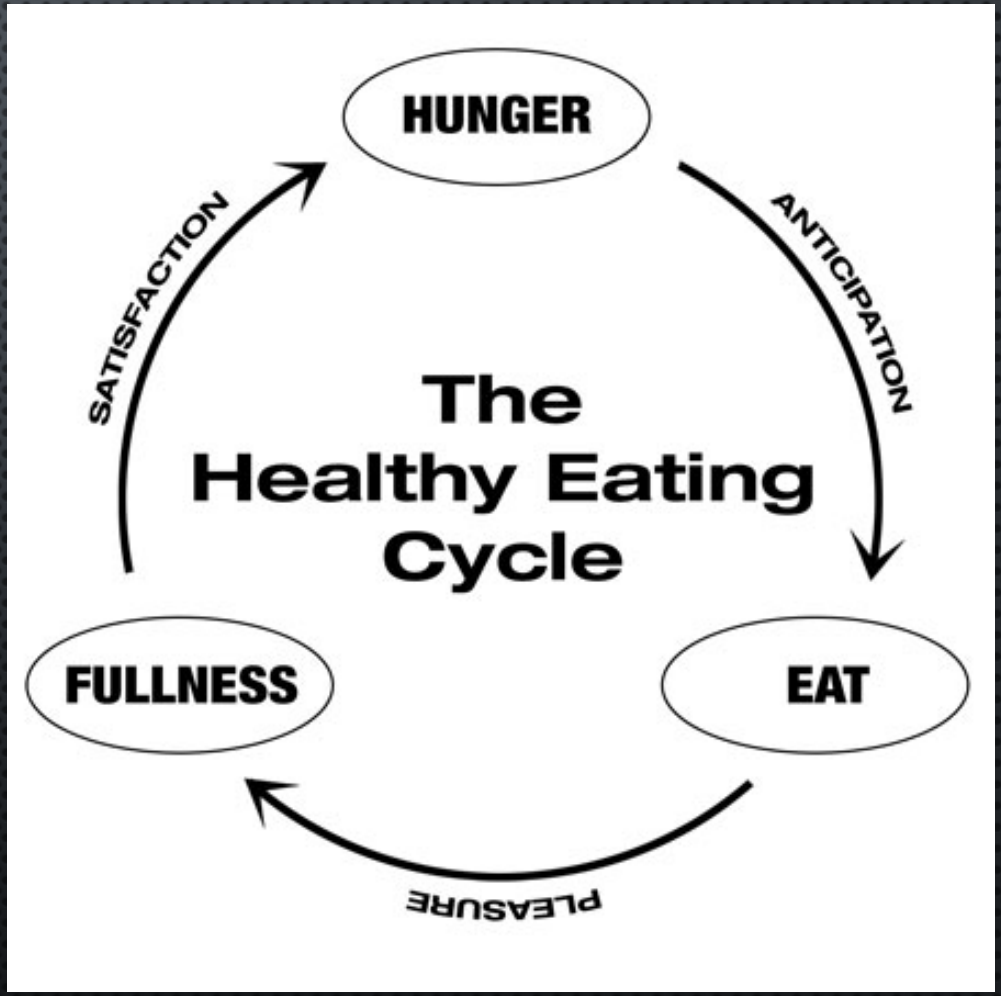
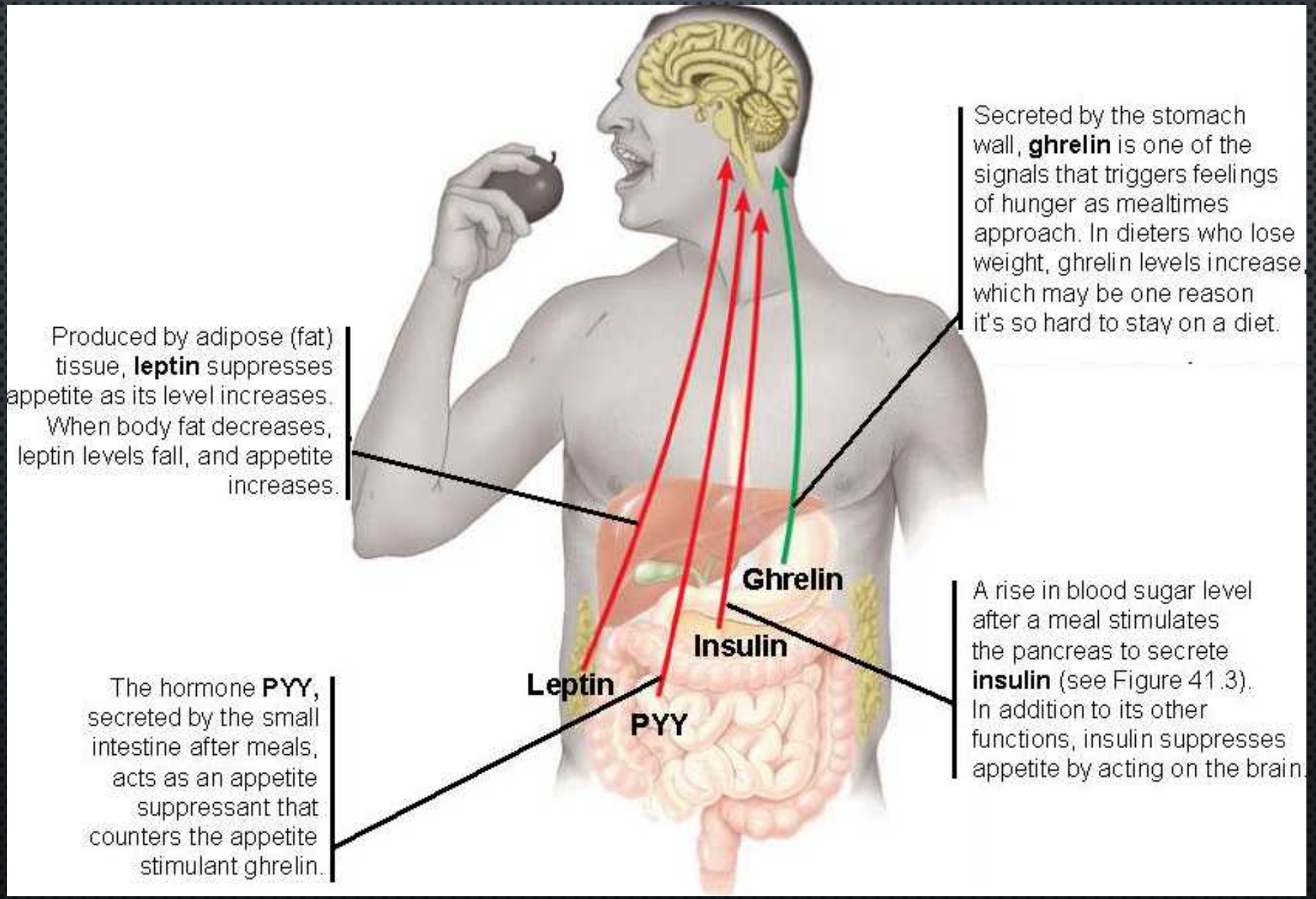

