

When eating healthy becomes unhealthy

The bloggers experience of living with orthorexia
nervosa

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Abstract

The aim of this study was to increase awareness of orthorexia nervosa with health care professionals. This study focuses on enlightening the story of orthorexic persons who have suffered from orthorexia nervosa and how they felt during that period in their life. The background of this study focuses on four different areas: the difference of anorexia nervosa, bulimia nervosa and orthorexia nervosa; diagnosing orthorexia nervosa; previous researches of orthorexia nervosa; and Orem's Self-care deficit nursing theory which discusses the idea that everyone has a self-care need to maintain optimum health and well-being.

The method used in this study is a qualitative content analysis in which a researcher analyses blog content to identify themes, patterns, interconnections, and use and modify style analysis. This study is based on blogs and people's stories about their orthorexia nervosa journey. Blog texts are like open diaries. Unlike with interviews, with blog texts the researcher cannot ask complementary questions. Totally 10 blog texts were used in this study, all written by females in their early twenties. Three main themes were identified: the beginning, in the middle and the recovery. It was found that all the bloggers had taken decisions to improve their lifestyles and eventually got obsessed with eating healthy, and eventually resulting in varied physical and emotional symptoms.

Language: English

Key words: orthorexia nervosa, eating disorder

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1. Introduction

We are living in a time where living healthy is considered to be the one and only correct way to live. It does not matter which magazine or TV-channel you open, you can find a program that tells how you can eat healthy and how to lose weight. It is not about how to be skinny but what is the correct way to eat healthy. This has increased the amount of eating disorders in young adults and teenagers even though at the same time there is an increase in the number of dangerously overweight people.

When eating healthy becomes an eating disorder it is called orthorexia nervosa. The clearest signs of orthorexia nervosa is when eating as pure and clean food as possible becomes an obsession. Like other eating disorders orthorexia nervosa starts to overrule the person's life and s/he will use most of his/her time to think of how s/he could eat in the healthiest way possible. In most of the cases, orthorexia nervosa is not physically visible to an outside observer, since the person is eating healthy and can make the others think so too. Orthorexia nervosa is not well-known, it was diagnosed for the first time in the 1990's.

My personal interest for this topic started when I read an article about middle aged men who think they are eating healthy but in reality they are only eating curd and pineapple (Karjalainen, E. (2017) *Salakavala terveystoilu uhkaa miesten terveyttä: "Syövät maitorahkaa ja ananasta aamusta iltaan"* Yle uutiset). I realised that there was not so much information about orthorexia nervosa, not many articles or books could be found. Information of how persons with orthorexia can get help or where to go for rehabilitation was also not found.

There are no studies showing that the amount of orthorexia patients has increased in Finland but in the article, Raevuori (2017) states that based on hands-on experience it is possible to assume this due to the on-going fitness boom. Orthorexia patients can be found in many places in health care. They might not know they have it and nurses might not know how to help them. There is not much information for nurses on how to help patients with orthorexia nervosa. The help to be provided to the orthorexia patients should be specific to this condition, and not identical to the help to be provided to anorexia nervosa or bulimia nervosa patients.

The term “orthorexia nervosa” comes from Greek and its words mean orthos =accurate and orexis =hunger, meaning obsession with healthy food and proper nutrition (Varga, Konkoly, Dukay-Szabó, Túry&van Furth, 2014). It was defined for the first time in 1996 by Steven Bratman. He disclosed it in his book “*Health Food Junkies*” (2000, New York: Random House) where he discussed cases where patients with specific diets had led them to medical care. Dr. Bratman’s purpose was not to diagnose but to show to his patients who were overly obsessed, that their life habits were not as beneficial as they thought.

With time, he came to understand that the term orthorexia identifies eating disorder. Orthorexia nervosa is not included in current classification as physical, mental or behavioural disorders (Olejniczak, et al., 2016). Usually it is diagnosed as *Eating Disorder Not Otherwise Specified*, since it does not have the same symptoms as bulimia or anorexia nervosa. It is considered to be something between anorexia, obsession and life philosophy, which makes it deeply rooted in a person’s identify.

2. Aim and problem definition

The overall aim of this study is to tell the story of those who have orthorexia nervosa. The study focuses on enlightening the story of orthorexic persons who are suffering from orthorexia nervosa and how they felt during that period in their life. This study is based on blogs and people’s stories about the orthorexia nervosa journey. Stories will tell how people felt, what started the illness and how did the recovery happen. The desired outcome of this research is to increase knowledge and awareness of orthorexia nervosa among health care professionals. Following questions will be answered.

What are the bloggers experiences of how did it start, symptoms and emotions?

What does the blogger tell about becoming ill?

What does the blogger tell about the recovery?

3. Background

To gain more knowledge of orthorexia nervosa previous articles and studies were searched. To understand patients with orthorexia nervosa and disorder itself, one must also be familiar with anorexia nervosa and bulimia nervosa. Furthermore, it is important to understand the difference between these three disorders. In addition, one needs to consider, how orthorexia nervosa is and can be diagnosed. These thoughts and previous research will be discussed below.

3.1. Anorexia nervosa and Bulimia nervosa

In anorexia nervosa, the person wants to lose weight and will start to exercise and stop eating. The amount of weight lost is unhealthy and achieved by minimising eating. A person with anorexia nervosa has a fear of gaining weight and problems with body image (Misra, Shulman & Weiss, 2013). These persons usually lose 15% of their normal weight. The fear of gaining it back is manifested by their need to weigh themselves several times a day. They see themselves unrealistic in ways in the mirror, believing they are fat even though they in reality look withered (Michel & Willard, 2003).

Bulimia is characterized by binge eating, followed by eliminating the calories consumed in compensation for the eating binge. A bulimic person will cause self-vomiting or takes laxatives and diuretics to eliminate calories (Michel & Willard, 2003). This act takes place at least twice a week for three months or more (Rushing, Jones & Carney, 2003). A bulimic person is constantly concerned about the size, shape and weight of his/her body. This constant concentration on his/her body strongly influences his/her negative self-image. Typically, a bulimic person often gains back the weight s/he lost and rapidly feels like a failure. S/he will swing between strict diet and overeating, and his/her body and diet become his/her obsession (Michel & Willard, 2003).

3.2. What is orthorexia nervosa

A person with orthorexia nervosa gets fixated with eating pure and good quality food. This means that food can only contain certain spices and it needs to be of a specific kind, for example organic food. The patient's purpose is to eat healthy but slowly s/he will start to lack certain food products and calculate how much s/he can eat. Eventually orthorexia starts to affect his/her life, and everything becomes centered around food.

Orthorexic diet is unhealthy and usually has problems with nutrition though it is not always visible. Occasionally orthorexia nervosa starts when a person gets diagnosed with an everyday illness, for example celiac disease or diabetes. The patients develop an obsession of eating healthy, s/he will use many hours in the day thinking how and what s/he should eat. In the end only little room will remain in their life for something else than thinking of food intake. Eventually they will lose the naturally occurring sense of wanting to eat. (Nyström, 2015).

Orthorexia can also lead to the same medical complications as in anorexia nervosa: osteopenia, anemia, hyponatremia, metabolic acidosis, pancytopenia, testosterone deficiency, bradycardia and malnutrition. Moreover, orthorexia patients are at risk of social isolation. They may not want to be around people who are not like them (Koven&Abry, 2015).

As an anorexic person focuses on his/her weight, a person with orthorexia focuses on the quality of food. Those with orthorexia do not struggle with body image and do not get satisfaction by losing weight but they get it by “eating clean” since they struggle against unclean and polluted food, for example avoiding food additives but going to the extreme with it. The intention of most orthorexia persons is to eat healthy, but this lifestyle has become an obsession like losing weight to anorexic persons. Some people with anorexia can transform anorexia to orthorexia or the other way around. People who have been diagnosed with eating disorder before have a tendency to progress to orthorexia more often than others (Olejniczak, et al. 2016). Even though it seems like orthorexia nervosa and anorexia nervosa have many parallels, it is good to notice that similarities have not been established. Patient with orthorexia nervosa have sometimes been diagnosed already with bulimia nervosa (Brytek-Matera, et al. 2015).

