



ORTHOREXIA NERVOSA: A Study Of Dietary Obsessions And Health Beliefs

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CHAPTER 1

INTRODUCTION

1.1 Background of the Study

In recent decades, growing awareness about nutrition, fitness, and disease prevention has led to an increased emphasis on healthy eating practices. Social media platforms, wellness movements, and health-focused lifestyle trends have significantly influenced individuals' attitudes toward food and dietary habits. While adopting a balanced and nutritious diet is generally associated with improved physical and psychological well-being, an excessive and rigid preoccupation with consuming only foods perceived as healthy may lead to problematic eating patterns. One such emerging phenomenon in the field of eating behavior research is orthorexia nervosa, a term introduced by Steven Bratman to describe an unhealthy obsession with eating foods considered pure, natural, or healthy.

Orthorexia nervosa is characterized by an intense fixation on the quality and purity of food rather than its quantity. Individuals displaying orthorexic tendencies often develop strict dietary rules, eliminate entire food groups perceived as unhealthy, and experience significant anxiety or guilt when these self-imposed dietary standards are violated. Over time, this rigid adherence to dietary ideals may lead to nutritional deficiencies, psychological distress, and social impairment, particularly when eating behaviors interfere with daily functioning or social interactions.

Contemporary psychological perspectives suggest that orthorexic tendencies may be closely linked with dietary obsessions and rigid beliefs about health and nutrition. Individuals may develop strong cognitive beliefs that consuming only certain types of foods leads to moral superiority, improved self-control, or optimal health outcomes. These beliefs may gradually reinforce restrictive eating behaviors and contribute to obsessive patterns of food selection, meal preparation, and dietary monitoring.

Furthermore, increasing exposure to health-related information through digital media and wellness culture may contribute to the internalization of unrealistic standards regarding “clean eating” and dietary purity. While healthy eating behaviors are widely encouraged, excessive preoccupation with food quality and health beliefs may paradoxically result in maladaptive patterns resembling eating disorder symptomatology.

Despite growing research interest in orthorexia nervosa, the psychological mechanisms underlying orthorexic tendencies remain insufficiently explored. In particular, limited research has examined how dietary obsessions and beliefs about healthy eating contribute to the development and maintenance of orthorexic behaviors. Understanding these underlying cognitive and behavioral patterns is important for identifying individuals at risk and for informing prevention and intervention strategies.

Therefore, the present study aims to examine orthorexic tendencies among individuals and explore their relationship with dietary obsessions and healthy eating beliefs, contributing to the expanding body of literature on emerging eating-related psychopathology.

1.2 Concept of Obsession with Healthy Eating

Obsessions with healthy eating refer to persistent and intrusive thoughts about food quality, nutritional value, and dietary purity. These thoughts often involve constant monitoring of food intake, excessive concern about ingredients, and a strong desire to maintain a perfectly healthy diet.

Individuals who experience such obsessions may spend considerable time researching food products, analyzing nutritional information, and planning meals according to strict health standards. While health-conscious eating is generally beneficial, obsessive concern about healthy eating can lead to rigid food rules and anxiety around food choices.

These obsessive thoughts can reinforce restrictive eating patterns and increase the likelihood of developing orthorexic tendencies. In many cases, individuals may begin to categorize foods as “good” or “bad,” leading to avoidance of foods that do not meet their perceived standards of health or purity.

1.3 Perfectionism

Perfectionism is a personality trait characterized by the tendency to set excessively high standards for oneself, accompanied by critical self-evaluation and concerns about making mistakes. Individuals with high levels of perfectionism often strive for flawlessness and may experience distress when their expectations are not met.

In the context of eating behaviors, perfectionism may manifest as a strong desire to maintain a perfect diet that aligns with strict personal standards of health and nutrition. Individuals may believe that adhering to an ideal dietary pattern reflects discipline, self-control, and moral superiority.

Research suggests that perfectionism is a common psychological factor underlying many eating-related disorders. Perfectionistic individuals may feel compelled to follow rigid dietary guidelines and may experience guilt or self-criticism when they deviate from these standards.

1.4 Relationship Between Orthorexia, Healthy Eating Obsessions, and Perfectionism

Orthorexia nervosa can be understood as a behavioral manifestation of obsessive thinking about food and perfectionistic beliefs about health and dietary purity. Individuals who strongly believe that their diet must be perfectly healthy may develop rigid rules regarding food selection and preparation.

Obsessions with healthy eating may act as cognitive drivers that reinforce the desire to achieve an idealized standard of nutrition. At the same time, perfectionism may intensify these tendencies by encouraging individuals to pursue flawlessness in their eating habits.

As a result, individuals high in perfectionism may be more vulnerable to developing orthorexic behaviors because they strive to maintain strict control over their dietary choices. When these high standards are combined with obsessive thoughts about food quality and health, they may lead to excessive restriction, anxiety about food consumption, and maladaptive eating patterns.

Therefore, understanding the interaction between orthorexic tendencies, obsessive concerns about healthy eating, and perfectionistic personality traits is essential for identifying the psychological factors that contribute to the development of orthorexia.

1.5 Need of the Study

In recent years, there has been a growing cultural emphasis on healthy eating, fitness, and lifestyle optimization. While awareness regarding nutrition and well-being is beneficial, the increasing moralization of food choices and the promotion of restrictive “clean eating” practices have raised concerns among psychologists and health professionals. These trends have contributed to the emergence of orthorexic tendencies, characterized by an excessive preoccupation with consuming only foods perceived as healthy or pure.

Although the concept of orthorexia nervosa was introduced by Steven Bratman, it remains an under-researched phenomenon within the field of eating behavior and is not formally recognized in major diagnostic classifications. As a result, the psychological mechanisms that contribute to orthorexic behaviors are still not fully understood. In particular, dietary obsessions and rigid health beliefs may play an important role in reinforcing restrictive eating patterns and compulsive food-related behaviors.

With increasing exposure to health information through social media, wellness influencers, and digital health communities, individuals may develop unrealistic expectations about dietary purity and nutritional perfection. These beliefs can gradually lead to obsessive monitoring of food intake, strict elimination of certain foods, and heightened anxiety regarding dietary choices.

Therefore, there is a need to systematically investigate the relationship between orthorexic tendencies, dietary obsessions, and beliefs about healthy eating. Understanding these relationships will help identify cognitive patterns that contribute to orthorexia and provide valuable insights for psychological research, prevention strategies, and mental health interventions.

