



THE HIDDEN HUNGER

Eating Disorders in the Orthodox Community

By Leah R. Lightman

Case 1: *Debbie, a 40-year-old mother of four, consults her internist after breaking her toe while toweling herself dry after a shower. The diagnosis: Osteoporosis.*

Case 2: *Esther, 25 years old, and her husband are seeking fertility treatment. Married for four years, they have been unable to conceive children.*

Case 3: *"She was a special girl and will be missed by her parents, brothers, sisters, grandparents, and friends." Following these words, the standing-room-only crowd rose for the recitation of the Kel Maleh Rachamim for 18-year-old Miriam.*

These Orthodox Jewish women have something in common: They are all victims of an eating disorder. And while they range in ages, their eating disorders all took root during their adolescent years. In fact, studies today show that three out of five teenage girls are abnormally concerned and

even obsessed with their body size; moreover, one out of five will develop an eating disorder.*

In recent years, eating disorders—which include anorexia, bulimia and binge-eating disorder—have become increasingly common among *frum* adolescent girls. "In general, dieting

has become a big issue in many religious girls' schools," explains Rabbi Dovid Goldwasser, a noted New York rabbi who is interested in eating disorders. Indeed, many Orthodox schools are taking steps to educate students about these diseases. The Ramaz School in New York, for example,

includes a segment on eating disorders in its health curriculum. "While learning about eating disorders may not necessarily prevent the problem, it does raise awareness," explains Dr. Jerry Zeitchik, a psychologist who is the director of guidance at the Ramaz Upper School.

Additionally, Ramaz is committed to creating an atmosphere where adults can be constructively involved when a problem arises. "When responding to vulnerable teenagers—as those with eating disorders are—it is critical for a school to create a trusting environment so that students can feel confident about seeking support," says Dr. Zeitchik.

A number of New York schools participate in a program that trains teachers to spot students with eating disorders. Sponsored by Ohel Children's Home and Family Services in Brooklyn, New York, the program also includes student workshops on topics such as "Healthy Communication," "Self Care," and "Mixed Messages in Our Society."

New York's Hebrew Academy of Nassau County (HANC) and Hebrew Academy of the Five Towns and Rockaway (HAFTR) sensitize their 7th and 8th grade female students to eating disorders through a program called "Full of Ourselves: An Empowerment Program for Girls." Based on a curriculum developed by Harvard University's Center for Eating Disorders, "Full of Ourselves" utilizes creative writing to teach self-awareness and nutrition, among other things. Sponsored by the Long Island division of FECS, and funded through a grant by Hadassah Women and UJA-Federation, the HANC and HAFTR curricula include a specially developed segment on Jewish values and teachings.

Mrs. Lightman is a freelance writer who lives in Lawrence, New York, with her husband, Dr. Hylton Lightman, and family. This article grew out of discussions with her husband who has seen an increase in the number of patients with eating disorders in his medical practice.

Another prevention program for Jewish day schools, run by the New York Board of Jewish Education and Maimonides Medical Center, includes education for parents as well as school staff.

At least five million women in America suffer from eating disorders. Although exact statistics on the number of Orthodox women with eating disorders do not exist, anecdotal evidence indicates that the problem is significant. "We in the Orthodox community have the tendency to feel that

...the onset is often correlated with a stressful life event such as beginning to date, leaving home for Israel or starting college.

we don't have the same problems that exist on the outside. But sometimes we do," says Rabbi Goldwasser.

Victims of eating disorders may suffer from osteoporosis, amenorrhea (cessation of menstruation) which can lead to infertility, and other hormonal disorders. In some cases, they may even die. Moreover, eating disorders cause enormous emotional upheaval for the patient and family. In fact, other family members can become at risk for eating disorders, depression and anxiety disorders.

"When we sought treatment for our daughter who was bingeing and purging," say the Brooklyn parents of a 21-year-old girl, "our family was turned upside-down. Our attention was natu-

rally focused on this child, yet our other children suffered. They felt that we were favoring her and neglecting them."

What makes an adolescent vulnerable to eating disorders?

"We used to attribute this kind of problem to those from broken homes," says Marcia Kesner, director of adolescent services at Ohel Children's Home and Family Services. "Now we see teenagers with eating disorders who come from functional, healthy, intact families."

"Part of the insidiousness of eating disorders is that they are multifactorial," says Dr. Hylton I. Lightman, a pediatrician in Far Rockaway, New York, who has diagnosed numerous patients as having eating disorders. "There is no one cause. Each diagnosed case is a story in and of itself."

