

Mental Distress and Holi: A Consideration of the Halakhic Categories

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In a recent talk following a suicide in a local Jewish community, Dr. Norman Blumenthal, a renowned psychologist, offered the following words:

As is the case in any illness, depression, ADHD and all other psychiatric conditions are rooted in a combination of genetic predispositions (family history), the presence of an illness and contributing environmental factors. This very same combination of genetics, illness and environmental stressors are at the root of suicidal behavior...

It is therefore imperative that we internalize and promulgate the understanding that suicidal tendencies are indistinguishable from any other medical disease and interact with the survivors as we would had their loved one died of cancer, stroke or any of the other potentially fatal illnesses.¹

In addition to the valuable psychological insight Dr. Blumenthal is sharing, his comments suggest an equation between mental conditions and other medical ailments. In this article, various perspectives on this equation are discussed.

Introduction

An important feature of any Talmudic or Halakhic deliberation is to understand into which known Halakhic category or categories a questionable situation best fits, or to which it is most similar. So, we may ask, is there a Halakhic category that includes mental disturbances, and if so, what is the appropriate category? For any student of the Talmud, the first category that likely comes to mind to address the question of mental disturbances is that of a *shoteh*. At its most basic level, the term *shoteh* refers

¹ Retrieved from <https://www.jewishlinkbwc.com/index.php/monthly-sections/health-link/11556-notes-for-parents-in-the-wake-of-a-recent-tragedy>.

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to someone who acts bizarrely or irrationally, as highlighted by the examples in the *gemara* (*Hagigah* 3b):

Who is considered *shoteh*? One who goes out alone at night, and one who sleeps in a cemetery, and one who rends his garment. It was stated that Rav Huna said: One does not have the Halakhic status of a *shoteh* until all of these signs are present at the same time. Rabbi Yoḥanan said: He is considered a *shoteh* even due to the appearance of one of these signs.

The categorical assignment of *shoteh* to an individual carries with it wide-ranging practical implications: the *shoteh* is exempt from the *mitzvyot*; his business dealings are invalid; and marriage or divorce while performed as a *shoteh* are invalid, as is any other ritual the *shoteh* performs. As such, it is crucial to determine whether a person experiencing mental disturbances would be considered a *shoteh*.²

Though the term *shoteh* is likely the most commonly discussed category related to mental disturbances, and describing someone as a *shoteh* does not necessarily mean that he does not fit into other categories, another category—*holeh*—requires a great deal of consideration, even though it has received much less attention in Talmudic and Halakhic literature.³ Is it reasonable to consider someone with psychological or mental distress a *holeh*? And if so, what category of *holeh* is most fitting? Are certain diagnoses as defined by contemporary psychiatric norms more suited for the Halakhic category of *holeh* than other diagnoses?

² A full discussion of these issues related to *shoteh* is beyond the scope of this chapter. For more details, see Strous, R. (2004), “The Shoteh and Psychosis in Halakhah with Contemporary Clinical Application,” *The Torah U-Madda Journal*, 12, 158-178.

³ Direct discussions about mental distress as a *holi* seem to have first emerged in the late nineteenth and early twentieth century. See, for example, *Yad Shlomo* (R. Abba Markil Shlomo, 1903), v. 1 p. 76 for his discussion raising the possibility that conditions, which he refers to as *holi*, arising from what we would call anxiety or depression may not fit the category of *shoteh*. See also *Ateret Hakhamim* (R. Baruch Frankel-Teomim, mid nineteenth century) *Even Ha-Ezer* 17, who argues that it is difficult to categorize a person as a *shoteh* or *holeh* based on medical descriptors, as “under the term ‘melancholy’ there [are some who would not be considered a *shoteh*, and there] are also those who are complete *meshuga'im*, as is known to anyone who has even a little knowledge about the texts written on this subject.”

Mental...Illness?

In contemporary professional and colloquial language, the term mental illness (or mental health) is ubiquitous, and even if there is not a specific consensus definition, most people will understand the intentions of the speaker using the term. However, the usage of the term “illness” as referring to psychological conditions is somewhat new, and not without controversy.⁴ Ancient Greek and Latin medicine did not have a term referring to the construct we refer to as mental illness, and in many ways, it was philosophers who were thought to be the primary resource for those experiencing this type of distress.⁵ Dating back over 150 years, other terms seemed to be used more commonly, such as “mental hygiene” or “healthy mental...development.”⁶ The term “mental hygiene” was used prominently until terminology began to shift toward the term “mental health,” ultimately leading to the formation of the World Federation for Mental Health in 1948 and the National Institute of Mental Health in 1949. In recent decades, there has been wider acceptance of psychological distress as a form of illness, at least in some ways. Perhaps the most obvious sign of this shift is the passage of the 2008 Mental Health Parity law in the United States, requiring health insurance companies to provide health coverage for mental health, behavioral health, and substance-use disorders as part of their insurance plans.

Considering this evolution of perspectives on mental or psychological distress, we may fairly wonder whether Halakhah regards mental distress as illness that fits within the Halakhic category of *holi*. Though not referring to what is considered nowadays as mental illness, Biblical and Rabbinic sources clearly refer to some types of non-physical distress as *holi*. For example, several verses in *Shir ha-Shirim* (2:5; 5:8) refer to the protagonist as “*holat abavah*,” loosely translated as “love-sick.” Later, Rambam⁷ discusses “*holei hanefashot*,” but this expression seems to refer to people with a perverse belief system. Perhaps more relevant to the type of mental distress described in this article, a verse in *Tebillim* (147:3) describes Hashem as “He Heals (*Rofei*) their broken hearts and binds up their wounds.”

⁴ Although it is not entirely clear when the term “mental illness” first entered the lexicon, some have pointed to a description of the fictional character Catherine in *Wuthering Heights*.

