifically, Hasidic history in Poland is that from 1795 till 1918 there was no independent Polish sovereignty to speak of. After 1795, the Polish-Lithuanian Commonwealth was divided amongst three Empires. However, following the Congress of Vienna in 1815, the Russian Empire established the Kingdom of Poland as a semi-autonomous constitutional monarchy. Tsarist official policy towards Poland changes after the first Polish Revolt in 1830. Tsarist officials attempt to russify the region and crack down on Polish nationalism. Russia finally decides to abolish Kingdom of Poland following the Polish revolt of 1862-1863. From 1863-1918, Poland is demarcated into ten Russian provinces, referred to as the Vistula lands in official Tsarist documents. The First World War breaks up the three empires, making it inevitable that Poland would emerge as an independent state. The 1918 geopolitical region of Poland resembles its historical pre-1772 borders. A census in 1921 finds that the total population of Jews by religion in the region totals to 2,855,318. This number grows to 3,113,933 million by 1931. The census also finds that in the region known as the Kingdom of Poland or Central Poland that roughly about 1.3 million Jews live within the major cities. According to the 1931 census, 87.3% of these Jews speak Yiddish. The other 12.7% are split between Hebrew speaking 'Zionists' and Polish speaking integrationists. Historian Ezra Mendelsohn associates speaking Yiddish with "lower middle class and proletarian, and both unassimilated and unacculturated . . . [and] deeply rooted in traditional religious Judaism, whether of the Hasidic or anti-Hasidic variety" (1983, 32). It is also interesting to point out that 4,488 Jews made up 56% of the



of Jews from Western and Central Europe throughout the 15th century, Jews migrate en masse to Eastern Europe, most notably Poland and Lithuania. Beginning with the Spanish expulsion of 1492 till the 1570s, the population of Polish Jewry quadruples in size.<sup>9</sup> Historian Jonathan Israel argues in *European Jewry in the Age of Mercantilism* since Poland was "less developed, and where the great landed magnates wielded undisputed control" Jews enjoyed a "form of economic emancipation" (Israel 1998, 5, 22, 25). Polish Jewry thus thrives in this environment. Poland thereby becomes home to largest Jewish community in the world as a result of the expulsions of in 1492 till the period of the Great Migrations during the 1870s.<sup>10</sup>

Prior to the emergence of the nation-state, Jewish residency was not considered a political or civil right. Instead, Jews often would meet with the local king or ruler and had to negotiate the terms of residency. Right of residency within European principalities was granted through "royal charters," which would feature privileges and rights granted by the king (2004, 12). In Poland, Jews were granted "not only residential and occupational rights but also a kind of autonomy that in some ways approached self-government" (2004, 12). As a result, Polish Jewry thrived as an autonomous community developing "the most elaborate and ramified institutional structures in European Jewish history: from artisan guilds and voluntary societies, communal governments,

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doctors practicing medicine in Poland in 1931.

<sup>9</sup> According to Israel, this "rejection of Jews and Judaism coincided with . . . a deeper Christian involvement in Hebrew and Hebrew literature than had ever been seen previously" (1998, 5).

<sup>10</sup> Many historians have argued why Poland, as opposed to other European states, was hospitable for Jews. Prior to the dismantling of the Polish-Lithuanian Commonwealth starting with Russia's annexation in 1772 and subsequently in 1792 and 1795 with Prussia and the Austro-Hungarian Empires partitioning Poland, there existed "relatively peaceful co-existence of [religious] confessions, parliamentary political life and republican citizenship" (2008, xv). Before the secularization of the nation-state, non-Christian subjects were required to claim a confession or 'religion' for tax purposes. Confessions had a different juridical status than our contemporary understanding of modern religious identity. The juridical status of a confessional identity was to distinguish the subject from regime's dominant creed. The Polish-Lithuania Commonwealth differed from other Western European states. Whereas other European regimes set limitations on the amount of Jews that could reside within the geopolitical region, Poland remained relatively hospitable to confessional Jews. Poland's relative tolerance towards confessions enabled Poland to remain a home for the majority of the world's Jewry well into the 19th century. Hundert even goes so far as to say that, "both Polish Jews and their Christian neighbors shared the sense that Jews were permanently settled in the land," causing many Jews to view "their residence as divinely ordained" (2004, 8-9).

and regional assemblies to a national council or parliament called the Council of four Lands" (2004, 12-13). The luxury of autonomous governmentality in the Polish-Lithuanian Commonwealth constitutes new forms of Jewish social hierarchy and communal structures. It is this period that scholars, like Jonathan Israel, see as the peak of Jewish civilization. It is also this period wherein a Judaic-renaissance takes place in the form of the proliferation of Jewish mysticism.

The emergence and persistence of mysticism in Poland provides the breeding ground for the zaddik to become Jewish society's healer. Although practical magic was an omnipresent European phenomenon, historian Yohanan Petrovsky-Shtern cites famed medical doctor Tobias Cohen's (1652-1729) observation "that amulets, practical Kabbalah, and magic were nowhere as popular as in his contemporary Poland" (2011, 15). One notable aspect of this explosion of magical remedies was the discourse on the treatment of demons. Demon possession in Poland, according to historian Glenn Dynner in *Men of Silk*, was considered the "premier mental health issue of the day" (2008, 142). While demonic possession dates back to the Greco-Roman period, there appears a notable shift on the discourse on demonology during this period. In *Between Two Worlds*, Historian Chajes distinguishes antiquity's iteration of demonology from the medieval period. Chajes explains that from the 16th-17th centuries Europe saw a "proliferation of witchcraft accusations and cases of spirit possession" (2011, 4). Most European texts theorized demonic possession as resulting from Satan's desire to "achieve the spiritual overthrow of the person possessed and of those who witnessed or were forced to live with the phenomenon" (1999, 43).

The sudden appearance of demonic possession was constitutive with the proliferation of the occult sciences (Maxwell-Stuart 1999, 1-3). Throughout Europe, the occult sciences "became

a notable feature of intellectual debate" (Maxwell-Stuart 1999, 1). It would be anachronistic to treat the proliferation of discourses during this period as restricted to superstitious thought. Rather, these writings reflect an intellectual preoccupation with "the study of nature and of the soul's relationship with God" (Maxwell-Stuart 1999, 1). In effect, the study of Jewish mysticism was reflective of the shift in religious discourse occurring throughout Europe. It was in this environment that Jewish mystical thought becomes synonymous with the practice of magical healing. As a result, the practice of exorcism within the Jewish community becomes more commonplace from the 16th through the 19th centuries (Chajes 2011; Nagel 1994; Dynner 2008).

Due to the popularization of Kabbalistic thought during the 16th-17th centuries practical healing emerges. However, Jewish mystical thought, or Kabbalism, predates this period. It would be incorrect to gloss over the disunity and discontinuity between the "elaborate, abstruse and difficult speculations" found in the "philosophical-mystical systems" of early Kabbalist thought and the popular notions of Kabbalah that informs the practice of magical healing (2004, 137). Kabbalistic thought is refracted through its popularization. Whereas access to the Kabbalistic literature was reserved for the elite, Hundert claims, "the printing press facilitated the spread of knowledge of Kabbalah" (2004, 119). Hundert further demonstrates that popularization was possible since a significant number of these Kabbalistic texts were "essentially inexpensive pamphlets written in accessible language" (2004, 120).

Thus, it is important to stress what emerged during this period is a discursive formation of Kabbalistic knowledge that paves the way for the proliferation of mystical thought as well as social roles amongst Polish Jewry. Specifically, the popularization of Kabbalistic thought led to a hierarchical shift within Jewish society: "Kabbalists took their place along Talmudic scholars,

equally worthy of respect and equally entitled to public support" (2004, 120). Several types of mystics are constituted as a result: the "hassidim" who were "eremitic, ascetic pietists who devoted themselves to the study of esoteric doctrine" (2004, 120) and the "ba'alei shem" whom functioned as itinerant "shamanlike figures . . . along a figurative cusp between mysticism and magic" (2004, 142).<sup>11</sup> In effect, the proliferation of mystical thought is constitutive with the emergence of religious mystics and magical healers.

