

מוסדות אור שמח מרכז טננבאום ע.ר. 58-00-21343-00
רח' שמעון הצדיק 22-28 ירושלים ת.ד. 18103
טל: 02-581-0315

Kislev 5784

Michtav Bracha

The pernicious influence of secular culture can penetrate even the most devout Torah communities. One of the worst examples of this is the obsessive preoccupation with physical beauty coupled with a very specific definition of what that beauty is, a definition that owes much more to Hollywood fantasies than Torah values. At best, this obsession is a source of mental anguish and distress. At worst, it can lead to life-threatening eating disorders, unnecessary and invasive cosmetic surgery and even, God forbid, to suicides. This self-loathing and depression are a major problem in mental health. Starting with children as young as seven or eight, these feelings intensify in adolescence and can continue well into married life at which point they sadly can be passed down to the children of the next generation.

Marcy Forta, Ed.D., an experienced and committed educator, has made a major contribution in helping Jewish girls form a healthy self-image and in giving parents the tools to assist them in doing so. In addition to her creating a wonderful organization Atzmi, she has compiled a manual full of useful information, practical pointers and inspirational insights, all grounded in basic and healthy Torah values. These values focus on inner beauty; intrinsic worth; non-arrogant pride in who you are; joy, appreciation and gratitude for the life Hashem has given you. These values are not simply treating pathologies. They form the foundation of a healthy, joyous meaningful life.

I highly endorse Dr. Forta's work and feel strongly that it will be an invaluable resource for parents and children facing these significant challenges and will also prevent these challenges from emerging in the first place.

Yitzchak A. Breitowitz
Rav, Kehillas Ohr Somayach



Chai Lifeline

Dovid HaMelech (*Tehillim* 142:7) teaches us to call out to HaShem when we are down and hurting. He captures an essence of our pleading with the words “*hatzileinu m’rodfai ki amtzu mi’meni*,” which is popularly translated as “rescue me from my pursuers for they are stronger than I.” When a person is tormented and pursued by forces which seek to harm, one definitely feels pursued and overpowered, which generates fear, worry and even despair. A little further on (143:9), Dovid HaMelech reveals another nuance: “*hatzileinu ... ki Elecha kisisi*” — rescue me HaShem because I have hidden my distress from everyone except for You. When a person struggles and suffers, they at times lock their distress within themselves. At times shame, at times fear of discovery, at times worries about reputation and social status prompt one to bottle their feelings and pain inside, which will, ultimately, create increased turmoil in the mind and in the body.

For many decades, the scourge of eating disorders has affected our society, including the religious communities. *Chazal* were aware of conditions which manifest as disturbed eating (*Gittin* 70a; *Yoma* 83a) and addressed halachic and practical ramifications for handling these conditions. In our own times too, many a rabbinic authority has been asked to guide a person and their family when such conditions are present.

Nonetheless, as we note in the latter verse from *Tehillim*, we often are inhibited about sharing with others, which complicates the course of the condition, and delays the treatment and recovery processes. Perhaps this has led some of the commentaries on the former verse to see it as an allusion to the psychology of the suffering: rescue me from my pursuers because *amtzu mi’meni* — they are reinforced by me! *Mi’meni* can be translated as “from me” or “from within myself.” Trapping torment within yourself makes it more intense and more powerful. It can be so difficult to seek help and to disclose. We end up “pursued” by our own internalization of the disorder. Recovery begins when a person who suffers can recognize that they need help for themselves and at times protective help *from* themselves. This is when we turn to experts, to professionals who understand the development and nature of an eating disorder, and whose intervention process will be methodical, stabilizing, halachically grounded, *hashkafically* appropriate and therapeutically productive.