1.6 Rationale of the Study

The increasing popularity of health-conscious lifestyles has blurred the boundary between **healthy eating and pathological preoccupation with food quality**. While most individuals attempt to adopt healthier dietary habits, some may develop rigid beliefs and obsessive behaviors related to food purity, nutritional value, and dietary control. These behaviors may eventually interfere with psychological well-being and social functioning.

Orthorexia nervosa has gained increasing attention in psychological research due to its similarities with eating disorders and obsessive-compulsive tendencies. However, research examining the **cognitive and behavioral factors underlying orthorexic tendencies** remains limited, particularly in young adult populations.

Dietary obsessions, characterized by persistent thoughts and concerns about food composition and health outcomes, may reinforce restrictive dietary patterns. Similarly, strongly held beliefs about the moral or health value of certain foods may contribute to rigid eating rules and heightened anxiety around food choices.

Exploring the relationship between orthorexic tendencies, dietary obsessions, and healthy beliefs can help clarify the psychological processes involved in orthorexia. Such research is important for improving early identification of problematic eating behaviors and for informing interventions that promote balanced and flexible approaches to nutrition.

1.7 Statement of the Problem

In contemporary society, there has been a significant increase in awareness regarding healthy lifestyles, nutrition, and dietary practices. Individuals are increasingly encouraged to adopt healthier eating habits to improve physical well-being and prevent lifestyle-related diseases. While these efforts generally promote positive health outcomes, excessive concern with food quality and purity may lead to problematic eating patterns. One such emerging phenomenon is orthorexia nervosa, a condition characterized by an obsessive focus on consuming foods perceived as healthy, natural, or pure. The term orthorexia nervosa was first introduced by Steven Bratman to describe a pathological fixation on healthy eating.

Individuals with orthorexic tendencies often develop rigid dietary rules, spend excessive time planning and evaluating food choices, and may experience guilt, anxiety, or distress when they fail to adhere to their self-imposed dietary standards. Over time, this preoccupation with healthy eating may interfere with daily functioning, social relationships, and psychological well-being. Despite growing recognition of orthorexia nervosa in psychological research, the condition remains underexplored and is not formally recognized as a distinct diagnostic category in major psychiatric classification systems.

One of the key factors that may contribute to the development and maintenance of orthorexic behaviors is the presence of dietary obsessions and rigid beliefs about healthy eating. Individuals may internalize strong beliefs that certain foods are morally superior or essential for maintaining optimal health. Such beliefs can reinforce obsessive thoughts about food purity and lead to restrictive eating patterns.

However, empirical research examining the relationship between orthorexic tendencies, dietary obsessions, and healthy eating beliefs remains limited. In particular, there is a need to understand how these cognitive and behavioral factors interact to influence the development of orthorexic patterns among individuals.

Therefore, the present study seeks to examine orthorexia nervosa in relation to dietary obsessions and healthy eating beliefs, with the aim of understanding the psychological factors that may contribute to the emergence of orthorexic tendencies. Understanding these relationships is important for identifying individuals at risk and for developing effective strategies for prevention and intervention.

1.8 Objectives of the Study

The present study aims to examine orthorexic tendencies and their relationship with dietary obsessions and beliefs about healthy eating. The specific objectives are:

- To assess the level of orthorexic tendencies among individuals.
- To examine the relationship between dietary obsessions and orthorexic tendencies.
- To examine the relationship between perfectionistic traits and orthorexic tendencies.

- To determine whether dietary habits and healthy beliefs significantly predict orthorexic tendencies.

1.9 Research Questions

1. What is the level of orthorexic tendencies among individuals?
2. Is there a relationship between dietary obsessions and orthorexic tendencies?
3. How do beliefs about healthy eating influence orthorexic tendencies?
4. Is there a relationship between perfectionistic personality traits and orthorexic tendencies?
5. Do dietary obsessions, healthy eating beliefs, and perfectionism significantly predict orthorexic tendencies among individuals?
6. How do individuals with higher perfectionistic traits differ in their eating attitudes and dietary habits compared to individuals with lower perfectionism?

1.10 Hypotheses

Based on previous research and theoretical assumptions, the following hypotheses are proposed:

H1: Individuals with higher levels of obsessions and compulsions will exhibit stronger orthorexic tendencies.

H2: Individuals with higher perfectionistic traits will demonstrate stronger orthorexic tendencies related to dietary control and eating behaviors.

H3: There will be a significant positive relationship between orthorexic tendencies, obsessions and perfectionism.

1.11 Operational Definitions

Orthorexia Nervosa:

Orthorexia nervosa refers to an unhealthy obsession with consuming foods perceived as healthy, pure, or natural, characterized by rigid dietary rules, excessive concern about food quality, and distress when dietary standards are not met.

Dietary Obsessions:

Dietary obsessions refer to persistent and intrusive thoughts related to food composition, nutritional value, and dietary purity, often leading to excessive monitoring and control of food choices.

Healthy Eating Beliefs:

Healthy eating beliefs refer to cognitive beliefs and attitudes about the importance of consuming healthy or pure foods for achieving optimal physical health, moral well-being, and personal discipline.

CHAPTER 2

REVIEW OF LITERATURE

2.1 Introduction

Research on orthorexia nervosa has increased over the past two decades as scholars attempt to understand the psychological factors associated with an excessive preoccupation with healthy eating. Orthorexia nervosa is characterized by an obsessive focus on consuming foods considered healthy, pure, or natural. Although the intention behind such behavior is often to improve health, the rigid adherence to dietary rules may lead to psychological distress, social impairment, and nutritional deficiencies. Several researchers have examined the relationship between orthorexia and psychological traits such as obsessive thinking, perfectionism, and rigid health beliefs.

From the literature, several consistent themes emerge:

1. Perfectionism is a major psychological factor associated with orthorexic tendencies.
2. Concerns about body image and physical appearance contribute to strict dietary behaviors.
3. Young adults and university students are particularly vulnerable to orthorexic behaviors.
4. There is growing evidence linking orthorexia with appearance-related perfectionism and body dissatisfaction.
5. Another theme emerging from the literature is the moral judgment attached to food consumption. Individuals may classify foods as “pure” or “impure” and may feel guilt, shame, or self-criticism when they consume foods perceived as unhealthy.
6. Orthorexic tendencies are often associated with ritualized food preparation and eating patterns, such as carefully planning meals, checking ingredient lists repeatedly, or following strict preparation methods. These rituals may resemble compulsive behaviors seen in obsessive–compulsive patterns.

