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Orthorexia Nervosa Among Today's Youth: A Preliminary Report Based on Psychiatrists' Perspective

Oindrilla Ghosh^{1*}

ABSTRACT

Orthorexia nervosa is a new syndrome, especially among the youth and young adults, that has seen a marked increase in research over the past decade. Very high prevalence estimates in non-clinical populations of the world have fueled the discussion as to whether it is a psychological disorder in its own sense, or only a problem when occurring in reference to another mental health or eating disorder. Influences from social media and eminent role models, obsessive-compulsive tendencies, chronic anxiety, extreme regards to moralistic principles, etc. can all contribute towards development of imbalances in eating patterns. But the identification of each, their significance and degree of impact is still under evaluation by many researchers. Therefore, perspectives on appropriate insight, knowledge and understanding of orthorexia remains an unexplored area, especially in Indian context. The present study focuses primarily on highlighting such parameters through expert opinions and perspectives of practicing psychiatrists. It tries to bridge the gap by understanding psychiatrists' perspectives regarding knowledge and prevalence of orthorexia among today's youth. Qualitative interview approach was adopted for data collection purpose, after which in-depth research was conducted following thematic analysis of data and report generation. This work observed a gap in areas of awareness, possible impact, adequate resource accessibility on part of the consumer while indulging in obsessive healthy eating. This report has made few suggestions and recommendations in spheres of further researches, support and development of coping resources on orthorexia that can prevent from developing it into a pathologic behaviour among today's youth in India.

Keywords: *Orthorexia Nervosa, eating disorder, mental health, psychiatrists, qualitative, thematic*

Orthorexia Nervosa, popularly abbreviated as 'ON' is characterized by a recognizable pattern of unhealthy obsession for healthy eating that specifically emphasizes following extreme rules for a "clean and pure" nutrition along with unreasonable specifications for food selection and preparations. The term 'Orthorexia' is derived from the Greek work 'ortho' meaning straight, correct or proper and 'orexis' meaning appetite. People, especially youth and young adults who are identified to be orthorexic present obsessions and

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compulsive behaviour in terms of the purity of their foods and show extreme compliance to the strict dietary rules that they impose on themselves, either due to any form of social media influence, influence from role models or eminent figures, values and belief systems, etc. (Donini et. al., 2004; Sibrah et. al., 2020) Their motivation to abide by their set nutritive routines, adherence to the origin of the food elements and ingredients, procedures and techniques used in the cultivation of vegetables, fruits, cereals, and different types of grains, along with the preparation of processed foods, their labels, etc. are some of the most significant characteristics of Orthorexia as a chronic unhealthy eating pattern (Brytek-Matera et. al., 2015). Orthorexic individuals try to avoid food treated with chemicals, pesticides, artificial sweeteners and proteins, or any significant amount of harmful ingredients like saturated fats, sugar or salt accompanied with their focus excessively being on techniques and materials that are involved in healthy food preparation. The obsession gets impacted onto their lives to a degree where their daily functionality and socializing abilities along with established social relationships gets hampered (Moroze et. al., 2015; Koven and Senbonmatsu, 2013; Bratman, 2018).

Youth being one of the most vulnerable groups not just because of their rapid developmental transitions and psychological changes but also in context to decision making, choices, preferences, belief systems, etc. (Hardgrove, 2014). Therefore, prevalence of 'ON' have been much prevalent among the youth in recent times (Missirio, et. al., 2021). Moreover, adolescence and early youth are periods of elevated energy and nutrient requirements that are necessary in order to meet the enhancing demands of developmental states of wellbeing which in turn promote optimal physical, cognitive, and psychological health (Barnes et. al. 2017). Furthermore, youth and young adulthood is a challenging period for a person's nutrition, adequate nourishment intake etc. as they are vulnerable to negative body image, lower self-esteems, weight pressures, and disordered eating behaviors like anorexia and bulimia (which may or may not be associated with different forms of malnutrition, such as undernutrition, obesity, and deficiencies of certain nutrients (WHO, 2005; Christian and Smith, 2018). In addition to these, youth is a vital time for establishing eating habits that will likely last during a person's life and impact their interpersonal relationships, image formations, and confidence levels. Psychiatrists are also of the opinion that such group of individuals must be catered to guarded against such obsessive behaviours from becoming into full-fledged psychopathologies. Therefore, the current study, in the form of a report is based on an exploratory (pilot) work for understanding and evaluating the perspectives of orthorexia nervosa in the youth and young adulthood sector from experienced and expert lens of practicing psychiatrists.

