Gender Relationships In Marriage and Out

EDITED BY Rivkah Blau

Robert S. Hirt, Series Editor

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THE ORTHODOX FORUM

The Orthodox Forum, initially convened by Dr. Norman Lamm, Chancellor of Yeshiva University, meets each year to consider major issues of concern to the Jewish community. Forum participants from throughout the world, including academicians in both Jewish and secular fields, rabbis, *rashei yeshivah*, Jewish educators, and Jewish communal professionals, gather in conference as a think tank to discuss and critique each other's original papers, examining different aspects of a central theme. The purpose of the Forum is to create and disseminate a new and vibrant Torah literature addressing the critical issues facing Jewry today.

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"So She Can Be as Dear to Him as on Their Wedding Day"? Modern Concerns with Hilkhot Niddah as Demonstrated by Anonymous Email Questions

Deena R. Zimmerman

BACKGROUND

The concept that periodical physical separation benefits the marriage relationship and helps maintain its freshness is expressed in the Talmud (*Niddah* 31a) in an aphorism attributed to Rabbi Meir:

Why did the Torah give seven days to the *niddah*? Because [a husband] is used to the complete availability of his wife, and thus can despise her [*katz bah*]. [Therefore] the Torah said she should be *temeah* for seven days so she will be as dear to her husband as the time she entered the *huppah* [my translation].¹

The goal of this paper is to use a unique data source to analyze the sentiment expressed by Rabbi Meir in the context of modern observance of *taharat hamishpahah*.² The challenges raised in this paper are *not* meant to be an attack on the importance of this mitzvah, or to be interpreted as a call to amend the *halakhic* process or *halakhah* as currently practiced. Rather, they are meant to stimulate discussion of the real experiences of modern couples observing these laws.

THE DATABASE

As most *halakhic* questions on an everyday level are answered orally and remain undocumented, it is rare to have a large collection of written questions that can be used to quantify the frequency of *halakhic* concerns. The database of questions received by a website (www.yoetzet.org³) provides a unique opportunity to obtain such statistics. It allows us to study the relative frequency of different issues within those areas of *halakhah* that overlap with women's health, primarily *taharat hamishpahah*. The exact wording of the original question can also help convey the sentiments of the person posing the query.

Yoetzet.org was launched in November, 2002, to provide 24/7 access⁴ to information about *taharat hamishpahah* to English readers worldwide. In addition to approximately 100 articles, the site includes an "Ask the *yoetzet*" feature where individual questions can be asked. All questions are answered by yoatzot halacha (women *halakhic* consultants) under rabbinic supervision,⁵ generally within forty-eight hours. The questions then undergo a second round of evaluation and, after assuring that all identifying information is removed, about one third are posted publicly on the site.

As of January 18, 2005, a total of 2,362 questions from 1,527

unique email addresses had been sent to the website. Of these, 878 did not involve *niddah* or related *halakhot* (most were non-*halakhic* medical questions) and were excluded from analysis, leaving 1,484 questions as the denominator.

Some caveats are of course in order:

- 1) These statistics are based on a coding system for free text questions that was enacted for administrative purposes and not only for research. Therefore they are subject to some degree of uncertainty. All of the coding was done by one person to improve consistency. However, this does not guarantee reliability.
- 2) The data reflect those questions from a select population those that chose the internet as their method of asking these particular questions.⁶
- 3) When quoted, questions are presented in their original words. Changes have only been made, if needed, to assure anonymity or clarity.