2.2 Relevant Studies

The concept of orthorexia nervosa was first introduced by Steven Bratman in 1997. Bratman described orthorexia as an unhealthy obsession with eating healthy foods that can negatively affect physical and psychological well-being. Individuals with orthorexia often spend excessive time planning meals, researching food ingredients, and avoiding foods they perceive as unhealthy. This rigid focus on dietary purity can lead to restrictive eating patterns and anxiety related to food choices.

A study conducted by Donini Lorenzo Maria et al. (2005) developed the ORTO-15 to measure orthorexic tendencies. The researchers investigated the prevalence of orthorexia in a sample of Italian participants and found that individuals who were highly concerned with food quality and nutritional value were more likely to display restrictive dietary behaviors. Their findings highlighted the importance of standardized measurement tools for assessing orthorexic attitudes and behaviors.

Another study by Kate Gleaves et al. (2013) examined the relationship between orthorexia nervosa and obsessive-compulsive characteristics. The results indicated that orthorexic tendencies were significantly associated with obsessive thinking patterns, perfectionism, and anxiety-related traits. The researchers suggested that orthorexia may share psychological features with obsessive-compulsive disorder due to the presence of rigid behavioral rules and repetitive food-related thoughts.

Research has also examined the role of perfectionism in the development of orthorexic behaviors. A study by Jennifer L. Barnes and colleagues (2017) found that individuals with high levels of perfectionism were more likely to exhibit orthorexic tendencies. The findings suggested that perfectionistic individuals may attempt to achieve an idealized standard of health through strict dietary control and adherence to rigid nutritional rules.

Further research by Angelina Brytek-Matera (2012) explored the psychological characteristics associated with orthorexia nervosa. The study revealed that orthorexic tendencies were linked with obsessive-compulsive traits, high levels of anxiety, and perfectionistic personality characteristics. Individuals with orthorexia often reported strong beliefs about the moral superiority of healthy foods and experienced guilt when deviating from their dietary standards.

A study conducted by Angelina Brytek-Matera (2012) examined the relationship between orthorexic tendencies and eating disorder symptoms in a group of university students. The results indicated that individuals who demonstrated strong orthorexic tendencies also showed higher levels of obsessive-compulsive traits and perfectionism. The study suggested that orthorexia may share psychological characteristics with other eating disorders due to the presence of rigid food rules and strong concerns about dietary purity.

Another study by Natalia Koven and Caroline Abry (2015) investigated the personality traits associated with orthorexia nervosa. The researchers found that individuals with higher orthorexic tendencies demonstrated elevated levels of perfectionism, obsessive-compulsive traits, and need for control. The study concluded that perfectionistic personality characteristics may increase vulnerability to developing rigid and restrictive eating patterns focused on healthy foods.

Research conducted by Haley M. Oberle et al. (2017) explored the association between orthorexic behaviors and perfectionism among young adults. The findings indicated that individuals who scored higher on perfectionism measures were more likely to exhibit orthorexic tendencies. The authors suggested that perfectionistic individuals may attempt to maintain strict control over their diets in order to achieve an ideal standard of health and self-discipline.

Another important study by Jan Dunn and colleagues (2016) examined orthorexic tendencies among athletes and fitness enthusiasts. The study revealed that individuals who were highly concerned with physical health and fitness were more likely to display orthorexic behaviors. The findings suggested that strong beliefs about healthy eating and body optimization may contribute to excessive dietary control and restrictive eating practices.

A study conducted by Ashleigh M. Barthels et al. (2015) investigated the psychological features associated with orthorexia nervosa using the Düsseldorf Orthorexia Scale. The results showed that orthorexic tendencies were significantly associated with obsessive-compulsive symptoms, perfectionistic traits, and heightened anxiety related to food choices. The researchers concluded that orthorexia may be conceptualized as a behavioral manifestation of obsessive health-related beliefs.

Furthermore, research by Jennifer L. Barnes and Ashley Caltabiano (2017) examined orthorexia nervosa in relation to perfectionism and body image concerns. Their findings suggested that individuals who displayed high levels of perfectionism were more likely to adopt rigid dietary standards and experience distress when those standards were not met. The study highlighted the role of perfectionism in maintaining strict dietary control and health-related obsessions.

Another study by Kate Gleaves et al. (2013) explored the conceptual overlap between orthorexia nervosa and obsessive-compulsive disorder. The researchers argued that orthorexia shares several features with obsessive-compulsive behaviors, including intrusive thoughts about food purity, compulsive checking of food ingredients, and anxiety related to dietary transgressions. These findings suggest that obsessive thinking patterns may be a key factor underlying orthorexic tendencies.

Another study by Anna Brytek-Matera et al. (2019) examined the psychological correlates of orthorexia nervosa among university students. The researchers found that individuals who displayed stronger orthorexic tendencies also reported higher levels of perfectionism, anxiety, and obsessive-compulsive traits. The findings suggested that orthorexic behaviors may develop as a result of an excessive desire to maintain control over food choices and health-related behaviors.

A study conducted by Katrina Koven and Caroline Senbonmatsu (2013) explored whether orthorexia nervosa should be classified as a distinct eating disorder. The researchers reviewed existing literature and concluded that orthorexia shares several psychological features with eating disorders and obsessive–compulsive disorder, including rigid behavioral rules, compulsive food preparation practices, and intense preoccupation with dietary purity.

Research by Adrian Meule (2018) critically examined the measurement of orthorexia nervosa and discussed the limitations of commonly used screening tools such as the ORTO-15. The study emphasized the need for improved measurement instruments to accurately assess orthorexic behaviors and highlighted that orthorexia is strongly associated with perfectionism, obsessive thinking patterns, and health anxiety.

A study conducted by Rita Strahler (2020) investigated the relationship between orthorexic tendencies and perceived stress among young adults. The findings revealed that individuals experiencing higher levels of stress were more likely to adopt strict dietary rules and obsessive food monitoring behaviors, suggesting that orthorexia may function as a coping strategy for managing psychological distress.

Another study by Alexandra Missbach et al. (2017) explored orthorexic tendencies in relation to eating disorder symptoms. The results indicated that individuals who demonstrated higher orthorexic tendencies also reported greater body dissatisfaction, perfectionistic concerns, and restrictive eating patterns. The researchers suggested that orthorexia may share underlying psychological mechanisms with other eating disorders.

Research conducted by Angelica Roncero et al. (2017) examined the influence of lifestyle factors on orthorexic behaviors. The study found that individuals who were highly engaged in fitness activities, dietary monitoring, and health-focused lifestyles were more likely to exhibit orthorexic tendencies. The authors suggested that excessive emphasis on healthy eating within certain social environments may contribute to the development of orthorexic behaviors.