REPORT OBTAINED FROM THE PILOT STUDY

Study Method

This was an exploratory study, which purported to understand the perspectives of practicing psychiatrists' understanding on orthorexia nervosa among the present youth and their encounter with such individuals in their sphere of work. Participants were selected through Purposive sampling technique. 17 medical board certified and registered psychiatrists, who are having more than 8-12 years of work experience in the field, were contacted for collecting data. Participation interest were received from 10 of them, who were then finalized for data collection and further assessments. The finalized participants were either employees from private organizations or practicing as private consultants in the health sector. After which, data was obtained from each respective individual after receiving informed consent and wilful participation from each one them. Owing to the convenience of data collection in a

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stipulated period of time, data was entirely collected in online (Google meet/ Zoom platforms/ WhatsApp Video calls) and/ or telephonic interview mode. Semi-structured interview method was adopted for data collection, the questions of which were employed in a survey format. The interview questions revolved around these few concepts:

- How familiar are the Psychiatrists with the prevalence of Orthorexia nervosa among today's youth and its consequences onto the social as well as personal lives of such individuals?
- Do they consider Orthorexia to base a Psychological or a Biological base of origin?
- What evidence do they think points towards such accusation?
- How the Psychiatrists think that they can develop interventive strategies without employing medication in the first instance, not only among youth but also in general to people becoming victims of such conditions in India?
- Do they feel the necessity to add orthorexia nervosa as a mental health disorder in the DSM-V TR?
- Have the psychiatrists dealt with any of Orthorexic individuals in their work life and if yes what kind of triggering factors were identified to be contributing to its development?
- Have they received any training, or provided with any specific equipment (for those working in private organizations) to facilitate teaching-learning at this phase?
- Can they enumerate few aids, and discuss how these aids can cater to any specific form of orthorexic person? In a community set-up, how much help/ support psychiatrists expect to receive from the family members of such individuals in getting help for themselves or their family members?
- How much aware do they think are people about this novel eating disorder

The data, thus, received as interview statements were then transcribed verbatim, and thematic analysis was done to generate the final report.

Results observed and analyzed from the pilot study

Data Analysis reported the following results:

1. Perfectionism along with obsessive-compulsive traits, psychopathology, history of an eating disorder, disordered eating, dieting, unsupervised lowering of nutritional intake, poor body image, lower self-esteem and drive for thinness were positively associated with greater ON as agreed upon by most of the Psychiatrists.
2. Influences from misinformed social media promotes unhealthy obsessions to reduce weight, live a healthy life and reduce necessary nutritional intake.
3. Chronic physical diseases being a risk factor for strong, possibly obsessive interest in healthy eating
4. Intensive training to be provided to mental health professionals for being able to distinguish among other eating disorders (anorexia, bulimia) and orthorexia.
5. More studies are needed to investigate the sole contribution of 'ON' to pathology before one can reach a conclusion about its significance as a distinct illness.
6. Anxiety and stress play a mediating role between impulsivity and development of orthorexia nervosa/healthy orthorexia.

However, the most striking observation made during data analysis process was that some psychiatrists even held the idea that orthorexia has both physiological and psychological base

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of origin but the course of it in individual's life generates due to the various stressors encountered by them in due course of time.

