International Eurasian Congress on

‘Natural Nutrition and Healthy Life’ 2018

12-15 July, Ankara, Turkey

PROCEEDINGS BOOK

‘Road to Conscious Healthy Life’

Editors

Prof.Dr. Mehmet R. Karaman
Prof.Dr. Nevzat Artık
Prof.Dr. Nevin Şanlıer

Ankara, 2018

Healthy Eating Obsession

Şeyma Sünbül[1], Ebru Bayrak[2]

[1] Selçuk University, Graudate School of Social Sciences, Department of Nutrition Education, Konya, Türkiye
[2] Selcuk University, Faculty of Health Sciences, Nutrition&Dietetics Department, Konya, Turkey, e-mail: seyma_sunbul@hotmail.com

Abstract: Daily life style, dietary habits, economic condition and social circle are changing rapidly. The change accompanies some issues which pre-exist but stay in indiscernible extent. Eating disorders being considered as disorders that only belonged to industrialized cultures gain wide currency in all cultures as a consequence of "ideal woman" figure which were formed by effects of many factors. On the one hand, the world looks for a solution against malnutrition originating from famine and obesity. On the other hand, clinicians carry on a work against eating disorders which we call as "healthy eating obsession". People choose food for only the criterion whether it is healthy or not for their wishes to live longer. They never consume food that they do not believe to be pure or natural. They spend much time substantially by thinking the preparation and cooking stages of the food they consume daily. Healthy eating obsession turns into a disorder concerning personality and behaviour concepts when it runs rampant in long duration and causes troubles in daily life. Because there is not enough study on the subject, diagnostic criteria have not been determined and it has not included in the classification of DSM-V eating disorders.

Key words: Healthy eating obsession, orthorexia nervosa, eating disorder

1. Introduction

Nutrition is the intake of necessary components and the use of them to grow up, develop and live longer healthfully and productively. It is not possible for a society having no adequate and balanced diet to live in a healthy and workable strength or to increase economic and social welfare (Baysal, 2011:9; Dölekoğlu and Yurdakul, 2004: 63). Therefore, healthy diet is one of the most important issues that are emphasized today. While healthy diet as a habit is an element to be considered for life, serious physical / mental problems can arise if this idea turns to be obsessive (Orsel et al., 2004: 5-15).

It is suggested that the number of individuals with incompatible character traits that make food choices based on whether they are healthy enough is increasing nowadays. This causes individuals to become obsessed with strict dieting and to refrain from consuming certain food or a whole group of it as they are seen to be

dangerous for health. Such behaviours lead to the lack of basic nutritional values, the change of social and personal relations and the individual change of the general psycho-social situation and eventually prompt the individuals to social loneliness (Ergin, 2014: 10-11 and Kervancı, 2013: 4).

2. Orthorexia Nervosa (ON)

2.1.Definition of ON

The term "Orthorexia Nervosa (ON)", which we refer to as obsession of healthy diet, was firstly used by Steven Bratman to describe the pathological obsession in some patients associated with the consumption of healthy food (Mathieu, 2005: 1510-1511). Bratman defines ON as an illness in which people look their diet upon a way to feel virtuous, clean and even spiritual, and also as an orthorexia nervosa patient healing himself. He mentions that these people do not fancy themselves as fat and their aims are not to be weak. He indicates that they have intense mental engagement of which everything will be fine if their diets become perfect and that they aim to be exaggeratedly healthy (Bratman, 2000).

2.2.Signs and Symptoms of ON

Promoting health, treatment of a disease or weight loss are the primary basis of orthorexia while this kind of diet begins to form the most important part of orthorectic people later on (Bonaechea et al., 2005: 666-668). The quality of food being consumed has more importance for orthorectic people rather than states such as their personal values, interpersonal relationship, career plans and social relations (Ergin, 2014: 10-11). The weight loss, amenore and restricting died practice of these individuals resemble the patients with anorexia nervosa and bulimia nervosa. On the other hand, the main criterion in their food choices is not to take as calorie, but to pay attention to the fact that food is "healthy or unhealthy" (Baş, 2014: 16). Orthorectics shop only in groceries that sell organic or healthy foods and do not hesitate to go kilometres of way for it and spend money (Arusoglu, 2006: 27).

