Eating Disorders In Jewish Culture

Choosing between faith and health isn’t kosher

By Tara Murtha
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Losing proposition: “The weight just started dropping off me in college and it didn’t really stop—and that became addictive.”

Eating disorders aren’t just for models and white, middle-class teenage girls anymore. First, there was a spike in middle-aged women seeking treatment. Then, it was gay men. Now, it seems Jewish women are the latest population dying to be thin.

While the spate of recent articles (“Eating Disorders are the ‘Addiction of Choice’ for Jewish Teens,” “Being Jewish in a Barbie World”) and documentaries present conflicting research about the prevalence of eating disorders within the religion, Jewish leaders and eating-disorder experts agree on one thing: There is definitely a problem.

Experts say that growing up in a niche culture that routinely ritualizes food within a mainstream culture that relentlessly prizes thinness presents a unique constellation of triggers for eating disorders. For the one in five Jewish women who observe kashrut, Jewish laws that govern what food is kosher (“fit to eat”), there can be a struggle to reconcile the needs of the spirit with the needs of the flesh that’s not readily visible to the outside world.

Hilary grew up in the suburbs of Philadelphia in a Conservative Jewish household, observing kashrut, Shabbat—the centerpiece in the rhythm of a Jewish family’s week marked by deliberate rest and a grand feast—and all the traditional Jewish holidays. She also grew up suffering from anorexia. “For all the years I was dealing with my eating disorder there was always the issue like, ‘What is Hilary going to do on fast days and Passover?’” she says.

Pretty, with long brown hair and a bubblegum-pink scarf draped around her neck, she seems like any other carefree young girl. You’d never know she had the weight of the world on her shoulders.
“It’s difficult when you’re struggling with an eating disorder for years and years, and your family is always bonding over these different meal opportunities or holidays with ritual foods,” Hilary says just a few days before Passover.

Though she traces symptoms back to when she was 8 years old, Hilary was able to successfully hide her problem until freshman year of high school. She dropped a drastic amount of weight. She was often sick and missed a lot of school. Her relationship to food was mangled by compulsion.

“I didn’t eat the right foods the right way. I’d eat only at certain times on certain plates in a certain order,” she says. “I would only eat foods I could eat with a spoon for a year. I still have trouble taking a bite of a sandwich. I’d pick at foods a lot.” Eventually, she stopped eating in public, ever. Such ritualistic eating habits are common for people suffering from eating disorders.

Anxiety and depression struck and the eating disorder took over. “For me it was 24 hours a day, 7 days a week, waking and sleeping hours. I was thinking about it and dreaming about it and eventually I started losing sleep over it,” she says. She was living and dying by the numbers, weighing herself before and after eating, first thing in the morning and last thing at night.

Living just a few miles away from Renfrew Center, the country’s leading treatment and research facility for eating disorders, her doctor mentioned Renfrew to Hilary’s parents—but he recommended against it. His advice? “Just feed [her].”

“My doctor at the time actually said, ‘We don’t want to send her to Renfrew because that will make it worse.’” So the family dealt with the issue mostly on their own throughout Hilary’s high school years.

“It was a huge mistake,” she says. The eating disorder, or “E.D.” as insiders call it, kept getting worse. After she left for college, it ate her alive.

Hilary, now 27, says that though she was normal weight when she moved to New York City to attend Columbia University, she was “a complete insecure wreck” on the inside, struggling with manic bouts of exercise and obsessive urges that gnawed into every minute of her life.

“Think about any of the things you think about during the course of a day. Now replace all of that with managing what you’re going to eat, when you’re going to eat, how you’re going to eat, exactly how many calories you’re taking in … and that’s just the intake,” she says, matter-of-factly. She also obsessed over exercise.

“Sophomore year I found the gym, and never left,” she says.

By junior year, Hilary’s parents had her coming home weekends so she could see a therapist, but that didn’t slow the progression of the disease. By her senior year, a good friend called her parents and warned, “Whatever it is you think you’re doing right isn’t working.”
Hilary graduated with two degrees in four years, which required taking classes every summer with no time off. Academically, she succeeded. Physically and psychologically, she was failing. “Managing all of that while attending Columbia is very, very difficult,” she says. “I worked myself to the bone, literally.”

A week after graduation, Hilary wound up at the Renfrew Center after all. While she emphasizes that the facility is an “amazing place with amazing people,” she acknowledges one challenge she wasn’t “entirely comfortable” with: having to choose between reclaiming her health and observing her faith.

“I remember working with my therapist to figure out how matzo could fit into my diet, and what did that mean, and it just wasn’t worth it,” she says.

For all the time she spent calculating intake and output, figuring out whether to prioritize health or faith wasn’t an easy equation.

“I fasted on every Yom Kippur and every fast day since I was 13 years old and here I [was] being told, ‘you’re not allowed to do this anymore’ ... I felt disconnected from my Jewish community. It was the same with changing my diet for Passover,” she says.

