

ORTHOREXIA NERVOSA – ON THE BOUNDARY OF CIVILIZATION HARMS AND OBSESSIONS

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ABSTRACT

In our modern society there is a wealth of food available for reasonable price which increases the risk for obesity and its associated diseases. The realization of this risk leads to over-concern related to body, eating and food in some subjects. Thus, the consumer society of the 20-21st century contributes to the development of the new forms of eating disorders. Orthorexia nervosa (ON) described by Bratman in 1997 is one of the recently appeared eating disorders. Its main feature is the fixation on healthy food and is defined as healthy food dependence. It seems to be a less serious eating disorder, however, in its symptomatology several harmful behaviours and pathological attitudes can be found. Fears and worries about health, eating and quality of food are intensive. The disorder usually starts by a simple diet but after a while it dominates one's life, and the obsessiveness and compulsivity associated with ON become pathological.

In the background of ON serious mental or physical disorders develop and as a compensation dietary restrictions and exaggerated attention to foods and eating occur. Susceptibility factors for ON are hypochondriac fears from diseases and mortal anxiety, serious self-evaluation deficits, self hate, sense of guilt, lack of control, social insecurity and insecurity of female identity. As a consequence health problems and social isolation may occur.

The literature of ON is scant. However, there are increasing experiences related to this phenomenon. Professionals argue whether to take it like an independent eating disorder or a syndrome which can be related not only to eating disorders but also to the obsessive compulsive disorder.

Key words: eating disorder, orthorexia nervosa, obsessiveness, compulsivity.

Our modern society offers us a wide variety of food choice for good price which increases food intake and at the same time the risk for obesity and associated diseases, and other eating disorders. This pressure of the society leads to over-concern related to body, eating and food in some subjects.

The prevalence of overweight, obesity and eating disorders is increased in the Western societies. There are many related social, psychological, medical, and economic effects. The calls for new treatment methods and prevention approaches are more and more urgent.

The so called obesogenic environment has double messages. It idealizes thinness and stigmatizes fatness, and in the same time encourages excess intake of food and quick methods of weight loss. However, there is not only thinness in the focus but the healthy eating in the last time. The health consequences of obesity led to higher attention to the healthy nutrition but thank for the increasing excessiveness of our society, the healthy eating can become extreme.

OBSESSIONALITY AND COMPULSIVITY IN EATING DISORDERS

The relationship between eating disorders and the obsessive compulsive disorder is based on phenomenological features, psychopathological specialities, neurobiological, and results comorbidity data. Obsessiveness and compulsivity are frequent comorbid symptoms in eating disorders. The obsession with food, weight and eating, the compulsive weight reducing procedures and the over-concern of strict dietary restraints are typical. There are different obsessive and compulsive categories, as obsession and compulsion to symmetry, tidiness, punctuality, rules, order often occur by patients with eating disorders, as well as rigidity and perfectionism which are typical in the obsessive compulsive personality disorder. The role of serotonin is in the focus among the biological factors. Psychological factors involve perfectionism, control, cognitive rumination, and the mediatory role of depression. Among the social factors the relationship between eating as a rite and compulsivity is important. Common pharmaco-therapeutical and psycho-therapeutical methods mean a link between the two disorders (1).

The eating and body image disorders have high patomorphose. New and new forms of eating disorders appeared in the last decades. Recently, in several eating related problems not only women are concerned, but men as well.

ORTHOREXIA NERVOSA, - OVERCONCERNS OF THE QUALITY OF FOOD

Orthorexia nervosa (ON) described by Bratman in 1997 (2), is one of the recently appeared eating disorders. It can be defined as a fixation on healthy food or can be described as a healthy food dependence. Former Hungarian literature summarizing the given information about ON was published by Dudás and Túry (3, 4) and Varga et al (5).

ON seems to be a less serious eating disorder, however, in its symptomatology several harmful behaviours and pathological attitudes can be found. Fears and worries about the health, eating and quality of food are intensive. ON usually starts with a simple diet but after a while it dominates one's life, and the obsessionality and compulsivity associated with ON become pathological. It is not about the amount of food but the quality of food. The putative healthiness of the food becomes in the focus. It is characterized by a pathological obsession with biologically pure food and shops which sell them (bio foods).

This lifestyle leads to strict dietary restrictions, combining with personality and behavioural disorders. The over-concern of quality of food, obsessive compulsive eating schedules are typical. They measure the quantity of the precisely selected food. They usually have an eating plan when and what to eat. If they couldn't observe it, intensive anxiety appears, and stricter restraints follow in the next periods, starving, for example.

For the first sight the healthy eating and lifestyle of an ON person can be seen as a real healthy nutrition. However, in a deeper view it can be followed by harmful behaviours. The healthy food intake related fears, worries and rigid habits can destroy one's life and interpersonal relationships. As a consequence deficit disorders, lack of some nutrition elements develop, and lead to significant negative impact on the quality of life of the individual, lack of social relationships are typical.

The individuals with tendency to ON spend a lot of time thinking about food, frequently dedicating their whole existence to planning, purchase, preparation and consumption of food that they consider healthy. Their eating behaviour becomes the only possible way of life, and generates a feeling of superiority over the lifestyle and eating habits of other individuals. It is like a fetishism of bio foods. Nutrition supplements, false beliefs related to alternative healing methods are typical (6).