ונשמרתם מאד לנפשותיכם
SERVING OUR CREATOR
WITH A
HEALTHY
BODY, MIND AND SOUL
Given by Rabbi Larry Rothwachs
Monday Nights at 8:30
Congregation Beth Aaron, 950 Queen Anne Road, Teaneck NJ
This lecture series is generously sponsored by the following families:
Rabbi Jay and Linda Goldmintz
Rabbi Mark and Linda Karasick
in honor of their children and grandchildren
Dr. Steve and Cathy Schuss
in memory of their parents, Naftali Herz ben Yizchok, Miriam bas Avraham, and Shalom Tzvi ben Aharon
NOV 24 The Torah Imperative and the Halachic Parameters of Personal Health Management
DEC 1 Five Unhealthy Habits of Orthodox Jews
DEC 8 To Vaccinate or Not to Vaccinate? A Halachic Perspective
DEC 15 Matters of the Mind: What Everyone Needs to Know about Mental Illness
DEC 29 Torah Living for the OCD, Anxiety Disordered or Struggling Addict
JAN 5 Eating Disorders in the Jewish Community: Prevention, Detection and Treatment
JAN 12 Genetic Testing and Preventive Medical Intervention in Halacha and Hashkafa
FEB 2 Shemiras Shabbos vs. Shemiras HaNefesh: Health Management and Medical Treatment on Shabbos

Eating Disorders in the Jewish Community: Detection, Prevention and Treatment

WHAT IS NORMAL EATING?

