

UDC 613.2

DOI: 10.52534/msu-pp1.2024.22

Valery Patonich*

Master

Institute of Eating Disorders Therapy

04071, 39V Yaroslavska Str., Kyiv, Ukraine

<https://orcid.org/0009-0009-0787-6367>

Actual problems of eating disorders and ways to solve them

Article's History:

Received: 01.12.2023

Revised: 27.02.2024

Accepted: 27.03.2024

Suggested Citation:

Patonich, V. (2024). Actual problems of eating disorders and ways to solve them. *Scientific Bulletin of Mukachevo State University. Series "Pedagogy and Psychology"*, 10(1), 22-31. doi: 10.52534/msu-pp1.2024.22.

Abstract. As eating disorders become more and more common, it is necessary to understand the influence of modern life factors on the formation of these diseases in order to develop more effective strategies for their prevention and treatment, so the purpose of this study was to systematically examine the sociocultural and psychological factors of eating disorders. Two key methodological approaches were used to study the social and underlying psychological factors of these disorders: sociocultural and psychoanalytic. The empirical basis of the study is based on the interview method. Social factors, in particular media influence, determine the formation of eating disorders, especially among women, through the creation of negative standards of beauty and bodily satisfaction. Based on interviews with people with eating disorders, it was found that the underlying psychological factors of these disorders are mainly focused on intrapersonal aspects, such as the perception of food and one's own body, emotional sphere, and self-esteem. At the same time, interpersonal factors related to interaction with the environment have a lesser impact. These factors can lead to the development and complicate the course of eating disorders, so it is important to work with psychological aspects for effective treatment. It is substantiated that psychodynamic and Gestalt therapy are effective treatment methods aimed at resolving mental conflicts. Both approaches use a variety of methods, including dream analysis and fissionotherapy, to help patients understand and resolve their emotional and behavioural interactions with food. The practical value of the study is that its results highlight the need to use psychodynamic and Gestalt approaches in therapy, which can address the underlying psychological and emotional factors of eating disorders. The study can be applied in the activities of institutions specializing in the treatment of eating disorders

Keywords: bulimia nervosa; anorexia nervosa; media; psychodynamic therapy; gestalt therapy; fissionotherapy

*Corresponding author

INTRODUCTION

Eating disorders (EDs) affect at least 9% of the world's population, which indicates the wide scale of the problem, making it one of the most pressing in modern society. In today's society, eating disorders are serious pathologies that negatively affect not only mental but also physical health. This is due to the fact that this disorder has a destructive effect on nutrition, which is one of the main components of the body's normal functioning. People with EDs are often diagnosed with other mental health problems, such as depression, anxiety, and personality disorders. ED can

lead to serious health problems such as cachexia, osteoporosis, heart and vascular problems, and suicide. Given these serious consequences, two important aspects are relevant. Firstly, given the complexity of treating these disorders, there is a need for a detailed systematization of the factors of ED, which are both social and psychological in nature. Secondly, there is a need to analyse the latest methods of treating ED, with an emphasis on in-depth study of the factors that trigger the disorder. Over the past three years, the problem of ED has been a rather high level of



intensity in the Ukrainian scientific community, which can be seen in the large number of publications. Therefore, the literature review will focus on publications that are most relevant to this study.

EDs are among the most deadly mental illnesses, second only to opioid overdose (Arcelus *et al.*, 2011; The Social and..., 2020). Researchers M. Saliuk & L. Butenko (2021) conducted a theoretical analysis of the scientific literature on the problems of substance use disorders among adolescents and young people. During the analysis, they theorized the roots of eating disorders and body image. The results of their study revealed the following features of the relationship between eating disorders and subjective well-being among adolescents and young people: the higher the level of conscious self-regulation, the more confident the person feels, accepts their body, which is accompanied by an increased level of subjective well-being; the ability to regulate one's own behaviour and emotions affects not only overall well-being but also the form of eating behaviour. The skills of independence, objective assessment of situations and conditions, calm acceptance of changes and quick adaptation are essential for satisfaction with one's body image. The study conducted by V.M. Teslyuk & T.V. Kulibaba (2023) aims to empirically study the main causes of disordered eating and psychological aspects of eating behaviour among women. The study involved 42 women aged 22 to 45 who voluntarily participated in the research. Participants were selected based on criteria such as gender, age, physical and mental health. The results of the pilot study confirmed that most women have insufficient control over what and how much they consume. A quarter of women are prone to stress eating, and slightly more than a third of respondents tend to overeat in company. The study also revealed a high level of body dissatisfaction among the majority of participants. A third of women have a moderately high level of body dissatisfaction, while a fifth of respondents has a moderate level of dissatisfaction. Researchers T.O. Serha & M.V. Bilousenko (2022) also studied eating disorders in women. Analysing these disorders and their consequences, it can be determined that middle-aged women, against the background of general imbalance and tension, experience interpersonal and intrapersonal problems. In particular, this includes misunderstandings with loved ones, conflicts in the family and with friends, failure to realize dreams and plans, fears, low self-esteem, anxiety, constant stress and other psychological disorders.