Hilary says it was hard to celebrate holidays and share family meals while the eating disorder was “active” and she was trying to hide it. Now that she’s in recovery, it’s hard not to participate—despite still being active in the Jewish community, she has chosen not to keep kosher or observe Jewish holidays and traditions that involve feasting or fasting.

She says, “It’s just one example of how an E.D. just sucks the joy out of your life.”

Whether or not Jewish women suffer from eating disorders more frequently than the general population is debatable—and it is debated—but insiders agree that there’s newfound pressure on these women to be thin. They point to recent changes in Orthodox tradition of Shidduch, the system in which Orthodox Jewish singles are paired up for marriage, as symptomatic of a problem in the community at large.

It seems even the ultra Orthodox aren’t impervious to the charms of airbrushed models on billboards and magazine covers. Experts say that matchmakers, or Shadchan, report that over the last five years or so when they’ve asked young men what traits they seek in a potential bride, they’ve started to answer: Skinny, please.

Abraham Twerski is a Hasidic rabbi, psychiatrist, addiction expert and author of more than 50 books about Jewish ethics and issues. In an article in Foward, a daily Jewish newspaper, Twerski speaks out about young Orthodox men’s sudden interest in potential brides’ dress sizes.

“If it is anything over an eight, forget it,” he says. “Girls have become probably even more body-image conscious in the Orthodox community than in the general population,” he says. Some reports say that the boys even ask for the sizes the brides’ moms wear.
“There’s actually online information about prospective brides where data about problems in the family, illnesses, weight, financial information—just like if you’d looked up Dun & Bradstreet on a business to find out how solvent it is,” says Adrienne Ressler, Renfrew’s National Training Director and national body-image expert, on the phone from her office in Florida. “Within small communities, whether online or common knowledge, there’s a lot of pressure to make yourself desirable so you’re a good catch.”

“I don’t mean to be demeaning, but those are the things we do here,” she says.

Ressler, a Jewish woman who was raised “toward the more Orthodox end of Conservative,” concedes the exchange of such information goes on in mainstream American culture also, though perhaps not as formalized.

“Eating disorders are gender-biased and culture-biased, and also it has a political bent,” Ressler says. “As women gain more power in the culture, we have to have a smaller presence.”

When it comes to the unique expectations of Orthodox women, Ressler looks at the issue through a feminist lens. “We know that eating disorders is a voice that says things that can’t be spoken,” she says. Ressler theorizes that the eating disorder of an Orthodox woman could be saying, “I don’t want to get married so young; I don’t want to bear so many children; I don’t want to not have as much value as my husband or father.”

Still, the numbers are unclear. “I don’t know that we tend to have more reports of eating disorders in Orthodox communities or not,” Ressler says.

What she does know is that kashrut, and Jewish holidays are problematic for someone with an eating disorder. “Eating disorders in general tend to be woven around a lot of the elements that you find in Judaism,” Ressler says. “There’re a lot of rituals in Judaism, so it’s easy for someone following Conservative or Orthodox or Reform rituals to base their life around the rituals of an eating disorder. Whether they’re binge-and-purge rituals, how many pieces you cut your food into or whatever, you’re already attuned to living a life of ritual.”

All this discussion leads to a very uncomfortable question: Does practicing Judaism make a person more prone to eating disorders?

Dr. David Hahn, a psychiatrist and Renfrew’s assistant medical director and a “fairly conservative observant” Jew, says no—at least, not any more so than any other given set of cultural circumstances—and that such a simplistic assumption reveals a bias against Judaism.

“There’s a desire perhaps to make kashrut into a pathology,” Hahn says. “Whether you’re Catholic or Mormon, eating disorders are a solution to a problem that is cultural-specific, but it’s not because particular cultures are pathological.”

There’s no concrete answer. Every culture has specific stressors, but one isn’t necessarily more “triggering” than the other: It takes a perfect storm of factors to create an eating disorder, and everyone’s perfect storm is different.
Hilary believes she was simply born this way. “I’m a firm believer that it was just something hard-wired into me,” she says.

Meanwhile, for all the attempts to neatly define environmental causes, a 2007 study suggests that eating disorders might have biological roots, similar to how bipolar disorder and schizophrenia are believed to have biological causes.

Hilary says that even though recovering from an eating disorder as an observant Jewish woman presented its own unique challenges, treatment in a group setting at Renfrew made her realize she wasn’t alone.

“People come in of all different races, ages, backgrounds, ethnicities and cultures, with all kinds of different eating issues,” she says. “At the end of the day, they’re all there because this very basic thing about themselves is exactly the same.”

