With regard to grammar, I note that my revered father held that its study is included in the Gemara because its knowledge is crucial for reaching correct Halachic conclusions. He cited a grammatical error which led a well-intentioned author to propose building a mikvah in every Jewish home. Ignorance of the gender of the noun had led that individual to advocate that were undersized and invalid; their use would have resulted in massive exhortation, a review of the laws of mikvah construction, and his designs, of course. The Secret of the Jew was self-published and distributed for free in at least eleven editions before his death in 1939. Mikveh Israel included endorsements from Rabbi Shlomo Elchanan Jaffe and Rabbi Shimon Tzvi Elbaum, and it was quoted extensively by prominent Chabad posek Rabbi Nissan Telushkin in 1947 in his Taharat ha-Mayim (and again in the 2nd expanded edition in 1950).

The “well-intentioned author” criticized by Rabbi Kamenetzky’s father was unquestionably Rabbi Miller. Did he in fact make the alleged grammatical error, and did it indeed result in his advocacy for undersized mikvaot? If not, why would such a libel have developed and spread?

Who was this “well-intentioned author”? Did he in fact advocate for obviously undersized mikvaot? Did his position result from grammatical ignorance? Does advocacy of home mikvaot necessarily entail advocacy for undersized mikvaot? Answering these questions requires some background.

Halakhah sets out detailed standards for a valid mikvah in terms of water supply, size, etc. (see Shulhan Arukh, Yoreh Deah 201-202). These standards historically made building a mikvah practical only for communities, which is why Halakah declares the mikvah first priority for community construction.

The advent of indoor plumbing in the late nineteenth century opened the theoretical possibility of building mikvaot in ordinary private homes. Practically, however, the vast majority of Jewish women in the United States at that time did not immerse in any mikvah.

In the early twentieth century, Rabbi David Miller of Oakland, California dedicated himself “to the revival of the observance of nidah-tevilah-mikvah.” He theorized that women were uncomfortable immersing in public mikvaot for reasons of hygiene or modesty. (This discomfort may have been the product of improved private bathing facilities.) His proposed solution was “a mikvah in every home.” A successful contractor, he published reams of designs for mikvaot that (he certified) could be built cheaply and effectively by anyone and fit easily and attractively into living areas as well. They could even be disguised as cabinets or used as the frame for sofas, etc.

Rabbi Miller first published his designs in 1920 in a short Yiddish book titled Mikveh Israel. In 1930, he published a more ambitious English tome, The Secret of the Jew, which included hundreds of pages of exhortation, a review of the laws of mikvah construction, and his designs, of course. The Secret of the Jew was self-published and distributed for free in at least seven editions before his death in 1939. Mikveh Israel included endorsements from Rabbi Shlomo Elchanan Jaffe and Rabbi Shimon Tzvi Elbaum, and it was quoted extensively by prominent Chabad posek Rabbi Nissan Telushkin in 1947 in his Taharat ha-Mayim (and again in the 2nd expanded edition in 1950).

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1 Yitzhak Frank, Grammar for Gemara and Targum Onkelos: An Introduction to Aramaic, 3rd ed. (Jerusalem: Ariel United Israel Institutes, 2016), viii.


4 According to Rabbi Yossi Azone, there is also an approbation from Rabbi Moshe Zevulun Margoliot (RaMaZ), but I have not found this. See fn14 in Yossi Azone, “The Use of Municipal City Water for a Mikveh and the Case Study of the Seattle Rabbinate in the 1950s,” Institute for Jewish Ideas and Ideals, August 10, 2017, https://merrimackvalleyhavurah.files.wordpress.com/2017/08/municipal-city-tap-water-for-a-mikveh-rabbi-yossi-azose.pdf.
Rabbi Miller’s home mikvaot were intended to be filled with ordinary municipal tap water. It is universally agreed that mikvah water must not have been stored in a keli (utensil) capable of holding water (Shulhan Arukh, Yoreh Deah 201:6). Such water is called she’uvin. The mikvah itself must also not be a keli. The Secret of the Jew contains extensive explanations of why tap water is not considered she’uvin (despite being piped from reservoirs and journeying through holding tanks and water meters) as well as detailed instructions for constructing a water-tight mikvah that is nonetheless not halakhically a keli.

Rabbi Miller’s approval of tap water mikvah was not radical at the time. Rabbi Yossi Azose argues convincingly that communal mikvaot filled from municipal water supplies were common in the United States until at least the late 1950s.²

Sometime after Rabbi Miller’s death, however, Rabbi C.Y.L. Deutsch began an enduring and successful campaign to “upgrade” such mikvaot to systems that connect with rainwater pools (through a mechanism known as hashakah). There is no doubt that such systems offer significant halakhic advantages, and it is not hard to construct arguments for invalidating tap water mikvah.

We can understand why supporters of Rabbi Deutsch’s campaign would be unhappy with Rabbi Miller’s proposal for home mikvah, which assumed the halakhic validity of tap water mikvah and advocated for their use even in communities with a public hashakah mikvah.⁵

Opponents of home immersion also note correctly that only total immersion is halakhically sufficient, and the vast majority of women cannot fully immerse themselves in standard-size bathtubs. (This is independent of the objective amount of water necessary for a valid mikvah.)