The study conducted by N. Karvatska (2022) aimed at analysing the peculiarities of students' eating behaviour during forced social isolation caused by the COVID-19 pandemic and indicates a close connection between these peculiarities and the psycho-emotional state of students. In 2021, in compliance with the principles of bioethics and deontology, an intensive comprehensive examination of 60 3rd and 4th year medical students aged 19 to 22 (21 men and 39 women) was conducted. The Dutch Eating Behaviour Questionnaire (DEBQ) and the Food Addiction Questionnaire were used to study students' eating behaviour. It was

found that 84.61% of overweight people considered their diet to be irrational. In 36.17% of people with normal body weight, eating disorders were found, mainly of the emotional type. In the group of overweight people, eating disorders were found in 92.31% of students, with all types of EDs observed. Researcher L.M. Absalyamova (2021), basing on theoretical development, analysed studies that examined the effectiveness of cognitive behavioural therapy for body image in the form of individual therapy, group therapy and self-controlled programme. It is noted that the following positive changes have been identified among the results achieved: an increased sense of satisfaction with one's own body and reduced preoccupation with appearance; a decrease in the feeling of stress on body image; a decrease in avoidant and compulsive behaviour; and the accumulation of positive aspects in such areas as self-esteem, social functioning, romantic experience, depressive symptoms and eating behaviour in general. Thus, research by Ukrainian scientists is mainly focused on specific population groups: adolescents, young people, and women. Therefore, there is a need for a more comprehensive study of EDs, taking into account all population groups for further comparative analysis. Thus, the purpose of this study is to comprehensively consider the negative impact of socio-cultural and psychological factors on ED. The goal involves solving the following tasks: to assess the impact of sociocultural factors on ED in modern society; to identify personal deep psychological factors that affect ED; to develop a recommendation strategy to minimize the impact of deep psychological negative factors that contribute to ED based on relevant psychotherapeutic areas. The scientific novelty of the study lies in the fact that the results obtained cover both sociocultural and deep psychological factors of ED, which allows seeing a holistic picture of the problem.

MATERIALS AND METHODS

Two theoretical and methodological approaches were used to study the factors that influence ED, which reveal the social and deep psychological factors of these disorders. The sociocultural approach was used to examine the factors of ED that are intersubjective in nature. The study was aimed at recording both macrostructural and microstructural influences. The macro-structural analysis focused on media and socio-economic determinants of the ED. The micro-structural analysis examined the influence of the immediate environment on the development of the ED. Thus, using the socio-cultural approach, it was possible to consider two levels of social influence on the development of the ED: institutional and micro-social. This methodological approach makes it possible to take into account the influence of not only large-scale socio-cultural factors, but also individual interactions and contexts on the development of the chemicals industry. The method of ranking and analysis was used in the selection of literature on the socio-cultural factors of the chemicals industry. The main goal is to identify from the large volume of scientific discourse the thematic units that are most often related to the socio-cultural factors of

ED. This made it possible to identify the main discourse on the socio-cultural factors of ED, which is divided into three areas: the media institution, economic situation, and the role of small groups (family, friends, etc.). Given the existence of the influence of the immediate environment, which was recorded within the framework of the sociocultural approach, it was decided to use a psychoanalytic approach to further elaborate on this determinant. However, it included not only interpersonal interaction (family, friends, intimate relationships), but also internal personal factors of ED. Thus, the use of the psychoanalytic approach allowed combining the sociocultural and psychological contexts, considering not only external factors influencing the development of ED, but also internal psychological mechanisms and personality dynamics. This has contributed to a deeper understanding and more effective intervention in cases of ED.

The study of the deep psychological factors of ED within the psychoanalytic approach is based on the use of the interview method as a tool for obtaining empirical data. In 2023, four anonymous face-to-face interviews were conducted. The study included interviews with people who showed signs of ED. In total, the participants were represented by two men and two women, and they were divided into two groups according to two extreme types of ED: one group with signs of bulimia nervosa (one man and one woman), and the other with signs of anorexia nervosa (one man and one woman). The age of the informants was 41-46 years. That is, the study participants belonged to the middle age category. All ethical standards were strictly adhered to during the study. All participants provided their informed consent and were informed in detail about the purpose and conditions of the study. The study was conducted in compliance with all the rules of the Declaration of Helsinki of the World Medical Association "Ethical principles of medical research involving human subjects" (2008). The structured questionnaire used during the interviews covered various aspects of the participants' lives and psychology related to health and nutrition. The questions were divided into several key subsections, such as "food and body", "family", "friends", "romantic relationships", "sexuality", "emotions", and "self-esteem". The analysis of the data was aimed at identifying key themes and patterns in the interaction between personality and nutrition in the context of ED. The use of open-ended questions during the interviews facilitated deep reflection by participants on their experiences and thoughts, which allowed for a more complete and deeper understanding of their internal state in relation to nutrition and mental health. This study aimed to highlight the underlying psychological aspects of eating disorders and provide a basis for developing effective approaches to support and treatment.

