

## Medical Ethics and Halachah: Eating Disorders in Judaism

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### Our agenda

A 2008 study conducted in the GTA suggested a higher prevalence of eating disorders among adolescent females in the Jewish community. It is certainly true that eating disorders are found in Jewish communities, including among those who observe Jewish law closely. Are there unique risk factors in observant Jewish lifestyles? How can the Jewish community mitigate this problem?

Evaluation link

<https://surveymonkey.com/r/JME-EatingDO>

Past medical sessions

<https://torontotorah.com/nusbaum>

YU Plenary Session (2010)

<https://www.yutorah.org/lectures/lecture.cfm/751821/>

R' Larry Rothwachs: Prevention, Detection, Treatment

<https://www.yutorah.org/lectures/lecture.cfm/827169>

R' Larry Rothwachs: Parents and Educators

<https://www.yutorah.org/lectures/lecture.cfm/827169>

Panel: Dr Strous, Dr Pinhas, Me (2017)

<https://www.yutorah.org/lectures/lecture.cfm/890025/>

Mental Health and Mitzvot (2019)

<https://www.yutorah.org/lectures/lecture.cfm/917726/>

### 1. Rabbi Avraham Yitzchak Kook (20<sup>th</sup> century Israel), Ezrat Kohen 2

ובעצם המחלה אין הענינים שוים, שלפעמים יש שאינו כ"א איזה חלישות עצבים, המביא לידי עילוף ארעי, ועובר ע"י התחזקות וחיי מנוחה, ולהיפך ע"י עלבון וצער גדול עלול הדבר להביאה לידי סכנה גדולה. ומי יוכל לשקול כ"ז במאזני צדק מרחוק, וראוי שהב"ד המיסד יסוד ההיתר יעמוד על ענין הזה בפרטיות, ואז ב"ד בתר ב"ד לא דייק, אבל לסמוך רק על כלל השם שהיא נכפית, וליסד ע"ז הבנין של טעם מבורר, קשה לע"ד להצטרף לזה.

Regarding the [seizure] illness itself, the situations are not always the same. Sometimes there is only a weakness of nerves which leads to temporary collapse, which passes with rejuvenation and tranquility. And just the opposite, humiliation or great pain could lead to great danger. Who could evaluate all of this with righteous scales from afar? The rabbinic court which would establish the basis for permission should establish the facts in detail, and then no rabbinical court will second-guess that rabbinical court. But relying only on the overall label of *nichfeh*, and to establish a logical structure on that basis – in my humble opinion, it would be difficult to join this endeavour.

### 2. Professor Moshe Halbertal, *The Birth of Doubt*, Chapter 6

One can imagine an opinion that resolves the question of *bein ha-shemashot* in one direction or the other and does not establish it as a time of uncertainty, with respect to which the halakhic regime is complicated and convoluted. The very enshrinement of a time that is uncertainly the Sabbath, which is accepted as an uncertain situation to which special laws are applied, is truly a halakhic scandal...

### 3. Talmud, Yoma 83a

...וספק נפשות להקל

...and when uncertain regarding survival, we rule leniently.

### 4. Pinhas, Heinmaa, Bryden, Bradley, Toner, *Disordered eating in Jewish adolescent girls*, Can J Psychiatry 2008

<https://www.ncbi.nlm.nih.gov/pubmed/18801223>

Method: High school students (n = 868) from the Toronto area completed a demographic and religious practice questionnaire together with the Eating Attitudes Test (EAT), a self-report test that discriminated adolescents with syndromal eating disorders from normal adolescents.

Results: Jewish females aged 13 to 20 years, but not males, reported significantly more disordered eating behaviours and attitudes, compared with their non-Jewish female counterparts. Twenty-five percent of Jewish females, as compared with 18% of non-Jewish females, scored above the clinical cut-off for the EAT. No differences in vulnerability to disordered eating were found within the group of Jewish females or males related to their degree of religious observance.

### Vignettes

- 1> What should doctors be aware of, in terms of the potential influence Judaism and the Jewish community have on the development and mitigation of eating disorders?
  - 2> Sarah, age 17, is diagnosed with extreme anorexia in February. She spends six weeks in a residential program, followed by six months of outpatient therapy during which her eating stabilizes. Yom Kippur is coming, and her parents ask the Rabbi: Should Sarah fast, given her still-fragile eating?
  - 3> In the months following Yom Kippur, Sarah continues to struggle with anorexia, although she remains out of the hospital. Pesach is approaching, and she is dreading the family's Seder, with its mitzvot of required eating as well as the overall emphasis on food at the meal. Two weeks before Pesach, Sarah approaches her Rabbi and describes the dysregulation she is already beginning to feel. Is Sarah obligated to participate in her family's Seder?
  - 4> Seven years after her anorexia diagnosis, Sarah is engaged to be married. Her diet is stable, due to hard work, excellent counseling and family support. But as part of her wedding plans Sarah needs to go to the mikvah, which involves self-examination of her body to remove any *chatzitzot* beforehand. The idea of examining herself unclothed induces panic attacks and flashbacks for Sarah; what options does she have?
5. Therapies <https://www.eatingdisorderhope.com/treatment-for-eating-disorders/types-of-treatments/maudsley-method-family-therapy>

