

The other end of the continuum of healthy eating: Orthorexia

Dr Maria Irma Bustamante, PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam

Abstract

This paper aims to provide information on an emerging obsession of some people towards healthy and proper nutrition called orthorexia. Literatures were searched and analyzed. Descriptions of this obsession were presented. A self-test for orthorexia was presented to help the readers and health professionals alike to recognize this unhealthy behavior.

Introduction

Health care professionals are now looking into healthy lifestyles to promote health and prevent illness. The tri-media have been flooding people with information about healthy living. This brought about increased awareness to many people. Although this awareness on healthy living is seen to bring about positive results, there is a possibility that people may push too hard to attain health. One of the most common concerns of people involves their food intake and their body size. It is accepted that what people eat is akin to their health. Hence, eating disorders like anorexia nervosa and bulimia nervosa are now commonly recognized.^{1, 10} A physician from Colorado, Steven Bratman, MD has described a new eating disorder in 1997. He named this disorder *orthorexia*.⁴ The term orthorexia came from the Latin *orthos* which means correct and valid and *orexis* which means hunger or appetite. Bratman defined orthorexia as fixation on righteous eating. This term is now being used to describe an obsession of health and proper nutrition.^{1, 8} It is also described as compulsion to eat healthy, pure, organic foods.³ Healthy eating is called orthorexia nervosa when self-imposed strict dietary restrictions produce

malnutrition, social isolation, and impairment in daily activities.³

This paper aims to be informative. Emerging disorders, particularly eating disorders, need to be disseminated to health care professionals for them to be able to identify these problems and provide for appropriate interventions and approaches to address these problems.

Materials and methods

A literature search using the Universiti Brunei Darussalam's Library data base, popular internet websites like Google, Google Scholar, and Yahoo was done. The keyword that was used for the search was "orthorexia". The keyword that was used when no results were shown on "orthorexia" was "eating disorders". No specific inclusive dates were selected in the search so that all articles may be taken since orthorexia is a relatively new phenomenon. A summary of the literature sources is in Table 1. The table shows an indication that orthorexia has limited scientific studies and write ups. The literature consists of specialized magazines and journals. Specialized magazines were included in the review because they were the initial sources of information on orthorexia. This was probably because they reach more audience who were interested in the eating disorder. The web was likewise utilized to look for articles which

Maria Irma Bustamante, PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam
irma.bustamante@ubd.edu.bn
mariairmab@gmail.com

are commonly read by majority of the people. Excerpts from useful web sites were saved. All the articles found and retrieved from the web and data bases were analyzed to come up with a helpful informative manuscript. The search was stopped when the same authors and articles were being shown and when the same references are being cited.

Results

There were not so many empirical articles from the data bases scientific data bases. Web site materials were written and tailored for public consumption. Specialized magazines gave information on orthorexia^{6, 9, 12, 13, 15}; presented cases of orthorexia⁷ and; narrated personal experiences with orthorexia.¹¹ Tufts University in Medford in Somerville, Massachusetts, USA published about the disorder in their university newsletter and the British Nutrition foundation published about it in their Nutrition Bulletin. The journal articles were empirical studies conducted in places like Turkey, Spain, Germany, Austria, and Hungary. Two journals, Comprehensive Psychiatry and the Journal of the American Dietetic Association published orthorexia as part of their subject index. The Orthorexia Test developed by Bratman⁵ was published in his book "Health Food Junkies: Orthorexia Nervosa: Overcoming the Obsession With Healthful Eating and was subsequently published on many websites, hence it is considered as an open document.

