From likes to obsessions: The mediating role of obsessive compulsive symptoms in the relationship between social media addiction and orthorexia nervosa

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SUMMARY

Objective: The study aims to investigate how social media addiction affects orthorexia nervosa through obsessive compulsive symptoms. The mediator role of obsessive compulsive symptoms in the relationship between social media addiction and orthorexia nervosa was examined.

Method: Participants consisted of 268 female and 53 male undergraduate students, totaling 321. The age of participants ranged between 18 and 30, and the mean age was 21.78±2.29. Personal information form, social media addiction scale, Padua inventory, and Ortho-11 were administered to the participants. Descriptive statistics, reliability analysis, and correlation analysis were conducted in SPSS 24, and mediation analysis was performed by Process plugin with model 4.

Results: Results of the study revealed that there is a significant positive relationship between orthorexia nervosa tendency and obsessive-compulsive symptoms. Also, there is a positive correlation between social media addiction and obsessive-compulsive symptoms. The findings of mediation analysis showed that social media addiction increases an individual's orthorexia nervosa tendency through obsessive compulsive symptoms. The findings indicate that obsessive-compulsive symptoms significantly mediate the relationship between social media addiction and orthorexia nervosa.

Discussion: This study suggests that social media addiction indirectly influences orthorexia tendencies through the development of obsessive-compulsive symptoms, highlighting the importance of addressing both social media use and obsessive-compulsive symptoms in interventions.

Key Words: Eating disorders, orthorexia nervosa, social media, obsessive compulsive symptoms.

INTRODUCTION

Internet usage in Turkey has surged to 69 million users, reflecting an increase of 3 million over the past year. Similarly, the number of social media users has reached 57.1 million, marking an increase of 8.5 million within the same period (1). This rapid growth reflects the pervasive influence of digital platforms on contemporary lifestyles, where the internet and social media are not merely tools for communication but integral elements shaping daily routines, social interactions, and even personal health behaviors.

Recent studies highlight that excessive social media usage can exacerbate various psychological disorders, notably obsessive compulsive behaviors and eating disorders like orthorexia nervosa. Obsessive compulsive disorder is characterized by persistent, unwanted thoughts (obsessions) and repetitive behaviors (compulsions) that individuals feel compelled to perform. These behaviors are often aimed at reducing anxiety or preventing some dreaded event or situation but are not realistically connected to what they are designed to neutralize or prevent (2). The literature reveals those individuals with nonclinical obsessive–compulsive disorder symptoms tend to experience greater social media

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fatigue due to fear of missing out and compulsive social media use (3).

Online platforms have revolutionized the accessibility and dissemination of information, including that related to nutrition and health. As a result, information about unusual eating habits and unusual calorie values has become widely available, promoting a dichotomous view of food as either 'good' or 'bad.' This categorization is often driven by trends favoring healthy and organic foods while demonizing those perceived as unhealthy. Consequently, while some users benefit from increased awareness of healthy eating, others may develop disordered eating patterns, such as orthorexia nervosa, characterized by an unhealthy obsession with healthy food (4).

Orthorexia nervosa diverges significantly from general healthy eating. It involves an obsessive fixation on food quality and purity, leading to severe dietary restrictions and social isolation. Individuals with orthorexia nervosa experience a diminished acceptable food list over time, increasingly excluding foods perceived as impure. This behavior often results in a disrupted social life, as individuals avoid eating out and spend excessive time planning and preparing meals (5). Moreover, orthorexic individuals' extreme interest in food ingredients contrasts with conditions like anorexia nervosa and bulimia nervosa, where the focus is more on the quantity of food consumed (6). Although orthorexia is not officially recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), there is growing advocacy for its inclusion due to its distinct and significant clinical impact (7). A study found that orthorexia nervosa assessments created before the 2016 revised orthorexia nervosa diagnostic criteria do not fully capture obsessive-compulsive symptoms, while more recent assessments found consistently significant, larger relationships, highlighting a previously underrated obsessive compulsive component of orthorexia nervosa (8). Studies have demonstrated that social media addiction can lead to increased anxiety, perfectionism, and, ultimately, obsessive compulsive behavior (9,10). These behaviors often set the stage for the onset of orthorexia nervosa, as individuals become fixated on adhering to overly restrictive diets that they believe are promoted by social media influencers and communities (11). Orthorexia nervosa involves obsessive thoughts about healthy eating and distress related to this obsession, and it shares commonalities with obsessive-compulsive disorder (12). Individuals with orthorexia nervosa often exhibit high levels of obsessive-compulsive symptoms, mirroring the intrusive thoughts and ritualistic behaviors seen in obsessive-compulsive disorder (13).