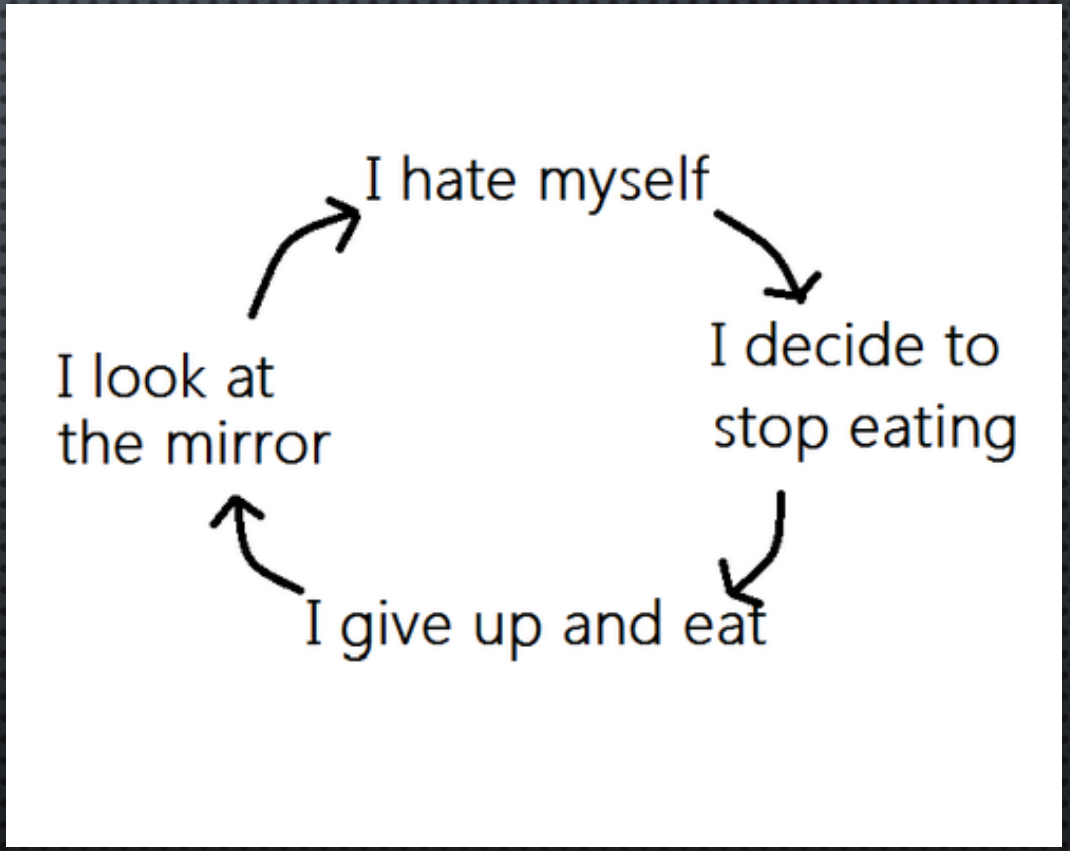
- Eating satisfies a physiological need
- Appetite is regulated without conscious input
- Eating is controlled by hunger, appetite and satisfaction
- Personal taste plays a moderate role in food selection, eating is pleasurable
- Sensible choices help regulate portion control and nutritional intake
- Accommodates temporary shifts in schedule, needs or environment (i.e. allows for an occasional fast or feast, with no disruption or sudden instability)