⁵ Ahonen, M. (2019). “Ancient philosophers on mental illness,” *History of Psychiatry*, 30(1), 3–18, <https://doi.org/10.1177/0957154X18803508>.

⁶ Bertolote, J. (2008). “The roots of the concept of mental health,” *World Psychiatry*, 7(2), 113.

⁷ *Hilkhot De’ot* 2:1.

Radak, among others, explains that the “broken heart” refers to the profound sadness or grief surrounding the Jewish People’s exile. It may stand to reason that if such a condition—which is psychological or emotional in nature—requires a *rofei*, the condition itself may be considered a *holi*. As will be described below, this description may have profound implications in Halakhah and practice. Before determining whether mental conditions are considered a *holi*, a basic understanding of different categories of *holi* is valuable. Generally speaking, three or four categories of *holi* regarding many aspects of Halakhah⁸ will be used in the discussion below:

- *Holeh she-yesh bo sakanah*—one who has a life-threatening illness⁹
- *Holeh she-ein bo sakanah*—one who has a non-life-threatening illness
- *Miktzas holi/ Meibush b’alma*—minor illnesses

Section I: Origin from the Mishnah

Perhaps the earliest source of a mental condition categorized as a *holi* emerges from a mishnah dealing with the laws of Shabbat:

Someone who extinguishes a flame because he is afraid of idol worshipers, of robbers, of a *ruah ra’ab*, or because of an illness, he is exempt (*patur*). If he is concerned about saving the candelabra, the oil, or the wick, he is liable (*hayav*).¹⁰

Rambam’s explanation,¹¹ which was subsequently adopted by many Rishonim and Acharonim,¹² explains that “*ruah ra’ab*” refers to some type of “melancholy,” which results in a person becoming afraid of light or being around other people, and such a person is able to achieve calm when he is alone in the dark. He adds that this is common among people who

⁸ For example, see R. Neuwirth’s *Shemirat Shabbat Ke-Hilkhatah*, Chapters 32–34.

⁹ Notably, regarding both of the more severe categories, R. Neuwirth lists common conditions that are included in each category of illness, and does not mention any that would be considered psychological or mental conditions.

¹⁰ There exist a number of variant texts of this mishnah, which lead to various differences in interpretation. It is beyond the scope of this chapter to evaluate how each difference may or may not relate to the issue of mental illness’ status as a *holi*.

¹¹ *Peirusb Ha-Mishnah* ad loc.

¹² Many commentators and *poskim* through the generations, including R. Ovadia Bartenura, Meiri (both ad loc), and *Arukh Ha-Shulhan*, *Orah Hayyim* 278, have cited this Rambam to explain the mishnah. *Prishah* offers a comparable explanation, although the specific symptoms are different.

suffer from depression (“*ba’alei marab*”).¹³ It is beyond the scope of this article to try to determine exactly to what type of condition Rambam is referring, but it seems clear that the problem would be best classified as a mental or psychological condition.

The gemara, in its elucidation of the mishnah, introduces the well-known disagreement between R. Yehudah and R. Shimon regarding *melakhah she-einah tzerikhab l-gufah*—a *melakhah* that is not performed for its own sake: R. Yehudah argues that one is still liable on Shabbat for such an act, while R. Shimon holds one is not liable, but it is still prohibited.¹⁴ Based on the final clause of the mishnah—that one is liable if he extinguishes the flame in order to preserve the candle or fuel—the gemara establishes that our mishnah must be according to R. Yehudah, as preservation of materials is not considered the primary goal of extinguishing a flame. If so, the gemara asks, how are we meant to understand the opening clause of the mishnah that one is *patur* for extinguishing the flame? Is the mishnah talking about a life-threatening instance, for which the proper ruling should be *mutar*, or is the mishnah talking about a non-life-threatening situation, for which the proper ruling, according to R. Yehudah, should be *hayav*? The gemara concludes that the mishnah is referring to a life-threatening situation, and though the ruling was *patur*, what is meant in this instance is *mutar*.

Regarding the *hava amina* in the gemara, Rashi understands that the gemara entertains the possibility that each of the examples (i.e. idol worshippers, robbers, *ruah ra’ab*, and *holeh*) may have been referring to a non-life-threatening situation,¹⁵ but concludes that in this instance is referring to life-threatening cases of each type. I will discuss below the idea of life-threat and its relationship to mental disturbances. However, it is also worth considering what the gemara may be referring to, according to Rashi. One possibility is that a non-life-threatening *ruah ra’ab* has no halakhic significance, and the mishnah is simply teaching a law of *hilchot* Shabbat: if someone with *ruah ra’ab* requests a dim room and you honor his request, that is considered a *melakhah* not for its own sake, and would be

¹³ This explanation is supported by an alternative text found in some editions of the Talmud, that instead of “*ruah ra’ab*” the mishnah has the words “*marab sheborah*,” which is a commonly used phrase referring to depressive symptoms.

¹⁴ This controversy was never settled. Famously, Rambam rules like R. Yehudah, and many other Rishonim rule like R. Shimon. In contemporary times, we assume that those who oppose Rambam are the majority and we hold like R. Shimon.

¹⁵ Ramban, among others, argues that the gemara only thought the case of *holeh* may have referred to something non-life-threatening, but it never entertained the idea that the other three were anything but life-threatening. This position too may be related to an alternate text of the mishnah found in Rif and Rosh.

subject to the debate between R. Yehudah and R. Shimon. According to this view, the idea of *ruah ra'ab* may be altogether different than *holi*, and it is simply another example in the mishnah, just as aggressive idol worshipers or robbers are, of things that can be fatally dangerous. An alternate possibility is that the mishnah is identifying two halakhically significant levels of *ruah ra'ab*, which may suggest that *ruah ra'ab* is a sub-category of *holi*. According to this option, an additional clarifying question can be asked. Is the description of non-life-threatening referring to the possibility of other types of bodily harm, just not a degree of harm that may be fatal, or is there no concern about bodily harm, and the mishnah is describing a situation where the psychological distress associated with *ruah ra'ab* is both halakhically significant, but also not life-threatening? To summarize more simply, does Halakhah view as significant a non-life-threatening *ruah ra'ab*?