### What are Eating Disorders?

6. Normal eating
  - Unthinking, driven by physiological need (even if other factors play a role), regulated by hormones
  - Nutritional intake happens unconsciously
  - Accommodates occasional disruption in schedule
7. Disordered eating that may be maladaptive but does not necessarily reflect an eating disorder
  - Picky eating
  - Eating due to mood
  - Unhealthy dieting
8. Behaviours associated with anorexia nervosa include:
  - Obsession with calories, fat, and nutrition information
  - Frequent weighing
  - Exercise to burn calories
  - Purging after eating
  - Pretending to eat or giving excuses for not eating,
  - Eat in a very controlled, even ritualistic way
  - Refusal to eat around others
9. Behaviours associated with bulimia nervosa include:
  - Eating large amounts
  - Using diet pills, laxatives and other diuretics to maintain a desired weight; throwing up after eating
  - Disappearing after meals to purge, often to the bathroom or shower
  - Compulsive exercise despite injuries or bad weather
  - Keeping short fingernails to avoid hurting self when purging
  - Social withdrawal
  - Fatigue

## 10. Binge Eating Disorder

<https://www.mayoclinic.org/diseases-conditions/binge-eating-disorder/symptoms-causes/syc-20353627>

Binge-eating disorder is a serious eating disorder in which you frequently consume unusually large amounts of food and feel unable to stop eating.

Almost everyone overeats on occasion, such as having seconds or thirds of a holiday meal. But for some people, excessive overeating that feels out of control and becomes a regular occurrence crosses the line to binge-eating disorder. When you have binge-eating disorder, you may be embarrassed about overeating and vow to stop. But you feel such a compulsion that you can't resist the urges and continue binge eating. If you have binge-eating disorder, treatment can help.

## 11. ARFID <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/arfid>

Avoidant Restrictive Food Intake Disorder (ARFID) is a new diagnosis in the DSM-5, and was previously referred to as "Selective Eating Disorder." ARFID is similar to anorexia in that both disorders involve limitations in the amount and/or types of food consumed, but unlike anorexia, ARFID does not involve any distress about body shape or size, or fears of fatness.

Although many children go through phases of picky or selective eating, a person with ARFID does not consume enough calories to grow and develop properly and, in adults, to maintain basic body function. In children, this results in stalled weight gain and vertical growth; in adults, this results in weight loss. ARFID can also result in problems at school or work, due to difficulties eating with others and extended times needed to eat.

## 12. Other Specified Feeding or Eating Disorder: Night Eating Syndrome, DSM V

The individual experiences recurring episodes of eating after awakening at night, or of eating excessively after their evening meal. These episodes cause significant distress or impaired functioning.

### How does Halachah evaluate eating disorders?

#### 13. Rabbi Yosef Karo, Rabbi Moshe Isserles (16<sup>th</sup> century) Shulchan Aruch Orach Chaim 328:17

חולה שנפל מחמת חליו למשכב ואין בו סכנה, [הגה: או שיש לו מיחוש שמצטער וחלה ממנו כל גופו שאז אע"פ שהולך כנפל למשכב דמי], אומרים לא"י לעשות לו רפואה אבל אין מחללין עליו את השבת באיסור דאורייתא, אפילו יש בו סכנת אבר...

For one who is bedridden from illness, but not endangered [Rama: Or one who is in such pain that his whole body is ill; even if he can walk, he is like one who is bedridden], we tell a non-Jew to heal him, but we would not violate biblical laws of Shabbat, even were an *eiver* endangered...

#### 14. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pg. 41

כאמור, מי שיש לו צער גדול, דינו כמי שיש לו סכנת איבר. אין ספק שכל איסורי דרבנן נדחים עבור מי שיש לו צער גדול, ואף בלא שינוי. כמו כן, אין אדם זה חייב בקיום מצוות עשה אשר מהוות מכשול לרפואתו השלמה.

As has been stated, one who is in great pain, his status is like that of someone whose *eiver* is endangered. There is no doubt that all rabbinic prohibitions are overridden for one who is in great pain, even without any *shinui*. Likewise, one is not obligated to fulfill any commandment which would present an obstacle to complete healing.

#### 15. Rabbi Yitzchak Zilberstein (21<sup>st</sup> century Israel), Assia 8:209

אמר הגאון ר' יצחק זאב סולוביצקי, הרב מבריסק, לרופא, פקוח נפש אין פירושו שכעת יסתכן וימות, אלא אף אם הצום ישפיע עליו כעבור שנים כאשר יתקף שוב במחלה, ועקב צום זה ימות לפני זמנו, גם זה בכלל פקוח נפש הוא וחייב כעת לאכול.

Rabbi Yitzchak Zev Soloveitchik, the Brisker Rav, told a doctor that 'saving a life' is not specifically the case of someone who is now dangerously ill and will die. Even where the fast will affect him years later when the disease will recur, and so fasting [now] will cause him to die early, this is 'saving a life' and he is required to eat.