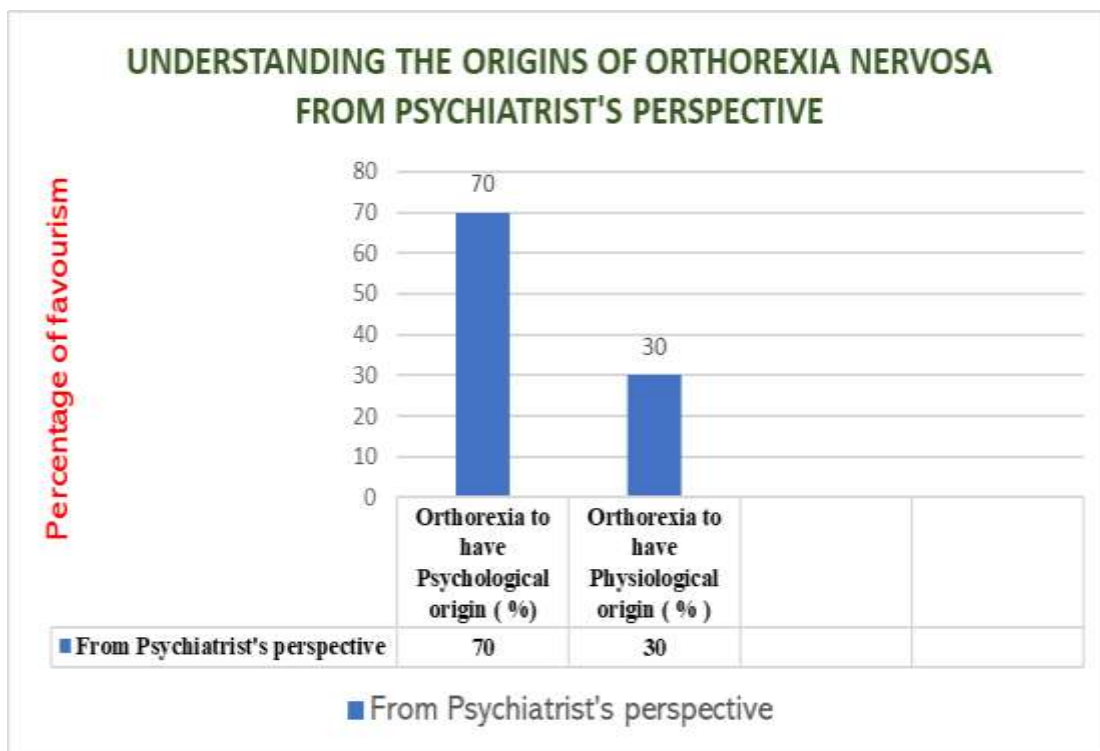


Figure 1: Graphical Representation of the understanding the origins of Orthorexia Nervosa from Psychiatrist's perspectives.

DISCUSSION AND CONCLUSION

Since orthorexia was first described only 25 years ago (by Steven Bratman, 1997), and persists to mimic the same dangerous effects of anorexia and bulimia, there has been no extensive research on its prevalence especially to Indian context and the available studies often offer conflicting results on different parameters, thereby depending on the analysed population and the adopted diagnostic criteria for the study. In the present research, the prevalence of orthorexia among the population of youth and young adults was estimated at the level of 1 out of every 1000 individuals in the Indian setting (as opined by the participants during interview). However, no matter how much this report is limited in terms of number of participants, geographical location, etc., but it creates a hope in forming future scope of work in mental health sectors. Therefore, it can be stated that the concept of Orthorexia Nervosa as an eating disorder among youth manifest a scope to make the lives of individuals adequately functional.

The major implications of this work are in facilitating and developing (i) awareness program, (ii) further researches and (iii) imparting training to medical & related fraternity (health care providers) in identification of proper signs, symptoms, patterns, triggers, etc as it is a novel eating disorder. Identifying scopes in a particular field of work and making it feasible are two different things. As any form of eating disorders significantly hampers and distorts the cognitive processes, social image, physical state and psychological wellbeing, it is necessary to identify and start treatment at the initial stages only.

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Few conclusions were drawn based on the analysis of the interviews. Some of them are highlighted below:

- Knowledge and Awareness among the Indian households is very limited in terms of Orthorexia
- Families are reluctant to accept such physical states and consequent psychological impact as something detrimental to self and tags it as mere preferences of choices.
- Individuals are negligent to the chronic prevalent conditions of orthorexia and its associated unhealthy obsessions that not only impacts their personal relationships with self and others but also distorts their body image, self-esteem, self-confidence, cause extreme emotional distress, disrupt daily functioning, promote guilt, etc.

Limitations and Future Scope of the Present Study

As the current study is based on pilot work, and further continuation of the study is in progress, this report is not free from limitations. Therefore, the main limitations found in this report are:

- The present study has incorporated limited number of participants (Professional Psychiatrists) and therefore the opinions of the same could not be generalized.
- The data has been collected only from the district of Kolkata, West Bengal. Therefore, exclusion of participants from other states, associated sub-urban as well as rural areas have given rise to biasness.
- Psychiatrists along with clinical psychologists and other experienced individuals in the domain of health psychology are to be considered for data collection in future study in order to avoid single directedness of response analysis.
- Only qualitative method has been adopted for data collection and analysis. Using a mixed-method approach with some quantitative measure on orthorexia prevalence would have been beneficial
- Only limited opinions of selective Psychiatrists have been considered for the work. But for observation of the pilot work result, collecting qualitative data from the parents/ family members of chronically diagnosed as well as underdiagnosed orthorexic individuals could have been recommended for an enriching outcome and holistic conclusion.

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Conflict of Interest

The author declared no conflict of interest.

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