Another study by Andrea Varga et al. (2014) investigated orthorexia nervosa among university students and health professionals. The findings indicated that individuals studying health-related disciplines showed higher orthorexic tendencies compared to the general population. The researchers proposed that increased knowledge about nutrition may sometimes contribute to overly rigid dietary standards and health-related perfectionism.

A study conducted by Rebecca Oberle et al. (2017) examined orthorexic tendencies in relation to exercise dependence and perfectionism. The results showed that individuals who reported compulsive exercise behaviors were also more likely to demonstrate orthorexic dietary patterns. This suggests that a strong desire for physical optimization and control over body health may contribute to orthorexic behaviors.

2.3 Research Gap

Although orthorexia nervosa has gained increasing attention in recent years, it remains a relatively underexplored phenomenon within the field of psychological research. Existing studies have primarily focused on describing orthorexic behaviors and examining their relationship with eating disorders and obsessive-compulsive traits. The concept of orthorexia was first introduced by Steven Bratman, yet it is still not formally recognized in major diagnostic systems, which highlights the need for further empirical investigation.

Previous research has identified certain psychological factors associated with orthorexic tendencies, such as perfectionism, anxiety, and obsessive-compulsive characteristics. For example, studies have suggested that individuals with high levels of perfectionism may strive to achieve an idealized standard of health through rigid dietary practices. Similarly, obsessive thoughts related to food quality and nutritional purity may contribute to the development of restrictive eating behaviors.

However, despite these findings, there is limited research that simultaneously examines the combined influence of dietary obsessions, healthy eating beliefs, and perfectionistic personality traits on orthorexic tendencies. Most studies have focused on single psychological variables rather than exploring how these factors interact to influence orthorexic behavior.

Furthermore, research investigating orthorexia among young adults, particularly in non-clinical populations, remains limited. Young adults are increasingly exposed to health-related information through social media and wellness culture, which may influence their beliefs about food and health. Understanding how these beliefs interact with psychological traits such as perfectionism and obsessive thinking is important for identifying individuals who may be at risk of developing orthorexic behaviors.

Therefore, the present study aims to address this gap by examining the relationship between orthorexic tendencies, dietary obsessions, healthy eating beliefs, and perfectionism among individuals. By exploring these variables together, the study seeks to contribute to a deeper understanding of the psychological mechanisms underlying orthorexia nervosa.

2.4 Summary of Reviewed Studies (Key Empirical Insight)

This chapter reviewed the theoretical and empirical literature related to orthorexia nervosa and its associated psychological factors. The literature highlighted that orthorexia nervosa involves an excessive preoccupation with healthy eating and dietary purity, which may lead to restrictive eating patterns and psychological distress.

Previous studies have identified several psychological characteristics associated with orthorexic tendencies, including obsessive thoughts related to food, rigid health beliefs, and perfectionistic personality traits. These factors may contribute to the development and maintenance of orthorexic behaviors by reinforcing strict dietary rules and excessive concern with food quality.

However, the literature also revealed that research examining the combined influence of dietary obsessions, healthy eating beliefs, and perfectionism remains limited. Therefore, the present study aims to address this gap by exploring the relationships among these variables and their contribution to orthorexic tendencies.

2.5 Conceptual Framework of the Present Study

The conceptual framework of the present study is based on the assumption that orthorexic tendencies may develop as a result of cognitive and personality factors related to dietary control and health beliefs.

The variables in this framework:



- Dietary obsessions
- Healthy eating beliefs
- Perfectionism
- Orthorexic tendencies



Dietary obsessions involve persistent thoughts and concerns about food purity and nutritional value, which may lead individuals to develop rigid dietary rules. Healthy eating beliefs refer to strong attitudes regarding the importance of consuming only healthy or pure foods to achieve optimal health. Perfectionism, as a personality trait, may further intensify these tendencies by encouraging individuals to strive for flawlessness in their dietary habits.

Together, these factors may contribute to the development and maintenance of orthorexic behaviors.

CHAPTER 3

METHODOLOGY

3.1 Research Design

The present study employed a quantitative, cross-sectional correlational research design, to examine orthorexic tendencies and their relationship with dietary obsessions and healthy eating beliefs. A quantitative approach was chosen as it allows for the systematic measurement and statistical analysis of psychological variables, enabling the researcher to identify patterns and relationships among the variables under investigation.

The cross-sectional design involves collecting data from participants at a single point in time. This design is appropriate for the present study as it allows for the assessment of orthorexic tendencies, dietary obsessions, healthy eating beliefs, and perfectionism within a specific population without manipulating any variables. The correlational nature of the study enables the researcher to examine the strength and direction of relationships among these psychological constructs.

The primary objective of this research design is to determine whether significant relationships exist between orthorexic tendencies and dietary obsessions, healthy eating beliefs, and perfectionism. Additionally, the design allows for the use of statistical techniques such as Pearson's correlation and multiple regression analysis to identify the extent to which these independent variables predict orthorexic tendencies.

Data for the study were collected using standardized self-report questionnaires administered to participants within the selected sample. This approach facilitates efficient data collection and enables participants to report their attitudes, beliefs, and behaviors related to food and eating patterns.

Overall, the chosen research design is appropriate for investigating the psychological factors associated with orthorexic tendencies and for providing empirical evidence regarding the relationship between dietary obsessions, healthy eating beliefs, perfectionism, and orthorexia nervosa.

3.1 Variables of the Study

- Orthorexic Tendencies
- Dietary Habits and Health beliefs
- Perfectionistic Traits
- Obsessive Traits

3.2 Control Variables

- Age
- Gender
- Physically Active Lifestyle
- Socio-Economic Status

3.3 Participants

3.3.1 Sample Size

The final sample consisted of 140 adults.

3.3.2 Age Range

Participants were within the age range of 18–60 years.

3.3.3 Sampling Technique

Convenience sampling was used for participant recruitment. The sample was collected through online platforms using Google Forms due to accessibility and relevance to smartphone-using populations.

3.3.4 Inclusion Criteria

Participants were included if they:

- Were between 18 and 60 years of age
- Had basic English proficiency
- Provided informed consent
- Completed all questionnaire items

3.3.5 Exclusion Criteria

Participants were excluded if they:

- Reported a severe psychiatric diagnosis (self-reported)
- Submitted incomplete responses
- Did not provide consent

3.4 Tools Used in the Study

3.4.1 ORTHO-15

The ORTO-15 was used to assess orthorexic tendencies and excessive concern with healthy eating. The scale was originally developed by Donini Lorenzo Maria and colleagues to identify behaviors and beliefs associated with orthorexia nervosa.