If one has not read Rabbi Miller’s books, it is reasonable to suppose that he was advocating for bathtub immersions—that is, for immersion in mikvah that do not enable total immersion. After all, Halakah does not require a mikvah to be used exclusively for religious purposes. There is no halakhic objection to using a mikvah as a bathtub. So why should there be an objection to using a bathtub as a mikvah?

It therefore makes sense that proponents of bathtub immersion cite Rabbi Miller as their precedent and that opponents of tap water mikvah accuse him of supporting bathtub immersion. One side sees bathtub mikvah as an evocative symbol of opposition to stringencies that make halakhic observance difficult and empower rabbinic bureaucracies. Meanwhile, the other side uses Rabbi Miller’s alleged validation of bathtub immersions as a rhetorical weapon to cast doubt on Rabbi Miller himself stridently rejected the use of bathtubs as mikvah. A subchapter in The Secret of the Jew is titled “A Bathtub is not a Mikvah.” Both Mikveh Israel and The Secret of the Jew contain instructions for building a separate mikvah in one’s house.

In fact, Rabbi Miller himself stridently rejected the use of bathtubs as mikvah. A subchapter in The Secret of the Jew is titled “A Bathtub is not a Mikvah.” Both Mikveh Israel and The Secret of the Jew contain instructions for building a separate mikvah in one’s house.

How did this false impression start? Like most urban legends, it has a basis in fact. Let’s look at the Rambam cited by Rabbi Kamenetzky:

The width of the gadal⁶ used in all these measurements and in all other Torah measurements is the etzba ha-beinoni. We have carefully calibrated its measurement and found that it is the width of seven medium barley grains placed side-by-side exactly, which is the equivalent of two barley grains in length. The term tefah everywhere equals four of these etzvaot, and the term amah equals six of those tefahim.⁹

Rabbi Kamenetzky asserts that Rabbi Miller did not correctly identify the gender of the word etzba. Why would this matter? The key is that the following word “ha-beinoni” is masculine. So if etzba is masculine, Rabbi Kamenetzky reasons, then the phrase should be read together: “the etzba, which is the beinoni,” or the middle finger. But if etzba is feminine, then it must be translated as “the etzba of the beinoni,” or “the etzba of the average person,” without telling us which finger is the etzba.

I do not disagree with Rabbi Kamenetzky about the importance of grammar. But grammarians become terrible interpreters when they assume that all writers share their sense of correct grammar. For interpretation, what matters is not what gender the words etzba and ha-beinoni have in “correct” Hebrew; rather, it is whether medieval Jewish texts assigned them a consistent gender.

The evidence is clear that they did not do this. For example, Rash (Rabbi Samson of Sens) writes “ba-etzba, hi ha-beinoni” in his commentary to Mikvaot chapter 6, “with the etzba, which (feminine) is the middle finger (masculine).” Meanwhile, Rosh in Hilkhot Mikvah writes the phrase “ve-etzba, ve-hu ha-beinoni;” “the etzba (feminine in “correct” Hebrew), which (masculine) is the middle finger (masculine),” each of them displaying indifference to the genders of their nouns and pronouns. On the other hand, Netziv—certainly a fine grammian—writes in Meishiv Davar 1:20, “It seems that they were concerned to measure by a person with wider fingers than the average person, unlike Rambam, who wrote explicitly ‘ve-hu ha-beinoni,’ meaning ‘of the average person.’”

Plainly, both understandings of etzba ha-beinoni are possible. In fact, both have long histories.

Rabbi Kamenetzky presumably assigned etzba as feminine, as it is in Tanakh, and adopted Netziv’s interpretation—“of the average person.” He charged Rabbi Miller with the grammatical error of seeing ha-beinoni as modifying etzba and therefore of mistakenly identifying it with the middle finger. He further claimed that this “error” led Rabbi Miller to advocate for mikvaot that were too small.

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⁵ Ibid., 3.
⁹ Gadal generally means “thumb.” However, see Rabbeinu Bahye, Leviticus 8:23 for a position identifying it as the pinky. See also Bartenura to Mishnah Eruvin 3:1.

All translations in the article are my own.
When I first heard this charge against Rabbi Miller, it seemed obviously incorrect. No one disputes that the minimal halakhic measurement for a kosher mikvah is at least enough water for an ordinary person to fully immerse. Any measurement too small to enable this would be useless, and any measurement that enables this is plausible.

Moreover, the Talmud (Eruvin 14b) provides an objective volume measurement for a mikvah—it must be three amot by one amah by one amah, or three cubic amot. Since the range of positions as to the length of the halakhic amah ranges from approximately 18 to approximately 24 inches, Rabbi Miller had an easy way of checking his calculations. A 24 inch amah yields a 24-cubic-foot mikvah, and an 18 inch amah yields a 10.125-cubic-foot mikvah. Presumably, Rabbi Miller’s number fell somewhere in that range.

