EATING DISORDERS AND JUDAISM WORKSHOP

By

Amy Lynn Rosenbach

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Introduction

Throughout most of high school I battled an eating disorder. As a student in a small Jewish day school I could not hide my sickness and was constantly told that I needed help. I did not listen to my friends' or family members' advice and continued to starve myself. I felt misunderstood and misread. I did not understand what an eating disorder was and I was unaware that I was self-inflicted with one. After two years of torture to my body, I stared into the mirror, as if outside of my own body and saw what everyone else saw- a frail, sick girl; I realized then that I needed help. I was scared by my desire to be thin and was frightened by my ability to maintain such control over my eating habits and lifestyle. I saw a therapist whose expertise was in eating disorders. After one session with her I felt misunderstood and did not return. I did, however, take some of her advice to heart; she informed me that I needed to start eating more nutritiously or else I would permanently damage my body. I still follow this advice today.

Although I have fully recovered from my eating disorder, I constantly wonder: had I known more about eating disorders in high school would I have been able to recognize my situation? As a young woman committed to Judaism, if I had been more aware about the way the body and soul are valued within Judaism would I have acquired an eating disorder? Had I known which texts, stories and values of Judaism touch upon eating and valuing the soul and body, would I have turned to these texts for support and comfort?

With these questions in mind this masters project is a curriculum for Jewish females in middle school, high school and college that will address definitions, statistics and symptoms of eating disorders. The purpose of the curriculum guide is as followed: if

Jewish females are more conscious of the values that are inherent within their religion regarding food, soul and body they will be more willing to talk openly about body image and the messages that they believe Jewish culture creates around body image and health. Body image and eating disorders within the Jewish community are not topics that are discussed in great lengths among the Jewish community. This curriculum guide will create awareness of eating disorders within the Jewish community and will allow young women participating in the workshop to explore their own thought as well as Jewish thoughts pertaining to food, body and soul.

Concepts and Definitions

The most common eating disorders: anorexia nervosa, bulimia, and binge eating, are on the rise in the United States and worldwide (Office on Women's Health, 2000, http://www.4woman.gov/owh/pub/factsheets/eatingdis.htm). According to the U.S. Department of Health and Human Service's Office on Women's Health website (2000, http://www.4woman.gov/owh/pub/factsheets/eatingdis.htm), at least five million women (1-4%) in the United States have an eating disorder, anorexia nervosa being the most common eating disorders among women.

Anorexia Nervosa

According to the Diagnostic and Statistical Manual of Mental Disease (DSM IV), commonly used by mental health professionals (as cited in Berger, 2005) anorexia nervosa may be diagnosed based on the following symptoms:

- refusal to maintain body weight at least 85% of normal for age and height
- intense fear of gaining weight
- disturbed body perception and denial of the problem

- in adolescent and adult females, lack of menstruation (amenorrhea)

Other qualities associated with anorexia may include: depression, rage, fear, guilt, helplessness, lack of impulse control and anxiety control (Gross, 1982). Specific types of anorexia include: the restricting type and the binge eating/purging type (Szmukler, Dare & Treasure, 1995). The restricting type of anorexic does not regularly binge eat or purge whereas the latter type of anorexic does engage in regular binging and purging behavior (Szmukler, Dare & Treasure, 1995).

Anorexia affects .5-1% of the female population and the average onset is from 14-18 years of age (Office on Women's Health website, 2000). Warning signs of anorexia may include but are not limited to: dramatic weight loss, preoccupation with food or weight, frequent comments about being fat or overweight, denial of hunger, development of food rituals and excessive exercise (NEDA website, 2002, http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=337). Medical complications occurring from anorexia may include: osteoporosis, amenorrhea, dehydration, delayed gastric emptying, constipation, low heart rate, liver problems, heart failure, skin and bone loss, high cholesterol, and dry/thin hair (Szmukler, Dare & Treasure, 1995). Between 5-20% of women with anorexia die from the disorder (Mitchell & McCarthy, 2000 as cited in Berger, 2005).

Anorexia was a virtually unidentified disorder until the 1950s when it was first officially diagnosed in "some high-achieving, upper class young American women" (Berger, 2005, p. 424). Anorexia is often thought of as a disease of the social context because it has become prevalent among young women in developed nations and it appears that the culture of these nations supports the disorder (Mitchell & McCarthy,

2000 as cited in Berger, 2005). Anorexia has recently spread to groups that were once unaffected by the disorder such as, Asians, Hispanics and Africans (Berger, 2005).

Bulimia Nervosa

Bulimia nervosa is almost three times more common among females than anorexia (Berger, 2005). Between 1-3% of women in the United States are clinically bulimic during early adulthood (American Psychiatric Association, 2000 as cited in Berger, 2005). According to the American Psychiatric Association (1987 as cited in Szmukler, Dare and Treasure, 1995) symptoms of bulimia include:

- recurring episodes of binge-eating
- recurring use of inappropriate compensatory behavior to avoid weight gain (i.e. self induced vomiting)
- a minimum of two episodes of binge-eating and two inappropriate compensatory behaviors a week for at least three months
- self-evaluation is influenced excessively by body and weight
- the disturbance does not occur exclusively during episodes of anorexia

Specific types of bulimia include the purging type and the non-purging type. The purging type of bulimic will regularly purge after binge-eating by self-induced vomiting or abuse of laxatives whereas the non-purging bulimic will not purge but will use compensatory methods of diet and exercise (Szmukler, Dare and Treasure, 1995). Bulimics tend to have frequent weight fluctuations because of their constant cycles of binging and purging (Gross, 1982). Girls with bulimia tend to be close to their normal weight category and death is therefore unlikely for a bulimic (Berger, 2005). Although death is unlikely for bulimics, girls with bulimia may experience severe health problems

which include: loss of body fluids and electrolytes (Herzog, 1984 as cited in Scott, 1988), deterioration of dental enamel caused by acid in vomit eroding the teeth (Russell, 1979; Fairburn; 1982 & Herzog; 1984 as cited in Scott, 1988), sore throats and swollen salivary glands (Scott, 1988). Warning signs of bulimia may include, but are not limited to: evidence of purging behaviors and frequent trips to the restroom, unusual swelling of the cheeks or jaw area, calluses on knuckles from self induced vomiting, stained teeth, withdrawal from friends and activities, and excessive exercise (NEDA website, 2002).

The age of onset for most bulimics is between 14-18 (Boskind-Lodahl and Whire, 1978; Rusell, 1979; Pyle et al., 1981; Fairburn and Cooper, 1982 as cited in Scott, 1988). Early studies of bulimia concluded that most bulimics were Caucasian, however, in more recent studies non-Caucasian cases of bulimia have been increasing; however, this number remains much smaller than Caucasian cases (Scott, 1988). Few researchers have studied the link between social class and bulimia, however, it has been suggested that bulimia occurs more often in middle and upper classes of society (Szmukler et al., 1986 as cited in Scott, 1988).

Eating Disorders Not Otherwise Specified

For the purpose of this curriculum guide Eating Disorders Not Otherwise Specified will not be mentioned because of time and length restraints.

Binge Eating Disorder (BED) is a type of disorder not otherwise specified and is characterized by recurring binge eating with an absence of means to compensate for the binging (NEDA website, 2005). BED is prevalent in about 1-5% of the population, and often people with BED are of normal weight or overweight (NEDA website, 2005).