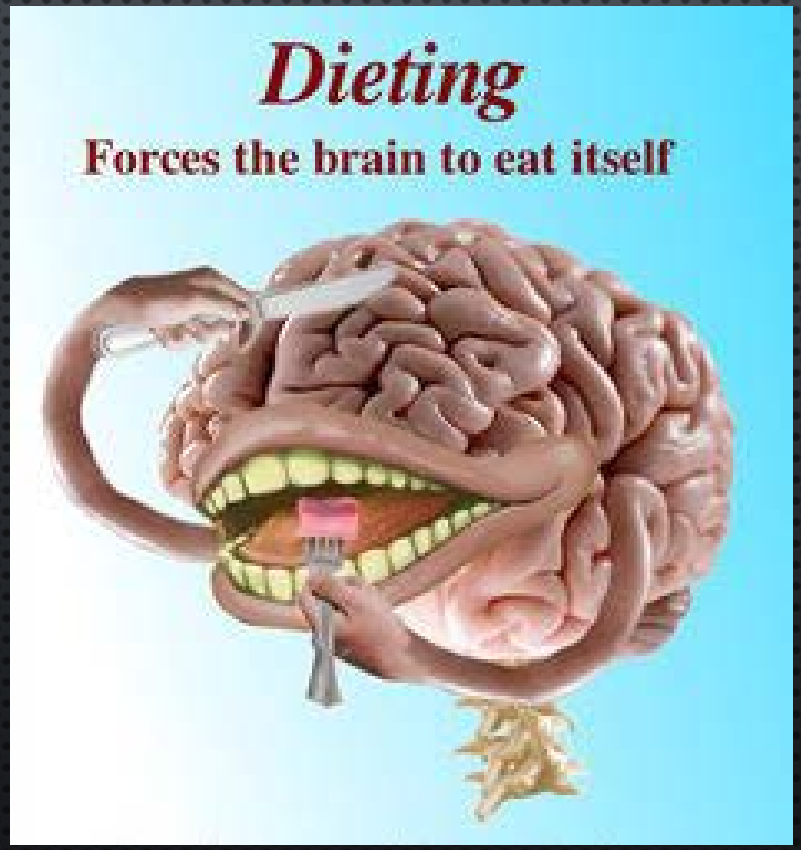

Secreted by the stomach wall, **ghrelin** is one of the signals that triggers feelings of hunger as mealtimes approach. In dieters who lose weight, ghrelin levels increase, which may be one reason it's so hard to stay on a diet.
Produced by adipose (fat) tissue, **leptin** suppresses appetite as its level increases. When body fat decreases, leptin levels fall, and appetite increases.
Ghrelin
Insulin
Leptin
PYY
A rise in blood sugar level after a meal stimulates the pancreas to secrete **insulin** (see Figure 41.3). In addition to its other functions, insulin suppresses appetite by acting on the brain.
The hormone **PYY**, secreted by the small intestine after meals, acts as an appetite suppressant that counters the appetite stimulant ghrelin.

WHAT IS DISORDERED EATING?

- Eating/restricting satisfies a psychological/emotional need
- Appetite is regulated with conscious input
- Eating is controlled by will, planned diet
- Eating is not necessarily pleasurable
- Portion control and nutritional intake become severely compromised



BRAIN TURNS ON ITSELF, NATURAL INSTINCT FOR SURVIVAL BECOMES COMPROMISED



EATING DISORDERS ARE **NOT** TO BE CONFUSED WITH:

- Picky eating
- Unhealthy dieting
- Overindulgence

EATING DISORDERS ARE SERIOUS BUSINESS

- Over 11,000,000 Americans suffer from EDs, up 50% since 1960
- EDs have the highest mortality rate of any mental illness
- Anorexia is the 3rd most chronic illness among adolescents
- 95% of those who have EDs are between the ages of 12 and 25
- 20% of those suffering from anorexia will die prematurely from complications due to their ED
- Treatment of EDs can cost between $500 and $2,000 per day
- Rates of Recovery
  - 1/3 recover after initial episode
  - 1/3 fluctuate with recovery and relapse
  - 1/3 suffer chronic deterioration

ANOREXIA NERVOSA

Individual has a distorted body image and an irrational fear of becoming overweight, so he/she deliberately attempts to lose weight, through restriction and other forms of calorie burning and purging.

Malnourishment can cause many other physiological complications, including:

- Slowed cognitive abilities
- Suppressed immune system
- Anemia
- Abnormal blood pressure
- Suspension of menstruation
- Stunted development
- Brittle and thin hair
- Weak muscles / bones, osteoporosis
- Kidney malfunction
- Cardiac complications

ANOREXIA NERVOSA SYMPTOMS

FOOD BEHAVIOR SIGNS AND SYMPTOMS:

- **Dieting despite being thin** – Severely restricted diet, eats only certain low-calorie foods, banning "bad" foods
- **Obsession with calories, fat grams, and nutrition** – Reading food labels, measuring and weighing portions, keeping a food diary, reading diet books.
- **Pretending to eat or lying about eating** – Hiding, playing with, or throwing away food to avoid eating. Making excuses to get out of meals ("I had a huge lunch" or "My stomach isn't feeling good.").
- **Preoccupation with food** – Constantly thinking about food. Cooking for others, collecting recipes, reading food magazines, or making meal plans while eating very little.
- **Strange or secretive food rituals** – Refusing to eat around others or in public places. Eating in rigid, ritualistic ways (e.g. cutting food "just so", chewing food and spitting it out, using a specific plate).

