



# EATING DISORDERS & PESACH:

## A GUIDE FOR RABBANIM, COMMUNITY LEADERS & PARENTS

This booklet is under the Rabbinical guidance of Rabbi Yisroel Meir Greenberg and Rabbi Shloime Yitschok Bixenspanner, Rabbinic advisors of Noa Girls.

**Eating disorders (ED) are a serious and potentially fatal mental health disorder.**  
*The Jewish community is not immune.*

Pesach can be an incredibly fraught and complex time for anyone struggling with an eating disorder. The significant focus on food has the potential to jeopardise ED recovery. Pesach can be a highly stressful time with many additional triggers.

Our goal is to raise awareness of the key challenges girls in our service and the wider Jewish community may face at this time and the life-threatening risks involved.



**noa**

# EATING DISORDERS

- ✓ Eating disorders are a mental health illness.
- ✓ Eating disorders are the 2<sup>nd</sup> most fatal mental health disorder. Anorexia has the highest mortality rate of all mental health disorders.
- ✓ EDs are not just a teen girl issue. Individuals (men and women) from age 8 to old age can suffer, with the majority cohort in late teens and early twenties.
- ✓ EDs are not just about losing weight or looking thin.
- ✓ Issues of time, control and privacy play into how EDs present and are managed.
- ✓ You cannot pause your ED for a week.
- ✓ Treatment plans for girls in recovery have momentum. These plans cannot be put on hold for a week either.
- ✓ Extent of risk is not always evident (girls may not the disclose extent of their ED)

“ You can be walking around looking ok. I had no wheelchair, crutches, dialysis but my organs were shutting down. I could have died at any point.”

**Anorexia nervosa:** Anorexia sufferers try to keep their weight as low as possible by limiting their calorie intake and the types of foods they eat. They may skip meals entirely, exercise too much, take laxatives and/or make themselves vomit. They become ill as they begin to starve. They often have distorted body image and an intense fear of gaining weight.

**Bulimia:** Bulimia is characterized by uncontrolled episodes of overeating (called bingeing). This is followed by purging by self-induced vomiting, misuse of laxatives, and other methods.

**Binge-eating:** People with this condition often don't feel able to stop eating and may eat larger than usual amounts of food. They often feel shame about these binges and go through periods of trying to restrict their eating as a result, but this instead may increase urges to eat and perpetuates the cycle.

**Atypical presentations (OFSED):** A classification for those struggling with an ED despite not meeting the diagnostic criteria for any other eating disorders. They present with clinically severe distress. OFSED no less severe than other EDs, rather their presentation is less defined (they may restrict calories but not be underweight, may purge without bingeing etc).

# PESACH & ED:

## WHY IS THIS SO COMPLEX?

- ✓ There is an intense focus on food during this time: 10 festive meals in 8 days, severe restrictions on foods can be consumed, as well as additional family minhagim which create further stringencies.
- ✓ The seder itself obligates eating and drinking in specific quantities at set times (4 cups of wine/ grape juice, a prescribed amount of matza, followed by what is often a full heavy meal served late at night)
- ✓ The intense focus on food can be extremely challenging for girls in the throes of an ED.
- ✓ Girls in recovery can find it impossible to implement their meal plans due to limited food options.
- ✓ Girls receiving care in-house at treatment facilities will face significant complications.
- ✓ Limitations on foods may include lots of 'safe foods'. Calorie counting can be harder when you don't have access to the foods you are used to.
- ✓ Food is often abundant at mealtimes yet can be unbalanced and limited.
- ✓ As extended families often gather together on pesach, meals are often eaten at relatives or friends, or amongst larger crowds, further curtailing control and freedom over food choices. Girls may feel uncomfortable eating amongst other people. They can often only eat alone. This needs to be respected; depending on the stage of recovery it can be a question of eating alone or not at all.
- ✓ The lead up to Pesach can be fraught and stressful. Food is less accessible as supplies are run down, girls may be encouraged to eat what is available or out of the house, disrupted mealtimes are common.
- ✓ Overwhelmed adults may be distracted and not fully focused on what their daughters are/ are not eating.

“ I wish people knew the extent of how isolating these illnesses are and how much they affect someone every day.”





