

P A R T V I

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GENDER, BODY
IMAGE, AND
“HEALTHY” EATING
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CHAPTER 24

EAT Y' SELF FITTER

Orthorexia, Health, and Gender

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Diet is an ambiguous and powerful tool, too unclear and emotionally charged for comfort, too powerful to be ignored.

—Steven Bratman, *Health Food Junkies*¹

WE tend to think of eating disorders in very personal terms. They affect individuals we love: family members, friends, and us. We warn our teens and other at-risk groups about the dangers of anorexia and bulimia; we offer programs aimed at educating people about what “healthy eating” would look like for them and how they can achieve and maintain a “healthy” weight. Treatment programs for eating disorders focus on individual and small-group therapy. Eating disorders, after all, *are* very personal. They affect us on a visceral, embodied level—the level at which we often feel most vulnerable and most alone.

An exclusive focus on eating disorders at this level, however, makes us like the person in the famous story who keeps pulling people from a stream without wondering what upstream is making them all fall in. In this essay, I investigate what is happening upstream in the case of orthorexia, a condition in which the subject becomes obsessed with identifying and maintaining the ideal diet, rigidly avoiding foods perceived as unhealthy or harmful.² In so doing, I join the feminist scholars who have contributed in the past decades to our understanding of the sociocultural and historical contexts in

¹ Steven Bratman, with David Knight, *Health Food Junkies: Orthorexia Nervosa: Overcoming the Obsession with Healthful Eating* (New York: Broadway Books, 2000).

² For a concise summary and early discussion of this condition, see Jennifer Mathieu, “What Is Orthorexia?” *Journal of the American Dietetic Association* 105, no. 10 (October 2005): 1510–1512.

which eating disorders such as anorexia and bulimia flourish.³ As these scholars have made clear, in order to uproot eating disorders, we need first to identify and address the ideologies that ground them.

Orthorexia in particular deserves philosophical attention right now for at least two reasons. First, evidence suggests that the current prevalence rate of orthorexia in the general population is higher than those of anorexia and bulimia combined.⁴ Second, orthorexia appears to be an “equal opportunity” eating disorder, affecting men and women at roughly equal rates and across a wide variety of ages (unlike anorexia and bulimia, which remain concentrated in adolescent female populations).⁵ To address orthorexia on a practical level “downstream,” we need an “upstream” account that explains these facts.

This essay offers just such an account. In the first section, I explain in more detail what orthorexia is and why its status as a diagnosable eating disorder has remained controversial. In the second section, I examine widespread cultural factors that provide particularly fertile ground for the development of orthorexia (such as dramatic increases in the variety of available foods, growing awareness of the health impact of environmental contamination, and the widespread use of marketing strategies that generate anxiety about food “toxins” and promote “superfoods”). In the third section I draw out social and historical connections between religion and orthorexia (which literally means “righteous eating”), also addressing how ambiguities in the concept of “health” make it particularly prone to take on quasi-religious significance. In the fourth section, I discuss how gendered ideals of eating and health contribute to the development of orthorexia in different populations while simultaneously masking important commonalities. I conclude in the final section by arguing that what makes this sort of disordered eating destructive to both men and women is ultimately a common urge to transcend rather than to embrace the realities of embodiment. In sum, I believe that orthorexia is best understood as a manifestation of age-old anxieties about human finitude and mortality—anxieties which current dominant sociocultural forces prime us to experience and express in unhealthy attitudes toward healthy eating.

³ Kim Chernin’s *The Obsession: Reflections on the Tyranny of Slenderness* (New York: Harper and Row, Publishers, 1981) and Susie Orbach’s *Fat is a Feminist Issue* (New York: Random House, 1978 [vol. 1]; 1982 [vol. 2]) are two of the most influential early treatments of this topic. Susan Bordo’s *Unbearable Weight: Feminism, Western Culture, and the Body* (Berkeley: University of California Press, 1993) also contains several excellent papers on the cultural grounds for anorexia and bulimia. See, in particular, “Whose Body Is This? Feminism, Medicine, and the Conceptualization of Eating Disorders” (45–70), “Hunger as Ideology” (99–138), “Anorexia Nervosa: Psychopathology as the Crystallization of Culture” (139–164), and “The Body and the Reproduction of Femininity” (165–184).

⁴ A 2013 study estimates orthorexia’s prevalence rate at 6.9% and rising. See Márta Varga, S. Dukay-Szabó, and F. Túry, “Evidence and Gaps in the Literature on Orthorexia Nervosa,” *Eating and Weight Disorders—Studies on Anorexia, Bulimia and Obesity* 18, no. 2 (June 2013): 103–111.

⁵ As we will see in the first section, although research on orthorexia that yields statistically significant results is still in its infancy, what research there is indicates that orthorexia impacts men and women at generally equal rates, with several studies indicating that men are actually more likely than women to suffer from the condition. See Varga et al., “Evidence and Gaps.”

SIGNS AND SYMPTOMS: WHAT IS WRONG WITH HEALTHY EATING?

Like a soldier you righteously follow the orders of your commander (your mental paradigm), not being influenced by the people around you and sacrificing hundreds of possibilities for your cause. You bail out of all the extremities of pleasure, rebellion, and experimentation when they are offered to you. It's this 100% management, this nutritionally perfect goal, which can ultimately pull down the experience of the rest of your life.

—Edward Yuen, recovering orthorexic⁶

My interest in orthorexia is not clinical. I happily leave to others discussions about the best way to categorize, quantify, and diagnose its precise nature. Rather, my interest lies in understanding orthorexia as one end of a continuum that includes everyone who worries about how healthy their diet really is, or who has cut out gluten (or sugar or dairy or fat . . .) to avoid toxins, or who “juices” or “cleanses” to flush out their system, or who has a family member or close friend that does any of these things—that is, virtually everyone who will be reading this. We live in a society obsessed with “healthy eating”: small wonder that some people embody that obsession more literally than others. It is important for us to examine more closely what that obsession looks like, then, and in what specific ways it proves harmful.

The term “orthorexia nervosa” was coined by Steven Bratman, a holistic medical practitioner, in 1997 for an article for *Yoga Journal* to describe a condition he was seeing frequently in the alternative community he treated (and had suffered from himself).⁷ Modeled on the term “anorexia nervosa,” from the Greek for “no appetite/eating obsession,” orthorexia nervosa literally means “correct appetite/eating obsession.” Bratman writes: “To be perfectly honest, I intended the term somewhat tongue in cheek, as a kind of sassy way to surprise clients who were proud of their obsession and make them think twice about it. I assumed that the condition was fairly rare and that the only reason I saw it so often was that I practiced alternative medicine. . . . But I was not quite right.”⁸ Instead, the article hit a cultural nerve. Today, most eating disorder centers offer programs specifically aimed at overcoming orthorexia, psychologists and the medical community take it seriously, and there is increasing public recognition that the zeal for healthy eating can go too far.⁹

⁶ Edward L. Yuen, *Beating Orthorexia and the Memoirs of a Health Freak* (Place: Publisher, 2015), 81–82; <http://beatingorthorexia.co.uk>.