While each case is distinct, health professionals have discovered some common patterns. "In many cases, the teenagers may be accomplished and, more often than not, are perfectionists, yet they do not feel good about themselves. Moreover, they are in the throes of adolescence, a time when they are trying to find themselves: 'What is my place within society? What am I going to do? What kind of education do I want?'" says Dr. Neville H. Golden, director of adolescent medicine and the Eating Disorders Center at Schneider Children's Hospital in New Hyde Park, New York.

Often "control" issues play a role. Not feeling in control of their lives, some victims believe that eating is the one area over which they can take charge. By starving their bodies, those with eating disorders try to regain a sense of control over their inner turmoil.

Experts also place significant blame on cultural influences. Indeed, the fashion industry, replete with paper-thin models, can trigger the disorder in a person predisposed to the illness.

"Girls see the models in *Vogue*, *Seventeen* and a whole host of fashion magazines as having ideal bodies," says a social worker in a Brooklyn girls' high school.

“As Jewish parents and educators, we must forcefully convey the message that power, effectiveness and young women’s identities are not linked to appearance,” says Zeitchik.

A difficulty with boundaries is another recurring theme among sufferers. According to Dr. Ira M. Sacker, chief of adolescent medicine at Brookdale Hospital in Brooklyn, New York, the general scenario is “an unfulfilled relationship between mother and daughter with an emotionally absent husband and father. Frequently, there is an over-involvement and entwinement between the mother and daughter.”

“Neither the mother nor the daughter have successfully individuated from one another,” further explains Shirley Lebovics, a psychotherapist in private practice in Los Angeles, California. “Feeling trapped, the daughter gets caught up in the ugly cycle of eating disorders. Gaining or losing weight is an adolescent girl’s way of trying to claim her own identity.”

“It emerged in therapy that our daughter felt that she was in her mother’s shadow and had to follow her mother’s path,” shared the parents of a recovering anorexic. “By not eating, she felt different.”

Typical onset of anorexia or other eating disorders occurs between the ages of 14-26; the onset is often correlated with a stressful life event such as beginning to date, leaving home for Israel or starting college.

“The expectation is that a *frum* girl will attend seminary in Israel,” says a social worker who works in a girls’ school in the Flatbush area of Brooklyn, New York. “Yet neither Israel nor seminary is necessarily for everyone. Some girls feel pressured by what their peers are doing and by their parents’ wishes, and lack the ability to do something different,” she adds.

The stress of schoolwork, combined with living away from home, can cause eating problems to erupt. “Every academic year, I see an increase in the number of seminary girls who suffer from eating disorders,” says Dr. Sami

Sznajderman, clinical director of Tafnit: The Jerusalem Institute for the Adolescent. “Some parents send their daughters to Israel, knowing that they are unwell. Other girls may be in ‘recovery,’ yet the year away from home rekindles the problem.”

“We erred by sending our daughter to Israel,” say the Brooklyn parents of a recovering anorexic. “The pressure was too much for her. We got called in the middle of the year and, after much soul-searching, brought her home.”

Starting the *shidduch* stage of life can cause problems for others. Since getting

The delay in seeking treatment is rooted in denial and fear.

married young has become the norm in certain segments of the community, there is increased pressure on girls to make one of life’s most important decisions while still in their teens. Overcome with fear and pressure, many adolescent girls cope by controlling their eating and becoming anorexics. “After all, a girl whose period has ceased is not marriageable,” says Dr. Golden.

Furthermore, there is the emphasis on looks and dress size, with bone-thin now the expectation.

“When I got married 20 years ago, size 8 or 10 was the norm,” says the Chicago mother of an anorexic 19 year old who is in treatment. “Now, it’s a size 2. It emerged in therapy that my daughter began starving herself and then bingeing and purging in the 10th grade in direct response to this pressure.”

Kesner corroborates the existence of a “*shidduch* culture” where young men do not seek “the girl who is the brightest or who has the best *middot*, but the one who is the thinnest.”

Treating eating disorders in the gen-

eral population is a challenging task, yet treating them in the Orthodox Jewish world is even more complicated. Whereas people in general society are apt to look for professional help in the earlier stages of the disease, Orthodox girls tend to seek intervention at later stages. This is evidenced by the body mass index rates among Orthodox patients (amount of fat on their bodies) which are frighteningly lower than those of other anorexic patients. As a result, they require longer and more frequent hospital stays. Moreover, since intervention is later, successful treatment is harder to attain.

The delay in seeking treatment is rooted in denial and fear. Many Orthodox Jewish families deny that there is a problem because they fear the “*shande*” (disgrace). They are embarrassed that they do not fit the norm. It is not uncommon in the Orthodox Jewish world for the school, camp or family pediatrician to bring the child’s eating disorder to the parents’ attention. Often the parents want reassurance that an eating disorder is a medical rather than a psychological problem.