3.3.Diagnosing of orthorexia nervosa

There is no formal recognition of a diagnose called orthorexia nervosa, so it is usually classified as atypical anorexia nervosa. Orthorexia nervosa is difficult to diagnose. In diagnosing orthorexia nervosa it is important to consider how much time the person uses for planning his/her meals. Patient with orthorexia uses more than three hours per day to analyse his eating and finding new products. Also, preparing food in the healthiest way possible as he thinks is included in this time. The fact of spending more

than three hours per day on diet planning does not depend on any of the following variables: age, gender, field of study and place of birth (Olejniczak, et al. 2017).

ORTO-15 scale (table 1) was invented by L.M. Donini et al. (2005) to help diagnose orthorexia nervosa. The scale has 15 closed multi-choice items (always, often, sometimes, never). The topics explore the obsessive attitude of the subjects, buying, preparing and consuming the foods they consider healthy. The test is designed to explore both the emotional and rational aspects of the individuals to whom it is given: some topics focus on the cognitive rational region (1, 5, 6, 11, 12, 14), other on the clinical area (3, 7-9, 15) and others on the emotional area (2, 4, 10 and 13). The answer which indicates higher tendency to orthorexia is worth 1 point and the answer that indicates a normal diet is worth 4 points (Donini et al. 2005). This scale should always be translated and adopted to the country where it is used. The ORTO-15 detects effects of eating healthy food (for example: “Do you think that consuming healthy food may improve your appearance?”), habits of food eating (for example: “At present, are you alone when having meals?”), attitudes main food selection (for example: “Are your eating choices conditioned by your worry about your health status?”), and the amount to which food concerns influence daily life (for example: “Does the thought about food worry you for more than 3 hours a day?”). Answers are scored on 4-point scale and totalled. With scores below 40 considered indicative of orthorexia (Koven & Abry, 2015).

TABLE 1
Test for the diagnosis of orthorexia nervosa.

ORTO-15				
	Always	Often	Sometimes	Never
1) When eating, do you pay attention to the calories of the food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) When you go in a food shop do you feel confused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) In the last 3 months, did the thought of food worry you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Are your eating choices conditioned by your worry about your health status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Is the taste of food more important than the quality when you evaluate food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Are you willing to spend more money to have healthier food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Does the thought about food worry you for more than three hours a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Do you allow yourself any eating transgressions ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Do you think your mood affects your eating behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Do you think that the conviction to eat only healthy food increases self-esteem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Do you think that eating healthy food changes your life-style (frequency of eating out, friends, ...)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Do you think that consuming healthy food may improve your appearance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Do you feel guilty when transgressing ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) Do you think that on the market there is also unhealthy food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) At present, are you alone when having meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SCORING GRID FOR ORTO-15 TEST RESPONSES				
ITEMS	RESPONSES			
	Always	Often	Sometimes	Never
2-5-8-9	4	3	2	1
3-4-6-7-10-11-12-14-15	1	2	3	4
1-13	2	4	3	1

(Donini, L. Marsili, D. Graziani, M. Imbriale, M. & Cannella, C, 2005)

3.4. Previous research of orthorexia nervosa

Orthorexia nervosa has not been researched much. Especially no studies done in Finland were found. Only few studies were found that could be used in this study.

There is a lack of knowledge of orthorexia nervosa. A study made by Olejniczak, et al. (2017) showed that 71% of 1,000 people, aged between 19 and 26 years, did not know the term orthorexia. Koven and Abry, (2015) said in their study that of psychologists, psychiatrists, nurses and social workers, two-thirds reported finding patients having clinically relevant orthorexic symptoms. They indicated that two thirds of doctors reported that this syndrome deserves more scientific attention. It is also recognised that so far there have been no empirical studies indicating the causes, characteristics and frequency of orthorexia. Also, Olejniczak, et al. (2017) remarked that Orthorexia is difficult to diagnose. Medical professionals, especially primary health care doctors and nurses, should receive the necessary training/education to diagnose this disease. Given the growing interest in a healthy lifestyle, the problem of orthorexia in the media needs

to be addressed, including the development of targeted and targeted primary and secondary prevention activities (Olejniczak, et al. 2017). Epidemiology remains unknown due to inconsistent information in literature and a small amount of scientific research. This study points out that orthorexia is a worldwide health problem as a growing interest in health, in the developed and developing countries, is causing a new health disorder. (Olejniczak, et al. 2017).

Critical Examination of the ORTO-15 Questionnaire in Germany (Missbach, et al. 2015) showed that major lifetime weight changes (> 40 kg) and those individuals with currently diagnosed eating disorders have an increased tendency for orthorexia nervosa. Håman, et al. (2015) pointed out how a fit body is considered to mean today health and is classified as “good/correct living” while an obese body is classified as “lazy, emotionally weak and unattractive.” When people are judged by their body weight, people feel that they have to have the "right" weight. Individuals are expected to achieve health, to avoid risk factors and to be healthy, which includes no overweight (Håman, et al. 2015).

Håman, et al. (2015) found in their literature study review that if orthorexia nervosa was diagnosed by using ORTO-15, the individuals will take the blame since orthorexia is described in individual terms rather than as consequences of societies. They found out that the individuals' point of views are important but do not provide a full explanation since orthorexia exist in the context of social factors that shape behaviors. They also suggested that instead of calling it eating disorders it should be described as multicausal illnesses with psychological and biological explanations as well as social and cultural influences (Håman, et al. 2015).

A study made in Poland (Olejniczak, et al. 2017) revealed that 3% of those who answered indicated that they “always” and “usually” pay attention to the qualitative composition of products and “always” and “usually” spend >3 h per day on planning their diet. They were classified as having a tendency to orthorexic behavior. The treatment of orthorexia demands a multidisciplinary team consisting of psychotherapists and dieticians. It is shown that orthorexic patients tend to respond to treatment better than other patients with eating disorders because of their concerns about their own health (Olejniczak, Bugajec, Panczyk, Brytek-Matera, Religioni, Czerw, Grąbczewska, Juszczuk, Jabłkowska-Górecka & Staniszewska, 2017).

Furthermore, ORTO-15 scale was found untrustworthy in certain cases since athletes and healthily eating individuals can also score high in it. To avoid misdiagnosing, Håman, et al. (2015) recommended that the behaviors need to have continued for six months or more. Missbach, et al. found also problems with ORTO-15 in their study (2015.) According to them, Donini, the author of the original ORTO-15 has indicated that there are psychometric flaws. For example item 1 of the questioner was found problematic: “When eating, do you pay attention to the calories of the food?” The purpose of the question and the scoring scale for this question is unclear (always and never scoring low, often and sometimes the score high) (Missbach, et al. 2015). The absence of established diagnostic criteria makes it difficult to assess the adequacy of an independent report because epidemiological research is based on the existence of a golden standard that can be used to verify false positive and false negatives of truth. In addition, ORTO-15 has been criticized for potential problematic internal inconsistency (Koven&Abry, 2015).

Many of the research studies made of orthorexia nervosa focuses on ORTO-15. As indicated above, it has been criticized as not being a good tool to diagnose orthorexia nervosa. In the research studies all stated that there is lack of knowledge in orthorexia nervosa. No studies have been carried out to analyse the frequency of orthorexia nervosa.

4. Theoretical Framework

In this section the theoretical framework will be discussed. The framework is based on Self-Care Theory in Nursing by Dorothea Orem, established between 1959 and 2001. Orem’s theory is based on the idea that everyone has a self-care need to maintain optimum health and well-being. All individuals have the ability and responsibility to care for themselves and their dependents. The aim of nursing is to get the patient or his or her family members to meet the patient's self-care needs. The nurse's role in helping a patient to achieve or maintain an optimal level of health and well-being is to act as a defender, a re- instructor, a support person and a teacher and to provide a therapeutic environment. The theory was divided into three conceptual categories: self-care, self-care deficit and care system by Parse, R. in 1987. (Snowden, Donnell& Duffy, 2010).

4.1.Theory of Self-Care

The purpose of self-care is to maintain life, essential physical, psychological and social functions; maintains the integrity and development of the person's functions within the context of life-critical conditions. It is based on the assumption that individuals learn self-management practices through experience, education, culture, scientific knowledge, growth and development. There are three parts of self-care: universal self-care, developmental self-care, and health deviation. Universal self-care is the same for everyone including air, water, food, activity and rest, privacy and social connections, promotion of normalcy. Developmental self-care covers individual needs concerning growth and development. Health deviation self-care includes needs which are caused by injury, disability or illness (Orem, Snowden, Donnell& Duffy, 2010).