⁷ “Health Food Junkie,” *Yoga Journal* (September/October 1997): 42–50; <http://www.orthorexia.com/original-orthorexia-essay>.

⁸ Bratman, *Health Food Junkies*, 21.

⁹ Orthorexia has its own page on the National Eating Disorders website now, for instance (see <https://www.nationaleatingdisorders.org/orthorexia-nervosa>). Sometimes there is a distinction made between “orthorexia,” identified as obsession with eating only pure, natural, or healthy foods to the detriment of

AQ: In note 6, please add the place of publication and publisher's name for the ref Edward L. Yuen 2015.

As the name indicates, orthorexia is an obsession with eating “correctly.” As with anorexia, the subject becomes fixated on food and their diet; unlike anorexia, orthorexia is concerned primarily with the quality rather than quantity of the food they eat. The anorexic tends to focus on an ideal weight or body size; the orthorexic tends to focus on identifying and maintaining an ideal diet. This goal is strongly associated with terms like “transcendence” and “purity.” As I discuss in the third section, this can take on an almost religious feel for the orthorexic, whose identity becomes increasingly centered on eliminating any potentially dangerous ingredient from their diet (additives, preservatives, genetically modified products, gluten, dairy, grains, meat—anything perceived as a “toxin”) in order to attain a state of perfect health through their diet. As the condition intensifies, orthorexics resort to taking pre-prepared food with them wherever they go and avoiding social situations that involve eating or drinking other people’s food, worried about what might be ingested in food they did not prepare. Stricter diets, fasting, and “cleanses” are often used to rid the body of the impurities of any unhealthy food that is consumed.

In addition to obsession with a pure, healthy diet and corresponding behavioral restrictions, orthorexia also tends to involve a sense of moral superiority that subjects gain from both thinking about and adhering to their idealized diet. As Bratman puts it: “Unlike other eating disorders, orthorexia disguises itself as a virtue. Anorexics may know that they are hurting themselves, but orthorexics feel nothing but pride at taking care of their health in the best possible way.”¹⁰ Anorexia or bulimia are usually a source of deep shame and secrecy for its subjects, but the orthorexic subject is vocal about what they are or are not eating, and why—namely, health. They see their chosen diet as the healthy ideal and are concerned to share their beliefs with others.

A recent study by Márta Varga et al. summarizes the main elements of orthorexia nervosa as follows:

The preoccupation with quality of food and eating healthy comprise the principal elements of this disorder. The pathological obsession with biologically pure food and shops which sell it leads to a special lifestyle. Stringent dietary restrictions and eating plans, combined with a personality and attitude of superiority and obsessive-phobic behavioral characteristics define the core of ON [orthorexia nervosa]. Transgressing the dietary rules leads to intense anxiety, feelings of guilt and shame and is followed by even more stringent dietary restrictions.¹¹

This spiral of “dietary restriction, failure, guilt and depression, increased dietary restriction, failure, guilt and depression, even more dietary restriction” is characteristic

one’s mental and emotional health, and “orthorexia nervosa,” which includes extreme dietary restriction that can lead to malnutrition, harmfully low body weight, and death. Because these conditions are often run together, and because my interest lies primarily in the cultural underpinnings of both conditions, I will be using the more general term in this essay.

¹⁰ Bratman, *Health Food Junkies*, 2.

¹¹ Márta Varga, B. K. Thege, S. Dukay-Szabó, F. Túry, and E. F. van Furth, “When Eating Healthy Is Not Healthy: Orthorexia Nervosa and Its Measurement with the ORTO-15 in Hungary,” *BMC Psychiatry* 14, no. 1 (2014): 59.

AQ: Should “case” be changed to “care”?

Yes

of other eating disorders as well. Subjects experience guilt and depression when they fail to adhere to their chosen diet and frequently impose further restrictions as self-punishment. In addition to putting the subject at risk for malnutrition, orthorexia also involves a distortion of priorities, where the subject gradually places “eating healthy” above other previously dominant values, thinking constantly about food: what they will eat, when they will eat it, what food is “safe,” and so on. Eventually, the quality of what they consume and the purity of their diet become more important to the orthorexic than “personal values, interpersonal relations, career plans, and social relationships,” as food becomes the sole focus of their life.¹²

Who is at risk for this disorder? For once, it is not pre-pubescent or adolescent girls. Orthorexia as a life-disrupting disorder is particularly likely to occur in communities that are engaged in conversations about health: dieticians, athletes, performance artists, college and post-college educated adults, and the aging.¹³ In fact, older men appear particularly likely to develop orthorexia, as they face increasing health concerns and their own mortality. Yet, in a sense, everyone who participates in a culture that holds “health” up as the dominant social value—that is, everyone who lives in twenty-first-century Western culture—is prone to obsess about healthy eating and the ideal diet. In the remainder of this essay, I address how orthorexia should be seen as a deeply understandable reaction to current social anxieties.

The prevalence of general social concern with diet and health makes orthorexia a more controversial condition than, say, anorexia or bulimia.¹⁴ (Orthorexia is currently classified by the American Psychiatric Association in the DSM under the catch-all “Avoidant/Restrictive Food Intake Disorder” label in the DSM.¹⁵) Some people object to the idea that a focus on health should be seen as unhealthy, or that it is inappropriate to take healthy food as one’s highest value. Some people see orthorexia as expressing a legitimate desire to live longer, or as a way of caring for bodies that just goes a bit too far, or even as providing people with meaning in their lives.

For anyone who has studied the disorder, it is hard to dismiss its effects as not meriting serious attention. Yet a look at Bratman’s original proposed diagnostic tool, designed to identify people at risk for orthorexia, gives insight into why there continues to be

¹² Anna Brytek-Matera, “Orthorexia Nervosa—An Eating Disorder, Obsessive-Compulsive Disorder or Disturbed Eating Habit?” *Archives of Psychiatry and Psychotherapy* 1 (2012): 55–60. This article also contains a breakdown of the gender difference discovered between orthorexic men and women in various studies in different countries; in general, men were found to be more at risk for orthorexia than women.

¹³ See, e.g., C. Segura-Garcia, M. Papaiani, F. Caglioti, et al., “Orthorexia Nervosa: A Frequent Eating Disordered Behavior in Athletes,” *Eating and Weight Disorders* 17, no. 4 (2012): 226–233. For an overview of the different populations affected, see also Varga, “Evidence and Gaps.”