The “*shande*” factor is so powerful, notes Dr. Golden, that his staff carefully schedules appointments in order to avoid patients from the same community inadvertently meeting each other in the waiting room. He also assigns patients to mental health professionals whom they are unlikely to meet at social events such as weddings or other *sema-chot*. Several Orthodox families seeking treatment from Dr. Sacker are in support groups, yet not in groups where there are other Orthodox Jewish families.

Initially, many parents avoid group therapy altogether in the belief that other girls will teach their daughters “new tricks” about eating and/or not eating. However, girls with eating disorders invariably find kindred spirits and share information.

What can be done to help anorexics and bulimics in the Orthodox Jewish community? Dr. Lightman advocates early detection and aggressive intervention to minimize the consequences. “If a girl

ceases to menstruate because of self-starvation,” Dr. Lightman says, “the sooner she is treated, the greater the chances are for her menstrual cycle to return to normal, assuring her fertility. Denial will only harm her and her future,” he warns.

A further consequence of delaying treatment is that the problem takes deeper and deeper root. Whether they are in school, camp or other settings, girls with eating disorders gravitate to one another. They trade information about their dysfunction and support one another, which, in turn, exacerbates the problem and makes it harder to treat.

“I spent years in a summer camp in New York State,” says a 17-year-old Long Island bulimic who is now in recovery. “On the first day of camp each year, I managed to find my ‘sisters,’ even those whom I had not known previously. They taught me the latest tricks on how to make myself throw up.”

“The biggest service that can be done for the Orthodox Jewish population is to remove the secrecy surrounding eating disorders,” underscores a Rockland County, New York, social worker who treats several Orthodox Jewish girls with eating disorders in her private practice. “When you see specific behaviors—the teenager is self-isolating, avoiding meals and is exercising excessively—address them.”

An effective treatment plan will have three prongs. The medical prong will address the medical problems and complications. The nutritional one will engage the patient in rehabilitation in order to redirect her eating habits in a healthier way. The psychological one will explore underlying issues such as the patient’s self-image and family dynamics. Family therapy, as well as individual psychotherapy, is vital. The three-pronged approach will help the patient develop inner strength and a healthy support system.

“Therapy is one of the hardest things we’ve ever done,” says the Chicago mother of an anorexic. “It

SYMPTOMS OF EATING DISORDERS

anorexia nervosa:

- Individual refuses to maintain normal body weight for age and height.
- Individual weighs 85 percent less than expected for age and height.
- Menstrual period ceases.
- Individual denies dangers of losing so much weight.
- Individual fears gaining weight despite being significantly underweight.
- Individual feels “fat” even when very thin.
- Depressed, often withdraws socially.
- Has compulsive rituals regarding food and eating.

bulimia nervosa:

- Individual binge eats.
- Individual vomits, misuses laxatives, exercises or fasts to get rid of calories.
- When not bingeing, individual diets, becomes hungry and binges all over again.

- Individual’s weight may be normal or near normal unless anorexia is also present.
- Individual is often depressed, lonely and ashamed of behavior.

binge eating disorder:

- Individual feels out of control.
- Individual eats rapidly and/or secretly or snacks and nibbles all day long.
- Individual feels guilty and ashamed of behavior.
- Individual tends to be depressed and obese and is often genetically predisposed to gaining weight.
- Individual usually engages in the following pattern: diets, gets hungry, binge eats.
- Individual eats for emotional reasons, i.e., comfort, numb emotional pain.

Information from ANRED, an affiliate of the National Eating Disorders Association.

meant taking out whatever we might have swept under the carpet before and addressing it. Yet going through this process means that we are doing a thorough ‘housecleaning,’ for this daughter and all of our children.”

There is no cure for eating disorders. “An anorexic or bulimic will always be in ‘recovery,’” emphasizes Dr. Golden. “She can never take her recovery for granted. It is something that she will always work on.”

Eating disorders can have devastating consequences on entire families. We in the *frum* world are therefore challenged to help our family, friends and community members who are affected. By coming together and working with trained professionals in a supportive environment, we can help people lead lives that are healthy and fulfilling. **JA**

* According to the Renfrew Center Foundation based in Philadelphia, Pa.



THE PERFECT ANOREXIC: A YOUNG WOMAN'S STORY

By Rina Stein

“**T**ry my chocolate cake, it’s delicious!” These simple words once struck terror in my heart. As a young woman with an eating disorder, I was terrified to eat anything, especially rich chocolate cake.