These magical healers went by the interchangeable title "Ba'al Shem or Ba'al Shem Tov" to refer to their ability of knowing "the secret names of God," which enabled them to "manipulate" the divine to serve desires of the *ba'al shem* and his motley clientele (2004, 143, fn. 40). Among other magical capabilities, a ba'al shem often performed the role of a "healer who knew the power of certain herbs and plants" (2004, 143). These practical Kabbalists "acted as a magician and hypnotists, but also a therapist, pediatrician, urologist, obstetrician, psychiatrist, homeopathy, parapsychologist, and family doctor" (2011, 15). Nevertheless, It would be incorrect to equate being a ba'al shem with having a specialized occupation. Although there were persons who were exclusively ba'alei shem, the practice of dybbuk-exorcism, for instance, was "actively or passively" performed by the practical kabbalists as well as rabbis and community leaders (Nagel 1994, 112). As a result, Jewish society develops a form of 'talk-therapy,' otherwise known as exorcism, in which practitioners of magical healing engage in dialogue with the dybbuk so as to convince him (in every case the demon was portrayed as masculine) to leave

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<sup>11</sup> The Kabbalist Hassidim differs greatly from the future Beshtian Hasidism. Whereas the Kabbalist Hassidim would remove themselves from the community, the Beshtian Hasidim or Zaddiks argued that they had an obligation as "his community's benefactor" since the mystical Zaddik "sustained the lower worlds by infusing them with divine vitality" (2008, 7). In Hasidic literature, it was reasoned that the zaddikim as mystics could no longer extricate themselves from Jewish society for a life of piety. They had a duty to act as a medium between the divine and the masses. Hagiographical Hasidic literature attributes this idea to the Ba'al Shem Tov, also known as Israel Ben Eli'ezer, who is widely considered the father of the Hasidic movement.

the body. It is this type of healing schematizes madness as externalized-ephemeral rather than an internalized-perennial.

### **Dybbuks: Literary myth, social illness, or resistance?**

Historians have not come to a consensus as to whether dybbuks should be regarded as a form of psychiatric disorder or as a cultural phenomena related to power struggles. Although I see the merit in both views, for my purposes I position the constitution of dybbuks as part of a de-institutionalized order within Polish Jewish society that enables a hierarchatized healing practice for the Jewish mystical elite.

The historical interest in the dybbuk phenomenon relates to its sudden emergence. Hundert, for instance, contends that within the European fervor of magical healing practices, "Jewish culture also produced its own forms of psychopathology, most notoriously the dibbuk [sic], a form of possession in which a foreign spirit inhabits someone's body" (2004, 143). Hundert construes the phenomenon as a psychiatric disorder, one that emerges alongside the proliferation of demonic-possession literature.

However, historians of dybbuk all agree it would be incorrect to lump the formulation of a dybbuk with the Christian articulation of demon possession. As Chajes explains, "the construction of spirit possession in Jewish culture had changed radically since antiquity. *Gilgul*, or reincarnation, had become a central concern of Jewish thinkers by the sixteenth century, and deeply penetrated the communal psyche. The possessor was no longer a demon . . . but a ghost, the soul of a deceased human being" (2011, 4). Chajes suggests that the Jewish thought did not conceive the dybbuk as a demonic spirit as Christian society, but as the soul of human being. However, this lost soul was lost because he was rejected from hell and by heaven, and thus

wandered the earth until finding a human body to possess. This constitution of dybbuk as a human being led to the prescription for modes of talk therapy to exorcise the spirit. Methods include negotiation, prayer, argumentation, and bargaining with the dybbuk to leave the body. From this perspective, the dybbuk resembles a mental illness that could be treated.

Historian Rachel Elijor has challenged the scholarship that treats the state of "dybbuk" as a form of mental illness. While scholars agree that dybbuk possession manifests itself through behaviors associated with mental illness, Elijor, for instance, argues that dybbuk possession functioned "as an escape route from marital bonds that had been imposed against the will of the interested parties. In the absence of any other way to resist the force of the hegemonic power structure, the dybbuk allowed for the expression of such resistance, represented by the loss of control over one's mind and body" (2008, 57). Elijor places the dybbuk in the domain of women's defiance of the patriarchal order. For Elijor, demon-possession functioned as a form of gender-empowerment in order to resist unwanted marriages.<sup>12</sup>

I do not disagree with Elijor's assessment. It very may well be the case that women were performing demonic-possession as a way of resistance. However, I think it is important to distinguish dybbuk as it was conceived before and after Hasidism.

Contemporary historians of Hasidim often feel compelled to point out that the founder of

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<sup>12</sup> H. J. Zimmels' *Magicians Theologians and Doctors* sketches roughly the shifting Rabbinical views towards medicine practiced by and for Jews from 12th-19th centuries. This passage has a footnote that claims the "frequency of mental diseases among Jews increases after their emancipation" (234 FN172). While this is factually misleading since emancipation did not occur all at once in any given place: in France till 1790-1, Germany's partial emancipation 1806 and full 1871, Russia's partial emancipation in 1862 and full in 1917, the fact that its occurrence was noticeably more frequent is worth further examination. Zimmels continues: "One of the most striking features connected with this branch [Mental Disturbances and Disease] of pathology is that references to cases of mental disease, which appeared only in the Responsa only sporadically up to the 17th century, occur very frequently from that time onward. We see special homes established for the care of the sick. The mental diseases mentioned in the Responsa are melancholia, mania, megalomania, hysteria, and imbecility. The treatment of patients, however, as far as it was not carried out in the asylums, belonged mostly to folk-medicine. Most of the cases are mentioned in connexion [sic] with matrimonial suits" (111). Zimmels does not refer to dybbuks here. However, the reference to matrimonial suits as related to most cases of madness may refer to dybbuks. See section: "Dybbuks, Illness, and Madness" on Rachel Elijor's analysis of dybbuks.

the Hasidic movement, the Baal Shem Tov or Besht, was a healer by trade. Historian Murray Rosman deconstructs the popular understanding of the Besht in his essay, "Miedzyboz and Rabbi Israel Baal Shem Tov." In it, Rosman provides compelling evidence from Polish correspondences and local records that the figure identified as the leader of the Hasidic movement had more in common with the ba'alei shem, kabbalist healers, than the future leaders of the Hasidic movement.

The Ba'al Shem Tov lived from roughly 1698-1760. According to legal records, the Besht served as the local Jewish government's "kabbalist" in Miedzyboz from 1740-1760. Rosman further argues, "After twenty years in the city, The Baal Shem had acquired a measure of respect and standing in Polish eyes. They already knew that, in addition to being a kabbalist (and probably, as they must have believed, *because* he was a mystic), he was also a healer, someone to whom even Christians went for his services . . . His reputation, at least among Poles, was based on his medicinal work" (Reprinted 1987, 1991, 218). The Besht as a miracle worker and as a religious figure played an important role in Hasidic literature long after the Besht's death. For the future Zaddikim, this incorporation of practical magic with Jewish spirituality becomes vital for the emerging structure of Hasidism. Miracle work becomes a key strategy for a future cadre of mystics to recruit followers. Within Beshtian Hasidism, the future Hasidic leaders merge the figures of mystic and practical magician.

Thus, from the mid-eighteenth century to the mid-nineteenth century, the future leaders of Hasidim incorporated Beshtian exorcism into their miracle performances as part of their recruitment tactics. In particular, Dynner argues that the exorcism of dybbuks was a "principle function of ba'alei shem and zaddikim" (2008, 143). As miracle workers, the zaddikim differed in that preferred "theurgical prayer over more blatant magical practices" (2008, 140). Moreover,

when Polish authorities started cracking down on miracle workers, the ba'alei shem were easier to adjudicate than the zaddikim, since the zaddikim were more discreet. Dynner explains that, "The Polish authorities, like their Russian counterparts, were more interested in apprehending those they considered sorcerers than the victims of possession, who they viewed in light of the emerging field of psychiatry" (2008, 146). When Jews and gentiles would seek an exorcist, ba'alei shem ended up as more visible because they would answer the summons while the zaddik would remain at his "court" (2008, 95).