Characteristics of BED include (American Psychiatric Association, 1987 as cited in Szmukler, Dare and Treasure, 1995):

- recurrent episodes of binging
- at least three of the following behaviors: eating more rapidly than normal, eating until feeling uncomfortably full, eating large amounts when not hungry, eating large amounts throughout the day without eating a regular meal, eating alone because of embarrassment by how much one eats, and feeling disgusted with oneself, depressed or guilty about overeating
- grief over binge eating/ struggle against binge eating
- binge eating occurs (on average) at least twice a week over a 6 month period of time
- during an episode the individual does not meet criteria for Bulimia and there is no abuse of medication or diet pills in an attempt to avoid weight gain

Health consequences of BED are similar to those that are associated with clinical obesity and include: high blood pressure and cholesterol, heart disease, diabetes and gall bladder disease (NEDA website, 2005).

Other eating disorders not otherwise specified include slight variations on the major categories of eating disorders, anorexia and bulimia. These eating disorders may include (American Psychiatric Association 1987, as cited in Szmukler, Dare and Treasure, 1995):

- symptoms of anorexia except the individual does have regular menses
- symptoms of anorexia except significant weight loss except the individual's weight is in the normal range

- symptoms of bulimia with binges occurring less frequently than twice a week or a duration of less than three months
- an individual of normal body weight who regularly engages in inappropriate compensatory behavior after eating small amounts of food
- an individual who repeatedly chews and spits out, but does not swallow, large amounts of food

According to the National Association on Anorexia Nervosa and Associated Disorders, most people with eating disorders do not fully meet the criteria for Anorexia or Bulimia (2005). In addition, almost 50% of anorexics will become bulimic at some point because they will not be able to maintain their low weight, 15% below the normal weight in their range (2005).

Compulsive Overeating

Compulsive Overeating affects men and women, however, it is twice as prevalent among women (Renfrew Center website, 2002, www.renfrew.org). Those affected by compulsive overeating suffer from episodes of uncontrolled eating and bingeing, followed by feelings of guilt and depression. A compulsive eater may eat large quantities of food in one sitting and will continue until she is uncomfortably full (Renfrew Center Website, 2002, www.renfrew.org).

The DSM IV does not diagnose compulsive overeating in its own category like that of anorexia nervosa or bulimia nervosa. Instead, the DSM IV classifies compulsive overeating in the Not Otherwise Specified category. Warning signs of compulsive overeating may include, but are not limited to: eating large amounts of food when not physically hungry, eating more rapidly than normal, eating alone for fear of shame or

embarrassment about the large quantities being consumed, weight fluctuations and feelings of depression and guilt (Renfrew Center website, 2002, www.renfrew.org).

Theoretical Perspectives on Eating Disorders

Although researchers have attempted to pin point an underlining cause as to why eating disorders arise in certain women, while not in others, scientists are still trying to understand the causes of these conditions (NEDA website, 2002, http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=337). Although there is no one theory as to why eating disorders emerge, researchers are collecting data from more "precise field of enquiry- applied psychology, family studies, endocrinology, and nutritional physiology and chemistry" (Russell, 1970, p. 49 as cited in Szmukler, Dare & Treasure, 1995).

Eating disorders are complicated illnesses that "arise from a combination of long-standing behavioral, emotional, psychological, interpersonal, and social factors" (NEDA website, 2002, http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=337). There are many theories pertaining to the origins of eating disorders, however, for the purpose of this project only the most common theories of eating disorders will be discussed, the psychoanalytic approach and the cognitive-behavioral approach.

Psychoanalytic Approach

Sigmund Freud (1856-1939) developed the psychoanalytic approach based upon his clinical work with his patients who were mentally ill (Berger, 2005). Freud believed that as a person grows their inner drives develop; motives that are both irrational and unconscious (Berger, 2005). These inner drives influence the way a person thinks and acts and are the foundation for the stages of development in every human in a certain

sequential order (Berger, 2005). Freud's stages of development consist of: the oral stage, the anal stage, the phallic stage, latency and the genital stage (as cited in Berger, 2005). During each stage conflicts occur and depending on how a person deals with these conflicts will indicate the personality and behavior of that individual (Berger, 2000).

A psychoanalytic approach to eating disorders revolves around the notion that women who develop eating disorders have conflicts with their mothers; the mother provides the child with her first nourishment and it is therefore difficult for the child to psychically separate from the mother (Berger, 2005). Freud believed that eating disorders stemmed from traumatic events associated with food and eating during childhood, especially during the oral stage [infancy stage] (Sayers as cited in Scott, 1988). A child forms a close connection with the mother in her earliest stages of life and once she has to separate from the mother there is trauma.

The main issue for the individual with an eating disorder is the "struggle for control and for a sense of identity and personal effectiveness" (Dorman, p. 9 as cited in Gross, 1982). The eating disorder, therefore, may have stemmed from the mother's failure to give the child a sense of self-worth (Dorman, as cited in Gross, 1982). The child is caught between developing her own autonomy and the "mother's emotional withdrawal of supplies that are required for growth" (Gross, 1982, p. 10). The child ignores her emerging autonomy and this threatens her own maternal support (Gross, 1982). The child then tries to cling to her mother because she does not want to feel abandoned and lost (Gross, 1982). According to the psychoanalytic theory some of the characteristics associated with eating disorders emerge: depression, rage, guilt,

overdependence on external objects, anxiety, helplessness and a lack of impulse control (Gross, 1982).

In a psychoanalytic attempt to understand eating disorders, there is a focus on the theory that "thinking is the meaning of the symptomatic state" (Szmukler, Dare & Treasure, p. 126, 1995). Furthermore, the interpreted message of the behavior is actually the cause of those acts and thoughts (Szmukler, Dare & Treasure, 1995). Depending on the type of eating disorder, the psychoanalytic theorists developed two categories of disorders. An anorectic who has lost weight by starvation is often viewed as someone who is in high control, rigid, and compulsive (Gross, 1982). Freud's term "anal retentiveness" explains this personality. During the anal stage (one to three years of age), the anal zone becomes important in personality development and formation (Greene, 1999). The person starts to focus on eliminatory behavior and the retention and release of feces (Greene, 1999). This stage becomes a "prototype or pattern for adult behaviors...such as stinginess and tidiness (Greene, 1999, p. 86). The anorexic therefore has full control over what enters her body and what is eliminated from her body.

The bulimic, however, is put in a different category and is viewed as an individual who is rebellious, aggressive and immature (Gross, 1982). Bulimia is viewed as a symptom of underlining problems, and is not considered a disease (Gross, 1982). These underlining problems revolve around fear of gaining weight, the notion that food is dominating their life and their levels of functioning are greatly reduced (Gross, 1982). The symptoms of bulimia are often linked to somatic states (Szmukler, Dare & Treasure, 1995). For example, vomiting may be represented as an attempt to eliminate the

unwanted penis of sexual trauma and the fear of being fat may be linked to the rejection of the idea of any possible pregnancy ((Szmukler, Dare & Treasure, 1995).

The psychoanalytic approach focuses on the "*meaning* of the symptomatic state" (Szmukler, Dare & Treasure, 1995, p. 126). The interpreted message of the symptomatic behavior is the cause of the individual's thoughts and actions (Szmukler, Dare & Treasure, 1995). The individual's infantile experiences are not the sole predictor of the possibility of the development of an eating disorder but they may "characterize the development of the *experience* of the person with these problems (Szmukler, Dare & Treasure, 1995, p. 126). The likelihood to embrace the possibility is often associated with the individual's social, cultural, familial, biological and cognitive outlets (Szmukler, Dare & Treasure, 1995).