I was a skinny 13 year old when my fear of gaining weight first surfaced. I had just recovered from a bout of

Rina Stein is a pseudonym.

mononucleosis, and had lost more than 15 pounds from the illness. Dimly conscious of the fact that I was extremely thin, I had only recently become more aware of concepts such as dieting, calories and fat content.

Gitty’s mother is baking cookies for Shabbat. Gitty and I eat at least 10 each when they come out of the oven. They are delicious. Gitty says something about the cookies being fattening. I ask her whether she thinks I am fat. She says no. But I worry. She tells me not to

worry, just to be careful not to eat too much. I feel panicky, and make up my mind to carefully watch what I eat. I’m a shy, insecure girl, dealing with my parents’ difficult divorce, my father’s illness and my brother’s death in an accident a few years earlier. I’m especially vulnerable to the pressures of adolescence. I yearn to look perfect, to be one of the “popular” girls, to fit in.

I don’t eat any more cookies that Shabbat.

Throughout high school, I obsessed

about my weight. I worried that I was “too fat,” and felt inferior and unattractive compared to my classmates at the girls’ religious school in New York that I attended. I would lose weight, gain it back, panic and lose the weight again. When I graduated from high school, I was a normal size 10 but felt desperate to lose weight.

I attend a prestigious seminary in Europe. I don't have a good “seminary experience.” I feel insecure, troubled throughout the year. I do well with the class work, and function during the day, but at night I sneak into the kitchen and eat whole boxes and containers full of food. I am worried about family issues, and about the pressures of adulthood. My parents’ divorce worries me; how will it affect me in regards to shidduchim? I fall into a depression, buy huge quantities of food and eat it all in one sitting. I gain some weight, and feel frantic about losing it.

In retrospect, I see that I simply didn’t feel attractive or good enough. All I saw was imperfection and I felt an almost desperate need to “do something” about it.

After my year of seminary, I return to New York where I have a great job and excel at my work. I go on shidduchim, and my fears regarding dating are, for the most part, unfounded: I am set up with really “good” boys. But something holds me back. Although I am proposed to three times, I can't make a commitment. I contract the measles at age 20 and lose 20 pounds. Anorexia, lurking within for so many years, finds its way to the surface.

After recovering from the measles, I weighed 100 pounds. Proud of my new thinness, I ate almost nothing. To stave off hunger and simulate eating, I chewed low-calorie gum and ate watermelon, cantaloupe, lettuce and other vegetables. At night, I couldn’t sleep because of the hunger pangs.

I monitored my social activities, and made decisions based on the demands of my illness—What kind of food would be available at this or that place or event? Would I be tempted to eat

the “wrong” foods? My friends stopped inviting me to eat out at restaurants and to Shabbat meals because they knew I wouldn’t come. The eating disorder took up so much internal space that it crowded out everyone else. I could only give a small part of myself to those I was with; I was living half a life.

By the time I was 26 years old, I weighed 89 pounds; I was skinnier, and unhappier than I had ever been before. But I was convinced that if I gained any weight at all I’d be even more unhappy.

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I kept telling myself that I wouldn’t let the eating disorder interfere with my ability to have children, have a life. I would stop when I was “thin enough.” But even when I became anemic and felt like I was dying, I couldn’t stop. It was only getting worse. As soon as I got to one “magic” number, I felt the urge to lose even more.

Ironically, as much as I had originally wanted people to notice how thin I was, it was difficult once they did. My friends and family members began to express worry, but I shrugged them off and told them that I was “handling it.”

I knew I was playing with life and death but in some horrifying way, death and fat seemed equally terrifying. But after one particularly horrendous bulimic episode that landed me in the emergency room with heart palpitations and a doctor warning me that I was going to die before long, I

began seeing a therapist. My therapist—a wonderful and compassionate woman who had struggled with an eating disorder herself—recommended that I enter a hospital that specializes in eating disorders and depression; She and I both recognized that I would not stop the behaviors on my own. My eating patterns had become firmly entrenched, and it would take a lot of work—hundreds of hours of therapy, much self-introspection, and many tears—to relearn how to eat normally. In the hospital, if I didn’t eat my entire plate of food, I was forced to sit in the nurses’ station for two hours. It was a relief not to have to make decisions about what foods to eat; I no longer had to feel “guilty” about eating.

I avoided fashion magazines and the stick-thin models displayed in them. When around extremely thin people, I told myself that they had made a choice to be that thin, and that they probably were not very happy.