Although the following proof may be contestable in some ways, the following question posed by a number of Aḥaronim, including the Pnei Yehoshua,¹⁶ implies that there does exist some significance to non-life-threatening *ruah ra'ab*. The gemara states that because the latter part of the mishnah, which rules *hayav*, must be according to R. Yehudah, therefore the former part of the mishnah must be in accordance with him as well. This implies that were it not for the latter part, the former part, which states *patur* (meaning *patur aval assur*—not permissible on a Rabbinic level, but not liable for punishment if one violates it) would have been easily understood according to R. Shimon. However, this assumption goes against another principle, which is that the Rabbis did not institute their rules in circumstances of pain or suffering. As such, even according to R. Shimon, the first part of the mishnah should rule *mutar*, because the Rabbinic prohibition of extinguishing the flame for this purpose should not apply. Now, the Pnei Yehoshua only specifies that he is talking about a case of *holi*, which is the fourth case listed in the mishnah, and is parallel to the language of the gemara. However, he must be referring to the other cases as well; if the Pnei Yehoshua was assuming that non-life-threatening cases of the other three situations listed were not significant and were not comparable to the non-life-threatening illness, the mishnah could not have said *mutar* according to R. Shimon, because the other cases would remain *patur aval assur*! As such, the Pnei Yehoshua and other Aḥaronim who pose similar questions must be assuming that non-life-threatening *ruah ra'ab*, which we have defined as some type of mental or psychological

¹⁶ *Pnei Yehoshua, Shabbat 30a.*

distress, is similar, at least in some ways, to the more standard definition of non-life-threatening physical illness.

Of course, the idea that *ruah ra'ah* can affect a person at different levels of severity does not necessarily mean that it is included under the umbrella of *holi*. After all, the other two cases of the mishnah involve threats by aggressors, which certainly are not within the category of a *holi*. As such, whether or not *ruah ra'ah* is considered a *holi* is a different question than whether there is Halakhic significance to different severities of *ruah ra'ah*, and as such may have slightly different applications, as will be described in greater detail below.

Summary of Section I

- *Ruah ra'ah*, as used in the mishnah in *Shabbat*, seems to refer to some form of mental or psychological distress.
- Based on Rashi and other Rishonim, *ruah ra'ah* includes conditions that may be either life-threatening or non-life-threatening.
- Both conditions of *ruah ra'ah* are compared to circumstances of physical illness, at least in some ways.
- Notably, some Rishonim read the mishnah differently, and could argue that non-life-threatening *ruah ra'ah* does not have halakhic significance, at least in this context.

Section II: Life-threatening Mental Distress

Whether or not one reads the above mishnah according to Rashi's commentary, it is clear from the mishnah that the *ruah ra'ah* can involve a life-threatening circumstance which is comparable, if not identical, to situations of physical illness. Furthermore, the gemara assumes that the rules that apply to a physical life-threatening illness would apply equally to a case of life-threatening mental distress. *Ruah ra'ah*, or psychological conditions, can lead to situations considered life-threatening in a number of ways, each of which may have unique halakhic ramifications.

One way that mental disturbances can lead to life-threatening circumstances is by accidental death caused by lack of awareness or control of one's movements. This possibility is explicitly raised by Rashi, who comments on why for a *ruah ra'ah* the gemara rules we would sound the shofar, even on Shabbat (*Ta'anit* 22b):

That a spirit has entered him and he runs and walks, and he may drown in a river or fall to his death.

Just as with other life-threatening circumstances, this concern is one of *pikuah nefesh*, and would obligate bystanders to take action to save the threatened individual. However, according to this approach, the danger of *ruah ra'ab* is not inherent to the mental condition; rather, it is because of the mental impairment that a person may be harmed by something in the environment. As such, if a person with such a condition were confined to a secure place, perhaps he would no longer fit the category of having a life-threatening condition. In this way, the idea of life-threat is somewhat different than regarding a typical *holeh*, where, at least in many cases, it is the illness itself that carries with it a risk of fatal harm.

A second pathway to life-threatening harm is one in which the mental condition itself leads to severe and predictable physical harm. For example, people who experience eating disorders, such as anorexia nervosa, face life-threatening harm. Those with specific types of obsessive-compulsive disorder (OCD) may also have restricted eating, which can be severely physically harmful and life-threatening.¹⁷ As such, *poskim* typically regard a person with any of these conditions as a *holeh she-yesh bo sakanah*, because of the high likelihood that the condition will lead to life-threatening circumstances, which has ramifications on many aspects of Halakhah, such as fasting on Yom Kippur or eating non-kosher foods or medications as part of the treatment.¹⁸

A third way that mental distress can be life threatening is due to suicide or other intentional actions of self-harm. From a Halakhic perspective, this category presents unique challenges for bystanders. Putting oneself in harm's way or attempting to injure or kill oneself is Biblically forbidden,¹⁹ and as such, some early *poskim* have ruled that a bystander would not be obligated to save such a person from self-injury, nor would a bystander be permitted to violate Shabbat in order to save the individual. However, most recent *poskim* have offered various arguments for the position that just as in any other case of *pikuah nefesh*, a bystander is obligated to try to save the individual from suicide, even if that requires violating Shabbat.²⁰

Assuming this latter position, that one may violate Shabbat to save the life of a person who is attempting suicide, an important question emerges regarding what types of cases constitute *pikuah nefesh*. Of course,

¹⁷ See *Minbat Asher* v. 2 134.