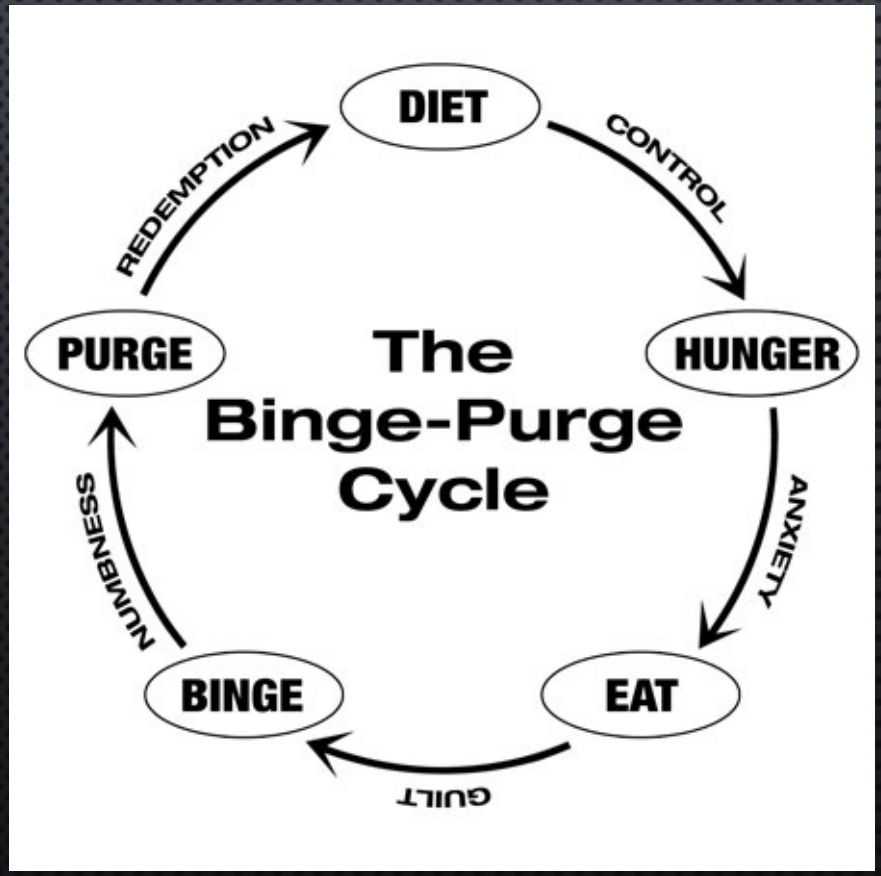
ANOREXIA NERVOSA SYMPTOMS

ANOREXIC APPEARANCE AND BODY IMAGE SIGNS AND SYMPTOMS:

- **Dramatic weight loss** – Rapid, drastic weight loss with no medical cause.
- **Feeling fat, despite being underweight** – feel overweight in general or just "too fat" in certain places such as the stomach, hips, or thighs.
- **Fixation on body image** – Obsessed with weight, body shape, or clothing size. Frequent weigh-ins and concern over tiny fluctuations in weight.
- **Harshly critical of appearance** – Spending a lot of time in front of the mirror checking for flaws. There's always something to criticize. Never feels thin enough.
- **Denial of thinness** – May deny that low body weight is a problem, while trying to conceal it (drinking a lot of water before being weighed, wearing baggy or oversized clothes).

BULIMIA NERVOSA

The individual experiences regular bouts of serious overeating, which are always followed by a feeling of guilt, which can then lead to extreme reactions such as crash dieting, doing lots of exercise, and purging (deliberately vomiting).



BULIMIA NERVOSA SYMPTOMS

Purging Signs And Symptoms:

- **Using diet pills, laxatives, or diuretics** – Abusing water pills, herbal appetite suppressants, prescription stimulants, ipecac syrup, and other drugs for weight loss.
- **Throwing up after eating** – Frequently disappearing after meals or going to the bathroom. May run the water to disguise sounds of vomiting or reappear smelling like mouthwash or mints.
- **Compulsive exercising** – Following a punishing exercise regimen aimed at burning calories. Exercising through injuries, illness, and bad weather. Working out extra hard after bingeing or eating something "bad."

BULIMIA NERVOSA

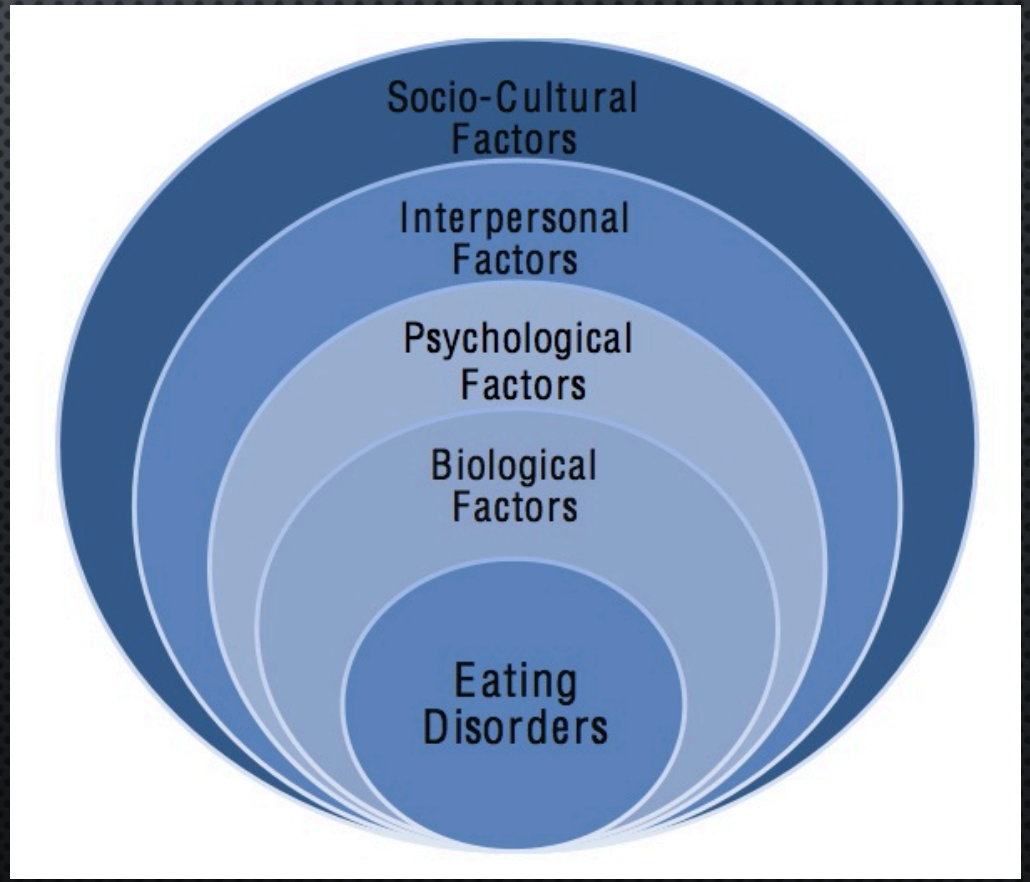
Unlike anorexia nervosa, bulimia nervosa is difficult to identify. The sufferer is not usually underweight. Because of the shame and guilt associated with the illness, patients are skilled in masking the symptoms.