Dr. Forta has researched and composed an impressive volume for our community. She explores with candor and with honesty the pathways of the mind and body in the development of disordered eating, and illuminates for the reader a practical, usable and credible model for compassionate care and improved awareness. Along with her clinical work through *Atzmi*, her masterful guide titled “*How Can I Help My Daughter? A Mother’s Guide to Nurturing Her Daughter’s Best Self*” will serve many in our Torah communities. I believe that it provides much understanding to mothers who seek to support their daughters through their conflict while also offering hope to those who struggle in this way. I have no doubt that our rabbinic leaders, educators, rebbetzins and guidance counselors too will learn from her research in ways which will enhance their work with the girls and young women who turn to them.

I offer my praise and my humble personal *bracha* that Dr. Forta have the merit to bring comfort and encouragement to many who call out for care and support.

Rabbi Dr. Dovid Fox
Forensic and Clinical Psychologist Professor, retired, USC and CSPP-LA
Associate Clinical Professor, retired, LLU School of Medicine
Adjunct graduate faculty, Wurzweiler School of Social Work Rav,
Hashkama Minyan of Young Israel of Hancock Park Dayan,
Batei Din d’Yerushalayim
Director, Chai Lifeline Crisis and Trauma Services

Rabbi Dr. Dovid Fox
Director of Chai Lifeline Crisis Services

Table of Contents

Foreword	xvii
Preface: My Story	xix
Acknowledgments	xxvi
Introduction	1
CHAPTER 1: Statistics	7
<i>Statistics within the General Population / Statistics within the Jewish Community</i>	
CHAPTER 2: Body Image	16
<i>Appearance Ideal / Diet Culture / Weight Stigma / Social Media / Family / Peers / Pressures / Food / Stigma / Mixed Message Perception / Expectations of Homogeneity / Negative Body Image / Important Note</i>	
CHAPTER 3: Understanding Eating Disorders	48
<i>What Are Eating Disorders? / Types of Eating Disorders / The Eating Disorder Struggle / Eating Disorder Treatment / Risk Factors for Eating Disorders / General Signs and Symptoms / What Are Some of the Symptoms for Specific Eating Disorders?</i>	
CHAPTER 4: How Can I Help My Daughter?	82
<i>Change the Conversation / Food / Weight / Get Help / Talking to Your Child / Joyful Movement / Remember That Bodies Change / The Social Media Conversation / Foster a Healthy Identity / Use Self-Compassion / Give Your Child Opportunities to Make Their Own Choices / Create an Environment That Is Loving and Accepting / Talk to Your Children about Their Emotions / Self-Care vs. Selfishness / “Am I Fat?” How to Respond to Your Daughter</i>	
CHAPTER 5: Additional Thoughts	128
<i>Try to Use a “Weight-Inclusive” Approach / Intuitive Eating / Diets and Diet Culture Don’t Work / Let’s Talk about BMI / What Is Health?</i>	

CHAPTER 6: Final Thoughts138
I Suspect an Issue. Now What? / Make Time for You

Endnotes141

Resources147

Chapter 1

Statistics

STATISTICS WITHIN THE GENERAL POPULATION

It is important for us to have some context around how many people are struggling with their body in some way and exactly what it is they are struggling with. What follows delineates the extent of the problem and demonstrates how deeply it runs for many of us.

Over 75 percent of adolescent girls do not like their body. Research has shown that around 50 percent of thirteen-year-old girls report being unhappy with their body. This number grows to almost 80 percent by the time girls reach seventeen; for women over twenty-one, the estimates are over 80 percent.¹

The sad reality is that research shows that 81 percent of ten-year-olds are afraid of being fat, 80 percent of thirteen-year-olds have attempted to lose weight, and 50 percent of girls between the ages of eleven and thirteen see themselves as overweight. An alarming 35–57 percent of adolescent girls engage in some form of crash dieting, fasting, self-induced vomiting, the use of diet pills, excessive exercise, diuretics, or the use of laxatives.²

In 2005, Dove—yes, the soap company—commissioned a study called “Beyond Stereotypes: Rebuilding the Foundation of Beauty Beliefs.” The study surveyed over 1,000 girls aged 15–17 and 2,300 women aged 18–64. Conclusions from the study found that two thirds of women around the world avoid activities such as meeting friends, exercising, voicing their opinions, going to school, going to work, dating, or even seeking medical help because they don’t like the way they look.³ What a frightening statistic.