#### 16. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pg. 35 footnote 19

לעיתים קרובות קורה שאם המחשבה אינה מועסקת על ידי גירויים חיצוניים, המחשבות האובדניות מקננות ומושכות את האדם לעשיית מעשים נוראיים, ובמקרים כאלו יש לחשוש לסכנת נפשות. כך, למשל, באלו הסובלים מאנורקסיה, יש להתיר מטעם זה כאשר יש חשש למחשבות אובדניות (או כאלו המובילות לכיוון זה). וכן פסק הרב אליעזר מלמד, על פי רופא ירא שמיים ומדקדק במצוות.

Frequently it happens that if the mind is not distracted by external stimuli, suicidal thoughts settle in and draw the person to terrible deeds, and in such cases there is concern for danger to life. So, for example, those who suffer from anorexia may be permitted for this reason, when there is concern for suicidal thoughts (or thoughts that can lead there). And so ruled Rabbi Eliezer Melamed, on the word of a Gd-fearing, mitzvah-observing doctor.

17. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pg. 111 footnote 41

כתיבה או ציור הם מלאכות האסורות מן התורה, ועל כן אין להם היתר בשבת, אלא אם הם מסייעים באופן כלשהו למהליך הבראתו של חולה שיש בו סכנה (כך, למשל, ישנם מקרים של אנשים בעלי נטיות אובדניות [ולא רק מחשבות אובדניות חולפות], וכגון אלו הסובלים מאנורקסיה שתופעה זו ידועה אצלם, שרק הכתיבה או הציור דוחקים מהם מחשבות אלו, ואצלם הכתיבה או הציור הם בכלל פיקוח נפש)...

Writing or drawing are biblically prohibited *melachot*, and so they are not permitted on Shabbat unless they aid in some way the therapeutic process of a patient who is dangerously ill. (So, for example, there are cases of people with suicidal inclinations [not only passing suicidal thoughts], like those who suffer from anorexia, for whom this phenomenon is known, that only writing or drawing will push aside these thoughts, and for them writing or drawing are including in life-saving activities)...

18. Dangers associated with anorexia include

- Dehydration
- Low blood sugar
- Low sodium
- Fainting
- GI issues
- Osteoporosis
- Hair loss
- Cognitive impairment
- Suppressed immune system
- Cardiac and blood pressure
- Problems with fertility as well as pregnancy
- Depression, anxiety, suicidal ideation

19. Rabbi Asher Shekani (21<sup>st</sup> century Israel), **חולה אנורקסיה ביום הכיפורים**, Assia 99-100

המוות עלול להיות פתאומי ואינו קשור בהכרח בתת-משקל. לרוב נגרמת התמותה מזיהומים, מאי-סדירות בקצב הלב או מחוסר איזון של המלחים והמינרלים בגוף. חלק מהחולים עלולים להתאבד.

Death can be sudden, and not necessarily tied to being underweight. Mostly, mortality is caused by infection, cardiac arrhythmia, or imbalance of salts and minerals in the body. Some patients will die of suicide.

20. Statistics Canada, Eating Disorders (2012)

<https://www150.statcan.gc.ca/n1/pub/82-619-m/2012004/sections/sectiond-eng.htm>

Anorexia nervosa affects between 0.3% and 1% of women. Onset is typically in mid- to late-adolescence, with behaviour likely beginning as innocent dieting. Gradually, weight loss becomes an obsession and progresses to extreme and unhealthy weight loss... Suicide attempts occur in about 20-30% of subjects.

21. National Eating Disorders Association (USA)

<https://www.nationaleatingdisorders.org/statistics-research-eating-disorders>

A 2007 study asked 9,282 English-speaking Americans about a variety of mental health conditions, including eating disorders. The results, published in Biological Psychiatry, found that 0.9% of women and 0.3% of men had anorexia during their life.

Males are at a higher risk of dying, in part because they are often diagnosed later since many people assume males don't have eating disorders.

Anorexia has a mortality rate of around 10%; 1 in 5 deaths is from suicide.

A Swedish study of 6,000 women who were treated for anorexia nervosa found that, over 30 years, women with anorexia nervosa had a six-fold increase in mortality compared to the general population. The researchers also found

an increased mortality rate from 'natural' causes, such as cancer, compared to the general population. Younger age and longer initial hospitalizations were associated with improved outcomes, while comorbid conditions (e.g., alcohol addiction) worsened the outcome.

## 22. Dangers associated with bulimia include

- Esophageal tears
- Acid reflux
- Low potassium and metabolic issues
- Pancreatitis
- Cavities
- Dehydration from use of diuretics, and therefore electrolyte imbalance and heart problems
- Weight gain-related issues
- Development of anorexia
- Depression, anxiety, suicidal ideation

## 23. Statistics Canada, Eating Disorders (2012)

<https://www150.statcan.gc.ca/n1/pub/82-619-m/2012004/sections/sectiond-eng.htm>

Bulimia nervosa predominantly affects females (about 90% of cases). Approximately one to three percent of young women develop bulimia nervosa in their lifetime.

