SPACE TO BREATHE

When “Healthy Eating” Becomes Rigid

Understanding orthorexic patterns without moralising food

Orthorexia is a term commonly used for an unhealthy preoccupation with eating foods judged to be pure, clean or healthy. It is not currently a standalone diagnosis in major diagnostic manuals, but the distress, restriction and impairment can be very real and may overlap with recognised eating disorders.

UNDERSTAND	NOTICE	SUPPORT

INSIDE THIS GUIDE

- Possible warning signs
- Why it can be hard to notice
- A more balanced direction

Use this guide to understand, begin a conversation, or help someone feel less alone.

You do not need to read it all at once. Pause whenever you need to and return when you feel ready.

A compassionate information guide

This resource offers general information and does not replace individual medical or specialist eating-disorder care.

Understanding what may be happening

Possible warning signs

- Food rules expanding until very little feels acceptable.
- Strong guilt, shame or panic after eating a food labelled unhealthy.
- Hours spent researching ingredients, planning or seeking reassurance.
- Avoiding restaurants, celebrations or food prepared by others.
- Self-worth becoming linked with dietary purity or discipline.

Why it can be hard to notice

- The behaviour may be praised as wellness or dedication.
- Online content can present fear and restriction as health advice.
- A genuine allergy, intolerance, ethical choice or medical diet can become entangled with anxiety.
- Removing more foods can briefly lower fear while making flexibility harder.

A more balanced direction

- Health includes nourishment, flexibility, pleasure, culture, relationships and mental wellbeing.
- Medically necessary restrictions should be supported without adding unsupported rules.
- Food does not carry moral worth, and eating does not determine personal goodness.

Gentle, practical ways forward

Support should always be adapted to the person, their diagnosis, physical health, culture, neurotype and treatment plan.

WHAT MAY HELP

- Discuss the full pattern with a GP, therapist or eating-disorder dietitian.
- Notice which rules are clinically necessary and which are fear-driven.
- Reduce repeated ingredient checking or wellness content with support.
- Practise flexible choices gradually rather than forcing a sudden challenge alone.
- Do not stop a prescribed medical diet without guidance from the relevant clinician.

A gentle reminder

The aim is not to criticise an interest in nutrition. It is to notice when rules are taking away safety, adequacy and life.

Please seek urgent help for fainting, chest pain, confusion, severe weakness, uncontrolled vomiting, blood, serious dehydration, or immediate risk of harm. In the UK call 999/A&E; for an emergency, NHS 111 for urgent advice, or contact your GP/eating-disorder team.

Trusted information

NHS: Eating disorders overview
https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/

NICE: Eating disorders: recognition and treatment (NG69)
https://www.nice.org.uk/guidance/ng69

Royal College of Psychiatrists: Medical Emergencies in Eating Disorders (MEED)
https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233

Beat: Eating-disorder information and support
https://www.beateatingdisorders.org.uk/

Created for the Space to Breathe Therapy Support Hub • Maggie Learoyd, Psychotherapist & Coach