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VRJE UNIVERSITEIT

“Healthy”

When the pursuit of health turns into a mental disorder: the case of orthorexia nervosa

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad Doctor of Philosophy
aan de Vrije Universiteit Amsterdam,
op gezag van de rector magnificus
prof.dr. V. Subramaniam,
in het openbaar te verdedigen
ten overstaan van de promotiecommissie
van de Faculteit der Bètawetenschappen
op woensdag 21 oktober 2020 om 9.45 uur
in de aula van de universiteit,
De Boelelaan 1105

door

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geboren te Asti, Italië

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Executive Summary

Eating disorders (EDs) are psychiatric conditions with a high mortality rate, affecting individuals at an increasingly younger age. EDs include anorexia nervosa, bulimia nervosa and binge eating disorder. Not all disordered eating behaviors fall within existing diagnostic categories, hence the existence of the category of eating disorders not otherwise specified (EDNOS). Orthorexia nervosa (ON) is a disordered eating behavior that is as yet not an official diagnosis, but which has entered popular understanding in the last 20 years. ON is characterized by an obsession with a diet that is believed to be healthy, which leads to biological, psychological and social consequences. Understanding and conceptualizing ON in a way that it does not pathologize healthy eating is a complex matter, as the line between the two is very thin and, at times, blurred. ON has its roots in Western socio-cultural trends and ideals. For example, it has been suggested that ON is influenced by *healthism*, i.e. the empowerment of citizens in taking care of their health through healthy eating and exercise. The over-abundance of information regarding health and nutrition, together with greater moral values attached to food choices and body shapes, are believed to contribute to an increasingly health-obsessed society. Social media play a role in this, as they contribute to the spread of health information and exacerbate peer-influence mechanisms. Because of this complex interaction of societal factors influencing ON, and its ambivalent nature, there has been scarce research on ON and with a predominantly reductionist approach, meaning ON is either interpreted as individual-level psychopathology, or as a societal phenomenon. A holistic exploration of ON that is capable of grasping its intrinsic complexity has been neglected. Furthermore, there is a lack of research exploring ON through multiple perspectives. This research is an attempt to contribute bridging this gap. The aim of this research project was to unpack the complexity of ON, by involving multiple perspectives (i.e. practitioner, insider and lay people's perspectives) in investigating the phenomenon of ON, its development, and social factors influencing it, i.e. *How can we understand the development of orthorexia nervosa and its socio-cultural contributing factors?*

To structure the research and make sure all aspects of ON were taken into account, this research drew on a theoretical framework generated from the integration of three models: the adapted Snyderman's curve (Syurina et al., 2015), the dynamic bio-psychosocial model of health (Lehman et al., 2017), and the network theory of mental disorders (Borsboom, 2017). The theoretical framework that resulted from such integration made it possible to consider the development of ON along a developmental curve portraying predisposing factors, triggering events, symptoms, diagnosis and treatment. Bio-psycho-interpersonal and contextual factors were investigated at every point of the curve. Symptoms were considered as interacting with each other until the creation of a self-sustaining loop characterizing the ON symptomatology. Visualizing the development of ON through this lens allowed for the formulation of a coherent and structured outlet of sub-questions:

- 1) *How does ON develop?*
 - a. What are baseline risks?
 - b. What are initiating events?

- c. What are the main symptoms?
- d. What can be the approach to treatment?
- e. How has ON been assessed until now, and what are methodological issues of current diagnostic tools?
- f. What would be a new conceptualization and set of diagnostic criteria for ON?

2) *What are socio-cultural factors influencing ON?*

- a. How does healthism contribute to the development of ON?
- b. What is the role of social media in the development of ON, and what do this reveal about the social construction of ON?

This research adopted a transdisciplinary approach, meaning it was informed by some principles of transdisciplinary research (TDR), namely: (1) holistic approach; (2) focus on a real-world problem; (3) consultation of non-academic actors; (4) involvement of different types of knowledge; and (5) consideration of the societal perspective. To investigate ON in a holistic manner, different perspectives were consulted. Health practitioners and experts from the Netherlands and Italy were involved to trace the development of ON and discuss its conceptualization and diagnostic attributes. People experiencing, or having experienced, ON were consulted to understand factors involved in the transition from healthy eating to ON, and to recall the development of ON. Lastly, lay people interacting on social media about ON were consulted, or their conversations analyzed, in order to gain insights into the influence of social media on the development of ON, as well as on its development as a societal phenomenon. Most of the studies used a mixed-methods approach, alternating sequential explanatory and exploratory designs. Qualitative data collection took place through semi-structured interviews, a focus group discussion or participatory email rounds; quantitative data collection took place through self-administered questionnaires. Social media content from Instagram and Twitter was also analyzed both qualitatively and quantitatively. Data analysis was undertaken using the software Atlas.ti, SPSS, Stata, Gepi and Tableau.

The results are summarized as follow in the form of answers to the main research questions.

How does ON develop?

In people with baseline risks (e.g. young age, perfectionism, anxiety traits), some triggering events (e.g. family problems, changes in puberty, prescription of a medical diet) can be responsible for the onset of ON. The symptoms of ON have a biological nature (e.g. weight loss, amenorrhea), psychological nature (e.g. obsession, depression), and social nature (e.g. social isolation and dysfunction). These symptoms can be temporary and not necessarily distressing for the individual who exhibits them. When symptoms start to interfere with bio-psycho-social functioning, the obsession lasts for more than six months, foods are excluded with a phobic tendency and the behavior starts to influence identity and self-confidence, it means the approach to healthy

eating is no longer healthy, and we can therefore raise the issue of ON. The development of ON arises through an interaction of factors and symptoms that ultimately snowballs into an obsessive state. For example, it may be that individuals are influenced by Western health ideals since their early life, thus they tend to equate healthiness with thinness and success. In the attempt to eat healthily and be ‘responsible healthy citizens,’ individuals engage in overabundant, at times contradictory, information about health and nutrition. This causes stress, which in turn fuels the search for ever more information, leading to an obsessive-compulsive approach to healthy eating. When loved ones can see the person’s distress, or when they experience physical discomfort, people seek help. Treatment is usually provided in the form of weight restoration, cognitive and behavioral therapy (CBT), exposure/group/social/family therapy, etc.

What are socio-cultural factors influencing ON?

Socio-cultural trends and ideals characterizing modern Western culture influence ON and can contribute to the rise of a ‘orthorexic society.’ Among the socio-cultural factors influencing ON are: social media, pseudo-scientific nutritional experts, contradictory health and nutrition-related messages, Western health and beauty ideals, social pressure to eat healthily and lack of religious faith. An overall increased responsibility for one’s own health has been found to promote the onset of ON. Increasing responsibility for one’s health influences ON through the spread of the ideology of *healthism* and by stimulating the *medicalization* of ON. Social media mediate the influence of both healthism and the medicalization of ON: while they act as vehicles for unfiltered health-related messages and claims, they also offer a communication space where individuals socially construct ON as a clinical entity.

Although the information collected in this research is a step towards understanding the holistic nature of ON, and allowed for the formulation of recommendations for clinical and therapeutic practice, some aspects of ON remain uncertain. For example, it is still unclear whether ON can be described as a cultural manifestation of distress rather than a universal disorder, or whether the benefits of establishing a diagnostic category for ON would outweigh negative implications of doing so. We, therefore, invite future research to address these issues and to expand upon the findings of this research.