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Probing the Aggadic Universe: An Analysis of the Undertones Pervading the Talmudic Narrative of the Lovesick Man

Ariel Sasson

The highly charged, sophisticated interplay underpinning the relationship between clinically-oriented medicine and Jewish theology is a matter that reverberates within every microcosm of the Jewish universe. The dilemmas emerging from this interplay span the spectrum of possibility. What is normative Judaism's stance towards the institution of medicine? What role, if any, ought the physician to play in the healing process? Finally, does normative Jewish law (i.e. the traditional Jewish law sources which were ultimately employed in the codification of the *Shulchan Arukh*) shift in response to the multitude of medicinal advancements and clinical innovations which occur as society evolves over time? These questions, as well as a multitude of others, comprise the discourse centered on the value of life, and the mechanism by which life ought to be sustained in Jewish tradition.

In order to comprehensively understand this fascinating and highly relevant area of Jewish thought, it is essential to first grasp the evolution of normative Judaism's stance towards the institution of medicine. Judaism has attempted and continues to strive to reconcile the modernization of medicinal practice with the traditional sources entrenched so deeply in the

Jewish consciousness. To truly appreciate and grasp the Jewish approach towards a whole host of physiological phenomena, one must first follow the chronological development of the Jewish perspective towards clinical practice. When this critical framework is established and internalized, the “diagnosis” and accompanying “treatment options” associated with particular medical disorders can be elucidated through the lens of Jewish law. This intellectual and theological journey must logically begin at the very root of Jewish law: the Hebrew Bible and its constituent narratives.

The Biblical narratives relevant to our area of analysis seem to offer conflicting portrayals of the individual or deity responsible for providing therapeutic care. Exodus 15:26 states, “I will put none of the diseases upon you which I have put upon the Egyptians, for I am the Lord your physician.” A literal interpretation of this verse — a verse which is found after Moses’ Song of the Sea — indicates a rejection of any human intervention in the healing process and places all trust in the hands of God to heal the sick. This philosophy is consistent with the Fundamentalist group of Jewry known as the Karaites. This group interprets the Bible literally and practices all the laws that are explicitly stated within it. The Karaites reject all forms of human medicinal intervention, asserting God’s singular and exclusive role in the healing process. Although this stance has been rejected by normative Judaism, it presents a compelling theological claim: God, the omnipotent being in whom the Jewish people place their full trust, must be relied upon to heal those stricken with illness and disease. Refusal to adopt this philosophy would constitute a lack of faith in God, who promises to act as a physician and to heal any Israelites suffering from physical ailments or maladies. This view, however, is contradicted by other verses in the Hebrew Bible. Leviticus 19:16 states, “Nor shall you stand idly by the blood of your fellow.” This verse contradicts Exodus 15:26. While Exodus 15:26 ostensibly asserts the singular role of God in the healing process, this verse emphasizes the need for human intervention in life-threatening situations. Is it possible to arrive

at a conclusion concerning the physician's license to heal under Jewish law with only these Biblical passages in mind? Ostensibly, these sources offer a rather narrow scope on Judaism's stance toward medicinal healing; more investigation is thus necessary to broaden and deepen our understanding of this issue.

While the aforementioned verses provide insight into the Biblical view of medicinal healing, the Biblical passage which is most relevant is as follows: "And if men quarrel with one another and one smites the other with a stone or with the fist and he die not, but has to keep in bed ... he must pay the loss entailed by absence from work and he shall cause him to be thoroughly healed" (Exodus 21:19-20). At first glance, this passage seems to discuss the requirement to provide monetary compensation for an act of violence — specifically one in which the victim is injured by another party and experiences financial loss as a result of the injury. A more thorough analysis of the passage, however, finds that the text implies that providing recompense for one's act of aggression, in this context, indicates a Biblical directive for the aggressor to seek the services of a physician.¹ The Talmud, in Tractate *Bava Kamma* 85a, comments on this passage, stating, "From here [it is derived] that the physician is granted permission to cure."

The license to heal may, in fact, be broader than what is implied by the verses in Exodus 21:19-20. These verses spoke of a very specific case, in which healing is practiced only to relieve an individual of their financial liabilities. Can this case be expanded to include other cases which involve sickness and perhaps necessitate the services of a physician? Employing other Biblical passages in this analysis may illuminate the discussion concerning how expansive the Biblical license to heal actually is.