RESULTS

Social factors of ED:

Media, economic situation, close environment

One of the main social factors of the ED is media influence. It consists of two main aspects: "beauty standards" and

"diet promotion". In terms of beauty standards, images of the "ideal" body presented in the media can cause body dissatisfaction and contribute to the development of negative attitudes towards one's own appearance. A study conducted by Z. Brown & M. Tiggemann (2022) indicates that there has been a growing interest in studying the impact of celebrities on body dissatisfaction and the development of ED. The researchers conducted a systematic search for research articles on celebrities, body image and ED, using a variety of methodologies such as qualitative analyses, correlational studies, big data, and experimental approaches. The general conclusion of these studies highlights that exposure to celebrity images, appearance comparisons, and the cult of celebrity worship is associated with maladaptive consequences for self-esteem and body image. Frequent advertising of diets and weight loss can also encourage individuals to engage in unhealthy eating behaviours and develop ED. The promotion of the ideal of thinness and the dissemination of slimness values through the fashion world, media, and diet industry have been repeatedly identified as key contributors to the spread of ED (The social and economic cost of..., 2020). This trend is particularly evident among women belonging to specific subcultures where the desire for thinness is endemic, seen as a necessary element for successful career development. The cultural influence of such ideals, which is disseminated through various mass media, actively defines the idea of an ideal figure, and negatively affects self-perception of one's own body. Thus, the constant emphasis on thinness in the media and culture seems to be one of the main reasons for the growing problems of ED (Nasser, 2009). First and foremost, media influence is focused on women. The media actively promotes images of the ideal of thinness for women, and this ideal has become increasingly slim and therefore unattainable for most girls and women since the 1950s. Messages and images that emphasize the importance of appearance and thinness have a negative impact on women's self-esteem, weight attitudes, eating habits and emotional well-being in Western culture. Research shows that the media contributes to the development and maintenance of ED. Thus, it is important to include elements of media literacy, activism, and education in ED prevention and treatment programmes. Given the widespread prevalence of body dissatisfaction and disordered eating among women in society, and the established links between ED and media exposure, professionals, and the public should be encouraged to actively support the dissemination of more positive media messages aimed at improving women's self-esteem (Spettigue & Henderson, 2004).

Socioeconomic factors, according to recent studies, do not have a significant impact on ED. Previously, it was assumed that these disorders were typical of achievement-oriented, high, or middle-class individuals in Western countries. However, new research suggests that ED can be found in different areas of society and in different cultural settings. For a long time, it has been believed that EDs are predominantly found among those with higher socioeconomic status, which may influence their definition

and treatment. However, new research suggests that there is no consistent pattern of evidence supporting a direct link between high economic status and ED. Instead, ED can be observed in a wide range of socioeconomic settings (Pate *et al.*, 1992). The close social environment has been found to have a significant impact on ED, with research showing that peers and family influence eating habits, body dissatisfaction, and bulimia in adolescents. The findings highlight how daily social interactions can influence the development of unhealthy eating habits among adolescents and suggest that weight-related problems of parents and peers can be passed on to the next generation of adolescents (Quiles *et al.*, 2013). Media exposure is a significant social factor in the development of ED. In particular, the idealization of the body in the media can generate negative emotions and dissatisfaction with one's own appearance, which contributes to the development of negative attitudes towards one's body. In addition, widespread advertising of diets and weight loss methods can cause malnutrition and contribute to the development of ED. It should be noted that socioeconomic factors do not have such a significant impact on the development of ED. These disorders can occur regardless of the socioeconomic status of the individual, indicating the universality of this phenomenon among different population groups. In addition, the presence of a significant influence of the close social environment is emphasized in the context of the development of ED. Interaction with peers and the influence of the family environment may determine some aspects of eating behaviour, body dissatisfaction and the onset of ED symptoms.

Deep-psychological factors of ED: Based on interviews

The first set of interview questions concerned attitudes to food and body among people with bulimia nervosa and anorexia nervosa. In terms of attitudes towards food, people with anorexia nervosa had high standards for "proper" eating and negative emotions associated with eating. Individuals with bulimia nervosa experienced guilt, shame, and negative emotions after binge-eating episodes. Body image perception among the two polar eating disorders also had its own peculiarities. The informants with anorexia nervosa had a high level of body dissatisfaction and increased levels of perfectionism. Individuals with bulimia nervosa experienced stress and anxiety related to weight fluctuations. The informants were further asked questions about family and family relationships. All informants indicated that in their childhood, there were periods of stress or instability in the family that affected their emotional sphere. One informant with signs of anorexia nervosa indicated that her mother paid exaggerated attention to weight, appearance, and nutrition. Regarding the relationship between family relationships and eating disorders, three informants indicated that there was no relationship. Only one informant with anorexia nervosa indicated that she had a desire to meet certain family expectations regarding appearance and behaviour.

Regarding interaction with friends in childhood, three informants indicated that there were no problems.

Only one informant with bulimia nervosa mentioned that he was different from his peer group, which had a negative impact on his self-esteem. Current relationships with friends among all four informants are healthy and stable, not affected by their eating disorders, and the friendships themselves do not affect their eating behaviour. No group pressure on the informants was observed. As part of the analysis of issues related to personal relationships, it was noted that interaction with partners in adolescence included critical comments or high standards of appearance, which affected self-acceptance and ED. For female informants, excessive attention to appearance in their first romantic relationships created psychosocial stress and caused a deepening of the disorder. In their current intimate relationships, the informants reported a decrease in criticism from their partners compared to their first relationships. However, a woman with bulimia indicated that her partner had high standards for physical appearance, which created additional pressure and caused stress. A group of questions were also asked about sexuality. The women informants acknowledged that they feel emotionally uncomfortable, stressed, or anxious when thinking about sex, due to their attitude towards their own bodies, especially the informant with bulimia. ED can affect self-acceptance and attractiveness, which in turn can be reflected in attitudes towards sex. Also, according to the results of the interviews, it can be indicated that ED affects the internal acceptance of one's own sexuality, which is more true for women and less for men. A negative sense of one's own body in case of ED directly correlates with the sense of one's own sexuality, which is primarily manifested in uncertainty during sexual intercourse.