The mystery deepened when I looked up Rabbi Miller’s book and discovered the following:

a. he advocated for a 24-cubic-foot mikvah, the largest possible size, and
b. he understood the phrase in Rambam exactly as Netziv and Rabbi Kamenetsky did.

Moreover, as Rabbi Miller was certainly aware, Rambam in other places makes perfectly clear how to measure the relevant etzba. In Hilkhot Shabbat 17:36, Hilkhot Tzitzit 1:6, and Hilkhot Nesiat Kapayim 15:4, he writes that any etzba mentioned with regard to measurement refers to the thumb, not to the middle finger. (In fact, though Rabbi Miller was not aware of this, the word etzba is not present in any manuscript of Hilkhot Sefer Torah 9:9. Assuming that this is the correct text, there would be no ambiguity at all.)

So, what was the basis of Rabbi Kamenetzky’s charge?

Rabbi Ezra Schwartz of RIETS, my son’s wonderful rebbe, put me on to the truth. In 1938, Rabbi Miller became frustrated that his efforts to popularize home mikvaot had not been met with sufficient success. He decided that more people would build them if they took up less space. So, he recalculated. The upshot was that for the eleventh edition, he shrank the required size of a mikvah from 24 cubic feet = 179.53 gallons to 10.777 cubic feet = 80.57 gallons.

Rabbi Miller acknowledges in this last edition that friends advised him to avoid controversy by adopting the Arukh ha-Shulhan’s measurements instead, which he presents as 15.6 cubic feet = 116.7 gallons. He decided regardless to advocate for the smallest possible measurement in order to make the mitzvah as accessible as possible. Furthermore, he writes that empirical observation (he tried it himself) will demonstrate that a mikvah of his recommended size is sufficient for full immersion. He reports sending his revision to a broad range of scholars and receiving no factual rebuttals.

And therein lies the rub. Rabbi Miller also does not report receiving any letters endorsing his revised measurement. He acknowledges that it is much smaller than any approved European mikvah. It seems likely to me that none of the approbations to his earlier editions would have approved the revision, and it also seems likely that he did not give anyone the option of withdrawing their previous approbations.

### Coping under Corona: A Review of Halakhic Approaches to Mental Health and Covid-19

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Meet four casualties of a parallel pandemic, the emotional fallout of COVID-19. Shmuel is an athlete and Torah schoolteacher who recently recovered from COVID-19, but now he is plagued by nightmares and flashbacks. He is anxious, cannot concentrate, and is unable to teach. Hava is a mother of four who has been exercising social distancing, isolating herself from her family at home. Initially, she wiped down all surfaces in the house once per day and washed her hands each time she touched something from the outside. As time progressed, she began to wash and clean more frequently so that she now spends most of her day disinfecting. She is scheduled to go to the mikvah tomorrow night but is gripped by fear of leaving the house, visiting a place that she has not cleaned, undressing, touching surfaces there, and immersing in the water.


11My home’s ordinary five-foot bathtub contains slightly over 8 cubic feet, or around 60 gallons.

Chaim is quarantined in his bedroom after exposure to his grandson, who contracted COVID-19. His wife checks on him frequently through their home’s internal security cameras. She often sees him crying. One morning, she notices that he is curled up in a ball in bed, having missed zeman tefillah. Despite her best efforts, she cannot cajole him to dress, shower, or daven. And Sarah is a veteran nurse who works in an overwhelmed emergency department where she witnessed many patients succumb to the virus due to shortages of medication, staff, and ventilators. She had looked forward to a five-day break from the stress of caring for patients without the necessary means to help them. When she fails to return for her shift, a colleague calls the police, who find her unconscious in her apartment after an apparent overdose. After a lengthy resuscitation in the hospital, she awakens and reports to the psychiatrist that she had become increasingly depressed over Shabbat because she was alone and lonely.

The challenges that these four individuals face illustrate the profound impact COVID-19 has on mental health, fostering stress, anxiety, and mental illness, and compromising one’s ability to perform mitzvot and engage in religious life.

They are not alone in this parallel pandemic. Kaiser Permanente has reported that nearly half of Americans believe that COVID-19 has harmed their mental health. In the month of April 2020, more than one in four American adults suffered serious mental distress and illness, a 700% increase from April 2018. The United Kingdom has reported a similar increase in depression since the onset of the virus. In the third week of May, after the Israeli government exited lockdown and the country returned to routine, one-third of Israelis reported feeling stressed or anxious, and one-fifth felt depressed or isolated. Over one million Israelis believe that their mental health has declined since the outbreak of the virus.

Several factors account for this dramatic decline in mental health, including fear of infection, uncertainty over a second wave or whether the first wave has ended, absence of an effective vaccine or treatment, financial difficulties, less communication with supportive friends and family, and grief from the loss of loved ones.

In addition, infection with the virus may precipitate mental illness. Delirium is common in the acute stage of SARS, MERS, and COVID-19. In previous coronavirus epidemics, after the acute stage of illness passes, the risk of depression, anxiety, fatigue, and post-traumatic stress disorder rises. There is currently little data on the long-term psychological impact of COVID-19. However, given the large number of individuals who have already been or might become infected in the future, it could have a profound impact on mental health.

