Jofa. JOURNAL
Vol. XXI No. 1 | Adar 5786 | Fall 2025/Winter 2026

FROM OUR CO-PRESIDENTS

Toward a Community of Healing

By Mindy Feldman Hecht and Carmella Abraham

As two women whose professional and spiritual lives are rooted in public health, medicine, and Torah, we are honored to introduce this powerful issue of the *JOFA Journal*, dedicated to the many dimensions of women’s health in Jewish life. One of us, Mindy, approaches this work as a public health researcher, committed to understanding the systems and structures that shape our collective well-being and impact underserved populations. The other, Carmella, brings the dual lenses of physician and rabbi, navigating the sacred intersection of care for the body and care for the soul. Our shared experience has taught us that the Jewish imperative to protect life—*u’shmartem me’od l’nafshoteikhem* (“you shall guard your lives exceedingly”)—is not only about survival. It is about creating conditions in which women can live and thrive with dignity, access, and wholeness.

The articles in this issue illuminate a truth we know intimately: health is multifaceted and deeply personal, and healing is relational. Across these pages, writers explore subjects that are at once particularistic and universally resonant: mental health, disability, chronic illness, and the challenges women face in advocating for themselves within medical systems. They show us that health is not merely the absence of illness; it is emotional, communal, spiritual, ethical, and halakhic.

We hear from rabbis about how to support congregants experiencing disabilities, mental illness, and addiction, reflecting the teaching from *Pirkei Avot:* “The world stands on three things: Torah, service, and acts of lovingkindness.” When rabbis and communal leaders expand their capacity for compassion and presence, they strengthen all three pillars. We hear from an Orthodox woman trauma surgeon whose work brings her to moments of profound humility, and who reflects on her experience as an Orthodox Jewish woman in a

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The Emerging Role of the Rabbi in Mental Health Issues

By Yonatan Rosensweig

Mental health has gone through unbelievable changes in the last 150 years. It would be beyond the scope of this article to enumerate those changes, but suffice it to say that the field has gone from being vague and mysterious to being fairly well-defined and quantitatively assessed. Where before there was no clarity on how to differentiate between one disorder and another, today we are witnessing a virtual explosion of categories and sub-categories to try to capture every minute difference in the presentation of mental health phenomena.

The result of this change for our communities cannot be overstated. Since the spectrum of mental health disorders has been continuously growing, it has led to the increased presence of those with mental health challenges in our communities. In other words: when the world of mental health disorders mostly included only severe and extreme presentations, such as psychosis or mania, such individuals usually lived in an institution (especially as the advent of anti-psychotics had not yet occurred). Today, however, when so many of those diagnosed with mental health conditions live routine lives—living at home, working in routine places of business, interacting with family and friends, etc.—it has created a totally new reality to contend with.

In the Orthodox community, the rabbi is affected significantly by this change. If I had to guess, I would

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Jofa.

A Publication of the
Jewish Orthodox Feminist Alliance
Volume XXI, Issue 1
Fall 2025/Winter 2026 – Adar 5786

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The *Jofa Journal* is published by the
Jewish Orthodox Feminist Alliance, a 501(c)(3) organization.
All correspondence should be mailed to:
Jofa, P.O. Box 139, New York, New York 10024.
We can be reached by phone at (212) 679-8500
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FROM OUR EXECUTIVE DIRECTOR

We Need a Jewish Language for Trauma, Not Only a Clinical One

By Daphne Lazar Price

This summer, as I sat on a plane waiting to take off for Tel Aviv, the "Homefront Command" alarm suddenly blared from my phone—a real-time warning of incoming rocket fire. Passengers froze. Some called loved ones; others checked the news. My spouse and I reached out to our daughters. Minutes later, the tension eased and someone joked, "We all have collective PTSD."

The comment lingered.

Clinical language—PTSD, triggered, dysregulated—now saturates everyday speech. Its normalization helps reduce stigma and encourages people to seek help. But it also raises a deeper question, especially for Orthodox Jewish women like myself: Must our pain be described in clinical terms to be taken seriously?

This is not a rejection of therapy or mental health care. Access remains essential, especially in communities where silence still surrounds mental health struggles. But as we face war, antisemitism, political upheaval, and personal loss, we also need a Jewish vocabulary for suffering—one that is sacred, nuanced, and not only clinical.

Judaism offers that language.

Our tradition holds grief through ritual: *shiva*, *Kaddish*, *yizkor*, and the year-long mourning process legitimize grief and shape its expression. Yet these frameworks were historically created by and for men. Women's suffering—miscarriage, infertility, abuse, betrayal—often remained hidden or minimized.

Today, Orthodox feminists are reshaping these spaces. Women now recite *Kaddish*, create prayers for miscarriage and stillbirth, and use *mikveh* for healing and renewal. *Rosh Ḥodesh* circles, feminist midrash, and embodied ritual practices offer pathways for meaning-making that do not require diagnostic labels. These practices remind us that healing often emerges from Torah, prayer, community, and being seen.

The Torah itself includes stories of trauma, especially women's trauma, and shows the consequences when it is or isn't acknowledged. Tamar, raped by her half-brother Amnon, tears her garment and sits in ashes. King David meets her with silence. Her suffering becomes a narrative

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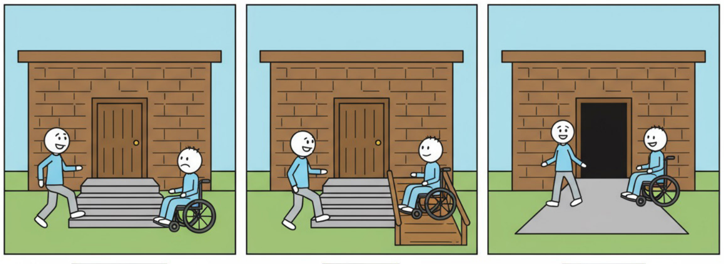
Redefining Categories and Acts: The Next Frontier in Disabilities Halakhah

By Dov Linzer

As a community, we have made some significant advances over the last decade in the area of equal access and membership for people with disabilities, but much work remains to be done. This is true both in terms of our institutions—our synagogues, schools, and camps, and other communal settings—and in the area of halakhah.

I would divide the halakhic challenges here into two categories. First are the challenges that arise when accommodations for people with disabilities run up against certain halakhic restrictions, such as the use of electricity on Shabbat. These are often solved relatively easily, as these cases often deal with matters of only a rabbinic weight, where halakhah provides overrides for the sake of a mitzvah, for a *mitzta'er* (someone suffering or in pain), or the like.

The second category deals with cases where the halakhic criteria for a certain mitzvah or role would seem, on the face of it, to exclude people with certain disabilities. To give two examples: May a *kohen* in a wheelchair recite *birkat kohanim* (the priestly blessings), given that the halakhah requires the *kohen* to be standing during this blessing? Must a deaf person recite *shemoneh esrei* out loud, even if this may be exhausting and largely unintelligible, given that the halakhah requires the recitation to be audible?



EQUALITY: Same supports, unequal access.

EQUITY: Different supports, equal access.

JUSTICE: Barrier removed, systemic access.

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Disabilities Halakhah *continued from page 3*

Halakhah deals almost exclusively with formal, objective, definable criteria—whether for objects (how tall my *lulav* has to be, the minimum dimensions of my *sukkah*), persons (who is or is not obligated or qualified), or acts (what constitutes *sheḥitah*, what constitutes reading from a Torah). These definitions are usually not barriers. They demand from us close attention to the *mitzvot* we are performing, and effort to do them properly, but at the end of the day, they are meant to be doable by all. That "all," however, tends to assume a world without people with disabilities. Once *everyone* is truly taken into account, we see that a demand sometimes becomes a barrier and an exclusion: we are not only telling an ambulatory *kohen* that he must stand; we are also telling a *kohen* in a wheelchair that he may not participate.

Exclusion in such cases is particularly painful, for there often may be no practical reason why the person is unable to perform the mitzvah (such as reciting *birkat kohanim*), and yet halakhah is telling them that they may not do so. It is one thing to not be able to do something that most people in the world are able to do because it just isn't physically (or emotionally or psychologically) possible for you to do so. It is quite another to be able to do something but have halakhah tell you that you may not—that this is yet another area where you are, seemingly for no good reason, yet again to be excluded.

What types of halakhic responses are available to us at this point?

The Wrong Answer

When presented with a case of halakhic exclusion, a *posek* has three possible responses available: to give the wrong answer, to give the right answer for the wrong reason, or to give the right answer for the right reason.

The wrong answer is simple rejection: declaring that no halakhic solution is possible, even when there are arguments or opinions to rely on to allow the practice. The responsibility of a *posek* is to be empathetic and responsive and to find an answer that meets the person where they are at. There are almost always more inclusive halakhic positions that can be found in any given case, and the principle of relying on a minority position *b'sha'at ha'deḥak* (at times of great exigency) has to be a guiding principle here, especially as we are so often dealing with issues that are of a rabbinic, and not biblical, nature.

I want to be clear that there will be some cases when there is no latitude and the only possible answer is a "no." But that is rarely the case. A *posek's* "no" when an inclusive answer is available too often reflects either a lack of empathy or creativity (or both) or just a general inclination to feel that it is better to play it safe and be *maḥmir* (stringent).

This is, however, a profound misunderstanding of what it means to be *maḥmir*, or rather, where we should be *maḥmir*. As Rav Binyamin Aharon Salnik (Poland, 1530-1620), author of *Maseit Binyamin*, writes regarding the question of whether a blind man may receive an *aliyah* (*Maseit Binyamin* 62): "I am astounded at those who would forbid, for how have they come to a halakhic decision that casts the yoke of Heaven off of people?!" A *ḥumrah* (stringency) regarding *birkat kohanim* (the Priestly blessing) or receiving an *aliyah* is not only an unacceptable *kulah* (leniency) regarding human dignity, pain, and suffering; it is also an unconscionable *kulah* regarding this person's relationship to Torah and *mitzvot*, as it may have (and so often has had) the effect of alienating this person from the world of halakhah altogether.

The Right Answer for the Wrong Reason

The second possible response, then, is the right answer—a "yes"—but for the wrong reason. What does it mean for an answer to be "for the wrong reason" and why should it matter, as long as we got to a "yes"?

It does matter. A "yes" for what I will call the wrong reasons is a "yes" that affirms the exclusionary criteria, but finds a reason to make an exception. For example, a person might be told he can recite *birkat kohanim* since, despite the fact that a seated *birkat kohanim* does not count, there is no technical prohibition against reciting an invalid *birkat kohanim*. And regarding the *brakhah* recited before *birkat kohanim* ("*asher kiddishanu b'mitzvotav…*")—he should either not recite that *brakhah*, or we can allow it because of *kavod ha'briyot* (human dignity). Alternatively, he may be told that he can rely on the position that the requirement for standing is only *l'khatḥila* (the ideal way to do the mitzvah) and does not prevent the fulfilment of the mitzvah *b'dieved* (acceptable "after the fact").

It should be clear why an answer such as this is less than ideal. It sends a troubling message: that people with disabilities are being granted exceptions rather than recognized as full participants. It suggests that their participation is somehow secondary or inadequate, requiring special dispensation rather than representing full and authentic fulfillment of *mitzvot*.

Of course, this answer is much better than a "no," and it must be acknowledged that many people don't care how the rabbi arrived at the "yes"—what matters is that they may now participate as an equal. And the rabbi need not explain the underlying reasoning to the person asking the question. Even if the behind-the-scenes justification is based on certain *b'dieved* considerations, the person can be simply told that "yes, it is permitted" and that anyone who has a problem with this ruling should come speak to the rabbi.

The ideal, however, would be to arrive at the right answer for the right reason. What does that look like?

The Right Answer for the Right Reason

The third approach—the right answer for the right reason—represents a paradigm shift. Rather than finding an accommodation or workaround within existing categories, which has the effect of reaffirming those categories and definitions—and hence an ableist view of the world—this approach asks us to consider the possibility of different definitions for a person with disabilities. Can halakhah embrace a worldview that is fundamentally diverse—that sees the world as made up of people with differing abilities, and defines actions and criteria differently for those whose abilities are different from the norm?

To illustrate the power of this approach, it is worth considering an illustration of the difference between equality, equity, and justice. Working around existing barriers to give everyone access is a major accomplishment and results in equity—something we as a society are far from achieving. But it is not the ideal. The ideal is not to work around existing barriers, but to remove those barriers altogether, thereby achieving true justice.

Rav Asher Weiss on *Ḥeresh*: Redefining Speech

A *teshuvah* (responsum) from Rav Asher Weiss (Israel, 1953-, a leading contemporary *posek* in Israel and the U.S.) regarding the halakhic status of a *ḥeresh* (a deaf person who does not speak intelligibly) is a perfect example of this goal. Traditionally, the *ḥeresh* was categorized alongside the mentally ill and the minor as lacking the mental competence necessary for halakhic obligation. This classification reflected a historical reality: without access to education or communication methods, deaf individuals appeared to lack intellectual capacity.

The ideal is not to work around existing barriers, but to remove those barriers altogether.

Over the last few centuries, *poskim* have found various ways to argue that this status no longer applies, but these were often through various workarounds, and as a result, a number of *poskim* were only willing to be inclusive for some cases and not for others.

Rav Weiss, in his *teshuvah* on this topic (*Minchat Asher* 2:86), breaks new ground in two ways. First, he argues that while the Gemara did not give a different status to an individual deaf person with demonstrated intelligence, that was only because the status of not having sufficient working intelligence still held true for the category as a whole. However, now, when all deaf individuals demonstrate full intellectual capacity, the category as a whole is now false and cannot be maintained. To insist on their exclusion becomes not just unjust, but halakhically absurd. How, asked Rav Weiss, can a person have an hour-long conversation with a deaf person through sign language about a *sugya* in the Gemara, debating the commentaries of Rashi, Tosafot, and the Rishonim, and then refuse to count him towards a *minyan* because he is not a *bar da'at* (person with intellectual capacity)? The category's continued application contradicts observable reality and undermines halakhah's credibility.

This is an example not of redefinition, but of reassessing an entire category due to a fundamentally different reality. While profound and thoroughgoing in the case of the *ḥeresh*, this approach is not easily transferable to other cases of exclusion. That next step comes at the end of Rav Weiss's *teshuvah*.

In his *teshuvah*'s final section, Rav Weiss suggests that fluent sign language communication should be considered a form of speech (*dibbur*) and a deaf person who can communicate in this way is a "speaking person." The category of *ḥeresh* only applied in the Gemara to someone who could not speak intelligibly, which is not true for a person who can speak via sign language. This is different from the case of someone who can "speak via writing," whom the Gemara considers to not be in the category of a "speaking person." Communicating via writing is indirect and lacks the dynamic of direct speech between two people. Sign language, on the other hand, is direct, interactive, and expressive communication, and thus constitutes full speech.

If barely intelligible verbal speech qualifies as speech according to many *poskim*, then how, Rav Weiss implicitly asks, can fully articulate signed communication be excluded merely because it doesn't use sound waves?

What Rav Weiss is asking us to consider is the simple question of whether speech should only be defined from the perspective of those with hearing. For them, speech is about something that is audible. But why should we only define speech from that perspective? For a deaf person, the definition of speech has nothing to do with sound waves. So why shouldn't halakhah embrace that definition—possibly for everyone, but certainly for those who are deaf and for whom this is their primary form of communication?

The Next Frontier

The redefinition of speech for a deaf person that Rav Asher Weiss presents opens extraordinary possibilities. If sign language constitutes speech, does someone reading Megillat Esther in sign language fulfill the mitzvah for those who understand that language? If signing represents both speech and, for its recipients, hearing, might entire communities conduct their ritual obligations in this medium?

This is a perfect example of a halakhah that can recognize people with disabilities, embrace their realities, and articulate criteria and define categories that reflect those realities.

To return to our case of *birkat kohanim*. Following this approach, we would ask not whether a person in a wheelchair would fulfil the mitzvah despite the fact that they are not standing, but rather a more fundamental question: what constitutes "standing" for someone in a wheelchair? How would a person in a wheelchair move their body or position themself to show respect to an important personage who had just entered the room? Would they straighten their back and sit at attention? Would they raise their backside off of the seat of the wheelchair? Let's try to understand what constitutes standing from *their* perspective, not from ours, and then let's ask if halakhah would be prepared to recognize this as "standing" for them.

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Community of Healing *continued from page 1*

demanding medical field. And we hear from women living with aphasia, Tourette syndrome, depression, and suicide—of either themselves or a family member. These pieces challenge us to widen our communal and halakhic imagination to create more inclusive, supportive spaces for all.

Several essays in this issue confront topics our community has too often relegated to silence: suicide, addiction, and eating disorders. Jewish tradition teaches: "*lo ta'amod al dam re'ekha*"—we are forbidden to stand idly by when another's life is at risk. These contributors urge us not only to refrain from standing idly by, but to walk toward those who suffer and those who love those who struggle with these diseases, with tenderness, presence, compassion, and a willingness to dismantle stigma. They remind us that mental health conditions are medical conditions, and that healing becomes possible when people are met with both access to care and communal understanding.

Other writers delve into the halakhic and ethical dimensions of health, including organ donation and disability inclusion. These conversations reaffirm a core part of JOFA's mission and of halakhah more broadly: that its ultimate purpose is to promote human flourishing and to uphold the divine image—the *tzelem Elokim*—of every individual. As we sing together while returning the Torah to the ark, the Torah's paths are "paths of pleasantness, and all its ways are peace." Halakhah must be applied with empathy, dignity, and nuance, especially when women's bodily autonomy, agency, and safety are at stake.

Throughout this issue, we are struck by the courage it takes to tell these stories. We are equally aware of the responsibility placed on all of us who listen. Jewish tradition teaches that words can heal—*marpeh lashon etz ḥayim* ("a healing tongue is a tree of life") (Proverbs 15:4). By speaking openly about mental health, disability, and medical advocacy, we plant seeds of healing for ourselves and for our communities.

We hope this issue offers knowledge, connection, and comfort. If you or someone you love is in need of support, please reach out to the resources provided in this issue. May it inspire each of us to help build a Jewish community where every woman's well-being is valued, and where her body, her mind, and her voice are upheld with dignity.