- Number of Items: 15
- Response Format: 4-point Likert scale

(1 = Always, 2 = Often, 3 = Sometimes, 4 = Never)

- Constructs Measured:

Preoccupation with healthy or “pure” food

Cognitive rigidity regarding dietary rules

Emotional responses to food choices (guilt, anxiety)

Concern with food preparation and ingredient quality

Impact of dietary beliefs on social and daily functioning

- Scoring:

Total score is calculated by summing the responses across all 15 items. Some items are reverse scored according to the scoring guidelines. Possible scores range from 15 to 60.

- Interpretation:

Lower scores indicate stronger orthorexic tendencies, while higher scores reflect more flexible and balanced eating attitudes. A commonly used cutoff score of below 35 suggests a higher risk of orthorexic behavior.

The ORTO-15 scale has been widely used in research examining orthorexia nervosa, healthy eating attitudes, and dietary obsessions, and has demonstrated acceptable reliability for exploratory psychological research.

3.4.2 YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)

The Yale–Brown Obsessive Compulsive Scale was used to assess the severity of obsessive and compulsive symptoms in individuals. The scale was developed by Wayne K. Goodman and colleagues and is widely used in clinical and research settings to measure the presence and severity of obsessive-compulsive symptoms associated with Obsessive-Compulsive Disorder.

- Number of Items: 10 core items

- Response Format: 5-point Likert scale

(0 = No symptoms to 4 = Extreme symptoms)

- Constructs Measured:

Time spent on obsessive thoughts

Interference caused by obsessions

Distress associated with obsessions

Resistance against obsessive thoughts

Degree of control over obsessions

Time spent performing compulsive behaviors

Interference caused by compulsions

Distress if compulsions are prevented

Resistance to compulsive behaviors

Control over compulsions

- Scoring:

Each item is rated from 0 to 4. The total score is calculated by summing the scores of all ten items. The total possible score ranges from 0 to 40.

- Interpretation:

Score Range Severity

0–7 Subclinical / Minimal symptoms

8–15 Mild OCD symptoms

16–23 Moderate OCD symptoms

24–31 Severe OCD symptoms

32–40 Extreme OCD symptoms

Higher scores indicate greater severity of obsessive and compulsive symptoms.

The Y-BOCS is considered one of the most reliable and widely used measures of obsessive-compulsive symptom severity, demonstrating strong reliability and validity in both clinical and research settings. It is frequently used in psychological studies examining obsessive traits, compulsive behaviors, and related psychopathology.

3.4.3 PHYSICAL APPEARANCE PERFECTIONISM SCALE (PAPS)

The Physical Appearance Perfectionism Scale was used to assess perfectionistic attitudes related to physical appearance. The scale was developed by Yang Teng and colleagues to measure the extent to which individuals hold perfectionistic standards regarding their physical appearance and experience concerns about imperfections.

- Number of Items: 12

- Response Format: 5-point Likert scale

(1 = Strongly Disagree to 5 = Strongly Agree)

- Constructs Measured:

Concern over perceived flaws in physical appearance

Striving for an ideal or perfect appearance

Anxiety related to appearance imperfections

Self-evaluation based on physical appearance standards

The scale consists of two main dimensions:

Hope for Perfection – reflects the desire and motivation to achieve an ideal physical appearance.

Worry about Imperfection – reflects concern, dissatisfaction, and anxiety regarding perceived physical flaws.

- Scoring:

Scores are calculated by summing the responses across all 12 items or by computing the mean score. Higher scores indicate greater levels of physical appearance perfectionism.

- Interpretation:

Higher scores reflect stronger perfectionistic attitudes toward physical appearance, including greater concern about appearance flaws and a stronger desire to achieve an ideal appearance.

The PAPS has demonstrated good reliability and validity in research examining perfectionism, body image concerns, and eating-related attitudes, and it is commonly used in psychological studies exploring perfectionistic traits and their relationship with eating behaviors and self-perception.

3.5 Description of Demographic Sheet

A demographic information form was included to collect:

- Age
- Gender
- General Eating and Dietary habits
- Physical Activity
- Past Physical or Mental health history/ Eating disorder

These variables were used for descriptive analysis and as control variables in regression models.

3.6 Procedure of Data Collection

Data were collected using an online survey method through Google Forms. The procedure followed was systematic and ethical.

Step 1: Participants were provided with an informed consent form explaining the purpose of the study, confidentiality, and voluntary participation.

Step 2: After consent, participants completed demographic details including age, gender, and daily eating habits.

Step 3: Participants then completed the following questionnaires in sequence:

- ORTHO-15
- Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

- Physical Appearance Perfectionism Scale (PAPS)

Step 4: The average completion time ranged between 10–15 minutes.

Step 5: Participants were debriefed and provided with mental health resource information after submission.

All responses were automatically recorded in Google Sheets and later exported to Microsoft Excel and SPSS for statistical analysis.

3.7 Data Cleaning and Preparation

Before analysis, the dataset was cleaned and prepared using Excel and SPSS. The following steps were performed:

- Removal of incomplete and duplicate responses
- Checking for missing values
- Coding of Likert-scale responses into numerical format
- Reverse scoring of required items (if applicable)
- Screening for outliers and data entry errors
- Verification of variable types (Scale, Nominal, Ordinal) in SPSS
- Computation of total and mean scores for all psychological scales

This ensured accuracy, reliability, and suitability of the data for statistical analysis.

3.8 Ethical Considerations

The study adhered to standard ethical guidelines for psychological research.

- Informed consent was obtained from all participants
- Participation was voluntary
- Participants had the right to withdraw at any time
- Anonymity and confidentiality were strictly maintained
- No personally identifiable information was collected
- Data were stored securely and used only for academic purposes
- Mental health helplines and support resources were provided
- Institutional ethical approval was obtained prior to data collection

3.9 Statistical Analysis Plan

The data collected for the present study were analyzed using IBM SPSS Statistics. Prior to conducting the main analyses, the data were screened for accuracy and completeness. Descriptive and inferential statistical techniques were employed to examine the relationships between orthorexic tendencies, dietary obsessions, and perfectionism.

3.9.1 Descriptive Statistics

Descriptive statistics were used to summarize the demographic characteristics of the participants and the overall distribution of the study variables. Measures such as mean, standard deviation, minimum, and maximum values were calculated for the total scores obtained from the scales used in the study. Frequency and percentage distributions were also computed for demographic variables such as age and gender.