However, one practice the zaddikim interestingly adopts is the *pidyon* or redemption fee paid to the ba'alei shem as compensation for their services rendered. This *pidyon* was considered customary obligation. This model of fee-for-service relegated the pre-hasidic exorcist to the hired-healer, rather than the omniscient physician. The zaddikim institutionalized *pidyon* for all services rendered, not just exorcisms, which Dynner argues becomes the basis of financing their "courts" (2008, 95). This shift made folk religion "more palatable to fellow elites, particularly those expose to the waves of science and Enlightenment" (2008, 140). Specifically, the *pidyon* fee made wealthy Polish merchants feel intangibly connected to the zaddik's spiritual prowess since *pidyon* provided a means for the rising Jewish bourgeoisie in Poland a way to assert themselves as part of the Jewish social aristocracy within a larger society that did not provide a way for them to demonstrate their newly accumulated wealth.

Outwardly, the use of exorcism as treatment made zaddikim appear indistinguishable from the ba'alei shem. However, the zaddikim differed since they claimed "prophetic powers" whereas ba'alei shem "relied on books of charms" (2008, 142). By the mid-19th century, the ba'alei shem no longer possessed the social status they once had. In contrast, thanks to the zaddikim's "discreetness . . . and effective patronage network," Polish authorities used "prudent



methods" to try to stop these Jewish sorcerers.

Literary historian Gedalyah Nigal in *The Hasidic Tale* similarly finds a distinction of medicine from exorcism within Hasidic narratives. Specifically, "Among the abilities with which the Hasidic story credits the tsadik [zaddik] is the power to heal the sick, and to restore to life people presumed to be dead. The enmity between professional non-Jewish physicians and the tsadikim, whom they regarded as no better than witch doctors, is evidenced in many Hasidic stories" (2008, 172). The Besht most vehemently expresses this attitude. However, later Hasidic stories indicate amenability towards accredited physicians. For instance, "Tsadikim [zaddikim] did not all hold the same attitude to physicians; the attitudes expressed in the stories range from total repudiation to outright admiration" (2008, 177). These shifting attitudes towards physicians during the early period of Hasidism are best expressed by R. Dov Baer, the Maggid of Mezirech who tells a patient, "It is not the medicine that the doctors prescribe that heal the patient, rather, the doctors themselves cure, for each doctor has a different *mazal* [literally, 'luck', 'fortune'] who are the angels responsible for medicine" (2008, 177-178).

In contrast, the shifting and conflicting Hasidic attitudes toward medicine and non-Jewish physicians are not expressed in relation to the topic of dybbuk. It was not yet a domain of healing that was being challenged. Hasidic stories of dybbuk possession instead are concerned with extolling the zaddik's prowess. Nigal's *Magic, Mysticism, and Hasidism* confirms this assessment in examining a shift in a style of writing from the exorcisms of the early Ba'al shem to the Hasidic. Within Hasidism, "dybbuk literature belongs to the didactic class of writing" (1994, 69). The accounts of Hasidic exorcisms differed from the ba'alei shem by shifting "the center of gravity . . . to the personality of the exorcist, meaning, the saintly hasidic rabbi--the tzaddik" (1994, 69). These accounts are only found within "anthologies of Hasidic tales" in order

to feature "miracle[s]" performed by the zaddik. Interestingly, Nigal explains writings on Hasidic exorcisms lacked "essential details, and some are presented in truncated form" (1994, 69). Deemphasizing the practice of Hasidic exorcisms from these anthologies suggests a reticence. As these writings were compiled posthumously by the future cadre of Hasidic proselytizers, it is possible to read into this 'de-emphasis' as a shying away from endorsing the belief in dybbuks. We can speculate that the emergence of modern field of professionalized and institutionalized medicine may be attributable to this shift.

Dybbuk possession was not classified as a form of illness. Rather it was a spiritual phenomenon that could be rectified through prayer. Nevertheless, the act of seeking restoration of the patient's mental faculties suggests that demonic-possession was a form of spiritual-pathology. This distinction between the rational versus the irrational was not problematized in the same way that physical illness was. However, both illness and dybbuk were utilized in Hasidic discourse to make the zaddik appear as endowed with mystical powers. The legends of the Besht and the zaddikim become a vital recruitment strategy. Beshtian Hasidism thus incorporates a series of healing practices that shift away from popular medicine and imbues the power of healing not within the medicine itself but within the healer. This strategy creates a major shift in the role of the healer within Polish Jewish society. This shift places healing within the capacity of the professional spiritual leader and takes it out of the hands of medicine.

The ba'alei shem-exorcist to dybbuk-possessed relation emerges as dialogic exorcism. The dialogic practice of exorcism is a product of the marginally hierarchical doctor-patient relation. At this point, Rotenberg's formulation of the "I-thou" in 'Jewish psychology' begins to take form. The "I-thou" is thus not an idealized form of collectivism. Instead, it results from the professionalization of the spiritual healer who Hasidic discourse conceives as possessing

*“mazel.”*

### **The art of healing: Paracelsus, Madness, and the Hospital**

Many historians treat Jewish exorcism as distinct from Christian exorcism. Petrovsky-Shtern's archival research disproves that contention. Petrovsky-Shtern's excellent paper, "Practical Kabbalah and Natural Medicine in the Polish-Lithuanian Commonwealth 1690-1750," argues, "Catholic, Russian Orthodox, and Jewish paramedics created a shared culture based on the medicine and alchemy of Paracelsus" (2011, 14). According to Petrovsky-Shtern, "Paracelsus (Philip von Hohenheim, 1493-1541) was an eccentric, eclectic, groundbreaking thinker who prefigured what is today known as alternative medicine, homeopathy, biochemistry, shock medicine" (2011, 29).

Paracelsus is important for this paper since this 16<sup>th</sup> century thinker "shaped most popular Polish books on natural medicine" well into the 18th century (2011, 31). In fact, Paracelsian iatrochemistry "was much better received in Poland than elsewhere in Europe" (2011, 30). Furthermore, both Jewish and Polish healers substantiated medicinal methodologies within a Paracelsian discourse. Thus, "Paracelsus emerges as a common source of both Polish and Jewish Healers: ba'alei shem, barbers, paramedics, and medical doctors. Catholic, Russian Orthodox, and Jews drew heavily from handwritten, printed, and oral sources stemming from iatrochemistry" (32).

Part of the Paracelsian intervention was to provide a rational basis for employing medical remedies for illness within a Judeo-Christian God-centered world. How could you justify prescribing medication to a sick person, if your Godhead brought about your illness? This notion was outright rejected by Paracelsus. Paracelsus applied the neo-platonic theory of microcosm and macrocosm to the subject of medicine. This theory enables a schematization of health

whereby the physician can use natural resources for medical treatment. Paracelsus, using a method of circular reasoning, presents the theory of microcosm and macrocosm as

"[things] are in the human being in the same way that they are outside, intangibly, as if one were looking at oneself in a mirror . . . the physician must bear a precise knowledge of the human being within him, extracted from the mirror of the four elements; [for] the latter present to him the entire *microcosmus* in such a way that [the physician] can see through it, as if [recognizing] an enclosed transparent gelatin in a glass" (2009, 112).

The entire universe was contained within the human body. It is the physicians job to be able to see the analogous parts and prescribe treatment accordingly. Paracelsian discourse constitutes the age of resemblance in which like cures like. Further, since the body is a microcosm of the world, Paracelsus argues that nature will teach the physician how to restore the human body to health.

Petrovsky-Shtern articulates that the shared medicinal knowledge was due in part to the headquarters of iatrochemistry: the pharmacy. The pharmacy in Eastern Europe was an "institutional accessible to many and known to all" (2011 33). Petrovsky-Shtern deduces this from popular Kabbalist healing books that contained medicinal healing recipes that referred readers to a pharmacy or pharmacist. Similarly, Polish medical books would also tell patients that they could find such and such ingredient at their local pharmacy. Thus, this institution, which was accessible by Jews and non-Jews alike, reflected a shared site where Polish practical magicians could exchange knowledge of remedies based on Paracelsian iatrochemistry.