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This approach, it should now be obvious, differs fundamentally from case-by-case accommodation. When we redefine categories and acts, we're not making exceptions—we're expanding our understanding of what authentic performance looks like. A person using sign language isn't receiving a lenient ruling about speech requirements; they are speaking. A person in a wheelchair who leans forward respectfully isn't approximating standing; they are standing in the way available to them.

People are not receiving accommodations that mark them as different or lesser according to this approach. They are rather participating fully in the same *mitzvot* as everyone else, with definitions that recognize and reflect their reality.

The model also addresses what we might call halakhah's "ableist infrastructure"—the unexamined assumption that normative practice assumes certain physical and sensory capabilities. By explicitly recognizing alternative modes of performance, halakhah can move from reinforcing ableist assumptions to actively dismantling them.

Practical Applications and Limitations

This approach requires careful application. Not every accommodation can be achieved through redefinition, and not every mitzvah admits of alternative performance modes. The goal is maximum inclusion where halakhically possible, not universal inclusion regardless of halakhic constraints.

Such questions require consultation with people with disabilities themselves—"nothing about us without us," as disability advocates insist. Authentic redefinition cannot occur without understanding how people with disabilities experience their own embodiment and religious practice.

Contemporary *poskim* have begun this work in various areas, but much more development is needed, requiring both deep halakhic scholarship and meaningful engagement with disability communities. This work must be done carefully to be true to halakhah's rigor and integrity. It means examining our assumptions about normalcy, consulting with people whose experiences differ from our own, and being willing to explore new paths—all while we ensure that we remain true to the halakhic system and its demands.

In doing so, we honor both halakhah's integrity and its capacity for growth, creating space for all Jews to serve God according to their unique gifts and circumstances and to be full and equal participants in our communal institutions and halakhic life.

***Rabbi Dov Linzer** is the President and Rosh HaYeshiva of YCT Rabbinical School. An acclaimed Torah and halakhah scholar, Rabbi Linzer has been a leading rabbinic voice in the Modern Orthodox community for over 25 years. He has published over 100* teshuvot *(responsa) and scholarly Torah articles and serves as religious mentor to YCT's over-200 rabbis serving in the U.S. and Israel.*

Emerging Role of the Rabbi *continued from page 1*

dare say that an average community today has at least 30 percent of its members dealing with one mental health challenge or another. While in the past such individuals were “out of sight, out of mind,” today they are part and parcel of every community. This, of course, is a wonderful development, for it means that someone dealing with mental health issues may receive support on a far greater scale than before. However, for that to happen, we need to be firmly aware of what the individual needs, and what we can do to support them. The role of the rabbi has therefore morphed, and new challenges present themselves. This article will reflect specifically on what that role may entail.

The New Role of the Rabbi

This new role expresses itself in three different spheres: the personal, the family, and the communal. On a personal level, the rabbi has always functioned as a source of halakhic, spiritual, and philosophical guidance. With mental health this is no different, though the issues the rabbi might face will enjoy significant novelty, both in terms of subject matter and in terms of ways of thinking. When it comes to the halakhic aspects, the rabbi will need to have a basic familiarity with eating disorders, mood disorders, personality disorders, psychosis, neurodivergence, etc. and will need to relate to cases involving anorexia, depression, OCD, PTSD, bi-polar disorder, borderline personality disorder, ADHD, and so much more.

> When one person in the family struggles with mental health challenges, the entire family is affected.

The complexity of some of the questions a rabbi may get in these areas is what led me to create Maaglei Nefesh, the Center for Mental Health, Community, and Halacha and to offer rabbinic training for dealing with these issues in Israel and abroad. The confines of this article do not allow me to do justice to even one of the questions I get, with all its intricacy and complexity, but I trust the reader will take my word for it: questions abound, and their solution is extremely necessary for many.

It is not only halakhic questions that are asked, but also philosophical ones: Why am I suffering with no end in sight? What did I do to deserve this? What does *Hashem* want from me? Is there a reason I am afflicted with this disorder? How can I find meaning in a life that brings constant pain and distress? These questions are accompanied by a spiritual search as well: If I cannot perform all the *mitzvot*, then what does it mean for me to be a religious Jew? If I cannot fast on Yom Kippur due to my anorexia, how am I supposed to feel on Yom Kippur? Does anything change for me? And if I need my phone to self-regulate on Shabbat, then how do I still maintain the sanctity of the day? These are not just practical halakhic questions, but also (and perhaps primarily) spiritual ones.

Solutions Affect the Whole Family

This covers the first part of the role of the rabbi, and in some sense there is nothing new here: this has always been the role, and only the subject matter and its attendant consequences have changed. However, there are two additional roles where I believe that the change is more dramatic. In these roles the rabbi is genuinely asked to do things that rabbis have not done before. Let us begin with discussing the family. It is a fundamental truth that we all must realize and internalize: when one person in the family struggles with mental health challenges, the entire family is affected. The challenge does not—and cannot—remain circumscribed within the world of the individual. This means that innovative solutions to problems must be envisioned on a family level, and not just an individual one.

One father asked me: “I am suffering from depression. It is very difficult for me to get up in the morning and go to *shul*. Must I do so?” I answered: “No, if it’s too hard for you, just *daven* at home.” But then he asked: “But rabbi, if I don’t go to *shul*, what will my kids do?” Here we clearly see the problem. It is relatively simple for me to reply and care for the plight of the individual, but it becomes quite fraught when the “solution” actually creates a whole new set of problems. Everyone is affected. Solutions need to be found for the entire family structure, and not just for the individual.

Another parent asked me: “My daughter has autism. She has temper tantrums during which she breaks things in the house, and sometimes hurts herself or her siblings. The only thing that calms her down is playing games on her tablet. Can she do that on Shabbat?” I said: “Yes, she can do that on Shabbat, since it’s the only way to calm her down.” But then she asked me: “But what about my other kids? I don’t want them to be jealous of their sibling who is on the screen! I want them to experience Shabbat as it properly should be experienced!” Again we see the problem. It is relatively simple to respond to an individual’s distress, but becomes exponentially more complex when discussing an entire family. Indeed, this is a skill that rabbis will need to develop and cultivate over time if they are to give a holistic response to mental health challenges.

Solutions Affect the Community

The final consideration is the communal one. Here, too, I believe the role of the rabbi changes significantly, and this change may be the greatest of all—certainly in terms of its scope and reach. Many times the rabbi feels that they must simply attend to the needs of the community, rather than lead a movement within it, but when it comes to mental health the rabbi must understand that their actions may very well set the tone for how the community views this topic. When I speak in communities, I offer

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Emerging Role of the Rabbi

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them the following equation: “When you halakhisize, you destigmatize.”

What this means is that when you speak about something not only in abstract philosophical or even heartfelt emotional language, but rather in concrete legal terms, it gains a dimension of reality that it did not have before. Rabbis can speak from the pulpit for hours about how important being sensitive to those with mental health needs is, but it will never be as impactful as a statement that someone suffering from post traumatic stress disorder is halakhically permitted to utilize certain leniencies in order to avoid dissociating or experiencing flashbacks. There is a power to the legal language that sends a message to the community at large: this is real, and so much so that we are willing to pay a halakhic price in order to care for the person.

This message is also given through relaxing some of the decorum that is so precious to most *shuls*. If we are to be truly inclusive of those with mental health challenges, we must realize that it will require some sacrifice on our part. If, for example, a community is in earnest about its desire to see those in wheelchairs attend services, it will most certainly build a ramp and make sure the *shul* is wheelchair accessible. No one would take seriously a rabbi who merely spoke about it, but didn’t require the community to put its money where its good intentions are.

Similarly, it might be easier to say that we are interested in being inclusive towards those with dementia, for example, than actually having them come to *shul* and introduce some level of instability. A community that enjoys a relatively silent and solemn *davening* experience may be bothered by an older member now plagued by dementia, who gets confused or shouts out several times during *Shaḥarit* or Torah reading. And people might find a boy with ADHD who feels the need to pace back and forth along the aisles during *davening* to be distracting and annoying. It is precisely here that the rabbi’s leadership will be pivotal.

In summary, the emerging role of the rabbi in the field of mental health requires a revamping and rethinking of sorts. It requires learning new concepts and understanding new realities, tailoring solutions to complex family frameworks and scenarios, and helping the entire community pivot towards a better understanding of mental health and of those facing mental health challenges.

> If we are to be truly inclusive of those with mental health challenges, we must realize that it will require some sacrifice on our part.

May we merit to bring greater understanding and inclusiveness to our communities.

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Jewish Language for Trauma

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footnote, swallowed by a patriarchal story.

Hannah’s pain, by contrast, is witnessed. Weeping silently for a child at the temple of the Lord at Shiloh, she is mistaken for drunk by the priest Eli. She challenges him, he listens, and he blesses her. Her anguish becomes the foundation for Jewish prayer, not because she was “fixed,” but because she was heard.

That distinction still matters.

Orthodox women today continue to bear gendered trauma: *agunot* denied divorce; erasure of women’s images and voices; pressure to remain silent about abuse. Many also watch with alarm as abortion access is restricted in the United States—policies that contradict halakhic principles prioritizing maternal life and dignity. Too many Orthodox rabbis remain silent, even supportive, of policies that endanger women.

No wonder many women feel their pain is either dismissed or over-medicalized. Neither response is enough.

Jewish tradition teaches that healing is individual and collective. Maimonides writes that repentance is incomplete until we change the conditions that caused harm—a mandate for institutions as much as for individuals. When women come forward with stories of abuse or marginalization, the response cannot be limited to “go to therapy.” We must ask: *What allowed this to happen? What must we repair?*

Orthodox feminists are not seeking special treatment. We are seeking to be heard in the fullness of our experience—sacred, complicated, and real.

Not every trauma is a disorder. But every trauma deserves acknowledgment. A Jewish language for pain gives us frameworks for ritual, community, and repair. It does not replace clinical care; it expands the landscape of healing.

We don’t need to medicalize every wound to honor it. We need to witness it, and ensure that no one suffers alone or in silence.

Spirituality and Community:
A Jewish Response to Addiction

By Arielle Krule and Benjamin Litchman

Benjamin's Story: *"When my teachers asked in Hebrew school what I planned to be when I grew up, I never imagined I'd be struggling with a heroin addiction, stealing from my parents' peace of mind and pocketbooks, or trading a bunk bed at Camp Young Judea for a bunk bed in a jail cell. I had everything I needed to succeed. I had loving parents, good friends, knowledge of right from wrong. Still, there was a void inside me that nothing could fill, a darkness that consumed me despite all the love surrounding me. Alcohol and drugs became my solution, settling me down in a way I'd never experienced before, giving me the oblivion I craved, until I found heroin and my life spiraled into a nightmare I couldn't escape for almost a decade. The trajectory of my life was heading straight to a long-term prison sentence or a box in the ground."*

When I met Benjamin and he shared this story with me, I realized that my family, and so many others, were not alone.

The Crisis: Addiction and Disconnection

Today, over 46.3 million people in the United States live with a substance use disorder. In the past year alone, more than 103,000 people have died from drug overdoses. This is a staggering number that represents both a national and a deeply personal tragedy. Despite ignorance or denial, the Jewish community is not immune. A recent UJA-Federation study found that over 432,000 Jews in New York City currently struggle with addiction, and the numbers continue to rise. This is not an abstract crisis. It is in our families, our *shuls*, our schools, our Shabbat tables.

Addiction is not a failure of willpower or morality. It is a chronic condition that changes the brain's reward and stress systems, often driven by trauma and isolation. It thrives where pain and disconnection meet. Addiction takes many forms—not only substances, but also behaviors, relationships, and even patterns of thought that become compulsive and self-defeating. There is no single universally agreed-upon "reason" for addiction. Doctors, scientists, psychologists, coaches, and researchers attribute it to some unclear combination of genetics, trauma, natural disposition, circumstances, and connection (or lack thereof) to community.

I believe that this is an obvious call to the spiritual. It's a reminder that beyond medical explanations, we are dealing with the fundamental human need to connect, to belong, and to find meaning.

For too long, addiction has remained on the periphery of communal conversation, treated as something private, shameful, or beyond our capacity to respond to. Stigma remains one of the greatest barriers to healing. Too often, people in our own communities suffer in silence, afraid to speak their truth. But the truth is: Judaism offers a spiritual and communal infrastructure uniquely suited to healing the wounds of addiction.

Why Jewish Community Matters

Across the country, a $43 billion treatment industry offers time-limited detox programs. Yet 80 percent of those who complete treatment relapse. Because even when detox works, patients often return to the same isolation, pressure, and disconnection that fueled their addiction in the first place. Sustained recovery depends on more than medical intervention. It requires human connection. Research indicates that the number one predictor of sustained sobriety is consistent presence in community over time. Jewish community, with its rhythms of gathering, prayer, and shared responsibility, offers exactly the kind of structure and belonging that can sustain long-term healing.


Rabbi Arielle Krule and Ben Litchman leading a Sober Purim Seudah for the NYC community

In the book of Eikha, Jeremiah cries out with heartwrenching, haunting laments about the destruction of Jerusalem. He paints a picture of total devastation and isolation—where loss of home, community, and spiritual center leaves the people untethered:

> *To what can I liken you to console you, fair maiden Zion? Your breach is vast as the sea; who can heal you?* (Eikha 2:13)

Rashi, commenting on this verse, notes that when people experience devastating loss and suffering, they instinctively seek comfort through connection: "When trouble befalls a person, [people] say to him, 'This also happened to so and so,' as a consolation for him."

Sometimes, though, suffering can feel incomparable in scope and isolation, so overwhelming or isolating, that even shared experience cannot offer comfort. It is precisely at that point, when human solace reaches its limit, that the Sages of the Midrash offer a different vision. As if having sat with addiction themselves, they articulate the hope that we aim to animate and make real for people in addiction. They answer the question posed by this verse: The same God who once split the Sea will

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Spirituality and Community *continued from page 9*

one day mend what feels beyond repair. (Eikha Rabbah 2:17) In other words, the same divine force that brought order from chaos, that turned the waters of creation from paralysis into movement and from silence into song, can also mend what feels beyond repair.

Desolation is not the end, but is the place from which healing might begin. This is the essence of what recovery means: the vastness of the wound is not evidence of hopelessness, but of the scale of healing required and the urgency of reaching toward God and each other. The Rabbis teach that no pain is too deep for divine repair; the healing, like the Sea, must be immense.

This is also Benjamin's story: *"Community became my mirror, showing me what I couldn't see, holding me up with love and compassion until I could stand on my own, teaching me to find my passion, discover my purpose, and live as my authentic self. I walked in as a shadow of a man, and now, just reaching nine years of sobriety, married to the love of my life with two children, working as a musician with my family back in my life, the greatest miracle isn't any of that. It's waking up every morning with a true sense of peace and love for myself—finally able to show up as me, for me, and for the ones I love."*

Selah: A Community for People in Recovery and Those Who Love Them

People have the innate capacity to heal in community. This conviction animates Selah, the community we are building in Brooklyn for people in recovery and their loved ones. We use the Jewish calendar as our scaffolding, moving through the seasons of joy, introspection, loss, and renewal to build an integrative spiritual life rooted in recovery and Jewish wisdom. Our communal values mirror both Jewish and recovery principles:

- Celebrating joy
- Sharing sorrow
- Practicing accountability
- Honoring the unique Torah of those in recovery

Selah is not a support group or a synagogue alone. It is a community that believes healing happens in relationships. We gather around Shabbat tables, in living rooms, in parks—in moments of celebration and grief alike. We've watched people who once felt defined by their pain begin to lead: to teach Torah, to hold space for others, to claim their place in Jewish life. There is something holy about that moment when someone realizes they don't belong despite their story, but because of it. Interestingly, our very brokenness may be our greatest opportunity for connection.

Rosh Hashanah 5784, Brooklyn, NY

Lilah walks to the front of the warmly lit room, takes a deep breath, and turns to face the 120-person crowd in a Brooklyn basement on the second day of Rosh Hashanah. "Hi, my name is Lilah, and I am an alcoholic. The day I picked up alcohol, when I was 15, I also put down God. I'm here today despite finding a home neither in recovery spaces nor in Jewish spaces where I could fully be me. Here today, though, I am my whole self. Shanah tovah." The crowd applauds, and as we begin our inaugural Rosh Hashanah second day experience, the leader sings the Serenity prayer, a familiar sound for many of our folks, to the tune of the traditional Rosh Hashanah opening liturgy.

This is a picture of our community: both for those whose entry point to Judaism is recovery, and for those whose entry point to recovery is Judaism. That's what we're doing here.

For many of us in recovery or who love someone in recovery, our religious lives and recovery identities have been bifurcated—left at the door when we walk toward a synagogue, or completely forgotten when entering a twelve-step meeting. What if our religious spaces were ones to which we brought our whole selves—ugly, broken, confused—and found refuge in the wisdom of our ancestors and support of our communities?

A Call to the Jewish Community

Addiction is not someone else's problem. It is ours. It is also our opportunity to be the kind of community that does not look away, that meets despair with care, and that transforms ancient wisdom into modern healing. Recovery is not only about abstaining from what harms us, but about remembering what holds us. We have the tools to bring light into some of the darkest corners of suffering with the gifts of our ancestors and our inner divinity. For this to work, we cannot live in ignorance or denial.

May the One who healed the Sea heal us all, too.

__Rabbi Arielle Krule__ is the founding director of Selah, a vibrant Jewish community for people in recovery and their loved ones. She is a Licensed Clinical Social Worker and holds a BSW, MSW, SIFI certification, and a certificate in Spirituality and Social Work from NYU, as well as a certificate in Experiential Education from M²: The Institute for Experiential Jewish Education. She is a former Wexner Graduate Fellow, UJA-Federation of New York Fellow, and Atra: Center for Rabbinic Innovation Fellow. In 2024, she was named one of the Jewish Week's "36 to Watch."