ABSENCE (OR ABSTINENCE) MAKES THE HEART GROW FONDER

For many couples *taharat hamishpahah* creates a freshness and excitement that might otherwise be lacking in marriage. However, this is not true for all couples at all times. *Taharat hamishpahah* can also lead to stress, tension, and frustration in a marriage. Such difficulties can be compounded by the difference between actual experience and the overly rosy picture painted by those promoting this mitzvah. For example:

My husband and I are having terrible fights while I am *niddah*. I had hoped that this time would strengthen and deepen our love. Now I am disappointed. Do you have any help or suggestion?⁷

Much of the disappointment appears to result not from the

prohibition against marital relations, but rather from the inability to touch:

I was very relieved to discover that a few of the emails from the women sound just like me. I am newly married, and a convert, and find the not touching rule to be emotionally painful at a time when women are most vulnerable to depression, anger, and frustration. Is there any sort of support group for women like us? My husband is *chassidish* from birth and has been raised like this, so to him it seems so natural, but for me it can be like torture. Is there anything that can be done to relieve this stress and pain?⁸

This frustration is not limited to women only,⁹ nor is it experienced only by newlyweds.¹⁰

Furthermore, for some couples the reunion, *mikvah* night itself, is a source of stress rather than rejuvenation. Particularly troublesome is the perceived need for immediate relations upon return from the *mikvah*. Several examples follow:

Is it normal to feel extremely stressed on the day one is to go to the mikveh? If so, can you discuss and suggest helpful tips that will establish a better tone and feeling for the house and the mikveh user?¹¹

When I return from mikvah, I am frequently "not in the mood." Rather than finding the mikvah experience uplifting, I find the whole thing to be an intrusion on my privacy, particularly the pre-immersion inspection. Consequently I am often not ready to be intimate with my husband until the second or third night after going to mikvah. I have heard that a woman has an obligation to be with her husband immediately after immersion, and even that it is forbidden for her to shower until after they have relations. Is this so?¹²

Can you recommend some articles or books on Mikveh Stress? I dread the day that I have to go mainly because once I get home, I am too tired and not interested in being alone with my husband. I feel that all the responsibility is on me to prepare. This stresses me out as well. I feel forced to be in the mood.¹³

[At first I liked mikveh]...Now, three kids later, I struggle with libido issues – My husband does too – in the opposite direction – He wants a lot more sex than I do, and he has trouble with the length of *niddah* – it got so bad that the mikveh became torture for me - I was stressed, and only felt his male hormones hounding me as I came home – as a result, I am disgusted with mikveh -Although our sex life can be wonderful, the observance of mikveh is not working for us – as I am at my most fertile when I come home - I don't want sex - since I don't want to become pregnant now - also, with just 2.5-2.75 weeks of sex time every month - my husband struggles and pushes me to have more sex then, which doesn't work with my body clock – I am resentful of mikveh – and the time it takes to get there and prepare - and am only thankful when the welcome home sex is over, so the tension can dissipate.14

The unifying themes of the concerns expressed in these samples are: 1) the stress of preparation for *mikvah* immersion; 2) the lack of privacy in the preparation process; and 3) the enforced timing of marital relations. Some of the samples also show incongruity between the expectations of the husband and the wife.

PROLONGED SEPARATION

One of the often under-emphasized details in the statement of Rabbi Meir is that he refers to *niddah* as lasting seven days. This, of course, is *not* the experience of couples today who will be observing

a minimum of twelve (or in some Sephardic communities eleven) days of separation. Some couples find that a separation of this length frustrates rather than freshens. For example:

I have some questions about laws of *niddah*. Honestly it is a very difficult mitzvah to observe. My husband and I truly have some problems. Twelve days, as a minimum, is very hard to observe and we are getting so frustrated with that. There is nowhere in Torah says that women should count 7 *clean* days. I do not want to say that Rabbis didn't know what they were doing when they wrote that law, but how did they know exactly what was given orally to Moses?¹⁵

I write respectfully re: this beautiful but difficult mitzva. For many, many of us, *niddah* is a time of sadness, stress and pain. Desire of their husband for many women is very strong from the 8th–15th day, the white days. I am a 'BT' as well as a human services worker Is there any current halachic discussion about laws against marital touching during the 7 white days?¹⁶

The stress becomes greater when the *niddah* status is even more prolonged. This can be due to a number of causes.