¹⁴ See, for instance, Walter VanderEycken, “Media Hype, Diagnostic Fad or Genuine Disorder? Professionals’ Opinions about Night Eating Syndrome, Orthorexia, Muscle Dysmorphia, and Emetophobia,” *Eating Disorders: The Journal of Treatment and Prevention* 19, no. 2 (2011): 145–155.

¹⁵ For a discussion of how best to classify orthorexia, which also contains helpful citations to other studies, see Brytek-Matera, “Orthorexia Nervosa—An Eating Disorder, Obsessive-Compulsive Disorder or Disturbed Eating Habit?”

resistance to acknowledging it as a distinct disease. The questionnaire poses the following set of questions, asking the reader to score positive responses with a point; it suggests that a score of four or more points indicates that the reader should reevaluate their relationship with food and their diet:

- Do you spend more than three hours each day thinking about food? (For four hours, give yourself two points.) The time measurement includes cooking, shopping, reading about your diet, discussing (or evangelizing) it with friends, and joining Internet chat groups on the subject.
- Do you plan tomorrow's food today?
- Do you care more about the virtue of what you eat than the pleasure you receive from eating it?
- Have you found that as the quality of your diet has increased, the quality of your life has correspondingly diminished?
- Do you keep getting stricter with yourself?
- Do you sacrifice experiences you once enjoyed to eat the food you believe is right?
- Do you feel an increased sense of self-esteem when you are eating healthy food? Do you look down on others who don't?
- Do you feel guilt or self-loathing when you stray from your diet?
- Does your diet socially isolate you?
- When eating the way you are supposed to, do you feel a peaceful sense of total control?¹⁶

Bratman himself is clear that this is not meant for clinical use but for personal reflection.¹⁷ Even so, several things about these questions are worth noting.

First, we live in a culture where it would be completely normal to answer “yes” to several of the questions. I will come back to this when I talk about the cultural conditions that ground the prevalence of orthorexia in the second section, but feeling better about oneself for eating “healthy” food and experiencing guilt for eating the “wrong” things is almost endemic in contemporary Western culture.

Second, caretakers and people who bear primary responsibility for feeding their families (especially large families) will score disproportionately high on this test. They will almost always spend more than three hours each day thinking about and preparing food, and they will also plan meals at least a day in advance. Since women make up a disproportionate number of the people who bear primary responsibility for feeding their families, this test would consistently predict that women are at greater risk for orthorexia than men.

¹⁶ Bratman, *Health Food Junkies*, 47–52.

¹⁷ Work is ongoing to develop a reliable diagnostic tool for clinical use. See, e.g., L. M. Donini, D. Marsili, M. P. Graziani, et al., “Orthorexia Nervosa: Validation of a Diagnosis Questionnaire,” *Eating and Weight Disorders—Studies on Anorexia, Bulimia, and Obesity* 10 (2005): e28–e32 (doi:10.1007/BF03327537) and Varga et al., “When Eating Healthy Is Not Healthy.”

Third, this questionnaire does not distinguish between people who restrict their diet for moral reasons (such as the commitment to not harm animals, to eat local, or to minimize their environmental impact) and people who restrict what they eat out of fear of toxins or in hopes of attaining the perfect diet. As with anorexia and bulimia, there is a continuum from mild to severe forms of the disorder; orthorexia can exist in tandem both with other disorders—and with moral motivations to avoid certain foods and food groups.

The overlap between moral issues and control issues is a particularly murky area, both conceptually and experientially. It is not uncommon, for instance, for orthorexics to be vegan. Veganism is a lifestyle that is frequently identified as “pure” and “clean” and promoted as maximally healthy. The link between veganism and orthorexia has been highlighted in media reactions to the popular Instagram and blog queen Jordan Younger, “the Blonde Vegan,” announcing in 2014 that she had orthorexia and was rebranding herself “the Balanced Blonde.”¹⁸ Headlines about this revelation frequently blamed the disorder on Younger’s veganism, with taglines such as, “How Going Vegan Triggered this Instagram Star’s Orthorexia.”¹⁹ This, not surprisingly, sparked impassioned responses from within the vegan community, which was keen to defend itself against such claims and tends to be leery of discussions of orthorexia in general.²⁰

Younger herself was careful to attribute her orthorexia not to her veganism, but to her “all or nothing” obsessive-compulsive personality. She describes herself as using veganism as an excuse to avoid certain foods and to restrict food intake. This fits with recognition in the medical community that at times “vegetarian diets may be selected to camouflage an existing eating disorder.”²¹ It is vital to stress here that veganism itself is not orthorexia, nor does it cause orthorexia. The direction the causal link appears most often to go is from obsessive personality (and a tendency toward orthorexia) toward veganism as a socially acceptable way of restricting food intake and avoiding

¹⁸ For her discussion of her condition and recovery, see [theblondevegan.com](http://www.theblondevegan.com), especially <http://www.theblondevegan.com/2014/07/13/recovery-update-orthorexia-is-no-fun/>.

¹⁹ <http://www.womenshealthmag.com/life/jordan-younger-the-blonde-vegan>, June 30, 2014.

²⁰ Younger received death threats from rabid vegans, some of who accused her of never really having been a vegan in the first place, of pretending she has an eating disorder to widen her fan base, and even of not really being blonde(!). This backlash itself created intense conversation within the vegan community. Vegan Street Blog’s Marla Rose, for instance, who was vocal in her negative assessment of Younger’s announcement (calling it “a crock” and dismissing her announcement as an attempt to generate media attention), then turned around to soundly denounce current trends within veganism that play on obsessive tendencies. In “The Orthorexia Dilemma: Is Veganism an Eating Disorder,” she writes: “This trend within veganism to employ tactics that manipulate anxieties around fat, nuts, fruits, grains and who knows what else can aggravate someone who is already on overload and we, as a movement that is rooted in nonviolence, justice and kindness, should play no part in this.” <http://veganfeministagitator.blogspot.com/2014/07/the-orthorexia-dilemma-is-veganism.html>.

²¹ W. J. Craig, A. R. Mangels, American Dietetic Association, “Position of the American Dietetic Association: Vegetarian Diets,” *J Am Diet Assoc* 109, no. 7 (2000): 1266–1282. See also A. M. Bardone-Cone et al., “The Inter-Relationships between Vegetarianism and Eating Disorders among Females,” *Journal of the Academy of Nutrition and Dietetics* 112, no. 8 (August 2012): 1247–1252.

foods the orthorexic perceives as unhealthy. Developing an obsession with the quality and purity of one's diet is not the same as avoiding certain foods or even eliminating entire food groups from one's diet for moral reasons, such as environmental sustainability or a commitment to non-harm. Yet, in the public eye, orthorexia and veganism often go hand in hand, and this can make discussions of the disorder both socially and politically loaded.