As for the emotional sphere related to their own ED, interviewees primarily experience anxiety and stress. Often, they experience constant or periodic anxiety and stress related to pressure about their body, diet, and appearance. Shame and guilt come in second place. The damaged state of health causes shame and guilt, especially after periods of binge-eating or other eating "mistakes". For female informants, the constant negative emotional atmosphere can lead to low self-esteem and a sense of unattractiveness. Three informants indicated that they chose to restrict their diet as a way of controlling their emotions and situation. One male informant indicated that he used food as a mechanism of comfort or distraction from negative emotions. In general, informants reported feeling difficulty expressing their emotions and a general negative emotional background. Negative emotions can create psychological discomfort, which plays a role in the development and maintenance of anorexia nervosa. The self-esteem factor showed that all informants felt low self-esteem, especially informants with signs of anorexia nervosa. Low self-esteem can contribute to the development of eating disorders, especially if a person tries to use eating as a way of control or compensation. An attempt to conform to an idealized picture of oneself leads to severe dietary restrictions. Thus, it is possible to identify a hierarchy of deep psychological factors of anorexia nervosa (Table 1).

Table 1. Hierarchy of deep-psychological factors that affect the development of ED

No.	Deep psychological factors of ED	Interpretation
1	Inadequate attitude to food and body	A person may feel body aversion and view food as an enemy, causing stress and using eating as a control mechanism.
2	Negative emotional sphere	Emotional discomfort, such as stress or depression, can trigger or exacerbate an eating disorder and use food as a coping mechanism.
3	Low self-esteem	Low self-esteem can lead to constant self-criticism and the inability to accept oneself as one is, affecting one's attitude towards food and body.
4	Unhealthy relationships in the family	Family modelling of unhealthy food attitudes and conflict can influence eating disorders through emotional triggers.
5	Bad personal relationships	Eating disorders can cause self-isolation and distance from loved ones, as well as use food as compensation for bad relationships.
6	Problems with sexuality	Sexual discomfort and negative self-esteem can affect the emotional state and cause eating disorders due to stress and anxiety.
7	Bad friendships	Inadequate social support and friendship problems can contribute to self-isolation and the use of eating as a compensatory mechanism.

Source: compiled by the author

Thus, it can be noted that intrapersonal aspects, such as the perception of food and one's own body, emotional sphere, and self-esteem, dominate among the deep psychological factors of ED. The identified intrapersonal factors point to the internal dynamics of the individual as a key component in the development of ED. In contrast, interpersonal factors related to interaction with others do not have such a strong influence, which indicates that the main dynamics of the disorder are determined by internal experiences and attitudes towards oneself. This aspect indicates a significant relationship between ED and personal experiences, which include perceptions and emotions, and suggests that in order to understand and effectively treat ED, it is necessary to pay special attention to the internal mental processes and emotional state of the individual.

Methods of reducing the influence of deep-psychological factors of ED: Psychodynamic approach and Gestalt therapy

Gestalt therapy and psychodynamic approaches can be useful in reducing or eliminating the underlying psychological factors associated with an eating disorder, but they approach this task from different perspectives. Psychodynamic therapy may focus on understanding unconscious aspects of the individual and uncovering subconscious conflicts that may be related to eating disorders. The use of dream and association analysis can help to uncover the underlying mental processes that are at the root of the disorder. Psychodynamic eating disorder treatment focuses on helping patients understand the meaning of their symptoms in the context of their lives in order to find ways to overcome unhealthy coping strategies and improve their overall quality of life. Many people who experience problems with binge-eating, body image disorders, or restricted eating may remain ill even after trying various treatments. In such cases, an eating disorder may be a clear manifestation of a complex psychiatric problem. Psychodynamic interventions aim to uncover potential predisposing factors, such

as childhood and adult trauma and unprocessed losses. The approach is to understand each person's unique personal history. Clinicians using the psychodynamic approach listen carefully to patients, helping them to better understand disturbing memories, feelings and broken relationships that may arise when telling their life story. As emotional pain in such cases is often difficult to experience, defence mechanisms such as denial, splitting, dissociation, projective identification and repression can be temporarily used by the mind to cope with internal discomfort (Zerbe, 2001).

Studies of the effects of cognitive behavioural therapy (CBT) and psychodynamic psychotherapy on eating disorders have shown that CBT has demonstrated consistent remission rates for all types of eating disorders, but has left a significant number of patients without achieving remission. In contrast, psychodynamic therapy has not always been effective in achieving remission in patients with eating disorders, although this conclusion may be uncertain due to the limited number of relevant studies. A group of patients with eating disorders may require therapy aimed at strengthening their own functioning deficits, which are not easily addressed by cognitive behavioural methods alone (Moberg *et al.*, 2021). Gestalt therapy can help a person to become aware of their emotions, interactions with food, bodily sensations and general lifestyle, and the focus on the "here and now" can help to uncover imbalances in eating behaviour and reveal underlying psychological conflicts. Working with consciousness and attention can help clients identify their own needs and respond to them in a more adaptive way. Gestalt therapy focuses on the process of contact between a person and his or her environment, as well as on the awareness of this process. The main idea is that psychological disorders arise from unconscious needs, desires, emotions, and mental fixations that have not become the object of attention or the purpose of contact. In Gestalt therapy, the therapist, together with the patient, identifies and works on disorders of awareness and perception,

contact abilities, ways of acting and integrating experience into the here-and-now. The therapist in Gestalt therapy interacts with the patient in a dialogue process where various aspects of the personality and disturbing experiences are identified and discussed. The therapist responds to the patient's immediate experiences, helping them to become aware of their own blockages, fixations, blind spots, and other aspects that may be implicit. Such emotional resonance and interaction facilitate joint efforts in reflection and processing of psychological processes occurring in the here-and-now (Description of Gestalt..., 2023).