The theory expresses a number of elements and relationships whose exploration leads to more insights into self-replenishment as a human's aspiration. The key contribution of the theory is to emphasize the regulatory function of self-correction. The theory also provides mature people a position and a role functions and responsibilities as self-analysing agents and extended roles and responsibilities as a maintenance care tool. According to Orem, nurses and other healthcare professionals often ignore self-care and dependable care responsibilities for patients and their family members (Orem, Renpenning & Taylor, 2003).

4.2.Theory of Self-Care Deficit

The self-care deficit theory of nursing is a general theory that descriptively explains nursing as a human health service (Orem, Renpenning & Taylor, 2003). Every mature person is able to respond to self-care needs, but when a person feels unable to do so due to restrictions, it is a self-care deficit. It specifies when nursing care is needed. Orem has described self-care deficit as a general theory of what nursing is and what nursing should be. As a general theory, there is no explanation of a particular nursing situation. Theory is an expression of a combination of characteristics that are common to all cases of nursing. It deals with the ability of a nurse to help a person meet current and potential self-care requirements (Orem, Snowden, Donnell& Duffy, 2010). This theory is described as a conceptual model that sets forth the important features and the relationships of nursing practice situations (Orem, Renpenning & Taylor, 2003).

4.3.Theory of Nursing System

This theory combines self-care agency and therapeutic self-care demand. The Theory establishes the construction and the content of nursing practice. All care systems that are nursing systems are provided by nurses in the course of carrying out nursing functions in their contractual relations and relationships with persons with a health-related self-management deficit in order to know their therapeutic self-care requirements and their self-care agency being protected or its operation or development regulated. Nurses create nursing systems as they perform the nursing process functions, namely, nursing diagnosis, nursing prescription and nursing regulation (Orem, Renpenning & Taylor, 2003).

5. Research Methodology

In this chapter several elements of this study are discussed. Data collection, criteria for selection for qualitative analysis, ethical considerations, trustworthiness and conduction of the study will be discussed. This study will be carried out as a qualitative analysis. Qualitative research refers to the research method in which a researcher using data collection tools tries to answer questions about how or why a particular phenomenon occurs. The objective of qualitative research is not the collection of data, but the growing understanding of phenomena (Miller, 2010).

5.1.Qualitative analysis

Qualitative means that one is examining the quality of something, rather than its amount or strength. Qualitative research methods offer a path for the exploration and understanding of elements of humanity that are not possible through quantitative research methods (Boswell&Cannon, 2011). The qualitative research method also includes other features. One of these features is that it tends to be holistic. This means that its purpose is to understand the whole thing and not just certain parts of it. A further aspect of a qualitative approach is that the researcher must be deeply involved in the research process (Polit&Beck, 2017).

Qualitative analysis without exception includes breaking the data up and dividing it into different sections. Irrespective of whether the researcher uses paper or software for processing the data, the process includes process that involves breaking down, re-

ordering and reconstituting the data in order to describe or to explain the phenomena under analysis (Gerrish&Lacey, 2010).

5.2.Data collection

Data were collected from blogs. Blog texts are like open diaries. Unlike with interviews, with blog texts the researcher cannot ask complementary questions. The information that could be obtained from the interviews, which is reflected in pauses, changes in tone, sighs and laughter, will not be there for a researcher using blogs. With blog texts, choices have to be made and only the texts that are multifaceted are selected as material. The content of the script should not affect the choice. However, weak material cannot be easily used for qualitative research. The researcher does not have permission to draw conclusions that the material does not provide (Paunonen & Vehviläinen-Julkunen, 1997).

From the blogs all data texts were collected together, organized and read carefully. Only those parts of the blogs that contained writings of orthorexia nervosa were used. To make sure everything has been read and understood as intended collected data was read many times on different days and notes were made every time. While reading the collected data different kind of questions were asked to make sure all aspects were picked up. The method used in this study is a qualitative content analysis in which a researcher analyses blog content to identify themes, patterns, interconnections, and use and modify style analysis (Polit & Beck, 2010).

5.3.Criteria for Selection

The inclusion of criteria was decided before the search of the blogs which were as follows:

- Relevance to the study topic and questions (writer has suffered from orthorexia nervosa, either has seen a doctor or symptoms have been described precisely)
- Written language is either Finnish or English
- writer has written her blog for few years (to avoid fake stories)

To get the best result for the study many blogs were read and analysed to see if these could be used. The bloggers had to describe how they acted and what they felt. Blogs were found from the internet with keywords “orthorexia” “my story” and “ortoreksia”

“tarinani.” The motivation for reading blogs was that this way as much information as possible for the study could be collected.

Data was analysed and conclusions are drawn concerning the rehabilitation and recovery from orthorexia nervosa. A challenge for the data collection was the great amount of blog texts in the internet and people writing without revealing everything that could be of relevance to the study. Blogs are like public diaries but unlike normal diaries blogs can be read by anyone which is why writers will not write about everything.

5.4. Ethical consideration

According to Holloway and Wheeler (2013, 54) a researcher needs to use ethical principles and rules and balance these in the research process. They have presented four basic principles of ethics which are pivotal for a framework of moral norms and which encompasses principles, rules, rights, virtues and moral ideals. *The principle of respect for autonomy* means the participant in the study has the right to make a free, independent and informed choice without any pressure. It also includes guidance to consider the impact of their choices and actions, social nature of the individual and their emotions involved in the development of study. *The principle of no maleficence and beneficence* (meaning do good, no harm) was set up by World Medical Association (WMA). Risks must be carefully evaluated and considered against benefits. *The principle of justice* stands for fair and justice but is also multifaceted (gender, disability, age and sexual orientation) (Holloway & Wheeler, 2013).

Finnish Advisory Board on Research has made guidelines for researcher. Räisänen and Moore (2016) have written how research misconduct includes FFPM (fabrication, falsification, plagiarism and misappropriation.) Fabrication includes observations made by using dissimilar methods than presented in the study. Falsification happens when original observations are deliberately modified and presented so that the results based on these observations are inaccurate. Plagiarism occurs when someone’s words are used as their own without appropriate references. Misappropriation means using another person’s results, ideas, observations or information without authorization. Using exact words, copying and including paragraphs and paraphrasing without citations are very common mistakes in nursing research (Macnee & McCabe 2008).

5.5. Trustworthiness

The trustworthiness of qualitative analysis is often presented by using words such as credibility, dependability, conformability, transferability, and authenticity (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs, 2014). Credibility includes actions that increase the likelihood that credible results will be achieved. One of the best ways to set up credibility is long-term involvement in the topic. Another way to confirm the credibility of the findings is to find out whether the participants recognize the findings as real from their experience. Dependability is a criterion used when researchers have determined the credibility of observations. Confirmability is a process criterion. The way scientists document the verifiability of observations is to leave an audit trail, which is a time recording that another person can follow. Transferability refers to the likelihood that research results are relevant to others in similar situations (Streubert&Carpenter, 1999). If this study is done again after 10 years, the result might be different, as general understanding of healthy eating would have increased.

5.6. Conduct of the study

The aim of this study is to explore how did orthorexic persons feel, what started the illness and how did the recovery happen. To be able to use the blog texts in this study they needed to fulfil certain criteria:

- the blogger needed to describe his/her symptoms precisely
- the blogger needed to tell what his/her emotions were
- the blogger needed to either tell how orthorexia started or how his/her recovery started or both

The blogs were searched in Google and via Instagram. A total 20 blog texts were found where the blogger told s/he had had orthorexia nervosa. All the blog texts were read but only 10 blog texts were usable for this study. Approximately 100 pages were read. All the blogs that were used were written by females in their early twenties, no blogs written by males were found. The blog texts which could not be used did not contain sufficient description of the period during which the bloggers had orthorexia nervosa. Some bloggers had also written only about how they had read about it somewhere and were now sure they had it also.

Once the blog texts, that were possible to be used for this study, had been chosen, they were read through carefully various times. Sentences that described well what it is like to have orthorexia nervosa were picked out and copied to a different document. Data was analysed using qualitative content analysis. Quotations that had the same content were grouped. Quotations that had the same subject were classified into subcategories. Subcategories that had similar meanings were grouped to create themes.