SOCIAL NORMS AND CULTURAL DISORDERS

Whether we look at hysteria, agoraphobia, or anorexia, we find the body of the sufferer deeply inscribed with an ideological construction . . .²² emblematic of the period in question.

—Susan Bordo, *Unbearable Weight*²³

Our attitudes toward healthy eating and dietary choices are increasingly important components of how we conceive of (and judge) both ourselves and others. Orthorexia thus represents an extreme manifestation of sociocultural norms that we are all being pushed toward. In this section, I take a closer look at some of those norms—particularly as they relate to a popular twofold marketing strategy of creating anxiety about common foods and promoting “superfoods” as a healthy solution. To appreciate the cultural ground in which orthorexia takes root today, however, I want first to look briefly at how dominant social norms have related to the prevalence of certain psychological disorders in the past.

In 1994, Susan Bordo situated anorexia in its cultural framework, arguing that hysteria, agoraphobia, and anorexia nervosa can each be seen as taking the dominant social norms for women at a particular time to their logical extreme.²⁴ As she pointed out, hysteria became a prevalent disorder for a certain class of women in the Victorian period (mid- to late 1800s), just when social norms for women involved being delicate, emotional, focused on the minutiae of daily domestic life, and above base desires of the flesh. With their fainting and vapors, their nervous instability, their obsessive concern for minor details, and their frigidity, hysterics embodied these norms to an extreme. By the 1950s, hysteria was virtually unheard of in the United States, but agoraphobia (fear of public places, most commonly manifested in refusal to leave the home) had become surprisingly prevalent, just as post-WWII culture emphasized the role of women as devoted wives and mothers who should be content to stay in their domestic realms

²² The original quote has “of femininity” here. I have removed it, however, since Bordo’s point is more broadly applicable and since orthorexia is a disorder that inscribes its ideology of health on the bodies of both men and women

²³ Bordo, *Unbearable Weight*, 168.

²⁴ Bordo, “The Body and the Reproduction of Femininity,” in *Unbearable Weight*, 165–184.

rather than have careers. In the 1980s, agoraphobia had all but disappeared, but incidence rates of anorexia in young women had begun to skyrocket—at precisely the same time that dominant social norms for women had begun to include being disciplined and in tight control (and more “masculine-looking” as they made strides into the corporate world). In each case, cultural conditions appear to have shaped the expression of group social anxiety and impacted the development of particular psychological disorders in susceptible individuals.

This framework helps explain the current prevalence of orthorexia. Eating is one of the central micro-practices that human beings engage in, and the buzzword for the new millennium is “healthy.” Programs like Michelle Obama’s Healthy Hunger-Free Kids Act have put the importance of good diets and health squarely in the public eye, while media coverage of the US’s obesity epidemic has increased awareness of the harm a poor diet can cause. I am in no way attempting to downplay the importance of a good diet or of paying attention to what one eats. As other articles in this volume discuss, we live in a world of “fake” food both devoid of nutritional content and packed with ingredients whose long-range effects we do not yet know, and we have every reason to be concerned about that.

At the same time, playing on our rational worries about the environment, cancer-causing agents, and the monolithic Food Industry has become its own industry. We live in a constant state of anxiety over what we are putting in our bodies, and the messages we are getting from nutritional science, wellness, and preventative medicine both heighten that anxiety and leave us bewildered with their conflicting claims. Telling people what to eat and what not to eat has become a billion-dollar industry, and everyone is pushing their own line and their own brand for their own profit, telling us not to trust what everyone else is saying and to listen to them instead. *Naked Food Magazine*, for instance, trumpets such warnings as: “The goal of food industry giants is to create and maintain the consumer completely *confused*. Words such as natural, non-GMO, trans-fat free, or kosher don’t mean what we believe.”²⁵ Juicing advocates and “cleansing programs” also promote the fear of “chemicals” and their harmful effects, promising to eliminate dangerous toxins from your system if you follow their instructions.²⁶

Indeed, at the time that I am writing this, the most recent entry on the enormously popular FoodBabe blog is promoting a “sugar detox” on the grounds that

One of the most insidious ways the food industry poisons us is by dousing all sorts of foods with “added sugar” . . . Added sugar is one of the biggest perpetrators of our current health crisis, and can be implicated in many cases of obesity, type-2 diabetes, heart disease, and even cancer—but its detrimental effects can take years to surface.

²⁵ “The 13 Most Misleading Food Label Claims,” *Naked Food Magazine*, <http://nakedfoodmagazine.com/13-most-misleading-food-label-claims>.

²⁶ The current popularity of Bikram (“hot”) yoga classes is closely related to this push toward “detoxifying” oneself and promotes regular cleanses and juicing.

It's the hidden link to so much pain and suffering. **You are probably eating WAY more added sugar than you think you are.**²⁷

In other words, the food industry is actively poisoning us, you are probably suffering from the effects of this poison even if you currently feel fine, and you need to pay attention right now to her instructions in order to avoid dire consequences. The FoodBabe's main message is fear, and it is a common message in discussions about healthy eating.

The flip side of generating anxiety about what is in regular food is promoting the positive qualities of miraculously healthy “superfoods” foods. In this popular marketing move, the incredible health effects of foods like blueberries, broccoli, kale, pomegranate, chia seeds are routinely “discovered” and then promoted as increasing energy levels, reducing cravings, burning fat, and healing diseases. According to *The Master Plants Cookbook: The 33 Most Healing Superfoods for Optimum Health*,²⁸ for instance:

Food isn't just food, it can be medicine! A whole food, plant-based diet can help prevent and even reverse chronic diseases such as cancer, diabetes, and heart disease, while also promoting a healthy weight. . . . *The Master Plants Cookbook*, compiled by the founder and editor of *Naked Food* magazine, features the 33 essential superfoods that can help readers achieve that optimum health. Even better, it also offers more than 100 mouthwatering and easy recipes that are detoxifying, anti-allergen, immune-boosting, and promote weight loss. From avocados and beets to sweet potatoes and spinach, *The Master Plants Cookbook* will inspire readers to try these health-promoting, radiant super foods—and spark a new love for real, organic cuisine that pack a powerful healing punch.

Dangling modifiers aside, this litany of health-promoting effects is both stunning and telling. It explicitly draws on the lure of optimal health and hits virtually all the hot buttons for the health-conscious crowd: disease prevention and reversal, weight loss, increasing immune function, detoxification, and allergen-avoidance. When used in tandem with the anxiety-generating strategy, these sorts of claims pack quite the punch.