From the outside, Renfrew looks a lot like a yoga retreat. A long driveway winds down to a sprawling campus surrounded by woods. Inside the lobby on a recent weekday afternoon, a young girl and her mother sit together on the couch waiting to be greeted by an intake counselor. Like drug rehabs, Renfrew operates on a “continuum of care” model that determines treatment based on symptoms and insurance plan—though getting insurance to pay for residential therapy can be a fight. (To stop insurers from thwarting progress by dropping patients when they hit a weight near normal, state Sen. Daylin Leach proposed S.B. 1138 last November.)

Spending time with other women suffering with similar problems put her eating disorder into perspective.

“I think that first day at Renfrew you look around and see who you are and realize how pathetic life has become,” Hilary says. “You can’t eat anymore, you can’t care for yourself anymore, you don’t how know to recognize hunger signals, you can’t recognize signals for fullness and you don’t know why you can’t do these things.”

In a therapy room behind the foyer, a counselor is leading a psychodrama therapy session. About 20 girls sit in a huge semi-circle. Only about half are visibly sick. In these sessions, patients take turns acting out scenarios with people in their lives.

Today, a girl is having a hypothetical conversation with her mother, played by another patient. Other patients play the role of her father and other significant characters. The counselor chooses a patient to personify the eating disorder. The girl picked to play the part of the E.D. draws her knees up to her chin and hunches forward on the edge of her chair like a vulture.

“What is the eating disorder telling you?” the therapist asks. The patient, skeletal with a pained, pretty face anchored by brown half-moons beneath her eyes, stares at the girl playing the eating disorder. Ten seconds pass, no one speaks. “I want you alone,” she says finally. “I want you dead.”
The good news is that there are fewer obstacles to Jewish women seeking treatment for eating disorders than ever before. Renfrew recently established the first program that specifically caters to Jewish women. Fresh kosher food is served; a rabbi is on hand to perform the appropriate rituals and talk with patients; and staff is trained in Jewish holidays, practices and customs.

When CEO Sam Menaged, a “recovering lawyer” whose client roster once included Teddy Pendergrass, opened shop in Philadelphia facility in 1985, eating disorders usually landed sufferers in either the emergency room or a psychiatric ward of a hospital. Menaged, who grew up in an Orthodox household, says that he didn’t understand what an eating disorder was back then, either. He planned to open a drug and alcohol rehab, but changed his mind after a therapist friend who had patients with eating disorders urged him to open a residential eating-disorder rehab instead.

It was a shrewd business decision. Twenty-five years after opening the first 42-bed space in Philadelphia, Renfrew Center has ballooned to 10 locations that employ more than 500 people. Menaged says the organization has treated about 55,000 patients and trained more than 20,000 therapists, and their database contains the names of 53,000 referring teachers, doctors and coaches. As eating disorders spread beyond the typical profile of the young, middle-class white girl, the potential client pool expands. “We’ll be in more states by next year,” Menaged says.

This Friday, Renfrew is hosting a conference called “Food, Body Image and Eating Disorders in the Jewish Community” for mental-health experts, educators, clergy and family members of people struggling with eating disorders. In addition to addressing the prevalence of eating disorders in the Jewish community, the conference will explore strategies for using Jewish tradition and culture as a path toward healing. After all, the devout seek help at their spiritual home first.

“Renfrew is able to educate the synagogue in ways it wasn’t able to before and the synagogue is able to inform the program at Renfrew in ways it couldn’t before,” Hilary says. “Instead of Renfrew saying ‘I can give you 100 different kinds of therapy but you’re going to have to go to your rabbi to work out this Jewish thing,’ Renfrew’s able to do that now. That’s amazing.”

Hilary may liaison at the intersection of both communities herself. She hopes to bring in an expert from Renfrew next year to the synagogue where she works to talk to and educate teenagers about eating disorders. She hopes her honesty helps defuse the shame that keeps women from admitting they have a problem and finding help. Back when she first entered treatment at Renfrew six years ago, lying just made everything worse.

Even though Renfrew recommended in-patient therapy, she refused. “I basically told them to fuck off because I [wasn’t] going residential, and if they wanted to help me then they’d let me go as a day patient,” she says. “It allowed me to cheat the system a little bit. Or a lot.”

She secretly exercised while at home and “water-weighted,” guzzling water right before weigh-in to fool the scale. “Not following their rules was the biggest mistake I’ve ever made in my life because it set me back years,” she says. “I did not make as much progress at Renfrew as I should have. I take full responsibility for that now. It totally screwed me in the end.”
Six years later, every day is still a struggle. She’s seeing a specialist to figure out why she’s exhausted all the time. Emotionally, she says that in some ways she feels worse now that she carefully maintains her weight (though as part of recovery, she hasn’t stepped on a scale in years) and no longer looks sick. “Because I look fine, [people] don’t realize how hard it is every single day…how much I suffer all day long because of what goes on psychologically,” she says.

Hilary says it was hard to forgive herself for the ways her eating-disorder and her spiritual life have become entangled. “I need to listen to my body,” she says. “Which means that I have to kind of call in sick on the holidays.”