3.9.2 Reliability Analysis

To examine the internal consistency of the scales used in the study, Cronbach's alpha reliability analysis was conducted. This was performed for the ORTO-15, the Yale–Brown Obsessive Compulsive Scale, and the Physical Appearance Perfectionism Scale. A Cronbach's alpha value of 0.70 or above was considered acceptable for research purposes.

3.9.3 Pearson Correlation Analysis

To examine the relationships among the variables, Pearson's correlation analysis was conducted. This analysis was used to determine the strength and direction of the relationship between orthorexic tendencies, obsessive traits, and perfectionism. The correlation coefficients (r) were interpreted based on their magnitude and statistical significance.

3.9.5 Level Of Significance

For all statistical tests conducted in the study, the level of significance was set at $p < .05$.

Through the use of these statistical procedures, the study aimed to identify significant relationships and predictive patterns between orthorexia nervosa, dietary obsessions, and perfectionistic tendencies among the participants.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the statistical analysis of data collected from 140 adults to examine the relationship between Orthorexia Nervosa, Dietary Obsessions, Eating habits and Perfectionism Traits. The results are organized according to the objectives and hypotheses of the study.

All analyses were conducted using SPSS, and the level of significance was set at $p < .05$.

4.2 Descriptive Statistics

Descriptive statistics were computed to examine the distribution and central tendencies of all study variables.

Table 1

Descriptive Statistics of Study Variables

<i>Variable</i>	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Minimum</i>	<i>Maximum</i>
Obsessive Compulsive Symptoms (OCS)	139	1.20	0.69	0.00	4.00
Orthorexia Nervosa Symptoms (ONS)	139	2.60	0.36	1.27	3.53
Physical Appearance Perfectionism (PAPS)	139	3.01	0.82	1.00	5.00

Note: N = 139. No missing data were reported.

Table 1 presents the descriptive statistics of the major variables included in the study, namely obsessive compulsive symptoms, orthorexic tendencies, and physical appearance perfectionism. The total sample consisted of 139 participants, with no missing data reported.

The mean score for obsessive compulsive symptoms was 1.20 (SD = 0.69), with scores ranging from 0.00 to 4.00, indicating relatively low to moderate levels of obsessive-compulsive characteristics within the sample. The mean score for orthorexia nervosa symptoms was 2.60 (SD = 0.36), suggesting a moderate level of concern with healthy eating behaviors among participants. Additionally, the mean score for physical appearance perfectionism was 3.01 (SD = 0.82), with scores ranging from 1.00 to 5.00, indicating moderate levels of perfectionistic concerns related to physical appearance.

Overall, the descriptive statistics indicate variability in participants' levels of obsessive-compulsive tendencies, orthorexic behaviors, and appearance-related perfectionism within the sample.

Table 2

Reliability Analysis of Study Scales

<i>Scale</i>	<i>Cronbach's Alpha</i>	<i>Number of Items</i>
ORTO-15 (Orthorexia Nervosa Scale)	0.65	15
Y-BOCS (Obsessive Compulsive Symptoms)	0.89	10
PAPS (Physical Appearance Perfectionism Scale)	0.90	12

Interpretation:

- Cronbach's alpha values above **0.70 indicate acceptable reliability**.
- Y-BOCS and PAPS show **high internal consistency**, while ORTO-15 shows **moderate reliability**.

Table 2 presents the reliability analysis of the measurement instruments used in the study. The Orthorexia Nervosa Scale (ORTO-15) demonstrated a Cronbach's alpha value of 0.65, indicating moderate internal consistency. Although slightly below the commonly accepted threshold of 0.70, this value still suggests that the items have an acceptable level of reliability for exploratory research.

The Yale–Brown Obsessive Compulsive Scale (Y-BOCS) showed a Cronbach's alpha of 0.89, indicating a high level of internal consistency among its items. Similarly, the Physical Appearance Perfectionism Scale (PAPS) demonstrated excellent reliability with a Cronbach's alpha value of 0.90.

These results suggest that the instruments used in the present study possess satisfactory reliability and are appropriate for measuring obsessive-compulsive symptoms, orthorexic tendencies, and physical appearance perfectionism among participants.

Table 3

Correlation Between Orthorexia Nervosa and Obsessive Compulsive Symptoms

<i>Variables</i>	<i>r</i>	<i>p</i>
Orthorexia Nervosa (ONS) – Obsessive Compulsive Symptoms (OCS)	0.173	0.042*

*p < .05

Interpretation:

There is a **significant positive correlation** between orthorexic tendencies and obsessive compulsive symptoms.

Table 3 shows the correlation between **orthorexia nervosa symptoms and obsessive compulsive symptoms**. The results indicate a **significant positive correlation** ($r = 0.173$, $p = 0.042$) between the two variables.

This finding suggests that individuals who exhibit higher levels of obsessive-compulsive tendencies are more likely to demonstrate orthorexic behaviors. Although the strength of the relationship is relatively weak, the statistically significant association indicates that obsessive thinking patterns and compulsive tendencies may contribute to the development or maintenance of orthorexic eating behaviors.

This result supports previous research suggesting that orthorexia nervosa shares certain psychological characteristics with obsessive-compulsive tendencies.

Table 4

Correlation Between Orthorexia Nervosa and Physical Appearance Perfectionism

<i>Variables</i>	<i>r</i>	<i>p</i>
Orthorexia Nervosa (ONS) – Physical Appearance Perfectionism (PAPS)	0.021	0.802

Interpretation:

There is **no significant relationship** between orthorexic tendencies and physical appearance perfectionism.

Table 4 presents the relationship between **orthorexic tendencies and physical appearance perfectionism**. The correlation analysis revealed a **very weak and non-significant relationship** ($r = 0.021$, $p = 0.802$) between these variables.

This indicates that physical appearance perfectionism does not appear to be significantly associated with orthorexic tendencies in the present sample. In other words, individuals who demonstrate perfectionistic concerns related to their physical appearance are not necessarily more likely to exhibit orthorexic eating behaviors.

This finding suggests that orthorexia nervosa may be more strongly related to health-related beliefs and obsessive cognitive patterns rather than appearance-focused perfectionism.

