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The Myth of Having It All: Torah, Therapy, and the Truth About Modern Womanhood

Ariel Goldstein is a Licensed Social Worker and Torah educator based in New Jersey.

Women in 2025 are told they can have dual roles in society—both as professionals and as mothers. But as someone expecting her first child at forty, I’ve learned that this message is more myth than reality.

Growing up, my mother worked, though not in a high-powered field or one that offered long-term stability. Her priority was trying to be a present, available mother. I had friends whose mothers were doctors or other professionals, but who

often felt emotionally abandoned. I also knew girls whose stay-at-home mothers urged them to become financially independent so they wouldn’t have to rely on a husband. Since the women’s liberation movement, society has promised that women can “have it all”—career, marriage, motherhood, financial security, personal fulfillment—but what it fails to mention is that something always has to give. And when that “something” is the emotional well-being of a child or the health of the mother, the cost is too high.

From the perspective of Torah, I was taught that a husband has a halakhic obligation to support his wife emotionally and financially, as promised in the *ketubah*.¹ And yet, in some religious communities, girls are socialized to become sole

¹ See [Ketubot 47b](#) for discussion of a husband’s obligations as listed in the *ketubah*.

breadwinners while their husbands learn full-time, often in financially unsustainable circumstances. My grandfather, a full-time worker and part-time learner, would often quote *Pirkei Avot*: “*Im ein kemah, ein Torah*”—“If there is no flour, there is no Torah.”² In other words, Torah learning is sacred, but a home cannot function without basic financial stability. I was raised with the value of being an *ezer ke-negdo*—a helpmate, not a substitute provider.

I come from poverty. Housing insecurity and instability defined my early life. I put myself through college over seven years using FAFSA, scholarships, and loans. My grandmothers encouraged me to become a teacher for the UFT pension and job stability, even though my passion lay in neuropsychology and, eventually, clinical social work.

After earning my B.A. in history, I began working as an associate Judaic studies teacher for fourth-grade girls. Though meaningful in some ways, the low pay, emotional burden, and mismatch between my strengths and the age group led me to reconsider. I pursued my M.S.W. at Fordham while dealing with chronic illness, emergency room visits, and multiple hospitalizations. I was diagnosed with idiopathic gastroparesis, a painful digestive disorder. I applied for disability but was denied multiple times. Just to survive and stay in school, I took out loans I’ll never be able to repay.

After graduating, I found myself in a bind. The

well-paying roles were grueling and impossible to sustain with my medical needs. The sustainable ones didn’t pay enough to survive. Eventually, I found a role with a nonprofit in Brooklyn working with the homeless in shelters, hospitals, and subways. The pay and schedule met my needs, but the risks were high. I witnessed firsthand the cruel trap of single mothers who earned “too much” to qualify for benefits but not enough to feed their children. One colleague worked four jobs just to survive, then left due to burnout. Another moved in with relatives despite having a full-time job and a degree. These women—like me—were like Rosie the Riveter, but they had no village to catch them when they fell.

Since moving to New Jersey and becoming a licensed clinician, I’ve encountered new challenges: antisemitism in the workplace, professional colleagues dismissing my values, and the unrealistic expectations placed on women in this field. At two jobs, I heard antisemitic tropes from coworkers—about Jews controlling the world, about *frum* life being backward—all under the guise of “social justice.” My Orthodox values, modest dress, and religious observance were seen as obstacles, not strengths.

As a woman and a clinician, I was expected to be endlessly available, emotionally selfless, and unflappable in the face of personal hardship. After experiencing an ectopic pregnancy, I received performative sympathy from colleagues while simultaneously being judged for setting

² [Pirkei Avot 3:17](#).

boundaries around my physical and mental health. When I asked for a work-life balance that honored both my healing process and religious observance, I was labeled “not a good fit,” despite positive feedback from supervisors and clients who expressed sadness and self-blame over my departure. When I requested a reason for my termination to better grow as a clinician, I was told the agency was “not legally allowed to disclose” why I was being let go, leaving me to piece together what was truly behind it.

These experiences reflect a broader issue: women in helping professions are expected to give endlessly while quietly enduring bias, burnout, and systemic inequity.