6. Results

In this section, the results of the analysed data will be discussed more closely. The themes will be presented with bold text, the categories in cursive and subcategories are under lined. The themes, categories and subcategories are presented in the appendix. After analysing the data three themes were found: *In the beginning, period of illness* and *the recovery*. The figure below shows how the themes resulted from the data analysis

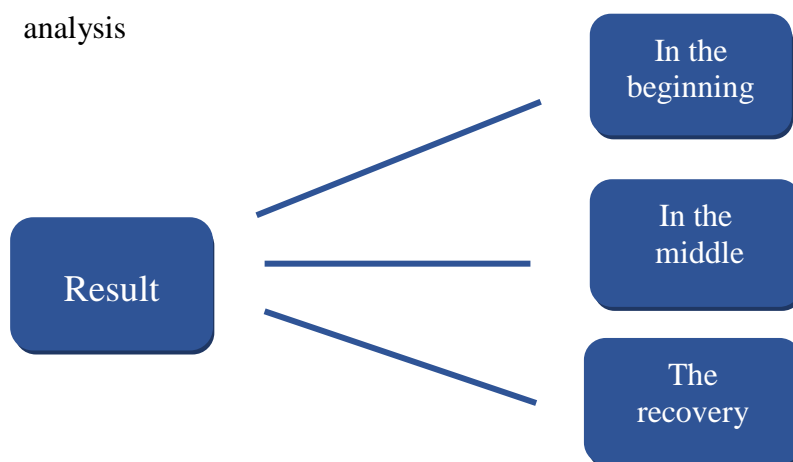


Figure 1. Figure showing the themes resulting from the data analysis.

6.1. *In the beginning*

Under this theme, two categories exist, namely: *Decision made* and *The start*. Almost all bloggers told how it all began. They discussed what made them change their lifestyle and what was the reason behind it. All of them had decided to improve their lifestyle and they also described how it started.

Decision made

The category “decision made” was chosen because all of the bloggers decided to improve their lifestyle. In this category, two subcategories were found: *Decision to become healthy* and *Lifestyle change because of illness*. It was found that all the

bloggers decided to change their lifestyle either because they wanted to become healthier or because they had an illness which symptoms they wanted to relieve by lifestyle change.

Decision to become healthy

Almost half of the bloggers with orthorexia nervosa began by a decision to change the way they looked by changing their lifestyle to a healthier one. Either they wanted to lose weight or get bigger muscles. None of them had exactly the same reasons but the way to achieve it was the same: to do it in a healthy way. Most of them described how they did not like what the mirror showed, which is why they decided to make a change.

“That March in 2014 I decided I’d get skinny again. Overweight is illness. Fat is unhealthy. I started a healthy life.” (“Tuolloin maaliskuussa 2014 mä päätin että musta tulee laiha. Ylipaino on sairaus. Läski on epäterveellistä. Mä aloitin terveen elämän.”)

Lifestyle changes because of illness

If the blogger did not start a healthy lifestyle because of a decision to become healthy, it was because she had already an illness with which she wanted some help. Some described how they had had symptoms for years but had ignored them. When they finally went to see a doctor and found out they had allergies or an illness, they wanted to make their body feel right again. Some had had a disease already for years, but they were looking for ways to feel “light” again. Either it was new information from a doctor, and advice was taken too literally, or advice from a friend who had experienced pure food as a relief for symptoms.

“I have coeliac disease, so I was already gluten free. I was speaking to one of her friends --- and she said, ‘you have to learn about clean eating. It will help your stomach’.”

The start

This category was named “The Start” because some of the bloggers described how they started their new lifestyle and how they searched advice for it. It could be observed that all of them had the same goal: simply just to be healthy. Two subcategories were found: How it began and Influence of media.

How it began

In the beginning most of the bloggers started with tiny steps by cutting at least one or two nutrients. Also it was discovered that those who were into fitness also added exercise. The main reason was to become healthier, not to lose weight. It could be observed that even though they started by cutting a few nutrients, they were soon hooked to “pure eating” and more and more food or drinks were added on their self-made “banned list.”

“It started with loosely-defined “junk food.” Then it was refined sugar. Next, alcohol was banished, followed by carbs.”

Influence from media

All the bloggers admitted they had no idea what “eating clean” meant so they searched about it. Most of them thought media as a dependable source. Bloggers told how they had googled what celebrities were eating and some read what magazines said.

“I remember Googling ‘what does Miley Cyrus eat?’ Apparently she is free from everything, so I thought, ‘great, I’m doing it right!’”

Whatever they found from media that seemed right, they believed it. Either if it was food or a new product that was told to be the best thing and promised to help them with what they wanted. It did not matter if it was for bigger muscles or lighter feeling in their body. If some celebrity or another blogger recommended it, it must have been a good product.

“The magazines said curd is now the thing. Well, that’s what I ate a lot.” (“Lehdissä sanottiin että rahka on nyt se juttu. No sitäähän tuli kiskottua.”)

It was found that some of the bloggers had a feeling that what they were doing was not healthy but because the media reported it was, they believed it to be so. Also, it was found that some of the bloggers believed blindly what media said.

“I knew I was being somewhat restrictive with my calories, but I was only trying to follow the advice of the media.”

6.2. In the middle

The second theme involves what happens between the beginning of orthorexia nervosa and the patient's recovery. Three categories were identified, *Challenges with eating*, *Emotions* and *Physical symptoms*. All the bloggers described what it was like to live with orthorexia nervosa. Bloggers defined different kinds of emotions and the challenges they had with eating. This middle theme is the biggest as it includes most of the time period during which the person has orthorexia nervosa.

Challenges with eating

In this category it is discussed what is eating like when person has orthorexia nervosa. Challenges with eating is the biggest defining element of orthorexia nervosa as the person eats differently from others. Under this topic it is discussed how bloggers described how they planned their life very carefully and how they ate. Two different subcategories were found: food habits and Planning.

Food habits

After a while, bloggers had same routines with their food. Food that they thought was unhealthy was cut out from their diet and only little was left. Most blogger cut out sugar. Some even told they had cut out some specific fruit or all fruits and minimized their vegetable intake because they contained sugar or carbs.

“I cut out the banana because I was scared of them.”

Another food substance that most bloggers put on their black list was white flour. Some bloggers believed it would make them fat. Unflavoured curd and cottage cheese, low-fat and low-calory foods, very little meat, salad and fake soy products were also popular foods among bloggers. Very little spices or oil were used. It was also said that the food needed to be unflavoured.

“I ditched foods like honey, yogurt, and even fruit because “they contained sugar.” I convinced myself that “white” foods would make me fat – white rice, white potatoes, white flour, white sugar.”

Planning

Another part of eating was planning. Some of the bloggers told how they planned their eating carefully. Every week was exactly the same including the time when they ate. They had same food and same routines every week.

” I carefully planned the diet for the coming week. My meals were almost timed to the stroke” (“Suunnittelin tarkasti tulevan viikon ruokavalion. Ruokailuni oli lähes kellontarkkaa.”)

Emotions

In this category, seven emotions were found which bloggers experienced: anxiety, guilt, feeling better than others, feeling flattered, proudness and panicking about food. Although some of the emotions had a smaller sample, all of them are still part of how bloggers felt when they had orthorexia nervosa. That is why all of them are presented.

Anxiety

Even though eating gave the feeling they were in control, it also created anxiety. Eating with others was the biggest reason for this. The feeling of not knowing how their food was prepared was too much. Bloggers could only believe that food was healthy if it was made the way they prefer it to be prepared. If they did not know, it gave them anxiety.

“Only food cooked by my husband was suitable for me, it was the only way to know there was nothing extra” (“Minulle kelpasi vain mieheni tekemä ruoka, vain siitä pystyin todella tietämään ettei ruoassa ollut mitään ylimääräistä.”)

Some had family traditions to eat together once a week, which would create anxiety for the blogger since she had no control of what food was served. Others would always cancel invitations to go to eat with friends. Many bloggers came up with different excuses why they could not but some cancelled without any explanations.

“Rather than admit my food phobia, I could just claim it was too hard to eat out as a vegan.”

Some bloggers said to decrease anxiety, they would pile their plate with salad. Some would make them friends and loved ones eat like they wanted so they could eat together. Also calling to places and make sure they had a meal that would be prepared the way they wanted was done.