Petrovsky-Shtern contends that Enlightenment thought crusaded against the practice of folk medicine, thus ending the pervasiveness of practical magic. "Soon, paramedics, ba'alei shem, and the entire realm of producers and consumers of natural medicine were relegated to the darkest corners of society, where the light of the new rational medicine had not yet penetrated" (2011, 41). Even Hasidic leaders rejected the practice of iatrochemistry: "The rise and spread of Hasidism further undercut the medical-mystical fusion of the ba'alei shem. While Moses Hayyim

Efraim from Sudilkov, the grandson of the Ba'al Shem Tov, did depict various magical practices that bore a resemblance to those of the early eighteenth-century ba'alei shem, he avoided any medical references. The Ba'al Shem Tov, for his part, departed from the *modus vivendi* described earlier and treated doctors with open scorn, at least according to the redactors of his Hebrew and Yiddish Hagiography published in 1814/1815" (2011, 42). Nevertheless, Petrovsky-Shtern finds evidence that "popular medicine and practical Kabbalah continued to coexist" despite the fact that "enlightened medical knowledge marginalized Slavic and Judaic shamanism and popular healing in general" (2011, 42-43).

Piggybacking off of Petrovsky-Shtern's archival research, can we further deduce any other Paracelsian influences on the medical field, besides the pharmacy? How about Paracelsus's schematization of madness? To answer this, I want to examine how was madness constituted in Polish-Lithuanian commonwealth from the 16<sup>th</sup>-18<sup>th</sup> centuries. Little is known about the Polish constitution of madness. Scholars of Jewish history and scholars of madness have regrettably ignored Poland as a research site to study the genealogy of madness. The lack of scholarship on this issue prevents any definitive conclusions.

Additionally, post-structuralist critical theorist Michel Foucault has unfortunately neglected Poland in writing about European "western" civilization. This is due to a fundamental east/west ideological divide within Europe that persists in academic scholarship as a way of demarcating Slavic history from the totality of "Western" European history. The inherent assumption of the east/west divide is that somewhere geographically, Poland for instance, Europe stops being "western" and becomes "eastern." If there were no exchange of ideas across Europe, this division might make sense. However, Poland's history makes that claim untenable. "Western" ideological influences bled into Poland's discursive framework.

Still, Foucault's analysis of madness is useful to situate the discursive formation of madness within Polish history. According to Foucault's essay "Mental Illness and Psychology", "Generally speaking, madness was allowed free reign; it circulated throughout society, it formed part of the background and language of everyday life, it was for everyone an everyday experience that one sought neither to exalt nor to control . . . Up to about 1650, Western culture was strangely hospitable to these forms of experience" (1962, 67). Then, Foucault declares, "a sudden change took place: the world of madness was to become the world of exclusion" (1962, 67). The great internment thus takes place whereby institutions were established for the sole purpose of housing the mad. The great interment begins the history of madness and the institutionalization of the mad subject.

In contrast, the Polish-Lithuanian commonwealth did not follow a similar trajectory. From the early 16<sup>th</sup> century till the 18<sup>th</sup> century, the Polish constitution of 1638 proscribed legal limitations for persons deemed mentally ill. According to Dorota Mazek's essay, "The Warship of the Mentally Ill in the Polish-Lithuanian Commonwealth in the Second half of the 18<sup>th</sup> C." "a psychological or physical defect was considered to be a basic obstacle in public life . . . Mentally ill persons could not independently appear before offices and courts of law. They could not be witnesses, e.g. to making a will . . . and being in tutelage themselves, they could not be guardians or curators" (2001, 97). However, madness was not seen as something permanent. In terms of property rights, Polish law would restore property back to the mad subject if he recovered his senses. In effect, "a mad person who recovered his senses was automatically treated like the rest of society" (2001, 98). If person once made recovers his senses and commits a crime, "he did so consciously and had to be duly punished" (2001, 98).

The application of juridical madness is relatively sparse. Mazek explores the "process of

wardship-granting” as the only legal representation of madness in the Polish-Lithuanian commonwealth. In the instance when a subject was believed to be unable to “control himself, and above all control his property” close relatives or friends would submit a request to the Royal Chancery to act as the mentally ill’s guardian (2001, 102). In many cases, the wife or sister of the mad subject would make a formal request to transfer over his legal property rights. In this instance, madness was equated with economic factors that were endangering the family’s property. Madness was equated with thriftlessness. Once granted guardianship the law prescribed the following “to administer the sick person’s property, to care for it and defend until the mad person’s recovery, to ensure to him a respectable living and take care of his eventual treatment” (2001, 106).

This juridical understanding of madness in effect did not treat the mad subject as ‘predestinably damned.’ Instead, it provided legal recourse for the mad subject to recover his senses. Furthermore, madness did not automatically lead to confinement. As Mazek explains, “It was not customary to send mad people to hospitals” (2001, 108). However, this does not mean mad subjects were not sent to asylums. Mazek hints to the “lunatic asylums,” which did exist in larger towns and would house “poorer” mad subjects and not the “gentlemen” (2001, 108). However, Mazek provides no further information about these asylums.

Wladyslaw Roczniak’s *A History of Hospitals of Pre-Modern Poland from the Twelfth through the Eighteenth Centuries* provides a historical record of the hospitalization of the mentally ill, thus debunking Mazek’s argument. Currently, this is the only text I have been able to find that discusses the history of hospitals in Poland.

Roczniak’s describes the hospitals in Poland as primarily concerned with the confinement of society’s deviance. These institutions were reserved for the poor, orphaned, widows, old folks,

and the mentally ill. As such, “Early Polish hospitals should not therefore be understood as places designed only for the care and treatment of the sick” (2009, 103). A more fitting term for these institutions would therefore be “shelter” or the Greek term *xenodochia*, meaning receptacle for strangers (2009, 104). As such, the bodies housed in these institutions cannot be called patients. Instead of “patient,” Rocznik finds the term “inmate” more appropriate (2009, 32). Their confinement was not for the purposes of healing. Rather, these bodies were viewed as “objects either of societal fear and concern, or of spiritual mercy that propelled others (those who gave alms) to heaven” (2009, 274). The singular focus of spiritual treatment came as a result of the Catholic Church’s takeover of hospital administration.

Rocznik illustrates that these institutions have existed since the 12<sup>th</sup> century. However, these hospitals did not become specialized till the 16<sup>th</sup> century. Rocznik cites two institutions that were established specifically for the mentally ill. The first was St. Fabian and St. Sebastian Martyrs founded in 1534. This hospital was built and paid for by the citizens of Krakow. It cannot be said to have been maintained properly since it all but disappeared by the mid-17<sup>th</sup> century. Nevertheless, several new hospitals for the mentally ill emerge within the Polish-Lithuanian Commonwealth during the early 17<sup>th</sup> century. First, in 1635 the Bishop of Wilno established a hospital for the mentally ill in Wilno, which is today Vilnius the capital of Lithuania. Then in 1650 Boguslaw Leszczynski, a Polish Magnate and politician, erected a small hospital for the mentally ill on his estate of Leszno near Warsaw. And in 1679, Bishop Andrzej Trzebicki in the last years of his life left a substantial portion of his wealth to fund and acquire a hospital for the mentally ill in Krakow (2009, 127-128, 283-287). These hospitals of course were not the only ones to house the mentally ill. They were the only ones that specialized in confining the mentally ill.



According to Rocznik, the experience and treatment of the mentally ill was not exceptionally distinct from the rest of Western Europe.

“Next to attempts to understand their affliction and to provide these unfortunates shelter and sustenance, there also proliferated rather less enlightened means of dealing with, and controlling, the mentally challenged. In some hospitals, Warsaw’s Baby Jesus being just one, the insane were held in tiny, poorly ventilated cells. Even in 1758, they were to be subject to behavioral penalties ranging from the withholding of food to corporal punishment, and, in most pronounced cases, to being bound and chained. In Warsaw’s Bonifratri hospital, as part of the Easter celebrations, people from the street were invited into the institution to enjoy the sights and peculiarities of the mentally ill in a sort of an organized holiday freak show” (2009, 73).<sup>13</sup>

The institutional framework of the mental health hospital here appears full of poor, sick subjects construed as predestinably damned. The Church’s position clearly is that there is nothing to be done except quarantine and soul redemption.

On the subject of Jewish hospitals, Rocznik notes that although Jewish hospitals “were latecomers to the Polish hospital scene,” Polish Jewry also participated in establishing their own centers of confinement from the “seventeenth century onwards” (2009, 167). Most do not survive. As a result, Rocznik is silent about the composition and experience of these sparse Polish Jewish hospitals. The only records known about these centers were found from archival notes.