In the Gestalt approach to working with EDs, the focus is on exploring the emotions that underlie overeating or undereating and trying to understand the experiences that are expressed in this type of behaviour. In Gestalt therapy, the therapist encourages the client to express their emotions and helps them to become aware of and express their feelings in the context of events and situations. The Gestalt approach also facilitates reactions to one's own feelings. Clients are taught to express their experiences and relate them to specific events. In addition, art therapy techniques such as drawing can be used to help clients express their feelings and events symbolically. This can help in developing mindfulness and expressing emotional experiences through the creative process. These approaches aim to uncover and understand how emotions and experiences shape eating behaviour, which can serve as a basis for further work on changes in this aspect of the client's life (Salgirieva *et al.*, 2022). Within Gestalt therapy, there is a newer method – fissionotherapy. It is aimed at revealing the processes of awareness of the ED radical, its role and relationship with the client's personality. This approach is also aimed at developing proflexion to create healthy relationships between parental figures in the form of a therapist and a client. A key aspect of fissionotherapy is the introduction of the concept of the “eating behaviour radical”, which is innovative in the world of psychotherapy. This concept reveals both many mechanisms of the formation of eating disorders and the possibilities of treating these disorders. The definition and classification of the background as mortal or vital is another new characteristic that opens up new opportunities for physiotherapists. This approach allows for the development of individualized interventions that are not only targeted at the client, but also at their social environment and life context. Fissionotherapy opens up new perspectives in the study and treatment of eating disorders, providing a comprehensive and individualized approach to psychotherapy. Thus, the psychodynamic approach and Gestalt therapy can be effective in addressing the underlying psychological factors of eating disorders, but they approach this task from different perspectives. Both approaches aim to develop awareness and identify mental conflicts, but use different methods, such as dream analysis in psychodynamic therapy and a focus on the here and now in Gestalt therapy. Fissionotherapy in Gestalt therapy complements these approaches by providing a new and innovative method for working with the radical of the ED.

DISCUSSION

It is important to note that the results of this study represent only one part of a wide range of research conducted on this topic. However, they do indicate that it is important to pay attention to the internal mental processes and emotional state of the individual in order to understand and effectively treat mental health disorders. A study conducted by I.S. Colmsee *et al.* (2021), which aimed to understand the importance of low self-esteem in the development of disordered eating, found a practically significant effect of self-esteem on ED. This effect was particularly pronounced in women and manifested over shorter periods between measurements. The overall conclusion is that low self-esteem is a universal risk factor for various types of eating disorders. Based on qualitative analysis, the authors' study also found a strong correlation between low self-esteem and eating disorders. However, the German study relied on secondary processing of existing empirical studies, which are predominantly based on quantitative methods. The fact that low self-esteem correlates with ED in both qualitative and quantitative studies indicates that this factor is really important in ED.

Researchers H. Jebeile *et al.* (2021) from Australia identified risk factors for ED, including body dissatisfaction, low self-esteem, depression, and dieting. Dieting to control weight may increase the risk of ED, while structured and supervised weight management is likely to reduce the risk of ED for most adolescents. However, some adolescents may present to an obesity treatment service with undiagnosed ED or may develop ED during or after treatment. The authors conclude that a risk management approach that includes screening or monitoring for risk factors and behaviours associated with ED should be used to identify those at risk. Unlike the authors' study, the focus is on adolescents rather than adults, but similar factors were found to influence ED: low self-esteem and body dissatisfaction. The Spanish and Belgian researchers M. Rabito-Alcón *et al.* (2021) note that many people with ED report experiencing trauma in childhood, and this condition is the basis for many studies aimed at investigating the factors mediating the relationship between traumatic experiences and the development of ED. In their systematic review of published work, they used the PsycInfo and PubMed databases, combining keywords and applying inclusion and exclusion criteria. A total of 18 articles were identified, and the analysis revealed a set of factors that may mediate the relationship between childhood trauma and the development of ED, including pathological dissociation, difficulties with emotion self-regulation, body dissatisfaction, negative affect/depression, anxiety, general distress, self-criticism, and alexithymia. The study emphasizes the importance of considering these possible factors when planning treatment, and the role of early detection of trauma and PTSD symptoms in preventing more serious psychopathology in adulthood. Researchers A. Monteleone *et al.* (2022) found that childhood maltreatment was associated with elevated ED. The study included 325 individuals with ED who

completed the Childhood Trauma Questionnaire to assess their early traumatic experiences. It was found that the association between emotional abuse and ED differed by disorder: in people with bulimia nervosa, the association included ineffectiveness, while in people with binge-eating disorder, it included impulsivity. The findings support the idea that emotional abuse conveys an association with eating disorder risk across the different major diagnoses of ED. Ineffectiveness and impulsivity may represent specific psychopathological dimensions associated with emotional abuse that contribute to the development of specific symptoms characteristic of Eating Disorder. Two independent studies based on meta-analysis and empirical quantitative methods also identified family factors as a predictor of ED. In the author's study, the family environment ranks first in the hierarchy of interpersonal factors, so it can be acknowledged that the data are consistent with the author's study. However, these two studies also detail the correlation between ED and trauma in the family environment, with particular attention paid to the emotional sphere.