“I became scared of eating out with anyone, because I needed to control what was put on my plate. If I went to someone’s house I would offer to cook so that I could choose the food. If I ate at a restaurant, I always insisted on choosing it, normally vegan. If I couldn’t, I would find an excuse to go to the toilet and on the way speak to a waiter or chef, explaining I had an intolerance to dairy or oil, even though neither was true. Sometimes I would ring before to check if it was safe, telling them I had a friend coming who had intolerances”

Guilt

Guilt was not caused because they felt guilty for how they made others feel but caused by when days when they had not follow their diet. The feeling after their “slippage” was what made them feel guilty. Some added extra training to cover that slip, others had an extra cleansing period. The slip had usually happened because the body had been low on energy and it had needed more.

“I remember always ending up with food on my clothes and crumbs everywhere. I felt sick and embarrassed. I would make up for it the next day by having a juice for breakfast, spinning for 45 minutes early every morning and avoiding carbs.”

Better than others

Some of the bloggers felt that they were better than others. They felt like they were above others. They were only ones that knew how life should be lived and what should be eaten. Their diet was better than others and, that was the only thing that mattered. Some even said they felt disgusted by what others bought from the shop.

” People who bought “junk food” began to disgust me in the shop. Every time I wanted to go and ask if they knew what they put in their mouths?” (“ Minua alkoi ällöttää kaupassa ihmiset jotka ostivat “roskaruokaa”. Joka kerta olisi tehnyt mieli mennä kysymään, että tietävätkö he mitä he suuhunsa laittavat?”)

If someone showed they were worried about the bloggers diet, they felt like that other person did not understand them and felt sorry for him/her. Condemning was also one way they resorted to when another person did not understand their healthy lifestyle.

” If someone tried to get me to understand it wasn’t healthy, I turned him away and I judged him to be a bad person since he didn’t understand my “healthy fitness life”. ” (” Jos joku yritti takoa minulle järkeä päähän, käännyin tämän samoin tein pois ja tuomitsin hänen olevan huono ihminen jos ei ymmärtänyt minun ”terveellistä fitness-elämäni”. ”)

Feeling flattered

Flattering by other people was experienced as a boost for keep going with the lifestyle. People came to ask what their secret was and told how good they looked. Also, people were proud to see how much willpower that blogger had. Some told they got more likes in social media. Being flattered felt good and made them think that what they were doing was great.

“While I was slowly losing weight at the beginning of my decline, everyone told me I looked great in response to a little weight lost. People would complement me on my commitment to healthy eating because to them it looked like I was clearly doing something great for my body. Even though I wasn’t trying to lose weight or get “skinny”, those compliments confirmed in my mind that my strict clean eating routine was a good thing to do.”

Proudness

Everyone was proud of themselves when they first started to see the result of their new diet. They started to be physically fit. They felt they were in control. It was also considered as an emotion that did not last long.

” I started to be physically fit. I was proud of myself.” (” Aloin olla fyysisesti hyvässä kunnossa. Olin ylpeä itsestäni.”)

Physical symptoms

All the bloggers had some kind of symptoms. Either it was only anxiety for eating or they had also physical effects. This category is divided into Panicking about the food and Physical effects.

Panicking about the food

In addition to food causing anxiety to bloggers, food also caused panic, especially if someone else had cooked it. If the blogger found out someone had added something else than what they wanted, they would get mad and refuse to eat it. A tiny bit of butter or sugar and they could not eat it. In their eyes it was pointless, extra calories.

“I had asked him to reserve a marinade-free chicken that had to be cooked in the oven without added fat. However, when I arrived, my father had prepared a chicken on the grill and had a marinade on it. I got a fit of rage and refused to eat any chicken.” (“Olin pyytänyt häntä varaamaan minulle marinoimatonta kanaa, joka piti valmistaa uunissa ilman lisättyjä rasvoja. Paikalle päästyäni isäni oli kuitenkin valmistanut kanan grillissä ja siinä oli marinadi päällä. Sain aivan jättävän hepulin ja kieltäydyin syömästä kanaa.”)

Physical effects

All bloggers did not have all the same physical symptoms, but all the typical health consequences of orthorexia were found. One blogger described how she had symptoms of menopause at age of 24. Phlegmaticness was the most common symptom among the bloggers. They told how they had no energy to do anything or be interested of anything. Second most common symptom was thin hair. It was also explained how hair was falling out. Loss of sex drive was also mentioned. One even said she was questioning her sexuality. Other symptoms indicated were: orange hands (a condition known as carrot anaemia), night sweats, tingling in their body, osteopenia, sign of dry eye and a lack of oestrogen, heart irregularities, dizziness and exhaustion, an inability to focus and the loss of their periods.

“I had no periods because I had no oestrogen in my body. It’s an illness called hypothalamic amenorrhea; when your body is so stressed out, the part of your brain that controls your hormones, the hypothalamus, stops working.”

6.3.The recovery

In this last theme it is described what happens in the end of the orthorexia. How did bloggers realize their lifestyle was not healthy? What were their symptoms? This theme is divided to two categories: *Feelings during recovery* and *Realizing something is wrong*.

Feelings during recovery

In this category it is described how bloggers felt during the recovery process and why do they think they got orthorexia nervosa. This category is divided into two categories: Control and Feeling like a failure.

Feeling like a failure

Some felt like they had failed. How their healthy lifestyle had been unhealthy: They had felt like they were powerful, and they were in control. Now they were told they had an illness.

“How is it possible that my new healthy lifestyle is a disease? Obesity is a disease! Idolizing obesity is sick!” (“Miten se on mahdollista, että uusi terveellinen elämäntapani onkin sairaus? Lihavuus on sairaus! Lihavuuden ihannointi on sairasta!”)

Control

It was evident that no one thought fitness was the reason why they got orthorexia in the first place. But for some it gave them a way to be back in control of their life through their eating. They felt like now they had “permission” to control their eating.

“I was trying to control my life through food, and I believed I was worthy and powerful because I treated my body like a temple (which, to me, meant eating nothing but plants).”

Realizing something is wrong

In this category it is described how others saw their illness first and how did they feel during the healing process. This category was divided into two categories: Others and Healing.

Others

It was explained how relatives had saw their illness before bloggers. For some bloggers, people told it to them directly, but some only talked about it behind their back. Speaking behind their back did not feel great.

“Some people had realised it before I did. My mum hadn’t found my lifestyle alarming at first, until I was looking sick. My cousin said ‘You look shit. Yes, you are thin. But your hair and skin look awful. What’s going on?’ I also overheard two girls I knew leaving the gym talking about how awful I looked. That hit a nerve, that people were talking behind my back.”

Healing

After some time had passed they could see the bigger picture. They learned again to eat healthy, this time with help from others. Now they did not feel like they were better than others and they were able to say out loud they had orthorexia nervosa. It took some time for the conscience to stop bothering them about bigger amounts of food and sweets.

“for the first time in three years, I have stable blood sugar, and I’m not afraid to eat a piece of cake (full of white flour!) on my friends’ birthdays.”

7. Discussion

This chapter is divided into two parts: *Result discussion* and *method discussion*. The previous section and research results are discussed in relation to the theoretical framework and in relation to the background research. The latter part focuses on the methods selected in the study and the trustworthiness of this study.

7.1. Result Discussion

In this section the findings and their connection to the theoretical framework, to the aim and to the background of the study will be discussed. The aim for this study was to enlighten the story of orthorexic persons who are suffering from orthorexia nervosa and how they felt during that period in their life. After analysing the material three themes were identified. These themes where “In the beginning” “In the middle” and “The recovery.”

The aim was to tell what started the illness and the question “How did it start?” was asked. Two different beginnings were identified “Decision to become healthy” and “Lifestyle

change because of illness.” The first theme “In the beginning” was mostly supported by the background material presented in chapter 3.

As indicated in the background, it was also found in the material that orthorexia nervosa started with a clear decision. Either it was to improve a lifestyle or help with symptoms. All the bloggers had made a decision to improve their life to become healthier. Bloggers felt they were healthy, and they were carrying out self-care. Since people are judged by their weight it creates the idea to people that they need to have the “right weight”. Everyone needs to be healthy, which does not include overweight (Håman et al. 2015). As Nyström (2015) said, also some of the bloggers had been diagnosed with an everyday illness. Bloggers wanted to ease their symptoms and started to eat healthy.

As Missbach et al. (2015) pointed out individuals with currently diagnosed eating disorders have an increased tendency for orthorexia nervosa, however, most of the bloggers did not have a background with other eating disorders.