## 24. National Eating Disorders Association (USA)

<https://www.nationaleatingdisorders.org/statistics-research-eating-disorders>

A 2007 study asked 9,282 English-speaking Americans about a variety of mental health conditions, including eating disorders. The results, published in Biological Psychiatry, found that 1.5% of women and 0.5% of men had bulimia during their life.

## 25. Rabbi Asher Weiss (21<sup>st</sup> century Israel), Minchat Asher 2:134

לדעת הרופאים המומחים בתחום זה דרך הטיפול היא שלעולם לא יחזור פעמיים על דיבור או תפילה... כאשר ברור לו כשמש שלא הגה את השם כדין ולא יצא יד"ח בברכתו האם מותר לו לאכול?...  
אף אם נאמר דאסור לעבור על איסור כדי להתרפאות, שאני נידון דידן שהרי אם לא יתרפא ויחליץ מן המיצר יבטל מצוות אלה לנצח, וכל כה"ג אמרינן מוטב שיחלל שבת אחת ולא יחלל שבתות הרבה... נראה גם בני"ד דמותר לאיש יקר זה לבטל ברכות וק"ש כדי להתרפא ויכול לקיים מצוות אלה כהלכתן ודקדוקיהן.

Doctors who are expert in this field believe that the way to treat it is that he never repeat any statement or prayer... When it is clear as the Sun to him that he has not said the Name properly and he has not fulfilled his duty in his berachah, may he eat?...

Even if we would say that one may not violate a prohibition for medical purposes, our case is different, for if he would not be healed and freed from his crisis, he would violate these mitzvot forever. In any such case we say, "Better to desecrate one Shabbat, and not desecrate many Shabbatot"... It appears in our case, too, that this precious person may cancel blessings and Shema in order to be healed, so that he will be able to fulfill these mitzvot properly.

Even if we would say that one may not violate a prohibition for medical purposes, our case is different, for if he would not be healed and freed from his crisis, he would violate these mitzvot forever. In any such case we say, "Better to desecrate one Shabbat, and not desecrate many Shabbatot"... It appears in our case, too, that this precious person may cancel blessings and Shema in order to be healed, so that he will be able to fulfill these mitzvot properly.

## 26. Talmud, Chagigah 3b

תנו רבנן: "איזהו שוטה? היוצא יחידי בלילה והלך בבית הקברות והמקרקע את כסותו." איתמר רב הונא אמר עד שיהיה כולן בבת אחת. ר' יוחנן אמר אפי' בא' מהן. היכי דמי? אי דעביד להו דרך שטות אפילו בחדא נמי! אי דלא עביד להו דרך שטות אפילו כולהו נמי! לא, לעולם דקא עביד להו דרך שטות... כיון דעבדינהו לכולהו הוה להו כמי שנגח שור חמור וגמל ונעשה מועד לכל. אמר רב פפא אי שמיע ליה לרב הונא הא דתניא "אי זהו שוטה זה המאבד כל מה שנותנים לו" הוה הדר ביה. איבעיא להו כי הוה הדר ביה ממקרקע כסותו הוה דהוה הדר ביה דדמיא להא, או דלמא מכולהו הוה הדר? תיקו.

"Who is a *shoteh*? One who travels alone at night, and who sleeps in a cemetery, and who tears his clothing." Rav Huna said: One who displays all of these at once. Rabbi Yochanan said: Even one of these behaviours.

But what is the case? If he acts apparently irrationally, even one [act] should suffice! If he does not act irrationally, even all of them would not suffice! No; this is where he acts apparently irrationally, but one could explain [each symptom in

a rational way]... Once he performs all of them, it is like an animal that gores an ox, a donkey and a camel; it is now identified as dangerous for all.

Rav Pappa said: Had Rav Huna heard the lesson, "Who is a *shoteh*? One who destroys that which people give him," he would have recanted.

Does Rav Pappa mean he would have recanted from listing the trait of tearing his clothing because it is similar, or that he would have recanted from all of them? This remains unclarified.

## 27. Jerusalem Talmud, Terumot 1:1

סימני שוטה: היוצא בלילה, והלך בבית הקברות, והמקרע את כסותו, והמאבד מה שנותנין לו.

The signs of a *Shoteh* are: One who goes about at night, one who sleeps in the cemetery, one who tears his clothes and one who destroys that which is given to him.

## 28. Rabbi Moshe Natan Kahana Shapira (19<sup>th</sup>-20<sup>th</sup> centuries Russia), cited in Or Yesharim 25

הסימן הוא שאין לו שכל לשמור עצמו, כלומר גופו או נפשו או ממונו. ועל כן היוצא יחידי בלילה שבני אדם בדעת יראים פן ייזוקו בגופם... והלך בבית הקברות שבני אדם מפחדים לנפשו שלא ידבק בהם רוח הטומאה, והמקרע כסותו שמאבד ממונו ובכלל זה שאינו חס על כבודו...

