An Analysis of Eating Disorders in the Jewish World

By Tamar Landsman

With social media portraying unrealistic, idealized body images, there is no question why a growing number of adolescents today are becoming more and more self-conscious of their appearances, thus causing various types of eating disorders. Within the ten million females who struggle with eating disorders every year in the United States, there is a rampant number of Jewish girls suffering from different types of eating disorders, including anorexia nervosa and bulimia. Anorexia nervosa is a serious, potentially fatal, eating disorder characterized by self-starvation and excess weight loss, whereas bulimia involves excess eating followed by induced vomiting. Both can be categorized as psychological disorders since they distort one’s body image with an obsessive desire to lose weight.

Although charedim, or ultra-Orthodox Jews, tend to stay away from social media, studies done in Israel show that the statistics of eating disorders among charedi and secular Jews are equal. It can thus be deduced that there are factors aside from the media that cause eating disorders, such as low self-esteem, feelings of inadequacy, lack of control in life, and depression. An Israeli study by Marjorie Feinson and Adi Meir involving questionnaires and phone conferences with over 800 Jewish women demonstrated no significant difference between the number of eating disorders in the Ultra-Orthodox community and in the secular community [1]. Apparently, strict religious adherence and an insular lifestyle of protection against social media do not prevent eating disorders. In fact, Feinson and Meir found that among those charedi women who were self-critical, almost one-third had serious eating disorders. Cases in the charedi community tend to go unreported, as families are reluctant to acknowledge the illness until there is a need for hospitalization. Hesitance to report illnesses may have much to do with the importance of being thin for marriage-arrangements in the Ultra-Orthodox community [1].

Aside from the sociocultural causes, there may also be a genetic cause for eating disorders. A case of two sisters who both suffer anorexia can be attributed to one sister copying the behaviors of her older sister, or it can possibly have a genetic backing. Studies are currently being performed by Japanese researchers evaluating certain genes that code for proteins in the human body that control appetite and are possibly linked to eating disorders [2]. Both environmental and genetic components are taken into account when studying the growing number of eating disorders, especially in the Jewish world.

Some of the most significant symptoms of any eating disorder, including a lack of appetite, disturbed satiated response, withdrawal from the community, and decreased spirituality, correlate inversely with the halachik requirements of eating a meal. As Orthodox Jews, we follow Halacha, a strict set of rules which guide proper behavior in just about every aspect of our daily lives, from the shoes we tie in the morning to the bread we eat. Eating is an essential part of Judaism, with halachot controlling what can and cannot be eaten, with whom we can eat, where we can eat, and more. The brachot we make before and after eating, which are preferably said with a group of people, show how integral the mere act of eating is in Halacha, and how we transform every seemingly mundane act into a spiritual experience. Not only does the Torah specify how we should eat, but it demands of us to be satiated to the point when we can make a bracha, as it says in Devarim 8:9, “V’achalta v’savata uveirachta,” You should eat, become satisfied, and bless. Awareness of satiety is demanded to be able to make a bracha. Eating past the point of satiety is gluttonous and is considered improper.

Additionally, appetite and satiety are integral components of the Pesach seder, the prototype of the seuda, or Jewish meal, as explained by Rav Soloveitchik. Even though the Korban Pesach, the Passover sacrifice, was supposed to be eaten quickly to commemorate the hurried process of yitzias mitzrayim, the exodus from Egypt, it was only to be eaten up until the point of satiety and not further. Eating past the point of satiety would be gluttonous and not expressive of the personal freedom we celebrate on Pesach. For this reason, it is forbidden to break the bones of the Korban Pesach, for only a ravenous person would treat food in such a way. The fact that it is forbidden to eat after the afikomen, the second half of the matza that we eat at the end of the meal, further serves to prove the significance of the sense of satiety that is to be felt on Pesach [3].

Though cases of anorexia nervosa and bulimia were officially documented in literature towards the end of the nineteenth century, proofs from the Torah and the Talmud ascertain that there may have been cases centuries earlier. A possible biblical source for anorexia can be found in the story of Chana in Shmuel Aleph (1:1-28). Although Chana is the more beloved wife of Elkana, only Penina is able to provide him with children, as Chana is barren. Penina...
torments Chana to the extent that she weeps and does not eat. Elkana then asks Chana, “Why do you weep? Why don’t you eat? Why are you so unhappy? Am I not dearer to you than ten sons?” When Chana goes to Shiloh to pour out her heart in prayer for a son, Eli, the kohen, or priest at the time, mistakes Chana for a drunkard as he sees her whispering to herself. After explaining her predicament, Chana is told by Eli to go in peace and that HaShem, the Lord of Israel, would grant her request. After Chana leaves and eats, she becomes pregnant with Shmuel. It can be claimed that when Shmuel wrote this story, he provided a clinical cause for Chana’s infertility, as she stopped eating after being tormented by Penina. This is one of the few examples in the Torah that explicitly states that someone has either started or stopped eating. It can thus be deduced that, perhaps, Chana’s condition was the first historically documented case of anorexia nervosa, likely incited by depression, with a common symptom of infertility. After Eli reassures Chana, she starts to eat again and is healthy enough to conceive. It is interesting to note that Eli’s reassurance can serve as proof of the effectiveness of therapy in couples suffering from infertility. Overall, the fact that Chana triumphs over her barrenness can be attributed to a success story of a battle with anorexia [4]. Obviously, nothing can solely be defined by science. Chana clearly understood HaShem’s involvement in her predicament and resorted to prayer in Shiloh. When she was assured that HaShem accepted her prayers and that she would conceive, Chana sang a shira, a song of gratitude to HaShem.

A striking description of bulimia is found in the Talmud Bavli in Masechet Yuma (83a,b) and in Tosefta Shabbos (8:30). The term bulmos is used in both sources, translating as excessive or ravenous hunger. Interestingly, this term, known as bulimy in Greek, was then later referred to as bulimia in English by Gerald Russel, a twentieth century British psychiatrist [5]. Masechet Yuma discusses what should be fed to a person who is “seized by hunger.” The conclusion reached is to feed this person sweet foods such as honey, so that his “eyes may become clear.” The same term is used in Tosefta Shabbos and is explained as a life-threatening condition. One suffering from this condition may even eat forbidden foods. Bulmos, as described in the Talmud, seems to have a sudden onset, without any prior symptoms, and is taken very seriously, as the victim is overcome by impaired judgment [6]. This description of bulmos in the Talmud is strikingly similar to bulimia as we know it today, although the purging aspect was not recorded in the Talmud. However, ancient Egyptian physicians recommended purging after binging as a health practice. After eating a large meal, wealthy Roman Caesars had a similar practice that involved visits to a room known as the “vomitorium.” They would tickle their throats with a peacock feather to induce vomiting, in order to consume subsequent courses of the meal. Rabbi Nechemia probably had these practices in mind when he prohibited the induction of vomiting because food would be wasted (Masechet Shabbos 147b). He prohibited this act, and further noted that doing so on the street would be improper [7]. Science today explains that aside from the fact that induction of vomiting is improper, it is hazardous to one’s health. Frequent induced vomiting of stomach acid burns out the esophagus and rots one’s teeth [8]. The practice of induced vomiting, which seems to have been an ancient practice, is actually hazardous to one’s health and categorized today as a fatal eating disorder. The number of eating disorders among both charedi and secular Jews is growing as different sociocultural factors in the communities are in effect. Sources from the Torah and Talmud show the centrality of appetite and satiety in Judaism, and even include possible cases of eating disorders.

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