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**Eating Disorders in the Jewish Community:
An Historical and Contemporary Exploration of the
Religious and Cultural Issues Involved**

“Eat and be thin, *meine kinder*, eat and be thin.”

“Eat and be thin, *meine kinder*, eat and be thin.” Have you heard this mixed message before? Has this contradictory sentiment been a part of your own experience in cultural and religious life? For some Jewish Americans who grew up in the wake of European immigration in the twentieth century, a mantra of “eat and indulge, but be perfect and thin” has been on auto-play at one point or another. This message was part of my early life experience, having grown up with exceptionally loving and caring grandparents and great grandparents who spoke with thick Yiddish accents, reminding me to eat, but also frequently making it known that thinness was an optimal body type, if not an esteemed cultural value.

For many years, I have taken an interest in the unseemly and disturbing world of eating disorders. When I was a college student in the early 1990’s, I was a sufferer of eating

disorders myself. I learned firsthand of the painful inner demons that can take hold of one's body and soul, and of the difficult work it takes to heal. As a career Jewish professional in the congregational setting, I have witnessed the wrath of eating disorders among some Jewish families and the painstaking challenges they pose on not only the sufferer him or herself but also to his or her inner circle of family and close friends. Eating disorders, like so many other illnesses, impose both physical and emotional wounds upon the sufferer. These wounds of body and soul are complex, often a rabid mix of psychological and physiological factors which together create a tricky road to navigate. When one is fortunate to heal from an eating disorder, it is typically a painful and difficult journey to eventually find wholeness and wellness.

Where and how do eating disorders intersect with Jewish communal life? This has been a source of great fascination to me. Do Jews suffer from eating disorders in greater proportion than the general population in North America? Some experts say absolutely yes, based both on their anecdotal experiences as health practitioners, and also based upon valid empirical research studies. Other studies seem to depict more inconsistent findings, and claim that it's not necessarily proven to be true that Jews overall are more highly represented among sufferers of eating disorders than the general North American population. On the other hand, studies specifically focusing on various factions of Orthodox Jews tend to skew much higher in incidence of eating disorders relative to the general population in North America. According to numerous experts, Orthodox communities are often much more wrought with female eating disorder sufferers than

either the general Jewish or general mixed populations of North America. How does this manifest and why might this be the case? What cultural, religious and socio-economic factors might be in play? And certainly we must ask, what do our Jewish sources have to teach us about the nuances relating to these complex issues that weave together self-care, emotional and physical health, and a belief in the concept of *B'tzelem Elohim*? How might Jewish food laws and customs interplay with the incidence of eating disorders in observant communities? These are some of the areas that I will further explore here.

Both my anecdotal gleanings and my more formal research have shown that eating disorders are far more prevalent in females than in males, both in Jewish and general populations. This is certainly not to say that males are unaffected by body image issues, struggles with food and disordered behaviors. However, overwhelmingly, case studies tell stories of females who face or have faced such difficulties. As well, it has become clear to me, again, through my anecdotal evidence as well as through reading the work of psychologists other health care practitioners that most typically, eating disorders begin to take root during the adolescent phase of development in the life of the female sufferer. Adolescence, of course, is a time of physiological changes for sure, but additionally, it can be a time of psychological turmoil, confusion, societal and peer pressure that often is extraordinarily trying for teens. Poor self-image, desire to align one's looks with the imagery of our sex-fueled media, and general "teen angst" can contribute to susceptibility

to eating disorders. Some research shows that the range of ages thirteen to twenty is a particularly strong time for eating disorders to strongly emerge in girls.¹

The term “eating disorders” can encompass a wide range of food and body image related disturbances. There are various sub-categories of eating disorders, including the more commonly known Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. There are also lesser known eating and feeding disorders, often referred to as EDNOS, “Eating Disorder Not Otherwise Specified,” which still causes significant distress or impairment, but does not meet the criteria for another eating disorder.² No matter the type of eating disorder, it can be a life-threatening condition that can reap dire consequence in the sufferer’s mental and physical health. One umbrella definition for eating disorders is offered by the American Psychiatric Association: “Eating disorders are illnesses in which the people experience severe disturbances in their eating behaviors and related thoughts and emotions. People with eating disorders typically become obsessed with food and their weight.”³ Another slightly different definition of the term states, “Eating disorders such as anorexia, bulimia and binge eating disorder – include extreme emotions, attitudes and behaviors surrounding weight and food issues. Eating disorders are serious

¹ Leora Pinhas, MD, FRCPC, Margus Heinman, PhD, Pier Bryden, MD, Susan Bradley, MD, FRCOC and Brenda Toner, PhD

² www.NationalEatingDisorders.org (NEDA), a 503(c)(3) non-profit organization in the USA supporting families affected by eating disorders.

³ <http://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders> American Psychiatric Association, Arlington, VA

emotional and physical problems that can have life-threatening consequences for females and males.”⁴

Books and academic articles by experts in this field, and medical websites offer various spins on the definition of the term eating disorder. Regardless of which one we are partial to personally, one truth remains: eating disorders can jeopardize physical health, personal relationships, productivity and general emotional wellness. We also know that eating disorders are multi-factorial, that is to say, there is not just one cause involved but more typically for each sufferer, a unique combination of biological, behavioral, societal, genetic, cultural and socio-economic factors.

Dr. Karen Smith, a clinical social worker at the acclaimed Renfrew Center, which specializes in inpatient and outpatient treatment of eating disorders among women, found in her studies over a two year period that over 12 percent of her patients were Jewish, whereas Jews only make up about one percent of the general American population.⁵ Renfrew Center has sixteen locations all over the United States, and it seems that Jews are highly represented in almost all of the locations. In some cases, the percentage of Jewish patients is rather staggering. For example, in Jericho, New York, an upper middle class suburb on Long Island, it has been estimated that nearly 35 percent of

⁴ www.NationalEatingDisorders.org (NEDA), a 503(c)(3) non-profit organization in the USA supporting families affected by eating disorders.

⁵ Body & Soul: Addressing Eating Disorders in a Jewish Education Setting, Dr. Caroline Peyser and fellow research team of ATID (Academy for Torah Initiatives and Directions), Jerusalem, 2005

its patients are Jewish.⁶ This is understood to be a skewed figure, for sure, given the strong Jewish presence in this part of New York State to begin with, and the socio-economic status of the general Jewish community in this area which may give patients greater access to the type of medical and psychological help that an eating disorders center such as Renfrew offers. Nonetheless, the figures are rather stunning, even for such a demographic. Some experts have been known to proclaim, perhaps in a tongue and cheek manner, that “eating disorders are the Jewish addiction of choice.”⁷ Dr. Brian Greer, a psychiatrist and former medical director of the Renfrew Center argues that “one of the largest emerging groups of women with eating disorders is comprised more and more of Jewish women.”⁸

Dr. Leora Pinhas, a psychiatrist and director of the eating disorder program at York County Hospital in Toronto led a study in 2005 that gave the Eating Attitudes Test (EAT) to over nine hundred Jewish and non-Jewish female high school students. Twenty-five percent of the Jewish girls had disordered eating symptoms of a magnitude that warranted clinical intervention, as compared with eighteen percent of non-Jewish girls. The researchers concluded that Jewish girls in Toronto appeared to be at greater risk for eating disorders than non-Jewish girls in the same age category.⁹

⁶ Ibid

⁷ Zlotnick, R.A. (1999) A Jewish Response to Eating Disorders. In: R. Address & M. Hochman (eds) *“Lipatayach Tikvah: To Nourish Hope”* (p. 4). New York: UAHC.

⁸ Jarashow, S.H. (2000). “The Perfection-Thinness Syndrome.” *Reform Judaism Magazine* (Summer)

⁹ Pinhas, L; Heinman, M.; Toner, B.; & Bradley, S. (unpublished). Abstract. “Disordered Eating Amongst Jewish Adolescent Females.”