Researchers J. Romero-Mesa *et al.* (2021) indicate that deficits in emotional abilities are a key factor in the onset and maintenance of ED. The study conducted a systematic review of current data on emotional intelligence and ED in both general and clinical populations at different stages of development. A search of Medline, PsycInfo, and Scopus databases identified 15 relevant articles, all of which indicated a negative association between emotional intelligence and ED. In addition, several mechanisms were identified, including adaptability, stress tolerance, and emotional regulation. In summary, the systematic review provides promising but challenging preliminary evidence for the link between emotional intelligence and ED across developmental stages. The study indicates that emotional problems are strongly associated with ED, and a high level of emotional influence on ED was also found, but in this case, this pattern was captured using a qualitative methodology. Researchers T. Mason *et al.* (2021) indicates that low levels of positive affect associated with loss of interest or pleasure in activities (anhedonia) may contribute to the onset and maintenance of binge-eating. They present a theoretical model in which anhedonia increases the risk of overeating through its relationship with disordered eating and weight gain. The researchers describe potential direct pathways (e.g., reward-related processes) and indirect pathways (e.g., effects on depression symptoms and physical activity) through which anhedonia may lead to adverse eating and weight-related outcomes. A momentary maintenance model is also proposed, in which the low positive affect and dysregulation of positive affect associated with anhedonia sustain overeating directly or indirectly through maladaptive health behaviours such as reduced physical activity, less healthy eating, and fewer social interactions, which in turn sustain anhedonia. In the present study, a link between anhedonia and ED was recorded, unlike in the author's study, this correlation was not recorded. It is possible to assume that anhedonia is included in the

factor "negative emotional sphere" in the author's study, but this requires clarification and further research.

The study conducted by M. Kozybska *et al.* (2021) determined the prevalence of problematic Internet use and ED among Polish students and explored potential correlations between these phenomena. The study involved 1008 Polish students aged 18 to 40 years, who took the Problematic Internet Use Inventory (TPIU22) and the Eating Attitudes Test (EAT-26), as well as completed a socio-demographic and Internet use survey. The results show statistically significant differences between men and women. Men scored higher on the Problematic Internet Use Inventory (TPIU22), while women scored higher on the Eating Attitudes Test (EAT-26). There was also a significant correlation between these two variables. The strongest predictors of ED were indicators of problematic Internet use, such as preoccupation with the Internet, neglecting sleep in favour of Internet use, less negative feelings while working online, and a higher average number of hours spent online on weekends for academic and work purposes and extracurricular activities. The findings highlight the link between problematic Internet use and ED among students in the Polish context. In contrast to the author's study, the present study uses a quantitative methodology to document the relationship between unhealthy Internet use and ED. The author's study focused more on the underlying psychological factors of ED.

The results of the study show that deep psychological factors, such as perception of food and body image, emotional sphere, and self-esteem, play a key role in the development of ED. Studies by other authors using different methodologies confirm these findings. Low self-esteem, body dissatisfaction, childhood trauma, and emotional deficits have been found to be risk factors for developing ED. In addition, some studies have identified ED factors that were not found in the author's study. In particular, a link has been established between anhedonia (i.e., loss of interest or pleasure in activities) and ED, as well as between problematic Internet use and ED. Thus, it can be concluded that ED is a complex multifactorial disorder that develops under the influence of various internal and external factors.

CONCLUSIONS

Social factors, in particular media influence, have a significant impact on the development of ED. Depictions of the "thin ideal" and diet advertising, which are actively promoted through the media, create negative standards of beauty, and can cause body dissatisfaction. In particular, it is emphasized that this media influence is particularly vulnerable for women, who are often subjected to pressure regarding their appearance. It is also mentioned that socio-economic factors, contrary to expectations, do not have a significant impact on the development of body image disorders, which indicates the universality of this phenomenon in different social groups. At the same time, the role of the close social environment, such as peers and family, in the emergence and maintenance of unhealthy

eating habits among adolescents is emphasized. Based on interviews with individuals with signs of anorexia nervosa and bulimia, it was found that among the deep psychological factors of anorexia nervosa, intrapersonal aspects, such as perception of food and one's own body, emotional sphere, and self-esteem, dominate, and they point to the internal dynamics of the individual as a key component in the development of anorexia nervosa. Interpersonal factors related to interaction with others do not have such a strong influence. There is a significant relationship between ED and personal experiences, which include perceptions and emotions. To understand and effectively treat ED, it is necessary to pay special attention to the internal mental processes and emotional state of a person.