To see this twofold strategy in action, you need only look at the marketing blurbs for any book in the “health and wellness” section of your local bookstore, or to google “healthy eating.” Take a recent publication, modestly titled *The Healthiest Diet on the Planet*.²⁹ Its self-description is a paradigm of the twofold strategy I have just discussed:

High in calories and cholesterol, animal fats and proteins too often leave you hungry and lead to overeating and weight gain. They are often the root causes of a host

²⁷ <http://foodbabe.com>, January 8, 2017 (bold in original).

²⁸ Margarita Restrepo and Michele LaStella, *The Master Plants Cookbook: The 33 Most Healing Superfoods for Optimum Health* (Philadelphia, PA: Running Press Publishers, 2016).

²⁹ John McDougall, MD, recipes by Mary McDougall, *The Healthiest Diet on the Planet: Why the Foods You Love—Pizza, Pancakes, Potatoes, Pasta, and More—Are the Solution to Preventing Disease and Looking and Feeling Your Best* (New York: Harper One, 2016).

of avoidable health problems—from indigestion, ulcers, and constipation to obesity, diabetes, heart disease, and cancer. . . . *The Healthiest Diet on the Planet* helps us reclaim our health by enjoying nutritious starches, vegetables, and fruits. McDougall takes on the propaganda machines pushing dangerous, high-fat fad diets and cuts through the smoke and mirrors of the diet industry. He offers a clear, proven guide to what we should and shouldn't eat to prevent disease, slow the aging process, improve our physical fitness, be kind to the environment, and be our most attractive selves.

The first message here is “be worried about the health effects of what you're eating—and don't trust what you're hearing from others.” The second message is “there *are* foods that can prevent disease, slow aging, and make you simultaneously more fit, moral, and attractive—you just have to listen to me.” Unfortunately, these two claims are the same ones that everyone else is making, albeit with wildly varying specific content.

In this general context of heightened fear, confusion, and hope—all directed at our dietary choices—it is especially significant that we in the affluent West have a range of dietary choices unparalleled in human history. What fruits and vegetables are available to us at the grocery store is no longer dependent on either the season of the year or the region in which we live. Even the smallest of convenience stores is likely to have a number of items labeled as “healthy alternatives,” and larger stores contain a vast and bewildering display of foods our grandparents never imagined.

One social change this has contributed to is an increased sense of relation between one's diet and one's identity. Now that our diets are not constrained by geographical limitations, what we eat, when we eat, and how we eat speak volumes about who we are—or at least who we want to be. This shift shows up in linguistic practice as well. Instead of saying “I don't eat gluten” or “I don't eat sugar,” for instance, a person today is likely to say “I'm gluten-free,” or “I'm sugar-free.” Today, food is political; food is social; food is a deep expression of one's identity. In this context, an obsession with the ideal diet for optimal health makes all the sense in the world.

Yet, as Bordo pointed out with respect to hysteria, agoraphobia, and anorexia, “the symptoms of these disorders isolate, weaken, and undermine the sufferers; at the same time they turn the life of the body into an all-absorbing fetish, beside which all other objects of attention pale into unreality.”³⁰ The same is true, as we have seen, in the case of orthorexia: the literal embodiment of the conflicting sociocultural norms surrounding “healthy eating” ultimately render their subject nonfunctional.³¹

³⁰ Bordo, *Unbearable Weight*, 168.

³¹ The fact that orthorexia fits so neatly into the explanatory framework that Bordo provides also supports her argument in “The Body” that we should not read disorders such as hysteria and anorexia as successful—even if unconscious—protests against prevailing social norms. She stresses the “counterproductive, tragically self-defeating (indeed, self-deconstructing) nature” of whatever sort of protest might be involved in these disorders (*Unbearable Weight*, 176). The unconscious protest involved in orthorexia would have to be posed against contemporary constructions of health, or of the particular constructions of health for men and women, but that does not seem to fit with the disorder's phenomena (or phenomenology).

HEALTHY EATING AS THE NEW RELIGION

The effortful act of eating the right food may begin to invoke a sense of spirituality. As orthorexia progresses, a day filled with wheat grass juice, tofu, and quinoa biscuits may come to feel as holy as one spent serving the destitute and homeless.

—Steven Bratman, *Health Food Junkies*³²

The connection between food and our sense of individual identity brings up another key feature of the social ground in which orthorexia flourishes—namely, the spiritual significance food has taken on in contemporary culture. In this section, I briefly address the relation between religion and food, and I then argue that ambiguities in current concepts of “health” make us particularly prone to move from seeing food as important for biological functioning to viewing it as the key to the sort of whole-life flourishing that religions often promise.

Although the term “orthorexia” is new, the idea that we can (and should) purify ourselves via our diet is hardly a new phenomenon. From the ancient Pythagoreans to the mystery cults that flourished in the early Roman Empire, from medieval religious orders in Europe to the Transcendentalist movement in nineteenth-century America, what we ingest has long been imbued with spiritual significance.³³ We live now in a largely “post-religious” culture, but our speech about food retains religious overtones, and diet and food occupy a place in our lives that sometimes takes on salvific significance. So strong is this association that diet can take on such significance even in evangelical culture that already preaches a Savior, resulting in books with titles such as *What Would Jesus Eat and Slim for Him*.³⁴

There is, of course, an inextricably intimate relation between food, health, and life. The childhood chant “You are what you eat!” rings true to us in a visceral way: eating is a primal act through which we connect with the world around us, literally taking into

³² Bratman, *Health Food Junkies*, 9.

³³ I talk about the religious significance of eating in Christina Van Dyke, “Eating as a Gendered Act: Christianity, Feminism, and Reclaiming the Body,” in *Readings in the Philosophy of Religion*, 2d ed., ed. K. Clark (Peterborough, ON, Canada: Broadview Press), 2008. See also Rudolph Bell’s *Holy Anorexia* (Chicago: University of Chicago Press, 1985) examines the significance that food takes on for medieval nuns; Catherine Walker Bynum has since written several books detailing the religious significance of food and eating in the medieval period. See, e.g., *Holy Feast and Holy Fast* (Berkeley: University of California Press, 1988) and many of the essays in *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1991). For a general overview of religious movements that have given diet—particularly a vegetarian diet—spiritual significance, see Carol Adams, *The Sexual Politics of Meat: A Feminist Vegetarian Critical Theory* (New York: Continuum International Publishing Group, 1990; new material in the 10th anniversary edition, 2000), chs. 6 and 7.