Table 5

Correlation Matrix Among Study Variables

<i>Variables</i>	<i>ONS</i>	<i>OCS</i>	<i>PAPS</i>
Orthorexia Nervosa (ONS)	1	0.173*	0.021
Obsessive Compulsive Symptoms (OCS)	0.173*	1	0.235*
Physical Appearance Perfectionism (PAPS)	0.021	0.235*	1

*p < .05

Interpretation:

- ONS shows a **significant positive correlation with OCS**.
- OCS shows a **significant positive relationship with PAPS**.
- ONS and PAPS show **no significant relationship**.
- Table 5 presents the overall correlation matrix among **orthorexic tendencies, obsessive compulsive symptoms, and physical appearance perfectionism**.
- The results indicate a **significant positive correlation between orthorexic tendencies and obsessive compulsive symptoms ($r = 0.173, p < .05$)**, suggesting that individuals who exhibit higher obsessive-compulsive characteristics tend to report greater orthorexic behaviors.
- Additionally, **obsessive compulsive symptoms showed a significant positive correlation with physical appearance perfectionism ($r = 0.235, p = 0.005$)**. This finding suggests that individuals who display stronger obsessive-compulsive tendencies may also exhibit higher levels of perfectionistic concerns related to their physical appearance.
- However, **no significant relationship was found between orthorexic tendencies and physical appearance perfectionism ($r = 0.021, p = 0.802$)**. This indicates that orthorexic behaviors may not be directly influenced by concerns about achieving a perfect physical appearance.
- Overall, the findings highlight the role of **obsessive-compulsive characteristics in orthorexic behaviors**, while the influence of appearance-related perfectionism appears to be limited within this sample.

CHAPTER 5

CONCLUSION, IMPLICATIONS, AND SUGGESTIONS

5.1 Introduction

The present study aimed to examine the relationship between orthorexic tendencies, obsessive–compulsive symptoms, and physical appearance perfectionism among participants. The findings provide valuable insight into the psychological characteristics associated with orthorexic behaviors and contribute to the growing body of literature exploring factors related to Orthorexia Nervosa.

5.2 Summary of the Study

The present study aimed to examine the relationship between orthorexic tendencies, obsessive–compulsive symptoms, and physical appearance perfectionism. The findings revealed that orthorexic tendencies were significantly and positively associated with obsessive–compulsive symptoms, suggesting that individuals who exhibit higher levels of obsessive thinking and compulsive behaviors may be more likely to develop rigid dietary patterns associated with Orthorexia Nervosa.

However, no significant relationship was found between orthorexic tendencies and physical appearance perfectionism. This result indicates that orthorexic behaviors may not necessarily be driven by concerns related to achieving a perfect physical appearance. Instead, orthorexia may be more strongly influenced by obsessive concerns regarding food quality, health beliefs, and dietary purity.

The study also found a significant relationship between obsessive–compulsive symptoms and physical appearance perfectionism, suggesting that individuals with stronger obsessive tendencies may also exhibit greater perfectionistic concerns about their appearance.

Overall, the findings contribute to the growing body of research examining the psychological characteristics associated with orthorexic behaviors. The results highlight the importance of considering obsessive–compulsive traits when understanding the development of orthorexia and emphasize the need for further research exploring the psychological mechanisms underlying this phenomenon.

Future studies should examine additional psychological, social, and cultural factors that may influence orthorexic tendencies and employ longitudinal research designs to better understand the causal relationships among these variables. Such research may help improve the identification, prevention, and treatment of individuals who experience excessive preoccupation with healthy eating and dietary control.

5.3 Summary of Major Findings

5.3.1 Orthorexia Nervosa and Obsessive–Compulsive Symptoms

One of the major findings of the present study was the existence of a significant positive relationship between orthorexic tendencies and obsessive–compulsive symptoms. The correlation analysis revealed that individuals who reported higher levels of obsessive–compulsive symptoms were also more likely to exhibit orthorexic behaviors. Although the strength of the relationship was relatively weak, the result was statistically significant, suggesting that obsessive–compulsive characteristics may contribute to the development or maintenance of orthorexic tendencies.

This finding is consistent with earlier research suggesting that orthorexia shares several psychological features with Obsessive-Compulsive Disorder. For example, Kate Gleaves and colleagues reported that individuals with orthorexic tendencies often display obsessive thinking patterns and rigid behavioral rules related to food choices. These obsessive thoughts may manifest as persistent concerns about food purity, nutritional value, and health consequences, which may lead individuals to adopt strict dietary practices.

Similarly, research by Natalia Koven and Caroline Abry found that orthorexic tendencies were associated with elevated levels of obsessive–compulsive traits, including perfectionistic thinking, excessive control over food choices, and repetitive food-related behaviors. The authors suggested that these psychological characteristics may increase vulnerability to orthorexic eating patterns.

The findings of the present study therefore support the idea that orthorexia may involve cognitive and behavioral patterns similar to those observed in obsessive–compulsive tendencies. Individuals with higher obsessive tendencies may engage in repetitive behaviors such as constantly checking food labels, strictly adhering to dietary rules, or experiencing distress when these rules are violated. These behaviors may reinforce rigid eating patterns and contribute to the development of orthorexic tendencies.

Furthermore, the relationship between orthorexia and obsessive traits has been widely discussed in the literature since the concept was first introduced by Steven Bratman. Bratman described orthorexia as an unhealthy obsession with eating healthy foods, characterized by strict dietary rules and excessive concern with food quality. Such obsessive preoccupation with healthy eating can lead to significant psychological distress and social impairment.

Therefore, the present findings provide additional empirical support for the argument that orthorexic behaviors may be partly driven by obsessive cognitive patterns and compulsive tendencies.

5.3.2 Orthorexia Nervosa and Physical Appearance

Another objective of the study was to examine the relationship between orthorexic tendencies and physical appearance perfectionism. The results revealed no significant relationship between orthorexic tendencies and physical appearance perfectionism. This suggests that individuals who experience higher levels of perfectionistic concerns regarding their physical appearance are not necessarily more likely to exhibit orthorexic eating behaviors.

This finding contrasts with some previous studies that have reported associations between perfectionism and disordered eating behaviors. For instance, Jennifer L. Barnes and Ashley Caltabiano found that perfectionistic personality traits were related to rigid dietary standards and concerns about body image. These researchers suggested that individuals striving to achieve an ideal physical appearance may adopt strict dietary practices to maintain their perceived standards of beauty.

However, the absence of a significant relationship in the present study may indicate that orthorexia is primarily motivated by health-related beliefs rather than appearance-related concerns. Unlike other eating disorders, which are often strongly influenced by body image dissatisfaction, orthorexia appears to be characterized by an excessive desire to achieve optimal health through strict dietary practices.

This interpretation is supported by the work of Anna Brytek-Matera, who suggested that individuals with orthorexic tendencies are often more concerned with food quality, purity, and nutritional value rather than weight or physical appearance. These individuals may perceive their eating habits as part of a healthy lifestyle rather than a strategy for improving their physical appearance.