During the purchase, they take a glance at the packaging of the products for a long time and they are extremely concerned about whether carcinogenic substance, hormone, paint, additive substance are included in the product which is glanced. They attach importance to the fact that the food is extremely pure and plain. Healthy eating obsession psychologically oppress individual that they tend to abstain from consuming many kinds of food (Donini, 2004: 151-157). In addition, orthorectic people also reject certain cooking methods that they believe to be wrong. For example; aluminium containers are among the materials that the orthorectic ones will never use (Kazkondu, 2010). Such conditions cause the orthorectic individuals to reduce the dietary intake consumed and to go for a uniform diet in time. More water and muscle loss is

observed in uniform diet because sufficient and balanced intake from food groups does not occur. As a consequence of this, it leads body resistance to lose. Insufficiency of vitamin, mineral and food items is seen over time. As a result, malnutrition becomes full blown (Mathieu, 2005: 1510-1520).

Orthorectics are so involved in what food they consume that they continue to build their lives on these nutrients. They avoid eating outdoors, especially taking care not to go to restaurants where they are worried about hygiene or have no idea how chefs prepare food. This causes them to refuse the invitations of their friends, to reduce their contact with their parents and, in time, to avoid meeting with their family and friends. Eventually, this obsession pushes the individuals to social loneliness (Arusoglu, 2006: 27).

Daily diet configuration takes a lot of time. This configuration consists of 4 steps. The first stage is devoted to anxious and careful thinking about food of that day or the following one. The next stage is about a thorough and rigorous procurement for each material. The third stage involves the presence at kitchen for preparation form consisting of techniques which do not constitute health problems.

The final stage is a phase of emotion based on satisfaction, comfort or guilt related to the application of the previous three phases. The worst is the situation that the orthorectics are in a state of anxiety and guilt when they cannot implement even though they try these four ritual rituals (Dalmaz, 2014: 14-15).

Exercise is increasingly recognized as a decisive feature of orthorexia in the European press. The majority of orthorectic people are nowadays doing yoga, running or constantly exercising to do sports. For some, it has become the main focus of exercise and eating habits. However, it is wrong to include exercise as a determining feature of orthorexia. Exercise eagerness and even exercise dependence can be exist together with orthorexia, while orthorexia only refers to nutritional obsession (Bratman, 2018).

2.3.The Reason of Occurrence

Experts say that there may be different causes which end up with obsession of healthy diet. For instance; some of the factors, which can cause it, are domestic habits, trends in the surrounding environment, recent illnesses and even negative comments about a food species or groups. However, biochemical, genetic and psychological factors are also thought to play an important role (İkinci, 2010: 38-41). It is also believed that it may occur during any periods when a person should go on a special diet because of any allergy or diseases. The more restrictive the diet is, the more likely it is that psychological factors will occur to lead to eating disorders.

This is the most prevalent risk factor for the development of ON (Bratman, 2018). What defines obsession of a healthy diet is quality of obsession and it is not a

desire for healthy food. The point of view and the equilibrium loss means that the meaning of life is focused on food and nutrition at a very high level (Ergin, 2014).

2.4. Diagnosis of ON

Since Orthorexia Nervosa has not been defined in the Diagnostic and Statistical Manual V of the Psychiatric Disorders issued recently by the American Psychiatric Association, no specific categorization of the disease has been done. The ORTO scale developed based on Bratman's theories by Donini et al. and the accompanying eating attitude are supported with detector scales such as depression to diagnose orthorexia. The test includes questions about emotional and rational investigation of individuals. It aims to assess individual tendency of ON, food selection, purchase, preparation and behaviour to consume nutrients that they consider healthy (Canella, 2005: 28-32). However, the validity of the resulting result should be discussed since the Ortho-15 test includes the non-characteristic features of ON. Experts also emphasized that there is a major deficiency about cultural diversity in the literature of ON beyond psychometric aspects and that this should be developed. Consequently, it is expressed that orthorexia nervosa is not a disorder that doctors can diagnose because it has just been a new and controversial issue. However, ideas about the susceptibility can be developed after applying the Ortho-15 test to a person (Mathieu, 2005: 1510-1512).

2.5. Treatment for ON

Professional aid is absolutely necessary for the individuals whose eating habits have been severely damaged and who suffer from this situation. Since the underlying causes of orthorexia nervosa are multifaceted, the treatment is difficult and requires a multidisciplinary team of doctors, psychotherapists and dieticians. People are obsessed with many things, not just about food, but deep emotional issues when it is deeply searched. Investigating underlying issues may facilitate transition to a normal diet (Dalmaz, 2014: 16). It is frequently suggested to work with close relatives of patients and to enhance the participation of young patients living with the family in family therapies more often than individual therapies. It can be easier to speed up the processes of separation, individuation and self-control of the individual with family therapy (Keçeli, 2006: 21).