__Benjamin Litchman__ is a musician, artist, and graphic designer. He is the Associate Director of 14Y Selah, Operations. Ben holds a Bachelors in Music Composition from the University of California, Santa Cruz. With almost a decade of commitment toward serving his community, Ben brings his recovery experience to inform and shape how he serves others with inspiration, hope, and joy so that they may find their own life of healing.

Opening the Dark Closet of Depression:
From Silence to Support

By Bracha Jaffe

The words that follow carry pain—and also seeds of hope. It is about depression and other mental illnesses. It is about the isolation and anguish felt not only by the person with the illness, but by their families as well.

And…it is about taking steps to lift these stories out of darkness and shame. It means removing the stigma around mental illness and recognizing it for what it truly is: a physical illness that deserves care and compassion like any other. It means creating safe spaces where people can open up, share their pain, and speak honestly about the challenges that come when mental illness becomes part of their lives.

Image courtesy of
Hebrew Institute of Riverdale –
The Bayit

I know about this pain. I carried the burden alone for many years, living with a spouse who battled relentless, treatment-resistant depression. Recently I had a discussion with him. I asked his permission to share details of our story and our pain. He agreed without a moment's hesitation, with the hope of paving the way toward honest conversations that will offer support and lighten the burden for others in similar situations.

Still, this is hard to talk about. Opening old wounds is painful. Overcoming the shame and stigma can feel daunting. Yet I feel it matters to share my story—what it has been like to shoulder the burden of caring for a person with severe depression, mostly on my own, and what it feels like to finally open up and let others be there with you.

My former husband, David, was diagnosed with severe depression almost thirty years ago when our youngest child was one year old and our oldest was eleven years old, with two more in between. For many years, we didn't open up about the depression. Or when we did, it wasn't in much detail. Our story was shrouded in silence. No one knew what it was like to live with it twenty-four hours a day, seven days a week. I often felt that we weren't a couple, that there was a third entity, a nameless, black ***thing*** that could seize David in its claws, in a split second turning a calm moment into one fraught with anger and angst.

Tweaking the dosage of a medication or starting a new treatment plan often gave us hope, but sadly, these periods of reprieve were mostly short-lived. Oftentimes he was unable to parent or work steadily. I was unable to count on my partner as a co-parent or confidante, and I felt isolated in my marriage. For years, I thought I could reason with him. But you can't reason with an illness—it doesn't know how to listen.

I told very few people about what I was going through. My voice was stilled and I couldn't bring myself to reach out to others for help. I didn't hear people talking about depression or any other mental illnesses. I felt embarrassment and shame and a need to protect David and my family from social stigma. Often this meant going alone to celebrations, Shabbat meals, or gatherings of any kind. I covered for David; I made excuses.

In coaching we have an expression: "Holding up a mirror to your face." It's when the mask you're wearing is stripped away and you finally see the truth for what it is. I had a moment like that when I watched the movie "A Beautiful Mind." It is the story of a brilliant man, haunted by his schizophrenia and how it affected his family and his marriage. There was a scene where his wife was alone in the bathroom, feeling desperate, alone and at the end of her rope, crying and screaming hysterically. I had to turn away because I saw myself in that scene, in those endless tears and in the despair.

Eventually, I came to a realization. Partly it came from learning at Yeshivat Maharat that mental illnesses are physical illnesses, not challenges to be overcome by sheer willpower. Partly it came from being overwhelmed by the American insurance system and needing help to navigate it. But mostly, it came from knowing I was too worn out, too downhearted—and that I no longer wanted to carry this burden alone.

Opening Up

It was difficult to open up. It felt like violating a long-held taboo. I had to find the confidence to speak. At times, I stumbled over my words. Yet, as I pushed forward, as I began sharing our story, this is what I discovered: I received love, not disdain; hugs, not scorn; empathy, not pity; warmth, not dismissal. People listened and understood. I was introduced to those who guided me in navigating the insurance system and clarified the American disability laws. I felt the massive burden dissipate—shared among the many people to whom I turned and in whom I confided.

The first time David was hospitalized in a psychiatric unit, there was only myself and my daughter who came daily to visit him. The second time felt totally different. There was a group of family and friends supporting us. There was a virtual signup sheet for visiting hours which filled up quickly. Others offered to bring him treats and books that he requested. When David finally received the treatment that relieved his severe depression, there were volunteers to drive him to Brooklyn and back.

When I opened up to my Israeli friends and family, there were two different kinds of reactions that felt so polarized: Some people said, "I'm so sorry, I didn't know. You were always smiling and happy. I had no idea that

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When Women Say They Are in Pain, Believe Them

By Yali Szulanski

I was in my early twenties, already five years into an eating disorder that had consumed much of my young adulthood. My life had become unbearable: intrusive voices narrated my every meal, obsession circled around food and control, and small choices felt freighted with shame. Out of desperation, I finally sat in a doctor's office and said the words aloud: *"I have an eating disorder."* I thought naming it directly would open the door to help. Instead, he shook his head and replied, *"No, you don't. You just need to take better care of yourself."*

His words weren't just dismissive—they were dangerous. In that moment, something far deeper than a medical opinion was taken from me—my dignity, what our tradition calls *kavod habriyot*, the sacred obligation to honor the worth of every human being. I knew what I was naming, not only because I had studied the diagnostic criteria as a psychology major, but because I was living it every day: consumed by voices, shame, and the relentless grip of control. Yet his refusal shut the door to treatment and delayed my getting real help for another two years. Those years were marked by spiraling illness, silence, and the feeling of being erased.

My story is only one thread in a vast tapestry. Every woman I know has some version of it. A friend with fibroids was told for years that her pain was "normal," until the situation became so severe that she eventually required a hysterectomy. Another, living with endometriosis, was brushed off with "just bad cramps" while her pain grew unbearable. One woman went to the ER with chest pain and was told

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Opening the Dark Closet *continued from page 11*

you were going through something so painful." Others said, "I've noticed that for years and wondered how you were managing. But I didn't say anything because **you** didn't say anything."

I realized I had deprived myself of their support and love all this time—and exhausted myself trying to hide what was really happening. This experience taught me about the difference between privacy and secrecy. Secrecy carries a heaviness and shame. It can be a tremendous burden. Hiding our secrets can be exhausting. Secrets are hard to carry alone, while privacy means choosing when, where, and with whom to share.

> It never fails to astound me when I discover how much lighter I feel after sharing something that has been weighing on my mind.

It never fails to astound me when I discover how much lighter I feel after sharing something that has been weighing on my mind. This does not mean that the other person found solutions. It is often enough for them to simply offer true compassion and caring.

Bringing Pain into the Light

In August 2025, a standup comedian in Israel named Udi Kagan did something very brave. He electrified the country with a raw 21-minute monologue revealing his battle with his *helem kerav,* combat-related PTSD.[1] He softened the narrative with notes on the piano in the background, alternately moving his audience to laughter and to tears. His pain was raw and palpable. For years, he tried to battle his panic attacks alone—with alcohol and very hard drugs. Eventually, he asked for help. And—in his words—"help came very quickly, and with love."

Udi came out of the dark closet of mental illness and bared his soul and his story to the world. At the end, he left his audience with this message: "PTSD grows in darkness, in shame, in silence, when we don't speak about it. … But it dies quickly in the light, and we are the light."

Udi wove a tapestry of heartbreak and hope, giving voice to wounds long hidden in silence. His story went viral overnight and stands as a beacon of light and hope in the dark world of emotional trauma and illness.

The central line in the *Mi Sheberakh L'Ḥolim Ul'Ḥolot*, the prayer for sick people, asks for healing this way: *refu'at hanefesh u'refu'at haguf,* meaning healing of the soul and healing of the body. It is significant—and quite forward-thinking by today's standards—to craft a prayer for spiritual and emotional healing of the *nefesh* (soul) and only **then** for physical healing of the *guf* (body). The ancient authors of this universal Jewish prayer knew the importance and consequence of emotional health and well-being, and they weren't afraid to put that into words.

If you walk away after reading this piece with only one thought, let it be this: If you are dealing with mental illness, you don't have to do it alone. You **shouldn't** do it alone. You deserve support, compassion, and care.

May we find the courage to speak, the strength to listen, and the compassion to hold each other's pain—so no one has to carry it alone.

***Rabbanit Bracha Jaffe** is the Associate Rabba at the Hebrew Institute of Riverdale in New York. She is passionate about creating community where everyone has a place and feels accepted. She loves kickboxing, fall foliage, and reading stories to her grandchildren.*

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[1] https://www.youtube.com/watch?v=3sVqhVJYSzk

she was "anxious." A new mother reported frightening postpartum symptoms and was told to "get more rest." Each dismissal is not only a failure of medicine, but a violation of the Torah's call to compassion, a moment where the command *lo ta'amod al dam rei'ekha* (do not stand idly by the blood of your neighbor) (Lev.19:16) was ignored.

These stories echo across generations. Our mothers and grandmothers remember being told to "tough it out," to "calm down," to accept pain as their lot. My own grandmother knew something was wrong with her unborn child, but her concerns were dismissed, and she suffered the unimaginable loss of a stillborn baby. The dismissal cut so deep that when she became pregnant again—with my mother—and felt the same warning signs, she feigned labor just to be admitted to the hospital. Her story is not unique; it belongs to a long lineage of women who had to outwit a system that refused to listen. The pattern is so common that researchers have a name for it: the pain gap.[1]

Medical Discrimination Against Women

Studies confirm what women's stories have long revealed. Women wait longer than men to receive pain medication in emergency rooms and are more likely to be prescribed sedatives instead of analgesics.[2] Women reporting cardiac symptoms are more likely to be sent home without testing.[3] Black women face compounded disparities: they are far more likely to have their pain ignored, their symptoms misdiagnosed, their conditions untreated.[4] Eating disorders illustrate the danger clearly. Women who disclose symptoms are often told it is "just stress," "a phase," or "vanity." One study found that clinicians are significantly less likely to diagnose an eating disorder in a woman of color than in a white woman presenting with the exact same symptoms.[5] The result: years of untreated illness. Eating disorders are not benign; they carry the second-highest mortality rate of all psychiatric conditions.[6] Mental health struggles follow the same pattern. Women who report fatigue, anxiety, or somatic complaints are frequently told to rest, calm down, or manage stress, while serious conditions go untreated.

This dismissal is not coincidence—it is systemic. Medicine has long been shaped using male bodies as the "default." Women's bodies were considered variations on that norm, their pain dismissed as hysteria, their suffering pathologized as emotional rather than physical. Although much has changed, echoes of this history remain. For decades, the overwhelming majority of medical research focused on men's bodies, and women were excluded from clinical trials because of the "complication" of menstrual cycles or the possibility of pregnancy.[7] The result is that our baseline knowledge of heart disease, drug efficacy, and disease progression has been built on male-centered data.

This gap has real consequences. Heart disease is the leading cause of death for women, yet the "classic" symptoms studied and taught in medical schools were modeled on men. Women's symptoms often present differently—fatigue, nausea, shortness of breath—but were dismissed as anxiety or stress because they didn't match the male template.[8] Even today, medications are more likely to be tested on men, with dosing recommendations that fail to account for women's physiology. Only in the 1990s did the National Institutes of Health mandate the inclusion of women in federally funded clinical research.[9] We are only beginning to see studies that take women's bodies seriously in cardiology, neurology, pain management, and mental health. The fact that it took so long reveals why women have had to advocate not only in the doctor's office, but also in the very design of the systems meant to care for us. For many of us, this is not abstract history—it is the reality of living every day inside bodies dismissed by those who should have listened. To erase women's bodies from research is to deny their *tzelem Elokim*—treating half of humanity as if it does not reflect the divine image.

Bias deepens the problem. Clinicians are more likely to perceive women as exaggerating symptoms.[10] Cultural expectations add layers: women are told to be patient, modest, strong for others. In Jewish communities, conversations about bodies, sexuality, or mental health may be further silenced by modesty norms or stigma. The net effect is that women often walk into systems already primed to doubt them. When they speak—about pain, about fear, about their own bodies—the dismissal can be devastating. To refuse to hear their voices is not simply

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[9] National Institutes of Health Revitalization Act of 1993, Pub. L. 103-43, 107 Stat. 122.

[10] Samulowitz, Anke, et al. "Bringing gender into diagnosis and treatment: a gender perspective on clinical reasoning in medicine." *Scandinavian Journal of Primary Health Care* 36, no. 2 (2018): 171-177.

Believe Them *continued from page 13*

poor practice; it is a failure to live up to the God we call *Shomea Tefillah*, the One who hears prayer.

Listening is not a soft skill but a sacred mandate. Believing those who cry out in pain is an act of honoring *tzelem Elokim*. Acting on their words fulfills *lo ta'amod al dam rei'ekha*. Preserving their dignity restores *kavod habriyot*. When a woman's voice is heard and her pain believed, Jewish values move from the page into the living world.

The Need for Self-advocacy

Self-advocacy, then, becomes not only an act of survival but a form of holy resistance. It is hard work to raise one's voice in rooms designed to quiet it, yet it is also essential. It can begin with something as simple as writing down symptoms and questions before an appointment, creating a paper trail that cannot be waved away. Bringing a trusted support person into the room changes the power dynamic and reminds the clinician that you are not alone.

The questions themselves can open doors: *What else could this be? What would you recommend if I were your sister or daughter? What are the risks if we wait? What tests can rule things out? What would it take for you to be concerned? Can you explain how you came to that conclusion?* Each question insists on partnership rather than passivity.

Self-advocacy can also sound like slowing the room down: *I need a moment to process what you've said. Can you go over that again in plain language?* It can mean asking directly: *What is the plan if this treatment doesn't work? Can you document my concerns in my chart?* It can look like requesting access to your medical notes, so your words are not lost in translation.

Sometimes it is not about questions but about naming the reality: *I know my body, and something is wrong. I hear you, but I need you to take this seriously. I want this recorded as a formal symptom, not an aside.* These statements resist dismissal, turning vague concerns into testimony.

Self-advocacy can also mean persistence over time: seeking second opinions, asking to be referred to a specialist, requesting copies of lab results rather than waiting passively for a call. It is exhausting work, but it saves lives.

Every time a woman insists on her own voice, she is not speaking in the abstract—she is speaking from the reality of living every day in her body, with knowledge born of survival. Each act of persistence affirms the image of God within her and demands that others see it too. To advocate for oneself in these ways is not only a practical necessity but a spiritual declaration: my body, my voice, my life matter.

The Role of Community

Communities have roles to play as well. Synagogues and schools can host health-education nights led by women professionals, recognizing such gatherings as modern expressions of *bikur ḥolim*, the mitzvah of caring for the sick. Rabbis and leaders can show in sermons and pastoral care that women's voices matter, embodying the God who hears. Communities can create peer networks for women navigating chronic illness, mental health issues, or caregiving, so that no one faces silence alone. Systemically, representation is key: more women in medicine, research, and leadership shifts whose voices shape the system. Training clinicians about bias and tracking disparities creates accountability. These efforts, too, are Torah in action.

It is also vital to amplify the voices of the women already leading in this work. Too often, female physicians, researchers, and community leaders speaking about disparities in care are overlooked or spoken over. Elevating their work is part of our communal responsibility. Quoting their studies, inviting them onto panels, funding their projects, and sharing their writing ensures that women's expertise shapes the design of medicine, research, and policy.

The cost of silence is measured in years of untreated illness, in lives lost, in communities weakened. When women are ignored, families suffer. Children grow up without mothers who could have been saved. Communities lose leaders, teachers, nurturers. The cost is spiritual as well. A community that ignores women's voices betrays its own Torah. To live as if dignity does not matter is to hollow out our tradition's core.

There is power in voice. I eventually found clinicians who listened. They heard my words, trusted my story, and gave me the care I needed. Their belief was not only the start of recovery—it was the restoration of my dignity. Advocacy is not easy. It demands courage, persistence, and community. Every time a woman insists on being heard, every time a community insists on listening, we chip away at the silence and invite holiness into the room.

Our foremothers knew this. The midwives Shifra and Puah defied Pharaoh by listening to the cries of Hebrew women in labor and preserving life. Hannah poured out her soul to God, insisting her silent suffering be recognized. They teach us that women's voices have always been powerful, and that survival often depends on them. We inherit their courage. Now it is our turn to raise our voices—in the doctor's office, in the therapist's chair, in our synagogues, in our families, in the pages of this journal.

To listen is to sanctify. To believe is to redeem. To speak is to affirm the divine image in every human being. May we build a world in which every woman's voice is heard, her body trusted, her pain believed, and her dignity restored.

***Rabbi Yali Szulanski** is an educator, writer, and spiritual leader whose work bridges psychology, Jewish wisdom, and emotional wellness. As Director of Youth and Family Engagement at the Hebrew Institute of Riverdale, she builds communities grounded in care, resilience, and human dignity, and advocates for spaces where every person is seen, heard, and treated with compassion.*

Finding My Voice:

A Journey with Tourette Syndrome

By Lilly Halperin

The first day of anything is really hard. Meeting new people, making a good first impression, finding your way around a new space. These are all part of the universal experience of a first day. Now, imagine that when you introduce yourself to your new boss, coworker, teammate, roommate, or acquaintance, you are confronted with the decision of whether to disclose a personal medical condition. You may feel uncomfortable sharing something so deeply personal with a stranger, but because the condition will eventually—and maybe even imminently—become obvious, hiding it (only to have it present itself later) may cause even more discomfort. This is my experience, and that of thousands like me, with Tourette Syndrome and other tic disorders.

You've probably heard about Tourette Syndrome from a movie or social media, but chances are you haven't seen an accurate depiction of the disorder. Tourette Syndrome is a type of tic disorder. Tics are defined as involuntary, sudden, rapid repetitive movements or sounds. Examples of tics include throat clearing, whistling, clicking sounds, head jerking, eye rolling, and facial grimaces. Tics are extremely common: 1 in 50 school-age children in the United States has a persistent tic disorder, and 1 in 160 has Tourette Syndrome.[1] It is estimated that 50 percent of cases go undiagnosed. Many people with Tourette Syndrome have very mild tics that are hardly noticeable to other people, and in many cases tics lessen in severity or even disappear in adulthood. However, some people's tics are more severe and include cursing tics (called "coprolalia"). Although these cursing tics are quite rare, affecting only 1 in 10 individuals with Tourette, because they are easy to sensationalize, they are often used to portray the condition in the media.

