

“And it Snowballed from there”: The Development of Orthorexia Nervosa from the Perspective of People who Self-Diagnose

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Summary

Worldwide, people are experiencing increased societal and moral pressure to conform to a Western, healthy ideal. This ideal is characterized by an individual responsibility for one's health, where healthy eating and exercise are encouraged, and unhealthy eating and lifestyle are viewed as immoral, lazy, and impure. Unfortunately, some people may take this healthy ideal to an extreme and develop pathologically obsessive and restrictive tendencies. The term "orthorexia nervosa" (ON) was created in recent years to describe those who develop an obsession with healthy eating that leads to problems with their health and daily functioning. As ON is a new and understudied concept, it is not well understood, nor are there valid and reliable tools of measurement. And, the perspective of those who may suffer from ON are often left out of discussions among the scientific community when seeking to understand, define, and treat ON. Accordingly, the present study is the first to examine how ON develops over time from the perspective of those who believe they have had ON. It consisted of a mixed-method, sequential explanatory design. Through use of a quantitative questionnaire, it examined how ON is conceptualized among those who self-diagnose with ON (SD-ON), and identified contextual and biopsychosocial factors that may influence one's developmental progression of ON over time. Then, using qualitative interviews, the present study sought to explain how and why these factors interact to drive ON development, as well as to gain deeper understanding into the struggles and recovery journeys of those with SD-ON. Results indicated that people who SD-ON define ON as an obsession with healthy eating and lifestyle that leads to problems with biopsychosocial health and functioning. ON is a condition that typically develops over the span of many years, and is driven by a snowball effect of interacting contextual and biopsychosocial factors. Full ON is

typically reached when obsessive and restrictive symptoms have intensified and led to biopsychosocial dysfunction. Interestingly, most people with SD-ON tried to lose weight because they viewed it as healthy, which contrasts with past studies that argue that desire for weight loss is not a central feature of ON and can be used to distinguish ON from other forms of disordered eating. Most people with SD-ON became aware that they have a problem once they or a loved one noticed biopsychosocial dysfunction, though many did not seek treatment and/or faced barriers to effective treatment. Future studies are needed in order to better distinguish ON from other disordered eating, examine biopsychosocial drivers in greater detail, and determine how to facilitate access to treatment for individuals who suffer from disordered eating.