Cognitive-Behavioral Approach

Cognitive therapy was developed by Aaron Beck (1976) for the treatment of "emotional disorders" (as cited in Scott, p. 108, 1988) and is the dominant theory in contemporary psychology (Berger, 2005). This type of therapy is based on the connection between behavior or cognitions and feelings or emotions (Scott, 1988). The central idea behind cognitive therapy assumes:

> Dysfunctional behaviors and emotions derive from distorted thinking, and that these cognitions should therefore be the primary focus for therapeutic intervention (Scott, p. 108, 1988).

John B. Watson (1878-1958), a psychologist and professor at the University of Chicago, argued that psychologists should only study what could be seen and measured, and not that which can be thought (Berger, 2005). Scientists found it difficult to validate

the hidden urges and unconscious motives that Freud had studied in his psychoanalytic approach (Uttal, 2000 as cited in Berger, 2005). The behavioral approach grew in direct opposition to Freud's work; behavioral theorists study the behavior of a person in an objective and scientific manner (Berger, 2005).

The cognitive-behavioral approach takes into consideration the individual and her environment (Scott, 1988). The person should be understood in terms of their relationship with their immediate environment as well as with their cultural and societal environment (Scott, 1988).

In relation to eating disorders, the general notion behind the cognitive-behavioral approach suggests that for some women with low self-esteem, fasting, bingeing and purging "have powerful effects as immediate reinforcers- that is, [as means of] relieving states of emotional distress and tension" and therefore sets up the destructive behavior (Gordon, 1990, p. 427 as cited in Berger, 2005). Women with anorexia have distorted views about body weight and shape and this is where the cognitive approach is brought into this theory (Szmukler, Dare & Treasure, 1995). It is perceived by cognitive-behavioral theorists that anorexia is a learned behavior that is sustained by positive reinforcement (Szmukler, Dare & Treasure, 1995). Once an individual loses some weight, her peers and society in general may give her positive feedback and therefore the individual will continue to lose weight (Szmukler, Dare & Treasure, 1995). According to this theory, the individual will continue to engage in destructive behaviors because she wished to achieve positive reinforcement (Szmukler, Dare & Treasure, 1995).

While there has been less research on bulimia than anorexia, researchers believe that the cognitive-behavioral approach can be applied to the disease as well (Szmukler,

Dare & Treasure, 1995). It is believed that the behavior of bingeing and purging reduces anxiety and therefore anxiety reduction is maintained by the binge-purge cycle (Rosen & Leitenburg, 1982 as cited in Szmukler, Dare & Treasure, 1995). A bulimic may establish strict dietary rules which lead to an "all or none" attitude about eating; if these rules are broken the bulimic can feel a high level of stress which will lead to bingeing and purging (Szmukler, Dare & Treasure, 1995).

History of Eating Disorders

Eating disorders have been prevalent among societies since ancient times but their frequency is much greater in today's society (Miller & Pumariega, 2001). Ritual fasting was common among ancient Greeks and Egyptians but there is not evidence of the prolonged self-starvation which marks anorexia. During the times of early Christians (2nd Century) there were periods of self-starvation. However, these times of fasting were linked to a radical reaction against hedonism and materialism. This is in direct contrast to the clinical definitions of anorexia as defined by the DSM IV (Miller & Pumariega, 2001).

In the Middle Ages and early Renaissance periods, self starvation among women was considered holy. Often, these women would achieve saint status in the Roman Catholic Church (Bell, 1985 as cited in Miller & Pumariega, 2001). Although women during this period were considered saints for starving, during the Reformation these women were thought to be frauds and were thought to be possessed by the devil. In time these women "came to be seen as physically or mentally ill, much as they are regarded today" (Bemporad, 1996 as cited in Miller & Pumariega).

In 1689, Richard Morton, a Fellow of the College of Physicians, published what has been come to known as the first account of a clinical diagnosis of anorexia nervosa (Scott, 1988). Morton writes:

Mr. Duke's daughter in St. Mary Axe, in the year 1684, and the Eighteenth Year of her Age, in the month of July fell into a total suppression of her Monthly Courses from a multitude of Cares and Passions of her mind...she wholly neglected herself for two full years...I do not remember that I did ever in all my practice see one, that was conversant with the Living so much wasted with the greatest degree of Consumption, (like a skeleton only clad with skin) yet there was no Fever, but on the contrary a coldness of the whole body... (as cited in Scott, 1988, p. 4).

During the Victorian era (19th Century) there was an interest in an "illness of the body resulting from food refusal in the absence of either fever, or (more crucially), the other signs associated with consumption (Scott, 1988, p. 5). Anna Krugovoy Silver writes in *Victorian Literature and the Anorexic Body*, "when I refer to the Victorian culture of anorexia, I am not arguing that a certain percentage of women actually suffered from the disease...but rather that the culture *itself* manifested an anorexic logic; in other words, that several of its gender ideologies meshed closely with the etiology of anorexia nervosa" (2002, p. 27).

The Victorian era focused on: the slender female form as the physical ideal, an understanding that the body must be subordinate to one's will and self control, the belief that the perfect woman is one who submits her appetites to her will, the belief that the slender body embodies self-mastery and the belief that slenderness is a sign of a woman's affluence (Silver, 2002). Victorian literature also put an emphasis on slenderness and

beauty. One author writes in 1856, "It is the duty of the fair sex to cultivate their personal attractions as these are the chief ornaments of a household and stand in the same important relation to woman as mental endowments do to man" (as cited in Silver, 2002, p. 29). It is during the 19th Century that anorexia becomes officially recognized as a medical disorder (Silverman, 1997 as cited in Miller and Pumariega, 2001).

An increase in the prevalence of eating disorders may be illustrated by studying patterns of celebrity portrayals throughout the last sixty years. In the 1940s and 1950s Marilyn Monroe embodied the ideal women's figure because she was "curvaceous and somewhat rubenesque (Tenore, 2001, p. 367). The 1960s introduced Twiggy, a ninety-two pound British model to the women of America (Tenore, 2001). An increase of eating disorders emerges with the introduction of Twiggy's prepubescent body and the miniskirt that she modeled (Scott, 1988). Eating disorders received attention in the 1970s in the and 1980s after the death of singer Karen Carpenter, who died of cardiac complications as a result of anorexia (Tenore, 2001). This was the first time the media "focused on the fact that eating disorders can have life threatening consequences and are not simply a group of 'benign' psychiatric illnesses" (Tenore, 2001, p. 367).

Culture continues to play a vital role in the increase of eating disorders. Anorexia nervosa is the third most common chronic illness among women in the United States (Fisher M, Golden NH, Katzman DK, et al., 1995 as cited in Office on Women's Health, 2000, http://www.4woman.gov/owh/pub/factsheets/eatingdis.htm) and 90% of victims are women (Silver, 2002). Women may be more likely to be affected by the disease because "[they] have been bombarded with images that teach them that female beauty

consists of thinness, girls are trained to associate weight with ugliness and 'badness'" (Silver, 2002, p. 6).