ON often or usually starts as an innocent or harmless habit of healthy eating/ lifestyle, with the aim to improve one's health or to cure a chronic illness.

When does it become pathological? When the over-concern of food dominates one's life, social relationships narrow, when this putative lifestyle constrains one's life, or jeopardise one's health. After a while it becomes the routine of everyday life, and the person can not control the developed disorder in the future.

BACKGROUND FACTORS OF ORTHOREXIA NERVOSA

Serious mental or physical disorders of the orthorexic person or his/her relatives can be found in the background of ON. As compensation, dietary restrictions and excessive attention to foods and eating may occur. Sometimes it starts with the innocent desire to improve one's general health. Common susceptibility factors for ON are hypochondriac fears from diseases and mortal anxiety, serious self-evaluation deficits, self hate, sense of guilt, lack of control, social insecurity and insecurity of female identity. As consequences health problems and social isolation develop.

A typical phenomenon in ON is the desire of complete control, to avoid confrontations with others and problems in the family. Temporary attention and guilt-feeling of the family means secondly illness advantages. The excessive regularity supplies the lack of structure, and the lack of emotions.

Sense of guilt is related to self-evaluating problems. These persons feel doubtfulness in the world and have fear of death. Controlling eating can mean a solution for such kind of anxieties and can hide them, as well. Self-hate is common, strict rules can help to combat and defeat oneself. However, there are not significant differences in the sex, in the case of women

insecurity of female identity is typical (disordered femininity, problems of sexuality). ON can be defined as a personal religion based on food. As a background motivation search for spirituality is typical not only related to eating but in one's whole life. The sense of taste and preference are only dependent from the external signals, and reside on a basis of ambiguous information.

As a psychodynamic background many explanations can be found which are similar to the classic eating disorders.

The simplicity of the food can mean the refusal of tasty food which can be equal to refusing the joy and delight in life. Its sources can be led back to the early childhood, when the lack of oral safety feeling or its rejection was experienced. So the joy of life is refused, as the pleasure of the food.

CONSEQUENCES OF HEALTHY FOOD DEPENDENCE

Orthorexic behaviour can lead to many consequences of the health and life of the individuals. It can decrease social relationships, and lead to isolation, can cause family problems, and health problems, like malnutrition, vitamin deprivation, obesity, etc. It is led by a typical external attitude. The taste and preference of food are only dependent from the external signals/ information. The person with ON loses his or her discrimination/ judgement. Additionally, it leads to some other comorbid disorders, like depression, anxiety, other obsessive and compulsive behaviours, or other eating and body image disorders.

PUTATIVE RISK FACTORS OF ORTHOREXIA NERVOSA

The literature of ON is scant. However, the experiences related to ON is increasing. Professionals argue whether to regard it as an independent eating disorder or a syndrome which can be related not only to eating disorders but also to the obsessive compulsive disorder. Most researches of ON investigated the risk groups and were made among health care professionals. There were studies in which dieticians or health care professionals were involved, like the studies of Donini et al (7) of Kinzl et al (8), Bağcı Bosi et al (9), Arusoğlu et al (10), Korinth et al (11), Fidan et al (12). They found that health care professionals are high risk groups in the respect of ON.

It is a remarkable problem because these are the professions which have an important role in health education in the community, especially in the promotion of healthy nutrition. If they are at risk then prevention and intervention is needed. On the one hand checking motivation of the career choice, on the other hand a general protection training. What makes people vulnerable for such kind of disorders: the motivation of helping for people, whether they have some kind of health problems among the family members, or own health problems, health awareness, other eating related obsession or compulsion, other forms of eating disorders.

The other important phenomenon related to ON is the obsessive compulsive feature. The description of ON contains many obsessive and compulsive phenomena. The boundary between the real health eating and the pathological one is unclear. The researches can help to clarify the margins. It is still a question what kind of aspects can show us the boundaries. It is a question whether the tendency to ON related to obsessive and compulsive features, or joint eating and body image problems. The extent to which it affects one's well being or quality of life, what kind of other comorbid problems appear. It needs to be clarified whether eating habits of the individuals are a real health nutrition or a putative healthy eating, which can be related to the source of information.

SUMMARY

In the 21st century the healthy nutrition is important. Saving one's good health is in the focus. The given rational motivated human behaviours can turn to pathological behaviours.

The healthy diet turns to over-concern of healthy food, the obsessive thought about the quality of food and the compulsive behaviours for eating according to the strict dietary restrains take the most part of life. The dissatisfaction of the everyday life becomes a disorder of behaviour and personality.

The place of ON in the spectrum of eating disorder and obsessive compulsive disorder has not been made clear yet, it might mean the border between the two spectrums. Newer and newer disorders have developed recently, which motivate experts to form new disorder categories, and in the same time there is a resistance to have further symptom categories. It is not clear whether it is a new possible disorder or only a symptom group of ED or OCD.

The ON is more and more frequent so the health care system should pay more attention to this disorder. A higher number of research could help clarify the place of ON among the psychiatric disorders. Dieticians and health care professionals can have a special role to draw attention to this phenomenon of ON. In the same time the education of these groups has special importance because they can be a high risk group for tendency to ON.

The elaboration of the obsessive-compulsive model of eating disorders proved to be a stimulating theory in the research and clinical practice, and it can help to better understand eating disorders and develop favourable treatment strategies.

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