The commandment found in Deuteronomy 22:2 that obligates one to restore lost property is employed by the Talmud in Tractate *Sanhedrin* 73a to equate the restoration of lost property with rescuing a neighbor from dangerous situations. Such situations include drowning and being attacked by

wild beasts. Since an individual whose life is threatened is assigned the status of lost property, and one is Biblically commanded to restore lost property to its original owner in its original condition, then the Biblical license to heal includes permission to rescue an individual whose life is in danger or under threat. Furthermore, the negative commandment in Leviticus 19:16 allows for an even greater expansion of the Biblical authorization to heal. This verse, in essence, provides Biblical license to heal at the expenditure of one's own resources even when one does not inflict damage on another individual. Therefore, the verse expands the Biblically-sanctioned circumstances under which medicinal healing may occur.²

An analysis of a variety of verses found in the Bible accentuates the theologically complex debate surrounding Judaism and its perspective on clinical practice and provides a less-than-definitive stance on its permissiveness of such practices. These verses, however, provide a strong foundation and essential lens through which to investigate later narratives (concerning this very dilemma) in Jewish scholarly work.

Since the focal point of this investigation will be the Rabbinic account of the lovesick man — a narrative which is found in the Babylonian Talmud — the above analysis of the chronological evolution of normative Judaism's stance toward medicine will temporarily skip the Talmudic period, and will then return to focus on the lovesick man narrative in great depth.

The period of the *Rishonim* followed the Talmudic era and offers scholarly, theological insight into clinical medicine's role within the Jewish universe. Numerous *Rishonim*, great scholars who lived between the 11th and 15th centuries, began to shape the discourse pertaining to Judaism and medicine, contributing to a more, though not completely, unified view of the Jewish license to heal. The preeminent *Rishon* addressing this theological dilemma was Maimonides. A skilled physician, Torah scholar, and philosopher, Maimonides compelled his followers to use the services of a physician, emphasizing that physical ailments inhibit the pursuit of a

satisfying spiritual relationship with God. In his book *The Mishneh Torah*, Maimonides writes:

Since when the body is healthy and sound (one treads in) the ways of the Lord, it being impossible to understand or know anything of the knowledge of the Creator when one is sick, it is obligatory upon man to avoid things which are detrimental to the body and acclimate himself to things which heal and fortify it (*Hilkhot Deot* 4:1).

Maimonides articulates the importance of taking necessary measures to preserve one's health; the pursuit of a robust physique, in his eyes, serves as a prerequisite to a healthy soul. Furthermore, Maimonides establishes a striking connection between two seemingly contradictory Biblical passages — “I am the Lord your physician” and “he shall cause him to be thoroughly healed.” Using a Maimonidean framework, the phrase “he shall cause him to be thoroughly healed” refers to the patient's pursuit of a physician's services, which can heal maladies of the physical body. Once this essential action is taken and the patient is cured of any physical ailments, “I am the Lord your physician” becomes relevant: God, while certainly involved in facilitating physical recovery, heals the soul in a sublime manner. Thus, Maimonides legitimizes the services of a doctor and reconciles two ostensibly contradictory Biblical phrases.

Nachmanides, a contemporary of Maimonides, presents a slightly more cynical approach towards the dilemma of patients seeking medical assistance.³ Nachmanides renders the phrase “I am the Lord your physician” in a manner similar to that of the Karaites, employing a fundamentalist ideology and linking it with historical evidence to form a stance on the issue. According to Nachmanides, the phrase “I am the Lord your physician” represents an ideal state that only occurs in a spiritual utopia in which the sick rely solely on God's will to heal. Nachmanides states that, historically, righteous individuals in the era of the prophets relied upon God's messengers, not physicians, to heal them when they suffered from physiological maladies.

Nachmanides recognizes, however, that there exist numerous individuals for whom the verse “I am the Lord your physician” does not suffice. Thus, Nachmanides believes that those who do not fully place their trust in the power of God to heal may utilize the services of a physician.⁴ On the physician’s end, Nachmanides derives the obligation for a doctor to provide medical assistance to the above-mentioned individuals from Leviticus 19:18: “And you shall love your neighbor as yourself.” Love, in this case, extends far beyond the emotional realm and constitutes a mandate for the physician to extend medicinal services to those seeking them.⁵ Thus, Nachmanides conveys a rather condescending approach towards the masses, yet recognizes the de facto need for the physician’s services.

Abraham Ibn Ezra, a successful poet, philosopher and commentator who made tremendous strides as a leader of his community, finds a contradiction between the phrase “he shall cause him to be thoroughly healed” and the passage discussing Asa, a king of Judah, and his punishment for seeking medical treatment.⁶ While the phrase “he shall cause him to be thoroughly healed” provides one with the license to seek a physician’s services, Ibn Ezra interprets the passage concerning Asa’s punishment to be indicative of a greater prohibition to receive a physician’s services and an obligation to rely on God’s power to heal. These conflicting passages must be reconciled.