As a society, we often tell women they can “do it all,” but we fail to provide the infrastructure—financially, emotionally, or communally—to make that possible. We push them to earn, nurture, care, cook, plan, lead, and still appear composed and cheerful. It’s an unsustainable ideal. Torah doesn’t demand perfection from women; it values partnership, faith, and *avodah she-balev*—service of the heart. In particular, Orthodox Jewish communities must do more to create systems and spaces that allow women to be true partners to their spouses and well-rounded daughters, mothers, professionals, and friends. Whether a woman’s work takes place inside or outside the

home, she should be able to care for herself—physically, emotionally, and spiritually—and continue to grow in ways that enrich her life, her family’s, and her community’s. Only then can we begin to repair the world and fulfill the unique *tafkid* each of us was sent here to accomplish.

We must do better. For our daughters, for our clients, for ourselves. It’s not about telling women not to work—it’s about finally being honest: doing everything alone is not a badge of honor. It’s a sign of a society that has lost its way.

Let us be *neshei hayil*, yes—but let us also be human.

“Asthenes” as a Jewish Textual Reference to Obsessive-Compulsive Disorder

Shayna Herszage-Feldan (she/her) is a school psychology graduate student at Temple University with a prior graduate degree in psychology from Queens College.

The Aramaic term “*asthenes*”¹ is a loanword from Greek, which means “infirm” or “not strong” in its original language.² However, in its Aramaic uses throughout Jewish texts, the concept of an *asthenes* denotes a vague condition with a range of possibilities. While some usages, such as [Mishnah Berurah 473:43](#), have a connotation of

¹ This transliteration is closer to the Greek pronunciation than to the Aramaic. I am opting to use “asthenes” rather than the Aramaic-flavored “*istenis*” for the purpose of consistency with use of related words such as “asthenic.”

² Aaron Amit, “The delicacy of the rabbinic asthenes,” in [Systems of Classification in Premodern Medical Cultures: Sickness, Health, and Local Epistemologies](#) (Routledge, 2020): 204-218.

asthenes as a physical illness, others, such as [Sotah 11a](#), portray *asthenes* as a form of weakness due to pampering or socioeconomic privilege. Still other uses, like [Shulhan Arukh, Orah Hayyim 470:3](#), understand the *asthenes* to be a person who, while not necessarily weak or ill, is physiologically sensitive. Lastly, and most importantly for the purposes of this article, the *asthenes* is described in various texts as an individual who may be preoccupied with contamination and cleanliness in a manner characteristic of contamination-focused obsessive-compulsive disorder (OCD). These examples, which only represent a fraction of the characterizations of the *asthenes*, illustrate that, while the Greek etymology of the term is known, the Jewish textual characterization and understanding is vague and contested. Perhaps the term “*asthenes*” has a plethora of meanings; rather than characterizing a single condition, it is an umbrella term for physical, sensory, or psychological sensitivities, which include contamination-focused obsessive-compulsive disorder.³ This understanding of the halakhic term expands the realm of precedented leniencies in Jewish law to include space for necessary adjustments for individual mental health needs of those with OCD.

³ In future references throughout this article, this will be termed as “contamination OCD.”

⁴ See Yusra Shah, “Contamination OCD: Signs, Symptoms, and Treatment,” *NOCD* (Feb. 14, 2025), <https://www.treatmyocd.com/blog/contamination-ocd-fear-of-germs>.

OCD, in general, is characterized by obsessive thoughts or impulses, as well as compulsive actions or behaviors, many of which are intended to soothe the obsessive thoughts. Contamination OCD is a specific form of obsession and compulsion, in which obsessions are focused on disgust and anxiety surrounding feeling contaminated or interacting with contaminated objects, and compulsions are focused on feeling clean or uncontaminated. People with contamination OCD may engage in behaviors that help them to avoid contaminants or items contaminated by those contaminants through a chain of contamination.⁴ While people with contamination OCD may be focused on contaminants perceived as unclean by the general public, many are also focused on contaminants that are not perceived by the general public as being unclean.⁵ Contamination OCD can range from mild to severe in symptoms, but across the severity spectrum, it has the capacity to disrupt daily life.