Rocznik’s archaeological examination of Polish hospitals reveals that Poland did in fact participate in the “great confinement” of the mad during the mid-17<sup>th</sup> century at about roughly the same time as the rest of Western Europe. If the policy towards madness was institutional

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<sup>13</sup> From 1863-1921, the history of Hasidism and practical magic becomes faint. This has been extraordinarily difficult for my research because it is precisely during this period that the discipline of psychiatry emerges in Poland. Furthermore, evidence shows that mental asylums emerged throughout Central and Eastern Europe. A mental asylum, for instance, opened in 1830 in Leubus, Silesia, today Lubiaz, Poland. Professor of psychiatry, Heinrich Neumann, published his dissertation on Silesian mental asylums in 1848, which discussed his experience running the Lubiaz Mental Asylum. Neumann was instrumental in leading the charge to establish psychiatry as a discipline of study in Breslau and became the director of the first Clinic of Psychiatry of the Medical faculty in Breslau, Germany in 1876. Today city of Breslau goes by name Wroclaw, which resides in Poland. In fact, prior to the Prussian Empire's annexation, Wroclaw was a part of Poland. While a considerable number of Jews were patients and subjects of study at Lubiaz, historians of Hasidism have not explored the effects that these institutions had on the Zaddikim

confinement, why does Mazek argue otherwise? Further, if archival evidence demonstrates that the mentally ill were not allowed free reign, then how could Polish magnates apply for wardship? It appears that an explanation for Mazek's and Rocznik's contrasting portrayals of the mentally ill is needed.

The law concerning wardship-granting was reserved for the *szlachta*, or the Polish elite. This law enabled the wives or other female relatives of Polish Magnates special provisions to secure their wealth and property when madness appeared. In effect, wardship-granting enabled elite women to protect their estates when madness emerged within male *szlachta*. The mad poor were not so lucky. Their presence posed a social threat. As a result, they were confined within the same institutions that housed the rest of deviant society: the sick, the elderly, the poor, and the unwanted children. However, due to the limitation of funds, it was not possible to confine all of the mentally ill. The misappropriation of funds and the depletion of the economy due to the Thirty Years War, the Great Deluge, and the Cossack Massacres, made it impossible to provide enough funds so that the hospital could serve as the great center of confinement.

Furthermore, it must be explained how magical healing practices were able to thrive in the Polish-Lithuanian commonwealth. Rocznik first explains that these institutions did not have resident physicians. Specifically, "many hospitals, even those located in the cities, never acquired the services of a trained medical doctor and throughout their existence" (2008, 145). The hospital therefore was not used as a site for physical healing, only for spiritual redemption. The integration of healing and the hospital would not occur until the 19th century when in 1804, the Baby Jesus Hospital in Warsaw was the first hospital in Poland to employ a full-time medical doctor.

Roczniak attributes this delay to the partitions of Poland. However, it would be a mistake to assume Poland willingly accepted the imperial takeover. Instead "patriots within all the strata of Polish society, realizing the peril of the situation, redoubled their efforts on the literary, intellectual, and political fronts" (2009, 257). Part of this cultural revolution was made in the attempt to reform the hospitals. Specifically, in 1758, a move to place charitable institutions within the administration of governmental control was proposed. The first step was to build a General Hospital in Warsaw that would eventually oversee all other hospitals within the capital "under an Administrative Commission" (2009, 258). The General Hospital of Warsaw was to have "an attached medical doctor," "a secular clerk," and "all the members of the staff were to be paid a fair salary for their work" (2009, 259). Roczniak interprets these proposals as a move to secularize the hospital, which would have constituted the hospital as a "modern expression of social care institution to combat the consequences of poverty" (2008, 259). Additionally, it would have integrated healthcare with the hospital. The project failed in 1761. The Royal Sejm (parliament) tried again in 1768 by taking away the church's authority over the hospitals and put hospitals instead "under government appointed *Boni Ordinis* Commissions (*Komisja Dobrego Prozadku*)" (2009, 261). This too failed. The Church fought these reforms and won.

In 1784, the reformers attempted a different strategy. This time they tried to professionalize healing. In particular, a manifesto issued by the Grand Marshal of Lithuania (Wladyslaw Gurowski) to restrict the practice of healing to trained professionals led to the establishment of a "medical commission made up of seven distinguished professionals" (2009, 265). In order to practice, the physician was required to demonstrate medical expertise to this medical commission; upon completion, the physician would be awarded a diploma certifying his exclusive right to practice. However, this new requirement was largely ineffective in preventing

the practice of "popular znachor and felczer charlatans who roamed the economically and culturally depressed countryside offering miracle cures to the unwary" (2009, 265). The great irony occurs when parliament decides to replace all of the municipal hospitals with the "Civil-Military Commissions in 1789 and the Police Commissions of Both Nations in 1791," which are under the control of the church and are not to function as sites of institutionalized medicine but as "places of charity and care" (2009, 265).

Without the constraints of institutionalized healing, the relationship between the patient and physician emerges as dialogic rather than dialectic. The hierarchization of healing practices could have developed in Poland. From archival research, Polish society appears favorable towards the institutionalization of deviance. It was happy to lock up its poor, sick, elderly, and mentally ill, within the charitable institutions of the religious functionaries. However, the Polish nobility did campaign to secularize the hospital so as to institutionalize it as a site for physical healing, rather than site for religious inculcation. Their battle was lost. The absence of a merger between healing practices and the hospital delays the birth of the clinic in the Polish-Lithuanian commonwealth. It is from this lack of institutionalization that practical magic as healing thrives.

It is within this positive environment towards practical magic that Hasidic culture could emerge. Interestingly, Glenn Dynner dates the Hasidic conquest of Polish Jewish society from 1758-1815, which roughly marks the period when the Besthian disciples spread all throughout Poland and are able recruit huge followings (2009, 1-43). Without institutionalized sites for healing, Jewish society turned to the mystical elites who claimed to possess healing powers to cure their ailments. Since the possessed-patient has not been relegated to the hospital, the ba'al shem does not possess control over the patient's confinement. Thus, it is from this somewhat balanced relation of the mentally ill subject to the marginally hierarchical exorcist-healer that

Hasidic culture produces a discourse of relations that simultaneously appears egalitarian but in practice is hegemonic. It is this hegemonic relation that Rotenberg interprets as an act of *tzitzum* or contraction, which in fact emerged as a strategy to assert hegemony. The zaddikim thereby professionalized spiritual healing. Thus, mystical dia-logic therapy, which Rotenberg believes represents an essence of Jewish psychology, was able to become the dominant healing practice of Polish Jewry.

### **Madness outside the Madhouse**

We have just presented two conflicting representations of Poland's treatment of madness. But how was it understood? How was it defined? Rocznik is silent on this subject. It is clear now that deviance was not allowed free reign. The Polish-Lithuanian commonwealth participated in the great confinement, as did the rest of Europe. Nevertheless, Mazek's article suggests that there existed an alternative understanding of madness utilized by the elite for special privileges. By articulating the discursive formation of madness that enabled the mad elite to preserve their noble status, perhaps we can illustrate an understanding of madness that was similarly adopted by the zaddikim, Jewish society's mystical elite.

In the *History of Madness*, Foucault attributes Paracelsus's taxonomy of madness as one of the earliest of classical thought. Foucault admits that Paracelsus discourse on madness was "influential" (2006, 190).<sup>14</sup> Foucault even remarks that Paracelsian "classification had an

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<sup>14</sup> Additionally, in Foucault's *The Order of Things* he attributes the "age of resemblance" to Paracelsus's work on similitudes. He argues that the "Cartesian critique" of resemblance destroyed the "circular forms in which similitude was enclosed . . . so that the table of identities could be unfolded" (217). Basically the Cartesian critique argues that Paracelsian similitude is faulty for it depends on circular reasoning. Descartes replaces this mode of thinking with deductive reasoning, "All A is B, All of B is C, therefore All of A is C." And of course, deductive reasoning cannot exist without "intuition" (51). Cartesian logic of "order" is thus established. And it is from this critique of similitudes that the Cogito is born. But what about a place where Cartesianism does not make an impact? It is my contention that the concept of the Cogito does not exist in Poland. The positivist movement of the 1860s may have changed that. See Piotr s. Wandycz's *The Lands of Partitioned Poland, 1795-1918*, 260-272.

undeniable coherence, where the order of causes was logically articulated in its totality: first came the outside world, then heredity and birth, followed by problems caused by food and last of all internal defects" (2006, 191). However, Foucault discovers that "it was precisely classifications of that sort that classical thought refused" (2006, 191). Can it be argued that Polish classical thought treated mad subjects differently than Western Europe because it retained a Paracelsian classification of madness?