Health care workers like Sarah, who serve on the front lines of the epidemic, face an exceptionally high risk of psychological distress, as they struggle with overwhelming work schedules, increased patient volume, shortages of protective equipment, absence of an effective treatment, and fear of infecting themselves and those around them. Over 70% of healthcare workers from Wuhan, the source of this epidemic, demonstrate psychological distress and more than half suffer depression. The COVID-19 epidemic has the potential to cause long-term harm to the mental health of our health-care providers. In Italy, 50% of healthcare workers on the front-lines of this epidemic suffer PTSD.

A recent editorial in the New England Journal of Medicine declared, “We are now facing a surge of physical and emotional harm that amounts to a parallel pandemic,” and called for a national strategy to protect clinicians’ well-being.

This article offers an overview of how Halakah approaches mental illness and psychological well-being in light of the devastating psychological effects of COVID-19 and the potential for long-term psychological impairment from infection. Biblical and Talmudic sources employ several terms to describe mental illness. I Samuel 16:14 offers the first biblical reference to depression, describing Saul’s bouts of ruah ra’ah, mental illness, after he loses the crown to King David. King David visits Saul and plays music for him, which cures him of the problem. Abbarbanel describes ruah ra’ah as melancholia, an illness in which sorrow, severe anxiety over one’s fate, and depression (characterized by racing thoughts and dramatic fluctuations between deep sadness and elation) replace imagination and the ability to concentrate. Taanit 22b explains that an individual may fast on Shabbat if he is pursued by a ruah ra’ah. Why does ruah ra’ah justify fasting? Rashi (s.v. mipnei ruah ra’ah) explains that a person might drown or die, because an evil spirit

18 Ibid.

17 Jonathan P. Rogers, et al, “Psychiatric and Neuropsychiatric Presentations Associated with Severe Coronavirus Infections: A Systematic Review and Meta-Analysis with Comparison to the COVID-
enters his body and causes him to run with abandon endangering his life. Meiri s.v. (zehu beuir ha-Mishnah u-pesak shelah) defines the condition as hallucinations from which one flees madly. Bava Metzia 84a recounts Rabbi Yohanan’s pain over the death of his havrutah Reish Lakish. He wandered from place to place rending his clothing, weeping and crying, declaring “Where are you, son of Lakish?” He screamed until his mind was taken from him, an apparent reference to insanity. Rambam Peirush ha-Mishnah to Shabbat 2:5 defines ruah ra’ah as “melancholiat” where the individual prefers to be isolated in a dark room. In Shemonah Perakim Chapter 5, he calls mental illness marah shehovah, black bile treated with music and walks in the garden or around beautiful buildings. Rashi and Meiri describe psychosis while Bava Metzia and Rambam focus on different levels of depression. It appears that these early sources understood that there was a spectrum of mental illness characterized by a wide variety of symptoms.

How Does Halakhah Approach Mental Illness?

Characteristics of mild depression include irritability, negative thoughts, feeling unusually tired, hopeless or overwhelmingly sad, being frequently on the verge of tears, self-loathing, difficulty focusing, lack of motivation, a desire to be left alone (reminiscent of Rambam’s definition of ruah ra’ah in Peirush ha-Mishnah), unexplained minor aches and pains, or loss of empathy. Severe depression can include stronger forms of these symptoms and can be debilitating, precluding performance of one’s usual activities. In addition, severe depression can involve delusions, hallucinations, and thoughts about self-harm or suicide.

Jewish law classifies illness into two primary categories – holeh she-yeish bo sakanah, one who has an illness that involves danger to life, for whom one may violate nearly all prohibitions; and holeh she-ein bo sakanah, an illness that is not life- or limb-threatening, for example an “ordinary” bedridden patient for whom a Jew may not violate a biblical prohibition. He may violate a rabbinic prohibition with a shinui, a change. However, one may ask a non-Jew to violate a biblical or rabbinic prohibition on his behalf.

Several sources suggest that Halakhah defines someone who suffers from severe depression as a holeh she-yeish bo sakanah and that caring for that person creates a situation of pikuah nefesh. Shabbat 29b teaches that one is permitted to extinguish a flame on Shabbat for someone who is afraid of ruah ra’ah, which Rashi defines as an evil spirit, a psychosis. Shulhan Arukh (Orah Hayyim 571:3) suggests that one who suffers ruah ra’ah is exempt from rabbinically decreed fasts. Hatam Sofer (Orah Hayyim 83 s.v. nahazor le-inyanenu) permits institutionalizing a child in a facility that will feed him non-kosher food. He reasons that if the child does not enter the institution, he will remain a shoteh and thus will be exempt from all mitzvot. In other words, we violate one prohibition now to ensure fulfillment of many more mitzvot in the future. However perhaps, we cannot extrapolate from a shoteh to one who suffers severe depression, as a shoteh is already exempt from performing mitzvot, while one who suffers from severe depression is not.

