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The Shoteh and Psychosis in Halakhah with Contemporary Clinical Application

Background

Over the past few decades, the field of psychiatry has made great progress. Its advances have contributed significantly not only to the understanding of the brain in both its normal and aberrant functioning, but most importantly to the classification, treatment and relief of many mental disorders, including some of the most severe and previously treatment-resistant illnesses. It is imperative to communicate this progress to the Torah community and to consider its relevance to the application of talmudic and halakhic concepts today. Conditions once thought to be totally untreatable are now considerably amenable to treatment. These developments may potentially alter the management of the now treatable disorders from a halakhic perspective. The assumption as expressed in the Talmud, "*shoteh lo samei be-yadan,*" (essentially "once insane, always insane," since we have no cure) (*Gittin* 70b) may no longer apply in light of current clinical practice.

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Although it does not appear anywhere in *Tanakh*,[1] the term "*shoteh,*" and not "*meshuga,*" is used to describe the "madman" throughout talmudic and halakhic literature. Who, or what, is the *shoteh*? What are his essential characteristics that appear in the Talmud and *Ḥazal*? Moreover, what is the attitude of the Torah towards the *shoteh* in a halakhic context, and what is the process of declaring an individual a *shoteh* and therefore potentially incompetent for various halakhic roles? Can we apply the "*shoteh*" symptomatology to present-day psychiatric diagnostic criteria and contemporary clinical advances? What are some of the important *halakhot* uniquely dealing with the *shoteh*? This paper, while not representing a definitive study or extensive halakhic examination of the subject, will try to define the precise meaning of the expression "*shoteh*" and explore these issues in some detail.

The concept of the *shoteh* is a difficult one to define and has been applied in relation to many different cases.[2] The most common usage of the word has been reserved for, and most closely describes, the clinical phenomenon of psychosis, the state in which an individual lacks the ability to distinguish reality from fantasy. With gross impairment of reality testing and insight, the psychotic individual will incorrectly evaluate perceptions and thoughts and, in so doing, make incorrect inferences about external reality despite evidence to the contrary. This state is frequently associated with a severe impairment of social and personal functioning characterized by an inability to perform expected roles. While the concept of *shoteh* is associated with psychosis, a more precise description of its phenomenology and its application to contemporary clinical medicine remains unclear.

Principal Symptoms as Depicted in the Talmud

The clearest portrayal of the phenomenology of the *shoteh* can be found in the Babylonian Talmud, *Ḥagigah* 3b.[3] The Talmud defines three cardinal features of the *shoteh*: *ha-yoẓe yeḥidi ba-laylah* (he who goes out alone at night), *ha-lan be-veit ha-kevarot* (he who spends the night in a cemetery), and *ha-mekarea et kesuto* (he who tears his clothes). Later, a fourth criterion is added: *ha-me'abed kol mah she-notenim lo* (he who destroys all that is given to him). Subsequently, a difference of opinion ensues as to the precise diagnostic criteria requisite for the *shoteh* "diagnosis."

Rav Huna maintains that all three of the initial mentioned criteria are required. He considers that an individual act of one of the above

mentioned features may not necessarily be indicative of insanity, but may in fact be a manifestation of some rational thought with a logical reason that has been misinterpreted as insanity. Moreover, each of the above-mentioned acts, in and of itself, may be irrational, but not necessarily characteristic of overall insanity. The Talmud provides three such examples.

The Talmud, however, concludes in accordance with the opinion of Rabbi Yoḥanan, who states that even one of the three principal criteria is sufficient for a diagnosis of "*shoteh*." The Talmud clarifies this definition by categorically and unequivocally affirming that, for the diagnosis of a *shoteh*, these actions must be carried out *derekh shetut*, in a deranged manner. This requirement excludes the possibility of an action being misinterpreted as being deranged when in fact it may have a logical reason underlying it. Thus a *symptom-oriented* description of a *shoteh* is imposed, in contrast to one based upon an *unobservable* and *subjective* patient account.

Further Exposition of Symptomatology by Ḥazal

Rambam follows the opinion of Rabbi Yoḥanan, requiring only one criterion to be exhibited in order to consider someone a *shoteh*.[4] Rambam, however, provides different examples of a *shoteh*'s behavior from those found in *Ḥagigah* 3b. In the context of the laws dealing with giving evidence in a court of law, he describes the *shoteh* as one who walks naked, breaks vessels, and throws stones, and also any individual who remains constantly confused in one particular sphere.[5] Such a person would be considered a *shoteh* despite the fact that he may speak clearly and coherently with regard to other matters.[6] In addition, Rambam includes the excessively anxious and the excessively hasty in judgment in the category of the *shoteh*; they are therefore ineligible to provide evidence in a court of law.[7]

While the list enumerated in the Talmud, Rambam, Tur and *Shulḥan Arukh* does not appear to be exhaustive of "*shoteh*-like" behavior, some (but not all) consider the precise list of the criteria described in *Ḥagigah* 3b to be ultimately descriptive of the "classic" *shoteh*. For certain matters of Halakhah, such as those regarding providing evidence and marriage and divorce, a stricter definition would be demanded, thus making the *shoteh* designation all the more difficult.[8] It appears that Halakhah takes particular care in defining the *shoteh* and limiting his ability to act in cases where *da'at* may be required in situations involving lifelong

decisions (e.g. marriage and divorce) or circumstances where other lives may be drastically affected by the *shoteh's* intervention or comments (e.g., providing evidence).

It should also be noted that apart from the "classic" *shoteh* as described in *Ḥagigah* 3b, or the "shoteh gamur" as cited by the Aḥi'ezer,[9] two other important principal subtypes or descriptions of the *shoteh* exist. These are the *ittim ḥalim, ittim shoteh*[10] ("periodically well, periodically psychotic") and the *shoteh le-davar eḥad* ("insane with respect to one domain") (*Ḥagigah* 3b).

Contemporary Psychotic Disorders and the Shoteh

The diagnostic category of the *shoteh* should be understood as defining a concept rather than as a fixed clinical entity. As such, it should be considered a syndrome representing a cluster of symptoms, frequently manifested together on a continuum and in a predictable form. Consequently, the "*shoteh* syndrome" may be exhibited in varying contexts and with several degrees of severity. "*Shoteh*" may be applied to modern day diagnostic practice since the concurrence of symptoms is clinical in nature and fairly well described in observable terminology.