# ISSUES TO CONSIDER

- ✓ Girls may use religious restrictions as an excuse to perpetuate disordered eating/ eating disorders/ unhelpful and damaging thoughts about food.
- ✓ They may be unwilling to accept where there is scope for leniency and may misrepresent the religious restrictions to their caregivers, therapists and dieticians.
- ✓ They may also downplay their struggles to their family, friends and those around them.
- ✓ Anxiety and OCD tendencies are often amplified at this time.
- ✓ Loss of privacy, intense family time and stress can exacerbate trauma.



# OTHER TRIGGERS TO BE AWARE OF

Pesach has a lot of unstructured time which can be challenging.

Attendance at shul, community events and extended family get togethers can be uncomfortable for girls who dislike being 'in the limelight'.

Well-meaning relatives and friends may make comments (negative or positive) about a girl's appearance, which is often unhelpful.

It marks the beginning of a new season. This is often a time where families purchase their spring/summer wardrobe, which be stressful for girls struggling with their weight and poor body image.

Pesach programmes abroad (which girls may attend with their families) often involve a heavy focus on appearance and clothing which can create pressure. Often large amounts are presented buffet-style, which for underweight girls can present as overwhelming due to the many choices on offer, whereas those prone to binge-eating may find it difficult to resist the large varieties of food on offer.

“ Even when not everyone around me was sensitive it was really helpful that my mum was on my wavelength. Sometimes if you have the right foundation at home and all the steps in place it can make a huge difference.”

“ Comments give you ammunition; when they say you look amazing when you have lost weight it reinforces your eating disorder. If someone says you look great when you are in recovery you think that means you look fat. You can't say the right thing.”

# HALACHA, FLEXIBILITY & SENSITIVITY

Eating Disorders have the 2<sup>nd</sup> highest mortality rate of any mental health disorder. Even when not fatal, sufferers can experience serious health risks and long-term ramifications. The following halachic guidance indicates where – given the clear imperative surrounding pikuach nefesh – flexibility, leniency and understanding can be employed when dealing with ED on Pesach.

It is vital that girls and their families are supported to understand that when a more lenient approach is advised, this is preferable for their circumstances, not something they should be ashamed of and not something they should avoid. Relevant care providers (medical professionals, therapists, dieticians etc) can be consulted, subject to the consent of the service user, to glean a fuller picture of the individual's risk factors and relevant clinical guidance.

*Thank you to **Rabbi Yoni Rosensweig** of 'Maaglei Nefesh' Israel for generously contributing resources and providing support.*

## Eating Chametz & Kitniot on Pesach

**CHAMETZ** – It is forbidden to cause a person who is mentally unwell to transgress any prohibition, including feeding them chametz on Pesach. However, this can be done in order to save the person's life. Someone with an ED may struggle to the extent that they are halachically exempt in a specific area due to a lack of understanding and insight into their mental health struggle. Even if they function well otherwise, their exemption is tied to their competence and awareness in this specific domain. It is permitted to feed chametz to someone who is halachically exempt in order to restore their mental capacity in this area.

**PIKUACH NEFESH** – beyond the immediate and imminent threat to an ED sufferer's life, there can be dangerous (and ultimately fatal) long-term health repercussions when interfering with treatment plans. ED sufferers have an incessant voice that is obsessively preoccupied with their food intake. Regular eating combats that voice. Pesach feeds and amplifies this voice and can risk precipitating a downward spiral into a more entrenched eating disorder. Eating restrictions and interference with recovery plans can also trigger life threatening mental health challenges (self-harming, suicidal ideation etc) as an outcome of the distress caused. Some anorexia sufferer's eating habits may be so extremely rigid that prohibiting eating chametz and changing their nutrition programme even for one day can result in a deterioration in their healthy eating practices. Since this disorder is extremely dangerous, in such a situation even eating chametz is permitted (see Aruch HaShulchan OC 450, 14)

**KITNIOT** – ED sufferers often need to eat specific foods to maintain healthy eating practices (they may be used to eating certain foods as part of their recovery programme and it is vital that they maintain the consistency this plan creates for them). Giving up these foods threatens their recovery and can cause their condition to deteriorate. Flexibility regarding kitniot is appropriate in these situations.