Therefore, the findings of the present study suggest that orthorexic tendencies may be driven more strongly by health-focused motivations and obsessive concerns about food purity rather than by appearance-related perfectionism.

5.3.3 Relationship Between Obsessive–Compulsive Symptoms and Appearance Perfectionism

The results also revealed a significant positive relationship between obsessive–compulsive symptoms and physical appearance perfectionism. This finding suggests that individuals who demonstrate stronger obsessive–compulsive tendencies may also exhibit higher levels of perfectionistic concerns related to their physical appearance.

This result aligns with previous research indicating that perfectionism is closely associated with obsessive–compulsive traits. Individuals with obsessive tendencies often set extremely high personal standards and may experience distress when these standards are not met. This pattern of thinking can contribute to heightened concerns about physical appearance and the desire to achieve an idealized image.

Previous studies have highlighted the role of perfectionism in the development of various psychological conditions, including eating disorders and obsessive–compulsive behaviors. Perfectionistic individuals may engage in repetitive checking behaviors, excessive grooming, or persistent dissatisfaction with their appearance, all of which may reflect underlying obsessive cognitive patterns.

Thus, the positive relationship observed between obsessive–compulsive symptoms and appearance perfectionism in the present study supports the idea that perfectionism may be a personality trait associated with obsessive thinking styles.

5.5 Clinical Implications

The findings of the present study provide several important clinical implications for understanding and addressing orthorexic tendencies. The significant positive relationship observed between orthorexic tendencies and obsessive–compulsive symptoms suggests that individuals who demonstrate higher levels of obsessive thinking and compulsive behaviors may be more vulnerable to developing rigid dietary patterns. This finding highlights the need for mental health professionals to assess obsessive–compulsive characteristics when working with individuals who display extreme preoccupation with healthy eating.

Since orthorexic behaviors share certain psychological features with Obsessive-Compulsive Disorder, therapeutic approaches that are commonly used to treat obsessive–compulsive symptoms may also be beneficial for individuals exhibiting orthorexic tendencies. For example, cognitive–behavioral interventions that target intrusive thoughts, rigid beliefs, and compulsive behaviors may help individuals develop more flexible and balanced attitudes toward food and health.

The results also indicate that orthorexia may be driven more strongly by health-related beliefs and obsessive concerns about food purity rather than by physical appearance perfectionism. Therefore, clinicians should focus on addressing maladaptive beliefs about food quality, dietary purity, and health anxiety. Psychoeducation about balanced nutrition and the potential psychological consequences of excessive dietary restriction may help individuals develop healthier relationships with food.

Additionally, early identification of orthorexic behaviors in non-clinical populations, such as university students and young adults, may help prevent the progression of rigid eating patterns into more severe psychological difficulties. Screening tools such as the ORTO-15, the Yale–Brown Obsessive Compulsive Scale, and the Physical Appearance Perfectionism Scale may assist clinicians and researchers in identifying individuals who may be at risk for developing orthorexic tendencies.

Overall, the findings suggest that interventions focusing on obsessive thinking patterns, cognitive rigidity, and health-related anxieties may be particularly useful in addressing orthorexic behaviors.

5.6 Limitations of the Study

Despite the valuable findings obtained in the present study, several limitations should be acknowledged. First, the study relied on self-report questionnaires, which may be subject to response biases such as social desirability or inaccurate self-perception. Participants may have underreported or overreported their eating behaviors, obsessive tendencies, or appearance-related concerns.

Second, the cross-sectional design of the study limits the ability to establish causal relationships between the variables. Although the results indicate significant associations between orthorexic tendencies and obsessive-compulsive symptoms, it cannot be concluded whether obsessive traits directly lead to orthorexic behaviors or whether other underlying factors contribute to this relationship.

Another limitation relates to the sample characteristics. The study included a relatively specific group of participants, which may limit the generalizability of the findings to broader populations. Cultural, social, and demographic factors may influence attitudes toward healthy eating, body image, and perfectionism, and these factors were not extensively examined in the present study.

Furthermore, the reliability coefficient obtained for the orthorexia measure was moderate compared to the other scales used in the study. Although this level of reliability is acceptable for exploratory research, future studies may benefit from using additional or more refined instruments to measure orthorexic tendencies more accurately.

Finally, the study focused on only a limited number of psychological variables. Other factors such as health anxiety, social media influence, dietary beliefs, and body image dissatisfaction may also contribute to orthorexic tendencies and should be explored in future research.

5.8 Suggestions for Future Research

Suggestions for Future Research

Use Larger and More Diverse Samples

Future studies should include larger sample sizes and participants from diverse demographic backgrounds such as different age groups, cultural contexts, and occupational groups. This would improve the generalizability of findings related to orthorexic tendencies and their psychological correlates.

Longitudinal Research Designs

The present study used a cross-sectional design, which limits the ability to determine causal relationships. Future research should employ longitudinal designs to examine how obsessive traits and appearance-related perfectionism may contribute to the development or progression of orthorexic behaviors over time.

Clinical Populations

Future studies could examine orthorexia nervosa among clinical populations, such as individuals diagnosed with eating disorders, obsessive–compulsive disorder, or body dysmorphic disorder. This would help clarify the diagnostic boundaries and psychological overlap between orthorexia and other mental health conditions.

Exploration of Additional Psychological Variables

Further research should investigate other psychological factors associated with orthorexia nervosa, such as body image dissatisfaction, anxiety, depression, self-esteem, and emotion regulation. Including these variables may provide a more comprehensive understanding of the psychological mechanisms underlying orthorexic behaviors.

Cultural and Sociocultural Influences

Future research may explore the role of sociocultural factors, including social media exposure, cultural ideals of health and body image, and societal pressure for healthy eating. Such studies could provide insight into how modern health trends influence orthorexic tendencies.

Development and Validation of Measurement Tools

Since orthorexia nervosa is still an emerging construct, future research should focus on developing and validating more reliable and culturally sensitive assessment tools. This will help improve the accuracy of measurement and contribute to better diagnostic clarity.

Qualitative Research Approaches

Qualitative studies using interviews or case studies may provide deeper insights into individuals' lived experiences of orthorexic behavior, motivations for strict dietary control, and the psychological meanings attached to “healthy eating.”

Intervention and Prevention Studies

Future research should examine intervention programs aimed at reducing unhealthy perfectionism, obsessive tendencies, and rigid dietary patterns. Psychological interventions such as cognitive-behavioral therapy and psychoeducation could be explored for their effectiveness in preventing or reducing orthorexic behaviors.

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