The sign is that he lacks the intellect to protect himself, meaning his body, life or property. Therefore, one who goes out alone at night, which rational people fear to do lest they be physically harmed... And one who lies down in the cemetery, where people fear for their lives lest a spirit of *tumah* cleave to them, and one who tears his clothing, destroying his property, as well as not caring about his dignity...

## 29. Rabbi Moshe Feinstein (20<sup>th</sup> century Russia, USA), Igrot Moshe Even haEzer 1:120

אפשר לדון עוד יותר שגם כל מעשיו השטותיים שנמשך מצד טעותו שהוא משיח שלפי דעתו הרעה הוא תקון העולם, אינם מחשיבים אותו לשוטה דכל דבר שאדם עושה מצד חשבון איזה שיטה ודרך שמחזיק בדעתו אף שהיא סכלות גדולה לא נחשב שוטה בזה.

One could argue further that also, all of his foolish actions which emerge from his error that he is Mashiach, that according to his bad thought he is repairing the world, these do not render him a *shoteh* for all matters. One who acts according to a certain logic and path that he believes, even if it is great foolishness, is not considered a *shoteh* for this.

## 30. Rabbi Yosef Karo (16<sup>th</sup> century Israel), Shulchan Aruch Choshen Mishpat 35:8

שוטה, פסול. ולא שוטה שהוא הולך ערום ומשבר כלים וזורק אבנים בלבד, (אלא) כל מי שנטרפה דעתו ונמצאת דעתו משובשת תמיד בדבר מהדברים, אף על פי שהוא מדבר ושואל כענין בשאר דברים, הרי זה פסול, ובכלל שוטים יחשב.

A *shoteh* is disqualified [from testifying]. This is not only a *shoteh* who wanders without clothing and breaks implements and throws stones, but anyone whose mind is torn, so that his mind is confused perpetually on some matter, even though he speaks and inquires on point in other areas. He is disqualified, and considered a *shoteh*.

## 31. Rabbi Yechiel Michel Epstein (19<sup>th</sup>-20<sup>th</sup> century Poland), Aruch haShulchan Choshen Mishpat 35:7

ו"עושה דרך שטות" מקרי כשעשה כן הרבה פעמים, אבל במה שעשה פעם אחת או שני פעמים לא מחזקין לי' מחמת זה כשוטה. והרמב"ם ס"ל דמה שחשבה הגמרא לאו דווקא הוא וה"ה אם אנו רואים באחד שדעתו משובשת תמיד בדבר אחד לעשות מעשה אשר השלם בשכלו לא יעשה זאת הוא מוחזק לשוטה... ויש מהגדולים דס"ל דשוטה לא הוי רק מהדברים שנתבארו בגמרא כמ"ש ונדחו דבריהם מכל הפוסקים וגם הטור הסכים להרמב"ם [עי' בב"א ע"ה"ע סי' קי"ט וקכ"א]. ויראה לי דאף אלו הגדולים ס"ל כהרמב"ם אלא דס"ל כיון דבשאר דברים אינו שוטה קשה לנו לעמוד על הדבר שעושה אם עושה דרך שטות אם לאו.

"Acting in an irrational manner" is when one does this many times, but doing it once or twice does not cause us to consider him a *shoteh* for this. And the Rambam believed that the Talmud's list is not specific, and the same applies if we see someone whose mind is perpetually confused on some matter, doing something which those who are whole in their minds would not do. Such a person is considered a *shoteh*... And there are great authorities who believe that *shoteh* is only that which is stated in the Talmud, as we have written, but their position has been rejected by all of the authorities. The Tur also agreed with the Rambam [see Beit Yosef Even haEzer 119 and 121]. And it appears to me that even these great authorities agree with the Rambam, but believe that since this person is not a *shoteh* in other areas, it is hard for us to establish whether he is performing this action in an irrational manner, or not.

32. Rabbi Ephraim Zalman Margaliyot (18<sup>th</sup>-19<sup>th</sup> century Eastern Europe), Beit Ephraim Even haEzer 89

דמצינו בש"ס פעמים רבות שקורא "שוטה" מחמת שדיבר דבר א' של שטות ומ"מ לא הוי דינו כשוטה, ורק ע"ד המליצה נקרא כן, והוא שם מושאל לפי שעתו. ואפילו בעושה מעשה של שטות עד דקרו ליה "שוטה" מ"מ בשביל זה אינו דינו כשוטה ממש, כדאשכחן בחולין דף צ"ה דקאמר "אמר רבי: וכי בשביל שוטה זה שעשה שלא כהוגן [שמכר טריפה לעכו"ם] אנו נאסר כל המקולין?" אלמא דשביל מעשה שלא כהוגן קרי ליה "שוטה" ואפ"ה פשיטא ליה דודאי לא מחשב שוטה לומר שאין מעשיו כלום, אלא לגבי הא מלתא קרי ליה "שוטה".

For we have seen many times in the Talmud that it calls someone a *shoteh* because he says one irrational thing, but still, he does not have the status of a *shoteh*. He is only called this as a figure of speech, borrowed for the occasion. Even if he performs an act of irrationality, such that they call him a *shoteh*, still, this does not cause him to have the actual status of a *shoteh*, as we find in Chullin 95...