Discussion

The dearth of literature on Orthorexia is a suggestion that little is known about its occurrence, much more its management. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) identified three categories of eating disorders: anorexia nervosa (AN); bulimia nervosa (BN); and eating disorders not otherwise specified which includes binge eating disorder (BED). Although orthorexia has not yet been classified in DSM-IV, it appears that it may be included in the third category. There is currently an ongoing debate among the

scientific community if the "new" eating disorders syndromes merita DSM classification.¹⁶

The description of the symptoms of orthorexia ranges from "being a fussy eater", fixation on healthy and pure foods, being a vegetarian (diet is mainly on vegetables), vegan (cutting out all animal meat and meat products), raw food eater (cooked foods are not eaten), fruitarians (eats only fruits), and macrobiotics. Macrobiotics is a dietary regimen where grains are the staple food. Grains are supplemented with vegetables. Macrobiotic diet eludes eating processed, refined foods and meat products; over eating is not recommended and thorough chewing of food before swallowing is prescribed. Other descriptors include those who do not eat processed foods and any food with artificial colors or flavors, or produce which might have taints of pesticides. Some deny themselves of caffeine, alcohol, sugars, and salt. Many of the people who fit the descriptions take their diet choice to the extreme. This is where the real meaning of orthorexia lies.

Other symptoms of orthorexia go as far as obsession with how food is prepared like the use of particular types of utensils and the aversion to the use of aluminum cook wares.^{2, 8} Evily⁸ stated that because of the current diet craze and the phobias about food, people may now be so obsessed with food for health conscious reasons that they may have forgotten the other reasons why people eat. There is a danger that because of the severe restrictions of some type of foods, orthorexics may miss essential vitamins, minerals, carbohydrates and fats. This may bear negative consequences to one's health.

Tsoukanelis¹³ believed that in the process of purifying their bodies, orthorexics get sick in the process. According to her "... it is possible that orthorexics may have been given the message sometime in the past that they are not good, or pure, or perfect enough causing a sense of inadequacy and resentment that worsens their condition". Orthorexics think that – "if I make the correct changes in my behavior, eat the food that I am

supposed to eat; I am going to become a better person, more valuable, more loved”.

People who are overly obsessed with eating the right food cannot see its impact in their life. Rosenthal¹³ asserts that this condition impedes important elements of life including relationships, creativity, and sense of belonging to a community. McGuire¹¹ stated that a disordered relationship sees food as an enemy while a healthy relationship sees food as something that is necessary. When behaviors, thoughts, or feelings about food become so unhealthy that it interferes with one’s daily life, then it becomes problematic. There are people who are so preoccupied with weight, calorie counting, and body image to a point that their relationships with people are affected. Mathieu¹⁰ saw this passion may hinder a person’s ability to take part in everyday society.

McGuire¹¹ sees orthorexia as food elitism in the guise of healthy eating. Orthorexics have a sense of superiority over those who eat the regular meals. Bratman⁴ says that orthorexics go with people who share their beliefs about eating and this subsequently prevents them from enjoying meals with friends and relatives who do not share their dietary habits. They hold a morally superior attitude about what they do or do not eat but by obsessing over every meal, they socially isolated themselves. Cosh¹⁶ observed that spontaneous eating becomes impossible for orthorexics.

Most literature shows that cutting down on food due to obsession on healthy eating leads to the lack of essential nutrients that could make a person healthy. On the extreme end, it may even lead to malnutrition.

Orthorexia Self –Test

Steven Bratman and David Knight⁵ developed the Orthorexia Self-Test which was published in 2001. It is a set of questions answerable by “yes” or “no”. One point is given for every “yes” answer. The higher the points, the more one have beginning symptoms of orthorexia. It may be helpful for readers to try to take the test and assess themselves.

1. Do you spend more than three hours a day thinking about healthful food? (For four hours, give yourself two points)
2. Do you plan tomorrow’s food today?
3. Do you care more about the virtue of what you eat than the pleasure you receive from eating it?
4. Have you found that as the quality of your diet has increased, the quality of your life has correspondingly diminished?
5. Do you keep getting stricter with yourself?
6. Do you sacrifice experiences you once enjoyed to eat the food you believe is right?
7. Do you feel an increased sense of self-esteem when you are eating healthy food? Do you look down on others who don’t?
8. Do you feel guilt or self-loathing when you stray from your diet?
9. Does your diet socially isolate you?
10. When you are eating the way you are supposed to, do you feel a peaceful sense of total control?

Interpretation: If you answered “yes” to two or three of these questions, you have at least a touch of orthorexia. A score of four or means that you are in it.