What are some of the factors that contribute to this problem in the Jewish community?

For starters, many of us will acknowledge that the Jewish culture is extremely food-centric. In some cultures, holidays are rare and occasional. For Jews, we have a weekly holiday, the Sabbath (*Shabbat*), to celebrate with family, friends and in community, with *Kiddush* gatherings, *Oneg* delights and long meals at the table. Throughout the year, we not only observe select secular food-oriented holidays such as Thanksgiving, but the Jewish calendar is dotted with other joyous holidays where focus on special traditional and abundant food is involved. Conversely, the Jewish calendar is replete with fast days; days of abstention from food and even water. Some experts believe that this combination of potential over-indulgence on certain holidays, and a focus on denial and abstention on other occasions could contribute to a sense of obsession around issues of food consumption. As psychologist Dr. Stacey Nye, a specialist in treating eating disorders in the Jewish community, stated, "I specialize in eating disorders and body image. Being a Jewish woman myself, I see that Jewish women have particular cultural vulnerabilities that make them more at risk...."¹⁰

It has been suggested that there is an inherent conflict between Jewish culture in which food typically plays a central role, and the general American culture, which emphasizes thinness as a societal expectation, especially for females. Dr. Nye, commented on what she calls a "vulnerability for Jewish women" - the idea that "if we want to follow our Jewish

¹⁰ Reiss, L., & Bonner, N. (1998). Being Jewish in a Barbie World: Body-Image Negativism Poses Physical, Mental Threats to Many Women. *Jewish News of Greater Phoenix* 51:7 (November 6).

tradition, we have to revolve our lives around food. But if we want to assimilate, we have to look different.”¹¹

It has also been suggested that select Jewish values, both of yesteryear and of today, might contribute to a high incidence of eating disorders among Jews. Historically, food represented social and economic status, hospitality and community. Meira Itzkowitz, senior clinical social worker and addiction specialist at Jewish Family and Children’s Services of Southern New Jersey stated, “I don’t know of any other religion or culture for which food has so many layers of meaning. For years, the Jewish household has centered around eating and I see the results of this in many of my clients who are unable to deal normally with food...In Europe during the early part of the 20th century, being overweight was considered a status symbol. If you were fat, you were rich. Even today, food is symbolic of status, and Jewish hospitality is often synonymous with overfeeding your guests.”¹²

Quite a different understanding of the potential Jewish connection to eating disorders deals with rather negative stereotypes of Jewish women. It is no secret that harsh stereotypes exist about “The Jewish American Princess” and “The Jewish Mother.” On these negative stereotypes, Dr. Riv-Ellen Prell, an anthropology and Judaic studies professor of the University of Minnesota, writes “the Jewish mother is sometimes characterized by feeding her children to excess, forcing on them food they did not want in

¹¹ Ibid

¹² Wolkoff, S. (2000). *Jews and Eating Disorders: Is Food Your Substance of Choice?* Attitudes: Jewish Federation of Southern New Jersey (Fall, pp. 20-22.

quantities that were out of proportion. Her nurturance was suffocating, keeping her sons from developing into 'normal' American males. Rather than offered out of concern and responsibility, her caretaking served her own needs. She induced guilt. She gave in order to obligate. She loved because she was wanted. She suffered in order to be compensated. Rather than sustaining, she destroyed."¹³ She goes onto write that in much of twentieth century American television, literature and radio, "the Jewish mother shown as loveable and wise, though also meddling and oppressive, setting about to ruin the lives of her children."¹⁴

I'd like to think that this negative stereotype of Jewish mothers is a gross exaggeration. But is there a kernel of truth to any of it? What is behind this stereotype? How could these horrifying stereotypes relate to eating disorders? Dr. Catherine Steiner-Adir, an acclaimed eating disorders specialist and instructor of psychology in the Department of Psychiatry at the Harvard Medical School, formerly of the Harvard Eating Disorders Center, says that there is "a resonance of *internalized anti-Semitism* in eating disorders – the idea of changing the body to fit the goals of achievement and assimilation."¹⁵ Dr. Steiner-Adir goes onto explain that in this scenario of contributing factors to the incidence of eating disorders among Jewish females, there is pressure to be "visibly less Jewish" – to be thinner, to have fewer bodily curves, and even to have straighter, lighter-colored hair

¹³ Prell, Riv-Ellen. ("Stereotypes in the United States." *Jewish Women: A Comprehensive Historical Encyclopedia*. 20 March 2009. Jewish Women's Archive.

¹⁴ Ibid

¹⁵ Baruchin, A. (1998). Why Jewish Girls Starve Themselves. *Lilith* 5 (Spring)

and smaller noses. If this theory is true, we see that Jewish self-hatred may be a contributing factor to poor body image and even to eating disorders.

Still, other possible factors have been suggested to explain Jews' eating disorders. Dr. Miriam Kaufman of Toronto's Hospital for Sick Children wrote, "I think there certainly is a segment of the Jewish community who are extremely achievement-oriented for themselves and their children. It has to do with the immigrant phenomenon." She goes on to write that "many parents who remember anti-Semitism in their youth really want their kids to be as perfect as possible so they don't lend themselves to criticism."¹⁶

Personally, I found this last theory to be somewhat resonant. I grew up with grandparents who were immigrants from Europe and also first generation-born Americans, with European parents. I experienced a trickle down effect of the "immigrant phenomenon" Dr. Kaufman described in my own childhood and adolescence. I experienced familial pressures to be "as perfect as possible" in a wide variety of ways, including in the area of body shape and eating. There was also an echo of the immigrant experience in my extended family: "Eat and be thin, *meine kinder*, eat and be thin." "Eat, because we came from scarcity, because now we have plenty, because it is a Jewish holiday, because it is an American holiday, because food is a source of enjoyment and even social status, because I made it for you. But be thin, *meine kinder*, because we are American, because the glamorous women on television, like Vanna White, are thin, and so are the women in the movies thin, because thin is better than chubby, or God forbid, true

¹⁶ Kraft, F. (1998) When Dieting Turns Deadly. *The Canadian Jewish News* (February 5).

“fat.” Eat and be thin. Enjoy and indulge but try to be perfect. Do as I say, but also strive for the best and avoid criticism in all that you do and in all that you are.

These were some of the message of my youth that I know contributed in part to my personal struggles with poor body image and eating disorders in adolescence. These messages were not delivered with any ill intent; quite the contrary. However, there was a constant emphasis on food, weight and “ideal” physical appearance in my extended family, beginning with the elders who had come from Europe, trickling down to my young generation. Is “eat and be thin” a Jewish mantra, and if so, is it another contributing factor to the incidence of eating disorders in the Jewish community?

What about in the Orthodox world today? Once again, select studies that focus on Orthodox communities reflect a higher incidence of eating disorders than in non-Orthodox factions of the Jewish community in North America. An enormous amount of attention and interest is now being paid to this phenomenon. There are thick, hardcover books on the subject, replete with case studies and action plans, printed abstracts of Orthodox PhD students, and countless online articles and blog posts about the growing problem of eating disorders in various Orthodox communities. What is going on? Why this population and why now?

First, a disclaimer of sorts: it should be pointed out that there are many types of Orthodox communities, and some are much more insular than others. There are varying cultural expectations and practices across the world of Orthodoxy, so the issues being explored

here will represent some communities more directly than others. While there are many common cultural realities across the spectrum of Orthodoxy, there are surely differences, too. The nuances of the issues relating to incidence of eating disorders in Orthodox communities will vary from group to group, though many of the issues are globally present in one degree or another.