More recently, Rav Moshe Feinstein sees helping someone with severe mental illness as doing pikuah nefesh, which overrides nearly all prohibitions. In Iggerot Moshe (Yoreh Deah 11:59), he rules like Hatam Sofer that a young adult who suffers from mental illness may be placed in an institution that serves non-kosher food because should he not be institutionalized, he might harm himself or others. In Iggerot Moshe (Even ha-Ezer 1:65), he permits use of a contraceptive diaphragm for a woman who suffered two serious bouts of postpartum depression. He writes that her mental illness poses a danger not just to her but also to her young children, since it is not possible to watch over her to ensure that she does not cause any harm.

Finally, in Iggerot Moshe I:67, an engaged middle-aged man who has not fulfilled the mitzvah of peru u-revu asks if he may marry his fiancée, as her kidney disease precludes pregnancy in the short-term. Rabbi Feinstein cites several reasons for forbidding the marriage but concludes that if annulling the engagement will cause psychological distress and pose a safek sakanah, uncertain danger, to either party, but specifically the woman, whose medical condition might worsen, they may marry and use contraception. This teshuvah suggests that Halakhah seeks to preserve the psychological well-being of the otherwise healthy as well as those who already suffer mental or physical illness. Indeed, one may violate a prohibition to improve the frame of mind of a holeh who suffers a physical ailment if deterioration of his psychological state will compromise his medical condition.

Nishmat Avraham in his introduction to Shulhan Arukh Orah Hayyim 328, which discusses desecration of Shabbat for pikuah nefesh, similarly writes that we treat someone with mental illness no differently from someone with physical illness, violating Shabbat according to the severity of his illness, risk of endangerment to himself and others, and recommendation of his physicians. Thus, Halakhah classifies serious mental illness as pikuah nefesh either because the individual might come to harm himself or others, or because he might become incapacitated and incapable of performing mitzvot in the future. If nurse Sarah had shown signs of psychosis or severe depression, Halakhah would potentially treat her like a holeh she-yeish bo sakanah, permitting the desecration of Shabbat to help her.

How Does Halakhah Approach Milder Forms of Mental Illness?

Exploring this question from several angles suggests that Halakhah approaches milder forms of mental illness as a holeh she-ein bo sakanah.

Mild depression seems to satisfy several relevant criteria. Shemirat Shabbat ke-Hilkhotah 33:1 defines holeh she-ein bo sakanah as someone who needs to lie down rather than move around freely, has fever or pain that weakens the body such as a migraine headache, or one who might become ill if he does not receive medical treatment. Shulhan Arukh Orah Hayyim 328:17 classifies as holeh she-ein bo sakanah as one needing to be confined to bed, which is often the case with mild depression. Tzitz Eliezer 12:18:8 permits someone who has recovered from non-life threatening mental illness to recite birkhat ha-gomel, because he classifies mental illness as a form of illness. Rav Asher Weiss has explicitly classified mild depression as holeh she-ein bo sakanah for which one may be permitted to take medicine on Shabbat or ask a non-Jew to violate a prohibition.

The possibility that failure to treat mild depression could exacerbate an individual’s current condition might also justify its classification as holeh she-ein bo sakanah. In Assia 42-3 (11, 2-3), Nissan 5747, 32-36, Rav Yitzhak Zilberstein recounts the story of a holeh whose doctor permitted him to fast on Yom Kippur because he was no longer in any danger. Rav Velvel Soloveitchik (the Griz) ruled that the patient must eat, telling the doctor that pikuah nefesh is not just limited to present danger but also includes the possibility that fasting might harm him in

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the future, should he fall ill again. This story highlights the importance of addressing mental health proactively. Monitoring and implementing early interventions to protect the mental health of health care workers on the front line of COVID-19 pandemic, those who have faced quarantine and long-stretches of isolation, and those recovering from infection, could have helped prevent nurse Sarah’s severe depression, Grampa Chaim’s mild depression, and Reb Shmuel’s post-traumatic stress disorder. Thus Chaim, who cannot get out of bed to daven and whose medical condition might deteriorate if left untreated, would be considered holeh she-ein bo sakanaḥ, and his wife could ask a non-Jew to violate rabbinic prohibitions, such as turning on the air conditioning on Shabbat, on his behalf.

The Rabbis prohibit practicing medicine on behalf of the healthy on Shabbat to prevent shehikat simanim, crushing of medicine, which would constitute a violation of the melakhah of tohen, grinding. The prohibition does not apply to a holeh. Even if one does not classify mild depression as holeh she-ein bo sakanaḥ, someone with mild depression who takes antidepressants may do so on Shabbat. Tzitz Eliezer 8:15:15 permits sleeping pills on Shabbat, explaining that we should treat them no differently than other medicines; just as medicines to treat physical ailments calm specific parts of the body, sleeping medicine calms the nerves. He cites poskim who permitted pain medicine on Shabbat. In Tzitz Eliezer 14:50, Rav Waldenberg permits anxiolytics on Shabbat because they calm nerves and relieve tension. He explains that the prohibition against taking medicine on Shabbat applies to medicines that treat the underlying disease, whereas sleeping pills and anxiolytics only relieve symptoms and so do not fall under the prohibition of shehikat simanim. Logic dictates that we can approach antidepressants, which do not treat depression but only its symptoms, similarly.

