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Introduction and Aim

Among numerous modern searches for a solution to the problem of restrictive eating behavior, it is important to determine the optimal ways to improve the quality of life of people suffering from orthorexia nervosa. We hypothesized that the deepening of self-awareness of persons with orthorexia by increasing food intuition leads to a decrease in orthorexic symptoms and helps to harmonize attitudes towards oneself and others through the harmonization of the self-image. The Program included: psychodiagnostics: attitude towards body image, presence or absence of orthorexic fixation on quality nutrition, rituals, providing food with moral qualities, etc.), prevention and correction in the form of individual therapy, webinars, discussion of the literature read, evaluation of the effectiveness of the Program.

Methods and Sample Characteristics

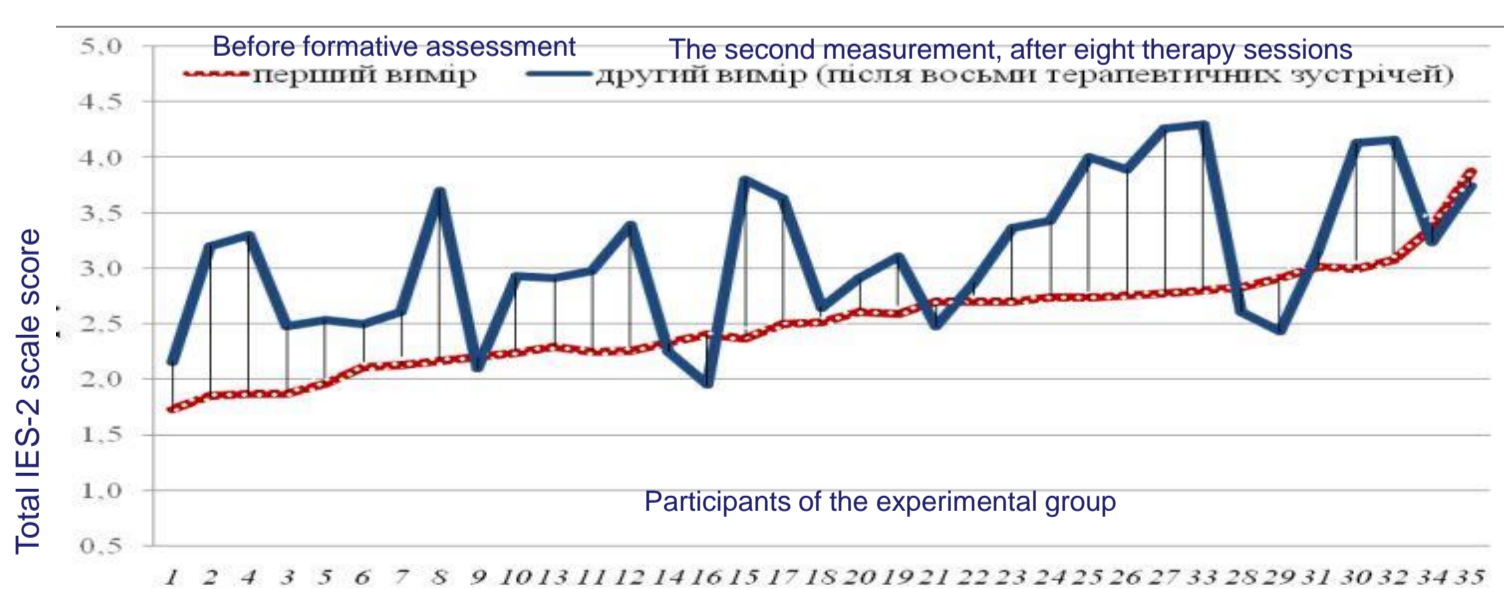
At the stage of the formative assessment in order to obtain the initial and final measurements were used a number of psychodiagnostic methods, which made it possible to analyze the effectiveness of the program for the correction of disordered eating: the Rome Orthorexia Nervosa Questionnaire ORTO-15 L.Donini et al., Intuitive Eating Scale-2 T.Tylka, «The body image perception questionnaire" by O. A. Skugarevskyi, S. V. Syvukha, "Self attitude questionnaire" by V. V. Stolin, associative experiment, verbal semantic differential.

Processing methods. To measure the effectiveness, we made the comparative analysis of data at the beginning and after completion of the program, with help of diagnostic paired Student's t-test (calculations were made in the SPSS program).