The compulsive nature of social media platforms, which frequently promote idealized body images and lifestyles, can exacerbate existing mental health conditions and contribute to the development of new ones (14,15). Specifically, social media addiction has been linked to heightened obsessive-compulsive tendencies. Users are continually exposed to content that increases their anxiety and perfectionism, further fueling these behaviors (16). A study also found that the incidence of orthorexia nervosa was higher in obese individuals who scored higher on the social media addiction scale, suggesting a potential relationship between social media addiction and orthorexia nervosa (17). Another study indicated that longer time spent on social media is associated with a higher prevalence of orthorexia nervosa, highlighting a potential link between social media usage and orthorexia nervosa (18).

Orthorexia nervosa and obsessive compulsive disorder are conditions characterized by obsessive behaviors, but their relationship remains under investigation. A study involving college students found a high prevalence of both orthorexia nervosa (37%) and obsessive compulsive behaviors (38.5%), with a significant positive correlation between orthorexic and obsessive-compulsive behaviors (19). Another study demonstrated that individuals with obsessive-compulsive disorder had higher orthorexia tendencies, particularly among those with order-symmetry obsessions (20). Research indicates that orthorexia nervosa shares clinical characteristics with both eating disorders and obsessive-compulsive disorder, correlating more strongly with both eating disorders than obsessive-compulsive symptoms (21). Orthorexia nervosa might be a distinct behavioral pattern, overlapping with obsessive-compulsive disorder in certain psychopathological features but sharing sig-

nificant similarities with eating disorders (22). Orthorexia nervosa is characterized by symptoms such as intense avoidance of unhealthy foods and a pathological fixation on healthy eating, which overlap with obsessive-compulsive symptoms like obsession and ritualistic behavior (23). Orthorexia nervosa and obsessive-compulsive disorder are interrelated, with significant overlap in obsessive and compulsive behaviors.

This study aimed to investigate the role of obsessive compulsive behaviors as a mediating mechanism for the effect of social media addiction on orthorexia nervosa tendency. A previous study showed that greater Instagram usage is associated with heightened symptoms of orthorexia nervosa. Healthy eating communities on social networking sites are particularly influential in this context, as they encourage users to adopt healthy dieting habits, which may result in an obsession with healthy food (24). Also, another study found that Facebook use may increase OCD severity through obsessive-compulsive related beliefs (25). This result suggests that Facebook usage contributes to the severity of OCD by reinforcing stress-inducing beliefs (26), and using excessive social networking sites may predict the severity of OCD through obsessive beliefs similar to impulse (25). This mediation model will provide an answer to the question as to how social media addiction transmits its effect on orthorexia nervosa. Such insights are crucial for developing effective interventions that address the root causes of these disorders and promote healthier social media consumption and eating habits.

METHODS

Participants

An a priori power analysis was conducted to determine the minimum number of participants needed to test the hypothesis by using G*Power version 3.1. (27) for sample size estimation, based on data from a published study (28) (N = 242). The effect size in the published study's study was .21, considered to be small to medium using Cohen's (1988) criteria. With a significance criterion of $\alpha = .05$, the minimum sample size needed with this effect size is N = 77 for the linear multiple regression test. Thus, the obtained sample size of N = 321 is more than adequate to test the study hypothesis. The inclusion criterion was physically and mentally healthy individuals between the ages of 18 and 30. The exclusion criterion is a diagnosed psychiatric disorder.