It has already been shown that Paracelsian medicine was indelibly incorporated into Polish popular medical practices. Paracelsus argues in "Diseases that Deprive Man of Health and Reason" that since "nature is the sole origin of disease" the view that madness is caused by "ghostly beings and threefold spirits" is incorrect (1941, 142). Thus, it would appear that Paracelsus rejects the notion of demonic possession. Paracelsus delineates four types of insane people: "*Lunatici, Insani, Vesani* and *Melancholici*" (1941, 152). The *Lunatici* refers to persons who are affected by the moon. The *Insani* "received insanity from the mother's womb as a heritage" (1941, 155). *Vesani* refers to those who lose their senses after consuming food or wine. And finally, the "*melancholici* who are disturbed by their own nature—there is no apparent defect of reason" (1941, 179). Paracelsus explains that all these types of insanity are curable and details possible cures one can take and how to make them.

Mazek similarly describes four types of madness that would qualify for granting wardship: "'senseless actions', 'defects in the senses' or 'taking leave of one's sense' . . . and finally 'dispensation of Providence'" (2001, 101). It is unclear if these four types correspond to Paracelsian's taxonomy. Mazek does provide a document that requests wardship for "Wawrzyniec Marczyglowska" who "by the dispensation of Providence he is an unteachable

melancholic” (2001, 103).<sup>15</sup> It is possible this refers to the *melancholici*. Mazek also mentions “overuse of alcohol” that causes “taking leave of one’s sense,” which resembles *Vesani* as type of madness (2001, 103). Mazek also mentions a type of psychosomatic madness resembling *Lunatici*, which causes “insomnia, especially on the new moon” (2001, 117).

As an aside, Paracelsus also notes that in addition to these four there is fifth kind of madness, “the *Obsessi* who are obsessed by the devil; the various ways in which this happens are treated by us in *De Spiritibus*. But here we deal with those who are insane by nature, and sufferers of these four kinds cannot become obsessed by the devil and his company, as many people say; for the devil and his crew do not enter an insane body which is not being ruled by the entire reason according to its quality” (1941, 153). It is interesting to note that there is no mention of a family member applying for wardship based demonic possession. It seems thus possible to draw parallels between Paracelsian taxonomy of madness and the Polish laws concerning wardship.

The exclusion of demonic possession from the Paracelsian classification of madness<sup>16</sup> as well as from Polish juridical documents suggests that demon possession was not seen as form of madness. As Mazek demonstrates, Polish elite formulated an understanding of madness so as to constitute a juridical exemption from the great confinement of Europe. Mazek further explains, “in fact the mental illness remained a person’s private problem as long as it ruined only him and nobody else. When it became a threat to his surroundings, it had to be restrained. However, the point was not to cure the sick person himself, but to stifle the behaviour [sic] which ruined the

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<sup>15</sup> At one point, Mazek quotes a letter that uses the example of the mad subjects “bedclothes” which “are worse than Jewish” (2001, 111). The case could be made that appearing “Jewish” was a sign of madness.

<sup>16</sup> Paracelsus also refers to a type of mental disease “*chorea lasciva*” that makes the person’s “sight and hearing . . . so strong that unconsciously they have fantasies about what they seen or heard” (?? 158). From reading this, Jung argues that Paracelsus was the first to ever posit the existence of the unconscious.

social order” (2001, 119-120).<sup>17</sup> Thus, Polish law institutionalizes an alternative understanding of madness for the Polish elite. It is from this formulation of madness as not predestinably damning but as possibly curable that a space for Rotenberg’s ‘Jewish psychology’ can take place

### **The Polish School of Philosophy of Medicine: the Psychology of the Art of Healing**

The gap between of healing practices from 1863-1918 prevents this paper from making definitive claims. Most historiography has preferred to examine sociopolitical movements, thereby neglecting scholarship of medicine. Nevertheless, an excellent source of writings emerges during this period, which provides insight into the constitution of healing in Poland prior to its independence in 1918. Historian of science, Ilana Lowy, has put together a collection of writings from Polish physicians who problematize the physician-patient relation. This text, entitled *Polish School of Philosophy of Medicine* (PSPM), refers to a system of thought developed in Poland after Russia’s dissolution of the Kingdom of Poland’s constitutional semi-autonomy in 1863. Two years after Poland regains its independence since 1795, “chairs of History and Philosophy of Medicine” are established at five schools of medicine (1990, 1).

Till the breakout of World War II, the philosophy and history of medicine played an institutional role in the curriculum for Polish medical students. These writings provide crucial insight into the effects of the deinstitutionalization of medicine that developed in Poland. In effect, these physicians develop a philosophy of medicine that advocates “therapy-oriented” clinical practice based on their personal experience of treating patients. According to Lowy, the therapeutic role of the physician was “the most neglected and most backward aspect of the new

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<sup>17</sup> It should also be noted that the cases referred to by Mazek were on the whole regarding mad *male* subjects. I do not explore gender in this paper. I regret not doing so because it does seem from my evidence that gender plays an important factor in how madness is constructed in Poland.



scientific medicine” of Western Europe (1990, 6). This was due to the fact that a greater emphasis was placed on “the physician’s contribution to scientific knowledge” (1990, 7). The patient’s psychological wellbeing was relegated. Thus, the emergence of the scientific revolution in the mid-19<sup>th</sup> century was met with horrific experiments in the name of scientific knowledge. In contrast, the PSPM relegated knowledge of the self in favor of therapeutic-healing practices. Thus, these Polish physicians develop a philosophy of the art of healing, thereby constituting an ethical hierarchy of caring for the self over knowing the self.

In 1874, Tytus Chalubinski becomes the father of the PSPM with the publication of *The Method of Finding Therapeutic Indications*. Chalubinski railed against “therapeutic nihilism” and emphatically argue that physicians “should never forget that we are not treating diseases but patients” (1990, 17). Chalubinski also construed pathologies not as “disease entities” but rather as “disease moments” (1990, 16). Chalubinski defends this schematization by adopting a “constructivist vision of diseases,” stressing a “holistic view of biological phenomena” (1990, 15). This schema of diseases enables Chalubinski to humanize the physician-patient relation so as to undermine what Foucault calls the effects of the clinical “gaze. . . which establishes the individual in his irreducible quality” (2003, xiv). In effect, Chalubinski articulates an approach to healing that advocates against what Foucault describes as the requirement for the emergence of the clinic. Specifically, Foucault argues that “a new definition of the status of the patient in society . . . became necessary; the patient has to be enveloped in a collective homogeneous space” (2003, 196). In contrast, folk-medicine for Chalubinski forms an alternative method of healing so as to resist enveloping the patient under the homogenizing gaze.

Chalubinski’s philosophical writings on medicine became a source of inspiration for the emergence of the PSPM. For instance, Edmund Biernacki (1866-1911), who also discovered

“blood sedimentation,” was inspired by Chalubinski’s art of healing. From his own experience in clinical practice, he too comes to the conclusion that it was impossible to create a universal taxonomy of disease since “each patient has his own illness” (1990, 43). In 1898, Biernacki publishes *The Essence and Limits of Medical Knowledge*. This text is extraordinarily useful. In it, Biernacki problematizes the current state of medical practice in Poland. Although he finds deplorable that situation in which accredited physicians “are competing with medical laymen, people entirely foreign to medical science but acquainted only with therapeutic means,” he rationalizes this practice in arguing, “in many cases relief can be obtained from an unqualified person, exactly as from the learned doctor” (1990, 60). This is in part due to the relative simple nature of many illnesses. But in certain cases “the psychological factor which . . . is always present in medicine” makes the “medical laymen” have “supremacy” over the “learned doctor” (1990, 62). Biernacki goes on to claim, “the importance of the psychological factor in medical practice is the reason provided by patients when they choose a doctor. The patients always go to a doctor whom they trust” (1990, 62). Biernacki makes the even more earth-shattering claim:

“Persons gifted with some mystical disposition, can often gain the upper hand over realistic minds and can more readily than the latter exert a psychological effect on their patients. For the mystical mood of a doctor may generate spiritualities between the doctor and the patient, and such spiritual ties distinctively add to the confidence of the patient in the doctor, and to the moral influence of the doctor on the patient. Thus it is almost always so that the signs of sympathy with the patient will win preference for one doctor over his less compassionate or dry colleagues” (1990, 64-65).