For some orthorexia nervosa started following a decision to start to eat healthy. They started to focus on the quality of food. Unlike Olejniczak et al. (2017) found in their study, some of the bloggers said they did not like what they saw in the mirror. Either they wanted to lose couple of kilos or gain bigger muscles, and it needed to happen through healthy eating. Food needed to be good quality and “pure”. Soon they became obsessed with eating healthy.

It was unexpected how many of the bloggers felt the same emotions. In the background emotions were not discussed in the same way as challenges with eating were.

Planning was found as a big part of illness. It was also found as a reason for different emotions. Olejniczak et al. (2017) found planning as a big part of orthorexia nervosa. Orthorexic persons use several hours in a day to plan and analyse what they could eat. Some even said how their eating was exactly the same every week. The bloggers started with self-care but ended up with a self-care deficit.

As Nyström (2015) stated that eventually orthorexic persons will have only little room in their life for anything else than thinking about their food intake. Food causing anxiety was also found in this study. This was especially found to be the case when orthorexic persons needed to eat with other people. Thinking how they could avoid eating food cooked by other people took time.

Feeling better than others and feeling like being able to judge other by what they ate was also an important factor. Everything was eventually about food and the orthorexic person. The feeling being above others put them at a risk of social isolation as they did not want to be around people who were not like them (Koven & Abry, 2015).

Flattering provided a boost for orthorexia. Even though bloggers might have felt what they were doing was wrong, people giving compliments on how they looked and asking advice made them think what they were doing must have been right. This finding supports the finding of Håman et al. (2015) who stated that orthorexia nervosa exists in the context of social factors that shape behaviour. Classifying people by the shape of their body gives the right to judge individuals by their weight: when a fit body means health and good living while obese body means emotionally weak and unattractive.

Physical effects to the body, such as being phlegmatic, night sweats, tingling in their body, osteopenia, sign of dry eye and a lack of estrogen, heart irregularities, dizziness and exhaustion, an inability to focus and the loss of their period were mentioned. Medical complications, such as anemia and malnutrition, were also mentioned in the background (Koven & Abry, 2015).

Healing from orthorexia nervosa needs support from people around and sometimes demands a multidisciplinary team (Olejniczak et al., 2017). Orthorexic persons go through different kinds of feelings during the healing process. For example, feeling like they had failed. They were wondering how their healthy lifestyle was suddenly not healthy; and that now they have lost the control in their life.

Koven and Abry (2015) pointed out how the absence of established diagnostic criteria makes it difficult to diagnose. Since orthorexia is difficult to diagnose, it can make it harder for people with orthorexia nervosa to seek help. None of the bloggers told they had been diagnosed by a doctor with orthorexia nervosa. It was still clear they were suffering of it. ORTO-15, mentioned in the background, was not used in this study. All of the bloggers said how they used many hours to plan what they could eat or where they could eat. It was found in the blog texts how everyone cut different nutritions out and indicating what they believed was healthy and what was not.

Question about what the bloggers told about recovery was not sufficiently answered. Many bloggers did not discuss their recovery process from orthorexia nervosa. Most addressed only how they got sick and what it was like to live with orthorexia and finally how they felt now after some years of recovery.

As in Orem's the self-care theory, all the bloggers started with self-care, wanting to take care of their health but they ended up with self-care deficit. They could not take care of their self-care needs. Because of self-care deficit they needed help from others to recovery from orthorexia nervosa (Orem, Snowden, Donnell & Duffy, 2010).

Since orthorexia nervosa is not well-known it is difficult for people who are suffering from to seek help. Olejniczak et al. (2017) support this as in their study it was shown that 71% out of 1000 people did not know the term "orthorexia." The reason why bloggers wrote about their journey with orthorexia nervosa was to increase the awareness of orthorexia nervosa. Olejniczak et al. (2017) and Koven and Abry (2015) support this also.

7.2. Method Discussion and Critical Review

There are no clear criteria for critical review in qualitative research. Interpretation in qualitative research is always accompanied by a part of the researcher's personal insight, involving his/her own intuition and emotions. (Paunonen & Vehviläinen-Julkunen, 1997).

According to Paunonen and Vehviläinen-Julkunen (1997) qualitative study should be reviewed by looking at data collection, data analyse and reporting in the study. The author should point out examples for further research. The author should honestly address the trustworthiness of the research and evaluate the points that should have been made differently.

The data collection method used for this study was to collect blog texts which provided good data for this study. Having only ten blog texts could be considered as a weakness of this study since it gives only a limited amount of data. However, all the blog texts that were used were multifaceted and described carefully how they felt and acted when they struggled with orthorexia nervosa. To be sure of the reliability of the blog texts, texts used for this study could not be the first text in the blog and blogs needed to be written already for a few years. Bloggers also needed to have mentioned orthorexia nervosa before. Blog texts as a data collection was good choice for this study. They gave reliable deliberations of how people with orthorexia nervosa felt and acted. To obtain more data and greater trustworthiness, the study should have made use of theme interviews. The fact that different bloggers expressed similar feelings supports the reliability of this study.

According to Kankkunen and Vehviläinen-Julkunen (2013) data analysis in qualitative study should be reviewed through credibility, reliability, confirmability and transferability.

Credibility is achieved when the results are described so clearly that the readers understand how the analysis is done and what are the strengths and constraints of the research. Credibility also describes how well the researcher uses the material for the classifications and categories (Kankkunen & Vehviläinen-Julkunen, 2013).

Transferability refers to the extent to which the results could be transferred to another context. This is necessary in case another researcher wants to follow the process (Kankkunen & Vehviläinen-Julkunen, 2013). Since data was collected from blogs whose authors struggled with orthorexia nervosa it is hard to conclude if it were possible to transfer this to another group than this one.

Reliability is defined by Oxford dictionary as “The degree to which the result of a measurement, calculation, or specification can be depended on to be accurate” (Oxford dictionary, 2019) The focus of this study was to describe the bloggers experience struggling with orthorexia nervosa, all the bloggers had become ill many years ago. If this study was done later with a different group of bloggers, the results might be different as the term “healthy eating” is more widely discussed now than what it was for example five years ago. However, as feelings and symptoms when struggling with orthorexia nervosa are described to be exactly the same now as in late 1990s, when orthorexia was found, it could be argued that same kind of results would be found.

Elo et al. (2014) have defined conformability as a reference to objectivity, meaning that the information accurately represents the information provided by the participants, and the researcher does not interpret the information. The results should reflect the participants' consultation and research conditions and not the bias, motivations or perspectives of the researcher. In this study, the researcher has only analysed the text and has not added her own thoughts or assumptions to the analysis.

8. Conclusion

Orthorexia nervosa remains a not well-known eating disorder. The aim of this study was to increase the awareness of orthorexia nervosa among health care professionals and tell the stories of orthorexia nervosa recoverers. It was unexpected to find out how little research has been done about orthorexia nervosa. All the studies that were found and which were possible to be used had the same conclusion: more research needs to be done.

Based on the findings of this study it can be stated that today's society encourages people to be healthy and fit. It is repeated everywhere what is healthy and what is not, it is hard to find information that is certainly correct. Everyone presents themselves as some kind of a specialist and has different opinions. Also, social media plays a big part, emphasising that everything needs to be perfect. A simple comment, polite or unpolite, of someone's body can easily push people towards orthorexia. When things are taken one step too far and eating starts to be number one thought in everyday life, something is wrong.

Magazines and news have started to talk more about orthorexia and increase awareness. Almost every month a new article is published where a person tells how she had orthorexia and reveals her story. Awareness with people is increasing, but academic knowledge is still the same. In my opinion, orthorexia nervosa needs to be studied more. Like all the research used for this study, also in this study concludes that more research needs to be done, especially about recovery. Yet, no studies done in Finland were found.

Orthorexia does not yet have a formal diagnosis of its own but diagnosed as atypical anorexia. This still causes confusion and adds doubts in health care professionals as to whether orthorexia is even a disorder. To achieve change in this I think orthorexia nervosa should be taught in nursing schools when teaching about eating disorders. The more nurses know about it, the easier it is to provide care.