Data were collected from 321 undergraduate students, 268 female (83.5%) and 53 male (16.5%). The age of participants ranged between 18 and 30, and the mean age was 21.78±2.29. Participants stated that they did not have a psychiatric diagnosis. 10 participants (3.1%) have a vegetarian or vegan diet type, and 311 participants (96.9%) are omnivores and do not have a vegetarian or vegan diet type. The mean body mass index of participants is 21.51±2.97. 289 (90%) participants had no plastic surgery experience, and 32 (10%) participants had plastic surgery experience. Considering the frequency of exercising, 113 participants (35.2%) reported no exercise, 112 participants (34.9%) two days a week or less, 53 participants (8.7%) do exercise two to four days a week, and 18 participants (4.7%) do exercise to 6 days a week and 15 participants do exercise every single day.

Procedure

Ethical eligibility of the research was approved by the Ethics Committee of Istanbul Ticaret University (E-65836846-044-201961, 04.02.2021) The data of the study were collected through an online platform. An informed consent form was presented to the participants, and each participant stated participation voluntarily to research. Also, the participants were informed that the research data would be used only for scientific purposes and anonymous. The duration to complete the survey is approximately 20 minutes. The data collection period was from 15.02.2022 until 27.03.2022, lasting six weeks.

Instruments

Personal Information Form: This form includes questions about the participants' sociodemographic information (gender, age, education level). Personal information such as eating habits, exercise frequency, plastic surgery experience, diet type, body weights, and heights (to calculate BMI) infor-

mation were asked. Also, questions related to the Internet and social media were administered to participants.

The Orto-11: The original scale was developed to measure the orthorexia symptomatology of individuals by (29). The scale consists of 15 items and three factors which are cognitive rational, clinical, and emotional domains. It presents a four-point Likert scale (1 = Always to 4 = Never). Lower scores on the scale indicate increased orthorexia tendency. Turkish adaptation study showed that four items that had a low level of factor loading (< .50) were excluded from the scale, 11 items version has more statistically significant psychometric properties (30). So, the name was revised to Ortho-11, in the Turkish version of the single factor structure. The internal consistency coefficients of the scale for adaptation and the current study, respectively are .62 and .74. The cutoff point was not determined in the Turkish adaptation study. So, in this study handled as a continuous variable, the likelihood of orthorexia nervosa symptoms was measured.

Social Media Addiction Scale - Adult Form: It was developed to measure individuals' problematic social media usage (31). It consists of 20 items and two factors, response is five-point (1 = 'Not at all suitable for me', 5 = 'Very suitable for me) Likert scale. The reliability coefficient internal consistency coefficient is .94 and the test-retest reliability coefficient is .93 for the total scale. A higher score means an individual's addiction to social media. The internal consistency coefficient for this study is .89.

Padua Inventory - Washington State University Revision: This scale measures obsessive compulsive symptomatology and consists of 5 sub-dimensions which are obsessional thoughts about harming oneself/others, obsessional urges to harm oneself/others, compulsions to control, contamination/contamination obsessions and cleaning compulsions, and self-care rituals (32). In this study, a total score was examined. Turkish adaptation study of scale showed that PE-WEUR has a satisfactory level of internal consistency (.93) and test-retest reliability is .86 (23). Also, the internal consistency coefficient for this study is .94.

Statistical Analysis

Descriptive statistics, reliability analysis, and correlation analysis were conducted in SPSS 24. Then, to test the hypothesis, model 4 simple mediation template was performed by Process plug-in SPSS (34). All indirect effects were analyzed with 5000 bootstrap resamples at a 95% confidence interval. In the study, the predictor variable is social media addiction, the predicted variable is orthorexia nervosa, and the mediating variable is obsessive compulsive symptoms. Skewness and kurtosis values ranged between -2 and +2, and data were normally distributed (35). And, then hypothesis, the mediator role of obsessive compulsive symptoms between organizational social media addiction and orthorexia nervosa was examined.