However, the study of the deep psychological factors of ED through interviews had a number of limitations. One of them is the small sample size. Only four people took part in the study, which may not be sufficient to obtain representative results. In addition, the study participants were limited in age (41-46 years). This may also limit the overall conclusions that can be drawn from this study. Another limitation is the use of the interview method as a data collection tool. Interviews are a qualitative research method that allows for an in-depth understanding of participants' subjective experiences. However, interviews can also be a subjective method, and the results of the study may depend on the researcher's interpretation. These factors can lead to the development of ED and complicate its course, so for

effective treatment, it is necessary to work with these aspects, which can be done with the help of psychodynamic and Gestalt psychotherapy. Gestalt therapy and the psychodynamic approach are effective methods of treating eating disorders. Both approaches are aimed at developing awareness and identifying mental conflicts that may underlie the disorder. The main differences between the psychodynamic approach and Gestalt therapy are as follows: the psychodynamic approach focuses on the past to understand how unconscious conflicts from childhood can lead to a disorder; Gestalt therapy focuses on the present to help patients become aware of their emotions and interactions with food. Prospects for further research should focus on the effectiveness of psychodynamic therapy, Gestalt therapy in general, and fssiotherapy. It is also necessary to focus on the study of the qualitative features of interpersonal interactions that occur in the immediate environment, as well as intrapersonal factors that are not necessarily related to the external environment. This will help to expand the understanding of the underlying psychological aspects of ED and contribute to the development of more effective approaches to the prevention and treatment of these disorders.

ACKNOWLEDGEMENTS

None.

CONFLICT OF INTEREST

None.

REFERENCES

- [1] Absalyamova, L.M. (2021). Psychological correction of body image as a harmonization component of personality's food behavior. *Academic Notes of TNU Named After V.I. Vernadskyi*, 32(71), 1-9. [doi: 10.32838/2709-3093/2021.3/01](https://doi.org/10.32838/2709-3093/2021.3/01).
- [2] Arcelus, J., Mitchell, A.J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry*, 68(7), 724-731. [doi: 10.1001/archgenpsychiatry.2011.74](https://doi.org/10.1001/archgenpsychiatry.2011.74).
- [3] Brown, Z., & Tiggemann, M. (2022). Celebrity influence on body image and eating disorders: A review. *Journal of Health Psychology*, 27(5), 1233-1251. [doi: 10.1177/1359105320988312](https://doi.org/10.1177/1359105320988312).
- [4] Colmsee, I.S., Hank, P., & Bošnjak, M. (2021). Low self-esteem as a risk factor for eating disorders: A meta-analysis. *Journal of Psychology*, 229(1), 48-69. [doi: 10.1027/2151-2604/a000433](https://doi.org/10.1027/2151-2604/a000433).
- [5] Declaration of Helsinki of the World Medical Association "Ethical principles of medical research with the participation of a person as an object of research". (2008, October). Retrieved from https://zakon.rada.gov.ua/laws/show/990_005#Text.
- [6] Description of Gestalt Therapy. (2023). Retrieved from <https://www.eagt.org/joomla/index.php/2016-02-25-13-29-31/description-of-gt>.
- [7] Jebeile, H., Lister, N., Baur, L., Garnett, S., & Paxton, S. (2021). Eating disorder risk in adolescents with obesity. *Obesity Reviews*, 22(5), article number e13173. [doi: 10.1111/obr.13173](https://doi.org/10.1111/obr.13173).
- [8] Karvatska, N. (2022). [Food behavior as an indicator of the psycho-emotional state of student youth in conditions of forced social isolation due to the COVID-19 pandemic](#). In *Proceedings of XIV International Scientific and Practical Conference "Science, Innovations and Education: Problems and Prospects"* (pp. 37-43). Tokyo: CPN Publishing Group.
- [9] Kozybska, M., Radlińska, I., Czerw, A., Dykowska, G., & Karakiewicz, B. (2021). There are predictors of eating disorders among internet use characteristics – a cross-sectional study on the relationship between problematic internet use and eating disorders. *International Journal of Environmental Research and Public Health*, 18(19) article number 10269. [doi: 10.3390/ijerph181910269](https://doi.org/10.3390/ijerph181910269).
- [10] Mason, T., Smith, K., Anderson, L., & Hazzard, V. (2021). Anhedonia, positive affect dysregulation, and risk and maintenance of binge-eating disorder. *The International Journal of Eating Disorders*, 54(3), 287-292. [doi: 10.1002/eat.23433](https://doi.org/10.1002/eat.23433).