Ibn Ezra employs a contextual analysis to resolve this dilemma. The verse “he shall cause him to be thoroughly healed” is found in Exodus 21:19, and refers to an external wound inflicted on an individual. The passage in which Asa is censured for seeking a physician’s care is found in II Chronicles 16:12, and speaks of an illness resulting from natural, biological processes that occur internally. Ibn Ezra asserts that wounds inflicted by man may be healed by man, through the means of a physician’s assistance. Internal wounds or ailments which are the products of natural, physiological processes, however, must be healed by God, as they are indicative of divine disapproval and punishment.⁷ While Ibn Ezra’s stance was rejected by normative Judaism, it

represents a dissenting opinion among *Rishonim* and a strong belief that God is the ultimate healer.

The opinions of the *Rishonim* elucidate the evolution of Jewish perceptions of medicine throughout time. While some dissent from the popular opinion existed at this time, the general consensus allowed physicians to practice medicine and stressed the importance of medicine as an establishment in the Jewish community.

Rabbi Joseph Karo is the final figure whose views we will examine in our analysis of the evolving Jewish perspective towards the healing process. In his code of Jewish Law called the *Shulchan Arukh* (written in 1563 C.E.), Rabbi Karo argues, “the Torah gave permission to the physician to heal; moreover, this is a religious precept and is included in the category of saving life; and if the physician withholds his services it is considered shedding blood” (*Yoreh De’ah* 336:1). Rabbi Karo derives this law from the verse found in Leviticus 19:16, which states the following: “Nor shall you stand idly by the blood of your fellow.” According to the *Shulchan Arukh*, the Jewish license for the physician to heal is a Biblical license. In addition, Rabbi Karo’s sentiment can be interpreted as an assertion that an obligation exists for the physician to heal the sick. Thus, the *Shulchan Arukh* explains that a physician is under Biblical obligation to provide medical assistance to those requiring it, conveying perhaps the most definitive opinion about this dilemma in the history of normative Jewish scholarship.

Now that the chronological development of normative Judaism’s attitude towards clinical medicine has been established, it is necessary to analyze a fascinating medical case through a variety of media. The case of the lovesick man, a thought-provoking narrative found in the Talmud, Tractate *Sanhedrin* 75a, tells the story of a man who once set his eyes upon a woman, became infatuated with the woman, and subsequently fell dangerously ill. When the doctors were presented with this case, they asserted that engaging in sexual relations would be the only viable remedy for his illness. The

Rabbis, however, disagreed with the physicians' recommended course of action, articulating that it would be preferable for the man to die. Following this assertion, another "treatment option" was proposed — having the woman stand before him, naked. When the Rabbis received word that this option was presented, they once again asserted that it would be preferable for the man to die rather than see her naked. Yet another potential mode of treatment was offered: having the man and woman converse, with a barrier present in between them. When the Rabbis were notified that this option was recommended, they ruled once again that the man ought to die instead. The remainder of the story offers conflicting opinions pertaining to the marital status of the woman, and the legal ramifications of this status. Finally, the story concludes, "stolen waters are sweet, and bread of secrecy is pleasant;" that is, the desire to engage in illicit relations is a fundamental human impulse.

In order to gain meaningful insight into the roles that the lovesick man and the woman who aroused him play in the story, a synchronic analysis of the story's competing translations is essential. The Artscroll translation of the Talmud introduces a particular Talmudic passage, features the text of the *Gemara* interspersed with an English explanation, provides minimal punctuation, and includes extensive footnotes to elaborate upon particular facets of the text. The Soncino translation, in contrast, is simplistic, as it is written entirely in English, is devoid of any introduction or interpretative elements, and does not include analysis pertaining to the references which it provides.

In describing the dialogue between the physicians and Rabbinic figures, the Artscroll and Soncino translations contain slight differences, which may indicate their respective views on the character roles within the narrative. For example, in describing the man's lovesickness, the Artscroll translation says that "there was an incident in which a man set his eyes upon a particular woman, and his heart became obsessed with her," while