At first glance, one might think that Orthodoxy offers potential immunities to some of the problems of non-Orthodox Jews and of the general population. After all, some Orthodox communities limit exposure to secular media, thereby in theory shielding girls from the unrealistic pressures to look a certain way. Orthodox communities typically place a high value on the laws and customs *tzniut*, modesty, and downplay the sexual nature of the human body that is so inflated in many other factions of society. Judaism has long-stressed the inner-*middot*, or values, of a person, and places less emphasis on the physical attributes. Might one think that this wonderful emphasis on human dignity as a value, versus physical characteristics, would provide a shield against poor body image and rising incidence of eating disorders? In some ultra-Orthodox communities, it is less common for women to work outside of the home in a professional career setting. Might the reality of fewer pressures for achievements and less emphasis on physical “looks” in these circles translate to a lesser incidence of eating disorders in these communities? Evidently, this is not always the case at all. At best, the studies show that the Orthodox have a similar incidence of eating disorders to the rest of the Jewish population. At worst, studies and anecdotal evidence demonstrate that things are actually more dire among the Orthodox teen girls and young adult women.

A 1997 study indicated that one out of nineteen girls ages fourteen to sixteen in the Orthodox Ashkenazi and Syrian Jewish communities of Brooklyn, NY have an eating disorder.¹⁷ This is “a whopping fifty percent higher than in the general population,” said Dr. Ira Sacker, Director of Adolescent and Young Adult Medicine at the Brookdale University Hospital and Medical Center in Brooklyn, NY. Dr. Sacker commented on his study, and surely we can agree, “The numbers are astronomical.”¹⁸

If it is true that the Orthodox do suffer from eating disorders at a rate higher than the rest of the Jewish population, what might explain this phenomenon? Dr. Sacker offers several potential contributing factors. First, he explains, in the secular society, women “have other routes to act out when they want to be somewhat rebellious, but eating disorders are one of the only routes for the Orthodox.”¹⁹ Whereas alcohol and drugs are not as common in most Orthodox communities as they are in other mainstream populations, food is almost always aplenty, even among less affluent Orthodox Jews. In the Orthodox world, “you’re surrounded by food. It’s utilized in happy and sad events, so it’s used as a mechanism for acting out.”²⁰

¹⁷ Lavi, N. (1997). Why Many Religious Girls are Dying to Be Thin: Communities are Recognizing Eating Disorders as a Serious Problem. *Forward* (November 7), p. 16.

¹⁸ Ibid

¹⁹ Ibid

²⁰ Kostant, S. (1999). When Food Becomes an Enemy: Eating Disorders are Becoming More Common Among Women. *The Observer* (Stern College for Women), May 3

Annie Hauck-Lawson, PhD, Registered Dietitian and professor of nutrition at Brooklyn College writes, "Judaism is a food-centered culture. Even fast days during the religious calendar connote food – abstaining during the fast day and when it is over, really eating. For some people, there is no dietary conflict. Others, though, are challenged on a ritual, daily and celebratory basis. One overweight nutrition student is perplexed with food contrasts – the sheer abundance or utter absence of food during Jewish holidays. Too much or none at all sets up a dietary see-saw for her."²¹

Dr. Hauck-Lawson goes on to describe how food frames traditional Jewish holidays, including our weekly occurrence of Shabbat, which can create complicated and difficult feelings and behaviors for some who observe. Dr. Hauck-Lawson's research shows that for some, particularly women, there are feelings of frustration by the presence of abundant food, coupled with more down time and restrictions on how time can be spent than there are during the normal work week. Some subjects reported a longing to indulge in the many holiday and *Shabbos* foods, while suffering great anxiety and concern over weight gain due to the temptations of excess food consumption.²²

Dr. Ela Schwartz, also a professor of nutrition at Brooklyn College, holds grave concern about the eating disorders among her Orthodox female students. In speaking particularly of young Sephardic women, Dr. Schwartz noted that oftentimes their version of "normal

²¹ Hauck-Lawson, A., Something's Kosher Here! Foodways Among Jewish Brooklyn College Nutrition Students. *Journal for the Study of Food and Society*. Vol. 6, No. 1, Winter, 2002.

²² Ibid

weight” is actually extremely and overly thin. She stated, “Striving to be rail thin seems to be a contagion in all the Yeshivas. Some students are malnourished yet they don’t realize how their lack of nutrients affects their performance, their hair, their skin.” Dr. Schwartz said that sometimes, when things “go right,” students “begin to listen more closely as they relate deficiency symptoms with what is going on in themselves.”²³ That is to say, some of these young college women begin to notice that the malnutrition has very tangible ill effects, and eventually they proactively work to turn things around emotionally and physically. In these cases, substantial health improvements are often made.

Dr. Schwartz has seen a great deal in the world of eating disorders in the Orthodox community of Brooklyn, NY in her twenty-plus year career as professor and dietitian. She stated that some young women fear eating green vegetables because insects that may be hidden in the leaves are considered *treifah*, non-kosher. She explains that especially during Passover, where there is additional concern over observing food related laws and customs, food consumption often drops significantly among sufferers of eating disorders. “There is fear that vegetables may have come into contact with *chametz*, as if a farm worker in Mexico might be eating a hero sandwich while picking a tomato...I see malnutrition right before me – bleeding gums, marginal scurvy.”²⁴

Dr. Schwartz continues, “Among those who keep kosher, another serious nutritional problem concerns dairy. If people wait five hours between eating meat and consuming

²³ Ibid

²⁴ Ibid

dairy, they may skip the dairy entirely and not get enough calcium. There are two big kosher milk companies here in Brooklyn. One company's was not fortified with Vitamin D, so the question arose, do people drink enough milk, get enough sunlight? They're all covered up and they have multiple pregnancies. We have seen rickets in Boro Park. This is a public health issue!"²⁵

It is interesting to me to learn that while Jewish food laws and rituals can be profoundly meaningful, they are also sometimes connected to complex problems among some adherents. It can be difficult for some Jews to marry the long held practices of *halakha* surrounding food with healthy behaviors and attitudes.

In addition to the factors named thus far, there are more potential contributors to the incidence of eating disorders in the Orthodox world. The impact of media imagery within many Orthodox communities is not dissimilar from the reality in mainstream American society. Even with some modicum of insularity from the full affronts of mainstream pop culture, the Orthodox communities are not immune to exposure. The societal messages about what makes a woman sexy, desirable and attractive do permeate most Orthodox communities to some extent. The media messages do permeate Orthodox communities, even though one might think they are truly sheltered from this aspect of mainstream American society. They simply are not. Orthodox girls and women are well aware of the societal expectations of thinness and many will go to unhealthy extremes to obtain this standard. Orthodox girls are just as susceptible to internalizing message of the "ideal

²⁵ Ibid

female body” as non-Orthodox girls are, and a preoccupation with weight and body image has loudly emerged in recent decades.

In many Orthodox communities, whether due to media and/or family pressures, there are expectations for girls and women to be thin. In some Orthodox communities, particularly where pre-marital matchmaking is done in one manner or another, parents often want to know how slim a potential bride is before permitting their son a match.²⁶ An extraordinary premium is put on thinness in the world of “the *shidduch*” (the “match”), making it impossible for some girls to obtain that standard without jeopardizing their health. Many experts admit that the pressures of matchmaking have enormously contributed to the growing incidence of eating disorders in the Orthodox community.²⁷

In many Orthodox communities, there is some pressure for young women to marry at a young age. Some experts theorize that this pressure, which is less common in the non-Orthodox Jewish and in the general population, can cause young women to tense up in an attempt to exert control. Dr. Sacker explains, “Many just don’t feel ready to get married. They want to control their bodies because the don’t feel able to control their future.”²⁸

²⁶ Ibid

²⁷ The Shidduch Crisis: Causes and Cures. Michael J. Salamon, PhD. Urim Publications, 2008, New York.

²⁸ Haas, D. (1999). When the Woman of Valor has Anorexia. *The Jerusalem Report* (July 5) pp. 28-32.