The *asthenes* appears in various contexts throughout classical Jewish texts, and the term is ascribed to various characters and behaviors. In many of these cases, identification as an *asthenes* is evidence to support this individual’s differing

⁵ Robert E. Brady, Thomas G. Adams, and Jeffrey M. Lohr, “Disgust in contamination-based obsessive–compulsive disorder: a review and model,” *Expert Review of Neurotherapeutics* 10.8 (2010): 1295-1305.

approaches to Jewish laws, customs, and behaviors. One notable character who is described as an *asthenes* is Rabban Gamliel of the tannaitic age. [Mishnah Berakhot 2:6](#) states that Rabban Gamliel bathed on the night after his wife's passing, a behavior that appears inconsistent with standard Jewish mourning rituals. When his students ask about this, Rabban Gamliel responds that "I am not like most people; I am an *asthenes*," implying that his condition as an *asthenes* would cause him to experience particular distress due to not bathing. Similarly, people with OCD can often experience severe distress when prevented from engaging in compulsions and compulsive soothing behaviors.⁶ For example, someone with contamination OCD may worry about certain consequences, such as illness, if prevented from washing their hands after contact with a contaminant. For Jewish people with contamination OCD, rituals or customs which prevent bathing or washing may be a point of anxiety or stress. While he is not identified as specifically having OCD, this experience of distress due to ritualized lack of washing, common in contamination OCD, is reflected in the actions and words of Rabban Gamliel, who determines that the traditional rituals apply differently to him, and (we can reasonably assume) to others of his condition, as the ritual lack of washing has a different impact on

him than on those who do not have the *asthenes* condition.

Similarly, a case of business law regarding Rav Yosef, a self-identified *asthenes*,⁷ illustrates a case of an *asthenes* having permission to approach property laws differently than others, due to the ways certain elements of business and property contaminants may impact him as an *asthenes*. [Bava Batra 23a](#) discusses a case in which Rav Yosef owns an area of palm trees, under which a group of bloodletters regularly perform their procedures. Initially, the bloodletters have permission to work beneath his trees, but the matter becomes complicated as crows come to eat the blood, then fly up to the palm trees, eating some of the dates and wiping their blood-covered beaks on others. Rav Yosef instructs the bloodletters to leave due to the damage to his dates, but other rabbis argue with him. In the final stage of the argument, Rav Yosef states that permission to work in a particular space can legally be revoked if the workers cause damage, and Abaye clarifies that the "damages" necessary for such revocation must be particularly disgusting, such as smoke or sewage. In response, Rav Yosef explains that, as an *asthenes*, he is equally disgusted by the blood on his dates as by smoke or sewage, and he obtains approval to instruct the bloodletters to leave the area beneath his palm

⁶ Vladan Starcevic, David Berle, Vlasios Brakoulis, Peter Sammut, Karen Moses, Denise Milicevic, and Anthony Hannan, "Functions of compulsions in obsessive–

compulsive disorder," *Australian & New Zealand Journal of Psychiatry*, 45(6) (2011): 449-457.

⁷ See [Masekhet Kallah Rabbati 10:3](#).

trees.⁸ Much like in the case of Rabban Gamliel, Rav Yosef emphasizes that adhering to standard laws made for non-asthenic individuals would impact him very differently than people who do not share his condition. While bloody dates would be little more than a nuisance for non-asthenic individuals, they may cause an *asthenes* like Rav Yosef significant distress. Accordingly, the halakhic decision makes space for Rav Yosef's needs, and he is permitted to instruct the bloodletters to leave the area below his palm trees. Like that of Rabban Gamliel in *Berakhot*, this talmudic narrative depicts a case in which Rav Yosef, as an *asthenes*, relates differently to aspects of the world around him and, as such, requires a different approach to *halakhah* in order to make space for his own needs and perspectives.