the Soncino translation explains that “a man once conceived a passion for a certain woman, and his heart was consumed by his burning desire.” The Soncino translation employs stronger language to describe the nature of the man’s reaction; the terms “passion” and “burning desire” are much more indicative of intense sexual lust than are the phrases “set his eyes” and “became obsessed.” Furthermore, the discrepancy present between Artscroll’s phrase “let her stand before him *naked*” and Soncino’s use of the phrase “let her stand *nude* before him” is extremely significant. The term “nude” is typically associated with a heightened sense of pride in one’s physical attributes and sexual appeal. The Greeks, for example, carved a whole host of nude sculptures, which were an expression of power and aesthetic worth. The word “naked” is associated with a sense of helplessness and shame. While the Soncino translation characterizes the woman as a temptress of sorts — a physically appealing, sexually enticing specimen who sparked a “burning desire” in the man — the Artscroll translation provides a much more romantic interpretation of the man’s situation. This dichotomy has major implications, specifically with respect to our interpretation of the degree to which the man’s inclinations were of a medical nature. Soncino’s translation implies that the man’s lovesickness was rooted in a quest for sexual gratification, while Artscroll’s translation indicates that his lovesickness was a more enduring, romantic obsession with the woman. This distinction is extremely relevant. The latter interpretation seems to be one which would resonate more with the medical community, as it is rooted in the realm of the complex, intangible psychosomatic processes which drive romantic obsession, while Soncino’s translation can be easily seen as an indication of the man’s sexual lust, a rather superficial impulse which would unlikely be viewed as a *bona fide* medical illness. The use of a synchronic analysis of the narrative’s competing translations elucidates the respective characterizations and roles of the man and woman in the story and emphasizes that romantic obsession may, indeed, possess a medically-defined status of illness.

One essential question remains: What, precisely, is the physiological nature of the illness described in the story? While the story does not offer an extensive description of the lovesick man's malady, it states that the man's "heart became obsessed" with the woman. A more extensive investigation of the word "*tina*" (the word employed in the story's description of the man's sickness) yields valuable insight — "*tina*" can be translated as "black bile," a bodily humor which, in medieval medicine, was associated with the presence of a melancholy temperament. Thus, the text physiologically diagnoses the man's condition as one in which "his heart became filled with black bile." To determine the significance of this description, other accounts in history which describe a similar medical incident must be investigated.

To sufficiently and substantially answer this question, it is essential to turn to the rich history and development of experimental psychophysiology. Psychophysiology is a discipline that examines the interplay between one's psychological processes and physiological function. These two realms dynamically interact to influence one's behavior and well-being. Fascinatingly, there are several historical accounts that closely resemble the narrative of the lovesick man, and that demonstrate the relevance of psychophysiology to the treatment of the conditions described therein.

The first account takes place in the early third century B.C. and tells the story of Antiochus, the son of a prominent army general, who fell in love with his stepmother, Stratonice. Recognizing the illicit nature of his love, and his inability to consummate these romantic impulses, Antiochus fell severely ill and approached death.⁸ Erasistratus, a lauded Greek physician at the time, surmised that Antiochus' illness was of a psychophysiological nature. He asserted that afflictions of the mind cause "the body [to be] strengthened or weakened by sympathy" (Appian, 2nd century A.D.). Erasistratus proceeded to observe Antiochus' responses to various visitors, and noted that whenever Stratonice would enter the room, Antiochus would experience "stammering speech ... sudden sweats, irregular palpitations of the heart, and finally,

as his soul was taken by storm, helplessness, stupor, and pallor” (Plutarch, 1st century A.D.). Erasistratus represents an observational approach to psychophysiology, one in which the observer notes that certain psychological processes exert a direct impact on one’s physiological state. For example, the notion of visceral conditioning — the association of an emotional stimulus with an autonomic response — is applicable to this case. When Antiochus was exposed to Stratonice, an intense physiological response was observed by Erasistratus. The visceral conditioning observed in this case is a manifestation of the psychophysiological nature of lovesickness. While this case presents a historical account of lovesickness that closely resembles the narrative in our story, it demonstrates a rather passive, observational approach.

Approximately four centuries after the above narrative took place, Galen of Pergamum, referred to by many as the “father of modern medicine,” analyzed Erasistratus’ approach and expanded upon it.⁹ Galen asserted that Erasistratus noted “the passionate throbbing of the youth’s arteries,” but failed to “persevere further and recognize that this was discovered by taking the young man’s pulse” (Galen, 2nd century A.D.). Galen then proceeded to develop an experimental approach to psychophysiological conditions. When treating a woman suffering from insomnia, Galen narrowed down his diagnosis to either “melancholia dependent on black bile” or “some trouble she was unwilling to confess.”¹⁰ He then performed an experiment in which he mentioned the names of several prominent men in the community and noted to the woman that these men were each dancing. When the woman heard that Pylades was dancing, her pulse became rapid and irregular; however, when the names of the other dancers were mentioned, her pulse was unaffected. Galen then relays that “studying the pulse and seeing that it was excited and irregular when mention was made that Pylades was dancing, I concluded that the lady was in love with Pylades” (Galen, 2nd century A.D.). This experimental setup reflects a higher order of conditioning than that of Erasistratus — the mere mention of Pylades’ name, devoid of his presence,

elicits a physiological response. Rather than simply observing the patient's change in physiological condition upon visitation by the lover, Galen's approach actively manipulates the environment to elicit the desired effect and thus constitutes a novel and successful approach to psychophysiology.