Adam Wrzosek (1875-1965), who helped establish the PSPM in 1924 by founding the *Archives of the History of Philosophy of Medicine* in Poznan, Poland, publishes in 1900 *Trends in Contemporary Medicine*, which criticizes doctors for their lack of humanity towards their patients. Specifically, Wrzosek asks, "What has medicine become today? In ancient times, it was mainly an art; in later centuries, and in particularly the 19th-century, it was a science. And now, as we approach the 20th-century, it is both art and science, and unfortunately very often a trade .

. . The trend towards excessively intense specialization . . . has a negative effect on medicine" (1990, 187). Wrzosek viewed this trend towards specialization has caused physicians to neglect the study of preventative care. The condemnation resembles Paracelsus's preaching that a physician's obligation was to "instruct human nature to take care of itself" (2011, 29).

Stanislaw Trzebinski (1861-1930), a professor of history and philosophy of medicine at Vilnaus University, was more explicit in incorporating Paracelsian thought. According to Lowy, Trzebinski taught that "what is recognized as absurd is frequently just something that is in contradiction to the dominant opinions of a given period . . . For example, the idea of using dried blood material from plague bubos to prevent infection, first developed through a Paracelsian analogy of healing with a substance that is similar to the disease itself, was later viewed as utterly absurd until it was partially validated by the theory of immunity" (1990, 169). In fact, Trzebinski goes so far as to argue in a lecture on "'Rationality' and 'Rationalism' in 'Medicine'" delivered at the academic's yearly inauguration ceremony at the Stefan Batory University, Vilnius, 1924, that the Paracelsian schematic understanding of the relationship between body and world is essentially right: "Philosophical/cosmogonic ideas, and the analogy with the elements that were thought to constitute the world, led to the idea that the human body, being the world '*en miniature*' - microcosmos in opposition to macrocosmos- was constituted of equivalents to the macrocosmic elements. Thus, health and illness, or correct and incorrect reactions to stimuli, were consequences of correct or incorrect relations between the elements. Temperaments were viewed as nothing else but types of constitution. **The main idea was quite correct**, but the facts required to make practical use of this idea were inadequate" (1990, 195 emphasis mine).<sup>18</sup>

Trzebinski's assessment that the Paracelsian schema of the relation between health and illness

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<sup>18</sup> In an essay entitled "absurdity in medicine," Trzebinski refers to the "cosmic parallels Paracelsus had established a close relation between macrocosmos and microcosmos" (1990, 206).

"was quite correct" suggests that although most have rejected Paracelsian thought as unscientific, it was well-known enough that he could refer to it as part of the general canon of Polish knowledge. Further, that Trzebinski not only refers to this knowledge but also endorses it, which refutes Petrovsky-Shtern's assessment that Paracelsian thought was marginalized completely within the enlightened caste of Polish thought.

Later in the lecture, Trzebinski makes the startling assessment: "all persons who are in the medical profession without a diploma, such as barber-surgeons, quack doctors, etc . . . are more popular among certain social classes than certified physicians" (1990, 198). In contrast, Trzebinski claims that the certified physicians who were too preoccupied with getting their diploma are not concerned with "irrational factors" and therefore cannot "establish psychological contact with the patient" (1990, 198-199). Thus, "in the cases in which a doctor finds his rationality defeated by the rough empiricism of a barber-surgeon or a quack doctor, one should give serious thought to the question whether it has not happened because the behavior of the unlearned took into consideration a whole range of very important aspects of the disease neglected by the physician, and thus, from a certain point of view, has proven to be more rational than the physician's behavior" (1990, 199).

The consensus from the PSPM as expressed through Trzebinski's exhortation that the physicians should learn from the "barber-surgeons" and "quack doctors" gives two insights about this period in question. First, that folk-medicine continued to be preferred amongst the majority of Polish subjects. The continued patronage of folk-medicine indicates that greater Polish society did not abandon magical remedies. Second, it suggests that within the Polish medical establishment there was a value placed on mental well-being of treatment. Although Trzebinski suggests Polish certified physicians were unsuccessful at this, the criticism would go unnoticed if

it were not at least an aspiration by some Polish physicians. Furthermore, since Trzebinski looks to the miracle workers as exemplars of creating psychological connections with their patients, he indicates that magical remedies could have a positive effect due to their role in inducing irrational optimistic thinking. One would describe this as the placebo effect. But it also suggests an attitude towards mental-health not as something to be problematized but to be achieved, even if the means are irrational. This optimistic-irrational thinking in fact is what Rotenberg defines as specific to Hasidic thought. What I suggest, however, is that the value placed on psychological healing, despite its irrationality, is in fact a product of the intermingling of ideas and beliefs within Polish society.

From this, I derive four important aspects of the Polish School of Philosophy of Medicine: first, it describes a shift in discourse on medicine in Poland. It recognizes that medical science is emerging in Europe, which has construed a “gaze” that homogenizes the body. But the PSPM in fact criticizes this trend. Why? I see two reasons. On the one hand, these physicians were at the outskirts looking in. These doctors were either learned abroad and came back to practice or were trained locally, found difficulty conducting expensive lab research were able to look at the medical practice from afar and contrast that to their experience and difficulty with treating locally. Additionally, these physicians are retracing the practice of medicine as it has thus far developed in Poland. Repeatedly, physicians referred to the old and in many ways current conditions of healing that rely on mystical healing practices.

The second aspect that is important to note is the continuation of folk medicine. These medical philosophers are also trying to figure out why patients prefer their quack doctors to ‘legitimate science.’ This suggests that not only is modern medicine marginalized in Poland. It also shows that the PSPM was deeply concerned with and interested in answering what were the

desirable aspects of folk medicine.

We now arrive at the third and fourth aspects: these physicians considered psychological factors as important for the art of healing as the medicine itself. And finally, these philosophical physicians endorse harsh condemnation of the dehumanization of medicine they see being practiced in the name of science. They rebuke the experimentation physicians perform on their patients like inducing them with cancer or starving them all in the name of medicine. They argue that physicians need to not denigrate the quack doctors because they have mastered the psychological aspect of healing. Thus, the PSPM represents a discursive shift from practical magic to the clinic. However, the shift does not have the same result that occurs in Western Europe, not because Poland is essentially different or more backwards, but because of the historical circumstances that prevent the merger of the sickhouses with healing.

All of this is to say that the ‘self’ was conceived differently in Polish philosophical discourse of medicine than in greater Europe. However, I am tempted to say that it is practical medicine that informs understandings of the self and not the other way around. It is the care of the self, or the curation of the self that informs knowledge of the self. Poland thus at the beginning of the twentieth century represents a site that privileges mental wellbeing as an ideal. The truth of the subject is secondary. I believe it is this type of discourse of the relationship between health and the self that comes to inform the constitution of the zaddik as a healer. It is the social value placed on healing that enables the zaddik to take his role as the leader of the Jewish community for the zaddik possesses healing capabilities par excellence.

Jewish psychology as engendering dia-logic therapy, re-biography, tzitzum, and optimism, while has some founding in Jewish texts, also borrows a key practice on the art of healing that emerges in Polish society. In effect, Rotenberg is saying the same things as the

PSPM: what matters above all else is psychological wellbeing. It is not the correct diagnosis. It is not whether this person is schizophrenic. It is about finding the best method for treating the patient. Just as the PSPM see the practice of accumulating scientific knowledge over the therapeutic aspects of healing as dehumanizing; Rotenberg construes psychology as predestinally damning.