There is a sense here, likely subconsciously, that “an eating disorder can allow young women to keep adulthood at bay.”²⁹

Professor Gitel Ilan of Brooklyn College noted a frightening trend among some students focusing on thinness. He reports, “I am seeing an obsession to be thin among a growing number of girls in my orthodox community. At about eighteen years of age, Jewish girls approach the age of marriage. Unfortunately, the questions being asked by their potential mates ay have nothing to do with their character, intelligence, personality or religion. Some young men are asking, ‘What size is she? I don’t go out with double-digit sizes. And, what’s her P.T.B., her *potential to bloat*? If she’s thin, look to see if her mother or older sisters are heavy.’”³⁰

Professor Ilan goes onto say, “What starts as a desire to be thin by these ‘good Jewish girls’ evolves into the starvation disease, anorexia nervosa. In our food-centered culture, eating is the one thing these girls can control. When there’s an anorexic in some of the orthodox girl’s schools, it becomes uncool to eat in class. One affected student who has a distorted sense of her own body size told me proudly, ‘Only six girls in my class eat lunch – the nerds! It’s so much easier not to eat than to eat in small amounts.’”³¹

²⁹ Kostant, S. (1999). When Food Becomes an Enemy: Eating Disorders are Becoming More Common Among Orthodox Women. *The Observer* (Stern College for Women), May 3.

³⁰ Hauck-Lawson, A., Something’s Kosher Here! Foodways Among Jewish Brooklyn College Nutrition Students. *Journal for the Study of Food and Society*. Vol. 6, No. 1, Winter, 2002.

³¹ Ibid

Other experts discuss the emphasis on food in the Orthodox world as a contributing factor toward eating disorders and a source of anxiety and stress. Dr. Evelyn Gross, the psychologist at the Yeshiva of Flatbush commented “the outside world eats our equivalent of a Shabbat meal twice a year. We Orthodox eat like that 52 weekends a year, not including the holidays.”³² Further, with such a high frequency of family gatherings centered around meals, some theorize that extra stress is added, simply due to family relationships and dynamics. Dr. Joshua Lamm is an Orthodox psychiatrist who treats many Orthodox patients stated “Family conflicts are frequently played out around food and mealtime in the Orthodox family.”³³

Some Orthodox insiders who are well schooled on this topic share that there is an enormous level of denial and secrecy within some communities surrounding this subject. It is reported that many Orthodox community members downplay or outright ignore the growing prevalence of this problem, perhaps finding it shameful or simply unimportant. Oftentimes the problem is met with community-wide silence that some experts say is the biggest obstacle in both prevention and adequate treatment. Dr. Sacker shared that he never published his initial 1996 study on this topic because the yeshiva day schools that participated in his work would not permit the results to be shared. Dr. Sacker conducted

³² Sussman, A. (2001). Student Body Image: Yeshiva of Flatbush Students Participating in Groundbreaking Study on Factors Leading to Eating Disorders. *The Jewish Week* (March 23)

³³ Feinberg, S. (1996) Eating Disorders and the Orthodox Community. *Emunah Magazine* (Fall), pp. 43-45

his research on subjects within *yeshivot* upon the condition that he would not publish the results.³⁴

The fact that there is such a veil of secrecy and shame surrounding eating disorders in the Orthodox community is a core problem. There is a growing need for prevention, education and treatment but because there is a stigma surrounding this reality, many young women do not get the professional help they desperately need. Dr. Sacker explained that having a family member with an eating disorder can seriously compromise the “marriageability” of the entire family!³⁵ It is tragic that in addition to the suffering brought by an eating disorder, there is additional stigmatization and pain by marking a woman as unworthy of marriage. Further, it seems extremely hostile to scapegoat and label an entire family based on the fact that a family member is struggling with an eating disorder. In these cases, opportunities for healing, compassion and empathy are eclipsed by shame and stigmatization in this case. A vicious chain of factors might present itself: the sufferer has a eating disorder, there is shame and secrecy surrounding the disorder, the sufferer and her family often do not seek treatment, the sufferer is labeled a non-candidate for marriage, and the family is also considered marred in the community.

The code of secrecy is not without its consequences. Some research and anecdotal reports show that many Orthodox women actually avoid treatment until the situation is

³⁴ Sacker, I. June 18, 2003, in a personal communication. Described in Body & Soul: Addressing Eating Disorders in a Jewish Education Setting, Dr. Caroline Peyser and fellow research team of ATID (Academy for Torah Initiatives and Directions), Jerusalem, 2005

³⁵ Baruchin, A. (1998). What *Can* Orthodox Girls Control? *Lilith* 8 (Fall).

extremely acute and life threatening. Only then, when it is a dire life or death emergency, might a sufferer seek and receive medical and psychological attention. Some research shows that “Orthodox girls with Anorexia Nervosa present for treatment at a lower body weight and have a higher hospitalization rate than their non-religious Jewish peers.”³⁶

Prevention programs are of paramount importance because we know that eating disorders are a prevalent problem in the Jewish community. It would be prudent for more Jewish and Orthodox communities to develop programs that work on prevention and treatment for eating disorders since both the scholarly and anecdotal evidence suggest high prevalence in these populations. Prevention of eating disorders is a broad endeavor however such programs are even more crucial than treatment. With ample prevention, treatment would not be needed in the first place. Treatment is incredibly difficult and complex, whereas prevention might actually be more reasonably achieved. Eating disorders endanger the individual sufferers as well as those around them. Eating disorders can cause long-term medical effects, or even death in extreme cases. Some of the prevention programs today are taking place in Jewish schools. This is a place where qualified adults may have the opportunity to directly help at-risk youth.

Eating disorder prevention programs are typically divided into two categories, “primary prevention” and “secondary prevention.” According to Dr. Caroline Peyser of the ATID Fellows Research Team in Jerusalem, primary prevention refers to health education in

³⁶ Benjamin, J., Turel, M., & Sznajderman, S. (1998). Abstract. Eighth International Conference on Eating Disorders. New York, April 25.

schools that is directed at preventing eating disorders, and secondary prevention refers to early detection and intervention to prevent full-blown disorders.³⁷

In order to ensure the greatest chances of success, primary prevention must start early in the lives of students, even as early as the later years of elementary school and into middle school. This early start is important because oftentimes eating disorders come to the surface in an obvious way during adolescence, and by then treatment is needed; it is too late for primary prevention. Prevention programs involve the usage of various curricula that focus on self-esteem and developing a healthy attitude and relationship to one's own body. Some of the better primary prevention programs focus on educating youth to understand media messaging, the very media messages that we know often reinforce unrealistic pressures about thinness and general physical appearances. These programs are generally geared toward strengthening the student's emotional well being so that eating disorders will not be likely to develop as they progress through adolescence.³⁸

Some Jewish schools are now offering seminars for students on various mental health issues, often overlapping with and including issues that are supportive of primary prevention. Such seminars can provide youngsters with information on recognizing early warning signs of body image difficulties, where to turn for help with a psychological issue,

³⁷ Peyser, Caroline. (2005). Body & Soul: A Guide for Addressing Eating Disorders in a Jewish Education Setting. Academy for Torah Initiatives and Directions, Jerusalem

³⁸ Ibid

how to recognize when your friend needs support from an adult, and how to tell when a problem is too big to handle all alone and needs to be referred to a professional.³⁹

Interestingly, research has shown that having survivors of anorexia nervosa or bulimia address a student body has not been effective at preventing such disorders. In fact, it is suggested that in some cases, students learn to imitate the recovered individuals' former behavior. Alternatively, effective primary prevention programs focus on areas of self-esteem, a foundation of good nutrition and viewing one's body and in a healthy manner.⁴⁰ Typically, the programs can be implemented over a limited number of sessions in the classroom setting, and are designed to be age-appropriate and user-friendly for the educators.

Some of the best research-based curricula that schools might use to address primary prevention of eating disorders are offered by: the Harvard Eating Disorders Center in Cambridge, MA, the Massachusetts Eating Disorder Association (MEDA) in Newton, MA, the We Insist on Natural Shapes program (WINS) located in Sacramento, CA and the Academy for Eating Disorders (AED) in Northbrook, Illinois.⁴¹ There are numerous others. As well, the Jewish Education Project of Greater New York, Department of Health Services offers support to schools from a distinctly Jewish angle.