³⁴ I discuss this phenomenon in “Eating as a Gendered Act,” 482–484. For a book-length discussion of the complex relation between food, religion, and diet in American Christianity, see Marie Griffith, *Born Again Bodies: Flesh and Spirit in American Christianity* (Berkeley: University of California Press, 2004).

ourselves part of what was around us. We also frequently talk about food and eating in religiously and morally loaded terms, saying that we were “bad” after eating potato chips, or refusing the offer of dessert because we are “trying to be good,” and experiencing guilt for “cheating” on one’s diet is practically ubiquitous. Marketing has picked up and run with this tendency; the side of every case of the enormously popular LaCroix sparkling water, for instance, currently has text that reads “Naturally Essenced: 0—Calorie, 0—Sweetener, 0—Sodium = INNOCENT.” Small wonder that a culture that is increasingly focused on the health effects of one’s diet would yield a corresponding increase in people who seek purity and transcendence through that diet.

This trend seems particularly predictable in the cultural absence of belief in a God who grants eternal life. One of the persistent appeals of salvific religions, after all, is the promise of immortality; the fear of death is a powerful motivator. The conceptual link between disease and death heightens the relevance of eating healthy, when what is being promised by these diets is no less than a longer, happier, disease-free existence. Platforms that promote the idea of “food as medicine,” for instance, easily take on religious overtones when they promise that the right diet will reverse or prevent not just such common conditions as type-2 diabetes, cancer, and heart disease but also autism, “sexual problems,” and “anxiety and stress.”³⁵ Diets that claim to increase longevity and to halt or reverse the signs of aging are endemic: not only do we not want to die, but we also want our bodies to function perfectly as we continue to live.

There is an additional, key factor at work in the way that diet has assumed such monumental importance, I believe—one that requires us to look more closely at the overlapping but distinct conceptions of “health” at play in contemporary Western culture.

Everyone knows what “health” and “healthy” mean, at least until they are asked to put that knowledge into words. At that point, it becomes clear how many complex and moving parts there are to what we think health is, and what we want our talk of health to mean. As Rebecca Kukla notes: “Health is an intuitive notion and not a technical term. . . . It has proven surprisingly difficult to come up with a rigorous definition of health that accommodates all our core intuitions about what work the notion should do for us.”³⁶ The concept of health is central to medicine and related practices; it is also central to social-political ideas of what we justly care about and to what services we believe societies should provide. It is not clear, however, to what extent the concepts important to the medical community and the concepts important to socio-political discussions converge and diverge, in part because they often possess differing vocabularies and focal points.³⁷

³⁵ See the Naked Food website, “Food as Medicine” tab, which includes all these conditions and many more as healable by the proper diet: <http://nakedfoodmagazine.com>, as of January 10, 2017.

³⁶ “Medicalization, ‘Normal Function,’ and the Definition of Health,” in *Routledge Companion to Bioethics*, ed. J. Arras, E. Fenton, and R. Kukla (New York: Routledge, 2015), 515–530, at 515.

³⁷ For an excellent overview of the various issues at stake in this discussion and of the different positions taken, see Elseltijn Kingma, “Contemporary Accounts of Health,” in *Health: The History of a Concept*, ed. Peter Adamson (New York: Oxford University Press, forthcoming). The other papers in this volume provide important historical perspectives on the concept of health, covering a variety of cultures.

For my purposes, one aspect of this ambiguity proves particularly significant: namely, the fact that health can be taken (and sometimes does) refer to both statistically normal biological function (as in the influential “biostatistical theory” offered by Christopher Boorse³⁸) and to “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (as the constitution of the World Health Organization famously defined health in 1948).³⁹ There is, of course, a world of difference between total well-being on the physical, psychological, and social levels and “normal” biological functioning, and it is that world in which orthorexia flourishes.⁴⁰

In specialized philosophical discussions, we find accounts of health that range from Carel’s “feeling of being at home in one’s body,”⁴¹ to Boorse’s purportedly value-neutral concepts of health as absence of disease and proper biological function, to Canguilhem’s account of health as flexibility, “in the sense that a healthy organism can tolerate environmental impacts, adapts to new situations and possesses a store of energy and audacity.”⁴² Other accounts of health characterize the healthy person as someone who is able to meet her goals successfully, at which point the discussion turns to whether there should be restrictions on what appropriate goals might be.⁴³ Further complications arise when we see that physical health and mental health are just as often distinguished as they are grouped together in general discussions of “health.” In more recent philosophical literature, moreover, the concept of goal-implementation and satisfaction is often discussed under the label of “well-being” or “wellness,” and health is taken to be one aspect of what constitutes a person’s well-being.

This is by no means an exhaustive record of attempts to provide an adequate account of “health,” but it—and the fact that each of these accounts has some cultural resonance—is sufficient for demonstrating why health proves such a fraught concern

³⁸ Christopher Boorse’s 1977 article, “Health as a Theoretical Concept” (*Philosophy of Science* 44:542–573) represents one of the most important attempts to capture the concept of “health” for theoretical purposes; his 100-page “A Rebuttal on Health,” in *What Is Disease?*, ed. J. M. Humber and R. F. Almeder (Totowa, NJ: Humana Press, 1997), 3–143, rather exhaustively covers both the development of his own theory and objections and responses to it.

³⁹ Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, June 19–July 22, 1946; signed on July 22, 1946 by the representatives of 61 states (Official Records of WHO, no. 2, p. 100) and entered into force on April 7, 1948. The definition has not been amended since 1948. Available online at <http://www.who.int/suggestions/faq/en/>.

⁴⁰ Madison Powers and Ruth Faden argue strongly, for instance, for the importance of distinguishing between health and well-being. See their *Social Justice: The Moral Foundations of Public Health and Health Policy* (New York: Oxford University Press, 2006).

⁴¹ Havi Carel, for instance, takes a phenomenological approach to the concepts of health and illness. See Havi Carel, “Can I Be Ill and Happy?” *Philosophia* 35 (2007): 95–110; and Havi Carel, *Illness: The Cry of the Flesh* (Dublin: Acumen, 2008).

⁴² Georges Canguilhem, *The Normal and the Pathological*, trans. C. R. Fawcett (New York: Zone Books, 1991). The original work was published in 1943.

⁴³ See, e.g., Caroline Whitbeck, who talks about health in goal-oriented terms, where a person’s ends are left non-restricted and thus apply to “goals, projects and aspirations in a wide variety of situations” (620), in “A Theory of Health,” in *Concepts of Health and Disease: Interdisciplinary Perspectives*, ed. A. L. Caplan and H. T. Engelhardt Jr. (Reading, MA: Addison-Wesley, 1981), 611–626.

for the orthorexic. If your stated goal is health and your increasingly monolithic focus is what diet will optimize that health, the fact that that word can mean anything from normal biological functioning (which itself can be spelled out in any of a variety of ways) to the feeling of being at ease in one's body to complete physio-psycho-social flourishing provides a wealth of ways to slide between conceptions. In this context, what you are putting in your body as fuel can easily also be viewed as what will make you comfortable in your own skin or provide you with a flourishing life as a whole.