¹⁸ *Yoreh De'ab* 155. See *Nishmat Avraham, Yoreh De'ab* 155:3(7).

¹⁹ Rambam, *Hilkhot Rotze'ab* 11.

²⁰ See *Tzitz Eliezer* volume 4:13 and 8:15(4) for a more complete discussion of the various opinions.

if a person begins taking action that could result in death, that is a situation of *pikuah nefesh*. However, if a person is expressing suicidal ideation (thoughts of committing suicide), the question becomes more challenging.²¹ For example, a recent study including nearly 85,000 adult Australians found that among those who expressed suicidal ideation, 29% had a later attempt at some points in their lives (this represented 2.7% of the total sample; of course, this sample did not include those who had died from suicide).²² Notably, those with suicidal intent or plan were more likely to have an attempt at some point in their lives. This finding leads to an interesting question: To what extent should we consider suicidal ideation life threatening, as over 70% of those who contemplate suicide do not have an attempt, and among those who do attempt suicide the attempt is not necessarily soon after the expression of ideation? Several *poskim* have observed that ideation does not necessarily constitute a life-threatening situation, particularly if the expressed ideation seems to be used as leverage in an argument with others.²³ R. Sternbuch also notes that in the particular circumstance he is addressing the woman had a previous attempt, which adds to the severity of the threat of the current suicidal ideation.

Additional circumstances that can lead to intentional actions of self-harm can emerge from momentary impulsive actions that may not have extensive periods of build-up that include suicidal ideation, as the *Gemara* itself identifies such a risk in a number of places.²⁴ On a practical level, determining the level of threat presented by suicidal ideation is vexing even for professionals, as Matthew Nock, a leading researcher on suicidality, recently noted: “It’s a lot of guesswork, to be honest.”²⁵ As such, a person who is aware of another’s suicidal ideation should follow the same rules as other types of *safeke pikuah nefesh*: If he thinks that the expression of the ideation constitutes a possible life-threat, he should not delay to take steps to ensure the safety of the person who is expressing the suicidal ideation. This response is particularly urgent if there are other contextual

²¹ May, A. M., & Klonsky, E. D. (2016), “What distinguishes suicide attempters from suicide ideators? A meta-analysis of potential factors,” *Clinical Psychology: Science and Practice*, 23(1), 5-20.

²² Nock, M. K., Borges, G., Bromet, E. J., Alonso, J., Angermeyer, M., Beautrais, A., ... & De Graaf, R. (2008), “Cross-national prevalence and risk factors for suicidal ideation, plans and attempts,” *The British Journal of Psychiatry*, 192(2), 98-105.

²³ For example, see R. Herzog, *Heikhal Yitzhak, Even Ha-Ezer* vol. 2 85:63; R. Moshe Sternbuch, *Teshuvot V-Hanbagot* vol. 1, 880.

²⁴ E.g. *Berakhot* 23a; *Ketubot* 103b; *Hulin* 94a.

²⁵ <https://www.sciencemag.org/news/2019/08/suicide-attempts-are-hard-anticipate-study-tracks-teens-cellphone-use-aims-change>.

factors suggesting the ideation may transfer into a suicide attempt, such as the expression of intent or a plan, making final arrangements or giving away possessions in an unusual way,²⁶ or situational conditions that may escalate the intensity of the ideation.

A fourth means through which mental distress can present as a threat to one's life is in a non-imminent way. This pathway may take two forms that appear to have two separate *dinim*. The first is something that may lead to a mental condition, such as severe depression, that may be a cause of suicidality. In this instance, *poskim* seem to consider this type of prevention as necessary even in violation of Shabbat.²⁷ Similarly, if there exists sufficient risk for severe post-partum depression that could lead to suicidality, *poskim* instruct that one should terminate a pregnancy just as in cases of medical risk.²⁸ The second way involves an experience that, due to the distress generated by the event, is likely to foreshorten one's life. For example, Maharsham²⁹ deals with a case of a man whose life-threatening physical illness was caused, according to the assessment of local doctors, by loneliness resulting from the lack of intimacy with his wife. In this instance, mental distress was seen to have caused a physical illness, and Maharsham considers the possibility of invoking the "*heter me'ab rabbanim*" to allow him to remarry. On the other hand, R. Shlomo Zalman Auerbach³⁰ discusses a case of a wealthy man whose house is ablaze and he is likely going to lose his entire fortune. He cites the Aderet who cites a similar story regarding personal writings of a *talmid hacham*, which if lost in a fire would cause illness-inducing distress. In these cases, he rules that one may not violate Shabbat in order to prevent such a chain reaction. This ruling has relevance to a variety of psychiatric conditions that may be associated with statistically increased mortality over time, but do not present an imminent risk of harm.³¹ It stands to reason that these types of circumstances would not be considered *sakanat nefashot* regarding violating Shabbat.

Each of these four pathways to life-threat resulting from mental distress assumes that the mental condition is not, in itself, in the category of

²⁶ Such as is described in *Gittin* 66a, and codified in *Tur/Shulhan Arukh, Even Ha-Ezer* 141:17

²⁷ See, for example, the back-and-forth found in R. Wosner's *Shevet Ha-Levi* vol. 9:76.

²⁸ See *Nishmat Avraham, Hoshen Mishpat* 425 128 for various sources.

²⁹ *Shu"t Maharsham* 5:48.

³⁰ *Shu"t Minhat Shlomo* vol. 1 7:5.