Lilly Halperin outside office of Congressman Ritchie Torres on Tourette Association National Advocacy Day

When tics are severe, it can be challenging and often scary to navigate public spaces, especially in quiet environments such as libraries or theaters. Certain tics—especially verbal tics and certain large movements—can lead to confrontations with strangers. These confrontations can be uncomfortable, and at times even unsafe. Imagine being on a crowded New York City subway, or being stopped by the police, and being unable to control your arm movements or the words coming out of your mouth! While these tics are often used as a cheap punchline on TV, there is nothing funny about living with them.

You may be wondering what causes Tourrette Syndrome, and why people with tics or Tourrette can't control their sounds or movements. While the exact cause of Tourette Syndrome is unknown, research points to abnormalities in the functioning of certain structures and communication signals in the brain. In lay terms, the brain of someone with a tic disorder or Tourette sends out signals to make sounds or movements that the brain is not capable of appropriately filtering out. As a result, the person cannot control the sounds or movements.

Some people with the disorder have described tics as feeling like a sneeze you can't stop or an itch you need to scratch, but my favorite analogy is the need to blink after prolonged staring. To get a glimpse of what Tourette Syndrome can feel like, try staring for as long as you can without blinking. At first you may feel some discomfort, followed by stinging, eyes watering, and blurring vision. Eventually the urge becomes too overwhelming, and you just have to blink. Once you blink you feel some relief, but you'll probably need to blink multiple times to fully resolve the discomfort. Similarly, tics can be suppressed for short periods of time, but it eventually becomes painful and exhausting to suppress them. After suppressing a tic, it often comes out stronger or repeats itself in order to be resolved.

Tourrette Syndrome has many "co-occurring conditions," meaning conditions that are frequently associated with Tourette. These include anxiety, OCD, depression, ADHD, behavior issues, difficulty with social skills and relationships, sleeping problems, rage, mood issues, and learning disabilities. According to estimates, 83 percent of people with Tourette Syndrome have at least one co-occurring condition. These conditions add extra challenges to managing tics. Because tics are often exacerbated with stress, when a person also lives with a co-occurring mental health condition, their tics can become worse when their co-occurring condition is not

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[1] According to the Tourette Association of America, to qualify for a Tourette diagnosis one must: (1) have both multiple motor tics (for example, blinking or shrugging the shoulders) and vocal tics (for example, humming, clearing the throat, or yelling out a word or phrase), although they might not always happen at the same time; (2) have had tics for at least a year–either many times a day (usually in bouts) nearly every day, or off and on; (3) have tics that began before he or she was 18 years of age; and (4) have symptoms that are not due to taking medicine or other drugs or due to having another medical condition (for example, seizures, Huntington disease, or postviral encephalitis).

Finding My Voice *continued from page 15*

well-managed. Tourette Syndrome is often managed by deploying multiple strategies that can include medication, behavioral therapies that address tics, and managing co-occurring conditions.

My Journey with Tourette

For me, tics began when I was just seven years old. At the time, I didn't have the language for what was happening to me. My early tics were quite bothersome to me and others; they included near-constant throat clearing noises, hand movements that involved pressing my fists into my stomach (imagine giving yourself the Heimlich maneuver!), and other uncontrollable sounds and movements. But after six months the tics faded, so I stopped thinking about them. For several years, my tics remained quite mild and didn't interfere with my life. Then, suddenly, in November of ninth grade, my tics came back in full force. Once again, I was making all sorts of sounds and movements that I couldn't control. It was then that I was seen by a pediatric neurologist who diagnosed me with a tic disorder and, subsequently, Tourette Syndrome.

In the months that followed, my tics became more noticeable, and people began asking questions. At the time, I was only three months into high school. I had finally begun to make friends in my new school, and suddenly I had this "othering" thing about me. I was scared. I spent a long time trying, unsuccessfully, to suppress my tics and hide them from others. Eventually, when my friends started asking about a sound I made or why I shook my head to the side, I fumbled through a quick explanation about tics, wishing I could make my tics—and even myself—disappear. I lacked the confidence and self-assurance to be comfortable in my body with tics. The year that followed was grueling.

Then, in the spring of tenth grade, my experience took a turn. Although I still had not found the right combination of medications and therapies to manage my tics, I found something even more important: my voice and my confidence. I found them by becoming a youth ambassador with the Tourette Association of America (TAA). Through the TAA's Youth Ambassador program, I travelled to Washington, D.C. to participate in three days of training and advocacy. The experience was transformational.

On the first day of the training program, I walked into a large conference room where I was one of hundreds of kids in the room who all had Tourette Syndrome. For the first time, no one was staring. I was not the only one ticcing. In fact, no one even noticed! I spent the next day learning how to speak about Tourette and to advocate for myself. I learned more about my condition and started to better understand my own brain. I made so many new friends, and I didn't need to explain my tics to any of them. I finally found people who understood my life.

The Youth Ambassador training culminated with National Advocacy Day on Capitol Hill. There, I used all of the skills I had learned in the previous days to meet and speak with my congressional and senate representatives to advocate for legislation to address Tourette Syndrome. Our advocacy priorities included expanding telehealth, continued funding for Tourette research and public education programs, and supporting the Safe Step Act to improve access to essential medications and therapies. Since that first spring, I have attended three advocacy days on Capitol Hill, have led meetings with numerous government representatives, and this past year I had the opportunity to help train a new class of youth ambassadors.

Since training as a Tourette Association Youth Ambassador, I have seen the multi-fold benefits that can come from spreading awareness about our disabilities and differences. My initial motivation to share my experience of living with Tourette Syndrome—through advocacy, speaking engagements within my community, and speaking on education panels—was to spread greater awareness and understanding among my audiences. But through these speaking engagements, I also found a way to make "first days" and first meetings more comfortable for myself and those I meet. I've learned to introduce myself with a brief explanation of Tourette and an opportunity for the person I'm meeting to ask questions. I have become sufficiently comfortable in my disability to be forward and not feel the need to hide. And yet, there are still moments and spaces where I don't feel at ease.

> If an adult or child of a reasonable age is making noise that seems out of context or moving in a distracting way, they likely are not doing so voluntarily.

The Responsibility of Our Community

Sadly, among those spaces are Jewish communal spaces. *Beit Knesset* (synagogue) has been a particular challenge, due to my worry of disrupting others. I always make sure I am near a door so I can leave easily; but it can be a very stressful experience. As a community, we have a responsibility to make all community members feel welcome at home and in our *batei knesset*. Fulfilling prayer experiences should be accessible to anyone who wishes to engage. How can we create this change?

It is important to remember that if an adult or child of a reasonable age is making noise that seems out of context or moving in a distracting way, they likely are not doing so voluntarily. People like myself (and those with other disabilities) should be given grace in these moments and met with the benefit of the doubt. As a community, we can do our best to combat "shushing culture" in situations where someone is ticcing or otherwise unable to control their vocalizations or movements. We can make people with Tourette Syndrome (and other disabilities) feel welcomed and wanted by having patience in these situations.

Two Worlds, One Identity:

Reflections of a Trauma Surgeon and Orthodox Mother

By Shevie Kassai

When people hear that I am a trauma surgeon, they often pause. When they learn I am Chair of the Department of Surgery, the pause grows longer. And when they realize I am also an Orthodox Jewish wife and mother, the questions begin.

They ask how I "balance it all." They ask about wellness, physical and emotional. They ask how I integrate life as a surgeon and a mother, as if there is a formula, as if it ever gets easy.

But this path was never foreign to me. I grew up picturing myself in scrubs. My mother was a nurse, and I admired her strength, calm, and dignity. People told me nursing would be more "fitting." But I knew I was being measured against a mold I never fit. Surgery drew me—the precision, the control, the immediate impact, the ability to turn chaos into order. In my mind there was never a contradiction between the discipline of the OR and the discipline of Torah life: both demand focus, humility, and exactness. That world made sense to me.

I was fortunate to grow up in a home steeped in *mesorah* and a clear sense of priorities. My father always said halakhah gives us a blueprint, not just to follow, but to build something meaningful within the boundaries of Torah. Ours was a home where questions were encouraged, curiosity was valued, and every answer was anchored in *mesorah*. My parents raised all of us to pursue our potential with integrity and purpose; my sisters are proof of that as much as I am. One is a physician assistant, the other a lawyer, each excelling in her own demanding field while staying grounded in the same values. Though schools in our world didn't always agree you could be "non-cookie-cutter," my parents quietly encouraged us to find our own place within the yeshiva framework. I chased what I loved wholeheartedly, never stepping outside the halakhic framework. I was told "you will never get married" more times than I can count, but I knew *Hashem* runs the world.

I always dreamed of being a doctor. I worked toward it for years, but when I applied to medical school the first time, I was rejected from every school. It was a blow. I questioned everything: my choices, intelligence, abilities, and path. Looking back, I see it was *bashert* (predestined). I ended up exactly where I was meant to be, at a school that shaped me in ways I could never have imagined. At the time it felt like failure; in hindsight, it was simply rerouting.

I could not have done this without my husband. From the very beginning, he believed in my dream even when others doubted it. His support wasn't just in words. He made the daily sacrifices that let me train, take call, and build a career. He has been the one I cry to after the hardest days, the one who celebrates quiet wins that no one else sees, and who carries me through sleepless nights, the emotional toll of losses, and the thousand small moments where support matters most. He is *koveia itim* (sets aside time for Torah study), runs his own business, holds advanced degrees, and is proof that the values of the Orthodox world and intellectual accomplishment can thrive side by side. Just as behind every successful man there is a devoted woman, beside every successful woman there is an extraordinary man. *Ḥazal* tell us: *ishto k'gufo*—husband and wife are one. Marriage is the ultimate partnership, and everything I have accomplished has been because we are building together, with shared priorities and a shared *mesorah*. (We carry the Vizhnitz *mesorah*, our grandfathers from towns just miles apart in Eastern Europe. Each year we return to Bnei Brak for Rosh Hashanah, where the Rebbe once smiled and called me "the American trauma doctor." It was with his blessing that I first set out on this path.)

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Each person with Tourette is different and may have different preferences of how others should interact with their tics. While many times it may be okay to respectfully ask if they are okay, you can also ask a clergy member or community leader about this person if you are concerned. This way, they can have a private conversation about their needs and ways to approach this in quiet spaces. What is most important in these situations is to respect and preserve the dignity, humanity, and privacy of the congregant, and to remember that there is not a one-size-fits-all solution to help disabled community members. We need to put in the work to make people with Tourette Syndrome feel at ease, so that they don't need to constantly suppress their tics for other people's comfort.

Now that you have learned about Tourette Syndrome, you can make change. You can be mindful of people around you with Tourette Syndrome and other disabilities or neurodivergence. You can encourage others to be open-minded and inclusive. You can educate others when they make a joke out of Tourette Syndrome or make ignorant remarks. You can use your knowledge to do your part in making the world more accessible, and in that way do your part in *tikun olam* (repairing the world).

Lilly Halperin *is an 18-year-old resident of Riverdale, NY. She is currently studying in Jerusalem at the Hartman Institute's Hevruta Gap Year Program and plans to attend Muhlenberg College. Lilly is a passionate Tourette Syndrome and disability advocate and works to educate others and make spaces more accessible. Outside of her advocacy work, Lilly loves creating art, solving word puzzles, and collecting rubber ducks.*

Jofa.news
FALL 2025/WINTER 2026

Jofa Conference and Inaugural Blu Greenberg Award

The Jofa International Conference held in New York City on December 7, 2025 brought together hundreds of participants for a full day of learning, advocacy, and community building. The conference featured over a dozen sessions and scores of speakers, offering both practical tools and big-picture visions across issues of halakhah, leadership, gender equity, and communal responsibility.

At the conference we inaugurated the Blu Greenberg Award for Orthodox Feminist Leadership and presented the award to Rabba Dr. Anat Sharbat and Rabba Sara Hurwitz. We chose to name the award after Blu Greenberg—a pioneering Jewish feminist, author, and activist whose work has shaped the landscape of Orthodox women's leadership for nearly five decades. Best known for her groundbreaking book *On Women and Judaism* and for coining the phrase "where there's a rabbinic will, there's a halakhic way," she helped launch a global conversation about halakhah, gender equity, and communal responsibility.

Blu served as Jofa's founding president, has guided countless women into Torah learning and leadership, and has been a steadfast advocate for *agunot* and systemic halakhic solutions. Her visionary courage and unwavering commitment continue to inspire new generations across the Jewish world. Naming this award after Blu is more than a recognition of her contributions. It is a reminder that our work stands on the shoulders of those who came before us, and that continuity and empowerment are not abstract ideals, but lived commitments.

Because Blu was unable to attend the Conference in person due to the flu, she presented the awards by video. Her remarks and those of the awardees are excerpted below.

Award to Rabba Dr. Anat Sharbat

Rabba Dr. Anat Sharbat is co-founder of the Shalom Aleichem Kehila in Tel Aviv. Previously, she served as Associate Rabba at the Hebrew Institute of Riverdale - The Bayit. She is a brilliant teacher and continues to be a brilliant student, seeking out the most exceptional teachers to study with. She has been a long-time advocate for women's religious leadership and exemplifies the ideals she propounds.

October 7 was a devastating day that tested so many of us, each in our own way. For Rabba Anat it was a moment that propelled her into a leadership role unlike any other—one that no one could have anticipated or prepared for. She rose to become one of the central moral and religious anchors of Tel Aviv's Hostage Square, a place of Jewish communal togetherness and identity during two years of war.

Under her constant guidance, what began as a location for public advocacy and protest became a sacred plaza where people could come to pray, mourn, meditate, steady their spirits—and yes, protest. It became a sanctuary, a classroom, a *shul*, a testament to communal responsibility. In those deeply painful moments when Israel itself felt so fractured, Hostage Square became its spiritual center.

Rabba Anat brought unique strengths to Hostage Square: a blend of halakhic depth and pastoral sensitivity, a model of faith in Israel, and a deep love of Israel. Her hands-on work was multifaceted, offering whatever was needed: She led prayer circles, moments of silence, and spontaneous song gatherings. She stood with bereft families, anxious families, offering comfort without platitudes, and hope without false promises. She connected families of hostages with consolers. In the early days, when exhaustion threatened to overtake resolve, it was Anat Sharbat who insisted on rooting the gathering in purpose and in Torah. And she was always there, night after night, Shabbat after Shabbat.

While her work was always about the other, it was also deeply personal. As a member of the family of hostage

New Co-President and Staff

Co-President Rabba Dr. Carmella Abraham is a physician and member of the Orthodox clergy. Carmella currently works in the medical affairs department of a pharmaceutical company, where she focuses on improving outcomes in women's cancers, particularly ovarian and cervical cancer. She was ordained by Yeshivat Maharat in 2017. Carmella has taught Torah in a variety of settings, including a weekly learning group with Indian Jews in Canada, Israel, India, and the United States. Carmella earned her BA degree from Barnard College and her medical degree from the Mount Sinai School of Medicine. At Mount Sinai, Carmella did her residency in Internal Medicine and a fellowship in Women's Health. Afterwards, she practiced at the Mount Sinai Women's Health Program, with a dual appointment in Medicine and Ob-Gyn. Together with Co-President Mindy Feldman Hecht, Carmella provides the high-level guidance and strategic input necessary to shape Jofa's long-term vision and operational goals. Carmella offers critical advice on forging new partnerships and refining program development to ensure all initiatives align with Jofa's mission.

Program Manager Jordana Fichtenbaum spent six years in the Community Affairs group in the New York City Mayor's Office under Mike Bloomberg, led a social media business serving local hotels and prominent restaurants, and was a co-founder of Zero G Kitchen, which baked the

Edan Alexander, she understood viscerally the fear and the longing and the relentless hope carried by every family waiting for a loved one to return. She will surely continue her special style of religious leadership in less emotionally charged settings, but the families of the hostages and the Jewish people will never forget how Rabba Anat Sharbat brought solace and purpose to the community of Hostage Square and to the people of Israel.

Acceptance by Rabba Dr. Anat Sharbat


Carmella Abraham presenting award to Rabba Dr. Anat Sharbat

Blu, for me, as an Israeli, you were the foundation of everything. In 1998, at the very first Kolech conference, I discovered that what I had been feeling and doing actually had a name: feminism. And more than that, I learned that I wasn't alone. That conference, following Jofa's first gathering in New York, gave me a home and a language.

I had heard of you, Blu, as a legend, a religious feminist who was changing the world. When I finally met you in Riverdale, I expected a celebrity. Instead, I found a modest, authentic, deeply genuine woman. From you I learned that one can hold complexity, to stay rooted in faith and tradition while also pursuing change with courage and love. And the sentence you once shared, "I said yes to every opportunity," has guided me ever since.

Beyond founding Jofa and writing books, what has always moved me most is your bravery in addressing the plight of *agunot*. Blu, you didn't just raise awareness, you created a real solution: the International Beit Din. Your leadership helped free more than 287 women worldwide. You showed all of us that where there is a rabbinic will, there is a halakhic way, and you worked to build that will. Your vision made it possible for me to become a rabbi and to live a life of female religious leadership. Your path gave me inspiration and a foundation for my work, and I am deeply grateful.

What I did in *Kikar HaḤatufim*, Hostage Square, grew directly from that path. I felt a religious responsibility to step in and lead prayers for the hostages' return home. After the Yom Kippur confrontations around public prayer in Tel Aviv, I realized that bringing *tefillah* (prayer) into the public sphere required strategy. So, together with Rabbi Lior Sinai and Hillel Mayer, I founded a weekly prayer gathering for the return of the hostages.

I am the mother of four daughters, a fourth female generation shaped by your thought and activism. They are growing up, thank God, in a better world: a world where female rabbis exist, where girls read their own *parashah* for their bat mitzvah, where their spiritual presence is taken seriously. Their world is already different. And I pray that they will continue on your path and make the world even better.

Blu, I wish you many more years of good health, joy, and the deep satisfaction of seeing the fruits of your extraordinary work, surrounded by your loving family.