³⁹ Ibid

⁴⁰ Ibid

⁴¹ Ibid

Secondary prevention is also crucial for supporting youth in Jewish schools today. As discussed, many Jewish teens, primarily female, succumb to the false-belief in our culture that their self-worth is directly tied to their physical appearance, contributing to the high incidence of eating disorders. Once signs of eating disorders are surfacing, it is time for secondary prevention, which includes early detection and interventions. As with primary prevention, it is often helpful when these careful efforts take place in the school setting.

Every school, whether elementary, middle, high school or college, ought have a psychologist or other trained mental health professional who is knowledgeable about identifying signs of eating disorders. Each such counselor should have resources on hand, and be able to “refer out” as needed, thereby guiding families toward quality help when early signs of eating disorders arise. Such school counselors should be, and often are, trained, at minimum, to conduct initial screenings to determine possible next steps, if any. Dr. Caroline Peyser of the Academy for Torah Initiatives and Directions (ATID) in Jerusalem states, “The psychologist’s role is multi-faceted in schools. He or she acts as the consultant to the staff when emotional problems arise with a given student and his/her family. In the case of eating disorders, the psychologist can conduct an initial screening to determine if the student needs further evaluation or treatment.”⁴²

Some methods of secondary prevention that take place in schools include in-staff training regarding eating disorders that are common among adolescents. These trainings can and

⁴² Ibid

should sensitize educators to these matters and alert them to signs of the illness.⁴³ While sometimes parents are the ones who identify early signs of eating disorders, oftentimes parents do not notice changes in their children, perhaps because they live with them and see them every day so gradual symptoms may not appear obvious. Additionally, sometimes with parents there is a sense of denial, even if the child is losing weight or showing other symptoms of eating disorders. On the other hand, it is possible that fellow students or an attentive school staff member might be the first to notice changes in behavior, attitude and physical appearance. A trained staff person might be in an appropriate position to alert the student's parents of concerns, and make appropriate referrals for treatment.⁴⁴

Chassidic rabbi, university professor and eating disorders counselor, Rabbi Dovid Goldwasser, an educator, lecturer and a mental health practitioner in Brooklyn, NY has researched and written extensively on the topic of eating disorders in the Jewish community. He is the author of two books on the topic, Starving to Live (Judaica Press, 2001, Brooklyn, NY) and Starving Souls (KTAV Press, 2010, Jersey City, NJ). His interest and expertise in this area is something of an anomaly in the Chassidic world, as there appears to be great denial, shame and secrecy in many orthodox communities. Rabbi Goldwasser has written extensively on practices that support the prevention of eating disorders, with focus not on schools but for family members. His work combines contemporary, research-based knowledge on the subject of eating disorders, along with

⁴³ Ibid

⁴⁴ Ibid

inspiration and guidance from our Jewish tradition, running the gamut from Chassidic folk stories to Tanakh and Talmud.

Rabbi Goldwasser shares that at the foundation of prevention of eating disorders in the family home is knowing one's own child well, going beyond the superficial surfaces to the true essential uniqueness of each child. He writes that it is crucial to be ever-alert to one's child's inner needs, to be sensitive about any feelings of shame the child might have about her or his physical appearance, and to be attuned to signs of depression, anxiety and low self-esteem. It is crucial that a parent must be attuned to any feelings of powerlessness, anxiety and guilt that a child may be feeling all of which can be signs of an emerging eating disorder.⁴⁵ We are reminded that family members should look out for even seemingly innocent physical changes in one another; sometimes evidence of eating disorders shows up in changes in gums and teeth color, in the texture of one's hair and nails, and in sleep patterns, in addition to the obvious sign of weight changes.

Rabbi Goldwasser writes about the importance of teaching children from a young age that God said to the *malachim* in Genesis 1:26, "*Naaseh adam b'tzalmeinu*" – "let us make man in God's image" - and that we should be concerned with rearing our children to have high self-esteem from the time they are babies. After all, if humans are made in the likeness of the Holy One, oughtn't we be concerned with a certain depth of self-love and pride, similarly to the love and honor we feel toward God? Parents must teach their children

⁴⁵ Goldwasser, Rabbi Dovid. (2010) Starving Souls: A Spiritual Guide to Understanding Eating Disorders. KTAV Publishers, Jersey City, NJ

that their natural physical appearance meets their approval, and that concern over weight and body image must be carefully monitored. Indeed it is easy to use “parental persuasion” to impart our own misguided prejudices upon children, often sending undesirable and harmful results. For example, parents are advised to not talk about food items in terms of “good” or “bad,” to not compare siblings and their body types, and not to frequently comment on weight in the home. He cautions parents to maintain healthy exercise and food habits themselves, which means no extreme swings in any direction are recommended (over-zealous exercise programs on the part of parents can have as detrimental effects on children as can the modeling of sedentary habits).⁴⁶ Rabbi Goldwasser reminds us that children often tend to emulate their parents’ behaviors, actions and attitudes, whether dysfunctional, healthy or anything in between. From the time their children are young, parents must be extremely conscious of how they present matters of body, food, weight, appearance, fitness and the like.

Parents are urged to impart the wisdom of our Sages as it relates to prevention of eating disorders. For example, the Talmud discusses the parents’ obligation to their children that includes teaching them how to swim.⁴⁷ Rabbi Goldwasser expands upon this and urges all parents to additionally teach their children about the importance of a healthy, varied diet, the dangers of trying to change one’s natural shape by dramatic food

⁴⁶ Ibid

⁴⁷ Talmud Bavli, Kiddushin 29a

restrictions or other disordered behaviors, to be comfortable with one's own weight, and to exercise in moderation for health purposes.⁴⁸

Rabbi Goldwasser also very wisely teaches that there is great injustice to keeping eating disorders under a cloud of shame, secrecy and stigmatization. This is such a refreshing and helpful viewpoint in the Orthodox Jewish world. He shares that there is an unjust prejudice against people suffering from eating disorders and tries to teach coping-skills that support healing, including education from our Jewish sources, keeping in constant communication with family members and other supportive figures in our communities.⁴⁹

On communication, Rabbi Goldwasser draws from Jewish text to remind us to speak appropriately with one another, as it is written in Ecclesiastes: "*Divrei chachamim b'nachat nishma'im...the gentle words of the wise are heard.*"⁵⁰ We learn from this that kind words are listened to by others, and therefore will be impactful and helpful. This relates to the prevention of eating disorders because words carry so much impact in family units. We must keep communication lines open, and always in a caring and gentle way.

It is helpful to remind ourselves within the context of eating disorders prevention that the Torah commands "*V'lo tonu ish et amitot* – you shall not wrong one another"⁵¹ Our Sages understood that verbal insults and abuse can be deeply harmful to others. We must be

⁴⁸ Goldwasser, Rabbi Dovid. (2010) Starving Souls: A Spiritual Guide to Understanding Eating Disorders. KTAV Publishers, Jersey City, NJ

⁴⁹ Ibid

⁵⁰ Ecclesiastes 9:17

⁵¹ Leviticus 25:17

careful to not be overly critical of others, especially the ones we love, because we may leave deep wounds. Rather than being helpful to someone, by being unkindly critical, our words can be counterproductive. In the context of eating disorders, our brash words or hurtful comments can actually cause an at-risk member of the family to escalate in his or her dangerous behaviors.