While any contemporary diagnostic classification comparisons with the halakhic *shoteh* descriptions remain speculative, they become important not merely for their value as a historical contrast with symptoms described previously by *Ḥazal*, but also in order to assist in defining more specific categories of the *shoteh* for halakhic purposes.

The following four DSM IV psychotic illnesses[11] share phenomenological features with the *shoteh*:

a) *Schizophrenia*: Schizophrenia is the most common and arguably the most severe of the psychotic disorders, with characteristic symptoms including delusions, hallucinations, disorganized or incoherent speech, grossly disorganized or "catatonic" behavior and so-called "negative" symptoms (e.g. anhedonia, avolition, amotivation). Schizophrenia remains an illness from which patients seldom recover fully (only approximately 10% of schizophrenic patients exhibit a positive outcome),[12] as is the case with various accounts of the *shoteh* (e.g., *Gittin* 23a). Thus the concept of *shoteh gamur* (the "absolute *shoteh*") may appropriately apply to the typical schizophrenic patient.[13]

In addition to the classic features of the *shoteh* as described by *Ḥagigah* 3b that may be noted in an acute schizophrenia psychotic state, during which judgment and behavior is often completely impaired for a

significant period of time, this association between the "*shoteh*" and schizophrenia may be supported by various talmudic references regarding the *shoteh.* These include references to features of the "classic *shoteh*" that are similar to those found in schizophrenia, such as pain insensitivity (*Shabbat* 104b),[14] lacking shame (*Bava Kamma* 86b), thought disorder (*Gittin* 68b), and characteristic gait[15] and movement disorders even in non-medicated individuals (*Gittin* 70b).[16]

It is intriguing to note the striking absence of auditory hallucinations in the talmudic description of the *shoteh.* In classic schizophrenia, auditory hallucinations are extremely prominent and often pathognomonic of the illness. We may assume one of two explanations for the absence of this description. One is that the nature of the illness has changed, and that what we call schizophrenia is a relatively new illness manifesting only during the past few centuries.[17] Alternatively, the more plausible explanation is that the *shoteh* criteria were of an observable and externally descriptive nature. Thus, any objective assumption as to the internal experience of the *shoteh* would remain essentially speculative.

b) *Mood Disorders*: Both major depressive (unipolar) and manic-depressive (bipolar) disorders may manifest as psychosis in severe cases and thus may be temporarily designated as *shoteh.*[18] It should be noted, however, that in cases of depression, even if extremely severe, if there is absence of psychotic behavior that characterizes the *shoteh*, the individual would not be classified as a *shoteh* for various halakhic purposes, including, most importantly, divorce.[19]

It is important to note that both depression and mania manifest themselves in cycles, with the period between acute episodes characterized by a complete or almost complete return to baseline level of functioning. This return to normal level of behavior and mental health is in contradistinction to schizophrenia, which usually manifests with a more chronic history and is often only partially treatment responsive. Thus, unipolar and bipolar disorder, as opposed to schizophrenia, seem to be closer to the subtype of *shoteh* depicted as one who cycles in and out of episodes. This is the *shoteh* described as "periodically well, periodically psychotic" (*ittim ḥalim, ittim shoteh* or the *shoteh she-nishtafa*).[20] The Rambam declares this individual to be fully competent when cycling in the "sane stage."[21] Interestingly, a "cycling" *shoteh* currently in remission, would be obligated to eat *maẓẓah* for a second time had he eaten the first amount in a psychotic condition, a status in which he would be exempt from the religious obligation.[22]

c) *Delusional Disorder*: Individuals with delusional disorder lack the thought disorder, abnormal behavior, and prominent hallucinations of schizophrenia. In essence, it appears that these individuals are afflicted with only the symptom of "being out of touch with reality." This, conceivably, may be paralleled in the concept of *shoteh le-davar eḥad* (insane with respect to one domain) who remains lucid in other areas, particularly as expressed in appropriate questioning and answering.[23] The precise nature of this subtype of *shoteh* remains unclear; some consider him unfit only to provide evidence in a court of law,[24] while others consider him a *shoteh* in areas related to the single domain in which he is psychotic, but not with regard to other areas,[25] or only as a *shoteh* for the purposes of marriage and divorce.[26] The precise difference between the *shoteh le-devar eḥad* and the *ittim ḥalim, ittim shoteh* mentioned above is further clarified by the *Divrei Malkiel,* who states that the *shoteh le-devar eḥad* constantly remains delusional/psychotic (*nishtabesh*) in the one area without any relief, even when behaving completely within the norm in other areas. In contrast, the individual who is characterized as *ittim ḥalim, ittim shoteh* cycles between phases of *complete* normality in all areas when not psychotic and areas of abnormal belief and behavior when in a state of psychosis.[27]

Not all agree that a *shoteh le-devar eḥad* is considered a *shoteh* who is bereft of capacity and responsibility. In response to an apparent clear-cut case of delusional disorder of a grandiose nature in which an individual believed he was the messiah but was rational in all other areas, Rav Moshe Feinstein ruled that a psychotic husband was able to supply his sane wife with a *get*.[28] Ẓemaḥ Ẓedek compares the "delusional" *shoteh le-devar eḥad* to the *ittim ḥalim, ittim shoteh* and states that in areas in which the *shoteh le-devar eḥad* is adjudged to be sane, he can be regarded as entirely competent for various determinations.[29] Oneg Yom Tov disagrees with this more lenient view and considers that the *shoteh le-davar eḥad* may not exhibit all symptoms to those observing him and therefore should be deemed a complete *shoteh* (*gamur*) in all ways.[30] Ḥatam Sofer secures the "middle ground" and asserts that the actions of a *shoteh le-davar eḥad* should be thought of as being in the category of doubt, even for the purposes of providing evidence, implying need for further intensive clinical and rabbinical discussion.[31]