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Appendix 1

Themes	Categories	Subcategories	Quotations
In the beginning	Decision made	Decision to become healthy	<p>”Tuolloin maaliskuussa 2014 mä päätin että musta tulee laiha. Ylipaino on sairaus. Läski on epäterveellistä. Mä aloitin terveen elämän.”</p> <p>” Vuonna 2009 kuitenkin kiinnostuin fitness-lajeista ja tein päätöksen lähteä kohti ensimmäisiä kisoja, jotka olivat fitnessmalli kisat lokakuussa 2010. ”</p> <p>” Oma ulkomuotoni alkoi siinä määrin häiritsemään vuonna 2007, että aloin tehdä asialle jotakin. Alkuun mun tavoite oli näyttää Carmen Electralta.”</p> <p>“my sister got engaged, and like many families, mine all went on a diet. I’d never interacted with dieting before and I became very focused. I joined a gym and started doing exercise for the first time properly, and it became a routine that I found quite addictive.”</p>
		Lifestyle change because of illness	<p>“I adopted the diet in my last semester of college, hoping to remedy the lifelong indigestion issues I’d dealt with. Incredibly, it seemed to work.”</p> <p>“Troubled by persistent stomachaches I had ignored all throughout my youth, I went to a naturopathic doctor who told me I was allergic to sugar. Not just the refined white stuff you put in your coffee, I’m talking like natural sugars too found in dairy, fruit, and like, everything”</p> <p>“I have coeliac disease, so I was already gluten free. I was speaking to one of her friends --- and she said, ‘you have to learn about clean eating. It will help your stomach’.”</p> <p>”Alkoi tulla vatsavaivoja... Näitä oli ollut jo aiemminkin, mutta uskoin niin vahvasti bodariruokavalioni paremmuuteen, että lakkasin uskomasta laktoosi-intoleranssiin”</p>
	The start	How it began	<p>” Aloin kävellä pitkiä lenkkejä. Lopetin kokonaan sokerin ja (huonon)rasvan ruokavaliostani.”</p> <p>” I started avoiding solid food more and more”</p> <p>“I’m talking like natural sugars too found in dairy, fruit, and like, everything. So I decided to cut it out.”</p> <p>“It started with loosely-defined "junk food." Then it was refined sugar. Next, alcohol was banished, followed by carbs.”</p>

			<p>“I cut out sugar, dairy and my gluten free substitutes like bread and pasta.”</p> <p>” Lehdissä sanottiin että rahka on nyt se juttu. No sitähan tuli kiskottua. Rasvaa välttelin edelleen. Urheilin siis ihan järkyttävän määrän tunteja viikossa ja söin karrikoiden kolme purkkia rahkaa päivässä.”</p> <p>“I remember Googling ‘what does Miley Cyrus eat?’ Apparently she is free from everything, so I thought, ‘great, I’m doing it right!’”</p> <p>“Ostin Body-lehtiä, luin Pakkotoistoa, T-Nationia ja blogeja asian tiimoilta ja olin fanaattisen innostunut body fitnessistä.”</p> <p>“I read every cookbook and magazine on “clean” eating I could find which soon taught me that not only were sugar and alcohol bad, so was fat and salt, too!”</p> <p>“I knew I was being somewhat restrictive with my calories, but I was only trying to follow the advice of the media.”</p> <p>“I deemed as “healthy”—which actually wasn’t healthy at all, but again, I was paying attention to what the media was telling us to eat...”</p>
In the middle	Challenges with eating	Food habit	<p>” Suddenly, juice bars were offering me cleanses in exchange for reviews on my website, and after six months of paying a pretty penny for cleanse programs, there was no way I was turning them down. I started cleansing for three days a week nearly every week, and sometimes more.”</p> <p>“Low-fat, low-calorie, very little meat, fake soy products, whole grain bread, artificial sweeteners galore. That was my “healthy” diet.”</p> <p>“I ditched foods like honey, yogurt, and even fruit because “they contained sugar.” I convinced myself that “white” foods would make me fat – white rice, white potatoes, white flour, white sugar.”</p> <p>“For lunch I would have a salad. But not a boring one, it was always elaborate because I loved food. I wouldn’t have olive oil, maybe just some cider vinegar with lemon. If I had protein it would never be more than half a salmon fillet, for example. I may have had an apple or nuts in the afternoon. For dinner, I would have fish and I devoured so much roasted vegetables and tahini”</p> <p>“I cut out the banana because I was scared of them.”</p>

			<p>” Sokeri ja valkoiset jauhot eivät myöskään kuuluneet ruokavaliooni. Söin maustamatonta rahkaa ja raejuustoa. Paljon vihanneksia ja hedelmiä. Tarvittavan rasvan sain kananmunista, avokadosta ja pähkinöistä. ”</p> <p>“It meant eating no processed food, sugar or dairy, and when I cut out carbs, that’s when it went over the edge. I counted vegetables as my carbs and I limited my fruit intake.”</p> <p>” Olin todella neuroottinen syömisestäni. Kaiken ruoan piti olla täysin maustamatonta ja suolatonta.”</p> <p>” Vain mieheni tekemä ruoka kelpasi minulle.”</p> <p>“My diet quickly became a bowl of raw or steamed vegetables with lemon juice (no oil or salt), lean poultry, fish, beans and sometimes some high fibre whole grains and fat free dairy when I needed the carbs.”</p> <p>” Olin aivan järkyttävän tarkka syömisestäni. Kaikki ruoka meni vaa’an kautta ja ohi ei yksinkertaisesti syöty. ”</p>
		Planning	<p>” Suunnittelin tarkasti tulevan viikon ruokavalion. Ruokailuni oli lähes kellontarkkaa.”</p> <p>” Jokainen viikko oli täysin samanlainen, mitä nyt lukiossa jaksot hieman vaihtuivat - muuten kaikki päivät, viikot ja kuukaudet etenivät tietyn kaavan mukaan: samat ruuat, samat treenit, samat aikatulut, samat rutiinit, samat perinteet.”</p> <p>” Siellä treenattiin parhaimmillaan 8 tuntia päivässä (jos sattui olemaan käytännön tunteja) eri lajeja. Tämän lisäksi heräsin ennen koulupäiviä aamulenkeille ja joinain päivinä ajoin vielä Kouvolaan illaksi ohjaamaan spinningiä.”</p>
	Emotions	Anxiety	<p>“I knew I shouldn’t have anxiety when I went to family reunions, but I stood at the buffet table, heart racing, head completely clouded. I just thought that was what life would be like from now on”</p> <p>“every Friday night we would go round to one of the Aunties’ houses and have a meal. I would feel petrified and find excuses not to go. If I did, I would pile my plate high with salad so there wasn’t room to eat the good stuff. ”</p> <p>“I tried to hide my food fears when I was with other people — and veganism was the perfect cover. Rather than admit my food phobia, I could just claim it was too hard to eat out as a vegan.”</p>

			<p>” Ruokailuista stressaaminen on tehnyt minusta epävarmemman.” “never being able to comfortably dine out without serious anxiety about how food is prepared. It means not eating with friends or loved ones unless they always want to eat the food that abides by your rules. ” “I became scared of eating out with anyone, because I needed to control what was put on my plate. If I went to someone’s house I would offer to cook so that I could choose the food. If I ate at a restaurant, I always insisted on choosing it, normally vegan. If I couldn’t, I would find an excuse to go to the toilet and on the way speak to a waiter or chef, explaining I had an intolerance to dairy or oil, even though neither was true. Sometimes I would ring before to check it was safe, telling them I had a friend coming who had intolerances” ”Ystävien ruokailukutsuista jouduin kieltäytymään. Minulle kelpasi vain mieheni tekemä ruoka, vain siitä pystyin todella tietämään ettei ruoassa ollut mitään ylimääräistä.” “I opted out of so many celebrations and social gatherings in fear of the food that I’d be expected to eat or the cocktails I’d be expected to drink.”</p>
		<p style="text-align: center;">Guilty</p>	<p>”Pitkään jatkunut treeni useita kertoja päivässä ja niukahko energinen ruokavalio ajoivat minut joskus ahmimaan. Saatoin ahmia kerralla helposti ruokaa 6000kcal edestä, jollen enemmänkin, riippuen vähän siitä mitä kaapista on löytynyt. Morkkishan siitä seurasi ja itsensä rankaisu moisesta epäonnistumisesta. Koskaan en ole oskentanut tai yrittänyt oksentaa ahmimisen jälkeen, mutta olen piiskannut itseäni sitäkin kovempaa sitten ekstra treenillä. Koskaan en ahminut muiden silmien edessä, vaan silloin kun olin yksin kotona.” “Meanwhile, the cycle continued: I cleansed, got too hungry, broke down and ate solid food, felt terribly guilty, and rededicated myself to another cleanse — usually a longer one.” If I were to “slip up” and accidentally eat yogurt with added sugar, I would feel horrible about myself.” It means feeling immense guilt and shame if you accidentally break the rules.</p>