RESULTS

Descriptive Analyses

As shown in Table 1, almost half of the participants (50.2%) spent between 5 and 7 hours a day on the Internet. Most of the participants are members of a social media platform (96.6%), and they have had a social media account for at least 4 years. (85.3%). The purpose of using the internet from high to low, respectively, to communicate with someone, to be informed of something, social media, shopping, watch series/films, gaming, and browsing the web. Frequency of spending time on social media was more likely reported between 2 and 4 hours in a day (56.4%).

Correlation analysis

The relationships between all variables in the study were analyzed using the Pearson product-moment correlation coefficient technique, and the findings are presented in Table 2. There is a significant negative relationship between orthorexia nervosa scores and obsessive compulsive symptoms. This means, there is a positive correlation between obsessive compulsive symptoms and orthorexia nervosa tendency. Also, social media addiction cor-

Table 1. Prevalence of internet and social media use, purpose of internet use, time spent on social media.

N=321		N (%)
Time spent on the internet (hour/day)	0-1	3(0.9)
	2-4	83(25.9)
	5-7	162(50.5)
	>8	73(22.7)
Purpose of using internet		
To be inform of something	Yes	281(87.5)
	No	40(12.5)
Social media	Yes	281(87.5)
	No	40(12.5)
Gaming	Yes	126(39.3)
	No	195(60.7)
Communication	Yes	282(87.9)
	No	39(12.1)
Shopping	Yes	203(63.2)
	No	108(36.8)
Series/films	Yes	274(85.4)
	No	47(14.6)
Browsing the web	Yes	121(37.7)
	No	199(62.0)
Using social media	No	11(3.4)
	Yes	310(96.6)
Time spent on social media (hour/day)	Not everyday	24(7.5)
	0-1	62(19.3)
	2-4	181(56.4)
	5-7	45(14.0)
	>8	9(2.8)
Presence on social media (years)	<1	10(3.1)
	1-3	37(11.5)
	4-6	116(36.1)
	>7	158(49.2)
Ratio of social media of the time spent on the internet	A little time	99(30.8)
	Almost half	169(52.6)
	More than half	52(16.1)
	Almost all	1(0.3)

related positively with obsessive compulsive symptoms.

Mediation analysis

The findings indicated that social media addiction influenced significantly obsessive compulsive symptoms (a-path analysis) (b= .49, t = 5.02, 95% CI [.2980, .6817], p < .001). The b-path analysis revealed a significant relationship between obsessive compulsive symptoms and orthorexia nervosa tendency (b= -.07, t = -6.74, 95% CI [-.0962, -.0528], p < .001). However, there is no direct effect of social media addiction on orthorexia nervosa tendency (c'- path analysis; (b= .00, t = .04, 95% CI [-.0383, .0402], p > .05). In mediation analysis revealed that obsessive compulsive symptoms (indirect) mediated the relationship between social media addiction and orthorexia nervosa tendency (b= -.03, t = -6.74, 95% CI [-.0573, -.0187], p < .001). As a result, the mediator role of obsessive compulsive symptoms in the relationship between social media addiction and orthorexia nervosa was found significant (F (2,318) = 24.48 p < .001, R^2 = .13). All findings are shown in Table 3. Social media addiction through obsessive compulsive behavior explained a variance of 13% of orthorexia nervosa. Additionally, the direct effect of social media addiction on orthorexia nervosa is non-significant, so that obsessive compulsive symptoms fully mediated the relationship. As a result, the hypothesis is supported. Figure 2 presents all paths in the research model with unstandardized coefficients.

Table 2. Descriptive statistics and Pearson s correlation coefficients for the relationships between the variables in the study

Variables	Mean	SD	**1**	**2**	**3**
1. Orthorexia nervosa	27.74	4.85	*(.74)*	-.097	-.365**
2. Social media addiction	51.96	13.16		*(.89)*	.271**
3.Obsessive compulsive symptoms	41.2	23.81			*(.94)*