³¹ E.g. Meier, S. M., Mattheisen, M., Mors, O., Mortensen, P. B., Laursen, T. M., & Penninx, B. W. (2016), "Increased mortality among people with anxiety disorders: total population study," *The British Journal of Psychiatry*, 209(3), 216-221.

sakanat nefasbot or *holi she-yesh bo sakanah*. Instead, the mental distress is recognized as a likely cause for physically harmful outcomes, and depending on the severity and likelihood of those outcomes, Halakhah may or may not consider the condition one of life-threat. However, a fourth view exists, based on a tradition from R. Ḥayyim Soloveitchik, that considers some types of mental distress inherently a type of *sakanat nefasbot*. This view is presented by R. Herschel Schachter:

...and from *Mori v'Rabbi HaGaon* Rav Yosef Dov Soloveitchik *sblit"á* I heard in the name of his grandfather, *HaGaon* Rav Chaim ז"ל, that even if there is no concern [that a person may accidentally fatally harm himself], just saving someone from *shiga'on* (insanity) has the *din* of *sakanat nefasbot*. And even though we rule that we do not violate Biblical Shabbat violations [to prevent or heal] non-fatal injuries to a limb], the instance of concern for *shiga'on* is different, as its *din* is like a risk to one's whole body.³²

R. Schachter himself applied this reasoning in a practical ruling regarding use of electronic communication on Shabbat or Yom Tov with those who may experience substantial mental distress as a result of the Covid-19 isolation.³³ Nevertheless, this approach, which appears to be a minority view among *poskim*,³⁴ is difficult to use for practical guidance in many instances, even if it is accepted as the *seccion*. It is not clear exactly what is meant by *shiga'on*, and what is the diagnostic threshold for such a determination. It is also not clear how a person, either mental health professional, Rabbi, or layperson, is meant to evaluate that a certain set of circumstances will lead to such a severe mental condition. Nevertheless, this approach opens to the door to think about mental distress as a category of *holi* independent from the physical manifestations of the mental condition.

Birkat Ha-Gomel

The discussions above in this section do not directly address the issue of whether mental distress should be classified as a type of *holi*, as the recog-

³² *Or Ha-Mizrah* issue 3-4 5750. See also R. Shachter's *Nefesh Ha-Rav*, p. 216.

³³ <https://www.yutorah.org/lectures/lecture.cfm/950076/rabbi-herschel-schachter/piskei-corona-2-sick-in-isolation/>

³⁴ See also *Minbat Yitzhak* 1:115 for other *poskim* who seem to rule similarly.

dition of the potentially fatal consequences of severe mental distress requires others to provide life-saving help.³⁵ However, a discussion surrounding *Birkat Ha-Gomel* provides direct support for the classification of mental distress as a type of *holeh*. *Birkat Ha-Gomel* is a blessing of thanksgiving recited following the survival of a number of potentially dangerous circumstances, and among the experiences that generates a requirement of reciting the *Birkat Ha-Gomel* is recovering from an illness. If so, one can reasonably ask whether there are forms of mental distress that would necessitate the recitation of the blessing.³⁶ Regarding this question, the Tzitz Eliezer states explicitly that it is correct to apply the framework of *holeh* to conditions involving mental distress, and as such, reciting *Birkat Ha-Gomel* upon recovery from such bouts would be required.³⁷

Summary of Section II

- As indicated by Talmudic sources, mental conditions can be considered life-threatening.
- The connection between mental distress and *sakanat nefashot* can be through a number of pathways: unintentional death; intentional suicide; or general distress that can significantly impact longevity.
- The halakhah may differ for each of these pathways to *sakanat nefashot* that result from mental distress.
- According to a tradition from R. Hayyim Soloveitchik, *shiga'on* itself is considered *sakanat nefashot*, but this tradition does not provide substantial elaboration.
- Later *poskim* assume that one would recite *Birkat Ha-Gomel* upon recovery from life-threatening bouts of mental distress

Section III: Non-life-threatening Mental Distress

As discussed in Section I, at least according to the approach of a number of Rishonim, even non-life-threatening mental distress may carry some level of significance in Halakhah. As such, it is important to consider

³⁵ This requirement could be related to the verse of “*lo ta’amod al dam rei’ekha*.” See, for example, the comments quoted in the name of R. Elyashiv by R. Zilberstein in *Assia* 42-43 (11:2-3), Nissan 5747, 26-36.

³⁶ For a longer discussion, see Turetsky, Y., “The Recitation of *Birkat Ha-Gomel* upon Recovery from Mental Illness,” *Verapo Yerapeh* 84-94.

³⁷ Notably, his opinion is based on the understanding that a person in such a state may intentionally die by suicide.

whether such types of mental distress are categorized as *holi*, and which areas of Halakhah may be affected by such a classification. Of course, an individual suffering from mental distress that would lead to a non-life-threatening physical illness—a circumstance described in the *Gemara*³⁸—would be regarded as a *holeh she'ein bo sakanah*. However, what is not entirely clear is to what extent non-life-threatening mental distress may be classified as a *holi*.

A number of crucial questions can be asked regarding different types of mental distress, which, even if we accept that some types should be considered a *holi*, can provide clarity regarding which types of conditions may be included in the framework of *holeh*.

1. Does a *holeh* require physical symptoms?

Regarding physical illnesses, the conditions, by definition, include some type of physical symptoms or manifestations; however, regarding mental distress, physical symptoms are not necessarily central features of a disorder, and may not be present at all. Are psychiatric diagnoses that include physical symptoms more of a *holi* than those which do not? For example, anxiety disorders (generalized anxiety disorder, panic disorder, obsessive-compulsive disorder) may include anxiety-related physical symptoms, such as increased heart rate or muscle tension, in addition to the mental or cognitive symptoms. In contrast, dysthymic disorder (persistent depressive disorder) is characterized by persistent low mood, loss of interest in activities, or sadness, but may not involve any particular physical symptoms. R. Mordechai Yaakov Breisch³⁹ comments directly that physical symptoms are not required to be considered a *holeh she'ein bo sakanah*; however, the implication from many other *poskim* cited here, as well as in the *Helkat Ya'akov*, is that some physical symptoms must be present for one to be considered within the category of *holeh*.