**Obsessive-Compulsive Disorder (OCD)**

Obsessive-compulsive disorder (OCD) is an anxiety disorder associated with recurring, unwanted thoughts, ideas, or sensations (obsessions) that drive one to do something repetitively (compulsions). The repetitive behaviors, such as hand washing, checking on things, or cleaning, can significantly interfere with a person’s daily activities and social interactions. In a teshuvah regarding OCD, Rav Asher Weiss rules that someone with this condition whose physicians specifically recommend that he refrain from repeating words, should not repeat words of tefillah even when he knows that he has not said the words correctly.24 He writes that one may give up on a positive commandment to prevent becoming bedridden or sick or to recover from an illness. He points out that someone who is lost in the desert and does not know which day is Shabbat may only perform the melakhah that will enable him to survive. Yet he may walk beyond the tehum, even though any given day could be Shabbat, since he must do all that he can to leave the desert and return to civilization to perform mitzvot. From this example and that of Hatam Sofer (Orah Hayyim 83 s.v. nahazor le-inyanenu), he concludes that the individual with OCD may lapse in the recitation of berakhot and keriyat shema in the hope of ultimately performing these mitzvot scrupulously. This is the position of Rav Yitzhak Zilberstein in Kerayna de-Iggerita (373) in response to a similar question regarding the management of OCD. Rav Asher Weiss adds that an individual with OCD should not refrain from eating bread to avoid reciting birkhat ha-mazon, reasoning that if he did so, there would be no end to the efforts he may make to avoid mispronouncing prayers.

**Mikvah preparation can be particularly challenging for a woman who suffers from OCD. She might spend hours preparing for immersion tormented by doubt as to whether she did so properly, avoid relations because she is convinced that minor inattention to a detail invalidated her immersion, or pose the same question to a halakhic authority each month. In his Laws of Niddah (9:25), Ramban addresses anxiety associated with mikvah preparation and advises against excessive stringency in the laws of hazzah, barriers to immersion: “If one searches for uncertainties to disqualify immersion over some trivial matter, there is no end… One should not give thought to grave uncertainties that are endless such as whether one closed her eyes too tightly, clenched her lips too tightly, and other questions, because who can distinguish between too tightly and not too tightly?” In general, but especially for someone who suffers from OCD, one must distinguish between halakhic requirements and anxiety-provoking stringencies to ensure that observance of mitzvot does not cause angst.25 Such an approach would greatly reduce Hava’s anxiety regarding mikvah during COVID-19.

**Post-Traumatic Stress Disorder (PTSD)**

Witnessing or experiencing a terrifying event can lead to post-traumatic stress disorder (PTSD), which can involve flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event, such as those that Reb Shmuel displayed. Acute illness, especially severe, life-threatening illness with admission to an intensive care unit and mechanical ventilation, are known triggers.26 Cognitive behavioral therapy and cognitive processing therapy are effective treatments. However, music therapy, which relieves depression, can also reduce symptoms and improve functioning.27 Although Halakhah generally prohibits music during times of mourning, some poskim permit its use to relieve psychological distress and depression. Thus, in his discussion regarding the prohibition against listening to music as a sign of sadness following destruction of the Temple, Shevet Ha-Levi 6:9 states that it is a mitzvah to listen to music to calm one’s nerves. Similarly, in Shevet Ha-Levi 8:127, Rav Wolfsner permits listening to music to relieve nerves during the three weeks. Music cured King Shaul of his ruah ra’ah and might have helped comfort our four casualties of the parallel pandemic, as we will discuss below.

**Preventing Depression and Promoting Psychological Well-Being in Healthy Populations**

Halakhah values the mental health of the healthy and promotes interventions that maintain psychological well-being even in those

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24 Minhat Asher 2:134.


who do not have mental illness or psychiatric symptoms. A number of poskim permit the violation of prohibitions to prevent depression in individuals without a history of mental illness. Iggerot Moshe 1:67 emphasizes the importance of preventing tza’ar, mental anguish, in the healthy. Similarly, in Iggerot Moshe, Hoshen Mishpat 2:66, Rabbi Feinstein permits a young, healthy woman to undergo plastic surgery to relieve tza’ar. He concludes that the surgery does not violate the prohibition of havalah, inflicting a wound, since it is for her benefit. In Iggerot Moshe Yoreh Deah 4:49 he permits a heresh (one who cannot hear or speak) to receive an aliya for his bar mitzvah, aufruf, or other special occasions, thus relaxing a rabbinic prohibition in order to prevent humiliation or depression. Similarly, Rav Ezra Basri permits visiting the grave of a deceased relative on Rosh Haodesh, a festive day when such visits are generally prohibited, to prevent depression.28 This ruling is particularly critical for mourners who are already at high risk for depression from the emotional burden of their personal loss. Finally, Rabbi Yitzhak Zilberstein permits someone with a speech impediment whose speech therapist instructed him to call businesses, specifically strangers whom he does not know, as a way to treat a severe stutter, although he has no intention of purchasing their products.29 He does not consider these phone calls geneivat da’at, a deliberately misleading act, if there is a suspicion that his condition will lead to depression. He considers depression a hashash sakanah, a possible danger, citing the example of Rachel begging, “Give me children, or I shall die” (Genesis 30:1), to prove that depression can lead to self-harm. He concludes that if there is a medical need or safek pikuah nefesh, the phone calls are permitted. These rabbinic rulings suggest that Jewish law values interventions that promote mental health and minimize psychological harm, even if such interventions interfere with the performance of mitzvot or violate rabbinic prohibitions.