** p< 0.01

DISCUSSION

The current study revealed the mechanism of how

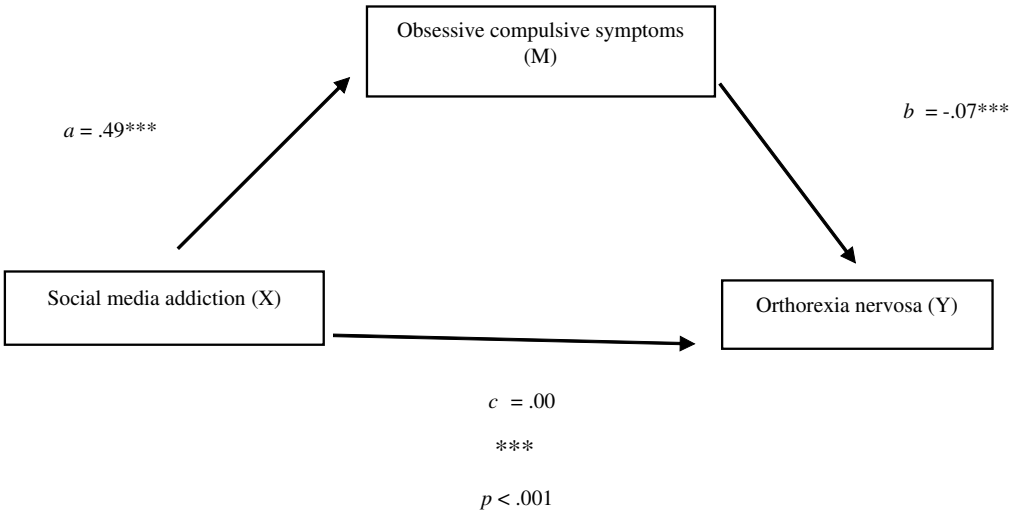

Figure 2. Mediation model

Table 3. Model coefficients for the mediation role of obsessive-compulsive symptoms relationship between social media addiction and orthorexia nervosa

	M (OCB)			Y (ON)		
Antecedents	Coeff..	*SE*	*p*	Coeff.	*SE*	p
X (Social media addiction)	.49 (*a*)	.10	.01	.00 (*c*)	.02	.96
M (Obsessive compulsive symptoms)	-	-	-	-.07 (*b*)	.01	.01
Constant	15.79	5.23	.01	30.26	1.04	.01
	R^2 = .07			R^2 = .13		
	$F_{(1, 319)}$ = 25.22, p <.01			$F_{(2, 318)}$ = 24.48, p <.01		

OCB: Obsessive Compulsive Behavior, ON: Orthorexia Nervosa

social media addiction affects the level of orthorexia nervosa. The findings underscore the complex interplay between these variables and highlight the significant role that obsessive compulsive behaviors play in the development of orthorexia tendencies among individuals with high social media addiction.

In recent years, research has shown that while the internet and social media have many positive impacts (36,37), they also have significant downsides. Studies suggest that excessive social media use can contribute to the development of new disorders or worsen pre-existing conditions, such as obsessive compulsive disorder symptoms. For instance, previous studies have established a significant link between social media use and obsessive-compulsive behaviors, particularly in the context of checking behaviors and the perceived importance of social media (38). Also, individuals with obsessive-compulsive dis are significantly influenced by social media concerning their mood and tend to place greater importance on social media than individuals of non-obsessive compulsive disorder (9). Previous research has consistently demonstrated a positive relationship between social media addiction and obsessive compulsive symptoms in various domains (16,39). For example, in romantic relationships, social media-addicted people focus on their partners' weaknesses, feel low levels of relational satisfaction, and show more relationship obsessive compulsive behaviors (40).

Building on these findings, this study identified a significant relationship between obsessive compulsive behaviors and orthorexia nervosa. Individuals exhibiting higher levels of obsessive compulsive symptoms were more likely to show orthorexia tendencies. This is consistent with previous findings (11,13), which suggest that orthorexia nervosa shares many characteristics with obsessive compulsive disorder, such as intrusive thoughts and ritualistic behaviors related to food quality and purity. The excessive focus on dietary purity can be viewed as an extension of the compulsive behaviors seen in obsessive compulsive disorder. The mediation analysis revealed that obsessive compulsive behaviors significantly mediated the relationship between social media addiction and orthorexia nervosa. This suggests that social media addiction indirectly influences orthorexia tendencies through the development of obsessive-compulsive symptoms. Additionally, no direct significant relationship between social media addiction and orthorexia nervosa indicated the full mediating effect of obsessive compulsive behaviors. The findings support the hypothesis that the compulsive use of social media contributes to the onset of obsessive-compulsive behaviors, exacerbating orthorexia behaviors. This mediation model provides a clearer understanding of how digital behaviors translate into specific eating behaviors.