Much discussion concerning the *shoteh le-davar eḥad* is based on the famous incident of the "*get* of Cleves," which occurred approximately two hundred years ago in Germany. Briefly, a groom left his wife on the Sabbath, two days after marriage, and attempted to flee to England

based on alleged paranoid delusions that others were his enemies and that his life was in danger. He was found the following day on the way to England with the entire dowry in his possession. Unbeknownst to his parents, the groom requested a divorce from the bride, and she and her family reluctantly agreed based on the fear that she would become ineligible to remarry (*agunah*) were he to flee to England. He was assessed by the eminent Rabbi Israel Lipshitz and found competent to give a *get*. Subsequently however, the groom's family contested the *get* based on the grounds of his being a *shoteh*. Thus developed an ongoing debate among some of the greatest rabbinical authorities of the generation whether to consider this young man's behavior and mental status within the domain of the *shoteh* or not.[32]

d) *Brief Psychotic Disorder*: Brief Psychotic Disorder is defined by DSM-IV criteria as a form of psychosis which is by definition temporary; the episode is often single in nature and it does not last longer than one month. With respect to transient psychotic conduct in halakhic terms, the expression of flagrant deranged behavior suggestive of the *shoteh* on only *one occasion* is not diagnostic of the *shoteh* unless the behavior is observed to be characteristic of the individual (*ke-darko)*.[33] Some consider the need for the overt psychotic behavior diagnostic of the *shoteh* to be manifested on at least two or three occasions rather than one ephemeral event.[34] Similarly, *Sha'agat Aryeh*, *w*hile commenting on the case of the *get* of Cleves, states that even if a groom's sudden fleeing from his newlywed wife was an authentic act of insanity, it would not satisfy halakhic criteria to be regarded as a *shoteh*, since Halakhah requires recurrence of the deed on at least three occasions to qualify for the "label' of *shoteh*.[35] The subtype of Brief Psychotic Disorder therefore differs from the *shoteh* in two respects, the number of lifetime episodes experienced (*shoteh* at least 2-3 occasions, Brief Psychotic Disorder usually single event) and duration of episode (Brief Psychotic Disorder shorter than one month; *ittim ḥalim* episode may be longer).

It should be noted at this point that while the above four categories of contemporary diagnosis appear related overtly to the three categories of *shoteh* described above, the boundaries are not always clear and are often fluid in nature. Thus for example, the schizophrenic individual may demonstrate aspects of the *shoteh gamur*, the *shoteh le-davar eḥad* and the *ittim ḥalim*. The manifestation of symptoms may vary between individuals as well as within the same individual at different stages of the illness.

Non-psychotic Behaviors Compared to the Shoteh

In addition, other clusters of individuals, while not explicitly falling into these above categories, may also be referred to or compared to the "*shoteh*" based upon behavior which is significantly impaired and which may be characterized by lack of insight and judgment.

a) *The "drunk*:" This refers to the acutely drunk individual who is compared to the *shoteh* when in the midst of a severe intoxicated phase ("intoxicated to the state of Lot") in which his judgment is severely impaired.[36] In such a state, his actions are considered null and void and his religious obligations are considerably reduced (he would still, however, be held responsible for damages caused while in this state[37]). Important differences between the "intoxicated" and the *shoteh* include the fact that the *shoteh* usually suffers from a chronic disorder and is considered acting under "constraint" (*ones*) prior to and following acts of dysfunctional behavior (*peʿulato teḥilatah be-ones ve-sofah be-ones*), whereas the "intoxicated" is considered *anus* only following the behavior and has control prior to becoming intoxicated. Since the drunkard decided to become intoxicated when in full control of behavior, in contrast to the latter loss of judgment while in the intoxicated state, he is held responsible for his actions in his drunk state (*peʿulato teḥilatah beraẓon ve-sofah be-ones*).[38]

b) *Mental retardation*: It should be noted that despite frequent overlap, a *shoteh* may be distinguished from a *peti* in a similar manner as psychosis may be distinguished from mental retardation. A *shoteh* is considered one whose mind becomes confused, whereas a *peti* is one of very low intelligence and who demonstrates resulting impaired function.[39] Rambam includes the most severe of the mentally retarded in the category of *shoteh*.[40] Others qualify Rambam's opinion by stating that someone with very low intelligence is considered a *shoteh* only in the area of "*edut*" (provision of evidence), but not necessarily in other areas, such as business, marriage and divorce and *ḥiyyuv be-miẓvot*.[41]

c) *Bad temper*: While an acute state of psychosis is considered very different from the state of a severely ill-tempered individual based on level of conscious control, length of episodes, and extent of underlying pathology, comparisons between angry individuals and the *shoteh* have been made. For example, the three criteria in the Talmud used to describe an individual in the midst of a major anger outburst,[42] rending garments, breaking utensils and scattering money (possessions), are very similar to two of the four classic criteria used to describe the *shoteh* in

Ḥagigah 3b. Furthermore, *Orḥot Ẓaddikim* alludes to behavior during anger outbursts as being non-conscious acts which "draw out" the intelligence of an individual (as noted in the midst of psychosis).[43] Interestingly, *Rosh* and *Maharit* suggest a comparison between the very badly tempered individual and the *shoteh*, but conclude that the angry individual instead may be regarded as displaying very poor "social mores." Ultimately, Halakhah views them differently, at least with respect to divorce.[44]

The Shoteh as a Halakhic Category

After outlining the essential symptoms characteristic of a *shoteh* and associating these symptoms with the contemporary description of psychosis, we must now clarify who ultimately diagnoses the *shoteh*.

Rambam deals exclusively with the issue of a *shoteh* serving as a witness in a court of law.[45] In such cases, Rambam concludes that it is the responsibility of the *dayyan* and *Beit Din* to understand the witness's predicament and then apply that knowledge in deciding whether he is capable of serving as witness. This may very well be a fundamental requirement that in judiciary matters it is the judicial system that is required to investigate a person's health status and then apply the related halakhic norm.

In a different sphere of Halakhah however, it is conceivable that the intervention of the *Beit Din* is not required. In most spheres of Halakhah external to the formal judiciary, the responsibility of determining halakhic outcome lies with the lone *rav posek*. Therefore, in the varied cases of *shoteh* definition, the relevant halakhic authority will be required to perform in a manner corresponding to that of the *Beit Din* and *dayyan* in judicial cases.

According to Rambam, the role of determining who is a *shoteh* is exclusively reserved for the judges of the *Beit Din*. This ruling reflects how the phenomenological category of *shoteh* is not a clinical classification, but rather a halakhic concept. Consequently, we do not turn to clinical professionals such as a psychiatrist, physician, or psychologist in order to establish whether someone is a *shoteh*. However, this principle does not exclude clinicians from the world of the *shoteh*. To understand their role, we must address the manner in which Halakhah determines the category of *shoteh*.