CONTRACEPTION

One of the striking findings of the statistical analysis was the frequency of questions related to bleeding resulting from contraceptive methods. The largest frequency of *halakhic* questions (12.3%) revolved around contraceptive methods. Of these, 42% of questions about hormonal contraception and 53% of questions about the intrauterine device concerned prolonged or irregular bleeding from these methods. The questions often revealed that this *halakhic* concern was not always properly addressed by the health care provider who prescribed the method, leading to situations such as:

I have been married for 6 months now and have tried 5 different types of birth control pills. I am always spotting in between periods and it's very hard on me. Not even a week after coming from the mikvah I am in *niddah* again and that lasts till my period and the cycle keeps on returning. I just don't know what to do anymore! help!¹⁷

This woman was apparently not counseled properly when starting the first pack of pills. In the first month of use, breakthrough bleeding and spotting rates for most low-dose oral contraceptives (those containing 30–35 micrograms of estrogen) range from 10–30%. For formulations containing 20 micrograms, the rates in many studies are even greater. In light of these statistics, the woman who asked the question should have been prepared for a difficult beginning. As the unanticipated bleeding often decreases with continued use, it is generally recommended to continue with one formulation for three months prior to recommending a switch.

Another example of an unprepared woman is the following:

I have a really big problem. I had an IUD for a year post the birth of my 3rd child. I was staining all month long and was a *niddah* for most of the month. When I was finally able to go to the mikvah I would stain 2–3 days later rendering me a *niddah* again! So, I decided to get rid of the IUD. Two weeks ago exactly I had my period (two days post the IUD) and started taking the pill that you only get your period 4 times a year (Seasonale). I had my period for the usual days but am still having blood many times a day (some intervals without). It is bright *red* blood and there is no question I am still a *niddah*. I have no idea what to do. This is very frustrating and it just seems like it will never end.

Last night I took a long bath and had no blood all night. When I woke up this morning and went to the bathroom I again had bright red blood in my underwear and on the tissue and in the toilet. I have had two hargashot as well. Will this ever end? Or will I be in *niddah* all the time now!?²²

Bleeding is a known side effect of the intrauterine device. It is a frequent cause (4–14%) of discontinuation of the method even among women who do not observe *taharat hamishpahah*.²³ While newer frameless models have been marketed as producing less bleeding, this has not been supported by the current medical literature.²⁴ Progesterone-containing IUDs may decrease blood loss, but may simultaneously increase irregular spotting that is of concern to observant women.²⁵

CHILDBIRTH

Another common cause of prolonged separation is bleeding after childbirth. For many couples, this also seems to come as a surprise. For example:

My husband and I are both frustrated right now with taharat hamishpacha. We have been married for 18 months and now have a beautiful baby, B"H who is 9 weeks old. The problem is I am still a *niddah*. I feel that our posek 'dropped the ball' on us with some *shilahs* by not getting back to us in a timely manner. Now, on my 7th clean day, it turned up bloody and I am still a *niddah*. I feel my husband and I lost out on time we could have potentially been together.

Dealing with first time parenthood is stressful enough. Is our situation common at all? Is it okay to be frustrated, if not angry at times when fulfilling this mitzvah?²⁶

Recent studies show that postpartum vaginal bleeding (lochia) reported by women is considerably more varied in duration, amount and color than the description in current textbooks and patient education material.²⁷ It lasts substantially longer than the

conventional assumption of two weeks. In one study, the *median* duration of continued bleeding was 33 days, with lochia persisting up to 60 days (the length of the study) in 13% of women. ²⁸ Postpartum spotting and bleeding is often intermittent, stopping and then starting again. ²⁹ It is not surprising that this couple was confused. Their childbirth preparation probably led them to expect a short period of separation, and reality presented a much longer period of *niddah*. Such experiences can be coupled with the frustration of getting a valid *hefsek* and a few *bedikot*, and thinking one is almost there, only to begin bleeding once again. The situation is then often compounded by contraceptive methods:

My wife gave birth 6 weeks ago. One week ago she started taking micronor. She has been trying to do a *hefsek taharah* since week 4 and she is usually clean for two days. Now, after taking the micronor, she has very heavy bleeding. Is it because of the micronor, and if so, what can we do? Please answer quickly, I am at my wits end!!³⁰

Progesterone-only contraceptives (such as micronor) are often prescribed for breastfeeding women.³¹ This is particularly true for observant women, since hormonal methods are, according to most opinions, the *halakhic* first choice. Bleeding is a very common complaint with this method. In one study, 53% of users reported frequent bleeding, 22% reported prolonged bleeding and 13% reported irregular bleeding,³² all patterns of marked concern to the *mikvah*-observing woman.