Conclusion

Eating the right amount and kind of food is essential to good health. Over eating or under eating has been known to usher in various kinds of ailments. The best way to stay healthy is practicing moderation in whatever one does. Health care professionals are in the best position to advocate healthy life styles however; this can only be achieved if health professionals have a thorough knowledge of the determinants and deviations of health.

References

1. A.TulayBagsiBosi, DeryaCamu, &CagatayGuler. Prevalence of Orthorexia Nervosa in Resident Medical Doctors in the Faculty of Medicine (Ankara, Turkey). *Appetite*.2007; 49: 661-666

2. Bartrina, Javier Aranceta. Orthorexia or when a Health Diet Becomes an Obsession. *Latino Americanos de Nutricion*. 2007; (4) 57: 313-315
3. Borgida, Amanda. In *Sickness and In Health: Orthorexia Nervosa, the Study of Obsessive Healthy Eating*. Clinical Dissertation for the Degree of Doctor of Psychology at the California School of Professional Psychology San Francisco Campus, Alliant International University. 2011; 1 – 12
4. Bratman, Steven. Health Food Junkie. *Yoga Journal*. 1997; Retrieved from www.orthorexia.com
5. Bratman, Steven & Knight David. *Health Food Junkies: Orthorexia Nervosa: Overcoming the Obsession With Healthful Eating*, New York (New York). Broadway Books; 2001
6. Cosh, Colby. *Slaves to Perfection. The Report*. March 18, 2002; 48
7. Edry, Sharon Goldman. I am Not Dieting – I Just Can't Eat That. *Health*. July/August, 2002; 52-56
8. Evilly, Claire Mac. *The Price of Perfection*. British Nutrition Foundation Nutrition Bulletin. 2001; 26: 275-276
9. IPA Staff. Orthorexia Nervosa. *Journal of Essential Oil Research*. 2004; 35
10. Mathieu, Jennifer. What is Orthorexia? *Journal of the American Dietetic Association*. 2005; (105) 10: 1510-1512
11. McGuire, Kathleen. Food Obsessed? The Dangerous Line Between Order and Disorder. *Dance Magazine*. October, 2010; 46-48
12. St Strand, Erik. A New Eating Disorder? *Psychology Today*. September/October, 2004; 16
13. Tsoukanelis, Erika Alexia. Obsessed With Health. *The Environmental Magazine*. 2009; July/August
14. Tufts University Health and Nutrition Letter. Have Your Good Dietary Intentions Overshot the Mark? April, 2001: 6
15. Unknown Author. Unlocking the Magic of Vegetables. *Health*. July/August 2001; 19-22
16. Vandereycken, Walter. Media Hype, Diagnostic Fad or Genuine Disorder? Professionals' Opinions About Night Eating Syndrome, Orthorexia, Muscle Dysmorphia, and Emetophobia. *Eating Disorders*. 2011; 19: 145-155

Appendix**Table 1 Summary of literature sources and the number of results**

| Literature source | Number of results for "orthorexia" | Number of results for "eating disorders" |
|-----------------------|---------------------------------------|---------------------------------------------|
| UBD Library Data Base | | |
| EBSCOhost | 30 | - |
| Emerald | 0 | 558 |
| JSTOR | 0 | 1242 |
| OUP | 0 | 3037 |
| OvidSP | 24 | - |
| ProQuest | 3 | - |
| Sage Journals | 2 | - |
| ScienceDirect | 30 | - |
| SpringerLink | 24 | - |
| PubMed | 23 | - |
| Google | 347000 | - |
| Google Scholar | 505 | - |
| Yahoo | 311000 | - |

To be clear, orthorexia is not an interest in healthy eating—it's when enthusiasm becomes a pathological obsession, which leads to social isolation, psychological disturbance and even physical harm. In other words, as Bratman said in a co-authored book in 2000, it's "a disease disguised as a virtue." But as is often the case in disorders that may have complex psychological causes, there is a strong debate as to whether the condition really exists.Â 'Not medically recognised'. Orthorexia is not part of the Diagnostic and Statistical Manual of Mental Disorders, set down by mental health professionals in the United States that is also widely used as a benchmark elsewhere.