**KITNIOT LENIENIES** – Allowing kitniot should be done, as required, according to the following gradations of leniency: a. Kitniot oils, (as well as products containing such oils). b. Mixtures that contain kitniot (such as rice or corn flour, etc.). c. Peanuts, soy products, quinoa, and green beans (different rabbis may “grade” these products differently in terms of leniency). d. All other kitniot (rice, beans, corn, etc.). It is permitted to prepare and cook kitniot foods using Pesach utensils. Ideally kitniot food should be cooked in separate pots.

**MEDICATION** – All psychiatric capsules and tablets, without exception, are permitted on Pesach and it is essential their use is continued throughout Pesach.

“ You don’t want to be told you have to eat ‘x’. You don’t want to hear this is most lenient thing you can do. You want to hear that you need to follow your treatment plans, if that means eating chametz, do what you need to do, there’s no room for guilt here.”

## Seder Considerations

**BINGE-EATING:** As a general rule, those dealing with binge eating disorder are obligated to eat matza and drink wine at the Seder, but they must obey the dictates of their therapists and refrain from eating or drinking more than they permit. Assuming such instructions do permit eating/drinking, these individuals may be lenient regarding the requisite amounts of matza and wine. (Matza - approximately 1/3 of a machine matza; if necessary, it is permitted to rely on the even more lenient opinion that a k’zayit corresponds to an actual olive as we have today. Wine - the majority of a revi’it = a full mouthful = 44 ml.)

**ANOREXIA:** Girls with anorexia or in the early stages of recovery may feel unable to eat Matza and feel completely satiated before eating anything. Halachic authorities are divided as to whether they are exempt from eating matza (such that were they to eat any they would not make the bracha) or obligated (thus should make the

bracha). In practice it is appropriate to consider the therapeutic benefits, such that if eating matza and making the bracha will encourage them to eat as well as to perceive eating as important and essential, they should make a bracha, while if it will not help, they should not make the bracha.

**BULIMIA:** Those struggling with bulimia must eat a proper meal on Erev Pesach so that they are not famished by Shulchan Orech. They may eat vegetables, as needed throughout Maggid (even more than a k’zayit) to prevent harmful eating during Shulchan Orech that may trigger a binge-purge cycle. In general, they must follow the dictates of their therapists.

**LOW ENERGY:** ED sufferers can have low energy and find it difficult to attend the entire Seder, participate in all the family traditions etc. They should not feel that they have lost out on their true connection to Pesach, just because they participate only within their abilities.

## SUPPORTING FAMILIES

Even when a family member has a *psak*/ permission to be lenient on Pesach, their family can really struggle with letting this happen (especially in their own home). It can feel like this goes against everything they believe in. They require **understanding but also the encouragement** to recognise that the detrimental aspect of just one week of Pesach can set an ED sufferer back significantly, and that the guidance they have received is truly what is best for them under the circumstances.

Families may also appreciate **guidance on how to navigate the social obligations** that Pesach often entails, for example, on how to balance managing large meals with extended family and friends with the needs of their struggling family member. They may need support to consider how Pesach may need to look different and more low-key than usual whilst still staying true to how they usually celebrate Pesach as a family.

**Pre-planning:** Families should be supported to seek guidance from therapists, medical professionals and their family member's care teams so they can implement helpful strategies. For example, they may want to consider pre-plating food, advance menu planning and consultations, preparing a designated area for the individuals own food to combat overwhelm, trying to keep food as similar as possible to what is usually available, setting expectations for meal participation, considering seating positioning at a family meal, building in routine and structure rather than having the day revolve around mealtimes. Pre-planning can significantly reduce tensions in what can otherwise be a very distressing and traumatic time.

**Building in routine and structure** can be helpful for everyone. When someone is on a strict meal plan and doesn't want to eat in public, they may end up staying home a lot to ensure they can stick to their plan. They don't have a lot of flexibility. This can be even harder on Pesach when there are fewer distractions and many large meals. Helping them build in distractions (going on walks, playing a game etc) means they don't have their whole day revolving around food.

“ It was amazing when people found non-food related ways to bring something positive into Yom Tov. A gift, a text. It didn't need to be expensive. It was like a hug in a box.”

Noa provides wraparound practical emotional and therapeutic support to adolescent individuals aged 12-24 from the London Jewish community. Our Eating Disorder programme delivers specialised clinically led support to individuals who struggle with eating disorders, providing them with the holistic and targeted support they need to achieve recovery.