- puffy face
- scars or red marks on the fingers or knuckles
- tooth damage
- redness around and in the eyes
- constant sore throat and a compromised immune system
- rapid weight fluctuations
- short finger nails
- frequent visits to the bathroom after eating
- food disappearing in large quantities
- look out for unexpected walks or drives at night
- social withdrawal
- an increase in irritability and mood swings
- fatigue

WHAT CAUSES EDs?

Eating disorders are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. Scientists and researchers are still learning about the underlying causes of these emotionally and physically damaging conditions. We do know, however, about some of the general issues that can contribute to the development of eating disorders.

1. **Biological** – hormonal, chemical imbalance, genetic links
2. **Psychological** - low self esteem, anxiety, difficulty coping
3. **Interpersonal** – troubled family relationships, difficulty expressing emotions, history of physical or sexual abuse
4. **Social** - Cultural values, peer pressure, focus on beauty, thinness, looks…



WHAT CAUSES EDs?

"LOADED GUN" THEORY

1. **Biological** – hormonal, chemical imbalance, genetic links
2. **Psychological** - low self esteem, anxiety, difficulty coping (very high rate of comorbidity)
3. **Interpersonal** – troubled family relationships, difficulty expressing emotions, history of physical or sexual abuse
4. **Social** - Cultural values, peer pressure, focus on beauty, thinness, looks…

WHEN IN DOUBT, REFER FOR HELP

- Don’t dismiss what you see / hear – NEVER encourage someone to “fix it yourself”
- Don’t be an alarmist, but know that EDs often go undetected until too late – treatment much more effective with early intervention

TREATMENT OF EDs

HEALTH PROFESSIONALS:
- MD
- Patient psychotherapist
- Family therapist
- Nutritionist

LEVEL OF CARE:
- Outpatient
- PHP
- Residential
- Inpatient / Acute Level Care

EVIDENCE-BASED EATING DISORDER TREATMENT MODALITIES

INDIVIDUAL AND GROUP THERAPIES

- Cognitive Behavior Therapy (CBT)
- Dialectical Behavior Therapy (DBT)

FAMILY THERAPY / COUPLES THERAPY

- Family-Based Therapy (FBT) / Maudsley

** Those struggling with EDs often require treatment and maintenance of comorbid psychiatric conditions/disorders **

New York Times, April 11, 2011 / Rabbis Sound an Alarm Over Eating Disorders

"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."

INCONCLUSIVE

International Journal of Child and Adolescent Health
Volume1, Issue 4
ISSN: 1939-5930

The Influence of Religious Orientation and Spiritual Well-Being on Body Dissatisfaction and Disordered Eating in a Sample of Jewish Women

Sarah L. Weinberger-Litman, PhD[1*], Laura A. Rabin, PhD[1], Joshua Fogel, PhD[2-3] and Janell L. Mensinger, PhD[4]

[1]Department of Psychology, Brooklyn College and the Graduate Center of the City University of New York, Brooklyn, NY, United States of America
[2]Department of Economics, Brooklyn College of the City University of New York, Brooklyn, NY, United States of America
[3]Department of Earth and Environmental Sciences, Graduate Center of the City University of New York, New York, NY, United States of America
[4]Reading Hospital and Medical Center, Office of Research, Reading, PA, United States of America