Halachic Rulings Promoting Mental Health and Well-Being During Coronavirus

Several rabbinic authorities have issued statements during the COVID-19 pandemic that seek to promote mental health and well-being. Fourteen Sephardic rabbis issued a statement permitting the use of Zoom for the Passover Seder to lift the spirits of the elderly, who were separated from their families, to “give them motivation to keep fighting for their lives, and to prevent depression and mental weakness which could lead them to despair of life.”30 They issued this statement under the condition that video conferencing was set up before the holiday and continued until after it, and limited its application to “emergency times only” and those who need it. Several rabbis harshly criticized this statement,31 and a number of those who initially endorsed the statement subsequently retracted.32 Nevertheless, the statement reflects the concern of rabbinic authorities over the mental health of the elderly and those in social isolation during COVID-19.33

To this end, Rabbi Hershel Schachter ruled that the family of someone quarantined over yom tov who suffers from depression or mental illness, and whose physicians worry that spending yom tov without speaking to family puts him at risk for suicide, may and even must telephone or leave the internet open for him.34 He cites the aforementioned Taanit 22b, which classifies ruah ra’ah as sakanat nefesh. He also quotes Iggerot Moshe Even ha-Ezer 1:65 and Rav Velvel Soloveitchik, who state that severe mental illness qualifies as pikuah nefesh. He extends this permissive ruling to any sick person whose physicians believe his condition may worsen over yom tov to a safek sakanah. Similarly, he rules that if a parent who is ill lives outside of Israel and has a non-Jewish aide, children in Israel may call the aide when it is no longer yom tov in Israel but is still yom tov in the diaspora, and ask the aide to show the parent his family on the phone. “Under great and pressing circumstances,” Rav Schachter permits leaving the phone on before yom tov but prohibits leaving a computer screen on. Nurse Sarah might have benefitted greatly from these rulings, which could have relieved her depression and isolation over Shabbat and potentially prevented her from attempting suicide.

Many women, not just those with OCD, have expressed concern regarding the safety of the mikvah during COVID-19. To this end, poskim have issued rulings to make mikvahot safer during COVID-19 and ease women’s anxiety regarding immersion. Rav Asher Weiss and others have permitted immersion in the mikvah during the day, either on day eight35 or even day seven under the condition that the couple does not see each other until after nightfall, to decrease the number of women there at any one time.36 Some have permitted doing all preparation, including haffifah and iyun, at home, to minimize contact with surfaces, time at the mikvah, and exposure to others.37 Poskim generally discourage showering after immersion, based on Ohr Zarua 1:755:3, to avoid washing off the mikvah water and invalidating the immersion. Indeed, in Yoreh Deah 201:75, Rama codifies this position. Yet, Rav Schachter rules that during COVID-19, the prohibition against showering is a stringency, and allows women to shower upon returning home immediately after immersion, in order to reduce the risk of infection.38 He quotes Iggerot Moshe Yoreh Deah 11:96, which permits a woman who is istanistit, pampered, and cannot tolerate refraining from bathing an entire day, to shower immediately. If an istanistit may shower after the mikvah,

33 For further discussion of the Zoom Seder controversy, see https://thelehrhaus.com/timely-thoughts/making-seder-out-of-the-zoom-seder-controversy/.
34 “An Open Letter from Dr. Daniel Berman and Rabbi Dr. Aaron Glatt,” March 15, 2020, Rav Hershel Schacter, Piskei Corona #2, Sick in Isolation, pages 4-6 of PDF located at https://www.torahweb.org/torah/docs/rsh/RavSchachter-Corona-All.pdf.
35 Rav Asher Weiss, Minhat Asher, 21-22.
36 “Mikveh and Health Advocacy,” Webinar The Eden Center and OU Israel, http://theedencenter.com/mikveh-and-health-advocacy/, Rav Shmuel Eliyahu, minute 34:00-35:00.

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28 Ezra Batzri, Sha’arei Ezra 2 Yoreh Deah 87.
31 Rav Asher Weiss, Minhat Asher, Leket Shirim U-Shealot Iggerot U-Maamarim L-Noseh Ha-Karonah (Jerusalem, Israel: Minhat Asher, 2020), 75-76.
32 https://www.kikar.co.il/352847.html.
then certainly a woman immersing during COVID-19, who is not pampered but simply acting out of proper vigilance, may do so. Rav Asher Weiss echoes Rav Schachter’s position. After immersion on Shabbat during COVID-19, Rav Schachter permits a woman to shower in cold water, a practice that is generally discouraged. On yom tov, he permits her to shower with a small amount of hot water, despite his general opposition to showering with hot water on yom tov. He allows health care workers returning from caring for patients on yom tov to shower in hot water and on Shabbat, with a shinui. He distinguishes between the two situations, arguing that immersing on Friday night is not a requirement (the woman could have delayed immersion until Saturday night), whereas the healthcare worker was required to work and could not defer his shift until Shabbat. Thus, Hava might be comforted by the knowledge that she may perform all preparations at home, to come to the mikvah completely ready, bypass the changing room, and walk right into the mikvah, distancing herself from the attendant and others at all times. In addition, she may immerse during the day. On weekdays, she may bathe immediately after immersion. If she is scheduled to immerse on Friday night, she may then shower in cold water.