The Talmud conveys another story of a rabbinic figure who identifies himself as an *asthenes* and behaves differently from the norm as a result. [Yerushalmi Berakhot 8:2](#) describes⁹ a scene in which Shmuel finds Rav eating food while holding said food with a cloth, rather than with his bare hands. Shmuel asks Rav, "What is this?" – accusing Rav of doing so in order to avoid washing his hands before eating in the manner that is consistent with the *halakhah*. In response, Rav states that he is an *asthenes*. [Penei Moshe explains](#) that this response is intended to indicate that, while Rav did wash his hands, he would nonetheless find it distressing as

an *asthenes* to eat with his bare hands. Rav presents with the possibility of two triggers: anxiety surrounding his hands contaminating his food, or anxiety surrounding getting food on his hands – thus, food contaminating his hands. Contamination OCD manifesting as anxiety surrounding contamination of hands *or* of food, whether directly or indirectly, are both not unheard of. In response to contaminants which cannot be easily avoided, many people with contamination OCD utilize barrier mechanisms in order to provide a protective layer between the clean object and the contaminant object, such as latex gloves – a mechanism which Rav illustrates with his use of the cloth between his hands and his food.¹⁰ Whether his obsessive behavior is fixated on preventing the contamination of his food or of his hands, Rav in *Yerushalmi Berakhot* 8:2 demonstrates the use of a protective barrier for the sake of cleanliness, a behavior common in contamination OCD, due to his identification as an *asthenes*. While this talmudic narrative does not feature a change in ritual behaviors, it does support the notion that the halakhic *asthenes* concept can represent an individual with OCD, as it illustrates the barrier mechanism preventing contamination.

In addition to the various rabbinic personalities who display *asthenes* behaviors, the Talmud and other halakhic texts introduce ways in which an

⁸ This interpretation is according to [Tosafot to Bava Batra 23a, s.v. "le-didi da-anina datai."](#)

⁹ A slightly different version of this anecdote is found in [Hullin 107a-107b](#).

¹⁰ Jeremy Segrott & Marcus A. Doel, "Disturbing geography: obsessive-compulsive disorder as spatial practice," *Social & Cultural Geography* 5(4) (2004): 597-614.

asthenes should observe *halakhah* differently than a non-asthenic individual, often in direct reference to differing perspectives on contamination and what it means to be unclean. These textual statements set a precedent for halakhic exemptions or changes to religious observance behaviors for an individual experiencing contamination OCD.¹¹ One of these adjustments is aligned with the aforementioned narrative of Rabban Gamliel during his period of mourning: [Shulhan Arukh, Yoreh Dei'ah 381:3](#) rules that a mourner who is an *asthenes* and would experience distress or discomfort at refraining from bathing may bathe while mourning. This particular source also is careful to state that one cannot identify falsely as an *asthenes* on a temporary basis simply in order to bathe for pleasure; rather, *Shulhan Arukh* clarifies that one who bathes on the basis of being an *asthenes* must have a prior pattern of “behaving in a way of cleanliness,” such that there is evidence that not bathing would cause severe distress. The character of the asthenic mourner described in this source is much like Rabban Gamliel in *Mishnah Berakhot* and much like those identified as having contamination OCD, per Vladan Starcevic et al., who experience distress when prevented from engaging in soothing behaviors such as washing or bathing.¹² This source may be used as a guideline for mourners with

contamination OCD, providing a textual basis for them to bathe during their period of mourning in order to avoid experiencing distress due to a lack of bathing.

Similarly, *Shulhan Arukh* states an exception to the halakhic prohibition against washing on Yom Kippur for one who is an *asthenes*. [Shulhan Arukh, Orach Hayyim 613:4](#) clarifies that, while most people are prohibited from washing their faces on Yom Kippur, one who is an *asthenes* who would experience distress if they did not wash their face may do so on Yom Kippur. As such, an *asthenes* is permitted to wash their face on Yom Kippur because it is not an action they are taking for the sake of pleasure. Relating this halakhic adjustment to contamination OCD follows the same logic as the case of bathing while in mourning: a person with contamination OCD may experience severe distress at being prohibited from washing their face. While refraining from washing on Yom Kippur may be merely a nuisance and point of minor discomfort for a non-asthenic individual, and may contribute to setting the day’s solemn tone, being prohibited from washing for a full day would possibly be a source of notable distress for an *asthenes* and would possibly detract from any other tone for the day. *Shulhan Arukh’s* statement in *Orach Hayyim* 613:4 clarifies that an *asthenes* may wash their face with water, indicating that

¹¹ It is worth clarifying that most halakhic exemptions require conferring with a halakhic authority. These examples simply state some of the instances of adjustments to halakhic observance, setting a precedent in general for halakhic exemptions on the grounds of contamination OCD being a form of *asthenes*.