- [11] Moberg, L., Solvang, B., & Sale, R. (2021). Effects of cognitive-behavioral and psychodynamic-interpersonal treatments for eating disorders: A meta-analytic inquiry into the role of patient characteristics and change in eating disorder-specific and general psychopathology in remission. *Journal Eating Disorders*, 9, article number 74. doi: [10.1186/s40337-021-00430-8](https://doi.org/10.1186/s40337-021-00430-8).
- [12] Monteleone, A., Tzischinsky, O., Cascino, G., Alon, S., Pellegrino, F., Ruzzi, V., & Latzer, Y. (2022). The connection between childhood maltreatment and eating disorder psychopathology: A network analysis study in people with bulimia nervosa and with binge eating disorder. *Eating and Weight Disorders*, 27(1), 253-261. doi: [10.1007/s40519-021-01169-6](https://doi.org/10.1007/s40519-021-01169-6).
- [13] Nasser, M. (2009). Eating disorders across cultures. *Psychiatry*, 8(9), 347-350. doi: [10.1016/j.mppsy.2009.06.009](https://doi.org/10.1016/j.mppsy.2009.06.009).
- [14] Pate, J., Pumariega, A., Hester, C., & Garner, D. (1992). Cross-cultural patterns in eating disorders: A review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31(5), 802-809. doi: [10.1097/00004583-199209000-00005](https://doi.org/10.1097/00004583-199209000-00005).
- [15] Quiles, M., Quiles, S., Pamies, L., Botella, J., & Treasure, J. (2013). Peer and family influence in eating disorders: A meta-analysis. *European Psychiatry*, 28(4), 199-206. doi: [10.1016/j.eurpsy.2012.03.005](https://doi.org/10.1016/j.eurpsy.2012.03.005).
- [16] Rabito-Alcón, M., Baile, J., & Vanderlinden, J. (2021). Mediating factors between childhood traumatic experiences and eating disorders development: A systematic review. *Children (Basel, Switzerland)*, 8(2), article number 114. doi: [10.3390/children8020114](https://doi.org/10.3390/children8020114).
- [17] Romero-Mesa, J., Peláez-Fernández, M., & Extremera, N. (2021). Emotional intelligence and eating disorders: A systematic review. *Eating and Weight Disorders*, 26(5), 1287-1301. doi: [10.1007/s40519-020-00968-7](https://doi.org/10.1007/s40519-020-00968-7).
- [18] Salgirieva, I., Stepanyan, T., Voitleva, R., Achilov, V., Albakov, M., & Ahmarova, A. (2022). Eating disorders in accordance with the international classification of diseases. *Pharmacophore*, 13(5), 64-71. doi: [10.51847/STUVHQRlyK](https://doi.org/10.51847/STUVHQRlyK).
- [19] Saliuk, M., & Butenko, L. (2021). Subjective well-being of young people with signs of eating disorders. *Young Scientist*, 1(101), 139-143. doi: [10.32839/2304-5809/2022-1-101-29](https://doi.org/10.32839/2304-5809/2022-1-101-29).
- [20] Serha, T.O., & Bilousenko, M.V. (2022). Psychological factors of eating disorders in middle age women. *Perspectives and Innovations of Science*, 2(7), 968-979. doi: [10.52058/2786-4952-2022-2\(7\)-968-979](https://doi.org/10.52058/2786-4952-2022-2(7)-968-979).
- [21] Spettigue, W., & Henderson, K.A. (2004). [Eating disorders and the role of the media](#). *The Canadian Child and Adolescent Psychiatry Review*, 13(1), 16-19.
- [22] Teslyuk, V.M., & Kulibaba, T.V. (2023). Features of women's eating behavior. *Modern Engineering and Innovative Technologies*, 3(27), 3-7. doi: [10.30890/2567-5273.2023-27-03-005](https://doi.org/10.30890/2567-5273.2023-27-03-005).
- [23] The social and economic cost of eating disorders in the United States of America: A report for the strategic training initiative for the prevention of eating disorders and the academy for eating disorders. (2020). Retrieved from <https://www.hsph.harvard.edu/wp-content/uploads/sites/1267/2020/07/Social-Economic-Cost-of-Eating-Disorders-in-US.pdf>.
- [24] Zerbe, K. (2001). The crucial role of psychodynamic understanding in the treatment of eating disorders. *The Psychiatric Clinics of North America*, 24(2), 305-313. doi: [10.1016/s0193-953x\(05\)70226-4](https://doi.org/10.1016/s0193-953x(05)70226-4).

Валерій Олександрович Патоніч

Магістр

Інститут терапії розладів харчової поведінки

04071, вул. Ярославська, 39В, м. Київ, Україна

<https://orcid.org/0009-0009-0787-6367>

Актуальні проблеми розладів харчової поведінки та шляхи їх вирішення

Анотація. В умовах, коли розлади харчової поведінки стають все більш поширеними, необхідно розуміти вплив факторів сучасного життя на формування цих хвороб, для того щоб розробляти ефективніші стратегії їх профілактики та лікування, тож метою цього дослідження був системний розгляд соціокультурних та психологічних чинників розладів харчової поведінки. Для вивчення соціальних та глибинно-психологічних чинників цих розладів використано два ключові методологічні підходи – соціокультурний і психоаналітичний. Емпірична основа дослідження ґрунтується на використанні методу інтерв'ю. Соціальні фактори, зокрема медійний вплив, визначають формування розладів харчової поведінки, особливо серед жінок, через створення негативних стандартів краси та тілесного задоволення. На підставі інтерв'ю з особами, які мають ознаки розладів харчової поведінки виявлено, що глибинно-психологічні чинники цих розладів переважно зосереджені на внутрішньоособистісних аспектах, як-от: сприйняття їжі та власного тіла, емоційна сфера та самооцінка. Водночас міжособистісні фактори, пов'язані з взаємодією з оточенням, мають менший вплив. Ці фактори можуть призводити до розвитку та ускладнювати перебіг розладів харчової поведінки, тому для ефективного лікування важливо працювати з психологічними аспектами. Обґрунтовано, що психодинамічна і гештальт-терапія – це ефективні методи лікування, які спрямовані на розв'язання психічних конфліктів. Обидва підходи використовують різноманітні методи, зокрема аналіз сновидінь та фізіотерапію, щоб допомогти пацієнтам усвідомити та вирішити їхню емоційну та поведінкову взаємодію з їжею. Практична цінність дослідження пов'язана з тим, що його результати акцентують увагу на необхідності використовувати в терапії психодинамічні й гештальт-підходи, які можуть вирішити проблеми глибинно-психологічних та емоційних факторів розладів харчової поведінки. Дослідження може мати застосунок у діяльності інституцій, що спеціалізуються на терапії розладів харчової поведінки

Ключові слова: нервова булімія; нервова анорексія; медіа; психодинамічна терапія; гештальт-терапія; фізіотерапія