THE CLIMACTERIC

Menopause is the permanent cessation of menstruation due to loss of ovarian activity and the depletion of follicles. The period immediately before and after menopause is called the peri-menopause. This is a transition that usually occurs between regular cycling and menopause, characterized by hormonal fluctuation roughly two years before and after the last natural period. The median age of menopause is 51.5 years with a general range of 48–55 years.³³ Due

to this process, toward the late thirties and early forties, women will start to notice that their cycle is changing. Often the intervals between cycles become shorter, so that they are *niddah* more often. There can be more episodes of mid-cycle staining, and many women start to experience brown discharge in the days before their menses actually begin.³⁴ Thus many questions of *niddah* arise. While these changes are biologically normal, they can be *halakhically* quite frustrating. For example:

As I am leading up to menopause, the length of my period gets longer, (currently 10 days) while the intervals in between get shorter (sometimes a total cycle of 21 days), although there is nothing medically wrong. Consequently there are often only about three days clear for marital relations. Is there any leniency in such a situation, especially if this is causing marital stress?

My period lasts 2 days – I am in medically determined menopause already. Is the 12 days separation still required? I understand there's a consideration about semen remaining that might be expelled, but if *niddah* concerns uterine blood, then is there a leniency to reduce the 12 days somewhat, as separating 12 days for 2 days' bleeding seems difficult?

HALAKHIC INFERTILITY

A particularly stressful situation occurs when the prolonged separation is interfering with fertility. This is particularly poignant because *taharat hamishpahah* is often touted as increasing fertility. In the idealized cycle of 28 days, ovulation would take place on day 14 and if the woman goes to the *mikvah* on day 12, the timing would be ideal for conception. However, in real life, this is not always the case. For example:

I have been trying to get pregnant for the past 4 months, I have a very short cycle, the past two month it was 24 days, the previous months 26 days. This past month I did an

ovulation test and found it to be positive on the 10th day after I got my period and I can only go to the mikvah on the 14th day as I did not have a good *hefsek taharah* until the 7th day after my period began. Any suggestions?

Of eighty-four questions to the site related to infertility, thirty-two concerned *halakhic* infertility. Strikingly, many women were writing due to fear that they were ovulating prior to *mikvah* use, without ever actually determining the time of ovulation. In many cases, the women had never asked a *she'elah* about their stains to see if it was *halakhically* possible to immerse earlier.

There is also much resentment about this particular type of infertility. For example:

Mikvah night is designed to fall on the day of ovulation with optimal chances of conception. A new study finds otherwise, which would indicate that during the seven days is optimal time for conception...Please let me know how Halacha can possible go against the principles of conception and thus minimizing the monthly opportunities to "Be fruitful and multiply", and inhibiting the population of the Jewish nation. I will agree that it does not eliminate the chances of conception, my existence and well as those of millions of Jews will prove otherwise, but it definitely reduces and in some cases eliminates the chances. Your response of seeking medical intervention to manipulate ovulation is, frankly absurd, because years ago they didn't have medical knowledge and capabilities that we now have so does that mean that women until recently were barren simply because they kept the halachos of the 7 additional days?! ...(The fact that we luckily nowadays have ways to work around this does not explain why and how halacha itself can have such implications)

The resentment appears to stem from the fact that *taharat* hamishpahah is often promoted as a practice that enhances fertility.³⁵

This method of promotion is inherently flawed, as *niddah* was meant to be for seven days, *not* for twelve. As outlined in the Tur 183, the current practice is an unfortunate side effect of the undesirable fact that we are in *galut*.

When there were many exiles and troubles increased and hearts weakened they feared that mistakes could be made that would lead to the punishment of *karet*. They thus added stringency upon stringency until the point that for any drop of blood even as small as a mustard seed a woman must keep seven days as if she were a *zavah* [my translation].