The study consisted of 70 people with orthorexic behavior patterns—men and women aged 23 to 53 years. They were selected (using the ORTO-15 method) among adult individuals interested in a healthy lifestyle, subscribed to relevant Facebook and Telegram groups. The sample was divided into experimental and control groups with 35 individuals in each group. The author's correction program was used to attempt to increase food intuition in the experimental group. This included the development of interoceptive awareness, attunement with bodily sensations, the use of food to satisfy physical rather than emotional needs, and an increase in confidence in the signals of one's own body. It lasted 9 weeks and consisted of one diagnostic and 8 therapeutic sessions. A formative assessment was conducted in Ukraine in 2020.

Results

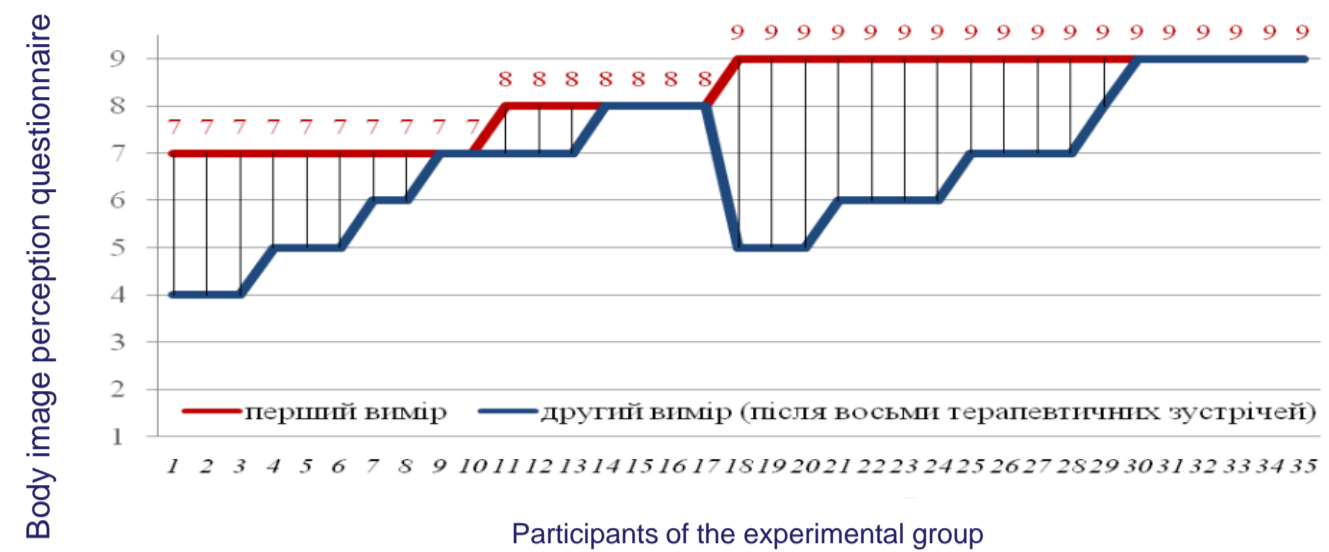
The data of the formative assessment showed significant changes in the personal indicators of the respondents in the experimental group, which were reflected in a noticeable increase in the general indicator—global self-attitude (from 68.07 ± 27.39 to 73.99 ± 27.18) and an increase in food intuition ($2,60 \pm 0,54$ to $3,13 \pm 0,79$).