33. Rabbi Isser Zalman Melzer (19<sup>th</sup>-20<sup>th</sup> century Eastern Europe, Israel), Even ha'Azal to Laws of Edut 9:9

ולפי"ז יש לומר דמה שחידש הרמב"ם דמי שדעתו משובשת בדבר מן הדברים פסול לעדות שאינו בן מצות דיש לומר דדוקא לענין מצות הצריכה התורה שלם גמור בכל הפרטים... אבל בעניני קנינים ואפילו גיטין וקדושין אם דעתו משובשת בדבר אחד שאין לזה שום שייכות לעניני קנינים וגיטין וקדושין, אין להוכיח דמעשה שלו בטלה...

One may suggest that the Rambam's novel lesson that one who is confused on some specific matter is disqualified from testimony, for he is not obligated in mitzvot, is specifically regarding mitzvot, where the Torah requires a person to be whole [in order to be obligated]... But regarding transactions, and even divorce and marriage, if his mind is confused on one matter, which has nothing to do with the transactions or divorce or marriage, one cannot prove that his action is void...

Vignette 1: Judaism and the Jewish Community

34. Roni Caryn Rabin, *Rabbis sound an alarm over eating disorders*, NY Times April 2011

<https://www.nytimes.com/2011/04/12/health/12orthodox.html>

[Israeli studies consistently find high rates of disordered eating among Jewish adolescents](#) but not Arab ones, and Israel's rate of dieting is among the highest in the world — more than one woman in four — though obesity rates are relatively low.

Data about American Jews is limited, but two small studies have reported high rates of disordered eating in certain communities. One of those, a 1996 study of an Orthodox high school in Brooklyn, found 1 in 19 girls had an eating disorder — about 50 percent higher than in the general population at the time. The 1996 study was done with the agreement that it would not be published. The other [study](#), done in 2008, looked at 868 Jewish and non-Jewish high school students in Toronto and found that 25 percent of the Jewish girls suffered from eating disorders that merited treatment, compared with 18 percent of the non-Jewish girls.

Demand for treatment programs that accommodate Orthodox teenagers prompted the Renfrew Center to start offering kosher food at its clinics in Philadelphia, New York, Dallas and Florida, while a new residential facility catering to young women from the United States opened last year in Jerusalem. It is not affiliated with Renfrew.

35. Further reading

- <https://www.ou.org/community/health/reclaiming-the-body-anorexia-and-bulimia-in-the-jewish-community/>
- <http://www.tabletmag.com/jewish-life-and-religion/109958/orthodox-and-anorexic>
- <https://www.eatingdisordertherapy.com/eating-disorders-in-the-orthodox-jewish-community/>

36. Berg, Levinson, Wollner, *Eating Disorders in the Jewish Community*, National Eating Disorders Association

<https://www.nationaleatingdisorders.org/eating-disorders-jewish-community>

According to a recent article in the Washington Times, health experts say eating disorders are "underreported among Orthodox Jewish women and to a lesser extent others in the Jewish community, as many families are reluctant to acknowledge the illness at all and often seek help only when a girl is on the verge of hospitalization." Reluctance to acknowledge an eating disorder is impacted by stigma of mental illness in Orthodox Jewish communities, as well as the importance of being thin for marriage arrangements among the ultra-Orthodox. As with the community at large, Jewish girls may turn to an eating disorder in an attempt to achieve what they believe is perfection and control. In Jewish Orthodox communities, an eating disorder may be used as a coping mechanism because it is perceived as more "socially acceptable" than other behaviors such as drug abuse.

### 37. Risk factors

- Biological – Genetic, hormonal, chemical imbalance
- History – Previous eating disorder, substance abuse, struggles with obesity, trauma
- Psychological – Low self esteem, difficulty coping, anxiety, low self-esteem, perfectionism
- Interpersonal – Family relationships, low parental contact, high parental expectations, criticism from others regarding eating and body shape, difficulty expressing emotions, history of emotional/sexual abuse, occupational and recreational pressure
- Cultural – Peer pressure, focus on beauty/thinness

### 38. Joseph W. Ciarrocchi, *The Doubting Disease: Help for Scrupulosity and Religious Compulsions*, pg. 8

A superficial view may lead an observer to conclude, as do some mental health professionals, that religion is the source of scrupulosity. After all, a scrupulous man obsesses about sinning if he feels attracted to a pretty woman only because he believes this constitutes "committing adultery in his heart." The superficial view fails to distinguish between religion causing the disorder from religion as its background. Religion does not cause scrupulosity any more than teaching someone French history causes him to believe he is Napoleon. All human beings exist in some cultural context... Cultural backgrounds provide the scenery around which emotional problems create the drama...

### 39. Dr. Caryn Gorden, *Eating Disorders in the Orthodox Jewish Community*

<https://www.psychologytoday.com/blog/contemporary-psychoanalysis-in-action/201502/eating-disorders-in-the-orthodox-jewish-community>

For example, Jews are taught to celebrate and take pleasure in their bodies, yet many restrictions regulating this enjoyment and send another message. There are laws dictating the modest clothing women are permitted to wear, married women must cover their hair when in public, and women are allowed only limited contact with men, including their husbands. The observant female's attempt to reconcile these contradictory imperatives can catalyze the body shame and sexual discomfort that often underlie eating disorders.