Award to Rabba Sara Hurwitz

Today we celebrate the extraordinary achievement of Rabba Sara Hurwitz, who with Rav Avi Weiss has built Yeshivat Maharat, a ground-breaking institution. With the recent celebration of 100 graduates, the story of Maharat is widely known, and Rabba Sara's awards have been many.

I want to share with you a few steps towards this accomplishment, as they provide a model of how a young woman was able to change the face and future of Orthodox Judaism. I begin with her activism in college, where she joined other Barnard women in building Lights in Action, a student project to bring Jewish students closer to tradition and community. Upon graduation, she served as the director of Lights in Action for six years. In 2000, she entered the Drisha Scholars Circle program, a full-time three-year learning program under the direction of Rabbi David Silber, that planted her along a path of studying rabbinic texts that had been largely closed to women for centuries.

While at Drisha, Rabba Sara began to teach and lecture in synagogues around the country, under the auspices of

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first food on the International Space Station. She also led the campaign of the Dorshei Torah V'Tzion slate in the recent World Zionist Congress elections. Jordana currently runs a book club and Instagram newsletter called "What's Jordana Reading?" covering her favorite books (@whatsjordanareading). As Program Manager, Jordana oversees Jofa's core programming initiatives, including the "Jofa at Home" series and the coordination of webinars. She also helps manage the logistics related to in-person events, such as organizing volunteer teams. Additionally, she leads outreach and engagement efforts, such as managing speaker communications and developing programming for college students.

Communications Director Sarah Small has a background in strategic communications, digital storytelling, and Jewish community engagement. As the creator of @thatrelatablejew, she has built a vibrant online platform with over 300,000 followers, creating content that explores Jewish identity, mental health, and empowerment through a feminist lens. Her work has been featured in the *New York Times*, AJC, Lionsgate, and the *Jerusalem Post*. She holds a BFA in Illustration and Design from the Fashion Institute of Technology. As Communications Director, Sarah oversees Jofa's public presence by managing multi-platform communications. She is also responsible for the design and production of Jofa's branding materials, ranging from digital outreach to graphic design for major events.

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Clal, JCC, and Jofa's Shabbat Telamdeini program, among others. From 2003 to 2006, she served as researcher, writer, and co-creator of Jofa's gender-sensitive curriculum for teaching biblical texts to day school students.

A turning point came in 2003, when Rabbi Weiss hired her to serve as congregational intern at HIR. For seven years she fulfilled all the functions of an Orthodox rabbi, except for being part of the *minyan*—teaching texts, speaking from the pulpit, officiating at lifecycle events, helping the women's prayer group, answering halakhic questions, and counseling congregants during trying times. Simultaneously, under Rabbi Weiss's guidance, she began to systematically study the standard rabbinc texts for training Orthodox rabbis.

In 2008, Rabbi Weiss determined that her knowledge to render halakhic opinions and apply traditional sources to contemporary situations deserved to be recognized with a formal credential. In a private ceremony, Rabbi Weiss and two colleagues declared her a Maharat: *Manhigah Hilkhatit, Ruḥanit, Toranit*—a halakhic, spiritual, and Torah leader. There was much criticism of the step, but that did not deter the Weiss-Hurwitz team from the next step: the very public conferral ceremony at HIR in March 2009. Most ordinary mortals would have crawled under a rock from the storm of criticism that ensued, but not Rabba Sara, a new initiate into the world of criticism, and not Rabbi Weiss, a veteran fighter.

Carmella Abraham, Mindy Feldman Hecht, Rabba Sara Hurwitz, and Daphne Lazar Price

Her path-breaking role did not stop there. The day after her public ordination in 2009, and with awareness of the controversy it would entail, Hurwitz and Weiss decided to co-found a rabbinical school for women. It was an idea that they had spoken about for several years, but had not made public, so much so that neither had made mention of it in their speeches at the momentous conferral ceremony one day earlier. This explains why Yeshivat Maharat opened with breathtaking speed seven months later in September 2009. When asked what was the impetus to move forward at that time, Rabba Sara said, "At the conferral ceremony itself women approached me, asking how to study towards the rabbinate. It was clear that there was a need for a formal institution to train women to be spiritual leaders."

Rabba Sara Hurwitz is a model of creative thinking, of structuring practical steps toward a goal, of persevering towards a dream. And to do this with the good cheer and positive outlook that has marked her journey to this day.

Acceptance by Rabba Sara Hurwitz

Blu, as a teenager, like so many others, I was enamored with your book *On Women and Judaism*. You gave language to the question I had only begun to articulate: how to hold fast to the Orthodox community I loved, while yearning for a more inclusive and expansive expression of Jewish life. Before I ever met you, you became my role model for the Jewishly-educated, courageous, compassionate leader I hoped to become.

And then I actually met you! I encountered more than a role model. We are kindred spirits in so many ways: in what we most value—family and tradition, with soft smiles and our absolute refusal to accept the status quo!

In 2000, while I was learning at Drisha's Scholars Circle, I organized a panel that included Rabbi Avi Wess, Rabbi David Silber, and you. The question "will women be rabbis" was posed. You answered with a careful but prescient "yes," adding that Orthodox women *should* be ordained because women's input into *p'sak* is needed—and because "of the justice of it all." In that moment, I felt you were speaking directly into my soul.

Fast forward to 2008, after I completed my *semikha* exams. You were integral to determining my title. You coordinated focus groups and, after carefully listening to others—another skill I have learned from you—you came to the conclusion that my title should be nothing short of rabbi because "nothing else makes sense." Blu, you gave me a gift: regardless of my title, you helped me see myself as a rabbi, and at that moment I stepped into my authority as a rabbi.

In 1984, you posed the question of whether women would be rabbis in your lifetime. And then you answered it by laying the groundwork. You mentored, supported, and championed me and so many others. And I answered your call. Because of your vision, Maharat has gone on to place 100 Orthodox rabbis serving Jewish communities across five continents. This award is not just a personal honor; it is a celebration of the movement that you ignited, the community that has grown around it, and the extraordinary women, rabbis, scholars, and activists, who continue to rise.

I am grateful to Jofa, the organization that you lovingly created, for recognizing you and your vision, and for choosing to lift up my dear friend and colleague, Rabba Anat Sharbat, whose Torah and leadership have touched so many lives in America and Israel.

Our tradition teaches that we see further only because we stand on the shoulders of those who came before us. My leadership has been an act of building on the foundation you created.

I also want to take this moment to thank Rav Avi, who, along with Blu and Rav Yitz, championed me. I am so grateful to you and Toby, and to the whole HIR community, and to all the Maharat lay leaders, donors, and colleagues, and to the next 100 women rabbis—whether you are in this room or don't even know yet that you want to be a rabbi. And to my family, especially to Josh—my *rebetz*, my partner, my love.

Blu, as I receive this award that bears your name, I am overwhelmed with gratitude for your courage, humility, vision, and love. You cleared the path long before I knew I would one day walk it. Thank you for believing in the power of women's voices. And thank you to Jofa for carrying this work forward with such passion and purpose. I am honored, humbled, and deeply grateful.

Two Worlds, One Identity

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Life as a Surgeon and a Mother

Trauma surgery is physically and emotionally demanding. I have worked more than 60 hours straight, operated while very pregnant, and stood for hours with a back that felt like it might break. There are nights when my pager goes off and within fifteen minutes I am standing in an OR, covered in someone else's blood, making split-second decisions that will change the course of a life, my body aching from hours of holding retractors, tying knots, and standing without pause. I have gone from telling a family their loved one died to walking into the next room to save another, with no time to breathe. I have been paged in the middle of the night, and within minutes have been holding pressure on a wound while the team works to keep a patient from bleeding out.

Dr. Kassai (on the right) with surgical technician performing an emergency splenectomy

As a *frum* Jew, I carry something else into the OR: a deep awareness that I am not in charge. While I scrub my hands before each operation, I *daven*. Every single time. I ask *Hashem* to guide my hands, to give clarity, to bring *refuah* (healing) if it is meant to be. Our work is romanticized, but the truth is, I am a glorified seamstress, a glorified carpenter. *Hashem* is the *Rofeh* (healer), and I am the *shaliaḥ* (messenger). My *emunah* carries me through both the successes and the failures.

Life outside the OR has its own challenges. I have faced hardships I could not control. I experienced a long and painful period of secondary infertility. As a surgeon, I was used to solving problems with skill, precision, and speed, but this was something I could not "fix." Month after month, I learned to live with uncertainty and hope in the same breath. I have also faced losses I could never prepare for. When my mother died suddenly, it shook the foundation of my world. In the OR, I can anticipate, plan, and respond. In life, sometimes there is no warning, no intervention, no reversal. That loss deepened my compassion for the families I meet on the worst days of their lives, giving me a sharper awareness that every moment with those we love is a gift not to be assumed. These moments, and the challenges my husband and I have weathered together as a family, taught me a deeper kind of patience and *emunah*, one that has served me in every other part of my life.

Motherhood brings its own demands. There is never a "right time" to be pregnant in surgery. I have operated through exhaustion and nausea, broken scrub to throw up in the hallway, then rushed back to the patient whose life still lay in my hands, pumped in call rooms and closets. I missed more *Shabbos* meals than I can count during my training. Now I do not take call on Saturdays. That was a conscious choice my husband and I made together, so that our home and *Shabbos* remain an anchor, no matter what the week brings. I may not have been at every school performance during my training, but today I have more freedom, and like all working parents, I must choose. I hope I choose wisely, because quality matters more than quantity.

My days might begin operating on a patient with multiple gunshot wounds, continue in a departmental meeting, and end with a child melting down because I cut their sandwich the wrong way. The dissonance between sterile ORs and sticky kitchen floors has shaped me far more than any degree ever could. I make time for each of my children in ways that match who they are and what they love, whether that is watching a baseball game, learning *Mesilas Yesharim*, going for a run, baking cookies, or getting manicures. They have also become part of my professional world: coming to conferences with me, sitting in my office during meetings, and even observing me in the OR. My youngest has her own drawers in my office filled with toys and supplies so that she can settle in comfortably. These moments blur the lines between work and home in the best way, showing them that while my job is demanding, they are always welcome in it.

We live within the confines of our yeshiva world, and I am proud of that. I am a wife, a mother, and a community member. My profession does not define me. It is important work, and I do it with care and commitment, but it is work I value, not my essence. I make conscious choices every day, guided by *emunah* and halakhah. I show up for my children as I do for my patients: with clarity, consistency, and a full heart. The strength I draw on at work is the same strength I draw on at home. It comes from *mesorah*, Torah values, and from knowing exactly who I am. I hope my children grow to value conviction over convenience, meaning over noise, Torah over trend.

Nothing I do is about empowerment in the way it is often defined. It is not about proving that a woman can do whatever she wants. My life is not about equality or independence from the roles that Torah holds dear. My goal has always been to be the best daughter, wife, and mother I can be. Alongside that, I have been able to have a profession I love, one that lets me help people in moments of great need. But it is a piece of my life, not the point of my life. My anchor has never been the pursuit of self, but the pursuit of *avodas Hashem* (service of God) within the roles He has given me. My marriage, my children, and my family are the foundation. Everything else, even a career in surgery, is built on that. In the world I come from, we do not measure success by titles or podiums. We

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Organ Donation and Halakhah:

Life, Death, and Responsibility

By Shlomo Brody

Every day, between 15 and 17 Americans die waiting for an organ transplant. Many could have lived had a posthumous donor been available. For Jews, with our deep commitment to *pikuaḥ nefesh*, the preservation of life, the urgency is self-evident. Yet organ donation also forces us to face one of modern halakhah's most complex questions: how do we define the moment of death?

Halakhically, saving a life is among the greatest *mitzvot*. If a person is truly dead, donating their organs constitutes a supreme act of *ḥesed*. But if they are still alive, any act that hastens death is forbidden. Thus, the question is not whether organ donation is valuable, but how to define death in a medically reliable and halakhically valid way.

For centuries, death was determined by cessation of heartbeat and breathing—two functions that naturally stopped together. Modern technology has changed that. Ventilators can maintain respiration and circulation in patients who can never again breathe on their own or respond to their environment. This prompted halakhic authorities to ask: if a person can never breathe independently again and will never awaken, are they dead? The state is known colloquially as "brain death," but halakhically, many prefer the term "respiratory brain-death," emphasizing that the decisive factor is irreversible loss of respiration. This occurs when the brain stem—the control center for breathing—has been permanently destroyed.

The Israeli Chief Rabbinate accepted this criterion and, in consultation with medical experts, established strict protocols to determine respiratory brain-death which require:

1. **Adequate waiting period** after the catastrophic event to confirm the cause and irreversibility of brain damage.
2. **Comprehensive bedside exam** by trained physicians confirming total unresponsiveness and absence of brain-stem reflexes. (Patients in a vegetative state, by contrast, retain some reflexes.)
3. **Apnea test** verifying absence of spontaneous respiration.
4. **Imaging study** demonstrating lack of cerebral blood flow, confirming irreversible brain-stem destruction.

Once these steps confirm respiratory brain-death, the patient is declared halakhically dead. Although a ventilator may still circulate oxygenated blood for a limited time, organ retrieval may now proceed—allowing the deceased to grant life to others.

The basis for this ruling is that the Torah links life to breathing: "And He breathed into his nostrils the breath of life" (Bereishit 2:7), indicating that spontaneous respiration is essential to being alive. The Talmud (*Yoma* 85a) describes testing for breath near the nostrils to determine death, again identifying respiration as the vital sign. Still, not all halakhic decisors accept the respiratory brain-death standard. They argue the Talmudic test applies only when no other life signs exist—if the heart continues to beat, even through artificial means, the patient is not yet halakhically dead. Even if they are

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Two Worlds, One Identity

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measure it by whether our lives reflect our values. By that measure, I am exactly where I want to be.

I often think of the *pasuk* in Iyov, *adam l'amal yulad* (man is born to labor), and of *Ḥazal*'s words in *Pirkei Avos*, *l'fum tza'ara agra* (according to pain is the reward). My work can be demanding, but the reward is commensurate with the effort. Long hours, emotional toll, and heavy decisions are the price of the privilege to do this work. I love what I do. Even when it is hard, even when it breaks my heart, I love it. For all the fatigue, there is meaning: There is the patient who recovers when no one expected it. The medical student who learns she can succeed in medicine and stay true to halakhah. The child who says, "Mommy, you fix people. That is why you work."

I do not think of myself as a trailblazer. I think of myself as someone trying to do what is right. You do not have to reject Torah to function in the modern world. You do not have to give up *tzniyus* (modesty) to lead. You do not have to call it empowerment to be strong. There are sacrifices, and there is strain. But there is also purpose, mission, and *brakhah*. I carry with me my mother's strength and optimism, the values my parents instilled, and the deep belief that our lives are defined not by what we achieve, but by how we serve.

Everything else flows from that. I am a Jewish mother. I am a surgeon. In that order.

***Dr. Eliza (Shevie) Kassai** is a trauma and acute care surgeon and Chair of the Department of Surgery at HCA Aurora in Colorado, where she also serves as Trauma Medical Director, overseeing the hospital's trauma program. She has participated in medical missions to Israel as a trauma surgeon and is involved in research, outreach, and education to advance trauma care. Outside of work she enjoys running, skiing, traveling and exploring the world, and, most of all, spending time with her husband, Daniel, and their children.*

Organ Donation and Halakhah *continued from page 22*

“brain-dead,” their heartbeat can be kept going for a few hours or days (and occasionally weeks) until that too will stop alongside other organ functioning. Since organs will usually lose their vitality by this point, this position greatly limits opportunities for life-saving donation.

Contemporary Rabbinic Views

In Israel, the religious Zionist community, following the rulings of the Israeli Chief Rabbinate, are unanimously supportive of respiratory brain-death criteria. These *poskim* include Rabbi Yosef Zvi Rimon, Rabbi Yaakov Ariel, Rabbi Shlomo Aviner, and others from the full spectrum of the religious Zionist community. In fact, it’s hard to identify another controversial halakhic topic in which there is such universal support within this community. Prominent Sephardic authorities—Rabbi Mordechai Eliyahu, Rabbi Shlomo Amar, Rabbi Eliyahu Bakshi-Doron, and Rabbi Ovadiah Yosef—also support this standard. During the Iron Swords War, 13 soldiers were declared dead under these criteria and donated organs that saved 58 lives!

Ashkenazic *ḥaredi* authorities, however, including Rabbi Eliezer Waldenburg and Rabbi Yosef Shalom Elyashiv, reject respiratory brain-death as halakhic death. Consequently, their followers generally refrain from posthumous donation. In North America, debate, sometimes vociferous, has centered on disputes regarding positions attributed to Rabbi Moshe Feinstein and Rabbi Joseph Soloveitchik, generating decades of controversy.

Several centralized rabbinical institutions—such as the Sydney *Beit Din* (led by senior Chabad rabbis), the Johannesburg *Beit Din*, and the Office of the Chief Rabbi of the British Commonwealth—give support to families who wish to donate, while affirming that Jews may also decline for legitimate religious or emotional reasons.

Ematai's Approach: Liberty, Sensitivity, and Choice

Ematai, continuing the work of the Halachic Organ Donor Society, promotes religious liberty, informed choice, and compassionate support for all Jews facing this decision.

1. Religious liberty: Countries should respect the full range of opinions regarding the neurological criteria of death and recognize that some religious traditions and ethical perspectives will not permit organ retrieval after respiratory brain-death has been determined.

2. Cultural sensitivity: Health organizations should undertake initiatives to educate about organ donation and provide transparency regarding the organ retrieval process. Ematai works with many organ procurement organizations around the world to ensure cultural sensitivity regarding Jewish perspectives on death and organ donation.

3. Emotional support: Jews who have lost their loved ones, frequently suddenly and unexpectedly, should be embraced by the community and provided with full emotional support regarding any decisions made on organ donation.