¹² Starcevic, V., Berle, D., Brakoulis, V., Sammut, P., Moses, K., Milicevic, D., & Hannan, A. (2011). Functions of compulsions in obsessive-compulsive disorder. *Australian & New Zealand Journal of Psychiatry*, 45(6), 449-457.

their psychological and physiological distress supersedes this halakhic prohibition, which was not made with their particular health needs in mind.

In addition to personal cleanliness and washing behaviors, there is a textual precedent for an *asthenes*, such as a person with contamination OCD, to remove an item which may trigger distress. [Shulhan Arukh, Orach Hayyim 279:2](#) states that one is prohibited from moving a burnt-out candle on Shabbat. However, R. Moshe Isserles (Rema) adds that an *asthenes* who is particularly distressed or disgusted by the sight of the leftover candle oil, as a non-*asthenes* may be at the sight of a chamber pot, may move the candle to a place where it will not be a source of distress for them anymore. This scenario is aligned with the trigger experience of many people with contamination OCD: while the contaminant is not touching the person themselves, or even touching something that is intended to remain uncontaminated, its presence is still a source of immense distress and may trigger obsessive or intrusive thoughts and a desire to act on compulsions. As such, the ability to remove the triggering element is important for the individual's mental well-being, a fact which Rema appears to take into account. Rema on this ruling in *Shulhan Arukh* provides a textual precedent for an *asthenes*, such as a person with contamination OCD, to move an OCD-triggering

item which would be considered *muktzeh* for a non-asthenic individual.

Some textual sources which discuss *halakhah* for an *asthenes* are specifically focused on contaminants and contamination with regard to one engaging in prayer. This focus is pertinent to the needs of many Jewish people with contamination OCD, as many experience particular anxieties surrounding cleanliness prior to and during prayer, which may prevent them from praying, cause them to take a long time to pray, or cause them to experience immense stress surrounding prayers.¹³ For example, [Mishnah Berurah 4:37](#) initially states that one should rinse out one's mouth with water prior to saying the morning prayers, then clarifies that an *asthenes* who does not have access to adequately pure drinking water to comfortably rinse their mouth without triggering their anxieties may pray without having washed out their mouth. This ruling of *Mishnah Berurah* permits an *asthenes* to avoid being forced to choose between a contaminant (the unclean water) and a point of religious stress (being unable to pray). Similarly, [Shulhan Arukh, Orach Hayyim 97:2](#) initially states that one is forbidden from spitting during prayer, but clarifies that if they must spit, they may spit into an article of clothing which would absorb the saliva. *Shulhan Arukh* then adds, however, that an *asthenes* may be uncomfortable with spitting into

¹³ David Greenberg & Gaby Shefler, "Ultra-orthodox rabbinic responses to religious obsessive-compulsive disorder," *Israel Journal of Psychiatry and Related Sciences* 45(3) (2008): 183.

their own clothing, in which case, the *asthenes* may spit behind themselves. Thus, *Shulhan Arukh* takes the needs of the *asthenes* into account in order to establish a leniency that ensures that the *asthenes* is able to pray without experiencing distress. Many halakhic statements with regard to the *asthenes* and prayer are careful to establish leniencies and exemptions in order to ensure that the *asthenes* may pray while also considering their own needs. Statements such as these, when applied to Jewish people with contamination OCD, set a precedent for leniencies which may soothe obsessions and compulsions for people with contamination OCD with regard to cleanliness and prayer.

Many textual sources which discuss the *asthenes* serve not to provide grounds for leniencies for those who need them, but instead to provide a framework for how the general population can act in ways that are respectful and considerate toward an *asthenes*. OCD is, generally speaking, highly stigmatized by the public, and OCD-related behaviors are often met with mockery, disdain, and disregard for a person with OCD's needs and boundaries.¹⁴ However, textual uses of the *asthenes* through a mental health lens provide an alternative perspective for others to employ in interactions with people who have OCD – a perspective focused on respect, compassion, and understanding.