			<p>“I remember always ending up with food on my clothes and crumbs everywhere. I felt sick and embarrassed. I would make up for it the next day by having a juice for breakfast, spinning for 45 minutes early every morning and avoiding carbs.”</p>
		Better than others	<p>” Olin ja elin omassa pienessä fitnesskuplassani ja mikään muu ei oikeastaan kiinnostanut. Jos joku yritti takoa minulle järkeä päähän, käännytin tämän samoin tein pois ja tuomitsin hänen olevan huono ihminen jos ei ymmärtänyt minun ”terveellistä fitness-elämääni”.”</p> <p>” Olin "ylempänä" muita. Olin parempi kuin muut, tiesin miten pitää elää ja syödä.”</p> <p>“I felt sorry for people that didn't understand what it meant to live clean, and quite frustrated.”</p> <p>” Koko elämäni pyöri ruoan, vartalon ja treenien ympärillä. Olin todella itsekäs ja epäkunnioittava. Ainoa asia millä oli väliä oli MINUN ruokani, MINUN treenini ja MINUN kisani.”</p> <p>” Minua alkoi ällöttää kaupassa ihmiset jotka ostivat "roskaruokaa". Joka kerta olisi tehnyt mieli mennä kysymään, että tietävätkö he mitä he suuhunsa laittavat?”</p>
		Flatters	<p>“While I was slowly losing weight at the beginning of my decline, everyone told me I looked great in response to a little weight lost. People would compliment me on my commitment to healthy eating because to them it looked like I was clearly doing something great for my body. Even though I wasn't trying to lose weight or get “skinny”, those compliments confirmed in my mind that my strict clean eating routine was a good thing to do.”</p> <p>“Yet, I (and my friends and family) considered my lifestyle to be healthy.”</p> <p>“I can remember how great I felt when I got so many likes on a photo of me at a friend's wedding. People were giving me compliments about how thin I was --- They came to me for advice like I was an expert and would ask me ‘What's your secret?’”</p> <p>“On the outside, most people would applaud me for “being so healthy” and “having so much willpower.”</p>
		Proud	<p>” Aloin olla fyysisesti hyvässä kunnossa. Olin ylpeä itsestäni. ”</p> <p>”Minulla oli mahtava fiilis kun vatsalihakset alkoi näkyä ja olkapäät olivat säikeillä.”</p>

			<p>“Veganism gave me a feeling of physical wellness and complete control.”</p> <p>“Obviously, I felt pretty damn good at first.”</p> <p>“I felt better for a few weeks, particularly less bloated since I cut out foods like bread and pasta.”</p>
		<p>Panicking about the food</p>	<p>” Kerran sain hepulin, kun banaanilettuihin oli laitettu hippunen sokeria.”</p> <p>” Perjantaina mieheni oli tehnyt minulle lämpimiä voileipiä ja huomasin, että tomaattikastikkeen alle oli laitettu voita. Minua suututti. Miksi sinne oli voita laitettu! Ihan turhia kaloreita!”</p> <p>”Olin pyytänyt häntä varaamaan minulle marinoimatonta kanaa, joka piti valmistaa uunissa ilman lisättyjä rasvoja. Paikalle päästyäni isäni oli kuitenkin valmistanut kanan grillissä ja siinä oli marinadi päällä. Sain aivan jäätävän hepulin ja kieltäydyin syömästä kanaa. ”</p>
	<p>Physical symptoms</p>	<p>Physical effect</p>	<p>“I had night sweats every night, so bad I would have to change my sheets. I had no sex drive, to the point that I was questioning my sexuality because I didn’t fancy a guy. I had orange hands (a condition known as carrot anaemia), because I had eaten so much butternut squash. I had tingling in my body. My anxiety had come back terribly. I had osteopenia, where my bones were so thin because I hadn’t been getting enough calcium. I never broke a bone, thank God, but I know people with orthorexia who have. My hair was falling out. My eyes were always weeping, a sign of dry eye and a lack of oestrogen. I effectively had signs of the menopause at the age of 24.”</p> <p>“I experienced heart irregularities, dizziness and exhaustion, an inability to focus, and the loss of my period, all symptoms of anorexia. --- The admitting counselor confirmed it: my orthorexia had morphed into anorexia nervosa.”</p> <p>”treeneistä palautuminen kärsii, alkaa tulla erilaisia ruoka-aineyliherkkyksiä ja allergioita, ihottumia, iho kuivuu, seksihalut vähenee... Pahimmillaan jopa hiuksia alkaa irrota päästä. Mulla on hiusten lähtöä lukuunottamatta noita kaikkia oireita.”</p> <p>” Olin onneton ja väsynyt. En jaksanut kiinnostua mistään, olin flegmaattinen ja ahdistunut.”</p>

			<p>” I used to do 30 day juice cleanses and walk around New York City with blue lips and thinning hair and imbalanced hormones and zero energy.”</p> <p>“Friends and dates gradually drifted away, preferring the company of someone who could share a beer after work or go for tacos and margaritas without obsessing over the "unhealthiness" of what I was eating or drinking.”</p> <p>“I had no periods because I had no oestrogen in my body. It’s an illness called hypothalamic amenorrhea; when your body is so stressed out, the part of your brain that controls your hormones, the hypothalamus, stops working.”</p>
The recovery	Feelings in recovery	Control	<p>” Luulen, että fitness-kilpailut puhkaisi minulla vanhat oireet takaisin. Olinkin yhtäkkiä kontrollissa taas vartalostani ikään kuin ”luvan kanssa”. Sitä en sitten tiedä, jos olisin lähtenyt kilpailuihin ikään kuin ”puhtaalta pöydältä” ilman aiempaa syömishäiriötä, olisinko selvinnyt ilman ortoreksian puhkeamista.”</p> <p>“I was trying to control my life through food, and I believed I was worthy and powerful because I treated my body like a temple (which, to me, meant eating nothing but plants).”</p>
		Feeling like a failure	<p>” Koin että olin epäonnistunut. Olin epäonnistunut urheilijana ja pettänyt kaikki sponsorini, valmentajani ja perheeni. Ryvin alkuun itsesäällissä ja huonossa omassatunnossa, kunnes aikaa oli kulunut sen verran että pystyin jo ajattelemaan vähän selkämmin.”</p> <p>” Miten se on mahdollista, että uusi terveellinen elämäntapani onkin sairaus? Lihavuus on sairaus! Lihavuuden ihannointi on sairasta!”</p>
	Realizing something is wrong	Others	<p>“I hadn’t had a period for a year when my sister told me she was pregnant. It was a wakeup call. I realised something wasn’t right. If a woman’s body is healthy, it can carry a child, but if you’re not having periods, that’s a warning sign.”</p> <p>“Some people had caught on before I did. My mum hadn’t found my lifestyle alarming at first, until I was looking sick. My cousin said ‘You look shit. Yes, you are thin. But your hair and skin look awful. What’s going on?’ I also overheard two girls I knew leaving the gym</p>

			<p>talking about how awful I looked. That hit a nerve, that people were talking behind my back.”</p> <p>“For me, orthorexia recovery required a multidisciplinary approach. I went to counseling, read all the books I could find about binge eating disorders and “clean eating”, confided in family and close friends.”</p>
		<p style="text-align: center;">Healing</p>	<p>“for the first time in three years, I have stable blood sugar, and I'm not afraid to eat a piece of cake (full of white flour!) on my friends' birthdays.”</p> <p>” Vuoden päivät kuluivat ja parantumiseni oli päässyt jo hyvään vauhtiin. Olin hiljalleen oppinut nauttimaan elämästä ja jopa opetellut ruokailemaan uudestaan. Pitkään meni, että huono omatunto kalvasi isommista ruoka-annoksista ja herkuista, mutta vähitellen opin olemaan armollisempi itselleni.”</p> <p>” Vuoden 2014 loppupuolella olin päässyt ruokailujeni kanssa "sinuiksi".</p> <p>” Enää en todellakaan koe olevani "ylempänä" muita, vaan voin ääneen myöntää sairastavani ortoreksiaa.”</p>