If physical or physiological manifestations of illness are required, what types of changes would qualify? For example, researchers interested in stress may measure levels of cortisol found in saliva, known as the “stress hormone”—would such a test indicating elevated cortisol be sufficient to classify someone as a *holeh*? Similarly, there are currently no reliable ways to measure levels of dopamine, serotonin, or other neurotransmitters in the brain, even though a well-established hypothesis of several psychiatric diagnoses involves imbalances of these neurotransmitters; as such, a number of medications used to treat various disorders act directly on the levels

³⁸ For example, see *Shabbat* 141b Rashi *d"b* “*b-tinok*.”

³⁹ *Shu"t Helkat Ya'akov, Orah Hayyim* 64(6).

of neurotransmitters in the brain. Would such a non-measurable physiological imbalance be a sufficient physical symptom to qualify someone as a *holeb*?

2. Is something chronic different than something acute?

The *Gemara* in a number of places⁴⁰ clearly indicates that acute emotional distress can put a person in a particular state of risk. However, many psychiatric diagnoses include periods of more acute symptoms and periods of partial or complete remission, while others are thought to exist somewhat stably and constantly over time. Does the ebb and flow of observable symptoms affect to what extent a person with such a diagnosis is considered a *holeb*? For example, Attention Deficit/Hyperactivity Disorder is characterized by various symptoms of inattention or hyperactivity that are present for over six months in more than one setting. The question is especially relevant to ADHD as the impairment generated by the disorder is largely due to the situational demands—a child working in the field may not have the same types of challenges from hyperactivity as would a child trying to learn math quietly at his desk.⁴¹ Would someone who receives such a diagnosis be considered a *holeb*, and if so, is the level of inattention or hyperactivity to qualify as a *holeb* the same as the diagnostic criteria for the disorder?

Other diagnoses, such as personality disorders, are primarily based on extremely maladaptive behavioral patterns over time, without any particular physical or physiological symptoms, *per se*. Despite the lack of physiological symptoms, these disorders can be extremely disruptive to the lives of the affected person, as well as the lives of her or his family, friends, co-workers and community. Would a person suffering from such a disorder be considered a *holeb*, and if so, is this classification relevant all the time or only when the characteristic behavioral patterns are present?

3. Are conditions that, by definition, require certain behaviors (such as addictions) similar to those that do not have specific behavioral markers?

The DSM-5 includes a number of substance abuse disorders that, by definition, to receive the diagnosis a person must ingest the substance. Of course, substance abuse can constitute *sakanat nefashot*, either through

⁴⁰ See, for example, *Shabbat* 128b, *Tosafot d"b* “*ka mashma lan*”; and *Shabbat* 141b cited above.

⁴¹ Of course, this observation can be made regarding any number of psychiatric diagnoses whose level of impairment is not due to the condition itself, but rather due to the interaction between the condition and demands of the environment.

overdose or through impairing a person's judgment to an extent that he may engage in dangerous behavior (e.g. driving under the influence of alcohol). However, other types of substance abuse disorders include substances that do not present imminent risk of harm, such as tobacco use; would a person with a craving (which is also part of the diagnostic criteria) be considered a *holeh*, even though the experience of craving alone is insufficient to receive a diagnosis? Even if he would be considered a *holeh*, is that status constant or does it depend on the level of the craving at the present time, access to the desired substance, or some other criteria?

4. Are all conditions treated by "mental health professionals" possibly considered a *holi*?

It may seem like an odd question, but who defines what is considered mental illness? As a parallel from medical conditions, it was not until 1955 that high cholesterol was identified as a risk factor for heart disease,⁴² which means that prior to that point, high cholesterol would not have been considered a medical issue. Similarly, would we consider "disorders" that are included in the DSM-5 necessarily a type of mental illness? This question could apply to newly identified diagnoses, such as ADHD, or to challenges that may have some medical relevance but are also treated by mental health professionals. For example, people experiencing insomnia or other sleep disorders are often referred to psychologists for treatment, and there exist manualized, evidence-based treatments administered by psychologists to treat sleep disorders.⁴³

Theoretically, the inverse may also be true, in that there could be conditions that would not be diagnostically significant according to the current psychiatric categories, but *Hazal* would consider such a condition as a significant type of mental distress. For example, though irritability or anger is a feature of any number of disorders, anger problems themselves do not constitute their own disorder. Consider, however, the following two statements in the *Gemara*:

⁴² Goldstein, J. L., & Brown, M. S. (2015), "A century of cholesterol and coronaries: from plaques to genes to statins," *Cell*, 161(1), 161-172.

⁴³ E.g. Mitchell, M. D., Gehrman, P., Perlis, M., & Umscheid, C. A. (2012), "Comparative effectiveness of cognitive behavioral therapy for insomnia: a systematic review," *BMC family practice*, 13(1), 40.

Reish Lakish said: “Any person who becomes angry: if he is a *hakham* his wisdom will leave him; if he is a prophet his prophecy will leave him.”⁴⁴

As the gemara is noting, anger itself causes a disturbance in one’s cognitive capabilities; if we accept that some types of mental distress cause the sufferer to be considered a *holeh she’ein bo sakanah*, would this level of impairment be sufficient to constitute such a classification? An additional passage may support this idea as well. R. Yehudah holds that one is *hayav* for tearing clothes on Shabbat out of anger. The *Gemara*⁴⁵ explains that although ripping clothing is a destructive act, it is also a constructive act as it helps relieve his anger. Of course, one cannot prove definitively from here that anger would be considered a non-life-threatening condition; nevertheless, the impairment and relevance of treatment for anger is clearly recognized by *Halakha*.