As discussed above, the Halakhah recognizes that psychotic symptomatology exist on a continuum and that this range of human behavior

may express itself in a number of forms. In addition, partial recovery from a psychotic state may permit an individual to be "classified" as a competent individual and to function fully at least in certain areas of Halakhah, such as the permission to grant a divorce.[46] The Torah is sensitive to the individual nature of certain manifestations of psychosis and does not merely group all phenotypic expressions of psychotic illness together. In fact, the application of the category of *shoteh* by the halakhic authority is tied to the specific task for which the competence of the individual in question is being judged.[47] Thus, the halakhic authority has the responsibility to precisely recognize and typify overt symptomatology in order to facilitate optimal categorization. Consequently, in order to facilitate this process, professional evaluation of the mental capabilities of an individual is encouraged, and most certainly influences the particular halakhic status that the authority may then apply. As such, the mental health professional will assist in determining the *capacity* of the individual to perform or understand the task at hand, whereas the halakhic authority will ultimately determine the *competence* of the individual in the specific sphere and thus designate the status of *shoteh*. Thus, the responsibility of competence assessment and optimal categorization lies with the halakhic authority, and not primarily with mental health professionals, despite their encouraged input.

The Shoteh's Status in Halakhah

When reviewed in talmudic and rabbinic polemic, the *shoteh* is frequently mentioned alongside the *ḥeresh* (deaf mute) and the *katan* (minor); the predominant common feature among them appears to be that they are *lav benei da'at*: "lack understanding." Important halakhic differences do exist, however, between the *shoteh* and the *katan*, including laws of safeguarding,[48] hire,[49] and *tefillin* scripting.[50] A *shoteh* would be considered as lacking *da'at* in a psychotic state, which by definition implies impaired judgment and behavior. As an individual classified within the category of *lav benei da'at*, a *shoteh* is exempt from various commandments and responsibilities (*Ḥagigah* 2b), and from punishment.[51] Furthermore, the *shoteh* is deemed to be lacking in the critical judgment necessary for basic tasks of daily living and social adaptation, as well as the ability to assess a situation in a correct manner and act appropriately. It goes without saying, therefore, that a *shoteh* is forbidden to function as a witness in court.[52] With these principles in mind, Halakhah demonstrates exquisite sensitivity both to the *shoteh* as well as

to society, of which he is a member, with particular regard to safeguarding the interests of both. Special care is taken in several areas of Halakhah that no harm should befall the *shoteh*, while simultaneously respecting his rightful place as a member of the community.

This can be seen through the following examples:

Lacks Understanding (Da'at):

a) *Sheliḥut: A shoteh* is not able to take upon himself the responsibility for others' wellbeing. This has particular relevance with respect to fulfilling the role of intermediary or emissary (*sheliḥut*).[53] Classic examples of this principle include the inability to be *moẓi* another in their obligation in certain *miẓvot*, such as *shofar*,[54] and the restriction on a *shoteh* from baking *maẓẓah*,[55] setting up an *eruv* for *Shabbat*,[56] and delivering a *get.*[57] However, while in a state of remission, an individual with prior behavior of a *shoteh* is permitted to write a *get* for someone else, with the proviso that someone else watches over the "*shoteh*" in order to vouch for the authenticity and accuracy of the *get* and to ensure the *shoteh*'s competency during the writing process itself.[58] Interestingly, despite his inability to be a *shaliaḥ*, had a *shoteh* ritually slaughtered an animal in the correct manner, even in a state of psychosis, it would be deemed a kosher *sheḥitah* if there were witnesses/supervisors to attest as to the appropriate nature of the slaughter.[59] These two latter cases attest to the fact that *da'at* is not necessarily required in those situations that remain more of a technical and "mechanistic" nature. Thus, the *shoteh's* performance would be considered permissible even in a state of "incomplete *da'at*."

b) *Marriage and divorce:* A *shoteh* is judged as being incapable of adequate intention and commitment, which are required for marriage to be binding.[60] Therefore, according to Tur, a *shoteh* is unable to get married (or divorced)[61] based on a Gemara in *Yevamot* 112b. *Shulḥan Arukh* concurs with the opinion that the *shoteh* is not allowed to marry.[62] Incidentally, Rama is of the opinion that the above statement applies only to a "*shoteh gamur,*" but not to one who is lucid (*da'ato ẓelulah*) despite a weak and otherwise impaired "mental status" (*da'ato dalah u-kelushah harbeh*).[63] With reference to *yibbum* and *ḥalitzah*, the Halakhah becomes more complex. A *shoteh* is considered fit to act as a *meyabbem* and accordingly enter a levirate marriage (since *da'at* is not required and the process is automatic). However, he is unable to perform the act of *ḥalitzah* (since *da'at* is required) and therefore unable to release his deceased brother's wife from *yibbum.*[64]

LACKS RESPONSIBILITY:

a) *Damages:* The *shoteh* is exempt from responsibility for certain damages. For instance, in a case of his animal goring the animal of a sane individual, the *shoteh* is absolved from repayments. However the reverse is not the case.[65]

b) *Property:* A *shoteh* is considered not to be aware of what is in his domain (*reshut*), so a *shoteh* is exempt from contributing *terumah* (*Shabbat* 153b). Furthermore, the Talmud in *Gittin* (59b, 61a) appears to be protecting the *shoteh*'s property from others. The *shoteh*'s belongings are respected, and he must be reimbursed for any damages done to them. Stealing from a *shoteh* is considered *gezel gamur*, even though he has no *da'at* and therefore cannot really own anything according to the Halakhah. The property of the *shoteh* is thus protected by Halakhah.

c) *Business:* A *shoteh* is considered unqualified to engage in business negotiation (*lav bar massa u-mattan*). Therefore, transactions established by the *shoteh* are regarded as null and void (*ein ma'asav kayyamim*)[66] and he is unable to retain ownership rights (*ein lo zekhiyah).*[67] Furthermore, loan repayments are waived for the *shoteh* even in a case wherein the *shoteh* was in remission and there were witnesses at the time of the loan verifying the *shoteh's* competence.[68] However, the *shoteh's* rights are protected in that he is required to be compensated with a salary when rightfully earned.[69]

INTERESTS SAFEGUARDED:

a) *The insane wife:* Arguably, one of the finest examples of sensitivity to the *shoteh* is the prohibition against divorcing one's wife who has become a *shotah* (*nishtateit*) (*Yevamot* 112b). This halakhah is based on the grounds that this abandonment would be cruel, as she would lose the protection provided by the marriage. Rambam clearly explains the reason for this halakhah as being a protective measure shielding the woman from abuse since she is unable to safeguard herself. It should be stated, however, that the interests of the sane husband also remain protected. It may be permitted for him to marry a second wife with the provision of a *heter me'ah rabbanim.* The husband is forbidden to abandon his wife and is required to continue to support her despite her *shotah* state, but sensitivity to his needs are considered at the same time.