Many centuries later, a well-known Persian physician named Ibn Sina (also known as Avicenna) developed a Galenian approach to love sickness.¹¹ Ibn Sina, when confronted with cases of potential lovesickness, told others to “observe [the man's] pulse in such a way that when it fluctuates at the mention of one of these details the particular characteristics of his loved one may then be associated with a name and with an outstanding feature, by all of which she is to be recognized” (Ibn Sina, 10th century A.D.). Ibn Sina's method of pulse-monitoring is consistent with Galen's approach and is rooted in principles of experimental psychophysiology as well. Ibn Sina's major contribution to this discussion, however, lies in the mode of treatment which he delineates to those suffering from lovesickness. He asserts that, in a case involving a lovesick man, “when [the man] experienced union with the person he loved, his illness left him entirely in a short while” (Ibn Sina, 10th century A.D.). Ibn Sina deepens the medical investigation of lovesickness by providing a course of action, or treatment of sorts, to those who are lovesick.

Since our story is strikingly similar to those of Erasistratus, Galen, and Ibn Sina the psychophysiological model seems to be an appropriate lens through which to assess the lovesick man's malady in our story. In our story, the physicians were ostensibly utilizing a strictly observational approach—they noted his condition and its source, yet made no further attempts to assess his illness. An experimental psychophysiological approach may have proven highly useful in this case; monitoring the lovesick man's pulse upon recitation of the names of various women may have served as a valuable indicator of the nature of his illness. The discrepancy in measured pulse values would serve as a concrete, quantitative indication of the severity of his lovesickness. Furthermore, Ibn Sina's assertion that “union” with the desired woman

ameliorates the symptoms of lovesickness is relevant to our story as well. Perhaps a “union” in which the two parties were to socially, yet not physically, interact would reduce the severity of his malady.

In my opinion, there certainly exists another solution. The above psychophysiological investigations unequivocally demonstrate that lovesickness is rooted in principles of associative conditioning, whereby a particular stimulus, namely the desired woman’s presence or name, elicits a physiological response within the man which emanates from his romantic emotions. There is, however, a theory of extinction in psychology as well — if the stimulus is linked to an aversive phenomenon, then the original association may be eliminated. For example, if the administration of intense electrical shocks or harmful beatings were to accompany the desired woman’s name or face, each time it was mentioned or seen, the formerly lovesick man would begin to associate this woman with the painful experience, which would alter his feelings towards her. Ultimately, his romantic impulses would dissipate, and the symptoms which he formerly displayed would consequently be mitigated as well. Thus, the physicians in our story failed to identify a fundamental psychological phenomenon, which ultimately jeopardized the lovesick man’s health and tremendously complicated the remainder of the story.

The story of the lovesick man is, and continues to be, a powerful narrative in Talmudic literature. It is not simply a story. It is an expression of the theological tension and psychophysiological naivete which characterizes the Talmudic period. It forces us to seriously ponder the role of the physician in Jewish society and to apply scientific principles to the medical narratives contained within the Talmud. And it both preserves and perpetuates the value of life in Jewish tradition.

Ariel Sasson is a junior from New York majoring in Near Eastern Languages and Civilizations. Most people do not know what that means, so he usually just says “Jewish Studies.” He hopes to one day become a physician.

Endnotes

- 1 J. David Bleich, *Judaism and Healing: Halakhic Perspectives* (New Jersey: KTAV Publishing House, 2002), 2.
- 2 Bleich, 3.
- 3 Fred Rosner and J. David Bleich, *Jewish Bioethics* (New Jersey: KTAV Publishing House, 2000), 54.
- 4 Rosner and Bleich, 54.
- 5 Bleich, 4.
- 6 Bleich, 5.
- 7 Bleich, 6.
- 8 Marek-Marsel Mesulam and Jon Perry, “The Diagnosis of Lovesickness: Experimental Psychophysiology Without the Polygraph,” *Psychophysiology* 9 (1972): 547, accessed April 25, 2017.
- 9 Mesulam and Perry, 548.
- 10 Mesulam and Perry, 549.
- 11 Ibid.