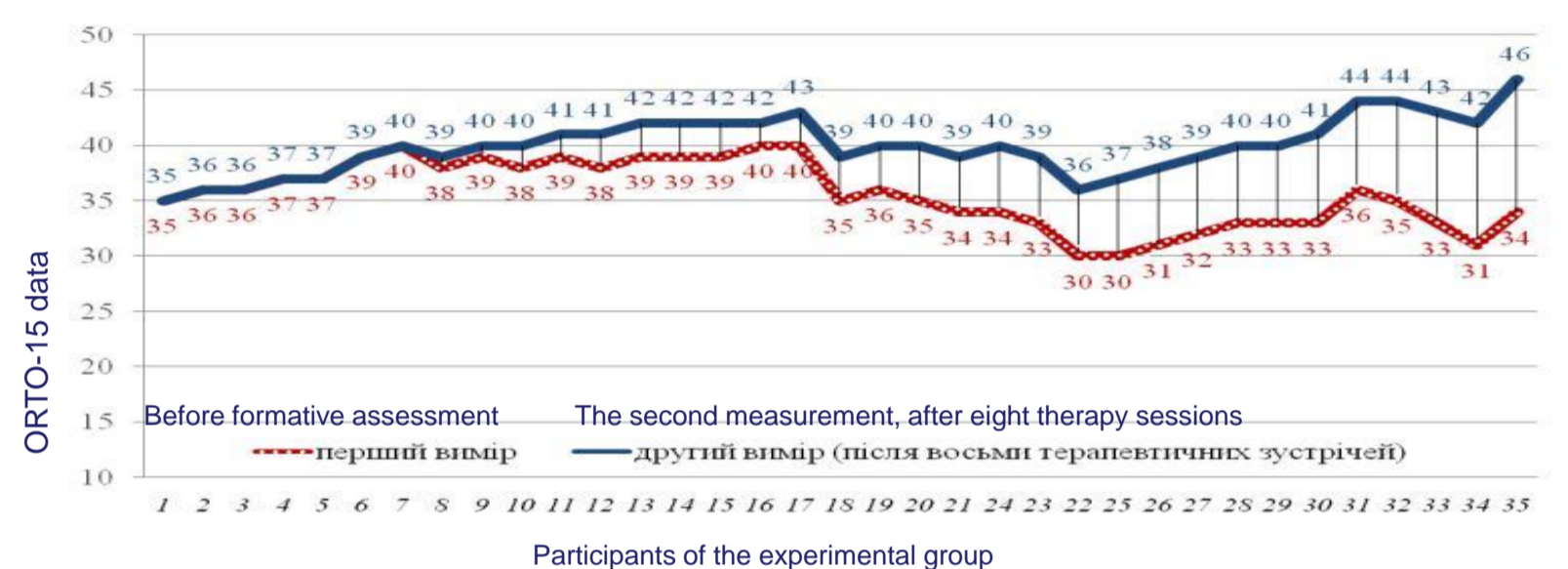
Results of the Body Image Perception Questionnaire at the first time testing were exceptionally high - more than half of the participants (51.43%) had an indicator of 9 points, which indicates an extreme degree of disharmony with one's own body. This criterion is not a compulsory sign of orthorexia, however, as it was inherent in a significant part of the sample, the focus of therapy was also aimed at developing respect for the body, self-compassion and lowering the level of self-blame.

Continuation of results.

During the formative influence, 12 people (34.29% of the group) indicators remained at the same level; the rest decreased to middle level.



The intensity of orthorexic patterns of behavior and the level of self-accusation showed a downward trend (from 59.81 ± 30.68 to 47.79 ± 27.88). As a result of the corrective-forming influence, the self-perception of the participants is transformed and becomes more harmonious. The control group did not show similar change dynamics.



Discussion

The conducted research does not cover all aspects of the above-mentioned problems. The prospect of further research is:

- search for new ways of effective psychological assistance to persons with orthorexic eating behavior with the use of the latest training technologies of psychological content;
- monitoring orthorexic eating traits and identifying correlations with the use of social networks;
- adaptation and further testing of the Ukrainian versions of the "Düsseldorf Orthorexia Scale" and "ORTO-R" questionnaires on the Ukrainian sample;
- dynamic cooperation with the world's leading scientific schools.

Conclusions

Orthorexia is not a typical eating disorder as there are no correlations with self-awareness of one's own body, attitude towards it, as well as there is no connection with a disturbed body image and trying to lose weight. Unique defining signs of this disorder are the perception of dietetics self-restraint as a moral virtue; overvalued ideas, irrational beliefs regarding the impact of food products on health; social and subjective desirability behavior.

Orthorexic behavior reflects current social processes related to increasing concern of the population of large cities about the quality of products and their impact on health. Tendency to worry about food observed in circles of followers united by common beliefs and values is considered to be as a sign of a subculture within the traditional one food culture.

As the "correct eating" strategy is often chosen as a form of compensation for unenlightened intrapersonal problems, approaches based on interoceptive awareness and food intuition show good results in improving the quality of life of people with orthorexic behavior.

Keywords

orthorexia, food intuition, ORTO-15, interoceptive awareness, correction program.