b) *Social obligations towards the shoteh:* There are special illustrations concerning the obligation of the community to assist a *shoteh* or *shotah*. Specifically, the *mishnah* in *Niddah* 13b discusses how a *bat kohen*, who happens to be a *shotah*, is assisted by others with *niddah*

preparation and cleansing in order that she be able to share in the eating of *terumah*. Similarly, male *shotim* were assisted by others in the *taharah* process and observed in the maintenance of this purity in order that they may participate in meals of the *kohanim*.[70] In addition, the courts are obligated to appoint a guardian (*apotropos*) for a *shoteh*, presumably in order to protect his rights.[71]

The Shoteh and Practical Halakhah Based on Recent Responsa

Having explored the talmudic concepts of the *shoteh* both with respect to definition and halakhic categories, we now present miscellaneous practical *halakhot* relating to the *shoteh* in the field of psychiatry.

a) *Ḥiyyuv miẓvot:* A person who cycles in and out of psychotic illness, as described above, is required to observe *miẓvot* during the times he is stable and non-psychotic.[72] While a *shoteh* is generally exempt from halakhic obligation in the midst of a psychotic state, he remains obligated to provide materially for his family. The Beit Din is thus permitted to distribute his finances (with certain guidelines) in order to provide for his wife and children,[73] since his judgment precludes decision making and healthy functioning.

b) *Restraint:* Periodically, a severely psychotic individual will require restraining in order to protect himself and others. The *Ẓiẓ Eliezer* states that a son should not take part in the restraining of his mother if she is actively psychotic and disturbing the peace. He should rather find someone else to take care of this necessary act.[74]

c) *Therapy for the psychotic individual involving issurim:* All *posekim* appear to be in agreement that a mentally incompetent individual is absolved from *miẓvot*. If so, does it then become permitted to allow such individuals to transgress *miẓvot* or to provide them with therapy and treatment which would entail transgressions? The most well known case of such a situation is that of admitting such a psychotic individual into an institution that provides non-kosher food only. R. Moshe Feinstein argues that, unless there is any danger to life, a Jewish patient should not be committed to a non-Jewish hospital for psychiatric management if he will be fed non-kosher food.[75] However, the Ḥatam Sofer provides an example of a child with behavioral problems whom he permitted to be placed into an institution in Vienna, since the parents would not themselves be directly giving the child non-kosher food.[76] He did warn, though, that the child should be removed from the school upon reach-

ing the age of thirteen. Based on an understanding of the *mishnah* in *Pesaḥim* 87a in which a child is permitted indirectly to be associated with several *korbanot Pesaḥ*, which is generally *asur*, he suggests that a child may be fed non-kosher food even by a Jew if it may bring the child to a cure before the child reaches religious maturity. However, notwithstanding this argument, in practice, Ḥatam Sofer still recommends not to engage in such acts, since it introduces *timtum ha-lev* into the child. However, in the case of an incurable patient with a potential *shoteh* designation, *Iggerot Mosheh* states quite clearly that even the Ḥatam Sofer would agree that it would be permitted to institutionalize an individual for whom no cure exists without any concern for *timtum ha-lev*.[77]

d) *Forced psychiatric treatment:* The Talmud in *Bava Kamma* 85b considers locking someone up in a room as damaging to the individual, and such an act therefore requires compensation. Thus, it becomes necessary to describe under which conditions one may hospitalize an individual against his will. *Mor u-Keẓi'ah* clearly states that forced treatment may be permitted in the case of the mentally ill when potential danger exists to the individual.[78] *Ẓiẓ Eliezer* supports the notion of forced treatment for the patient's benefit when necessary based on the concept of *zakhin le-adam shelo be-fanav*.[79] However, when no threat to life exists, every individual has the right to decide for himself whether he may be cured or not, even the psychotic individual.[80] *Noda bi-Yehudah* implies that even in the case of a *shoteh le-devar eḥad*, he would be regarded as a *shoteh* in the area where treatment is refused, and thus may be forced to accept treatment.[81]

e) *Pikuaḥ nefesh regarding Shabbat:* Psychosis is a medical illness that can demand emergency medical treatment. For example, the rate of suicide in schizophrenia approaches 10%, and, in a state of acute psychosis, potentially violent acts dangerous to oneself and others are not uncommon. Management of psychotic disorders frequently requires pharmacological intervention in order to circumvent these problems. It therefore becomes permitted to set aside the laws of *Shabbat*, *Yom Kippur*, and *Yom Tov* in order to treat the *shoteh*, since while in the state of psychosis he is considered as a *ḥoleh she-yesh bo sakkanah*. Insanity posing a threat to life is not regarded in any less important a fashion as physical illness threatening life. This sensitivity to mental illness extends even to *preventing* severe mental illness that could feasibly endanger life.[82]

f) *Orthodox mental health care provider:* Rav Moshe Feinstein warns to beware of therapists who are agnostics or atheists in the management of psychological disorders including psychosis. He considers the possi-

bility that these therapists may impose their value systems on the patients, which is not a problem in other forms of medical management, since the "talking therapy" consists of verbal analyses and analytical deductions which may become detrimental to the individuals level of Torah observance. However, if the professional commits to not imposing his or her value system on the patient, then treatment would be permitted.[83] Incidentally, it appears that the practice of contemporary psychopharmacology by psychiatrists who may not be Orthodox in religious belief would be less of a problem since the therapy involves primarily medication and not reorientation of thinking and belief structure.

g) *Birkat ha-gomel*: *Ẓiẓ Eliezer* states that on recovery from a psychotic episode, an individual should recite *birkat ha-gomel*.[84] However in the case of recovery from attempted suicide, *birkat ha-gomel* should not be recited.[85]

h) *Medications on Shabbat:* Generally, use of medications is prohibited on *Shabbat*. However, if the omission of medication on *Shabbat* will pose negative consequences, it is generally permitted.[86] This applies to anti-anxiety medications, various antidepressant, antipsychotic and mood stabilizing medications. Patients on these medications must maintain a fairly constant blood level that would be adversely affected if regular dosages were missed on Shabbat.