8 How Can I Help My Daughter?

Girls as young as three already perceive thin as good and fat as bad.⁴ In fact, 35 percent of five-year-olds are already restraining their food intake in order to lose weight, and 42 percent of first- to third-grade girls want to be thinner.⁵

I received a phone call from a woman living in England. We had been speaking on and off for a while as she is a big supporter of the work Atzmi does, and she helps many women in the *frum* community. This time, though, she called me out of concern for her five-year-old granddaughter, Basya, who was over for a visit. She was giving Basya a bath and while she was in the tub, Basya said to her, “Look at me, Bubby, I’m so beautiful because I’m skinny.” Now this woman told me that her granddaughter lives in a home with absolutely no access to social media. Basya’s parents don’t have smartphones, they don’t use WhatsApp, they don’t have texting, and they have no secular media or publications in their home whatsoever. She asked me how it is even possible that her granddaughter was getting this message? The truth is, these pervasive, dangerous, and insidious messages do exist in our communities and in our families. And they are prevalent, insidious, and rampant.

I have a colleague who used to be a first-grade teacher. She now works in eating disorder prevention. She made the switch when she witnessed all her first-grade students throwing away their lunches. She went up to the girls immediately and asked them straight out, “Why are you all throwing your lunches away?” The girls responded that they wanted to be skinny, so they decided that in order to do this, they would all throw away their lunches. These are girls as young as six and seven, and they are already concerned with their weight and actually restraining their food intake in order to lose weight. This should really worry us.

More recently, especially since the onset of COVID, issues have escalated, becoming even more serious and alarming. Increases of 80–100

percent in eating disorder instances have been reported throughout the entire world since the onset of COVID.⁶ During the first twelve months of COVID, the number of hospital admissions among adolescents with eating disorders at the University of Michigan Medical School more than doubled.⁷ Many doctors and therapists are sounding the alarm that the growth rate of eating disorders is higher than ever. There is concern that they simply don't have the facilities to properly treat all those who are struggling. And even though we are no longer technically considered to be in a pandemic, the mental health repercussions and implications have created an extremely difficult and uncertain situation overall, especially for adolescents and teens, and we continue to feel its ripple effects. A recent study from the United Kingdom found that eating disorder hospital cases were up over 84 percent in the past five years with the biggest increases seen in those aged eighteen and under.⁸ These are frightening numbers.

The sad reality is that between 9 and 12 percent of people in the United States will be diagnosed with an eating disorder in their lifetime. This is equivalent to almost thirty million Americans and is estimated to be about seventy million people worldwide.⁹ These numbers refer only to those with a diagnosed disorder and are not indicative of how many people are struggling with food, body image, and eating in general. That number is assumed to be much, much larger. The prevalence of eating disorders has doubled worldwide from 2013–2018 as compared with 2000–2006.¹⁰ The numbers indicate that the eating disorder epidemic is spreading quicker than ever before.¹¹

Studies show that 95 percent of those who have an eating disorder are between the ages of twelve and twenty-five.¹² In the last decade alone, the number of preteens being treated for anorexia nervosa has doubled.¹³ I receive calls weekly from parents of teens who are struggling—but also from mothers of girls as young as nine and ten years old. Eating disorders are affecting our children at younger ages and more severely than ever before.

Eating disorders have the second highest mortality rate among mental illness in adolescence, second only to drug overdoses,¹⁴ and some studies

have even found them to be nearly equal. Eating disorders are also the second leading cause of mental health disability for adolescent girls and young women. One death every fifty-two minutes—approximately 10,200 deaths each year—can be attributed directly to an eating disorder.¹⁵ This can either be from suicide or the many physical and mental health complications that accompany eating disorders. About 26 percent of people with eating disorders attempt suicide at some point throughout their struggle, which translates into them being eleven times more likely than the general population to try to take their own life.¹⁶

Females are twice as likely as males to develop an eating disorder,¹⁷ although the number of males with eating disorders is also on the rise. Eating disorders have been diagnosed in children as young as five and in adults as old as eighty.¹⁸ Sadly, yes, that means that there are five-year-olds in inpatient facilities with a clinical eating disorder diagnosis. While this is not the norm, this is still devastating to contemplate.