Eating disorders are often associated with Caucasian upper socioeconomic groups within Western nations (Bruch, 1973 as cited in Miller & Pumariega, 2001). Research has also suggested that eating disorders are found in predominately white individuals as well as in Western oriented countries (Altabe, 1996 and Thompson 1996 as cited in Miller & Pumariega, 2001). Although eating disorders were first diagnosed solely in white, upper-middle class women, they are becoming more prevalent in groups that were once viewed as unaffected by the disorders such as Asians, Africans-Americans, Latin-Americans and Hispanic-Americans (Berger, 2005). It is becoming more accepted that "the possibility of eating and body image concerns are considered for all individuals, regardless of ethnic background" (Dounchis, Heyden, Wilfley, 2001 as cited in Berger 2005, p. 425). The prevalence of the disorders in non-Caucasians within the United States ranges from 1-4% of the population (Dolan, 1991 as cited in Miller & Pumariega, 2001).

Eating Disorders within the Jewish Community

Although there is no statistical proof that eating disorders occur more frequently among Jewish women, it is known that eating disorders occur more often in middle-upper class, white women, and many Jewish women fit into this category (Levinson, 2003). The Renfrew Center of Philadelphia (a treatment center) reported that at one point 12% of their inpatient eating disorder population was Jewish, despite the fact that Jews represent only 2% of the general population (as cited on the Body and Soul National Institute webpage, http://www.bodyandsoulni.org). Some researchers have suggested that Jewish women make up 13% of the eating disorder population in hospitals (Blumenfeld, 2005).

In Rowland's 30 sample based research study (1970 as cited in Miller & Pumariega, 2001), he found that the majority of the individuals in the study (17 out of 30) were Italian and Jewish and the remainder were Catholic. Rowland concluded at the end of his study that Jewish, Catholic and Italian religions/cultural origins may lead to a higher risk of developing an eating disorder due to cultural attitudes about the importance of food (Rowland, 1970 as cited in Miller & Pumariega, 2001). These alarming statistics send a clear message to the Jewish community: something must be done to raise awareness about eating disorders within the Jewish population.

Eating disorders may appear and develop differently within the Jewish community because food is often the focal point of Jewish observances (Sher, 2003). Furthermore, food has played a role in building community, bonding and making life sacred (Levinson, 2003). Shabbat is often filled with feasting and celebratory meals, Israel is considered the land flowing with milk and honey and often Jewish holidays last for seven or eight days because "we are supposed to fill ourselves with, and we must taste the richness of the holiday" (Smith as cited in Sher, 2003, p. 2).

In 1999 two researchers, Esther Altmann, Ph.D. and Neville Golden, Ph.D., met with seventy-five Jewish female students in two different Jewish day schools for five days a week (Levinson, 2003). The researchers discussed body image, eating disorders and related topics with the girls and concluded from their research that many of the participants were embarrassed to eat in front of both boys and girls in fear of being judged (Levinson, 2003). One student remarked that she had been eating a slice of pizza for lunch and a boy came up to her and said: "Oh, you're eating pizza- that's a turnoff" (as cited in Levinson, 2003, p. 3). Food is often a symbol of Jewish culture and may be

easy to abuse when searching for an emotional and/or psychological satiation (Sher, 2003).

Jewish women may also receive "mixed messages" from family members in regards to food and appearance (Sher, 2003). Jewish women may be told to assimilate into society, but may also be told to maintain their traditions and Jewish culture (Sher, 2003). Parents may tell a child to strive for perfection and excellence and the child may choose to fixate her thoughts on food instead because it is something that she feels she is able to have full control over her appetite rather than her success and failures (Levinson, 2003). In a Jewish home there is often an emphasis on intellectualism and perfection (Reiss, 1998) and when one "couple[s] strict definitions of personal and professional success with [Jewish] cultural emphasis on food, what you get is a need for girls to master some domain in their life" (Steiner-Adair as cited in Blumenfeld, 2005). The eating disorder may therefore develop in response to this demand as a "means of escape [because] this is one area…where the child can actually be in control (Hodor as cited in Reiss, 1998, p. 2).

The role of the American culture also plays a key part in the formation of eating disorders among young Jewish women (Levinson, 2003). Jewish women will straighten their hair, their noses and their bodies to create a more assimilated body (Levinson, 2003). Jewish women have "hopped on the bandwagon of being thin, thin, thin which offers a sense of control, superiority [and] sense of identity (Rabinor as cited in Levinson, 2003, p. 2). The "shiksa goddess" look is not one that is common among Jews; Jewish roots are often from Poland, Russia and Germany- "places where a nice tush helps you stay warm all winter" (Rabinor as cited in Levinson, 2003, p. 3). If a young Jewish

woman were to fully follow all of the Jewish observances, her life would revolve around food and on the other hand, if she wants to assimilate she would have to change the appearance of her body (Reiss, 1998). Jewish women may feel the pressure to assimilate and therefore may be more inclined to develop eating disorders (Steiner-Adair as cited in Reiss, 1998).

Esther Kane, a registered clinical counselor in British Columbia who focuses on women and family issues, wrote a qualitative study focusing on three Jewish women's experiences with eating disorders. She writes, "I became increasingly curious about the role that that 'being Jewish' plays in our struggles with food and the ways in which we view our bodies" (Kane, 1998, p. 7). Eating disorders are a "culture-bound syndrome" and can not be analyzed unless one studies the specific context in which they occur (Banks, 1994 as cited in Kane, 1998, p. 1). Kane's thesis focuses on the stories of the three women she interviewed, the themes which emerge from the stories and suggestions for further research.

Kane introduces the three women she interviewed throughout her thesis as: Rachel, Leah and Rebecca. Kane describes Rachel as a 42 year-old professor, living in Vancouver and who is an overeater, Leah who is a pathological dieter, and Rebecca who is anorexic. Kane (1998) suggests that all three women's eating disorders were an attempt to control their lives but as they progressed the women were controlled by their eating disorders. Kane concludes her findings by mentioning, "at this time, there are few recovery programs for women with eating problems that include an ethnocultural component" (Kane, 1998, p. 16). Kane (1998) suggests the need for further research to

provide Jewish women with "new self- definitions of what it means to be a Jewish woman that are both celebratory and empowering in nature" (p. 16).

Existing Programs within the Jewish Community

There are a number of existing programs within the Jewish community that focus on women's issues, however they do not specifically focus on eating disorders and some of these programs are not nationwide. The Hadassah Foundation gives grants towards projects that serve women from diverse cultural groups within Israel and the United States (The Hadassah Foundation, 2002). The mission of this organization is as follows:

> ...to improve the status, health, and well being of women and girls; bring their contributions, issues and needs from the margins to the center of Jewish concern; and encourage and facilitate their active participation in decision-making and leadership in all spheres of life (The Hadassah Foundation, 2002).

One of the programs that received funding from the Hadassah Foundation is the Rosh Hodesh: It's a Girl Thing! It is a nationwide program for girls ages 15-17 and is designed to create self esteem and leadership among young women (The Hadassah Foundation, 2002). The program is a year long program and participants meet once a week to discuss an array of topics. The program is designed to focus on Rosh Hodesh and aims to form a comfortable environment where participants are encouraged to share their thoughts and opinions (Rosh Hodesh website, http://www.roshhodesh.org). Lessons are titled: Bringing out our Best, the Struggles and Joys of Sisterhood, Our Inheritance, Our Legacy, Be Smart: Know your Heart and Money: Madness or Mitzvot. Although the program does not explicitly focus on eating disorders it does have a section titled: Body as Temple: Rededication to Self Appreciation. This program occurs in the month of Tevet

and links the commemoration of the rededication of the Temple that occurred in this month to the mystical tradition that links the human body to the Mishkan (Temple) (Rosh Hodesh website, http://www.roshhodesh.org). The main goal of this program is to allow the participants to "rededicate [themselves] to the task of recognizing and moving beyond destructive images of [their] bodies" (Rosh Hodesh website, http://www.roshhodesh.org).