Specific Applications

Performance of mitzvot that could lead to non-life-threatening mental distress: As noted above, *poskim* regard circumstances that could lead to life-threatening mental distress under the category of *sakanat nefashot*, with all of its relevant exemptions. However, there is some debate regarding whether non-life-threatening physical illness carries exemptions in the performance of positive *mitzvot* (*mitzvot aseh*),⁴⁶ and, by extension, whether those exemptions would also be allowed in cases of non-life-threatening mental distress. For example, contemporary *poskim* discuss whether a child of abusive parents must honor the parents in life or after their death; some *poskim*⁴⁷ adopt the position that if the mental or emotional strain is sufficiently high, the child would be exempt from the requirements of *shivah* and other mourning practices, as well as other possible exemptions related to *kibbud av v-eim*.

A separate and possibly opposing Talmudic principle may be at play. The *Gemara* (*Sukkah* 25b) rules that an *avel* is still obligated in *sukkah*, even though someone who is sufficiently distressed is *patur* from *sukkah*. The *gemara* states that while other forms of externally caused distress, such as

⁴⁴ *Pesahim* 66b.

⁴⁵ *Shabbat* 105b.

⁴⁶ See, for example, *Minhat Asher, siman* 39.

⁴⁷ R. Dovid Cohen quoted in Sorotzkin, B. (2014), “Honoring parents who are abusive.” Retrieved from <https://drsorotzkin.com/honoring-abusive-parents/>. See also Dratch, M. (2011), “Honoring Abusive Parents,” *Hakirah* 12, 105-119.

rain or bugginess, is cause for exemption, for the mourner “he should be able to calm himself” sufficiently to be able to perform the *mitzvah*. Notably, some later authorities comment that this ruling of the *Gemara* does not apply in cases where the mourner felt especially close to the deceased, and as such is particularly distressed, as it is unreasonable to expect him to achieve a sufficiently calm state.⁴⁸ This principle of “he should be able to calm himself” is not applied widely in the *poskim*, although it may be applied to other instances of performing *mitzvot*; the requisite type or threshold of severity of mental distress for which this principle would not apply is not made clear by the *poskim*.

Bikur ḥolim. *Bikur ḥolim*, or visiting the sick, is a *mitzvah* that *Ḥazal* teach was performed by Hashem when He visited Avraham, so to speak, after his *brit milah*. As codified in Halakhah,⁴⁹ the visitor has two functions: discerning whether the sick person has unmet physical needs, and being moved to pray for the sick that he should recover. The *Aḥaronim* debate which type of *holeh* is included in the *mitzvah* of *bikur ḥolim*,⁵⁰ but the general consensus appears to be that the *mitzvah* applies even to non-life-threatening medical conditions.⁵¹

Issues of Medication

Medication on Shabbat: A discussion of the nuances regarding taking medications on Shabbat, which is Rabbinically prohibited in some circumstances, is well beyond the scope of this article, and has been written about extensively. However, the basic rule is that for minor ailments (*miktzat ḥoli* or *meiḥush b’alma*, as listed above) one would not be allowed to take medication on Shabbat, while for more severe non-life-threatening conditions one would be permitted to take medications. It is reasonable to ask whether a person who experiences non-life-threatening types of mental distress would be allowed to take medications to manage or treat these conditions, and if so, are there any limitations or qualifications.

As described above, mental distress itself has different features, such as whether there are distinct physical conditions, the determination of a

⁴⁸ See *Mishnah Berurah* 640:5(31).

⁴⁹ *Shulḥan Arukh, Yoreh De’ab* 335.

⁵⁰ See *Nishmat Avraham, Yoreh De’ab* 335:2; see also R. Uriel Baner’s article in *Assia Journal* 67-68 Shevat 5761.

⁵¹ Notably, some argue that the reason for this inclusion is that any medical condition could become life threatening. Others assert that people with non-life-threatening conditions may also need help, which is sufficient to require visitors to provide that help.

clinically significant threshold, and whether the clinical goal is prevention versus management or treatment. There does not yet seem to be consensus or complete discussions among contemporary *poskim* regarding all mental conditions and the various permutations, but several important issues have received some attention.

Regarding anti-depressants/anxiety medications, the contemporary *poskim* seem to consider one who suffers from mild depressive or anxiety symptoms as *holeh she-ein bo sakanah*, which would permit one to take these medications on Shabbat.⁵² Regarding other conditions, such as insomnia, contemporary *poskim* debate whether this should be considered a *holi* at all⁵³ (which may allow for taking a sleeping aid, according to some), or what level of *holi* it should be considered.⁵⁴

Medications made with non-kosher products: The *Shulhan Arukh* rules⁵⁵ that one who experiences a *holi she-ein bo sakanah* is permitted to be treated with non-kosher foods if it is consumed in an atypical way. To what extent various mental conditions would or would not allow for treatment through consuming non-kosher medications in this way has not been discussed extensively among contemporary *poskim*.

Termination of pregnancy: The diversity and nuance in halakhic perspectives and laws surrounding termination of pregnancy has been discussed by many authorities, and is well beyond the scope of this article. However, relevant to the classification of mental distress as a *holi she-ein bo sakanah*, according to one view, severe but non-life-threatening physical distress may be grounds to permit the termination of a pregnancy.⁵⁶ According to this view, if one considers mental distress as a *holi she-ein bo sakanah*, it is reasonable to conclude that some types or severity of non-life-threatening

⁵² R. Pinchas Bodner, *Halachos of Refuah on Shabbos*, p. 43. This view has been adopted by other contemporary authorities, such as the Star K's R. Dovid Heber (<https://www.star-k.org/articles/articles/medicine/452/a-kashrus-guide-to-medications-vitamins-and-nutritional-supplements/#fB>) and R. Jason Weiner (http://jewishchaplain.net/wp-content/uploads/2018/09/Guide_to_Traditional_Jewish_Observance_2.pdf). I also heard this opinion directly from R. Asher Weiss during a *shiur*, November 2017 at Ha-Nasi Synagogue, Jerusalem (<https://www.torahmusings.com/2016/12/audio-roundup-265/>).