¹⁴ Rachele Pavelko & Jessica Gall Myrick, "Tweeting and Trivializing: How the Trivialization of Obsessive-Compulsive Disorder via Social Media Impacts User Perceptions,

The Talmud presents several situations in which the onus is placed on the non-asthenic individual to take care to be respectful, even if the individual is not certain of the needs and boundaries of the people nearby. For example, [Masekhet Kallah Rabbati 10:3](#) states that one should refrain from drinking directly from a full vessel (which may have been shared with others), handling a vessel with dirty hands, or blowing on water which may be shared with others, in case there may be an *asthenes* who will be uncomfortable with these behaviors. Indeed, these behaviors may cause many people with contamination OCD to experience distress, as they may not be comfortable sharing a vessel of water with another person or holding a dirty vessel – a point emphasized in [Tosefta Berakhot 5:10](#), which states that different people will have different "sensitivities" surrounding health and cleanliness. This perspective insists that the individuals without OCD must take the boundaries of those with OCD into consideration, even if they are unsure whether or not they will be interacting with someone uncomfortable with these behaviors. Thus, the onus is not on the person with OCD to continually attempt to establish certain boundaries with regard to contamination; rather, it is on others to, ab initio, aim to uphold certain boundaries in order to establish a communal undertone of respect for the needs of people with contamination OCD. This is

Emotions, and Behaviors," *Imagination, Cognition and Personality* 36 (2015), p. 1-23. <https://doi.org/10.1177/02762366155989>.

particularly beneficial for people with OCD, as they often may feel a sense of shame at seeking to establish boundaries, due in no small part to the stigma placed upon OCD.¹⁵ As such, respecting these boundaries ahead of time protects the dignity of people with OCD, in addition to helping them feel safe and respected for their needs. This talmudic source sets the expectation that non-asthenic people should aim to respect the needs of people with OCD even before they disclose their needs, protecting both the sense of safety and dignity of people with OCD.

The Talmud's emphasis on ab initio respect for asthenic individuals, or individuals with OCD, is wholly unsurprising, as the Talmud also is careful to illustrate the risks associated with disrespecting the contamination-related boundaries of an *asthenes*. [Tamid 27b](#) features the story of an *asthenes* whose teacher drank from a shared water vessel and did not then pour out some of the water prior to giving it to the *asthenes*.¹⁶ The *asthenes* refused to drink from the contaminated vessel and, as a result, died of thirst. The resulting ruling in the Talmud states that one should pour out some water from a shared vessel prior to giving the vessel to one's student, and that a student who pours out water from the shared vessel (due to the teacher having not done so themselves) should not be seen as disrespectful. This source clearly emphasizes that contamination OCD is not a matter to be trivialized; rather, it is quite literally capable of being a matter of life and

death, and should be treated as such in the eyes of others. This source in *Bavli Tamid* illustrates the importance of respecting asthenic individuals, indicating that doing so may change – or save – a life.

The *asthenes*, while frequently mentioned throughout classical Jewish texts, is left ambiguous in its definition. The present article asserts that the “*asthenes*” label is an umbrella term which applies to a wide range of sensory needs, including that of contamination OCD. The interpretation of the *asthenes* as being an individual with contamination OCD is supported by various textual references and narratives of rabbinic figures which present with contamination OCD-like needs and sensitivities. This interpretation grants a form of flexibility to the halakhic decision-making process for rabbinic figures in conversation with individuals with contamination OCD regarding respecting their mental health while also helping them observe *halakhah* safely, effectively, and meaningfully. Lastly, this interpretation of the *asthenes* allows communities to find a framework in classical texts surrounding the relationship between people with and without contamination OCD. In this framework, people without contamination OCD are advised to be mindful and compassionate toward not only people with contamination OCD who are present at that moment, but also toward those who may be present later on, promoting a tone of acceptance and destigmatization of

¹⁵ Ibid.

¹⁶ A behavior which would presumably make the water less contaminated for the *asthenes*.

mental illness while simultaneously recognizing the seriousness of obsessive-compulsive disorder. Classifying contamination OCD under the “*asthenes*” label provides a halakhic precedent for leniencies for the sake of psychological and physiological well-being, and it provides a Jewish communal framework focused on kindness and awareness of the needs of others.

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