Perhaps not surprisingly, some view prayer as an antidote to preventing eating disorders. He feels that our pleas to God for good health and *shlaymut*, wholeness, can serve as a psychological support system. Rabbi Goldwasser states, “We need spiritual guidance, like they have for the secular world. A twelve-step program – twelve steps to finding God in their way. Spirituality, belief in doctors’ wisdom and prayer all help.”⁵² He goes on to say, “The Talmud tells us in Avot 1:2 that the world stands on three pillars, one of which is *tefillah*, prayer. In explaining the *mitzvah* of *tefillah*, the Rambam states⁵³ ‘A person should plead in prayer daily and say the praises of the Holy One...request his needs...and offer praise and thanks to Hashem for all the good that He has already given him...’ Prayer is a service of the heart. But it is also the vehicle for our requests and please for understanding, success and good health.”⁵⁴ Thus, prayer can be a deeply powerful tool in seeking and maintaining wellness and health. Prayer, rightly, is a normative part of not only religious practice but also the pursuit of health and wellness in the life of an observant Jew.

⁵² Goldwasser, Rabbi Dovid. (2010) Starving Souls: A Spiritual Guide to Understanding Eating Disorders. KTAV Publishers, Jersey City, NJ

⁵³ Hilchot Tefillah 1:2

⁵⁴ Goldwasser, Rabbi Dovid. (2010) Starving Souls: A Spiritual Guide to Understanding Eating Disorders. KTAV Publishers, Jersey City, NJ

Switching away from Rabbi Goldwasser's extensive work in this field, I would like to share some thoughts gleaned from the work of Jonathan Kirschner, M.A, a Doctoral Intern at the Renfrew Center in Philadelphia, PA where he serves as a primary therapist. Kirschner wrote an essay entitled "The Healing Potential of Shabbos."⁵⁵ Kirschner explains that the observance and celebration of Sabbath, also referred to as "Shabbos," is one of the most defining and notable features of Orthodox Jewish life, and within it lies a "gold mine for both the restoration and growth of a person's physical, spiritual and psychological welfare."⁵⁶ He goes onto explain that under the most ideal circumstances, Shabbos affords the Jewish family the opportunity to rejuvenate, to bond interpersonally, and to let the stresses of a busy week dissipate from the moment the candles are kindled on Friday night.

However, in reality, most families are living stressful lives that even with the onset of Shabbos, anxiety and negativity may not melt away in an idyllic manner. Kirschner points out that in fact, stressful and dysfunctional family dynamics may even be exacerbated on Shabbos. Instead of this requisite day being a time of rest and rejuvenation, for some, the practices of Shabbos can in fact trigger negatively, building upon existing stressors in one's life.⁵⁷ For example, being "stuck" with the same people for hours on end, without the usual weekday patterns of work and mundane tasks, can provoke anxiety for some.

⁵⁵ Kirschner, Jonathan. (2009) "The Healing Potential of Shabbos" posted on the www.ou.org blog

⁵⁶ Ibid

⁵⁷ Ibid

In addition, Kirschner says that for those suffering from eating disorders, Shabbos can add difficulties and stressors that can increase the risk of problematic behaviors. As previously discussed, for instance, we know that in many observant households, the Shabbos meals are quite extensive, abundant and perhaps downright excessive. This is true of many other Jewish holidays, including Rosh Hashanah, Sukkot, Chanukah, Passover and Shavuot, providing a bounty of opportunities for the eating disorder sufferer to be anxiously confronted with an overwhelming array of meals. Kirschner asserts that even amidst this challenging confrontation of excessive food, the sufferer of an eating disorder may be able to find healing and solace each week.

Kirschner writes, “Since the meeting point between stress and food makes up a central part of the work in recovering from an eating disorder, incorporating Shabbos into one’s treatment presents a major opportunity for healing for two reasons. First, the capacity to engage in the Shabbos effectively can bring about a wealth of psychological nurturance. Second, and more primary for the work of psychotherapy, the identification and removal of obstacles that prevent an *effective* Shabbos can lead to corrective experiences in dealing with family, feelings and food.”⁵⁸ Kirschner has found in his work as a therapist as well as an insider to the rhythms of mainstream Orthodox Jewish life that there is a way that Shabbos can be healing for eating disorder sufferers, even alongside the added risk for negative triggers.

⁵⁸ Ibid

Kirschner feels that the wholesome and healing potential of Shabbos may be best utilized when the following strategies are taken into strong consideration:⁵⁹

1. Mealtimes should be carefully planned ahead of the onset of Shabbos in an effort to minimize the stress and anxiety surrounding food and family gatherings. Food selections should be planned in a way that demonstrates balance, moderation and mindfulness. Contrary to what might be typical in one's community, meals should not be excessive. They should simply meet the needs of the individuals who will be in attendance.

2. Stress should be minimized as Shabbos is approaching. Whereas it might be common for families and individuals to cram in cleaning, cooking, errands and other preparations in the final hours before the onset of Shabbos, Kirschner advises that people should deliberately reduce stress. It is helpful to lower expectations of "perfection," for they are not realistic anyway. It is beneficial to focus on being calm as Shabbos falls upon us.

3. It is very helpful to reframe Shabbos as an experience that particularly lends itself to healing. Take the focus off of the stress and the large meals. Instead, focus mindfully on rest, prayer, and whatever other practices one finds peaceful and healing within the parameters of observance. Kirschner asserts that in particular, sufferers of eating disorders will benefit from this sort of mindful reframing.

⁵⁹ Ibid

4. Family members of eating disorder sufferers must be supportive and not become what Kirschner calls the “food police.” Nobody will benefit from the stress that admonishing, nagging and policing could bring. Meals should be as normal as possible, albeit perhaps more relaxed, and dialogue should not focus on the food, the eating disorders nor related issues such as calories, body image, and weight.

5. If and when a family member becomes concerned about the eating disorder sufferer showing symptoms, he or she should not address it during Shabbos when the family is together trying to rejuvenate. This will certainly remove any chance of harnessing the healing potential of Shabbos. Rather, take note of symptoms that are of concern and communicate them calmly and supportively outside of Shabbos, perhaps even within the context of family therapy, if feasible.

Ultimately, while Shabbos can be a time of family and food related challenges, it does have great potential for rejuvenation, rest and healing, if its great potential is harnessed in a deliberate and productive manner. It is ironic that Shabbos can be both a source of intense stress and anxiety for the eating disorder sufferer, but also very possibly a time of wellness and healing, if channeled and reframed well.

In Conclusion:

Eating disorders within the Jewish community in general, and within the Orthodox community in particular, is a serious problem. We know that women, especially, are at

greater risk of eating disorders, partially due to the extreme general societal emphasis on thinness and physical appearance, as well as certain Jewish messages and pressures. The combination of these cultural factors from both the general and the Jewish worlds have contributed to an increased incidence of eating disorders in recent years. In some Orthodox communities, experts have noted repeatedly that there are even higher incidences of eating disorder cases among women who are under extreme pressures to be thin and thus “marketable” for a marriage match.

It is crucial that Jewish communities pay closer attention to the problem of eating disorders in the Jewish community. There has been some success in select schools with primary and secondary prevention endeavors. In these cases, educators and counselors are trained to be knowledgeable of early warning signs and symptoms in potential sufferers, and should know how to screen appropriately. Based on early screenings and observations found in school, referrals to specialized professionals may follow, lending process and procedure to support students showing concerning symptoms.

Both in educational settings and in the family setting, it is beneficial to try to mitigate the societal pressures and great emphasis on thinness as an ultimate virtue. We know that self esteem plummets when unrealistic societal messages about thinness cannot be achieved or sustained in a healthful way.

Jewish tradition has a great deal to say about how we might ideally view, value, embrace and care for our bodies. Our tradition helps to guide and inspire us in areas of self-care,

balancing asceticism and enjoyment, jealousy, balance, self-control and self-acceptance.

A resource list will follow below for further study and exploration.

The idealization of thinness can be so damaging. Jewish tradition teaches us that we were all create *B'tzelem Elohim*, in the image of God, and yet oftentimes we struggle into exhaustion against our natural body shapes and sizes. Within the framework of Jewish life, there are countless opportunities to embrace the present moment and honor what is holy in our world, and within ourselves. It is a struggle for many, but it is an important endeavor to find harmony between the conflicting societal messages about the body and Judaism's emphasis on self-care and wellness.