Another organization that aims to address women's issues within the Jewish community is the Body and Soul National Institute. This organization, located in Roswell, Georgia, "creates a spiritual environment that builds self-esteem and educates Jewish girls, teens and women to make healthy lifestyle choices (Body and Soul National Institute, http://www.bodyandsoulni.org). Programs at the institute are designed by clergy, psychotherapists and lay leaders and use a combination of Jewish values and factual information in lay-lead group activities. Programs are primarily in Georgia and Florida, however, synagogues throughout the United States can bring these programs to their communities if they have a member of their community trained at the Body and Soul National Institute.

The organization addresses, "physical perfection as defined by society and raises girl's self-esteem by redirecting their attention to positive internal qualities about themselves" (Body and Soul National Institute, http://www.bodyandsoulni.org). The institute's brochure states:

> As our culture encourages outrageous images of perfection, girls and women fall prey to self-defeating thought, which can lead to self-destructive behavior and withdrawal. This alienation is not only from others, it disconnects individuals

> from themselves. Self-loathing becomes a 'religion' too easily practiced and too often ritualized.

Although this institute does not solely focus on eating disorders, it does create programs that promote self-confidence and self-acceptance and the organization hopes to "encourage individual self-transformation within a unique communal experience" (Body and Soul National Institute, http://www.bodyandsoulni.org).

Eating Disorders and Judaism Workshop

*This workshop has been adapted from the Eating Concerns Support Group Curriculum Grades 7-12 by Thomas J. Shiltz, 1997. Thomas Shiltz is a member of the Academy for Eating Disorders, a Licensed Professional Counselor (LPC) and Certified Addictions Counselor (CADC III). He also has a private psychotherapy practice in Oconomowoc, Wisconsin and is professor at Cardinal Stritch University (Elmbrook Parent Network, http://www.elmbrook.k12.wi.us/parents/parent_network/events/pressure/index.htm).

To be read by the leaders of the workshop as far in advance as possible of the workshop:

***Welcome!** I thank you for taking the time to participate in leading this unique and experiential workshop. By initiating this workshop in your school, youth organization, Hillel etc. you are taking the first step in helping the Jewish community become more aware of eating disorders and are helping to educate young Jewish women about eating disorders.*

You will find instructions and guidelines as to how to run this workshop smoothly and successfully. It should take you about three hours to complete this workshop and there will be snack breaks and stretch breaks throughout the workshop that you can choose to weave into the next three hours. All words in italics are to be read to yourself and all words in regular font are to be shared out loud with the group. You will need a non-judgmental attitude and respect for all participants' opinions and comments. You will also need to read through the workshop in its entirety before you implement it so that you are aware of the timeframe and the topics that will be discussed. If you feel yourself

running out of time during the workshop use your judgment to choose which sections to emphasize and which sections to skip or move through quickly.

Finally, relax and enjoy!

~Amy Rosenbach, MAJCS/MSW 2006

Introductions *(20-25 minutes)*

1. *Read out loud the following introductory statement:*

Welcome and thank you for participating in this unique program. You are among the first participants of this program and we appreciate any feedback and comments that you may have. This workshop on eating disorders and the Jewish community hopes to educate and create a sense of awareness among the Jewish community. Throughout this workshop you will learn about the different concepts, definitions and theories on eating disorders and how this applies to the Jewish community. You will also learn about how Judaism views food and body image and the importance of these thoughts as they pertain to eating disorders. I hope you take away new ideas, thoughts and concepts from this program and its unique way at looking at eating disorders. Remember, this is a serious topic that is being discussed and people have strong opinions and experiences pertaining to this topic. I urge you to be respectful of each other and of the topic itself as well. This workshop will last approximately three hours; there will be snack breaks and short stretch breaks throughout this workshop.

I hope you have a meaningful experience.

- Amy Rosenbach, MAJCS/MSW 2006 (creator of the Eating Disorders and Judaism Workshop)

2. Introduce yourself and your role as the leader of the workshop. Explain why you are involved in this workshop and what you hope the participants will gain (you will want to think about your role as a leader and your expectations from the group in advance).

3. Have the participants introduce themselves. When each participant has introduced themselves pose one of the following questions:

- What are some of the reasons that lead you to participate in this program?
- Why are you participating in this workshop?
- What do you hope to take away from this workshop?
- Why do you feel that it is important to address eating disorders in relation to the Jewish community and to Judaism?

4. Explain the group guidelines that you have thought about and the importance of honoring these guidelines as a group (if you think of other guidelines please share them with the group).

- Respect
- Listening to others and not interrupting while one is speaking
- What is shared with the group stays only within the group
- The importance of not judging others based upon the information they know or do not know about the subject
- Each participant is entitled to her own opinion
- Confidentiality: What is shared in the room, stays in the room

5. Any additional comments that you wish to make:

Definitions and Concepts *(30 minutes)*

1. Explain that you will give the participants a brief overview of anorexia, bulimia, and compulsive overeating. By the end of this section participants will be familiar with characteristics, medical complications and symptoms of the disorders.

You will give the participants three handouts: Anorexia, Bulimia and Overeating. Each handout will have a brief outline describing the disorder. The participants will read the handouts out loud and after each handout will discuss as a group any feelings they have regarding the subject matter.

(please see appendix for all handouts)

Handout 1: Anorexia (handout 1.1)

Handout 2: Bulimia (handout 1.2)

Handout 3: Compulsive Overeating and Binge Eating (handout 1.3)

Stretch Time! (5 minutes)

Explain that it is time for a five minute stretch. You will want to prepare a few stretches in advance that will allow the participants to move their bodies and wake up their muscles. For example, students may sit with their feet straight out in front of them and stretch their hands and arms over their legs (hold stretch for 5 counts and repeat). Stand with feet slightly apart, slowly lift and roll shoulders backwards, repeat for five count. Lift and roll shoulders forwards, repeat for five counts. Stand with feet slightly apart and rotate neck slowly clockwise and counter clockwise. You can also tilt neck to the right side and to the left side slowly, repeat five times.

Body Image (25-30 minutes)

The purpose of this section is to help the participants discover how they view and experience their bodies. In preparation for this section you will need to cut out advertisements, and images from magazines that illustrate thin, idealized women (these magazines may focus specifically on certain celebrities, fashion, beauty etc.) You will also want to find pictures of "healthy" looking women (you may want to look in fitness magazines, family style magazines, etc. See handout in 2.1 for examples) You will want to have about 15-20 pictures, and a variety of both "ideal, thin" women and "healthy looking" women.

You will pass around these pictures throughout the group and participants will each have a chance to view all of the magazine pictures.
While participants are looking at the magazine pictures ask them to think about the following questions:

1. Where do our images of the "prefect" body type come from?
2. According to these magazine pictures what do you the "perfect" body is?
3. According to your own opinion, what do you believe the "perfect" body is?
4. What makes people successful and happy?
5. Why do you think women tend to be more dissatisfied with their bodies than men?
6. How do you feel looking at these magazine pictures?
7. What do these pictures tell us about our culture?

(*these questions also appear on handout 2.2)*

After the participants have carefully looked at the pictures remind them of the questions posed to them and open up the discussion. If no one is willing to start the discussion share your own opinions regarding the pictures.

