Eating disorders, characterized by severe disturbances in eating behavior, span the gamut from anorexia nervosa to obesity, with binge eating and bulimia located within this spectrum. Anorexia nervosa, as a category of mental illness, was initially included in the 1952 version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association. Later, in the 1987 version of the DSM, binge eating and bulimia were also included as mental illnesses. However, the history of eating disorders began many centuries ago. Literature of ancient Egypt refers to aberrations in eating patterns and examples of these disorders are also noted in the Tanach and Talmud.

The first appearance in the Tanach of eating disorders involves obesity, and, as interpreted by the Midrash, is possibly part of polycystic ovarian syndrome (PCOS). It was theorized that the cause of Sarah’s inability to conceive was due to PCOS, which is characterized by a hormonal imbalance with subsequent failure of ovulation. Without an egg to fertilize, conception cannot occur, thus resulting in infertility. PCOS is often associated with the clinical presentation of obesity, and, in those affected by PCOS, the beneficial effect of weight loss on fertility is well established [1].

The Talmud (Yevamot 64b) notes that Sarah, although a beautiful woman, had not reached complete pubertal development. These are clinical manifestations of PCOS, along with insulin resistance and obesity. Around 800 years ago, Rabbi Levi ben Gershom, also known as the Ralbag, observed a link between female infertility and obesity, theorizing Sarah as the prime example. He states that “it is recognized that excess fat and obesity are reasons for infertility,” and this may explain why Sarah could not conceive. However, if Sarah was obese and had PCOS, then how did she eventually become pregnant and have a child? The answer is that Sarah allowed her maidservant, Hagar, to have children with her husband [2]. This selfless act was actually beneficial to Sarah. Bitterness arose between these two women over their mutual relationship vis-à-vis Abraham, ultimately leading to detrimental psychological effects, such as jealousy and depression, as well as fighting. With Sarah, these “detrimental” psychological effects had a positive impact on her fertility by causing her to lose weight, consequently permitting her to conceive.

In contrast to Sarah, Hannah manifested her eating disorder possibly as anorexia nervosa. Also barren, Hannah was desperate to have a child with her husband but was unable to conceive. Hannah’s husband, Elkanah, had a child with his second, less-loved wife. This wife, Peninah, made Hannah’s mental state worse, as she “would torment her (Hannah) constantly because the Eternal had shut her womb” (1 Samuel 1:6). Additionally, we are informed in verse 7 that because of Peninah’s torments, Hannah stopped eating. This point is emphasized in the following verse when Elkanah asks Hannah why she does not eat. This may be the first historically documented case of anorexia nervosa, probably brought on by clinical depression induced by the pain of being unable to have a child. This depression and Peninah’s added torment possibly led to the anorexia nervosa, which had a negative impact on her fertility. Once Hannah prayed to G-d and was told that her prayers will be answered, “she ate and was downcast no longer,” (1 Samuel 1:18) and soon thereafter she conceived and bore a son [3].

The third eating disorder discussed in Jewish literature is bulimia nervosa, which is characterized by binge-eating followed by induced-vomiting. Binge eating is first mentioned in the Torah in Bamidbar (11:31). The Jews, wandering in the desert and receiving sustenance from G-d in the form of Manna, grew tired of this daily diet and complained to Moshe. In response, G-d sent fowl, which descended from the sky, and the people over-indulged. This behavior, clearly identified as inappropriate and hazardous, resulted in the people being punished. The biblical commentator and physician, Maimonides, addresses this issue by stating that “excessive eating is like a deadly poison to the body of any man, and it is a principal cause of all illnesses” [4]. Boolmot, “ravenous hunger,” is referred to in the Talmud (Yoma 83a, b) and in Tosefta Shabbat (8:30). This condition is considered life-threatening, and it overcomes the victim and impairs his judgment concerning food [5]. Induced vomiting after binge eating, characteristic of bulimia, is discussed and discouraged in the Talmud. It states that “one should not induce vomiting after a meal so as to be able to eat more…” (Shabbat 147b). The unhealthy nature of this behavior was recognized, and consumption of honey was thought to be a suitable antidote (1 Samuel 14:29) [6].

Eating disorders, similar to other mental illnesses, show no boundaries between populations. There is clear evidence in Judaic literature that the Jewish community is not immune to these problems. While these disorders are widespread, there have been increasing numbers of Jewish boys and girls affected by anorexia nervosa, bulimia nervosa and obesity in recent years. No single reason has been identified to explain this recent increase; however, several societal and cultural theories have been proposed. Food plays a central role in Jewish culture and is a focus during Shabbat and holidays. Centuries ago, the sages recognized the dangers posed by eating disorders on physical and mental health, and it behooves our present day leaders to join with mental health professionals to address these issues [6].
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References:

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