Today's timing reflects the anomalous situation of exile, not the original Torah ideal. Furthermore, the timing of ovulation varies from woman to woman and sometimes from cycle to cycle. Ovulation generally occurs 12–16 days prior to *next* month's cycle. It does *not* invariably happen on day 14.

FREQUENCY OF SEPARATION

Regular monthly menstruation is a relatively recent phenomenon. The average woman at the time of Rabbi Meir would have menstruated 160 times in her life, compared to a current average of 450.³⁷ Declines in birth rates, shortened or absent breastfeeding, and increasing age at menopause have contributed to this development.³⁸ Differences in the duration of lactational amenorrhea have also contributed.³⁹ While hormonal contraceptive methods can be adjusted to prolong the intervals between withdrawal bleeding, this is often accompanied by breakthrough bleeding that could in itself make a woman *niddah*.⁴⁰

IMPLICATIONS

Keeping *hilkhot niddah* through a lifetime of marriage can be challenging for many couples. Presenting it as a rosy panacea is not fair. This should be considered by those who teach these *halakhot*; they should be honest and address these concerns. It may not be

appropriate to burden young brides and grooms with the details of menopause or perhaps even with postpartum expectations. But if that is the case, we need to provide another opportunity for them to learn these *halakhot* in order to be prepared for these events.

Modern medicine can help in some situations but presents its own problems. *Halakhic* authorities should be aware of the disadvantages of medical interventions as well as their benefits. For example, the frequency of bleeding from hormonal contraception and the resulting frustration suggest that when a rabbi meets with a couple to determine if contraception is *halakhically* appropriate, he should include a discussion of the rules of *ketamim*. Often simple advice such as the use of colored underwear and/or feminine hygiene pads can make a significant difference in minimizing unnecessary episodes of *niddah*.

Hatan/Kallah teachers and marriage counselors should be aware of the potential for *mikvah* night stress and guide couples in developing the appropriate sensitivity and communication skills. Routines for *mikvah* night – perhaps including the exchange of small gifts or flowers, or an interlude of quiet relaxation to ease back into physical intimacy, can be effective for many couples.

Physicians need to be made more aware of the impact of vaginal bleeding for this patient population. Statements in the literature such as "good cycle control was achieved by 12 months" do not reflect the year's worth of suffering that couples can experience. Furthermore, some physicians need to be encouraged to consider medical interventions for such quality of life concerns.

B'ezrat Hashem, with the rebuilding of the Temple, we will again have authorities who can judge *ben dam l'dam* and we will likely be able to return to the seven-day separation of Rabbi Meir's statement. Until that time, however, we need to better assist couples in dealing with the current reality.

NOTES

1. This statement is frequently quoted in discussions of *taharat hamishpahah*. The translations vary markedly between books. For example:

Rabbi Meir said: Why did the Torah require a niddah to be impure for seven

days? Because her husband could become bored with her and tire of her.

Therefore, the Torah declares "Let her be ritually impure for seven days so that she will be as dear to her husband as when she entered the marriage canopy."

Tehilla Abramov, The Secret of Jewish Femininity. (Southfield, Michigan: Targum Press, 1988), 98.

Rabbi Meir taught us, "Why did the Torah require seven preparatory days? Because excessive intimacy breeds contempt; therefore, the Torah ordained, separate for seven days so that she shall be beloved as the day she stood under the bridal canopy."

Rabbi Moshe David Tendler, Pardes Rimonim. (Hoboken, NJ: Ktav, 1988), 4.

Rabbi Meir refers to the seven-day separation period required by Torah Law. Literal use of the statement would require explaining that a *niddah* today is prohibited for longer than seven days, generally no less than twelve. Therefore, some authors have chosen to paraphrase rather than quote:

The wife reappears to her husband and her desirability to him has been enhanced by waiting (see Niddah 31b).

Rabbi Binyomin Forst, *A Woman's Guide to the Laws of Niddah*. (New York: Mesorah Publications, 1999), xxiv.