Unlike previous studies, which often examined bivariate relationships (e.g., between social media addiction and orthorexia nervosa), this study employs a mediation model to uncover the underlying mechanisms. In other words, this study makes a novel contribution by uncovering the mediating role of obsessive-compulsive symptoms in the relationship between social media addiction and orthorexia nervosa. While previous research has largely focused on direct relationships, the present study demonstrates that social media addiction indirectly influences orthorexia nervosa tendencies through obsessive-compulsive symptoms. This finding adds a new layer to the existing literature.

The findings of this study align with and expand upon previous research examining the relationships between social media addiction, obsessive compulsive symptoms, and orthorexia nervosa. Consistent

with earlier studies, this study identifies a significant positive correlation between social media addiction and obsessive compulsive symptoms (24,26). Clinically, the results of the present study are both expected and significant. Previous research has consistently highlighted the role of obsessive-compulsive behaviors in the development of orthorexia nervosa (41,42), as these behaviors are worsened by social media's portrayal of idealized health and beauty standards (24). This finding aligns with clinical observations where individuals presenting with orthorexia tendencies often exhibit underlying obsessive-compulsive traits. The full mediation observed in this study underlines the significant role of obsessive-compulsive symptoms as a bridge between digital behaviors and disordered eating patterns, reinforcing the importance of targeting these symptoms in clinical practice. Therefore, the findings of this study are directly applicable to clinical and public interventions, such as therapy techniques to reduce perfectionism, anxiety, and rigid thought patterns worsened by excessive social media use or regulation of social media platforms, focusing on mitigating harmful content that promotes unrealistic dietary habits and compulsive behaviors.

Despite the valuable insights provided by this study, several limitations should be noted, including the reliance on self-report questionnaires to assess both orthorexia nervosa and obsessive compulsive disorder symptoms. Future research should aim to incorporate clinical interviews or objective behavioral assessments to validate self-reported data and ensure a more comprehensive understanding of the relationship between orthorexia nervosa and obsessive-compulsive behaviors. Another limitation of this study is that information on which content pages the participants visit on social media was not collected. It is thought that exposure to social media, especially related to healthy eating, may trigger obsessive symptoms and thus increase the obsession with healthy eating. Obtaining this information in future studies can enrich the research findings.

Additionally, the study sample is limited to university students, making it difficult to generalize the findings to the broader population. University students represent a specific demographic that may experience unique pressures, such as academic stress and social influence, which could exacerbate tendencies toward disordered eating or compulsive behaviors. Future research should include a more diverse sample to enhance the validity of the findings.

A potential topic for future research is exploring how body mass index (BMI) influences the relationship between orthorexia nervosa and obsessive compulsive disorder. Although BMI was not a primary focus of this study, it may serve as a significant variable in understanding the severity of orthorexia behaviors. A comparative analysis between individuals with low and high BMI could provide insights into whether body weight influences the development or manifestation of orthorexia and obsessive compulsive tendencies. This could help tailor interventions more effectively based on an individual's BMI profile. Lastly, spending time on platforms where access to visualized posts about beauty and physical appearance is more likely to be widespread may increase risk factors of orthorexia. Therefore, future studies can investigate the effect of the type of social media platform on eating behavior.

This study shows that obsessive compulsive behaviors play a mediating role in the relationship between social media addiction and orthorexia nervosa, with the main emphasis being on the dynamics between digital media use and eating behaviors. The findings suggest that comprehensive treatment and intervention strategies addressing both the psychological effects of excessive social media use and the compulsive behaviors associated with orthore-xia nervosa are necessary. By understanding these connections, healthcare providers can create more effective interventions to target the root causes and ultimately improve outcomes for those affected.

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