This ambiguity proves particularly problematic in the sorts of discussion that conflate health with wellness; wellness has taken on even broader implications in contemporary culture, adding environmental, occupational, and spiritual flourishing to existing conceptions of health as physical, emotional, intellectual, and social flourishing. Health as a social construct, then, is a highly slippery concept, loaded up with all sorts of cultural ideals. Even when we attempt to (or claim that we are) using “health” in a non-value-laden way, we implicitly smuggle in all sorts of social values—a fact that becomes clear whenever “being attractive” is equated with “being healthy.”⁴⁴

Many of the implicit values at play in these discussions of health are deeply gendered; in the following section, I address the way in which gender is linked up with different conceptions of health and, thus, how we should expect orthorexia to manifest differently for men and for women.

GENDERED EATING AND THE QUEST FOR “HEALTH”

I Didn't Let Cancer Stop Me from Getting to a Healthy Weight!

—Headline from *Women's Health Magazine*, February 2015⁴⁵

Eating disorders have traditionally been coded as “female” and associated with weight and body image in young women. As we have seen, however, orthorexia is a disorder that appears to affect men and women at roughly equal rates and across a wide range of ages. Given the discussion of the previous two sections, however, this should come as no surprise. “Health” is presented as a universal goal, and the language of toxins and transcendence reaches across the gender divide. We live in a world where gender and food are closely intertwined, however, and thus expectations for the ideal manifestation

⁴⁴ For a four-part debate about “health” as a value-neutral versus value-laden term, see *Health, Science, and Ordinary Language*, ed. Lennart Nordenfelt (Amsterdam: Rodopi, 1987). See also Lennart Nordenfelt, *On the Nature of Health: An Action-Theoretic Perspective*, 2d ed. (Dordrecht: Kluwer, 1995).

⁴⁵ “I Didn't Let Cancer Stop Me from Getting to a Healthy Weight!” by Julie Letsos, as told to Ashley Oerman, February 20, 2015. The subheading is “Julie Letsos's Amazing Story Will Inspire—and Motivate—You!” See <http://www.womenshealthmag.com/weight-loss/julie-letsos-weight-loss-success-story>.

of health for individual human beings are also gendered (as is the act of eating, attitudes toward appetite, and food itself).⁴⁶ As I discuss in this section, for men, health is equated primarily with strength and endurance, whereas for women, health is equated with being attractive (i.e., thin) and “empowered.” These gendered conceptions of health in turn make it likely that the obsession with healthy eating and the perfect diet will often take on different forms for men and women. Understanding how men and women are expected to perform health differently is thus vital to understanding how orthorexia develops and manifests in different populations.

Cultural myths surrounding women and food are well known to be deeply fraught. The central myth, of course, is that women need to maintain tight control over their food intake because they are in constant danger of gaining weight—and of binging when they let their guard down.⁴⁷ The tight connection between food consumption and unacceptable weight gain makes eating an inherently dangerous activity for women: one that involves a great deal of thought and planning. The very existence of physical appetite is constructed as problematic for women: hunger has always been the central enemy in the myth of female eating.

Not surprisingly, cultural myths surrounding “women’s health” also center on the dangers inherent in female appetite. Being healthy is cashed out in terms of energy, youthfulness, and—above all—slenderness. The FoodBabe, for instance (discussed in the third section), promises that following her diet tips will help you “break free from the toxins in your food, lose weight, look years younger and get healthy today.”⁴⁸ “Lose,” “shrink,” “slim,” and “drop” are the common buzzwords on women’s health sites. Hunger is something to be “beaten” or “conquered,” and health is a matter of looking and feeling “great.”

The foods that women are most encouraged to eat for their health are typically described as low-fat, low-calorie, and almost anything that includes the descriptor “free”: gluten-free, dairy-free, and so on. Organic vegetables and fruits are endemic in recommendations for promoting female health, a fact that only reinforces the long-standing association of women with the natural world and the connection of women with vegetarianism.⁴⁹

⁴⁶ For detailed discussion of these issues as they pertain to constructions of both masculinity and femininity, see Van Dyke, “Eating as a Gendered Act” and “Manly Meat and Gendered Eating: Correcting Imbalance and Seeking Virtue,” in *Philosophy Comes to Dinner: Arguments about the Ethics of Eating*, ed. A. Chignell, T. Cuneo, and M. Haltemann (New York: Routledge Press, 2016), 39–55.

⁴⁷ It is important to note here that these cultural myths are not meant to characterize or capture the individual experiences of many—or even most—of the people living in the culture. Rather than describing actual, lived experiences, cultural myths tell persuasive stories about how things are for everyone else. In so doing, they present a “norm” against which people in that culture are meant to evaluate themselves and their behavior. This creates a framework in which people (and their actions) gain cultural intelligibility. When you buy a minivan after the birth of your first child, for example, or eat a pint of ice cream after a break-up, your actions have a particular significance because of the cultural myths surrounding those actions.

⁴⁸ Vani Hari, *The Food Babe Way: Break Free from the Hidden Toxins in Your Food and Lose Weight, Look Years Younger, and Get Healthy in Just 21 Days!* (New York: Little, Brown, 2015).

⁴⁹ A number of ecofeminists have explicitly advocated for a rejection of animal products and the consumption of animal flesh. See, e.g., Greta Gaard, “Ecofeminism and Native American Cultures,” in her edited collection *Ecofeminism: Women, Animals, and Nature* (Philadelphia, PA: Temple University Press, 1993); Lori Gruen, “Dismantling Oppression: An Analysis of the Connection between Women

Men live in a different world when it comes to social constructions of hunger and appetite. First, men are expected to display robust appetite. In fact, a “healthy” appetite is central to constructions of masculinity, and the appropriate response to such an appetite is frequent and hearty eating. “Eating healthy” for men is a matter of attaining and demonstrating strength and virility. Although for women, “diet” is a term synonymous with restriction and repression of appetite, for men “diet” is usually cashed out in terms of power, strength, and endurance. Men are exhorted to “Power Up Your Diet!”, to “Tackle Hunger,” and to eat “12 Perfect Muscle Foods.” The most common buzzwords in discussions of male health are “build,” “fight,” “power up,” and comparatives like “bigger,” “faster,” and “harder.” Men are not expected to give up meat for their health unless they are aging and trying to avoid heart disease and problems with high cholesterol: vegetarian and vegan men thus often take pains to prove their masculinity, frequently describing their lifestyles in terms such as “extreme” and performance-enhancing.⁵⁰

In this connection, it is worth noting that a current google image search of “orthorexia” turns up stock photo after stock photo of young, thin, attractive women (mostly white) cavorting with mounds of fruits and vegetables—frequently with tape measures or scales included to indicate the slimming effects of these foods. There are, in fact, only two males pictured in the first fifty images: the first is a young boy rejecting a bagel because it is not “paleo” and the second is a very thin, non-standardly-attractive man with painted-black fingernails and tattoos looking anxious and holding an avocado. Despite the fact that orthorexia is a condition that can negatively impact sufferers’ mental, emotional, and physical health, the contemporary cultural mythology surrounding food, appetite, and gender is (as yet) unable to accommodate the idea that striving for the ideal diet via obsession with consuming only “healthy” foods is (1) an actual problem, and (2) a problem that might affect men as well as women.