Healing from an eating disorder involves accepting and honoring the reality that one is "enough" as he or she is. A short but profound old Chassidic tale shares:

Before his death, Rabbi Zusya said, "In the coming world, they will not ask me, 'Why were you not Moses?' They will ask me, 'Why were you not Zusya?'"

Indeed, the struggle with eating disorders connects to this short and poignant passage of folklore. Each of us is intended to be our own uniquely true self. That is a pure, righteous and authentic truth for us as Jews. We need not try to be someone else. We need not push ourselves over unhealthy boundaries to contort ourselves into a person we were not meant to be. Rather, we Judaism teaches us to strive toward our own excellence, to meet

our own great and unique potential. We are commanded in the Torah, “*rak hishamer lecha ushmore nafshecha maod*...Just guard yourself and guard your soul very carefully.”⁶⁰

Maimonides expounded upon this *pasuk* further: “Bodily health and well-being are part of the path to God, for it is impossible to understand or have any knowledge of the Creator when one is sick. Therefore one must avoid anything that may harm the body and one must cultivate healthful habits.”⁶¹

I certainly cannot attest that the great Rambam was speaking directly to a problem of eating disorders! Nonetheless, his wisdom regarding the connection between physical and spiritual wellness, and “the path to God” ring true for me. Our tradition is concerned with matters of health and our obligation to care for ourselves physically. We would be wise to work more diligently as a Jewish community to make greater strides against the affliction of eating disorders in our midst. In doing so, we would not only help enrich and save the lives of many, but would also bring lives into greater alignment with Jewish teachings and values.

⁶⁰ Deuteronomy 4:9

⁶¹ Maimonides, Hilchot De’ot 4:1

Some Jewish Sources on Health, Diet and Self-Care for Further Reflection and Conversation

1

תלמוד בבלי מסכת יומא נף פ"ה עמוד ב'

חלל עליו שבת אחת כדי שישמר שבתות הרבה אמר רבי יהודה אמר שמואל..: וחי בהם" – ולא שימות בהם.

Transgress one Shabbat for someone so that they will observe many (more in the future). Rabbi Yehudah in the name of Shmuel: "and live by them" [which implies] that one should not die by them.

According to this passage, when is it acceptable to violate the Sabbath?

Why do you think Shmuel says this is so?

What do you think this teaches us about the value Torah places on our health?

Do you agree or disagree with this teaching?

Name a real-life scenario where one might violate the Sabbath in order to help someone that they will be able to observe many more in his or her future?

גוֹמֵל נִפְשׁוֹ אִישׁ חֶסֶד זֶה הֵלֵל הַזֶּקֶן שֶׁבִּשְׂעָה שֶׁהָיָה נִפְטָר מִתְלַמְּדָיו הָיָה מְהֻלָּךְ וְהוֹלֵךְ עִמָּם. אָמְרוּ לוֹ תְלַמְּדָיו, ר' לְהִיכֵן אַתָּה הוֹלֵךְ? אָמַר לָהֶם לַעֲשׂוֹת מִצְוָה. אָמְרוּ לוֹ, וְכִי מָה מִצְוָה זֹאת? אָמַר לָהֶם לְרַחוֹץ בְּבֵית הַמְּרֻחָץ. אָמְרוּ לוֹ, וְכִי זֹאת מִצְוָה הִיא? אָמַר לָהֶם, הֵן מָה אִם אֵיכּוֹנִין נֶשֶׁל מְלָכִים שֶׁמְעַמִּידִים אוֹתוֹ בְּבֵתִי טְרִטְיאוֹת וּבְבֵתִי קְרָקְסִיאוֹת, מִי שֶׁנִּתְמַנֶּה עָלֵיהֶם הוּא מוֹרְקָן וְשׁוֹטְפָן וְהוּן מְעַלִּין לוֹ מְזוֹנוֹת וְלֹא עוֹד אֶלָּא שֶׁהוּא מְתַגְדֵּל עִם גְּדוּלֵי מְלָכוֹת. אֲנִי שֶׁנִּבְרָאתִי בְּצַלְמֵם וּבְדַמּוֹת דְּכִתִּיב (בְּרָאשִׁית ט"ו) כִּי בְּצַלְמֵם אֱלֹהִים עָשָׂה אֶת הָאָדָם עַל אַחַת כַּמָּה וְכַמָּה.

Hillel the Elder was a man of chesed, when he would leave his students he would walk with them. [On one occasion] his students asked him, "where are you going?" He replied, "to do a mitzvah." They asked, "what mitzvah [are you going to do]?" He replied, "to bathe in the bathhouse." "Is this a mitzvah?" they asked him. "Yes," he said. [Using a parable to explain, he said] "It is similar to the case of a statue of a king. The statue is taken and displayed in theatres and places of amusement. A person is charged with the responsibility to maintain it. He polishes and washes it [he is rewarded for this important work]. Not only is he provided with food, he is even considered part of the king's household. [If this is the case concerning the statue of a mortal king, says Hillel the Elder,] then I am certainly responsible to take care of myself since I was created in the image and likeness of God. As Scripture

states (Genesis 9:6): “Because man is created in the image of God.”

Hillel the Elder is taking a bath and explains to his students that by doing so, he is performing a mitzvah. Why does he view this as a mitzvah?

What does being made in God’s image have to do with caring for ourselves?

Do you think Hillel’s rationale is different from or similar to that of today’s general society?

3

רמב"ם הלכות דעות פרק ג' הלכה ג'

הַמְנַהֵיג עֲצָמוֹ עַל פִּי הַרְפוּאָה, אִם שָׁם עַל לְבוֹ שְׂיֵהָיָה כָּל גּוּפוֹ וְאַבְרָיו שְׁלֵמִים
בְּלִבָּד וְשְׂיֵהָיו לֹו בְּנִים עוֹשִׂין מְלֹאכֶתוֹ וְעִמְלִין לְצָרְכּוֹ אֵין זֶו דֶּרֶךְ טוֹבָה, אֶלָּא
יְשִׁים עַל לְבוֹ שְׂיֵהָיָה גּוּפוֹ שְׁלֵם וְחֻזַּק כְּדִי שְׂתֵהָיָה נִפְשׁוֹ יִשְׁרָה לְדַעַת אֶת ה'.

Concerning those who try to follow medical advice: If their only concern is that they have an unblemished body and that they need to have children to do their work and attend to their needs, this is not a good path. Rather, they should concentrate on having a strong and healthy body so that their souls are directed to know God.

Maimonides wrote a lot about the health of our bodies and here is one example. What do you think he is teaching here?

Explore the idea that having a strong and healthy body direct one’s soul to “know God.” What does that mean to you?

How does it relate to behaviors that are connected to eating disorders?

רק השמר לך ושמור נפשך מאד
ונשמרתם מאד לנפשותיכם.....

Just take great care of yourself and take great care of your soul...

Take great care of your souls....

How do you interpret these biblical passages for contemporary life?

Do these words resonate for you in your own personal life today? If so, how?

What might these passages teach us about regarding the Jewish views on harming and safeguarding our bodies?

וכן כל מכשול שיש בו סכנת נפשות, מצוה עשה להסירו ולהשמר ממנו ולהזהר בדבר יפה, שנאמר (דברים ב' ט) השמר לך ושמור נפשך, ואם לא הסיר והניח המכשולות המביאים לידי סכנה, בטל מצות עשה ועובר בלא תשים דמים

It is a positive commandment to be very careful and guard oneself from any life-threatening obstacles, as it is said, "...take utmost care and watch yourselves scrupulously."

The above text is included the Shulchan Aruch, a major code of Jewish law. What do you learn from this?

Are you surprised this passage is found in a Jewish code of law that is over 500 years old?

How might this text specifically relate to the topic of eating disorders discussed in this paper?