4. Informed Choice: Jews may choose to donate organs in consonance with their views regarding respiratory brain-death. From our 20 years of experience, we have found that many Jews (or their proxies and families), in consultation with their rabbis and healthcare providers, choose to donate for one or more of the following reasons:

- They accept the respiratory brain-death criteria found throughout the world.
- They believe that if they would be in need of a life-saving organ, they would hope someone would donate to them. Now that they have the opportunity to donate and save lives, they wish to help prevent the unnecessary deaths of fellow members of society, in the spirit of beneficence, solidarity, and reciprocity.
- They find comfort knowing life emerged from their tragedy.
- They view organ donation as a final mitzvah and merit (*zeḥut*) for the deceased.

However, some Jews, like other members of society, elect not to donate, for a variety of emotional, religious, and cultural reasons. Their wishes must be respectfully accommodated. I myself am a registered organ donor, but always honestly and fairly teach both sides of the debate. Our community only gains from open discussion and proper education about this sensitive topic.

Determining Respiratory Brain-Death in Practice

The Israeli statutory requirements are very strict and extremely reliable. Similar criteria are used in North America, though specific protocols may vary by state and hospital. Major hospitals routinely perform these tests, and families may request that all steps be completed. ‘Brain-death’ declarations are not made quickly, leaving time for halakhic consultation, which is strongly encouraged before death is declared. Ematai’s Robert M. Beren Medical Halacha Helpline operates 24/7 to assist families and rabbis during these critical moments. The goal is to empower those who wish to donate to do so with full halakhic and emotional assurance.

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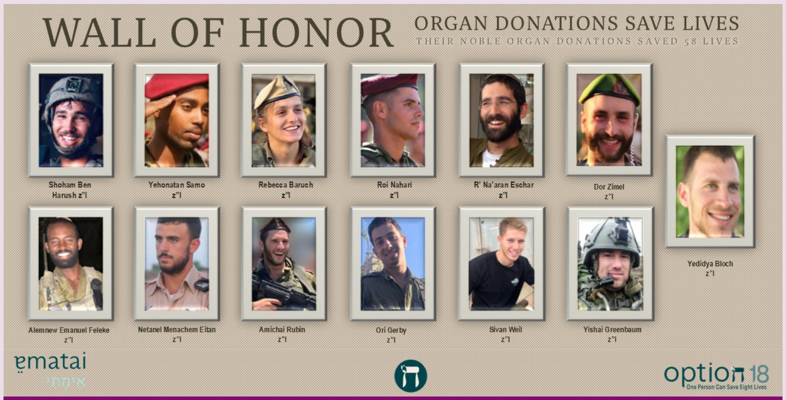

Posthumous organ donations by these IDF soldiers saved 58 lives.

Organ Donation and Halakhah *continued from page 23*

Distinguishing DBD from DCD

Recent headlines have blurred distinctions between different donation practices. It is essential to distinguish **Donation after Brain Death** (DBD) from **Donation after Circulatory Death** (DCD).

- **DBD** applies when respiratory brain-death has been conclusively established; organs are removed only after death is declared.
- **DCD**, by contrast, involves patients who are still alive by all standards but whose families and doctors decide to withdraw life support due to a hopeless prognosis. After the ventilator is removed, the heart stops, death is declared on circulatory grounds, and organs are quickly retrieved.

According to nearly all Orthodox authorities, DCD is *not* permissible. Actively withdrawing life support to hasten death violates halakhic prohibitions. Israel therefore prohibits DCD. Recent U.S. controversies involving DCD protocols should not be confused with organ donation after confirmed respiratory brain-death, which operates under entirely different ethical and halakhic premises.

Becoming a Halakhic Organ Donor

Those who accept respiratory brain-death criteria can technically register in two primary ways:

1. **National registries:** In the U.S., one can register with *Donate Life America* or through the Department of Motor Vehicles. These are legally binding directives authorizing organ retrieval once death is declared under state law in accordance with the hospital's protocols. While families may request consultation with their rabbi in these cases, the organ procurement organization is under no legal obligation to allow for halakhic review.

2. **Halakhic Advance Directive:** Alternatively, one can sign a directive authorizing donation only after halakhic confirmation by a designated rabbi or proxy. Ematai's directive, available at *ematai.org/netivot*, offers precisely this model.

Most importantly, individuals should discuss their preferences with family and rabbinic advisors. Respiratory brain-death cases are rare, but when they occur, a single donor can save multiple lives. Ematai's Option 18 initiative underscores this: 18 symbolizes *ḥai*—life—and reflects the potential for one person to donate up to eight vital organs.

By promoting education, transparency, and halakhic rigor, the Jewish community can engage modern medicine responsibly. Organ donation, when performed within halakhic bounds, represents one of the greatest expressions of faith in life's sanctity and human responsibility. For further guidance and resources, visit ***option18.org***.

Rabbi Dr. Shlomo Brody is the executive director of Ematai, which helps Jews navigate end-of-life care with halakhah and Jewish wisdom. www.ematai.org

From Silence to Strength:

Brain Injury, Aphasia, and the Koach Eitan Story

By Leora Ashman

One moment can change everything. For my husband Eitan, that moment came eight years ago with a massive stroke that stole his words but not his voice. What happens when a voice goes silent—not just in a home, but in a community? For us, this question became the beginning of Koach Eitan.

Eight years ago, my husband Eitan's life—and ours as a family—changed forever. At just 42, he suffered a massive stroke that left him with hemiparesis on his right side (complete loss of use of his right arm and weakness in his right leg), complete memory loss from before the stroke, chronic pain, neurological fatigue, and aphasia. In an instant, the man who had always thrived on words—as a beloved father and husband, business owner, Magen David Adom paramedic, CrossFit coach, and Torah scholar—lost the ability to remember, speak, read, and write.


Leora and Eitan Ashman

The physical recovery was grueling—having to learn everything from scratch like swallowing, walking, eating, standing, and more. This included speech therapy, physical therapy, and occupational therapy. To date, Eitan is still working hard in different therapies, and there is improvement every single day.

Understanding Brain Injury and Aphasia

Brain injury is one of the least understood and least spoken-about conditions. Not because it's rare—but because people don't know how to talk about it. It's an invisible injury, yet it can affect every part of life—speech and understanding, memory, emotion, personality—and often physical abilities too. Walking, balance, movement, vision, swallowing—even the simplest things can become battles to relearn. And when people don't understand, families feel alone.

Aphasia is a language impairment that affects a person's ability to communicate. It's often caused by stroke or brain injury and impacts speaking, understanding, reading, and writing—but it doesn't affect intelligence. Think of it this way: the thoughts and knowledge are all there, but the pathways to express them are damaged. Someone with aphasia might know exactly what they want to say but cannot find the words, or they might understand perfectly but struggle to respond. It’s like having a word constantly on the tip of your tongue, except it affects every aspect of communication.

For Eitan, and for us as a family, this meant that every conversation, every daily activity, every interaction in *shul*, every simple exchange with friends became a reminder of how much had been taken from us. Imagine being trapped inside yourself, unable to share your thoughts or feelings, despite your mind being as sharp as ever.

Early on, I searched desperately for support. Rehabilitation centers focused on the immediate medical needs, but what came after? Where was the guidance for rebuilding identity, dignity, and connection—for survivors and their families? I found one friend who had gone through something similar and she became my lifeline, but most often we found ourselves navigating this journey alone. That sense of isolation—of simply not knowing what to do or how to do it—is what ultimately led us to found Koach Eitan.

Our Mission

Koach Eitan is a nonprofit inspired by Eitan’s journey and by the many others like him. We support people living with the effects of brain injury, stroke, and aphasia, and we stand with the families who carry so much during the recovery journey—in Israel and around the world. Our mission is to restore hope, connection, dignity, and belonging—to ensure that no survivor, family member, or caregiver feels alone.

> Imagine being trapped inside yourself, unable to share your thoughts or feelings, despite your mind being as sharp as ever.

The Koach Eitan Lifeline

One of the projects closest to my heart is the Koach Eitan Lifeline. We realized that one of the hardest moments for families comes at the time of discharge from the hospital, when formal therapies taper off and you suddenly face “the rest of your life” with very little guidance. Koach Eitan Lifeline steps into that gap. In Israel, we work with social workers and speech therapists at rehabilitation centers to provide patients and families with practical resources, emotional support, and connection to a network of peers who truly understand. Outside of Israel, our volunteers connect with patients and their families to provide similar resources and support. We hold different events throughout the year and also deliver holiday packages to remind families that they are not alone as they navigate this new reality.

Judaism and Inclusion

Another powerful initiative involves our work within Jewish communities. So much of Judaism revolves around language, which makes inclusion particularly challenging for those with aphasia. This year marks our fourth annual World Aphasia Shabbat. Every year, on *Parashat Shemot,* we mark this Shabbat in synagogues and communities around the world.

Why *Shemot*? Because when Moshe first encounters God at the burning bush, he says, “*Lo ish devarim anokhi*” (“I am not a man of words”). Moshe, our greatest leader, identified himself as someone with a speech challenge. For us, this becomes a powerful reminder of all those whose voices are challenged by aphasia and the effects of brain injury. Since many people don’t know what aphasia is, this Shabbat opens space for communities to learn about aphasia, communication, and inclusion. Last year, Eitan himself sat before a packed room, bravely answering audience questions with honesty, humor, and vulnerability. It was raw, powerful, and unforgettable.

These moments are what Koach Eitan is about—giving back dignity, restoring belonging, and reminding people that their lives are still filled with meaning and contribution.

We saw the same impact during Pesach, when we launched an Accessible Haggadah designed for people with aphasia and other learning challenges. With large font, concise commentary, and instructional icons, it allowed so many people—beyond just those with aphasia and language impairments—to take an active role in the seder again. One woman told me, through tears, “For the first time in years, my husband could lead part of our seder.”

The Broader Impact

We had to learn how to live by accepting all that came our way, and we now help others by sharing what we’ve learned and providing education, awareness, and innovative tools like our Haggadah and blessing cards with icons that have helped Eitan participate in activities that were once sources of frustration.

There are so many people in Israel living with the long-term effects of stroke and brain injury. In this war alone, over 360 soldiers have suffered brain injuries. Many are young, in the prime of their lives. Too often, they and their families retreat into isolation. Again and again, I hear the same words from wives, mothers, and family members who reach out: “No one gets it. I feel alone. I have no one to talk to who can understand.”

Koach Eitan is working to change that. In the coming year, we plan to expand the Koach Eitan Lifeline to rehabilitation centers across Israel, pair our volunteers with more families and survivors for ongoing support, launch our new *ḥavruta* and zoom *parsha shiur* initiative, and develop more tools that will make Jewish life—from *shul* to *shiur* to family table—accessible to all. Our dream is bold but simple: that every person, regardless of their ability to speak, can know the joy of belonging and the dignity of being heard.

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Suicide, Halakhah, and Practice:

From Sin to Understanding and Compassion

By Marianne Novak

"Why'd she do it?"
"She seemed so happy."
"I don't understand."
"Will she be buried in a different part of the cemetery?"
"My sister died this way over 60 years ago and we couldn't talk about it. We had to lie."

My daughter, Batsheva Chaya Stadlan, *z"l,* died by suicide in April of 2017. At the time of her death, I was finishing my second year of study to become a rabbi at Yeshivat Maharat. I had already completed my study of *aveilut*—the laws and customs pertaining to death and mourning, including rules regarding someone who had died by suicide. While undergoing the extraordinary trauma of losing my almost-19-year-old, I had the additional burden and worry that, because of the way she died, her death would be handled differently. My knowledge of the halakhah on suicide presented a bleak possible reality that she would be buried in a different place in the cemetery, that her funeral would be without appropriate eulogies, and that *shiva* would be truncated, if held at all.

Thankfully, my rabbi at the time said these very important words: "She died of an illness like any other." With that short but powerful statement, I breathed a sigh of relief. While not wiping away the incredible pain, it assured me that I wouldn't have to endure the added stigma and shame that so many other Jewish families had to bear when their loved ones died by suicide.

In recent years, there has been a general consensus within the psychiatric and psychological communities that mental illness is a manifestation of a brain malfunction and that death by suicide is not the result of an informed or rational choice.[1] Simply put, a healthy brain does not plan for its own demise—ever, and suicide is the end stage of what my psychiatrist calls "a very bad brain disease." However, the halakhah has not yet fully embraced the categorization of suicide within a medical framework. As a result, many Jewish suicide loss survivors continue to experience shame and stigma. This affects their ability to handle the initial shock of loss and to carry their grief going forward, and may leave them with sometimes overwhelming and debilitating guilt.

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[1] Richard A. Bryant, et al. The neural connectome of suicidality in adults with mood and anxiety disorders, *Nature Mental Health* (November 2024) pp.1342-1349; available at https://doi.org/10.1038/s44220-024-00325-y; Claus C. Hilgetag and Helen Barbas, "Sculpting the Brain," *Scientific American*, February 2009, pp. 66-71.

From Silence to Strength *continued from page 25*

The Meaning Behind Our Name

The name Koach Eitan means "Eitan's Strength." It honors not only my husband's resilience but also the hidden strength in every survivor and caregiver. It also carries within it *koaḥ* (strength) and *tikvah* (hope). For me, and for us as a community, this work is rooted deeply in Torah. Every person is created *b'tzelem Elokim*—in God's image. Inclusion is not just kindness; it is justice. Healing does not end in the hospital. It must happen in our communities, in our synagogues, in our schools, and in our homes.

Looking Forward

What began as our family's struggle has grown into something much larger than us. Koach Eitan is becoming a lifeline for many others—supporting survivors, holding families, and building communities where everyone has a place. My dream is that no one living with brain injury or aphasia should ever feel alone, and that every person—whatever their abilities—can live with dignity, purpose, and connection.

As readers who understand the power of community and the urgency of inclusion, I invite you to partner with us. You can help by spreading awareness about aphasia, by bringing our initiatives like World Aphasia Shabbat, our Accessible Haggadah, our blessing cards with icons, and more to your own synagogues and schools. Together, we can build a Jewish world where every voice can be heard.

Whether you're interested in volunteering, bringing our programs to your community, or supporting our mission through partnerships or funding, there's a place for you in this work. Every act of inclusion, every moment of understanding, every effort to make Jewish life more accessible creates ripples that reach far beyond what we can see.

__Leora Ashman__, together with her husband Eitan, is the Founder and Director of Koach Eitan. She lives in Efrat, Israel and has been an educator in formal and informal education, teaching in elementary schools and serving as a coordinator of youth groups in Efrat. To learn more about Koach Eitan, or to support them or get involved, please visit koacheitan.com.

Halakhic Approaches to Suicide

The stigma against suicide is derived from the premise that death by suicide is a mortal sin—tantamount to murder. This view is first seen in rabbinic interpretations of Genesis 9. After the flood, God tells Noah to repopulate the earth and allows him to eat animals, but adds the specific directive not to murder humans:

> But for your own life-blood I will require a reckoning: I will require it of every beast; of humankind, too, will I require a reckoning for human life, of everyone for each other. (Genesis 9:5).

The Midrash (Genesis Rabbah 34:13) understands that this directive includes a prohibition of suicide. This view can be seen as an application of the overarching moral principle within Judaism to promote life and to discourage all practices that would seem to encourage death.

As late as the early twentieth century, Rabbi Yechiel Mikhel Tukatchinsky (1871-1955), in his book *Gesher HaChaim*, expands upon the idea that suicide is sinful and tantamount to murder:

> The sin of one who murders himself is greater than that of one who murders someone else for several reasons: First, through this murder he has left no possibility for any remorse or repentance. Second, death … is the greatest form of repentance, but he, on the contrary, has committed through his death the greatest sin, namely, murder. Third, through his act he has made clear his repudiation of his Creator's ownership of his life, his body and his soul…[2]

Current research is beginning to indicate that the moment one seemingly chooses to kill themselves is a moment when the brain is malfunctioning.

Yet the Rabbis also seemingly understood that suicide was not an act that a healthy brain would do. They tried to strike a balance between this understanding and their desire not to endorse anything that might encourage or promote death by limiting the situations in which death was categorized as suicide.

A key rabbinic limitation was characterizing only a *willful* suicide as sinful. Moreover, in likening willful suicide to murder, the rabbis subjected labeling a suicide to the same evidentiary standard needed to convict someone of murder: two witnesses must attest to seeing the act of murder itself after (1) having warned the potential murderer that his intended actions are unlawful and subject to the death penalty (*hatra'a*), and (2) the potential murderer had stated his intent to murder notwithstanding the punishment; circumstantial evidence, including written notes or forensic investigation, was not admissible.[3]

The Gemara in Tractate *Semaḥot* (one of the minor tractates, which deals with death and mourning practices) explicates the application of this evidentiary standard to suicide:

> We do not occupy ourselves in any respect with the funeral rites of one who committed suicide wilfully. … We do not rend garments for him, bare the shoulder, or deliver a memorial address over him. …
>
> Who [comes within the category of] 'one who committed suicide wilfully'? He [is] not [one] who climbed to the top of a tree and fell down and died, or he who went up to the top of the roof and fell down and died [i.e.,where the fall may have been accidental]. But he who calls out, 'Look, I am going to the top of the roof or to the top of the tree, and I will throw myself down that I may die' [comes within the category]. When people saw him go up to the top of a tree or roof [for that purpose] and he fell down and died, he is presumed to have committed suicide wilfully. …
>
> If a person was found strangled or hanging from a tree or lying dead on a sword, he is presumed not to have committed suicide wilfully, and none [of the rites] are withheld from him. (*Semaḥot* 2:1-3)[4]

The Rabbis also often characterized the taking of one's life as an act of martyrdom rather than suicide—not as murder, but as an act of holiness, dying to sanctify God's name (*kiddush Hashem*). The very midrash that teaches that suicide is tantamount to murder also teaches that there are circumstances when a person is permitted to take their own life, based on the fact that the applicable verse (Genesis 9:5) begins with the word "*akh*" meaning "but," which is viewed by the Midrash as a limitation on the scope of the verse. The Midrash gives two examples where death by one's own hand was not seen as suicide or murder. The first is King Saul, who took his own life to avoid torture and desecration by the Philistines (I Samuel 31:4). The second is Ḥananya, Mishael, and Azarya, who were willing to be thrown into a fiery furnace rather than bow to an idol built by Babylonian King Nebuchadnezzar (Daniel 3:17). Tractate *Semaḥot* (2:4) extends this interpretation to other incidents where the deceased was overcome by fear of torture and anxiety.