Jews value education, as well as professional and economic achievement, all of which can lead to greater contact with secular culture. But Orthodoxy privileges traditional gender expectations: a good shidduch (marital match), marrying young, having many children, skillful domesticity and physical appeal while in modest dress. How can a woman balance the requirements of secular success with those of significant domestic responsibility?

### 40. Dr. Caryn Gorden, *Eating Disorders in the Orthodox Jewish Community*

Food plays a prominent role in Orthodox Jewish life because of its link to religious practices. It is a source of joy, embedded in many familial and communal traditions and rituals such as the Sabbath and holiday meals. Yet there are many rules surrounding food such as Kashrut (keeping kosher), blessings before and after meals and fast days.

Food's distinct role in Orthodox Judaism makes it a prime vehicle for playing out unspoken conflicts and confusion. The religious regulations that demand strict observance can serve as scaffolding for the rigidity, control and deprivation characterizing restrictive anorectic eating

### 41. Judy Krasna, *The Non-Treatment of Eating Disorders in the Orthodox Jewish Community*

<http://blogs.timesofisrael.com/the-non-treatment-of-eating-disorders-in-the-orthodox-jewish-community>

In my opinion, what is most relevant regarding this topic is rarely addressed, which is that people with eating disorders in the Orthodox Jewish community are not getting the treatment that they need. This is partly because the stigma, secrecy, and embarrassment surrounding eating disorders dominates all else.

### 42. Dr. Esther Altmann, *Food for thought: Eating Disorders in the Jewish Community*

<https://www.myjewishlearning.com/article/eating-disorders-in-the-jewish-community/>

There are several theories about why eating disorders have become prevalent amongst ultra-Orthodox adolescent girls. One commonly cited cause is that young ultra-Orthodox men are seeking thin brides, thereby heightening the worries of teenage girls, along with their mothers, that they need to be slim to marry.

The expectation and pressure to marry and start a family at a young age may exacerbate the problem. Girls approaching marital age may feel they are not ready to assume responsibilities of rearing their own children, or may fear becoming sexual with a marital partner. Feeling that they cannot challenge parental expectations, they may instead rebel by trying to control their bodies.

43. Jacobs, Winzelberg, Wilfley, Bryson, *Spirituality among young women at risk for eating disorders*, Eating Behaviors (2006) [http://opac.uma.ac.id/repository/Eating\\_Behaviors\\_Vol.06\\_Issue\\_4\\_200512\\_14710153.pdf](http://opac.uma.ac.id/repository/Eating_Behaviors_Vol.06_Issue_4_200512_14710153.pdf)

Objective: This study examined the spiritual and religious (S/R) beliefs and practices of college-age women at high-risk for eating disorders, and the relationship between body image distress, coping, and S/R.

Method: Two hundred fifty-five college-age women with elevated weight and shape concerns, assessed using the Weight/Shape Concerns Scale and the Eating Disorder Examination (EDE), completed surveys about their S/R beliefs and practices.

Results: Women with strong S/R beliefs and practices cope with body dissatisfaction differently than women without strong S/R beliefs. Participants with strong S/R were significantly more likely to pray, meditate, or read religious/spiritual texts to cope with body image distress. Participants without strong beliefs and practices were more likely to cope utilizing distraction. Women with strong beliefs who prayed found it effective.

Discussion: Study participants were heterogeneous in their S/R beliefs and practices. These beliefs and practices may be underutilized resources for coping with body image concerns.

#### Vignette 2: Fasting

44. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pg. 141 and footnote 19

אלו הסובלים מצימנות (=אנורקסיה נרבוזה) אף אם לעת עתה הם מאוזנים, לא יצומו בתשעה באב, וקל וחומר שלא יצומו בשבעה עשר בתמוז, צום גדליה, עשרה בטבת, תענית אסתר ותענית בכורות.

**הערה יט:** אי-אכילה מחזירה את הגוף, ואוטומטית את הנפש, לאותו מקום המוכר של ההפרעה. תחושת הרעב, הריקנות בבטן ותחושת הטיהור מעלים חזק את הסימפטומים הישנים: את ההתענגות על התחושות הללו (וחוסר רצון לשים להם סוף בצאת הצום) או את החרדה מהתחושות והצורך לתת להם מענה מידי (בולמוס באמצע או בצאת הצום).