Abstract

Numerous psychological, cultural, and biological variables have been investigated in the etiology of eating disorders (EDs) and their risk factors such as body dissatisfaction and a preoccupation with weight and appearance. Despite its historical link to EDs, the role of religion has largely been ignored. Most studies investigating religious influences on ED symptoms use the terms religion and spirituality interchangeably and do not include Jewish women. Studies that have included Jewish women used a single variable (e.g., attendance at religious service) to measure religiosity, which does not adequately capture the nature of one's religious beliefs and practices. In a sample of 301 adolescent and young Jewish women, this study assessed participants' religious orientation and spiritual beliefs to elucidate the possible differential influences of these

religious beliefs and practices. In a sample of 301 adolescent and young Jewish women, this study assessed participants' religious orientation and spiritual beliefs to elucidate the possible differential influences of these variables on body dissatisfaction and disordered eating. Results revealed that participants with an intrinsic religious orientation had consistently lower scores (indicating less pathology) on measures of body dissatisfaction and eating disturbance as compared to those with an extrinsic, pro-religious, or anti-religious orientation. High levels of spiritual well-being were moderately associated with lower levels of body dissatisfaction but showed no association with disordered eating. Overall, these findings suggest that having an intrinsic religious orientation may confer protection from eating and body image disturbance.

Available online at www.sciencedirect.com

SCIENCE DIRECT®

Eating Behaviors 6 (2005) 293–300

EATING BEHAVIORS

Spirituality among young women at risk for eating disorders☆

M. Joy Jacobs-Pilipski[a,*], Andrew Winzelberg[b], Denise E. Wilfley[c,1], Susan W. Bryson[b], C. Barr Taylor[b,2]

[a]*SDSU/UCSD Joint Doctoral Program in Clinical Psychology, 6363 Alvarado Court, Suite 103, San Diego, CA 92120, USA*
[b]*Stanford University School of Medicine, Department of Psychiatry and Behavioral Sciences, 401 Quarry Road, Stanford, CA 94305-5722, USA*
[c]*Weight Management and Eating Disorders Program, Washington University School of Medicine, Department of Psychiatry, 660 South Euclid, Campus Box 8134, St. Louis, MO 63110, USA*

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 heterogenenous in their S/R beliefs and practices. These beliefs and practices may be underutilized resources for coping with body image concerns.

On the other hand…

AREAS FOR HONEST CONSIDERATION

- High demands / expectations of ourselves and children, triggering to those who are vulnerable
- Highly competitive community, peer-pressure
- *Shidduch* process
- Larger family sizes, less attention for each child
- Centrality of food within culture and lifestyle (שבת, יו"ט)…
- Overindulgence – שמחות, קידוש, cookbook craze…
- Stigmatization

Food for Thought: Eating Disorders and the Jewish Community

By Esther Altmann PhD

The pervasiveness of eating disorders has affected the Jewish community, including the ultra-Orthodox sectors. Many Jewish women of all ages have chronic eating concerns and negative feelings about their bodies. I have found that young Jewish anorectics frequently receive communal endorsement of their emaciated frames. More than one mother has reported the need to ask other women at shul to stop complimenting their anorectic daughters on their weight loss and to stop voicing admiration for their discipline and restraint. Even within the ultra-Orthodox communities, proscriptions such as no television in the home, designed to protect members from problematic cultural influences, have not provided a successful shield.

Food for Thought: Eating Disorders and the Jewish Community

By Esther Altmann PhD

First, it has been suggested that observant young women develop eating disorders because they have no voice, no other way to say that they are not ready to take on the responsibilities of wife and mother. Many young women (or their families) worry that they are not skinny enough to start dating for fear that they will be passed over for a girl with a better body. The abhorrent question, "*what size does she wear?*" is often quoted. Unfortunately, these *shiddukh* stories are not merely apocryphal. Some young men and women harbor the illusion that a perfect body will produce a perfect spouse and a perfect life.


WARNING:
Reflections in this mirror may be distorted by socially constructed ideas of 'beauty'

TORAH LIVING FOR THE EATING DISORDERED

Elizabeth, 38, has struggled for many years with an eating disorder. After years of treatment, she has successfully refrained from restricted eating for close to one year. Her therapists warn that fasting, even for one day, could potentially trigger a relapse. What should she do on Yom Kippur?

Chaim, 16, has been suffering from AN for 2 years. He was recently discharged from an inpatient facility, where he had been receiving treatment for 7 weeks. Although his weight has been completely restored, he has not tolerated any variety in his diet and receives much of his nutrition from supplement bars, which contain *chametz*. May he continue to eat these on *Pesach*? If so, should he be encouraged to eat them in a separate room? When he/his father performs a *bittul chametz*, are these bars to be included?