Pass out the Body Image handout (2.3) and have participants take turns reading out loud the different bullet points of the handout. Ask the participants which bullet points will be easy for them to achieve and which ones will be harder to achieve. Ask participants how they feel about the bullet points and ask them if they are realistic to include them in their every day lifestyle.

Judaism and the Body (Part A: 45 minutes)

This section will focus on the connection between Judaism, eating disorders and the body. The participants will use what they have learned throughout the first part of the workshop and build upon this information by learning how the Jewish community is affected by eating disorder. They will also learn about the suggested messages that are found within Jewish texts and tradition.

Explain to the participants that they are now entering the part of the workshop that involves bringing Judaism into the equation of eating disorders and body image. Explain to the participants that the verse they will discuss is found in Deuteronomy. The Israelites are receiving laws from God and are awaiting their arrival in the land of Israel. Ask a volunteer to read the following verse from the Torah (#1, handout 3.1):

"Take utmost care and watch yourselves scrupulously, so that you do not forget the things that you saw with your own eyes and so that they do not fade from your mind as long as you live." Deuteronomy 4:9 (Jewish Publication Society translation)

Ask the participants to think about this verse and to share their thoughts with the group. If no one is willing to start the conversation share some of your own thoughts- you may want to think about the following concepts:

- *God is telling the Israelites to take care of their physical health and mental health so that they do not forget all of the acts that God has performed*
- *Think about the medical complications of anorexia, bulimia and over eating; what do these complications have to do with this verse (hint: fatigue, heart failure etc).*

After participants share their thought ask a participant to read the following verse (can be found as #2 on handout 3.1):

Maimonides, also known as Rambam was a 12th century Jewish philosopher, doctor and author. In regards to body and health he commented:

"One should take care to eat and drink only in order to be healthy in body and limb. One should not eat all one desires like a dog or a donkey. Rather, one should eat what is beneficial for the body, be it bitter or sweet. Conversely one should not eat what is harmful for the body, even though it is sweet to the taste" (Mishneh Torah, De'ot 3.2).

What do you think Maimonides wants his readers to take away from this commentary?

Possible ideas:
- *do not eat greedily*
- *eat enough to ensure that you are healthy*
- *respect your body and do not feed it improperly*
- *idea of balance between want and need*

The next passage we will read together is found in Genesis 41: 1-5. Some of you may recognize the passage as the dream that Pharoah describes to Joseph.*(This passage is found on handout 3.1, #3).* Will someone please read the passage out loud:

"After two year's time, Pharoah dreamed that he was standing by the Nile, when out of the Nile there came up seven cows, handsome and sturdy, and they grazed in the reed grass. But presently, seven other cows came up from the Nile close behind them, ugly and gaunt and stood beside the cows on the bank of the Nile; and the ugly gaunt cows ate up the seven handsome sturdy cows. And Pharoah awoke" (Genesis 41: 1-5, Jewish Publication Society translation).

So that everyone understands this story, can someone please summarize to the group what has just been read? (*Someone will then need to summarize the story for the group).*

What does this have to do with body image or eating disorders, you might ask. Rabbi David Goldwasser, author of *Starving to Live: An Inspirational Guide to Eating Disorders*, has a unique analogy comparing the cows in Pharoah's dream to both anorexia and bulimia. He utilizes the story of the seven thin cows devouring the seven healthy cows to depict an eating disorder that suddenly emerged and takes over one's life. He explains, "The lean cow has now become a force to reckon with, as it begins to devour the healthy cows" (p. 20). In other words the eating disorder as represented by a sickly

looking cow has pounced on its victim, a once healthy women or as represented in the story, a once healthy cow.

What does this passage mean to you? Do you agree with Rabbi Goldwasser's analogy?

Transition to Break Time (15 minutes)
This discussion will be followed by a fifteen minute break and snack time. Make sure that you have a variety of healthy snacks and drink choices.

Body Image (continued) *(45 minutes)*

This section continues to focus on Body Image and Judaism. We will look at a few more Jewish texts that illustrate Judaism's message about food and body image. (If you find yourself running out of time choose one of the following texts).

Vashti
The story of Purim revolves around beauty, courage and defiance. The two female characters in the story, Vashti and Esther, are described as beautiful and are essential to the Purim story because of their personalities, thoughts and actions.. In this section we will analyze the descriptions of both of these women according to the Megilah and will discuss the pros and cons of their descriptions.

Let's start with Vashti, since she is mentioned first in the story of Purim. The Megilah introduces its readers to Vashti in the first chapter of the story. King Ahasuerus is hosting a banquet and would like Vashti to join him. Can someone please read out loud text #4 on handout 3.1:

"On the seventh day, when the king was merry with wine, he ordered Mehuman, Bizzetha, Harbona, Bigtha, Abagtha, Zethar, and Carcas, the seven eunuchs in attendance on King Ahasuerus to bring Queen Vashti before the king wearing a royal diadem, to display her beauty to the peoples and officials; for she was a beautiful woman. But Queen Vashti refused to come at the king's command" (Esther 1:10-12, Jewish Publication Society translation).

Why do you think Vashti refused to come before the King? Think about what we have learned so far in this workshop about body image and the "ideal woman."

Possible Ideas:
- *she did not want to feel as if she was an object*
- *she did not want to be told where to be and how to act*
- *she was standing up for herself and did not want to be judged based on her looks and physical appearance*

Now that we have discussed possible ideas as to why Vashti did not want to join the king at his feast, we will now learn the consequences of Vashti's willingness to stand up for herself and defy the king. Will someone please read text #5 on handout 3.1:

"What (the king asked) shall be done, according to law, to Queen Vashti for failing to obey the command of King Ahasuerus conveyed by the eunuchs? Thereupon Memucan declared in the presence of the king and the ministers: "Queen Vashti has committed an offense not only against Your Majesty but also against all the officials and against all the peoples in the provinces of King Ahasuerus. For the queen's behavior will make all wives despise their husbands, as they reflect that King Ahasuerus himself ordered Queen Vashti to be brought before him, but she would not come....Vashti shall never enter the presence of King Ahasuerus. And let Your Majesty bestow her royal sate upon another who is more worthy than she." (Esther 1: 15-19, Jewish Publication Society translation).

Think of yourself as Vashti- would you have stood up for yourself? Would you have defied the king's orders and said, "No, I will not show off my beauty for you!" Would you have surrendered your title as queen to stand up for what you believe in? Do you have an example that you would be willing to share with the group about a time you stood up for yourself or a time where you were in a similar position?
(discuss with the group)

The king immediately wants to find a replacement for Queen Vashti and the following verses from the book of Esther explain to the readers the criteria in choosing a suitable queen. Will someone please read the final text on handout 3.1 out loud:

"The king's servants who attended him said, "Let beautiful young virgins be sought out for your majesty. Let your majesty appoint officers in every province of your realm to assemble all the beautiful young virgins at the fortress in Shushan, in the harem under the supervision of Hege, the king's eunuch, guardian of the women. Let them be provided with their cosmetics. And let the maiden who pleases Your Majesty be queen instead of Vashti." (Esther 2: 2-4, Jewish Publication Society translation).

What do you think of the criteria for becoming queen in the days of King Ahasuerus? Do you think that the condition for beauty in a leader/personality is reflective of a different time period or do you think that beauty is still seen as the ideal trait? What are some examples that you can think of from the media, movies and novels that support or challenge this idea?