There is also ample anecdotal evidence that women who are in hospice, which is end-of-life care, when offered a decadent or fattening dessert will refuse it as they feel they should not be having the calories or fat it contains.

A friend of mine told me a story about her close friend Sara's mother. Sara's father had recently passed away and they were at the funeral. During the burial, the widow, Sara's mother, was talking about how she was still wearing the same size dress as the day she got married and that she still fits into the same clothing. On the day she was burying her husband, this was what came to mind for her—the thought that she had not changed clothing sizes over all these years. To me, this is both tragic and heart-breaking. This shows us just how deep-seated and deep-rooted some of our body image and ideal appearance issues are for all of us. It is shocking to see how prevalent these have become.

Unfortunately, many mental and physical health professionals have little or no body image or eating disorder training. Many doctors and

healthcare professionals will openly admit that their education on body image is scarce; how body image affects children's mental health and overall view of themselves is not something they feel either qualified or comfortable discussing with parents or educating them about. Sadly, their knowledge of eating disorders is also limited and there are many stories of professionals who misdiagnose or overlook a child's battle with an eating disorder.

One example of this is a mother who called me regarding her now eighteen-year-old daughter, Nechama:

Nechama wanted to go to seminary, but her mother was afraid to allow her to go. From a very young age, Nechama had been very restrictive about the types of foods she was willing to eat. She was what we might call an extreme picky eater. Her mother, however, noticed that Nechama's restrictions continued to multiply, and she was not growing at the same rate as her siblings, nor was she staying on her growth curve. Over the years, this mother went back to the doctors often, expressing concern and worry over Nechama's behaviors and her inability to gain weight and thrive. The doctors kept telling her that as long as Nechama was experiencing some growth, she was doing okay. But as Nechama's issues continued to worsen and she was no longer comfortable eating most foods, her mother's worry grew.

Eventually, it became clear that Nechama was severely malnourished. After all those years, her mother finally found a different health provider and Nechama was diagnosed with avoidant restrictive food intake disorder (ARFID, see "Understanding Eating Disorders"). Since Nechama had been sick for so long, the treatment was much harder, and it took a long time to resolve her issues. If these issues had been recognized and treated earlier, the situation might have been quite different.

Unfortunately, Nechama was unable to go to seminary with her friends and classmates. An earlier diagnosis could have led to a more successful outcome.

Another mother called me about her now twelve-year-old daughter, Rivkie:

Rivkie had been struggling with food and her body image for around twenty months. These issues started around the same time as her parents had gotten divorced. Rivkie had also lost a significant amount of weight during that time. Rivkie's mom had taken her to the pediatrician five times over the course of a year and a half. Each time she went, the doctor told her that Rivkie's BMI, while at the low end of normal, was still in the normal range and she seemed fine. But her restriction and struggle around food and eating continued. Rivkie was starting to become weaker and more withdrawn, she was getting headaches, constantly sick, and her grades were slipping at school. Rivkie's mom took her back to the doctor one more time, as she was starting to panic and was understandably distraught by her daughter's refusal to eat and her accompanying issues. It was only at this last appointment—despite the same tests having been done previously—that Rivkie's bloodwork began to show severe malnutrition and some organ damage. In fact, at that visit, Rivkie's doctor sent her straight to the hospital where she had to be admitted immediately. Perhaps if the doctor had listened to Rivkie's mother almost two years prior, she would not be struggling in the hospital with a diagnosis of a severe eating disorder.