Being around other anorexics in the hospital was difficult: we all wanted to be the “best anorexics.” When I saw a skinnier patient, I became jealous; I was no longer the best, I could still be skinnier. After a while, I recognized that I needed some distance from others in the throes of an eating disorder, and gravitated towards people who were already in recovery and accepting of their bodies.

Through spending time in the hospital (this was to be the first of three hospitalizations) and exploring issues in therapy, I realized that when I starved, binged and purged, I was expressing pain and self-hatred. During my hospitalizations, I met many people struggling with eating disorders. While we came from different backgrounds and had very different life stories, we shared one thing in common: a lack of self-acceptance. Like many sufferers of eating disorders, I needed to work on feeling okay with myself regardless of what I looked like on the outside.

I tried to come to terms with my unhappy childhood. My father had

been physically and emotionally abusive, and left me with many scars. He had given me the message that I was not okay the way I was, that I was not making him happy, and that I was the cause of my parents' divorce. He nearly destroyed me with his anger. Being deprived of a mother further damaged me. (I lived with my father, who did not allow me to have contact with my mother while I was growing up.) I had a lot of healing to do. In time, I got to know my mother again and today, we are very close. This added a measure of happiness and well-being that helped me along in recovery. As I got healthier, I slowly learned to replace the pain of my childhood with positive people and experiences. Thinness, I slowly learned, was not the answer.

During the recovery period, I read lots of books about eating disorders and found them to be very helpful, especially those written by recovered anorexics and bulimics. I took pictures of myself at my thinnest, right before entering the hospital. This helped me let go of the eating disorder since it was a way to document—for myself and others—how deep my pain once was. Today, the pictures remind me of where I never want to go again.

When I first left the hospital, it was a challenge to continue to eat normally. I began to notice a pattern. Whenever I felt especially insecure, I would revert back to the old desperation to lose weight. I began to recognize that I equated outer appearance with inner worth, and being a successful anorexic with being a successful person.

For almost ten years, my life was ruled by the eating disorder. I am now in my early thirties, have gained back most of the weight I lost, and have allowed my favorite foods back into my life. I have been doing well for a number of years although I struggle occasionally. The road to health has been rocky and painful. But whereas the eating disorder once took over 99 percent of my life, it now only occasionally checks in during times of stress or discomfort to remind me that

it's there if I want it. I don't want it—that's for sure. I love the freedom that I have today. I am happy with my attractive body size, and it feels wonderful to fit in with the rest of the crowd once again. Instead of the old tapes in my head that said, "That was too much food. I must eat less next time!" I have replaced them with new

ones: "If I eat normally I'll be able to participate more fully in life, enjoy the company of others, bear healthy children and make a difference in the world." It took a long time before I could listen to the new messages. But I am listening to them, and am finally becoming that happy person I've always wanted to be. **JA**

WHERE TO GO FOR HELP

Center for Eating Disorder Recovery
Mount Kisco, NY
(914) 244-1904

The Eating Disorders Center
Schneider Children's Hospital
North Shore-Long Island Jewish Health System
New Hyde Park, NY
(516) 465-3270

Wilkins Center for Eating Disorders
Greenwich, Conn.
(203) 531-1909

National Eating Disorders Association
Seattle, Wash.
(800) 931-2237
www.nationaleatingdisorders.org

Tafnit: Jerusalem Institute for Adolescents
Jerusalem, Israel
011-972-2-652-5647

The Renfrew Center Foundation
Philadelphia, Pa.
(800) RENFREW
www.renfrew.org

The HEED (Helping to End Eating Disorders) Foundation
Plainview, NY
(516) 694-1054
www.eatingdis.com

Ohel Children's Home and Family Services
Brooklyn, NY
(718) 851-6300

Board of Jewish Education/Dept. of Student Help Services
Eating Disorders Initiative
New York, NY
(212) 245-8200 x234

SUGGESTED READING

Wasted: A Memoir of Anorexia and Bulimia
Marya Hornbacher (HarperCollins)

Diary of an Eating Disorder: A Mother and Daughter Share Their Healing Journey
Chelsea Smith and Beverly Runyon (Taylor Pub.)

Inner Hunger: A Young Woman's Struggle through Anorexia and Bulimia
Marianne Apostolides (W.W. Norton & Co.)

Good Enough: When Losing is Winning, Perfection Becomes Obsession and Thin Enough Can Never Be Achieved
Cynthia N. Bitter (HopeLines)

Dying to be Thin: Understanding and Defeating Anorexia Nervosa and Bulimia—A Practical, Lifesaving Guide
Ira M. Sacker, M.D. and Marc A. Zimmer Ph.D. (Warner Books)