



THE PATHWAY OF ORTHOREXIA NERVOSA: FROM  
HEALTHY EATING TO UNHEALTHY PREOCCUPATION  
WITH HEALTHY EATING

A mixed-methods research into the development, factors contributing to the development and  
treatment of orthorexia nervosa symptoms

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## Colophon

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## Summary

Although an increased interest in health is often considered a positive development, this interest can sometimes develop into a pathological preoccupation with a healthy lifestyle: orthorexia nervosa (ON). Since Steven Bratman coined the term orthorexia in 1997, significant research efforts have been made to investigate the phenomenon. Currently, ON is not officially classified as a psychiatric disorder, as there is too little robust evidence to classify it as such. The studies investigating ON have predominantly focused on diagnostic criteria, treatment methods and prevalence of the disorder, but the development and factors contributing to the development have been sparsely researched.

Thus, the current study aimed to investigate the development and factors contributing to the development of ON, hereby contributing to the evidence necessary to determine how ON should be classified. The research question that was formulated for the study is: How does orthorexia nervosa progress from a pursuit of a healthy diet to an unhealthy preoccupation with food?

To find an answer to the research question, a mixed methods research was executed. Exploratory interviews with health professionals that had treated a person with ON were conducted to collect new information about the development of ON. Subsequently, to triangulate the results of the interviews, a larger group of health professionals experienced in treating eating disorders was asked to fill out a survey.

The triangulated results demonstrate that opinions of health professionals overlap with regard to characteristics of a person before developing symptoms of ON, triggers and factors contributing to the development of symptoms, symptoms of ON and treatment methods. Often, patients with ON were female, young and educated at a relatively high level. Furthermore, they were characterized by a high urge for control, a high level of worrying, high sensitivity to stress and/or were physically active even before developing symptoms of ON. Factors that mostly contributed to the development symptoms included insecurity about appearance, events in family (e.g. divorce or sickness) and/or adhering to a low calorie diet. A combination of these characteristics and factors contributed to the development of symptoms. These included a high level of physical activity, a high urge for control, sensitivity to stress and/or a high level of worrying. Lastly, treatment methods that were deemed appropriate included nutrition education, group therapy and/or cognitive behavioral therapy.

Though most of the results were in line with previous research, some new discoveries were made. A high level of physical activity had not been mentioned as a characteristic of people who develop ON in previous research. The contributing factors had not specifically been named either, although they show an overlap with Western ideals, which have been said to contribute to the development of ON in previous research. Furthermore, many symptoms were not present in the diagnostic criteria previously proposed by Dunn and Bratman (2015) and Donini et al. (2005), demonstrating a disconnect between diagnostic criteria and what is witnessed by health professionals in their daily practice. Lastly, the most common treatment methods proposed overlapped with those mentioned in previous research.

Recommendations for future research include exploring how the characteristics of people who develop ON may be used to design preventive strategies. Additionally, the extent to which contributing factors are influenced by Western cultural ideals may be investigated to determine what can be done to prevent excessively internalizing these ideals. Furthermore, as the diagnostic criteria do not mention all symptoms health professionals witness, revising the diagnostic criteria may be necessary. Treatment methods could additionally be researched more extensively to determine how these methods should be applied.

In conclusion, this research has provided a detailed foundation for further investigations in the classification of ON.