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[2] Translation adapted from Rabbi Elliot Dorff, *Matters of Life and Death: A Jewish Approach to Modern Medical Ethics*, (Jewish Publication Society, 1998), p.180.

[3] Rambam, Mishneh Torah, *Hilkhot Yesodei HaTorah* (Foundations of the Torah) 5:4.

[4] Adapted from translation by A. Cohen, Soncino Press, 1965, available on www.Sefaria.org; codified in Rambam, Mishneh Torah, *Hilkhot Avelut* (Laws of Mourning) 1:11.

Suicide, Halakhah, and Practice

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In what has become the modern standard mourning practice handbook, *The Jewish Way in Death and Mourning* (written in 1969 and updated in 2000), Rabbi Maurice Lamm provides a seven-point list for determination of whether a suicide was willful or not. The list contains the exceptions for mental illness and distress, but also includes the following understanding of what constitutes a willful suicide:

> Was the act of suicide planned in advance, to make an ideological statement, such as an existential thinker, believing that on balance life is not worth living and prescribing self-destruction? Was that plan expressed verbally or committed to writing? How long before the suicide was it made?… Did death come as the suicide planned it?[5]

Treatment of "Willful" Suicides

Although the Rabbis employed various means to limit the deaths categorized as suicide, they were reluctant to take away this categorization entirely. Those who took their lives for a political cause, or to show loyalty to some other philosophy, or as an act of rebellion were considered willful suicides and treated tantamount to murderers. The Rabbis often referred to 'philosophers' (most likely Socrates) who were not in distress but took their lives in order to have a 'good death' as those who willfully died by suicide.[6] Those whose deaths were seen as a rebellion against God were also understood to be willful suicides.[7]

Mourning practices were designed to support the mourners, but to afford no honor to the one who died by "willful" suicide. As a result, the Rabbis required a thorough investigation of each death by suicide to determine whether to characterize it as willful. The Shulḥan Arukh, the sixteenth-century authoritative code of Jewish law, succinctly delineates these rules:

> One who commits suicide wilfully is not attended to at all; and one does not mourn for him and no lamentation is made for him, nor does one rend [garments] or bare [the shoulder in mourning for him], but one stands for him in the line [of comforters], and one recites over him the mourners' blessing, and whatever [brings] honor [only] to the living [may be done]. (Shulḥan Arukh, *Yoreh De'ah* 345:1)[8]

In *The Jewish Way in Death and Mourning*, Rabbi Maurice Lamm brings these practices into sharp focus.

> Burial: … If the suicide is definitely an intentional suicide, he is to be buried at least six feet from surrounding graves. Sometimes cemeteries reserve a special section for suicides. It usually is located near the fence or border of the cemetery. …
>
> Eulogy: No eulogy should be made for a deliberate suicide, despite the good qualities he has demonstrated in life, as it is in his very act of dying that he committed sacrilege.[9]

There are two difficulties with drawing these distinctions. First, it is very hard to delineate those mourning practices that honor the deceased from those that comfort the living. Burying a loved one on the outskirts of the cemetery may harm the deceased, but the real pain will be felt by the family when they visit the grave of the deceased. Similarly, depriving the deceased of a eulogy is a sign of dishonor, but at the same time it deprives the survivors of the comfort of remembering the deceased. Perhaps more important, requiring an investigation of each death by suicide to determine whether it is "willful" subjects the deceased's family to stigma and shame even if the death is ultimately ruled non-willful.

Even the Ḥatam Sofer was reluctant to label deaths as willful suicides out of concern for the added trauma it would have on the deceased's family.

Suicide Is Never "Willful"

Rabbi Yechiel Mikhel Epstein (1829-1908), in his *Arukh HaShulḥan*, puts forth a compassionate understanding of suicide, advocating that halakhic decisors determining whether suicides are willful should lean heavily on the exceptions:

> The principle with regard to one who takes his life knowingly [is that] we attribute it to any reason at all, e.g. fear, or pain, or insanity, or the belief that suicide is preferable to stumbling and committing other transgressions, etc. Suicide is truly a remote prospect for a person in his right mind. (Arukh HaShulḥan, *Yoreh De'ah* 345:5)[10]

Rabbi Epstein's approach most likely reflects his experience as a community rabbi. It is not unreasonable to believe that Rabbi Epstein saw the effects that strict application of mourning rules for willful suicide had on the surviving family members and was reluctant to employ them.

Even the Ḥatam Sofer (1762-1839), the forefather of

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[5] Maurice Lamm, *The Jewish Way in Death and Mourning*, (Jonathan David Co., Inc. 2000), p.225.

[6] David Brofsky, *Hilkhot Avelut: Understanding the Laws of Mourning*, (Maggid, 2019), p. 121.

[7] See Rambam, Mishneh Torah, *Hilkhot Avelut* (Laws of Mourning) 1:10; *Teshuvot Besamim Rosh* 345, generally attributed to Rabbi Saul Berlin (1740–94).

[8] Translation by Chaim N. Denburg, Montreal, 1955, (available on www.Sefaria.org).

[9] Lamm, pp. 226–227. Today, the vast majority of cemeteries do not bury suicide victims in separate parts

[10] Translation adapted from Brofsky, p.121.

what we now would call Ḥaredi Judaism, was reluctant to label deaths as willful suicides out of concern for the added trauma it would have on the deceased's family:

> I say that whenever there is an honorable family whose dignity will be compromised and they would be eternally ashamed, as one [member of the family] has blemished his actions, and if the family is permitted to mourn then people will say that the rabbis are certain that the person did not commit suicide, then the rabbi may rule that the family can mourn even if it is clear to him that the person knowingly ended his life. (Responsa Ḥatam Sofer, *Yoreh De'ah* 326:10)[11]

Some earlier rabbis also understood that even outward signs of volition might not indicate the real state of mind of one attempting to take their own life.

A fascinating responsa of Rabbi Shlomo Kluger, (1783-1869, Poland), details a case where a man who was heavily in debt attempted to kill himself by slashing his throat. His son interrupted him and grabbed the knife out of his hand, but the man died several days later. The son reported that while slashing his throat his father expressed his desire to repent and confessed his sins. Rabbi Kluger ruled that the man's death was not a willful suicide as he was in great distress. Additionally, Rabbi Kluger stated that one cannot be punished for merely *thinking* about doing something sinful, but only for the act itself. Finally, since the man recanted, it definitely could not be considered a willful act.[12]

This account is reminiscent of a true story of one of my adult students, a neurosurgeon covering the emergency room at Cook County Hospital in Chicago. A patient arrived on her service with a self-inflicted gunshot wound to his head. The family pleaded with the doctor to let him die, as he had written a suicide note declaring his intent to do so. The doctor couldn't abide by the family's request and operated on the man. The surgery was successful, saving the man's life. When she went to see the patient after recovery, the first words he uttered to her were, "thank you."

This story and the case brought to Rabbi Kluger highlight what current research is beginning to indicate about suicidal behavior: that the moment one seemingly chooses to kill themselves—-whether due to mental distress, illness, fear, anxiety or to make a political statement, whether it has been planned or is a sponatenous decision—is a moment when the brain is malfunctioning. The medical model for understanding suicide strongly suggests that—all appearances to the contrary—there are no suicides that are voluntary, ever.

Employing this understanding of suicide would fundamentally change how such deaths are evaluated halakhically in that no suicide would ever be classified as willful. After the initial determination of suicide, investigations as to volition would not be necessary. All the traditional death and mourning rites would be afforded to the deceased and their survivors. Without the lingering worry of a "willfulness" determination, families can begin their grieving process without any extra shame or stigma.

As a suicide loss survivor, I sadly can attest that such a loss is like no other. During my grief process—which will continue for the rest of my life—I drew some strength from our tradition that Batsheva's, *z"l,* death was tragic, but like any other death from a fatal disease. That—despite outward appearances—her death was not the result of any choice of hers, but rather the last stage of depression, anxiety, and a severe eating disorder. I believe she is not being punished for death but is resting in peace under the sheltering wings of the Almighty.

My family and I were fortunate in that we didn't have to lie about how my daughter died. We were embraced by our community and did not suffer the shame and stigma that so many loss survivors had and continue to have in their Jewish communities. However, well-intentioned friends and family members still did ask us those shame-inducing questions of "why did she do it?"and "how could she do that to herself?" Loss survivors that I consult with also still get these questions, which most certainly add to their grief, as they added to ours. The understanding of suicide as a physical disease would help end these inquiries and truly help loss survivors move through their grief without any added burden.

Halakhah makes many demands upon how we live our lives. However, I do not think its application was meant to foment suffering or cruelty. Those who die by suicide and their survivors deserve the greatest amount of compassion. Our tradition has the mechanism to make sure no suicide victim is seen as committing a great sin and no loss survivor would ever have to couple their grief with shame and stigma.

Rabbi Marianne Novak *is on the Judaic Studies faculty at Akiba-Schechter Jewish Day School in Chicago. She is poseket for the Skokie Women's Tefillah Group, an educator for the Jewish Learning Collaborative, and serves on the boards of JOFA and the Hadassah Foundation. Rabbi Novak serves as a rabbinic advisor to A Mitzvah to Eat and is a suicide loss support group facilitator through Catholic Charities of Chicago.*

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[11] Translation from Brofsky, pp.118–119.

[12] HaElef Lekha Shlomo, *Yoreh De'ah* 301.

In the Face of a Child's Mental Health Crisis, A Parent's Knowledge Can Be a Lifeline

By Wendy Singer

The phone call came at 2:14 a.m. A mother's voice, frantic and breaking, desperate for guidance. Her 15-year-old son had just confessed to having suicidal thoughts. She had no idea what to do next.

As the Executive Director of No Shame On U, a nonprofit dedicated to eliminating the stigma associated with mental health conditions, I receive these calls all too frequently—parents facing the unimaginable: navigating their child's mental health crisis without a roadmap, often in the darkest hours when resources seem unreachable.

I understand their desperation on a deeply personal level. Years ago, before my involvement with No Shame On U, I was that parent—desperately searching for answers during my own child's mental health crisis. I scoured the internet, called professionals, and reached out to friends, but found no comprehensive resource to guide our family through this terrifying journey. The roadmap I so desperately needed simply didn't exist.

> Research consistently shows that shame and stigma are significant barriers to mental health treatment.

We are living amid what the American Academy of Child and Adolescent Psychiatry has declared a "National State of Emergency in Children's Mental Health." The statistics are sobering: 50 percent of mental health conditions develop by age 14, and 75 percent by age 24. In fact, half of the world's population will experience a mental health disorder at some point in their lifetime, and suicide remains a leading cause of death among adolescents and young adults. Yet parents often feel utterly alone in this terrifying situation.

"We were at our wits end," one parent shared. "Our daughter was in crisis, and we had no idea where to turn or what level of care she needed. The emergency room? A therapist? Something in between? We felt like we were failing her at every turn."

This parent's experience mirrors countless others. The journey through treatment options is rarely linear and often overwhelming. Many parents describe drowning in unfamiliar terminology, struggling to understand treatment options, and carrying the crushing weight of making life-altering decisions for their child.

Dealing with Shame and Stigma

Perhaps the most devastating aspect of childhood mental health crises isn't just the lack of clear guidance—it's the shame that keeps families suffering in silence. Unlike other medical emergencies, mental health crises carry an invisible burden of stigma that compounds an already overwhelming situation.

When a child breaks a bone, neighbors bring meals and offer support. When a child experiences depression, anxiety, or suicidal thoughts, families often retreat into isolation, fearing judgment from their community, school, or even extended family members. This shame creates a dangerous cycle: the more isolated families become, the less likely they are to seek help early when interventions are most effective.

"I was terrified to tell anyone what was happening," shared one mother whose teenage daughter was hospitalized for an eating disorder. "I kept thinking people would blame me, would think I was a bad parent. I waited months before reaching out for professional help because I was so ashamed."

This stigma isn't just harmful—it's deadly. Research consistently shows that shame and stigma are significant barriers to mental health treatment, leading to delayed care and worse outcomes. When families feel they must hide their struggles, children suffer longer without appropriate intervention.

The shame manifests in many ways. Parents, including myself, blame themselves, wondering what they did wrong. The child in crisis may feel like a burden, deepening their depression and hopelessness. Even well-meaning friends and family members sometimes contribute to the problem with comments like "they just need to think positively" or "it's just a phase."

Overcoming mental health stigma requires intentional action at both personal and community levels. The first step is changing how we talk about mental health. Just as we wouldn't tell someone with diabetes to "just try harder" to produce insulin, we must stop treating mental health conditions as character flaws or failures of willpower.

Education is a powerful tool against stigma. When communities understand that mental health conditions are medical conditions—often with genetic components and clear biological markers—shame begins to dissolve. Schools, workplaces, and community organizations can play crucial roles by providing mental health literacy programs that normalize these conversations.

Sharing stories also breaks down barriers. When parents courageously speak about their experiences, they give other families permission to seek help. Social media, community groups, and local organizations provide platforms where these important conversations can happen safely.

Parents can also model healthy attitudes about mental health for their children. This means talking openly about emotions, normalizing therapy and counseling, and treating mental health care as routine maintenance rather than emergency intervention. When children grow up seeing mental health as part of overall wellness, they're more likely to seek help when needed.

Tools for Parents

The conversations we have had with parents inspired our team to create a comprehensive guide: "When Your Child is Experiencing a Mental Health Crisis." We recognized that families need more than just a list of resources—they need a trusted companion to walk them through what might be the most challenging period of their lives.

Developed by No Shame On U's Director of Strategic Initiatives, Dr. Anat S. Geva, J.D., Ph.D., with input from mental health experts and parents with first-hand experience, our guide addresses the full spectrum of care options. It explains the differences between outpatient therapy, intensive outpatient programs, partial hospitalization, emergency services, inpatient hospitalization, and residential treatment centers. The guide demystifies the evaluation process, clarifies what to expect during treatment, and offers practical advice for supporting a child through each level of care.

Perhaps most importantly, the guide reminds parents that they are not alone. As one parent whose child was hospitalized for suicidal ideation shared, "The night we took our child to the ED was hell. It had been really tough and scary at home, and we felt we had no choice. Despite our child's pleas to return home, we recognized that we had just taken a critical step in putting them on the road to recovery."

Mental health struggles are real and common. Yet, unlike physical health conditions, they often remain shrouded in secrecy and shame. When a child has a physical ailment, parents receive clear instructions and support. When a child experiences depression or anxiety, too many parents are left to navigate the crisis alone, unsure of the next steps and terrified of making the wrong choices.

This isolation is exactly what we're working to eliminate. The mental health guide represents our commitment to providing clear, practical, and accessible information to families in crisis. It's a reminder that mental health conditions deserve the same urgency, care, and support as any physical illness.

One father who used our guide during his son's mental health crisis summed it up perfectly: "I felt like I finally had a translation guide for the foreign language everyone seemed to be speaking. For the first time, I understood the options available and could advocate effectively for my child."

The landscape of children's mental health remains challenging, but with proper information and support, parents can navigate these difficult waters with confidence. Our guide is available as a free download from our organization's website,[1] and we encourage parents, caregivers, educators, youth-serving professionals, and family members to familiarize themselves with it—before a crisis occurs.

Because when it comes to mental health, knowledge is not just power—it's a lifeline. And when we combine that knowledge with compassion, community support, and a commitment to disarming stigma, we create the conditions where children and families can not just survive mental health crises, but ultimately thrive beyond them.

The Talmud teaches us, "All of Israel are responsible for one another." This ancient wisdom reminds us that no family should face a mental health crisis alone. When we share knowledge, offer support without judgment, and create communities where seeking help is seen as an act of strength rather than shame, we honor this sacred responsibility to care for one another—especially in our darkest moments.

__Wendy Singer, MS__ is the Executive Director of No Shame On U, a nonprofit organization dedicated to reshaping attitudes about mental health, elevating conversations, and disarming stigma. After navigating her own family's mental health crisis without adequate resources, she is passionate about ensuring other families have the guidance they need.

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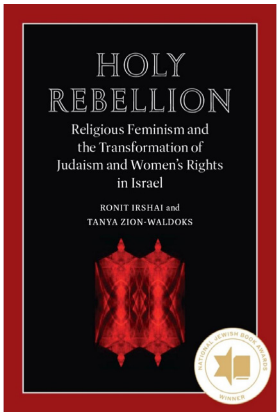
[1] The comprehensive guide "When Your Child is Experiencing a Mental Health Crisis: A Guide for Parents and Caregivers" is available for free download at www.noshameonu.org.

Holy Rebellion: Religious Feminism and the Transformation of Judaism and Women's Rights in Israel

By Ronit Irshai and Tanya Zion-Waldoks
Brandeis University Press, 2024 ($40)
Reviewed by Orit Avishai



Israel's High Court of Justice recently issued what would have been a bombshell had the news cycle not been rightfully consumed by the war in Gaza: A unanimous court ruled that women are entitled to sit for state rabbinic exams. The ruling does not mean that state-recognized women rabbis are on the horizon, but it does mean that women will be able to access the test for other employment purposes. It was thus read as a significant, if imperfect, step towards gender equality.

Like many policy wins targeting religiously inspired state-sanctioned gender inequality, women from Israel's *dati* sector—Religious Zionist in Israel, Modern Orthodox elsewhere—are responsible for this triumph. Plaintiffs were highly trained women Torah scholars, beneficiaries of one of the Orthodox feminist movement's great achievements: women's access to Jewish literacy. One plaintiff, Shlomit Piamenta, executive director of the egalitarian Beit Hillel rabbinic organization, explained that she joined the lawsuit because she wanted her "daughters and granddaughters, God willing, to study in *batei midrash* [houses of Torah study] that are on a high level, that have high aspirations—and that must go hand in hand with recognition."

Such Orthodox changemakers and the intra-Jewish culture war about women in Jewish life are the subject of Dr. Ronit Irshai and Dr. Tanya Zion-Waldoks's award-winning book about feminist change in a conservative religious context. The book is an intellectual tour de force, marching through Jewish texts, ancient and modern, Supreme Court cases, and decades of social science research. The breadth is the product of a collaboration between a Jewish Studies scholar and a social scientist, both hailing from the milieu they study.