⁵³ For example, see *Be'er Moshe* 1:33 which discusses issues of prevention, and there in section 19 where the writer suggests that pills affecting sleep are not categorized as a *refuah*.

⁵⁴ See, for example, *Minbat Yitzhak* 3:21; *Tzitz Eliezer* 9:17(24).

⁵⁵ *Yoreh De'ab* 155:3.

⁵⁶ See *Nishmat Avraham* 425: 118 for sources on both sides of this issue.

mental conditions would allow for termination of pregnancy; notably, this conclusion is not found explicitly in the *poskim*. Of course, according to the opposing view that non-life-threatening physical conditions are not grounds to permit an abortion, the same would be true for non-life-threatening mental conditions as well.

Across Halakhah

Whether mental conditions are halakhically categorized as a *holi*, particularly those that are not life-threatening, has ramifications across many areas of Halakhah that are beyond the scope of this article, and have not received a great deal of focus among the *poskim*. These include, issues of sitting in the *sukkah*,⁵⁷ fasting on Tishah B-Av⁵⁸ or other, minor fasts,⁵⁹ invoking the principle of *ones* in nullifying certain deals,⁶⁰ treating an illness in a way that could render a person infertile,⁶¹ and any number of other areas of Halakhah for which *holeh she-ein bo sakanah* plays a role.⁶² Particularly in these areas where there is not great clarity or consensus recorded in Halakhah *sefarim* to date, a competent halakhic guide should be consulted to make practical determinations.

This issue of non-life-threatening mental distress came to the forefront briefly during the recent Covid-19 pandemic. The Igud Hachmey Hamaarav,⁶³ a group of Sephardic Rabbis, issued a controversial ruling permitting various leniencies in the use of digital video conferencing software to connect people during the Pesach *Seder* who were isolated from their loved ones. To justify their position, they wrote:

...[there is a] need to remove sadness from older adults, and to give them motivation to continue to fight for their lives, and to prevent depression and mental distress that could lead them to give up hope on life... And just as we permit healing others on Shabbat—even non-life-threatening illnesses—so too in this case we [are lenient] in order to heal [mentally].

⁵⁷ *Orah Hayyim* 640.

⁵⁸ *Orah Hayyim* 554.

⁵⁹ *Orah Hayyim* 550.

⁶⁰ *Even Ha-Ezer* 56:3.

⁶¹ *Otzar Ha-Poskim* 5:77 citing R. Moshe Epstein (1855) *Beit Moshe* 5:13.

⁶² For more examples of areas of Halakhah affected by non-life-threatening conditions, see *Nishmat Avraham* index *Holeh she-ein bo sakanah*; *Shabbat: Holeh she-ein bo sakanah*.

⁶³ <https://www.facebook.com/Igudhachmeyhamaarav/>.

The allowance of electronics for digital video usage on Shabbat and Yom Tov under these circumstances was largely dismissed by the majority of the Orthodox Jewish legal authorities. Notably, in R. Schachter's dissent, cited above, he does allow for some leniencies regarding audio-only electronics on Shabbat or Yom Tov, although he does not mention non-life-threatening mental distress as a justification for leniencies. Indeed, he does mention other considerations—such as a *ba'al teshuvah* who is not familiar with the Pesach *Seder*, or someone who is blind and cannot physically read the *Haggadah*—that would permit certain leniencies. As the debate centered around the *halakhot* of electronics, and not around the status of non-life-threatening mental distress, little was resolved about the latter during the course of this controversy.

Summary of Section III

- Whether non-life-threatening mental conditions should be categorized as a type of *holi* does not appear to be settled in Halakhah, although it is clear that many contemporary *poskim* assume that *holi* is an appropriate category for at least some types of non-life-threatening mental distress.
- There is little clarity on specifically what types of conditions would or would not be considered a *holi*, and to what extent there is overlap between the medical/psychiatric nomenclature and *halakhic* categories.
- The status of *holeh she-ein bo sakanah* can have ramifications across many areas of Halakhah.

Section IV: Concluding Thoughts

As demonstrated above, the question of whether conditions involving mental distress should be considered an illness and categorized in Halakhah as a *holi* is a complex issue that does not yet appear to be fully resolved among halakhic authorities, just as that classification is not necessarily fully resolved in the medical or psychological literature. It is clear that those who suffer from some conditions are regarded by contemporary *poskim* as being under the umbrella of *holeh*, but there has not been sufficient guidance to determine which particular conditions, and at what level of severity, this classification would be invoked. Nevertheless, for members of the community who are not directly experiencing these conditions, the specific halakhic or medical classification is not especially relevant. Perhaps most relevant for these individuals, and the community at large, is to consider how to treat others who are experiencing mental dis-

tress or disturbances with compassion, and how to reduce the stigma attached to what is referred to as mental illness. For this, as well, *Hazal* provided guidance (*Erwin* 41b):

The Sages taught: Three matters cause a person to act against his own will and the will of his Maker, and they are: Gentiles, and an evil spirit (*ruach ra'ah*), and the depths of extreme poverty. What is the practical halakhic difference that emerges from this statement? It is significant as it teaches one to request mercy for people who suffer from those problems.

As *Tosafot* there note, this *ruach ra'ah* is different than the *yetzer ha-ra*, or evil inclination, which people are expected to be able to combat. In this comment, *Hazal* are imparting a profound compassion towards those who experience significant mental disturbances. People with such challenges often experience substantial instability in their lives, and have difficulty in their interpersonal relationships, daily functioning, and religious observance. *Hazal* teach us here that this instability is not a choice, and given the choice, most people suffering with these conditions would want to restore emotional stability and unimpaired functioning to their lives. We should remind ourselves that just as those who are dealing with physical ailments deserve our prayers, compassion, and support, so too those who have mental or emotional distress deserve the same treatment. ❧