Concerns over the mental health and psychological well-being of the public inspire Rabbi Schachter’s teshuvah regarding the aveilut of sefirat ha-Omer during COVID-19. Rabbi Schachter writes that the level of aveilut during this period is comparable to that of the twelve months of mourning, when listening to music is prohibited. This restriction was originally limited to festive music, which might lead to dancing, and only later came to include all forms of music. He adds that Rav Joseph B. Soloveitchick did not prohibit listening to classical music, which is a form of art. For some, during the COVID-19 pandemic, refraining from listening to or playing music might cause emotional distress beyond the intent of this restriction. He permits listening to music if the purpose is to ease domestic tension or pressure, or to return to a “normal disposition.” He extends this ruling to rare instances during shivah, when listening to music might prevent “a depressed state of mind.” This teshuvah emphasizes the importance of preventing and treating depression and relieving anxiety, and might give great comfort to our teacher, mother, grandfather and nurse during the Omer, Three Weeks, and other periods of mourning.

Frame of mind and easing tension are central to Rav Asher Weiss’ teshuvah permitting a husband to drive his wife to the hospital on Shabbat when she is in labor during COVID-19, although hospital and government regulations designed to minimize exposure of patients and those accompanying them require him to leave once she is admitted to the labor floor. He bases his teshuvah on Shabbat 128b, which allows one to light a candle for a blind woman in labor even though she cannot see, because the knowledge that the light has been lit will comfort her. Similarly, a husband is permitted to accompany his wife to the hospital on Shabbat to calm her mind, even though there is no medical need for him to be there. During COVID-19, anxiety over possible infection compounds a woman’s underlying fears of giving birth and might lead to excessive emotional distress. He permits the husband to accompany her to the hospital because his presence, even briefly, will improve her psychological well-being. This teshuvah reinforces the importance of prophylactic measures to promote emotional health and minimize COVID-19-related anxiety.

As countries ease the restrictions of lockdown, we are facing a myriad of potentially anxiety-provoking decisions regarding the level of risk we will accept. Should we send our children to camp and school, shop in the supermarket, participate in a minyan, whether outdoors or in a synagogue? Halakhah guides us in navigating these decisions, giving weight to the individual’s perception of risk. Rav Schachter writes that the halakhic permissibility of low-risk behaviors depends on individual, subjective assessment of risk. Shomer petaim Hashem – the principle that God looks out for those who can’t protect themselves – applies if one at risk is not worried about the danger. However, if one is nervous about the danger, shomer petaim does not apply, and the situation becomes a safek sakana. The individual who is not concerned does not have the right to tell others that there is no sakana for them. Hava might consider the supermarket dangerous, while her neighbor does not. For Hava, then, the supermarket is a safek sakana; her neighbor is permitted by shomer petaim Hashem. Similarly, she might consider the supermarket safe and the bakery unsafe, and might feel differently about these risks at different times, depending on the circumstances and the specific situation. Similarly, if going to school precipitates Reb Shmuel’s PTSD, he should be exempt from the obligation to teach Torah.

Conclusion

While personal protective equipment can protect us from infection, it cannot protect us from the emotional and mental devastation of this epidemic. Halakhah treats mental illness no differently from physical illness. Suicide, psychosis, and severe mental illness are pikuah nefesh and classified as holeh she-veiysh bo sakana, overriding the performance of nearly all mitzvot, whereas we can consider mild OCD, PTSD, and mild depression holeh she-ein bo sakana. Halakhah allows for leniencies for those suffering from these mild conditions, permitting both those afflicted and those who care for them less stringent performance of mitzvot and violation of rabbinic prohibitions on Shabbat. Furthermore, Halakhah values the mental health and psychological well-being of all. Lo ta’amod al dam rei-ekha and ve-ahavta le-rei’akha kamokha obligate us to treat those who suffer from mental illness with sensitivity, reach out to others, inquire into their mental health, verify that they are not at risk, and offer support, especially during this challenging time.

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39 Rav Asher Weiss, Minhat Asher, 23.
40 “An Open Letter from Dr. Daniel Berman and Rabbi Dr. Aaron Glatt,” March 15, 2020, Rav Hershel Schachter, Piskei Corona #26: Showering When Returning Home from the Hospital or the Mikvah on Shabbos or Yom Tov, pages 37-39 of PDF located at https://www.torahweb.org/torah/docs/rsch/RavSchachter-Corona-All.pdf.
43 Rav Asher Weiss, Minhat Asher, 34-35.