Empirically, the book provides a first comprehensive analysis of the movement's achievements—and backlashes to it—across arenas of Orthodox feminist activism which typically receive individual treatment: Torah study and Jewish leadership, synagogue rituals, family law reforms, and sexual and modesty politics. Chapter 2 discusses the arenas for renewing Orthodoxy from within, while Chapter 3 unpacks the backlash that religious changemakers are up against.

Conceptually, the book uses the movement as a starting point to think about universal questions confronting feminist movements across conservative religious traditions: multiculturalism, the relationship between law and culture, the balance between tradition and change, illiberalism, and the relationship with the state.

Critics have argued that religious feminist movements fail feminist litmus tests: they are insufficiently radical, introspective about religious patriarchy, or intersectional. Irshai and Zion-Waldoks push back against such critiques. Their theory of religious feminism hinges on a balance between the stabilizing, or tempering, effects of the law, and cultural creativity, innovation, and diversity. (Chapter 4 tests this theory.) Cautious religious feminism here emerges as a safeguard for activists and their communities against both stagnation and rootlessness.

Moreover, across arenas, Orthodox feminists deploy social change as a means to a fulfilling Jewish life—on their terms. They seek a deeper connection to God, to broaden their involvement in their religious communities, and to achieve "a more just, inclusive, and relevant Judaism" (p. ix). Though radical change may not be their intent, as these changemakers reinterpret their tradition, the result is sometimes dramatic transformations in religious culture, law, and society. What makes them inadvertent changemakers who practice a tempered feminism—and their rebellion holy—is that their actions, strategies, network, knowledge, and visions of society can all be traced to the same source: the Jewish tradition.

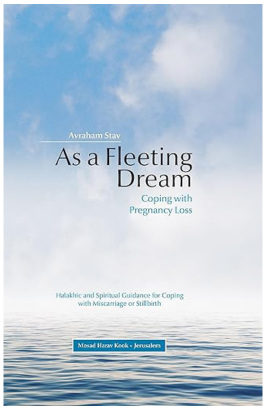
The stakes are high when Orthodox women challenge and change the rules of marriage, family life, and sexual culture; when they question Judaism's essentialism and patriarchy; when they demand to be heard in synagogue and courts and to occupy civil service positions. While technically a demographic and cultural minority, given religion and state relations in Israel and its political power structures, religious Zionists have an outsized impact on national law, politics, and culture. Orthodox feminists' challenges to intra-sectorial gender arrangements may therefore push national politics writ large "in the spirit of egalitarian liberal values" (p. 34). This is a cause for optimism.

On the flip side, however, the national context raises other questions. Does there come a point when cautiously working from within a religious tradition can no longer be labeled as feminist, egalitarian, or liberal? There is another litmus test that we might apply—that of a feminist ethic of care that could fuel anti-war activism: emphasis on relationships, interdependence, empathy, and responsiveness to the needs of all involved parties, including Palestinians. Thus far, Orthodox feminists have not led this charge. Is it possible that the rationales, strategies, and sources that drove their holy rebellion in other arenas serve as a foundation for doing so?

***Orit Avishai** is a professor of Sociology and Women's, Gender, and Sexuality Studies at Fordham University, where she is affiliated with the Center for Jewish Studies. She studies gender, sexuality, and Jewish Orthodoxy. Her book,* Queer Judaism: LGBT Activism and the Remaking of Jewish Orthodoxy in Israel *was published in 2023 by* New York University Press.

As a Fleeting Dream: Coping with Pregnancy Loss

By Avraham Stav
Jerusalem: Mosad Harav Kook, 2023
[English translation] ($15.98)
Reviewed by Shira Billet



A central *piyyut* of the *Yamim Noraim*, "*adam yesodo mei'afar*" ("the human being originates from dust"), attempts to capture human frailty by comparing finite human life to "a shattered vessel, a withered grass, a faded flower, a passing shadow, a vanishing cloud, gusting wind, floating dust, and a fleeting dream."

Ten years ago, on Rosh Hashana 5776, I began to experience complications late in the second trimester of an identical twin pregnancy. Throughout the *aseret yemei teshuvah* (ten days of repentance), as our personal lives converged eerily with the Jewish calendar, human frailty became reality. When irreversible preterm labor began shortly after Yom Kippur, my husband and I kept returning to that refrain from those solemn days of prayer. "*Kaḥalom ya'oof*" ("as a fleeting dream") appears on the shared *matzeivah* (stone) of our twin girls in the section designated in Jewish cemeteries for burial after stillbirth and neonatal death.

Pregnancy is a state of anticipation, a vision of a future featuring the "expected" child. When pregnancy ends in loss, all that remains is that "fleeting dream"—painfully real, yet no longer within grasp. These experiences are deeply personal and differ based on each individual and couple and the specific features of each pregnancy and gestational stage. Often agonizing and isolating, these experiences bring a sense of isolation that is compounded, for observant Jews, in a feeling of abandonment to a netherworld of halakhah and Jewish thought with only murky halakhic and spiritual guidance.

In 2020, my husband and I came across a new Hebrew book by Rabbi Avraham Stav, a compassionate compendium on pregnancy loss, stillbirth, and neonatal death, and were touched by the phrase chosen for the title: "*kaḥalom ya'oof*." In 2023, *As a Fleeting Dream: Coping with Pregnancy Loss*, became widely available in English translation. A significant contribution to recent efforts to fill a lacuna in Jewish and halakhic writings on this painful aspect of life shrouded in secrecy,[1] the book is distinguished by the wide range of resources it gathers in a single accessible volume, clearly organized into three sections.

Part I offers halakhic guidance on every aspect of the experience of pregnancy loss. Beginning with burial—typically a feature of later term losses—the book offers mourning practices informed by *hilkhot aveilut* (the laws of mourning), even as much of pregnancy and neonatal loss falls outside its scope. Philosophical framing for *hilkhot aveilut* is also offered, making sense of its gaps in the arena of stillbirth and neonatal death without undermining parental grief. Another sensitive topic for those in the immediate aftermath of pregnancy loss relates to the mother's halakhic status as a *niddah* and a *yoledet*. These discussions are supplemented by questions that arise in more specific situations. The author shares his own family's experience of loss through an abortion that followed a devastating fetal diagnosis, offering halakhic guidance in this sensitive area and reminding the Jewish community that abortions in such cases are experienced quite similarly to spontaneous losses.

Part II, "Faith," orients readers toward Jewish thought and theology, marshalling a diverse array of Jewish sources to provide solace and discretionary action steps, including prayers, that some may find meaningful. *Inter alia*, Stav addresses how the fetus is conceptualized in traditional Jewish thought—as a soul, a part of the family, and a part of the Jewish people—validating the reality of the loss felt by many parents, even though it is not enshrined in *hilkhot aveilut*.

Part III reprints contemporary words of reflection by a variety of leaders within the Orthodox community directly addressing pregnancy loss and stillbirth—from personal experience, or written as consolation to specific individuals in the throes of such loss.

Anyone seeking Jewish guidance after pregnancy loss can find something meaningful and grounding in this compassionate, wise, informative book. Any attempt to gather a semi-comprehensive set of resources for such a difficult and highly personal life experience will undoubtedly also include material that does not land well for everyone. Consider the "*Segulot*" offered in Part II, all grounded in traditional sources and framed with sensitivity. Such practices border, perhaps unwittingly, on the suggestion that parents, especially mothers, can have a measure of spiritual agency over future losses—a notion that can be quite painful, even harmful, for some. Others have understood these traditional practices differently, finding hope and empowerment in them. While the experience of pregnancy loss and neonatal death is universal, the same treacherous terrain must be navigated by human beings with different backgrounds, dispositions, and understandings of how the Divine will operates in our frail and finite human world. Survival requires both self-protection and compassion for others on the same path.

As a Fleeting Dream brings pregnancy loss into

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[1] To mention just a few recent works emerging out of the Orthodox community that address halakhah and practical guidelines: the pioneering book by Rabbi Yamin Levy, *Confronting the Loss of a Baby* (Hoboken: Ktav Publishing House, 1998); and recent book chapters in Rabbi Jason Weiner, *Jewish Guide to Practical Medical Decision Making* (Jerusalem: Urim, 2017), pp. 217–235, and in Rabbi Yosef Zvi Rimon and Rabbi Yitzhak Rieger, *Hilkhot Avelut* [Hebrew] (Alon Shvut: Sulamot, 2019), pp. 233–236. For personal reflections, see Jeffrey Saks and Joel B. Wolowelsky, eds.,*To Mourn a Child: Jewish Responses to Neonatal and Childhood Death* (Ktav, 2019), pp. 41–46 (Yonit Rothchild, on her experience of stillbirth at full term) and 113–118 (Rabbi Shalom Carmy, on his mother's experience of recurrent pregnancy loss).

normative halakhic and Jewish communal discourse, without shying away from highly sensitive subtopics. Prefaced with *haskamot* from widely recognized rabbinic authorities, the book is clearly geared toward mainstream Orthodox audiences. Nevertheless, as a font of diverse resources of Jewish thought, the book has significance beyond discussions of practical halakhah, and its utility transcends the bounds of the community from which it originates and at which it aims. Required reading for rabbis, the book is recommended for those experiencing pregnancy loss (when ready), and for friends and family seeking Jewishly infused language, context, and resources for understanding such experiences and providing emotional support.

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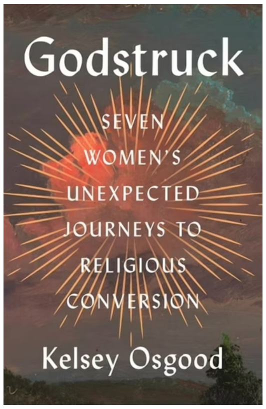
Godstruck: Seven Women's Unexpected Journeys to Religious Conversion

By Kelsey Osgood

Viking, 2025 ($18.65)

Reviewed by Celia Weintrob



Kelsey Osgood has done a remarkable thing: she's collected first-person accounts of six women who switched religions—not an easy group of people to find. Osgood, a convert herself (she's the seventh chapter of the book), weaves in her own insights as she tells their stories, like a knowing friend whispering in your ear as you get to know her subjects.

As a convert to Judaism myself, I read this book greedily, wondering if I would pick up on the same feelings and ideas that motivated me to make my own decision.

Even without the personal stories of conversion, I loved learning a multitude of quirky religious customs from those newly experiencing them: I found out what an Anabaptist is—someone baptized as an adult rather than as a baby, able to truly commit one's life to the rigors of the religion. Nuns who are not required to shave their heads cut each other's hair. Mormons wear a type of long underwear beneath their clothes. There's an order of nuns whose mission is to evangelize through the media (think nuns on TikTok).

In this book (chapter 3), I met Kate, a lapsed-Catholic teen with a Latter Day Saints boyfriend. They broke up before going to college—she on the east coast and he to Brigham Young University. Kate thought the Mass of her upbringing was beyond boring, but during her freshman year of college slogged through the entire Book of Mormon on her own. She began praying in a free-form manner and then, one day, experienced a massive flood of joy in her chest, an explosion of goodness that she perceived as God. All her life she'd been disappointed that she could not connect with a deity that one could not see, or prove, and had felt how nice it would be, at scary moments, to cling to a vision of the afterlife. She was baptized as a Latter Day Saint just as the Covid epidemic broke out—a tough time to embrace a new way of living, but even being isolated did not deter her.

Christina (chapter 5) went from having her First Holy Communion to becoming Amish. She moved from California to Maryland with her mom and sister as a young girl, and the Amish she noticed there reminded her of *Little House on the Prairie*, which she loved. In high school she began researching the Amish a bit obsessively. She admits being drawn to their simple way of living. Rather than go to college, she gradually began dressing in Amish style and bonded with an Amish couple who ran the local bulk foods store. Learning the theology of Anabaptism and the Pennsylvania Dutch language were her next steps, along with eschewing many modern gadgets. Ten years in, she is unmarried but fosters two young boys and remains happy with her choice.

I found it harder to connect with Angela (chapter 1), a cerebral Chinese woman, a devotee of rationality, who found that the silence of Quakerism spoke to her soul after years of exploring other Christian denominations. Hana (chapter 4) was also difficult to parse; an only child of a single mom, she became an abaya-wearing Muslim, favoring the form of Islam practiced in Saudi Arabia. I thought that perhaps her attraction to Islam was the result of being orphaned as a teen, fitting in with a group of Saudi women and seeking motherly types familiar with family life, more than an attraction to the religion itself.

Kelsey's own story is based in her feeling perfectly and wholly female, doing an uneasy dance with the girl-boss focus of feminism. She started flirting with Judaism in her early twenties and was fascinated by Orthodoxy, while not believing she could ever live in that manner. Her Jewish boyfriend (now husband) made the journey along with her. Readers hear her take on Orthodox customs relating to women—the dress code, the expectations the community has for women, and motherhood—at great length and with much introspection. She is terribly conflicted about the *Eshes Ḥayil* (Woman of Valor celebrated on Friday night): "Sure, she gets her own song," she notes. "But is it worth the exhaustion of keeping her entire house afloat while her husband shmoozes with the elders at the gates? Of course she seems like the perfect woman—she literally does everything."

Osgood often argues both sides of the same point with dizzying intellectualism. Is being an Orthodox woman the best, or the worst, of both worlds? Then, in the next paragraph, she moves to the issue of covering one's hair (or not) with hilarious, self-effacing descriptions.

As for me, I grew up in the home of a vaguely Christian mother and an adamantly non-religious Jewish father, our Christmas tree the only nod to any religious item in the house. In my twenties I found a Jewish man I wanted to marry and was quite attracted to the idea of having a tribe—a large family and extended community—

who would have my back, and that I could contribute to. The fascinating ancient traditions and rituals of Orthodox Judaism were also a plus, connecting me to the generations of my dad's family going back centuries. And Shabbat? Heaven sent! Cannot live without it.

This book is a treat to read for its tongue-in-cheek, snarky humor and entertaining, conversational tone, and super-interesting personal stories.

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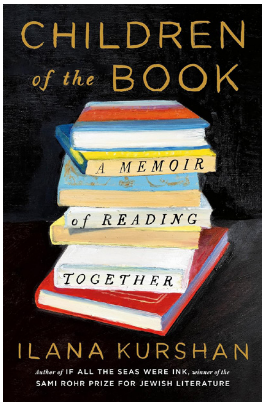
Children of the Book: A Memoir of Reading Together

By Ilana Kurshan
St. Martin's Press, 2025 ($28)
Reviewed by Gloria Nusbacher



In her award-winning first book, *If All the Seas Were Ink*, Ilana Kurshan uses the structure of the Talmud *daf yomi* cycle as a lens through which she reflects on her life as it develops over the seven-year period of that cycle. In her current book, Kurshan follows a similar structure, this time built around the annual cycle of Torah reading, which she uses as a lens to reflect on her family life and her children's engagement with books. The nature of the project is indicated by the title of the book: The "Children of the Book" are both the Israelites of the Torah and Kurshan's own children. The "Book" is both the Torah and the various books read to or by those children. Throughout the book, Kurshan draws parallels between her family's life and either the incidents in the Torah or the books her children are reading.

The book is divided into five main sections, one for each of the five books of *Ḥumash*. Each section contains essays in which Kurshan reflects on the books read to or by her children at the various stages of their development that parallel the biblical narrative.

Bereishit tells the story of the creation of the world out of chaos and the earliest beginnings of the Jewish people. In this section Kurshan describes the earliest reading experiences of her children—from board books to picture books.

Shemot tells the story of the Israelites gaining independence. The essays in this section deal with Kurshan's children's growing independence—both in developing their individual personalities and in starting to read on their own. Several of the essays deal with her ten-year-old twin daughters as they develop their own identities, with different friends and different books.

Vayikra is primarily about the *Mishkan* (Tabernacle) and sacred space. Kurshan sees the *Mishkan* as a site of intimacy between God and Israel, and as a model of the intimacy she seeks to forge with her children through reading together. She also reflects on the library as a kind of sacred space that requires decorum and respect, and that teaches her children how to behave in *shul*.

Bamidbar tells the story of the Israelites wandering in the wilderness, filled with doubt and uncertainty about the future. In this section Kurshan describes her family's life during the Covid lockdown, when there was a similar feeling of not knowing when or how it would end.

In Devarim, Moshe narrates his version of the Israelites' journey out of Egypt and through the wilderness, which often differs from the version in the previous books. Kurshan sees this as a kind of memoir. In this section she reflects on novels by authors writing about their own lives, such as the *Little House* books by Laura Ingalls Wilder. She compares the novels to the more factual account in Wilder's memoir in order to teach her children that people can be selective about which parts of their story they choose to share. Devarim ends with Moshe's death, leaving the Israelites to go on without him, which leads Kurshan to reflect on the need to learn to let go as her children grow up.

Kurshan notes that each time she reads a Torah portion, she has different insights depending on events in her life at the time. Sometimes those insights come from the actions of her children. For example, in an essay entitled "The Unreliable Narrator," Kurshan describes an incident that occurred when her children returned to school during the Covid lockdown. One of their friends reported overhearing that there had been thieves in the school, trying to steal the computers. The report turned out to be false, but Kurshan's children readily believed it and exaggerated the details in their retelling of the story. Kurshan understood this as an outgrowth of their general sense of fear and danger resulting from Covid, which led her to speculate that a similar sense of fear of the unknown may have led the *meraglim* (spies) to exaggerate the dangers of the Land.

This book is a pleasure to read. The writing is flowing, often poetic, and the parallels Kurshan draws are often insightful. I felt a twinge of recognition in reading her descriptions of books she had read with her children, many of which were my favorites from my own childhood or from reading to my daughter or grandchildren. She also referred to a number of books that were unfamiliar to me and that I now want to check out.

The end of the book contains a list of some of the books described in the body of the text, divided into picture books, series for early readers, and chapter books. I wish that the list included all the books she discussed, perhaps with page references.

I highly recommend this book, which artfully weaves together Torah, secular books, and parenting into a rich tapestry.

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