i) *Pregnancy termination:* Where continuation of the pregnancy poses a significant threat to the mother, such as in the case of a severe worsening of psychosis endangering the mother's life, including suicidal risk or psychotic violent outbursts, abortion may be permitted, as it would in a similar case with medical illness.[87] In addition, in the case of a woman who experienced two episodes of postpartum psychosis, Rav Moshe Feinstein permitted the use of contraception since any additional pregnancy would have posed a serious danger to her health.[88]

j) *Medical confidentiality:* While medical confidentiality is respected and demanded, in several cases *Beit Din* has obligated a treating physician to break confidentiality in order to provide information regarding a potential psychotic individual. This is clearly noted in fairly recent *Beit Din* rulings concerning the release of information regarding psychotic individuals from whom respective spouses demanded information, which would assist in marriage dissolution on the basis of a *mekaḥ ta'ut*.[89]

k) *The psychotic patient and marriage dissolution:* With regards to modern day responsa regarding psychotic individuals, a male patient with schizophrenia may be forced to divorce his wife is she so desires when he is not in an active state of psychosis.[90] While in a state of remission, a man

is considered fully competent to hand his wife a *get* despite previous episodes of severe dissonance from reality while in a psychotic state.[91] Furthermore, if a man gets married and is found later to have a significant psychotic disorder such as schizophrenia and is considered to have a *mum gadol*, he can be forced to divorce his wife, since it is liable to recur.[92]

A man may "divorce" his schizophrenic wife if he was not aware of her illness prior to the marriage. This, of course, depends on how many episodes she had of the illness. The defining number is three; if she had more than three episodes it is considered a "*mum gadol*," and therefore considered a *mekaḥ ta'ut* for the marriage.[93] Furthermore, she may lose the rights to her *ketuvah* compensation. It should be stated that if a marriage is dissolved through a claim of *mekaḥ ta'ut*, no *get* is necessary. When in remission, a wife with previous severe psychotic episodes (e.g., schizophrenia) may be handed a *get* by her husband.[94] If she refuses to accept it, he may be permitted to remarry with a *heter me'ah rabbanim*, but he would be still required to pay the *ketuvah* obligations.[95] If the psychotic woman is not in front of *Beit Din*, the husband may not receive the *heter me'ah rabbanim*—in case she has in the meantime healed.[96]

Summary and Conclusion

The concept of the *shoteh* is a difficult one to fully comprehend. The most common usage of the word most closely describes the clinical phenomenon of psychosis. While the phenotypic description of the *shoteh* is varied in biblical, talmudic and classic Jewish texts, the definition of the *shoteh* that emerges is symptom-oriented and is based upon observable behavior with no assumption presumed as to causation. As opposed to being a diagnosis rooted in pathophysiology or abnormal cognition, the term *shoteh* reflects a phenomenological classification, with the responsibility of competence assessment and optimal categorization lying with the *Beit Din*, which takes into account the encouraged input of mental health professionals. This becomes especially important considering that our understanding of mental illness, and therefore of etiological processes and treatment, change as our level of scientific sophistication improves. Several categories of the *shoteh* may be discerned, each of which appears to have clinical relevance today in light of contemporary nosology, categorization and manifestation of psychotic disorders. The precise understanding and classification of an individual as a *shoteh* (along with its relevant halakhic ramifications) by the *batei din* and halakhic authorities, must be informed by the current advances in the

field of psychiatry if it is to be grounded in the criteria which the Halakhah provides.

Ḥatam Sofer clearly states that the community at large has a halakhic obligation to care for the mentally disabled.[97] In reference to the care of an eighteen year old female, he concludes that neither the sustenance nor the medical care of the patient is the sole responsibility of her father. She should be considered as one of the poor of society in whose caring the community at large is obligated to assist. This is in addition to the positive *miẓvah* of "and you shall return it to him," (Deut. 24:26) understood by Rambam as mandating restoration of health no less than property. The attention and nurturing required to be offered to the mentally disabled should even be extended to communal responsibility for educational expenses needed for this special population.[98]

Thus, the notion is emphasized that the *shoteh* is halakhically a full member of the Jewish community, whose needs are to be taken care of and whose halakhic issues require attention given recent advances in medical management.[99] Close harmony between scientific-medical developments and the halakhic world is essential for the just application of the talmudic classifications of mental illnesses. The rare sensitivity and understanding shown by the Halakhah to those suffering from mental illnesses is legitimately due to the afflicted individual—and may only be maintained and enhanced by the incorporation of the latest medical rationale into Halakhah. Respect for the Halakhah demands thorough investigation; "the sick of Israel" deserve nothing less.

Notes

The author wishes to acknowledge the helpful comments of the anonymous reviewers.

1. The future King David is described as feigning madness in front of King Akhish while he attempts to escape from the pursuing King Shaul. Akhish, addressing his servants, exclaims, "*Hineh tir'u ish mishtagea*"—Behold, look the man is mad (Samuel I, 21:15)! Targum Yonatan translates the word "*mishtagea*" as "*shatei*."
2. The word "*shoteh*" most probably originates from the Syriac root of *sht'* and appears in a variety of forms. References include *shatya* (*Shabbat* 121b), *shotah* (Nidah 53b), *nishtata* (*Yevamot* 110b), *meshate* (*Baba Kamma* 116a), *ishtatei* (*Megilla* 12b), *bar shatia* (*Yevamot* 31a) and *shatyata* (*Targum Mishlei* 14:1). Besides the more widely used reference to insanity and psychosis, "*shoteh*" is also used in reference to deviant behavior in other contexts. These include references to the region Shittim where "deviant" activities were said to have occurred (Leviticus 25:1), the *sotah* (adulterous

woman) (Num. 5:13, *Be-midbar Rabbah* 15), a mad dog (*Yoma* 83b), the wild myrtle plant (*Sukkah* 12a), wild animals (*Bekhorot* 45b) and as a derogatory response to one who expresses foolish ideas (*Ḥullin* 95a). Other terms may be used apart from *shoteh* to describe the insane, psychotic or out of touch with reality. These may include *ruaḥ ra'ah* (*Ta'anit* 22b), *ruaḥ keẓarah* (*Bekhorot* 44b) and *shuamemet* which Rashi describes as being "*meshuga'at*" (*Bava Meẓi'a* 80a).