2. The idea behind Rabbi Meir's assertion is often presented as one of the "reasons" behind hilkhot niddah. Samples of such statements:

The rabbis noted that a two-week period of abstention every month forces a couple to build a non-sexual bond as well as a sexual one. It helps to build the couple's desire for one another, making intercourse in the remaining two weeks more special. It also gives both partners a chance to rest, without feeling sexually inadequate. They also emphasized the value of self-discipline in a drive as fundamental as the sexual drive.

Tracy R. Rich, "Kosher Sex" *Judaism 101* http://www.jewfaq.org/sex.htm (23 Feb 2005).

Many believe that this period of separation also has psychological benefits. A couple that abstains from sex for two weeks each month is likely over time to form a strong non-physical attachment to each other. Over time and especially as the couple ages, this non-physical bond becomes an important part of a marriage. Secondly, like anything that isn't constantly available, the physical relationship between the husband and wife becomes more special and appreciated as a result of this period of physical separation.

Lisa Katz, "Mikvah, Niddah , Family Purity Laws" http://judaism.about.com/od/sexinjudaism/a/familypuritylaw.htm (23 Feb 2005)

- The website is currently referred to as yoetzet.org for consistency with the hotline number 1-877-yoetzet. However, the website can also be reached at www.yoatzot. org.
- 4. Excluding Shabbat of course.
- 5. Rabbi Yehuda Henkin

- Data are currently being gathered from the questions posed to Nishmat's hotline (1-877-YOETZET) for comparison and further analysis.
- 7 < http://www.yoatzot.org/question/670> (22 Feb 2005)
- 8 <http://www.yoatzot.org/question/2395)> (22 Feb 2005)
- 9. We have been married 17 years and still find the 7 clean days to be downright annoying. We are not sex mad, but just need the daily hugs and kisses to keep our relationship close. I know there is alot of [baloney] about how this separation time is to develop non-physical, verbal relationship etc. But we tried and this *does* not work for US maybe some people strive (*sic*) on it. But you know what, life is busy, work, kids etc and a casual embrace or touch is worth 1000 words. After 2 weeks apart we are *apart*, and the whole mikveh business just stresses my wife out even more. I know the party line is no compromises 7 days etc., *but* is there any minor opinions who hold differently. Did G-d intend for man to cleave to his wife for only half the time??? (not publicly viewable)
- 10. I am an observant woman married for 19 years. I battle every month with mikveh, every month is a challenge. The reason is that my period has always lasted for a full 7 or 8 days before I can get a proper *hefsek taharah*. That means that I don't get a *hefsek taharah* before day 8, my first clean day is day 9, I go to the mikveh after day 15 or 16. I get my period on day 24 or day 25. I never spot once my period is over. The problem is that my hormones definitely go wild before that day and my husband travels often. I am ashamed to say that I have been *nichshol*. I am 42 years old and only have to deal with this problem for a few more years. However, don't you think it would be better for me to just keep *taharat hamishpacha* from the point of view of the Torah, and immerse once I am clean. I realize that *Chazal* put in the *geder* [fence] of waiting the extra seven days so that we would not be *nichshol* when it comes to *zavah*, however, what is happening in my case, and I am sure I am not unique, I end up failing completely too many times. http://www.yoatzot.org/question/2026(22 Feb 2005)
- 11. http://www.yoatzot.org/question/1441 (22 Feb 2005)
- 12. not publicly viewable
- 13. not publicly viewable
- 14. http://www.yoatzot.org/question/2209(22 Feb 2005)
- 15. http://www.yoatzot.org/question/204(22 Feb 2005)
- 16. http://www.yoatzot.org/question/758(22 Feb 2005)
- 17. http://www.yoatzot.org/question/666 (22 Feb 2005)
- M.J. Rosenberg, A. Meyers, V. Roy, "Efficacy, Cycle Control, and Side Effects of Low and Lower Dose Oral Contraceptives: A Randomized Trial of 20 and 35 mg Estrogen Preparations". Contraception 60, no. 6 (December, 1999): 321–329.
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