Evidence shows time and again that eating disorder treatment offered early on and implemented by trained and experienced eating disorder specialists is far more effective and successful. It is therefore critical to get help from both trained and experienced providers as early as possible. Unfortunately, though, the studies also show that the majority of people with eating disorders do not receive any treatment.¹⁹ In fact, among adolescents, less than one in five of those struggling with an eating disorder have received treatment for it, and it is estimated that it takes an average of five years from the time of the first doctor's visit

with concerns about the child to when the diagnosis is made.²⁰ That is just unacceptable.

Despite the rise in incidences of eating disorders, training in the medical field has not kept up. In a survey conducted in 2015, of the 637 medical training programs that participated, 514 of them (that's over 80 percent!) do not offer rotations in this field.²¹

This is frightening. We need more education around eating disorders.

STATISTICS WITHIN THE JEWISH COMMUNITY

What about our Orthodox Jewish community specifically? What are some of our numbers?

Due to the insular nature of our community, there is not an abundance of empirical data available. However, there are several studies, as well as considerable anecdotal evidence, that have found Jewish females to be as much as twice as likely to develop an eating disorder than the general public.²² Yes, twice!

To put that into context, we just pointed out that between 9 and 12 percent of people will develop an eating disorder. If Jewish females are indeed twice as likely to develop an eating disorder, this means that between 18 and 24 percent of us will be diagnosed with an eating disorder at some point during our lifetime. In a class of twenty-four girls, between four and six girls will battle with an eating disorder. That means almost everyone will know someone who is struggling, has struggled, or will struggle with an eating disorder, even if they don't know who the person is.

I personally receive calls almost daily about girls in our communities who are struggling with severe body image issues and/or eating disorders. Mothers are calling me from around the world about girls as young as six years old who are struggling with their feelings and thoughts about their bodies. They are either starving themselves, exercising excessively and compulsively, bingeing or purging, or just plain feeling uncomfortable in—or worse—hating their body.

I am hearing about a lot of very negative and dangerous thoughts and behaviors.

One recent call, regarding a nine-year-old girl with anorexia named Chavi, stands out in particular. Chavi's mother called not long ago, and she was very worried and concerned about her. She told me that Chavi was severely restricting food and that she would stay up until all hours of the night running in place. Chavi did not see the issue with her behavior. She had wanted to lose a few pounds as her grandfather had made a little comment about how chubby she was, and now everyone was telling her how good she looked. No matter what her doctor or therapist told her, she would not listen; she was not interested in changing her behavior.

Sadly, Chavi had to be hospitalized and stayed for just over ten weeks. Within three weeks of being home, she was already back to her compulsive exercising and restricting her food intake and she was losing weight rapidly. The mother did not want to have to hospitalize her again as it was so hard for Chavi when she was there, and she begged her mother not to take her back there ever again. But now Chavi had started growing soft fine hair all over her body, she was so cold all the time, dizzy, weak, and having severe abdominal pain.

Ultimately, Chavi did have to go back to hospital, and this time she had to stay for fifteen weeks. *Baruch Hashem*, she is coming along slowly but she is still not out of the woods. She missed almost a year of school, and her struggle has taken a toll not only on her, but on her entire family, as well as her parents' *shalom bayis*.

The reality is that although we endeavor to be as insulated and isolated from secular ideals and ethos as possible, Western culture has had, and continues to have, a real and measurable impact on our community. Trying to balance these secular ideals with our religious beliefs and convictions along with our unique cultural and environmental considerations can lead to increased risk as well. Furthermore, fear of stigma will sometimes prevent people in our community from seeking help.

I genuinely believe, and have personally witnessed, that there have been significant improvements in our acceptance of mental health treatment

overall, which is so incredibly heartening. Unfortunately, mental health struggles continue to be stigmatized, and the stigma is a real impediment to the early detection and successful treatment of mental illness in general. Moreover, for whatever reason, eating disorders in the *frum* community are a source of greater stigma than other mental health issues; weight loss and food restriction are often looked at as something positive if the outcome translates into a person being thin or looking more socially acceptable. But when these behaviors cross over into a clinically diagnosable eating disorder, the stigma grows.