6

רמב"ם הִלְכוֹת רוֹצֵחַ וְשׂוֹמֵר נַפְשׁוֹ פָּרָק י"א הִלְכָה ד'
מִצְוַת עֲשֵׂה לְהִסִּיר כָּל מְכַשׁוֹל לְשֵׁישׁ בּוֹ מְשׁוּם סְכַנַּת נַפְשׁוֹת... לְשׂוֹמֵר רַק הַשָּׂמֶר
לָדוֹ וְשׂוֹמֵר נַפְשׁוֹ מְאֹד.

It is a positive commandment to get rid of any potentially dangerous item, with which someone could be [inadvertently] killed. As Scripture states, "Just take care of yourself and take great care of your soul."

How do you think Maimonides understand this passage of Scripture from Deuteronomy 4:9?

In what ways might we take care of ourselves based upon this text?

What does "taking great care of your soul" have to do with "taking care of yourself?"

קצור שֶׁלֶחַן עֲרוּף סִימָן ל"ב סְעִיף א'
הואיל וְהָיִיתָ הַגּוֹף בְּרִיא וְשָׁלֵם מְדַרְכֵי ה' הוּא, אִי אֶפְשָׁר שְׁיָבִין אוֹ יִדַע דְּבַר
מִיִּדְעָת הַבּוֹרָא וְהוּא חוֹלָה, לְפִיכָף צָרִיךְ הָאָדָם לְהִרְחִיק אֶת עַצְמוֹ מִדְּבָרִים
הַמְּאַבְדִים אֶת הַגּוֹף, וְלִהְנִהיג אֶת עַצְמוֹ בְּדְבָרִים הַמְּבָרִין וְמַחְלִימִים אֶת הַגּוֹף,
וְכֵן הוּא אוֹמֵר (דְּבָרִים ד:טו) " וְנִשְׁמַרְתֶּם מְאֹד לְנַפְשׁוֹתְכֶם".

When the body is functioning normally and one is healthy, this is the way of God. It follows that when someone is ill, it becomes very difficult to think about or to contemplate the Creator. It is for this reason that people should keep away from damaging things that weaken the body and to involve themselves in those things that make the body healthy, as it is written (Deut. 4:15), "Take good care of yourselves."

This text speaks about damaging and weakening one's body. What are some ways that we ourselves might do this?

What might this text suggest about the relationship between caring for ourselves and "the way of God?"

What do you think this text teaches us about Jewish views on crash diets, bingeing and purging and other disordered behaviors?

רַמְבַּ"ן וְיִקְרָא פָּרָק י"ט פְּסוּק ב'
וְהַעֲנֵן כִּי הַתּוֹרָה הַזֹּהִירָה בְּעֲרִיּוֹת וּבְמֵאֲכָלִים הָאֲסוּרִים וְהַתִּירָה הַבִּיאָה אִישׁ
בְּאִשְׁתּוֹ וְאָכִילת הַבָּשָׂר וְהֵינּוּ. א"כ יִמְצָא בְּעַל הַתְּאֻנָּה מְקוֹם לְהָיִיתָ שְׁטוּף בְּזִמָּת

אֲשֶׁתוֹ אוֹ גִּשְׁתּוֹ הַרְבּוֹת, וְלִהְיוֹת בְּסוּבָאֵי יַיִן בְּזוּלָּלֵי בֶּשֶׂר לָמוֹ, וַיִּדְבַּר כְּרָצוֹנוֹ
בְּכָל הַנְּבִלּוֹת, שֶׁלֹּא הִזְכֵּר אֶסוּר זֶה בַּתּוֹרָה וְהִנֵּה יִהְיֶה נָבֵל בְּרִשְׁוֹת הַתּוֹרָה:
לְפִיכָךְ בָּא הַפָּתוּב אַחֲרֵי שֶׁפָּרַט הָאֶסוּרִים שֶׁאֶסוּר אוֹתָם לְגַמְרֵי, וְצוּהוּ בְּדַבַּר
כְּלָלִי שֶׁנִּהְיֶה פְּרוּשִׁים מִן הַמּוֹתְרוֹת. יִמְעַט בְּמִשְׁגָּל וַיִּקְדַּשׁ עֲצָמוֹ מִן הַיַּיִן
בְּמַעוֹטוֹ... וְגַם יִשְׁמַר פִּי וּלְשׁוֹנוֹ מִהַתְּגָאֵל בְּרַבּוּי הָאֲכִילָה הַגָּסָה וּמִן הַדַּבּוּר
הַנְּמָאֵס... וַיִּקְדַּשׁ עֲצָמוֹ בְּזֶה עַד שֶׁיִּגְיַע לְפָרִישׁוֹת.

The point is that the Torah has forbidden adultery and forbidden food but has permitted sexual relations between husband and wife as well as eating meat and wine. It is therefore possible for lustful people to spend an excessive amount of time having sexual relations with their spouses, to gorge themselves with food and wine to satisfy themselves with their every desire, because none of this is explicitly forbidden in the Torah. The result is that these people will be disgraceful people but remain within the technical limits of the Torah. Therefore, Scripture teaches, having mentioned all those things that are absolutely forbidden, a more general restriction is given – that we avoid excessiveness. Minimize sexual relations; only drink small amounts of wine. Likewise, control the mouth from gluttonous eating and inappropriate speech. One should hold back [from these things] until one reaches asceticism.

What do you think about the idea that one can be “disgraceful people” but “remain within the technical limits of the Torah” as Ramban suggests here?

What do you think Ramban is trying to say about striking a sense of balance in our personal choices and behaviors?

How do you think we could draw the line between what is sensible and what is excessive?

What challenges might one encounter in trying to strike a healthy balance, where there is neither excess nor deprivation?

9

תהילים 139:13-14

כִּי אַתָּה קִנִּיתָ כְּלִי־תִי: תִּסְכְּנִי בְּבֶטֶן אִמִּי

You fashioned me in my mother's womb. I praise You, for I am awesomely, wondrously made. Wonderful are all Your works and that, my soul knows full well.

In this section of Psalm 139, the author is praising God as Creator, who is responsible for awesomely creating him. What might we learn in this passage about the unique relationship between God and humans?

What is the tone of author as he describes this relationship between himself and God, who created him?

What Jewish values do you find in this text and how do they connect to the concept of self-care?

How do these values connect to the topic of eating disorders in the Jewish community?

10

קוהלת 6:7

כָּל עֵמֶל הָאָדָם לְפִיהוּ, וְגַם הַנֶּפֶשׁ לֹא תִמְלָא.

All the labor of man is for his mouth, and yet the appetite is not filled.

In this passage Kohelet (Ecclesiastes) seems to be saying that the human mouth is insatiable. About what kinds of human “appetites” and desires might Kohelet be speaking?

Do you agree or disagree that these appetites and desires are not easily sated? Explain.

11

משלי 21:23

שומר פיו

וּלְשׁוֹנוֹ שׁוֹמֵר מִצָּרוֹת נִפְשׁוֹ

One who guards his mouth and tongue guards his soul from troubles.

In this text from the Book of Proverbs, the Sages explain the idea that if a person guards his mouth, he will be shielded from distress and troubles. Against what types of behaviors using our mouth and tongue might we guard ourselves?

Do you think this Proverb is addressing the act of speech? Food and drink consumption? Other?

What does “guarding” one’s mouth and tongue mean to you in the context of your life today?

How might we integrate societal messages about the body alongside Jewish views on balance and self-care?

Is harmony between societal messages and Jewish views possible?

NOTE: Many of these Jewish texts were listed in other research sources I used for this paper, primarily including:

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National Eating Disorders Association

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Eating Disorders Information Network

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Eating Disorders Referral and Information Center

<http://edreferral.com>

Harvard Eating Disorders Center

<http://www.mcleanhospital.org/programs/klarman-eating-disorders-center>

MEDA: Massachusetts Eating Disorders Association

<http://www.medainc.org>

WINS: We Insist on Natural Shapes

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