

Orthorexia Nervosa: Healthy Eating or Dangerous Obsession?

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Orthorexia nervosa is an eating disorder characterized by having an unsafe obsession with healthy food. Eating nutritious food is good, but if you have orthorexia nervosa, you obsess about it to a degree that can damage your overall well-being. An obsession with healthy dieting and consuming only “pure foods” or “clean eating” becomes deeply rooted in the individual's way of thinking to the point that it interferes with their daily life.

If a person is spending more than three hours a day thinking about their diet and feeling guilty when they stray from self-imposed food restrictions, they've probably started a disordered relationship with food. While suffering from any type of disordered eating, a person may not be able to express their feelings about weight or how they feel about their body.

There are no clear guidelines for being diagnosed with Orthorexia nervosa. Since that type of diagnosis can be as broad and sweeping as the people who suffer from it themselves, there is little continuity for treatment methods. This can also give the person a satisfaction that the situation is not that serious, and they usually wait to seek any treatment. They can also feel very confused about why they need treatment and if so, when they seek it. They might not work or be as motivated to find solutions to the problem if they are confused and there is no real plan. Some parents of young children and adolescents who are seeking help, will feel less threatened by a vague diagnosis. They might feel like they have more time for their child to grow out of the eating problems or that they are just overreacting.

Orthorexia nervosa can lead to as severe of problems as those associated with bulimia and anorexia nervosa. The only difference is that it does not meet the full criteria for an eating disorder that has been identified in the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013). Once a syndrome gets a name and a definition, many people will be interested in doing research about any disorder listed in the DSM 5. This could lead to a better understanding of how to treat this type of condition.

Obsessive compulsive disorder (OCD) and eating disorders are characterized by unwanted thoughts, or in this case, unwanted fear of contamination, which generate a high level of anxiety. People with orthorexia nervosa feel contaminated by all food items and food groups they don't consider healthy. A fear of contamination is also a symptom a person with OCD may experience, with fears of germs.

Orthorexia nervosa and other selective eating disorders have long been one of the problems associated with Autism Spectrum Disorders (ASDs). Autistic children and adults have a difficult time with social interaction and difficulty in expressing themselves verbally and non-verbally. They are very restrictive with their environment and have very simple eating habits. Many parents with children suffering from any type of ASDs, report that their children prefer very limited food choices. They will only eat foods of a certain color or foods that have similar textures and tastes. There is growing research to find out if a person diagnosed with an ASD and “normal” picky eaters have anything in common. Most of the research, at this time, indicates that children with ASD have a more severe problem with foods and eating in general. Where some of the picky eaters may have a food choice of about ten food items, those with an ASD have an even smaller food preference of choice.

Preventing the limitation of food choices and the inclusion of all food groups from a person's diet, need to be a priority for parents and their children. However, many parenting styles adhere to the “do what I say, not as I do” rule. When a parent does not eat well, a child will most likely model the behavior of the adult and pick up on those eating habits. Children and adolescents are at a greater risk when the home environment is filled with tension and frustration. Family meals and snack times need to happen on a regular basis. They should not be interrupted by use of cell phones, tablets, TV time and other distractions. Eating should be fun and not a time to discuss stressful life problems or situations. This is not a good time to discuss money problems or argue about other family issues.

Children and adolescents need to be exposed to different food choices even though they might not eat them the first few times they are presented to them. Young children should try the new foods even if they don't eat any more than a few bites. This allows the child to be exposed to new tastes and smells as well as new textures. It takes a person 10 times before they might like a new food item or until their senses get used to a newly introduced food. Even if there is a biological component with this type of eating, parents are responsible to show their children a variety of different food items, and model nonrestrictive eating behavior.

If a child, adolescent or adult has become compulsive and addicted to limiting their food selections, they need to seek some type of help. In the year 2021, in the United States, people are privileged to seek out a mental health care provider, to address cognitive distortions and maladaptive behaviors. An obsession is never a solution.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: American Psychiatric Association.