3. Based on the *Tosefta*, *Terumot* 1.
4. *Mishneh Torah, Edut* 9:9-10.
5. Ibid.; see also *Shulḥan Arukh, Ḥoshen Mishpat* 35:8.
6. Rabbi Yosef Karo (*Kesef Mishneh*) comments that the talmudic passage in *Ḥagigah* 3b provided only examples of the *shoteh*'s behavior and Rambam considered three others that would fit in the same category. Furthermore, when the Talmud informs us that the act has to be executed in an "insane manner" (*derekh shetut*), this implies that the act has to be done more than once, thereby confirming that the deranged behavior has become his *modus operandi* (*Kesef Mishneh* on *Mishneh Torah*, *Edut* 9:9).
7. Rabbi Ḥayyim Soloveitchik (Responsa *Ḥazon Yeḥezkel Likkutei Shas*, 8:2) creatively suggests that the classic symptoms mentioned in *Ḥagigah* 3b do not necessarily define one particular form of illness, but in fact delineate the features of separate disorders within the rubric of the *shoteh* definition. Thus, he sees the person who walks alone at night and who sleeps in the cemetery as suffering from *mara sheḥorah* (most likely melancholic depression of a psychotic nature); the person who tears his clothes as suffering from *maḥalat levanah* ("illness of the moon;" note that the term lunatic is derived from the Latin "luna" or moon), which leads to "rash, impulsive and possibly violent traits;" and he who loses all given to him as one who remains immature.
8. See Responsa *Maharik* 19; Responsa *Ḥatam Sofer*, *Even ha-Ezer* 2:4; Responsa *Divrei Ḥayyim* 74.
9. R. Ḥayyim Ozer Grodzinski, *Aḥi'ezer*, *Even ha-Ezer* 1:10.
10. See *Ketuvot* 20a, *Yevamot* 113b, *Nedarim* 36a, *Gittin* 5a, 23a, *Rosh Hashanah* 28a, *Yerushalmi Ketuvot* 1:25b, *Yerushalmi Gittin* 2:44a.
11. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition (Washington, DC: American Psychiatric Press 1994).
12. Harold I. Kaplan and Benjamin J. Sadock, *Synopsis of Psychiatry, Behavioral Sciences, Clinical Psychiatry* (7th edition, Baltimore, 1994).
13. R. Ḥayyim Ozer Grodzinski, *Aḥi'ezer*, *Even ha-Ezer* 1:10, see also *Rama*, *Even ha-Ezer* 44.
14. Rashi, *Shabbat* 13b; R.H. Dworkin, "Pain Insensitivity in Schizophrenia: A Neglected Phenomenon and Some Implications," *Schizophrenia Bulletin* 20(1994): 235-248.
15. *Mishneh Torah*, *De'ot* 5:8.
16. A. Chatterjee, M. Chakos, et. al, "Prevalence and Clinical Correlates of Extrapyramidal Signs and Spontaneous Dyskinesia in Never-Medicated Schizophrenic Patients," *American Journal of Psychiatry* 152 (1995): 1724-1729.
17. N.M. Bark, "On the History of Schizophrenia," *New York State Journal of Medicine* 88 (1988): 374-383.

18. The severe melancholic form of depression appears to be what Rav Ḥayyim Soloveitchik referred to above as the *marah sheḥorah.*
19. See Responsa *Ḥatam Sofer*, *Even ha-Ezer* 2:2; *Beit Efrayim*, *Even ha-Ezer* 89, *Or ha-Yashar,* chap. 32 .
20. *Ketuvot* 20a, *Yevamot* 113b, *Nedarim* 36a, *Gittin* 5a, 23a, *Rosh Hashana* 28a, *Yerushalmi Ketuvot* 1:25b, *Gittin* 2:44a..
21. *Mishneh Torah*, *Mekhirah* 29:5.
22. *Iggerot Mosheh, Even ha-Ezer* 2:18.
23. See, for example, Responsa *Ḥakhmei Provezyiyah* 1:57.
24. *Mishneh Torah*, *Edut* 9:9.
25. *Noda Bi-Yehuda*, *Or ha-Yashar* 30.
26. *Torat Gittin* 121.
27. Responsa *Divrei Malkiel* 3:137.
28. *Iggerot Mosheh*, *Even ha-Ezer* 120.
29. *Ẓemach Ẓedek*, *Even ha-Ezer* 153, 157.
30. *Oneg Yom Tov* 153.
31. *Ḥatam Sofer, Even ha-Ezer* 2:2. For further references challenging or rejecting *shoteh le-davar eḥad* as *shoteh*, see also Responsa *Divrei Ḥayyim* 2:74, Responsa *Beit Yiẓḥak, Even ha-Ezer* 2:6, *Mishnat Rabbi Aharon* 53, *Noda Bi-Yehuda* in *Or ha-Yashar* 30.
32. *Or ha-Yashar.*
33. *Beit Yosef, Ḥoshen Mishpat* 35.
34. *Peri Megadim, Yoreh De'ah* 1:23, Responsa *Maharam ben Barukh* 455.
35. *Sha'agat Aryeh*, *Or ha-Yashar* 28-31.
36. Rashba, *Torat ha-Bayit* 1:1; *Mishneh Torah*, *Hil. Mekhirah* 29:18; *Mishneh Torah*, *Hil. Nezirut* 1:12; *Maggid Mishneh*, *Yibbum Va-haliẓah* 2:4.
37. Responsa *Baḥ ha-Yeshanot* 62.
38. Gideon Liebson, "Criminal Responsibility of the Drunk in Jewish Law," *Dinei Yisrael* 3(1971): 71-88. These differences in definition between the shoteh and the drunk are based on at which stage they are considered ones, and they have important halakhic ramifications. However, a detailed discussion of these differences is beyond the scope of this article.
39. *Sefer Me'irat Enayim*, *Ḥoshen Mishpat* 35:21; In addition, see R. Naftali Bar Ilan, "Feeblemindedness, the *Shoteh* and the Simpleton," *Teḥumin* 8(1987): 103-111 for a more extensive discussion of the differences between a *shoteh* and a *peti*, as well as Tzvi Marx, *Disability in Jewish Law* (London and New York, 2002) for further discussion on the subject. Ḥatam Sofer comments that if an individual appears mentally unbalanced, but does not act in an overtly "deranged manner," he would not be deemed a *shoteh* but rather a *peti* (fool or alternatively, mentally retarded) (*Even ha-Ezer* 2:2)
40. *Mishneh Torah, Eidut* 9:10
41. Responsa *Maharit*, *Even ha-Ezer* 16; *Divrei Malkiel, Even ha-Ezer* 78:10; Responsa *Ḥatam Sofer*, *Even ha-Ezer* 2:2; *Iggerot Mosheh*, *Orah Ḥayyim* 2:88. Differences may exist as well in other areas. Thus, for example, the mentally retarded or "special needs" child may demonstrate severe impairment of function even at an early age, but may, with significant treatment, manifest improvement and understanding and therefore be obligated in *miẓvot* even at a much later age (after 13 years of age). In contrast, for a *shoteh* the obligation remains upon the father to educate the child as is appropriate (R. Ḥayyim Pinḥas Sheinberg, "*Teshuvah be-Inyan Yeladim*

