

EATING DISORDERS & PASSOVER:

A GUIDE FOR PROFESSIONALS

Passover (also referred to as Pesach) can be an incredibly fraught and complex time for anyone struggling with an eating disorder. The significant focus on what food can and cannot be consumed has the potential to jeopardise ED recovery. Our goal is to raise awareness of some of the key challenges individuals in our service and the wider Jewish community may face at this time, so they can be sensitively supported to navigate them.



PASSOVER 101

- ✓ Passover is a very important holiday for the Jewish community.
- ✓ The main commandment of Passover concerns removing all 'leaven' and anything made with it before the festival begins.
- ✓ 'Leaven' (*chametz* in Hebrew) is made from one of 5 types of grains (wheat, barley, rye, oats, or spelt) when they are combined with water and left to stand for more than 18 minutes.
- ✓ Practically, this refers to most breads, cereals and baked items.
- ✓ *Matza*: the most significant dietary change is that most individuals (even if they only keep some of the Passover laws and traditions) exchange bread for matza. Matza is unleavened bread made from flour and water, resembling a large flat cracker.
- ✓ Consuming, keeping and owning chametz is forbidden during Passover.
- ✓ Stringent observance includes not using dishes, cooking utensils etc that were used for chametz. Special Passover cooking dishes, cutlery and crockery are used instead.
- ✓ Observant Jews spend the weeks before Passover in a flurry of thorough housecleaning, to remove every morsel of 'chametz' from every part of the home.
- ✓ There are many different traditions (*minhagim*) pertaining to Passover observance that are strictly adhered to. For example, not eating processed/ manufactured foods, only eating peeled fruits and vegetables.
- ✓ *Kitniyot* - certain communities refrain from eating foods made with 'kitniyot' including rice, beans, lentils, pulses.
- ✓ Whilst these traditions are deeply embedded into families practice of Passover and there is often resistance to change, according to Jewish law there is more potential for leniency here.
- ✓ Set foods, set times: The Passover '*Seder*' is one of the most widely observed Jewish rituals. '*Seder*' is a long festive meal punctuated by eating specific foods in precise quantities (including 4 cups of wine/ grape juice, a prescribed amount of matza, followed by what is often a full heavy meal served late at night).

WHEN IS PASSOVER?



It begins this year
2024 on **Monday**
22nd April (evening)
and ends **Tuesday**
30th April at
nightfall.

In **2025** Passover
begins on **Saturday**
12th April (evening)
and ends **Sunday**
20th April at
nightfall.

In **2026** Passover
begins on
Wednesday
1st April (evening)
and ends **Thursday**
9th April at
nightfall.

EATING DISORDERS & PASSOVER

- ✓ There are approximately 10 festive meals in this 8-day period.
- ✓ The intense focus on food can be extremely challenging for individuals in the throes of an ED.
- ✓ Individuals in recovery can find it very difficult to implement their meal plans due to limited food options.
- ✓ 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.
- ✓ Individuals receiving care in-house at treatment facilities will face significant complications.
- ✓ Food is often abundant at mealtimes yet can be unbalanced and limited.
- ✓ This is a time when extended families gather together and meals may be eaten at relatives and friends. This exacerbates their fear (they may only be able to eat alone) and further curtails their control and freedom over food choices.
- ✓ The lead up to Passover can be fraught. Families are removing chametz so are running down their supplies. Food is less accessible; individuals 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.
- ✓ It is critical that caregivers are sensitive to individuals' cultural context and understand how tricky and emotional this time can be.



Meals are so late. Especially for seder, I worried about having lots of extra wine and calories before even getting to the meal. It can sit on your mind.”

CO-MORBIDITIES

- ✓ Anxiety and OCD tendencies are often amplified at this time.
- ✓ Loss of privacy, intense family time and stress can exacerbate trauma.