I was speaking with a therapist recently, who shared with me that she has a patient whose wife is struggling with a severe eating disorder. This couple is grappling with fertility issues. This husband tells people that the reason they are having fertility struggles is because his wife has cancer. The shame of an eating disorder is so great for him that he cannot admit to her real struggle.

An additional stigma surrounding mental health treatment relates to the general fear that treatment may undermine the patient's faith or observance of mitzvos. This has been found to prevent a significant number of people from seeking help, and it presents a substantial barrier to treatment for many mental health issues—and even some physical issues as well. I hear many stories of parents who are afraid to get their children treatment for speech delays or learning disabilities due to the stigma surrounding it. They are concerned that this may reflect badly on the family or the person later in their life. They don't want their child or their child's sibling to suffer from it.

In fact, studies show that 60 percent of Orthodox Jewish mental health professionals believe our community is underserved regarding mental health treatment,²³ and 85 percent believe that this is due to the stigma surrounding mental health and its treatment.²⁴ So, while we have come a long way, there is still much work to do.

Chapter 2

Body Image

STUDIES SHOW that women and girls who possess a positive or more neutral body image are more likely to have both good physical and mental health. In contrast, women and girls with negative thoughts and feelings about their body are more likely to develop certain mental health conditions, including eating disorders, anxiety, depression, low self-esteem, and psychological distress. The first step in helping ourselves develop a more positive body image—and in helping our children with theirs—requires us to have a solid understanding of exactly what is meant by body image. So, let's take a moment to define exactly what body image is and how it is formed.

Body image is a very personal and intimate construct, made up of our thoughts and feelings about our body. It is how we see ourselves when we look in the mirror. Body image is not about how our body actually looks; it is all about how we *think* our body looks. It is how we feel about our body and in our body. It is comprised of the feelings, emotions, beliefs, and perceptions we have about our own body appearance.

Body image is completely subjective because we are not always able to see ourselves with clarity and impartially. Our body image then isn't necessarily realistic or true. It is something that goes on inside our own mind about our own body. We cannot see someone else's body image just by looking at them, even if we think we can. We might expect someone who we perceive as thin to feel good about and in their body, but this is not always the case. Nor is it accurate to say that someone in a larger body is uncomfortable in theirs. We are unable to have

an understanding of the experiences and stresses that have shaped someone else's body image.

When we have a negative body image, we tend to become hyperfocused on what we look like, constantly comparing ourselves to others and holding ourselves to unrealistic and unhealthy ideals. When, however, we are able to cultivate a more neutral body image (I use the term neutral specifically because no one I have encountered feels good in their body all the time), we realize that our bodies and our appearance are not the primary determinants of our self-worth. In fact, they only make up a very small part of who we are.

A neutral body image has been shown to lead to greater self-esteem, self-acceptance, self-compassion, and less impact from the unrealistic images we often see in the media, hear from loved ones, or from the social pressures to look a certain way.

Body image issues are one of the strongest risk factors for the development of an eating disorder, but they are also a risk for unhealthy lifestyle behaviors and unhealthy weight control measures, such as laxative use, diet pill use, excessive exercise, fasting, cutting out food groups, skipping meals, self-induced vomiting, and the use of diuretics and/or enemas. These methods are not only unhealthy, but downright dangerous, particularly for young and adolescent girls who are still growing, developing, and maturing. It doesn't take much at all for an adolescent to become malnourished, which can lead to multiple health complications. We will talk about this in the upcoming chapters.

People who are chronically and persistently dissatisfied with their body become fixated on how they can work to change their body weight or shape. When, inevitably, these methods of shape and/or weight change do not work out as planned, shame, guilt, disappointment, self-loathing, and ridicule of self tend to follow, all of which damage self-esteem and self-worth and add to the risk of developing an eating disorder.

Our body image is created and established from a very young age. In fact, according to most studies, it begins to form at age three. While it might be hard to believe that a three-year-old could be unhappy with the way he or she looks, a 2016 study by the Professional Association