3. Conclusion

Orthorexia nervosa should be tackled as an issue for public health solemnly and necessary precautions should be taken. More wide-ranging scanning should be spotted in accordance with results having obtained from studies so far in order to make out clearly. Programs which procure true messages to public via media should be developed and got off the ground. Special occasions and campaigns should be organized and they should be gained continuity with intend to disseminate scientific information among people. Treatment planning should be begun with a

multidisciplinary team because substantial increase is expected to be seen for orthorectic individuals in the forthcoming years.

References

Arusoğlu, G. 2006. Sağlıklı beslenme takıntısı (ortoreksiya) belirtilerinin incelenmesi, Orto-15 ölçeğinin uyarlanması, Yüksek Lisans Tezi, Hacettepe Üniversitesi, Sağlık Bilimleri Enstitüsü, Ankara.

Baş, Y. 2014. Diyetisyenlerde Sağlıklı Beslenme Takıntısı (Ortoreksiya Nervoza) ve Yeme Tutumlarının Saptanması, YL Tezi, Haliç Üni., Sağlık Bilimleri Enstitüsü, İstanbul.

Baysal, A. 2011. Genel Beslenme (13. Baskı). Ankara: Hatipoğlu Yayınları.

Bonaechea BB., Rial BR., Sanchez GF., Zamora MLC. 2005. Orthorexia Nervosa. A New Eating Behavior Disorder ? *Actas Esp Psiquiatr*, 33(1): 666- 668.

Bratman, S., Knight, D. 2000. Health Food Junkies: Overcoming the Obsession with Healthful Eating, 256p. Newyork: Broadway Books.

Bratman, S., www.orthorexia.com (Orthorexia Nervosa Home Page). [05.01.2018].

Canella C, Donini M, Graziani MP., Imbriale, M, Marsili, D. 2005. Orthorexia Nervosa: Validation of a Diagnosis Questionnaire. Eating and Weight Disorders, 10: 28-32.

Dalmaz, M. 2014. Spor Salonunda Spor Yapanlarda Ortoreksiya Nervoza Belirtilerinin İncelenmesi, Yüksek Lisans Tezi, İstanbul Arel Üniversitesi, Sosyal Bilimler Enstitüsü, İstanbul

Donini LM, Marsili D, Graziani MP, Imbrialle Canella C. 2004. Orthorexia Nervosa: A preliminary study with a proposal for diagnosis and an attempt to measure the dimension on the phenomenon, Eating and Weight Disorders. 9: 151-157.

Dölekoğlu, C.Ö. ve Yurdakul, O. 2004. Adana ilinde hane halkının beslenme düzeyleri ve etkili faktörlerin logit analizi ile belirlenmesi. *Akdeniz İ.İ.B.F. Dergisi*, 8, 62-86.

Ergin, G. 2014. Sağlık Personeli Olan Ve Olmayan Bireylerde Ortoreksiya Nervoza Sıklığı Araştırması, Yüksek Lisans Tezi, Başkent Üniversitesi, Sağlık Bilimleri Enstitüsü, Ankara.

İkinci, Ö. 2010. Sağlıklı beslenme saplantı olursa? Tübitak bilim ve teknik dergisi, 516: 38-4.

Kazkondu, İ. 2010. Üniversite Öğrencilerinde Ortoreksiya Nervoza (Sağlıklı Beslenme Takıntısı) Belirtilerinin İncelenmesi, Yüksek Lisans Tezi, Gazi Üniversitesi, Eğitim Bilimleri Enstitüsü, Ankara.

Keçeli, F. 2006. Yeme Bozukluğu Hastalarında Obsesif Kompulsif Bozukluk ve Kişilik Bozukluğu, Uzmanlık Tezi, Bakırköy Ruh ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi, İstanbul.

Kervancı, S. 2013. Yazılı ve Görsel Basında Yer Alan Sağlıklı Beslenme İle İlgili Gıda Reklamlarının ve Yayınlarının Kadınların Beslenme Alışkanlıkları ve Besin Seçimi Üzerine Etkileri, YL Tezi, Haliç Üni., Sağlık Bilimleri Enstitüsü, İstanbul.

Mathieu, J.2005. What is orthorexia? *J Am Diet Assoc.*,105(10): 1510-1512.

Orsel, S., Işık, Canpolat B, Akdemir, A. 2004. Comparison of body-image self perception and BMI of dieting adolescents with those of non-dieter. *Türk Psikiyatri Dergisi*, 15: 5-15.