FACING OUR FINITUDE

Perfectionism is one way our muscles cramp. In some cases, we don’t even know that the wounds and the cramping are there, but both limit us. They

and Animals” (in the same collection); and Marti Kheel, “The Liberation of Nature: A Circular Affair,” *Environmental Ethics* 7 (1985): 135–149, and “Vegetarianism and Ecofeminism: Toppling Patriarchy with a Fork,” in *Food for Thought: The Debate over Eating Meat* (New York: Prometheus Books, 2004), 327–343. Catharine MacKinnon summarizes these sentiments in “Of Mice and Men: A Feminist Fragment on Animal Rights,” in *Animal Rights: Current Debates and New Directions*, ed. C. Sunstein and M. Nussbaum (New York: Oxford University Press, 2004).

⁵⁰ See, e.g., “Vegans and Masculinity: Plant-Powered Bodybuilder Debunks Myths,” *The Scavenger*, November 2013 (<http://www.thescavenger.net/social-justice-to-all/social-justice-for-animals/862-vegans-and-masculinity-plant-powered-bodybuilder-debunks-myths.html>); and “For These Vegans, Masculinity Means Saving the Planet,” *The Salt: What’s on Your Plate*, NPR, July 2014 (<http://www.npr.org/templates/transcript/transcript.php?storyId=332329709>).

keep us moving . . . in tight, worried ways. They keep us standing back or backing away from life, keep us from experiencing life in a naked and immediate way.

—Anne LaMott, *Bird by Bird*⁵¹

Where before there had been tough fibers, hardness, and held breath, now there were mud, dirt, water, air, mess—and I felt soft and clean.

—Anne LaMott, *Traveling Mercies*⁵²

Ideals of health are gendered, and women and men are thus sometimes portrayed as though they are striving toward radically different goals in the elusive quest for perfect health. In this concluding section, however, I want to suggest that we should not let gendered conceptions of health blind us to an extremely important commonality—namely, that what makes orthorexia destructive to both men and women is ultimately a common urge to transcend rather than to embrace the realities of embodiment. Whether cashed out in “male” or “female” terms, I believe that the self-defeating obsession with healthy eating and the optimal diet masks a deep underlying fear of embodiment, what Elisabeth Spelman has termed “somatophobia” or body-loathing.⁵³

This might at first seem counterintuitive. How can the ideals of respecting your body by eating for its health and being kind to yourself by optimizing your well-being actually be manifesting a distaste of physicality? What about the people who claim that their interest is in maximizing the amazing power of the body as an incredible thing capable of transcendent experiences? Doesn't that indicate that orthorexia is really a love for the body that goes too far, rather than displaying a fear or loathing of embodiment?

In response, I would repeat Susan Bordo's memorable comment that “we may be obsessed with our bodies, but we are hardly *accepting* of them.”⁵⁴ That is, we should not assume that self-proclaimed respect for our bodies actually indicates love for our physicality. If anything, the idea that we are trying to maximize the health of our bodies so that they can function as better tools for our purposes seems to indicate an underlying identification of us as not those bodies, of us as trying to move beyond the limitations of human embodiment.

After all, as we saw in the second section, one of the main characteristics of orthorexia is that the subject's quest for the perfect diet and ideal health ultimately detracts from rather than enhances their overall well-being. As the focus on disciplining one's appetites and controlling one's diet intensifies, the subject subordinates previous values and life-goals to “righteous eating,” avoiding situations in which they cannot control

⁵¹ Anne LaMott, *Bird by Bird: Some Instructions on Writing and Life* (New York: Anchor Books, 1994), 30

⁵² Anne LaMott, *Traveling Mercies: Some Thoughts on Faith* (New York: Anchor Books, 1999), 265.

⁵³ See Elisabeth Spelman, “Race & Gender: The Ampersand Problem in Feminist Thought,” ch. 5 in *Inessential Woman: Problems of Exclusion in Feminist Thought* (Boston, MA: Beacon Press, 1988), 114–132.

⁵⁴ Bordo, *Unbearable Weight*, 15.

what they ingest and punishing themselves for failure with fasting, cleansing, and further restrictions. This, it seems to me, displays precisely the sort of effort at controlling and subduing one's body that is central to discomfort with embodiment.

It is important to stress that I am not implying that all forms of attention to health and a healthy diet display somatophobic tendencies—indeed, far from it! Rather, the connection that I am drawing between orthorexia and somatophobia is meant to illuminate how an interest in healthy eating can develop into an unhealthy obsession. Despite its emphasis on health and well-being, orthorexia's focus on purity and an idealized state of being (frequently described in terms of enlightenment, unity, and peace) and its rigid opposition to anything perceived as a threat to that goal reinforces rather than undermines the somatophobia that is one of the hallmarks of Western culture. In short, I believe that orthorexia is best understood as a manifestation of age-old anxieties about human finitude and mortality— anxieties which current dominant sociocultural forces prime us to experience and express in unhealthy attitudes toward healthy eating.

The current, ubiquitous quest for a healthy lifestyle should not, then, be accepted at face value as a positive move forward in Western culture. It should be examined carefully, and the underlying values in our discussions of “health” examined carefully and cautiously. In particular, I believe that we should resist the push toward moralizing “healthy” food choices as somehow morally (as opposed to merely nutritionally) superior to their alternatives.⁵⁵ If we do otherwise, we risk entrenching somatophobia even more firmly in cultural consciousness—continuing to search for the transcendence of what we secretly loathe.⁵⁶

⁵⁵ This should be understood as applying only to the moralization of food choices taken for their own sake. I am not in any way implying that we not recognize and grapple with the wide range of pressing normative issues surrounding food production, access, consumption, and so on.

⁵⁶ As usual, I owe so many people thanks for their input that I run the risk of forgetting some, so please forgive me if your name should be here but isn't. Special thanks, though, to audiences at the University of Colorado-Boulder, the 2015 Food Ethics workshop at University of Vermont, the 2015 Rocky Mountain Ethics Congress, Hong Kong University, and Boise State University for their feedback on earlier versions of this paper. Discussions with Rebecca Chan, Ben Hale, Megan Maguire, and Tyler Doggett proved particularly helpful; finally, my son David and my partner Andrew have both heard me wax eloquent on this topic to the point where I feel the need to thank them for their continued affection.