45. Rabbi Dr. Tomer Mevorach, **אכילה ביוה"כ לסובלת מהפרעת אכילה (אנורקסיה)**, Techumin 38 (2018)

החשש שמא יכביד החולי הינו מרכיב משמעותי בטיפול במחלת האנורקסיה. לאחר השלב הראשון של הזנה כטיפול בתת-התזונה, ישנו שלב ארוך של הסתגלות לאכילה עצמאית ועלייה במשקל מבלי לחזור להרגלי התחלואה הקודמים. בשלב זה יש להקפיד על ארוחות מסודרות מבחינת זמן, כמות האוכל ומרכיביו ועל פי רוב מדובר בתקופה ממושכת וקשה. צום של יממה במהלך תקופה זו עלול לדרדר את הטיפול באופן דרמטי, הן בגלל החזרה להרגלים לא בריאים הן משום שמבחינה ביולוגית החולה שואבת מעצם הצום סיפוק ותענוג המובילים לתגובה מוחית הדומה לתגובה של התמכרות. כל מקרה כזה של הפסקת אכילה מעודד באופן פסיכולוגי וניוירולוגי המשך הפסקות ומיעוט אכילה שבהחלט עלולות להוביל לסכנת נפשות ברורה.

46. Rabbeinu Asher (13<sup>th</sup>-14<sup>th</sup> century Germany/Spain), Commentary to Yoma 8:13

וכתב הרמב"ן... וגרסין בכריתות בפרק אמרו לו (דף יג.) "התירו לה לעוברת לאכול פחות מכשיעור מפני הסכנה..." ונראה שאף בחולה עושין כך כדי להקל מעליו מאיסור כרת ומלקות לאיסור בלבד ע"כ. ונראה לי דבחולה אין עושין כן אלא ע"פ רופא אם אומר שיספיק לו להאכילו ממנו מעט מעט.

47. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pg. 129, footnote 22

אף שבחולה שיש בו סכנה נוהגים להורות על אכילה בשיעורים, מכל מקום, כאן שעצם חוסר האכילה הוא המחלה, אין להקפיד על כך...

48. Rabbi Dr. Tomer Mevorach, **אכילה ביוה"כ לסובלת מהפרעת אכילה (אנורקסיה)**, Techumin 38 (2018)

נראה שיש לשקול בכובד ראש אם הנחיה לאכול לשיעורין הינה מעשית ומועילה די הצורך בחולות אלה מכמה בחינות. ראשית, מצד כמות המזון המתקבלת בדרך זו מול הצורך לעלות את הצריכה האנרגטית ואת משקל הגוף בצורה בהולה. שנית, מצד הקושי הרב לעמוד בלוחות זמנים בכל אכילה שהיא שבמצב כזה הופך להיות עיקר סדר היום. יתר על כן, המצוקה הנלווית לעיסוק דקדקני בכמויות אוכל ושתיה קיימת ממילא ומהווה קושי ניכר במהלך הטיפול בכל ימות השנה. אם הדבר אינו הכרחי מבחינה הלכתית הבו דלא לוסף עלה.

49. Rabbi Dr. Tomer Mevorach, **אכילה ביוה"כ לסובלת מהפרעת אכילה (אנורקסיה)**, Techumin 38 (2018)

קשה להניח שניתן לפטור אותן מכל המצוות אף על פי שזה העולה משיטת הרמב"ם<sup>19</sup> עם זאת, בהחלט ייתכן שכלפי אכילה ואולי פעולות נוספות הנוגעות לצריכת אנרגיה ולדימוי הגוף (שקילה, הימנעות מפעילות גופנית, הגעה למסגרות תומכות) יהיה מקום להקל על פי שיטת הנודע-ביהודה.

50. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pg. 129, footnote 24

יש להוסיף כי כל היתר לבטל מצווה משום מחלה או הפרעה נפשית יכול להביא להרגשת כישלון

One should add that the whole permission to cancel a mitzvah due to disease or mental illness can cause a sense of failure.

#### Vignette 3: Mitzvot of eating

51. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pp. 135-136

באופן כללי יש לקבוע כי הסובלים מהפרעת אכילת יתר (Binge-Eating Disorder) חייבים באכילת מצה ובשתיית יין בליל הסדר, אך מכל מקום יישמעו להוראות הרופאים ולא יאכלו ולא ישתו יותר ממה שהם מורים להם. בהתאם להוראות הרופאים, יכולים מטופלים אלו להקל בשיעורי המצה ושיעורי היין כשיטות המקילות.

הסובלים הצימות (=אנורקסיה) שנמצאים בראשית תהליך החלמתם, והם קצים באכילת המצה, יש אומרים שאינם חייבים באכילתה, ועל כן אף אם יאכלוהו אין להם לברך על מצוות אכילתה. ויש חולקים וסוברים שיברכו על אכילתם.

#### Vignette 4: Body image

52. Rabbi Yonatan Rosensweig (21<sup>st</sup> century Israel), **נפשי בשאלתי**, pg. 172, footnote 34

נשים הסובלות מאנורקסיה עוברות יישורים נפשיים לא פשוטים בכל התעסקות עם הגוף ועם מראהו... אישה שסובלת מהפרעת אכילה יכולה בקלות לפתח חרדות קשות סביב הטבילה, הימנעות מאכילה, התחלת הכנות ימים מראש, ולפעמים עד פציעה עצמית (כל זה כמין מנגנון התמודדות עם המצוקה הרגשית).... תחושות של בושה, שנאה עצמית, רצון להעלים את עצמי – נוכחות במקוה אצל נשים רבות שסובלות מהפרעת אכילה.