Mefaggerim le-Gabbei Ḥinuḥ be-Miẓvot," *Moriah* 11(1982): 9-10.) The "special needs" or retarded individual would become obligated in *miẓvot* at the age of 13 in the case where even without treatment some elementary level of understanding, although very limited, would be obvious at the age of 13 to the extent that the individual recognises and understands that the Torah was given by the Almighty and therefore we are required to perform *miẓvot* (*Minḥat Shelomoh* 34).

42. *Shabbat* 105b.
43. *Orḥot Ẓaddikim* 12.
44. Responsa *Rosh* 43; Responsa *Maharit* 1:113.
45. *Mishneh Torah, Edut* 9:9-10.
46. See for example Responsa *Rashba* 4:201; *Shulḥan Arukh, Even ha-Ezer* 151:3; *Or ha-Yashar* 7, 30; *Sema, Ḥoshen Mishpat* 235:52.
47. See, for example, Jacob Bazak, "*Aḥarayuto ha-Pelilit Shel ha-Shoteh be-Mishpat ha-Ivri*," *Israel Law Review* 6 (1971): 222-245.
48. *Minḥat Ḥinukh* 37:8.
49. Ibid., 39:17.
50. *Peri Megadim, Petiḥa Kolelet* 2:3. While space does not allow an in-depth discussion of these distinctions between the child and the *shoteh*, differences may be present. For example, a child is not obligated in *tefillin*, whereas an adult *shoteh* has the potential to be obligated based on age. Therefore a *shoteh*, as opposed to a child, may write *tefillin* while under supervision that ensures competent function.
51. Rashi, *Ḥagigah* 3b, s.v."*eizehu shoteh.*"
52. *Mishneh Torah, Edut* 9:9.
53. *Mishneh Torah, Ishut* 3:17, *Me'ilah* 7:1; *Tur, Ḥoshen Mishpat* 96, 188.
54. *Rosh Ha-shanah* 29a, *Yerushalmi* 3:48c, *Tur, Oraḥ Ḥayyim* 589.
55. *Tur, Oraḥ Ḥayyim* 460.
56. *Eruvin* 31b, *Yerushalmi Eruvin* 3:20c.
57. *Gittin* 9a, 22b, 23a, *Yerushalmi* 2:44a.
58. *Gittin* 22b, *Yerushalmi* 2:44a.
59. *Mishneh Torah, Hilkhot Sheḥitah* 2:12.
60. *Mishneh Torah, Hilkhot Ishut* 2:26, 4:9.
61. *Tur, Even ha-Ezer* 44:2.
62. *Even ha-Ezer*, 44.
63. *Rama* on *Even ha-Ezer* 44.
64. *Tosefta Yevamot* 2:6, *Yevamot* 104b.
65. See *Bava Kamma* 39a, 42a; *Yerushalmi Bava Kamma* 5:5a.
66. Tur, *Ḥoshen Mishpat* 235.
67. Ibid., 243.
68. Ibid., 96.
69. *Keẓot ha-Ḥoshen* 243:4.
70. *Tosefta Niddah* 2.
71. *Mishneh Torah, Hilkhot Mekhirah* 29:4.
72. *Oraḥ Ḥayyim* 55:8, *Yoreh De'ah* 1:5.
73. *Ketuvot* 48a. Space does not permit further discussion of this topic, but see *Teḥumin* 8, p. 87 for a more in depth analysis.
74. *Ẓiẓ Eliezer* 12:59.
75. *Iggerot Mosheh, Yoreh De'ah* 2:49.
76. *Ḥatam* Sofer, *Oraḥ Ḥayyim* 83.

77. *Iggerot Mosheh*, *Yoreh De'ah* 2:88.
78. *Mor u-Kezi'ah*, *Oraḥ Ḥayyim* 328.
79. *Ẓiẓ Eliezer* 15:40.
80. Ibid., 9:327; *Minḥat Yiẓhak* 1:115; *Iggerot Mosheh*, *Even ha-Ezer* 1:65; R. Moshe Farbstein in *Medicine, Ethics & Jewish Law: Proceedings of the First International Colloquium*, ed. Mordechai Halperin and David Fink (1993), 257-273.
81. *Noda bi-Yehudah, Or ha-Yashar*.
82. Responsa *Ẓiẓ Eliezer*, *Ḥelek* 8, *Siman* 15, *Perek* 12, *Ot* 5; *Nishmat Avraham*, *Even ha-Eze*r 145:3.
83. *Iggerot Mosheh*, *Yoreh De'ah* 2:57.
84. *Ẓiẓ Eliezer* 12: #18, sect. 2.
85. Ibid., 10: #25.
86. R. Tendler, personal communication.
87. E.g., Farbstein (n. 80).
88. *Iggerot Mosheh*, *Even ha-Ezer* 1:65.
89. *Piskei Din Rabbaniyyim* 9, p. 331.
90. Ibid. 8: p. 216.
91. Responsa *Ḥatam Sofer, Even ha-Ezer* 4:2, *Ẓiẓ Eliezer* 6:42.
92. Based on the *Rosh* and quoted by many *poskim*, including *Ẓiẓ Eliezer* 6:42.
93. *Piskei Din Rabbaniyyim* 8, p. 174.
94. Responsa *Maharsham* 7:164.
95. *Piskei Din Rabbaniyyim*, *Mishpetei Shaul* 12.
96. *Piskei Din Rabbaniyyim* 9, p. 331
97. Responsa *Ḥatam Sofer*, *Yoreh De'ah* 76.
98. See David J. Bleich, *Contemporary Halakhic Problems*, vol. 2 (Hoboken, 1995), chap 15, 16.
99. For example, Marx, *Disability in Jewish Law*.