Esther, 15, suffers from anorexia and is currently undergoing inpatient treatment. In an effort to optimize treatment, all meals are prepared on site by the trained staff and no outside food may be brought into the facility. May Esther eat non-kosher food as part of her treatment? If she refuses to eat non-kosher food, may her family lie to her and tell her that the food is kosher? *(May other members of her family eat the food?)*

Bracha, 19, has been recovering from an ED and has thankfully made significant progress. She is still unable to eat on her own and relies on her parents to be present with her during each meal. When they can not be physically present, she has been able to complete her meals while skyping them. An opportunity has arose for her to travel to Israel for 2 weeks, which she would very much like to do, especially given that she was unable to attend seminary with her friends, as she was in treatment for her ED. Her doctors feel that this opportunity may be a very helpful step towards her recovery. May she travel to Israel, if doing so would require that she and her parents continue to skype each other during meals, even on *Shabbos*?

A SAMPLE LETTER

As you may know, the recovery from an eating disorder typically takes several years and occurs through stages. Thankfully, the most intensive stage of Rachel's treatment will shortly be coming to an end and she will then begin the next phase of her recovery. Given that you will possibly see Rachel in the coming days or weeks, we wanted to share with you some of the important do's / do not's when speaking to someone with an ED. Please do not misinterpret the intent of this message in any way. Needless to say, we are grateful for any positive support that you can offer Rachel. At the same time however, this entire experience has afforded us the opportunity to gain a broader perspective and a deeper understating into ED's and, as a result, we have learned many things that we did not know beforehand. We would therefore like to be proactive in reducing the amount of negative "triggers" (albeit inadvertent) that she will undoubtedly encounter.

As we have recently come to learn and understand, fundamentally, eating disorders have nothing to do with food, weight or calories. As such, we have been directed to avoid discussions that include these issues, unless the conversation is in a controlled, therapeutic setting. Please resist any temptation to mention these issues or directly respond to any questions that she may offer on these subjects. These types of comments should be avoided even if they are not directed to the person who is recovering. For example, one should not say in her presence, "I hate my body" or "I just ate so much..." or "I haven't eaten all day and I'm starving."

Additionally, some of the most well-intentioned comments that are directed to someone recovering from an ED, will often be misperceived or processed quite differently than they were intended. To be more specific, here are a few general examples of the types of comments that one should not say to someone who is in the process of recovering from an ED. (Please note how objection to some of these comments is remarkably counterintuitive.)

"You look great"
"You look so healthy."
"I hear / see that you are eating a lot better now."
"Don't you feel better than you used to?"
"Do you want me to get you something to eat?" / "Are you hungry?"
"I knew someone who had an eating disorder and she..."

Please do not ask her any questions about her experiences in the hospital or of her immediate / future plans, treatments or school.

Additionally, one recovering from an ED will be very conscious of who is looking at her body. It is best therefore not to gaze directly at her, other than her face, etc. In fact, it is best to avoid giving any special attention to one recovering from an ED. It is best to be as natural as possible, and avoid coming across as if you are walking on egg shells.

If she does open up to you regarding her illness, it is best to listen (not interrupt), validate (not argue) and admit that you can't really understand what she is experiencing. To quote something I have recently read from one with an ED: "When looking from the outside in, it is impossible understand. When looking from the inside out, it is impossible to explain."

On a more positive note, here are examples of comments that would be appropriate and could be very reassuring:
"I've missed you so much."
"Please let me know if there is anything that I could do for you."
"Let me share with you some of things that are going on in my life." (Although I can not promise that she will want to listen.)


ונשמרתם מאד לנפשותיכם
SERVING OUR CREATOR
— WITH A —
HEALTHY BODY, MIND AND SOUL
Given by Rabbi Larry Rothwachs
Monday Nights at 8:30
Congregation Beth Aaron, 950 Queen Anne Road, Teaneck NJ
This lecture series is generously sponsored by the following families:
Rabbi Jay and Linda Goldmintz
Rabbi Mark and Linda Karasick
in honor of their children and grandchildren
Dr. Steve and Cathy Schuss
in memory of their parents, Naftali Herz ben Yizchok, Miriam bas Avraham, and Shalom Tzvi ben Aharon
NOV 24 The Torah Imperative and the Halachic Parameters of Personal Health Management
DEC 1 Five Unhealthy Habits of Orthodox Jews
DEC 8 To Vaccinate or Not to Vaccinate? A Halachic Perspective
DEC 15 Matters of the Mind: What Everyone Needs to Know about Mental Illness
DEC 29 Torah Living for the OCD, Anxiety Disordered or Struggling Addict
JAN 5 Eating Disorders in the Jewish Community: Prevention, Detection and Treatment
JAN 12 Genetic Testing and Preventive Medical Intervention in Halacha and Hashkafa
FEB 2 Shemiras Shabbos vs. Shemiras HaNefesh: Health Management and Medical Treatment on Shabbos