Can we say Rotenberg was influenced by the school? No. There is no evidence of this. How do we come to our conclusion? Well, Rotenberg is not doing the same thing as the Polish school. Both schools of thought represent discursive strategies of problematizing a scientific field of medicine by turning to mystical practices of healing. The only link I can actually make is untenable: a regional and genealogical. I think that by merely turning back to a history of thought on healing, Rotenberg encounters a way of thinking about the role of healer and patient that the philosophical physicians similarly comes across in problematizing medicine.

As demonstrated above, Poland was on its way to the institutionalization of the hospital as a site of healing prior to 1795. However, the partitions of Poland prevent the Polish elite from secularizing the hospital. As a result, healing continues to be practiced outside of the confines of the hospital. Likewise, Hasidism flourishes in part because of this lack of institutional healing. The zaddik asserts himself as Jewish society's healer so as to fulfill this lack. As such, it was always already the case that the role of medicine in Poland utilized the psychological aspects of healing as a method of treatment. Up to this point, medical remedies provided by physicians were tied to a discourse of metaphysical signatures. Healing practices in Poland formulated a hegemonic relation between the patient and healer. However, this hierarchy was challenged due to the absence of institutionalization. The dialogic character of the patient-healer relation thus cannot be said to be unique to Jewish historical practices, as Rotenberg argues. It developed out

of the societal position of the physician's role in Poland. Although, it is most likely that Rotenberg did not study the writings from the PSPM, the similarity of approaches is uncanny.

### **Conclusion: The Disappearance of Dybbuks**

The healing practices developed by Hasidic thought and appropriated by Rotenberg do not describe an essential "Jewish psychology." Rather, this therapy-oriented approach to healing that places curation over scientific knowledge of the subject in fact has genealogical roots. Nor can it be argued that the valuation of the psychological aspects of healing is essentially Polish. Rather, the practices of healing that emerge in Polish society relate to the discursive strategies of the elite utilizing healing to assert their status. However, the lack of institutionalized healing in Poland enables a dialogic patient-physician relation to emerge. Moreover, the ideas of Paracelsus may have been influential for Polish thought, but this intellectual tradition cannot encompass the proliferation of healing practices that occur within Poland. Still, Paracelsus functioned as an intellectual source for the Polish and Jewish physicians to demonstrate the authority of their practical remedies. It may be that Paracelsian emphasis of curation of the subject over knowing the subject provided intellectual support for the therapy-oriented approach.

Medicinal practices within Poland cannot be as easily distinguished as either 'Jewish' or 'Gentile.' Rather, within the realm of medicine, there existed an intermingling of ideas and practices related to arts of healing, which developed, not due to the overall positive attitude towards deviance, but in part due to the fact that Polish society failed to institutionalize healing within the hospital. Without the clinic, therapy-oriented healing practices continued to thrive. The Polish School of Philosophy of Medicine, made up of practicing physicians, incorporated this concept in an effort to assert their status as society's healers, after experiencing tough



competition with the charlatan physicians. The ideas that emerge form an overall critique of the scientific revolution in medicine. Furthermore, these discourses represent a discursive strategy to fuse the practice of modern medicine with society's predilection for folk-healing. In effect, it developed as a strategy to lure society's ill over to the accredited physicians as opposed to the medical laymen.

Furthermore, the eventual abandonment of the practice of exorcism in Hasidic societies disproves Rotenberg's essentialist argument. According to Bilu et al.'s paper "Dybbuk-Possession as a Hysterical Symptom," the practice of exorcism disappeared since "no incidents of dybbuk possession have been reported since the 1930s" (1989, 139). In *Legends of Hasidism*, anthropologist Jerome Mintz rationalizes this rupture in practice according to the narrative proliferated within Hasidic communities. According to popular narrative circulating throughout Hasidic communities, the "great rabbis . . . may have driven away the demons so that they no longer plague mankind" (1968, 134).

Nevertheless, the occasional story of possession pops up. Around the time Mintz's book was written, a story circulated within the Hasidic community about a Yemenite father that goes to the "Satmar Rebbe" to cure his possessed daughter. Rabbi Joel Teitelbaum responds, "I think it's a mental case. Better go to a good psychiatrist and leave me alone" (Mintz: 1968, 411-412). The Satmar Rebbe's disavowal of the dybbuk reflects an extraordinary shift in Hasidic thought. This statement not only reflects a shift in folk healing and the powers of the Zaddik, it also reflects a stripping of leadership role.

The story of the Hasidic leader refusing to perform the exorcism suggests a huge shift from his Beshtian predecessors who would all jump at the chance to show-off their magical powers. Anthropologist Ayala Fader in *Mitzvah Girls* provides some possible explanation for the

change in attitude. Post-War Hasidic leaders felt it they had a “mission of reconstruction . . . to rebuild and repopulate their community” (2009, 9). To do so, the “the Hasidic Rebbes who survived the war . . . attracted not only their own followers but also European and North American Jews who had very different backgrounds and histories” (2009, 9). It is possible that convincing North American Jewry that troubled spirits lurked amongst them was not the ideal strategy for recruitment. Thus, the Satmar Rebbes’ acknowledgment that the child was most likely suffering from a mental illness and his recommendation to take her to a “good psychiatrist,” reflects Hasidism’s tactical engagement with the modern world. Furthermore, the act of rejecting to perform signals a rejection of a foundational practice of Hasidism. The Satmar Rebbe’s statement would have been viewed as sacrilegious in pre-independent Poland. Rather, it appears that Hasidic thought has gradually incorporated modern conceptions of healing. The referral to a psychiatrist further demonstrates an ideological acceptance of psychiatry as the proper domain of mental health. In effect, it gives up the truth of the self over to the domain of psychiatry. Ironically, Rotenberg turns to the Satmar’s intellectual tradition to devise alternative healing strategies for persons suffering from possession-like states.

What I have tried to do is trace a history of practice and thought. The Satmar Rebbe and Mordechai Rotenberg, both descendents of Hasidic dynasties, reflect a shift in the constitutive genealogy of the Hasidic Zaddik as a healer. Whereas Rotenberg comes from the secular domain of psychology incorporating Hasidic thought into his therapeutic practice, the Satmar Rebbe represents a rejection of the role as healer. Nevertheless, it is important to show that the emergence of these figures and their ideas are both constructed within a genealogy of thought due to specific discursive strategies to gain access over Jewish subjects. Out of a rejection of modern psychiatric thought, Rotenberg turns to a superstitious mysticism to provide alternative

treatment. In order to recruit followers, the Satmar Rebbe rejects this tradition that informed the very basis of the Hasidic movement.

I decided to unpack Rotenberg's ideas about "Jewish psychology" and dialogic therapy because of its relatively similar approach to treating schizophrenia as that of the Hearing Voices Movement. For the institutionalized field of psychology that refuses to give up its societal hierarchy, Rotenberg's method provides a way for practitioners to incorporate the value of "accepting voices" advocated by the HVM and keep their practice. In some ways, it may offer a more positive way for people to think about voice-hearing than the HVM proffers.

Thus, therapy-oriented healing that placed a greater emphasis on care than knowing the disease constituted the emergence of the zaddik as a professionalized spiritual healer. In overlooking regional influences, which made possible magical healing as a dominant discourse, Rotenberg misses an opportunity to resolve many paradoxes of the over-simplified binary between 'east-west' as well as the Jewish-Christian dichotomy. Secondly, his essentialized understanding of Jewish psychology caused many of his preliminary readers to outright reject his ideas. This paper was not about 'saving' Rotenberg. Instead, it was to demonstrate the disruptive, discontinuous, and disunified genealogy of a therapy-oriented model of healing.

By illustrating the constitutive genealogy of the Polish zaddik who adopts the therapy-oriented approach to healing, we can illustrate that certain notions about the self are neither inevitable nor essential. I urge anyone who wants to theorize the self to question the very discursive strategies that you use to articulate a schematization of the self. Where did these discourses come from? Do they have a history? Were there any power-relations at play in this history that precipitated the shift in this understanding the self?

Above all, this paper resisted the temptation to accept formulations of the self as given.

Instead, it endeavored to describe how historically invented selves were constitutive of the power relations embedded within Poland's genealogy of the healer-patient discourse.

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