Food, Torah and Holidays (25 minutes)

In this section we will explore various texts from different sources. These texts revolve around food, the torah and the Jewish holiday.. It is up to the participants to decipher the meanings of these texts and the messages that they portray. Texts are all found on handout 4.1 and are numbered in the order they appear in the workshop. Ask a participant to read out loud each text before you discuss with the group.

We will now analyze texts from the Torah and from various other sources that will give us a better idea of how Judaism sends messages about food and the body to the community.

#1, 4.1 : "I (God) have come down to rescue them (the Israelites) from the Egyptians and to bring them out of that land to a good and spacious land, a land flowing with milk and honey..."(Exodus 3: 8, Jewish Publication Society translation).

Questions for Discussion

- Why do you think it was necessary for God to describe the land as one that is "flowing with milk and honey?"
- Do you think that the Israelites did not trust God to bring them to a beautiful land where they would be able to inhabit?
- Why do you think the Torah uses specifically the words "milk and honey" and what do these words connote today?

Possible ideas may include:

- *milk and honey was used to refer to the sweet land that the Israelites were about to enter, the land was flowing with delicacies that the Israelites may not have had in Egypt*
- *milk and honey was used to show that the land was full of wealth and rich agricultural land for the Israelites to use and live off of*
- *today these words connote sweetness and richness*

After the discussion, ask a participant to read text #2 on handout 4.1 out loud:

"For the Lord your God is bringing you into a good land, a land with streams and springs, and fountains issuing from plain and hill; a land of wheat and barley, of vines, figs, and pomegranates, a land of olive trees and honey; a land where you may eat food without stint, where you will lack nothing, a land whose rocks are iron and from whose hills you can mine copper. When you have eaten your fill, give thanks to the Lord your God for the good land which He has given you" (Deuteronomy 8:10, Jewish Publication Society translation).

In this verse God describes the land of Israel to the Israelites. God describes the topography of the land as well as the crops that grow in the land. God tells the people to eat until they are satisfied and to thank God after they eat for the food that they consume.

Questions for Discussion:

- Why do you think God commands the Israelites to thank God after they eat and are satisfied?
- Do you think this is an important action after one eats?

Possible Ideas May Include:

- *A blessing after eating may help remind us that we should eat and be satisfied. According to the Torah we should not eat to be overly full and we should not starve ourselves so that we are never satisfied with what we are eating or not eating.*
- *God may have commanded the Israelites to thank God once they are satisfied so that they remember that they have food to eat and are satisfied with what they ate. Humans may be the ones to prepare the food, but God brought us into the land of Israel and created for us the food that we ate there.*
- *Food is equivalent to sustenance and is a source of life*

A text from the Passover Seder:

Every Passover we read in the Haggadah the Ha Lachma Anya (*handout 4.1, #3)*:

"This is the bread of poverty, the bread of affliction,
Our fathers and mothers ate it in the land of Mitzrayim (Egypt),
Which means the land of Constriction, of Narrowness.
Would that anyone in need might come and share our Pesach (Passover)!
This year we are here,
In the coming year may we be in the Land of Israel.
This year we are slaves
In the coming year may we all be free!

(On Wings of Freedom, Edited by Rabbi Richard Levy, 1989, p. 23)

Questions to Ask:

- Why do we equate matzah with poverty and affliction?
- Why is Egypt called the land of "constriction and narrowness?"
- In keeping in mind what we have learned about the Land of Israel as a land flowing with milk and honey, how does this compare with the land of Egypt?
- Do you think someone with an eating disorder would relate to the land of "constriction and narrowness" or to the land "flowing with milk and honey?"

Possible Ideas May Include:

- *Matzah is a poor person's bread (as we learned from the Israelites in the bible) and so it is linked to poverty and affliction.*
- *Egypt may be considered the land of narrowness because the Israelites were confined in the land as slaves to Pharaoh. Their freedom and free will were taken away from them.*
- *The land of Israel is described as the complete opposite of Egypt. Israel is a land filled with wealth and riches and Egypt is a land filled with poverty and affliction.*
- *The notion of control and powerlessness relating to Israel and Egypt*
- *Someone with an eating disorder may be viewed by an outsider as a person that is ultimately linked to Egypt. This person may view an eating disorder as*

a disorder that is confining and narrows the person's ability to be satisfied. A person with an eating disorder may equate herself to Egypt if she is aware that the disorder is confining her. She may also equate herself to Israel if she thinks that her body is ideal and she is satisfied at the thinness that she has achieved.

Conclusions (10 minutes)

Questions to ask the Group:

- Does anyone have any final thoughts about this workshop?
- What did you particularly enjoy about this workshop?
- Is there another subject matter that would have been helpful to include in this workshop?
- What is the most important thing you learned today?

Ask participants to fill out the evaluation, which you will find at the end of the appendix. . The evaluation is anonymous and will be used to improve the workshop.

Once participants have had a chance to share their final thoughts and fill out the evaluation, thank them for their attention and focus and for their willingness to spend the day becoming more aware of eating disorders and Judaism.

Appendix

An Overview on Anorexia Nervosa (1.1)

Background Information:

Anorexia is a severe, life threatening disorder in which the individual refuses to maintain a minimally normal body weight. Is intensely afraid to gain weight, and exhibits a significant disturbance in the perception of the shape or size of his/her body.

Symptoms:

The following symptoms are found in the DSM IV (Diagnostic and Statistical Manual of Mental Disorders, commonly used by mental health professionals):

- Refusal to maintain body weight at least 85% of normal for age and height
- Intense fear of gaining weight
- Disturbed body perception and denial of the problem
- In adolescent and adult females, lack of menstruation (amenorrhea)

Other qualities associated with anorexia nervosa may include:

- depression
- rage
- guilt
- fear
- helplessness
- lack of impulse control and anxiety control

Warning signs of anorexia may include:

- dramatic weight loss
- preoccupation with food or weight
- frequent comments about fat or overweight
- denial of hunger
- development of food rituals
- excessive exercise

Medical complications may include:

- osteoporosis
- amenorrhea
- dehydration
- delayed gastric emptying
- low heart rate
- liver problems
- heart failure
- skin and bone loss
- high cholesterol
- dry/thin hair

Who is affected by anorexia nervosa?

Anorexia affects .5-1% of the female population (about five million women in the United States) and the average age of onset is from 14-17 years old. 90% of cases occur in women.

An Overview on Bulimia Nervosa (1.2)

Background Information:

Bulimia is a severe, life-threatening disorder characterized by recurrent episodes of binge eating followed by self-induced vomiting or other inappropriate compensatory methods (example: laxatives, diuretics, excessive exercise) to prevent weight loss.

Symptoms:

The following symptoms are found in the DSM IV (Diagnostic and Statistical Manual of Mental Disorders, commonly used by mental health professionals):

- recurring episodes of binge eating
- recurring episodes of inappropriate compensatory behavior to avoid weight gain
- a minimum of two episodes of binge-eating and two inappropriate compensatory behaviors a week for at least three months
- self-evaluation is influenced excessively by body weight
- the disturbance does not occur exclusively during episodes of anorexia

Warning signs of bulimia may include:

- frequent weight fluctuations
- frequent trips to the restroom
- unusual swelling of the cheeks or jaw area
- calluses on knuckles from self-induced vomiting
- stained teeth
- withdrawal from friends and activities
- excessive exercise

Medical complications may include:

- loss of body fluids and electrolytes
- deterioration of dental enamel caused by acid in vomit eroding the teeth
- sore throats
- swollen salivary glands
- menstrual irregularities
- constipation
- fatigue

Who is affected by bulimia nervosa?