ASK A RABBI

- ✓ People who struggle with eating disorders can ask the Rabbi for leniencies with the forbidden kinds of food. Some, including the Rabbinic leader of Noa Girls, would authorise people to eat specific foods if certain conditions are met.
- ✓ Judaism places paramount importance on *pikuach nefesh* – saving a life.
- ✓ The health and safety considerations surrounding ED means there is scope for leniency with the Passover restrictions.
- ✓ Individuals and families can be advised on what they can eat (foods which are traditionally refrained from in certain circumstances) and what food they do NOT have to eat.
- ✓ Advice will reflect what can be adjusted with the understanding that being stricter may reinforce disordered eating.
- ✓ Asking early is helpful: this can allay concerns individuals may have and ensures sufficient time for a thoughtful and collaborative approach.
- ✓ Many individuals and their families have not approached their Rabbi for guidance.
- ✓ There are communal leaders who are not current on mental health challenges, including EDs. It may be helpful for the service provider to write a letter explaining their patient's situation and/or liaising with the community leader directly so they can offer the most helpful and constructive advice.
- ✓ We have produced a leaflet with guidance for community leaders so they have greater understanding about the complexity of observing Passover when struggling with ED and once in recovery.
- ✓ Although Rabbis can give these leniencies it can be difficult for some individuals and families to accept them, due to the way the 'chametz' concept is deeply embedded in the tradition. Understanding this but encouraging them to accept this guidance nonetheless is of extreme importance.

“

It would have been amazing if we had this when I was unwell.”



DID YOU KNOW?

(ADDITIONAL TRIGGERS)

Passover has a lot of unstructured time.

Individuals may attend synagogue and other community events, putting them 'in the limelight' which can be uncomfortable.

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

Some families attend organised Passover programmes abroad. There is often a heavy focus on appearance and clothing which can create pressure. Often large amounts are presented buffet-style, which for underweight individuals 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.

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

“

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.”

SUPPORTING FAMILIES

Even when a family member who struggles with an eating disorder has permission to be more lenient on Passover, their families can really struggle with letting this happen (especially in their own home) when the prohibition against these behaviours is so ingrained. They may understand that their family member is really struggling but it still feels like it is going completely against what they believe in. The families need our understanding but also the encouragement to recognise that even though Passover is just a week, the detrimental aspect of that week can set an ED sufferer back very far.

Families can also be supported to explore the social challenges of this festive period, for example, the many large meals shared with extended family and friends. They may want to contemplate whether their celebrations might need to look different and more low-key whilst still staying true to how they usually experience Passover as a family.

“ 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.”

IDEAS TO CONSIDER

- ✓ Can they have their meal separately or with their parent first, and then join the family gathering if they are not a stage in her recovery where they can manage eating food at the same time as others?
- ✓ Seat placements: where they are positioned at a table during a large gathering can have a huge impact. Who can they sit next to, can they be supported?
- ✓ Menu choices: can you have conversations in advance of the meal discussing what will be available? Do they have to partake in every course? If going out for a meal, can you find out their menu so there are no surprises? Perhaps parents can pre-plate food so the array of food choices and amounts on offer is less overwhelming?
- ✓ There is often lots of extra food around including cakes and snacks. Designating one shelf/ area where an individual can keep their own (safe) foods can contain their sense of overwhelm and accompanying anxiety.
- ✓ These mealtimes can become a distressing and traumatic time for the family, especially when putting on a front for other people. This can trigger someone restricting or purging more as a coping mechanism. Pre-planning can significantly reduce these tensions.
- ✓ An unstructured day can be challenging, especially when the day revolves around a meal. If an individual is on a strict meal plan and doesn't want to eat in public, they have very little flexibility so can end up at home thinking about food all day. Can stability and routine be introduced to anchor that?
- ✓ Festive days, like Sabbath, can be difficult for individuals with no access to devices and fewer distractions (especially as they often use these as coping mechanism). Thinking ahead about how they can manage that time and implementing strategies to take their mind of the meal can be helpful (for example, going on a walk, playing a game, buying extra reading material etc).

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. www.noagirls.com