Bulimia nervosa is almost three times more common among females than anorexia. Between 1-3% of women in the United States are clinically bulimic during early adulthood. The average age of onset is from 14-18 years old. 90% of cases occur in women.

An Overview on Compulsive Eating (Binge-Eating Disorder) (1.3)

Background Information:

Binge Eating Disorder is a severe, life threatening disorder characterized by recurrent episodes of binge eating and the absence of the regular use of inappropriate compensatory behaviors (such as self-induced vomiting, fasting and excessive exercise) that are characteristics of bulimia nervosa.

Symptoms:

The DSM IV does not diagnose compulsive eating in its own category like that of anorexia or bulimia. Instead, the DSM IV classifies compulsive eating in a category entitled "Not Otherwise Specified" category. Symptoms may include:

- recurrent episodes of binging
- at least three of the following behaviors: eating more rapidly than normal, eating until feeling uncomfortably full, eating large amounts throughout the day without eating a regular meal, eating alone, feeling disgusted with oneself, depressed about overeating
- grief over binge eating/struggle against binge eating
- binge eating occurs (on average) at least twice a week over a six month period of time
- during an episode of binging the individual does not meet criteria for bulimia and there no abuse of medication or diet pills in an attempt to avoid weight gain

Warning signs of compulsive overeating may include:

- eating large quantities of food in one sitting until feeling uncomfortably full
- eating more rapidly than normal
- hoarding food
- eating alone because of embarrassment by how much one eats
- eating throughout the day with no planned mealtimes

Medical complications may include:

- heart and blood pressure problems
- joint problems
- abnormal blood sugar levels
- fatigue
- difficulty moving and walking

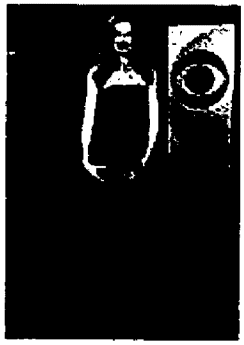
Who is affected by compulsive overeating?

Binge Eating affect 1-5% of the population in the United States. Women are 1.5 times more likely to this eating pattern than men.

Images of Women in the Media (2.1)






Looking at Images (2.2)

While looking through your magazines keep in mind the following questions:

1. Where do our images of the "prefect" body type come from?

2. According to these magazine pictures what do you the "perfect" body is?

3. According to your own opinion, what do you believe the "perfect" body is?

4. What makes people successful and happy?

5. Why do you think women tend to be more dissatisfied with their bodies than men?

6. How do you feel looking at these magazine pictures?

7. What do these pictures tell us about our culture?

Body Image (2.3)

- Recognize that bodies come in different shapes and sizes. There is no one "right" body size. Your body is not and should not exactly like anyone else's. Try to see your body as a facet to your uniqueness.

- Focus on qualities in your friends that are not body or appearance related.

- Focus on the qualities in yourself that are not related to appearance.

- Reduce the amount of time you spend reading magazines that emphasize appearance and weight. Look critically at advertisements that emphasize the "thin" message.

- Be aware of the negative messages you tell yourself about your appearance or body.

- Be assertive with others who comment on your body. Let people know how you feel.

- Aim for lifestyle mastery rather than mastery over your body, weight or appearance. Lifestyle mastery has to do with developing your gifts and potential, expressing yourself, developing deep meaningful relationships, learning how to solve problems, establish goals and make a meaningful contribution to life. View exercise and healthy eating as aspects of your overall approach to a life that emphasizes self-care.

Jewish Texts (3.1)

1. "Take utmost care and watch yourselves scrupulously, so that you do not forget the things that you saw with your own eyes and so that they do not fade from your mind as long as you live." (Deuteronomy 4:9, Jewish Publication Society translation).

2. "One should take care to eat and drink only in order to be healthy in body and limb. One should not eat all one desires like a dog or a donkey. Rather, one should eat what is beneficial for the body, be it bitter or sweet. Conversely one should not eat what is harmful for the body, even though it is sweet to the taste" (Mishneh Torah, De'ot 3.2).

3. "After two year's time, Pharoah dreamed that he was standing by the Nile, when out of the Nile there came up seven cows, handsome and sturdy, and they grazed in the reed grass. But presently, seven other cows came up from the Nile close behind them, ugly and gaunt and stood beside the cows on the bank of the Nile; and the ugly gaunt cows ate up the seven handsome sturdy cows. And Pharoah awoke" (Genesis 41: 1-5, Jewish Publication Society translation).

4. "On the seventh day, when the king was merry with wine, he ordered Mehuman, Bizzetha, Harbona, Bigtha, Abagtha, Zethar, and Carcas, the seven eunuchs in attendance on King Ahasuerus to bring Queen Vashti before the king wearing a royal diadem, to display her beauty to the peoples and officials; for she was a beautiful woman. But Queen Vashti refused to come at the king's command" (Esther 1:10-12, Jewish Publication Society translation).

5. "What (the king asked) shall be done, according to law, to Queen Vashti for failing to obey the command of King Ahasuerus conveyed by the eunuchs? Thereupon Memucan declared in the presence of the king and the ministers: "Queen Vashti has committed an offense not only against Your Majesty but also against all the officials and against all the peoples in the provinces of King Ahasuerus. For the queen's behavior will make all wives despise their husbands, as they reflect that King Ahasuerus himself ordered Queen Vashti to be brought before him, but she would not come....Vashti shall never enter the presence of King Ahasuerus. And let Your Majesty bestow her royal sate upon another who is more worthy than she" (Esther 1: 15-19, Jewish Publication Society translation).

6. "The king's servants who attended him said, "Let beautiful young virgins be sought out for your majesty. Let your majesty appoint officers in every province of your realm to assemble all the beautiful young virgins at the fortress in Shushan, in the harem under the supervision of Hege, the king's eunuch, guardian of the women. Let them be provided with their cosmetics. And let the maiden who pleases Your Majesty be queen instead of Vashti." (Esther 2: 2-4, Jewish Publication Society translation).

Jewish Texts Continued (4.1)

1. "I (God) have come down to rescue them (the Israelites) from the Egyptians and to bring them out of that land to a good and spacious land, a land flowing with milk and honey..."(Exodus 3: 8, Jewish Publication Society translation).

2. "For the Lord your God is bringing you into a good land, a land with streams and springs, and fountains issuing from plain and hill; a land of wheat and barley, of vines, figs, and pomegranates, a land of olive trees and honey; a land where you may eat food without stint, where you will lack nothing, a land whose rocks are iron and from whose hills you can mine copper. When you have eaten your fill, give thanks to the Lord your God for the good land which He has given you" (Deuteronomy 8:10, Jewish Publication Society translation).

3. "This is the bread of poverty, the bread of affliction,
Our fathers and mothers are it in the land of Mitzrayim (Egypt),
Which means the land of Constriction, of Narrowness.
Would that anyone in need might come and share our Pesach (Passover)!
This year we are here,
In the coming year may we be in the Land of Israel.
This year we are slaves
In the coming year may we all be free!

(On Wings of Freedom, Edited by Rabbi Richard Levy, 1989, p. 23)

Evaluation

1. What did you like best about this workshop?

2. Is there any aspect of this workshop that you would have changed?

3. Are you leaving this workshop with a better understanding regarding eating disorders?

4. Did the workshop help you learn more about the relationship between body image and Judaism? Please explain:

5. Did you find the workshop to be meaningful? Please explain:

6. Would you recommend this workshop to a friend?

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