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Comparative characteristics of individual psychological characteristics of patients with eating disorders

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Abstract. The relevance of the study is due to statistical indicators demonstrating the increasing prevalence of eating disorders and insufficient consideration of individual psychological factors in building a strategy for helping to achieve and maintain remission. The purpose of the study is to investigate the individual psychological characteristics of individuals with different types of eating disorders and compare them. The empirical research methods used are observation, analysis of medical records, the Eating Behaviour Rating Scale, and the 16-factor personality questionnaire by R.B. Cattell. The article presents the differences and similarities in the individual psychological characteristics of patients with eating disorders. It has been found that patients with different eating disorders have inherent characteristics. The analysis showed that there are features that have similar indicators in two groups of respondents, but differ in the third and vice versa. It has been found that respondents with compulsive overeating have the most chaotic personality profile when compared with patients of other groups. The main individual psychological features by type of eating disorder are summarized. It has been found that patients with anorexia have high rates of self-control, requirements for their own body, distrust in interpersonal relationships and suspicion with a tendency to control their desires. Indecision, suspicion, and anxiety scores are also high. Patients with bulimia have a more pronounced softness score among all groups of respondents, with high levels of carelessness and anxiety, along with indicators of gullibility, indecision, and emotional instability. Patients with compulsive overeating are characterized by pronounced emotional instability among all groups of respondents. It was found that patients with anorexia and compulsive overeating are more open to communication than patients with bulimia. Patients with anorexia and compulsive overeating are expressive, dynamic, and active in relationships, in contrast to patients with bulimia who have pronounced anxiety, hypochondria, and pessimism. The respondents of all groups have impaired feelings of satiety and hunger. The results showed that patients with anorexia and patients with compulsive overeating have a higher level of perfectionism than patients with bulimia. Dissatisfaction with the body and the desire for thinness are common to the three groups. The practical value of the article lies in the possibility of using the research materials for an effective strategy of psychotherapeutic care for patients with different types of food addiction

Keywords: typological features; food addiction; anorexia nervosa; bulimia nervosa; compulsive overeating

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INTRODUCTION

A review of personality changes at different stages of diagnosis and psychocorrection, taking into account individual psychological characteristics, is of particular relevance. Little attention is paid to studies that report on personality changes in eating disorders. It is important to identify the factors that contribute to the development and maintenance of these disorders and to analyse how they change during treatment depending on the individual psychological characteristics of patients.

Eating disorders are one of the most life-threatening mental health problems. According to Marina Diaz Mars, President of the Madrid Psychiatric Society, anorexia is one of the pathologies that increase the risk of mortality five-fold, while bulimia doubles it. Eating disorders are associated with serious medical and psychiatric morbidity and high mortality (American Psychiatric Association, 2013) and are the most gendered of all mental health disorders, with a typical manifestation in women (Mancini *et al.*, 2018). Since the 70s of the twentieth century, there has been an increase in the prevalence of eating disorders due to changes in the food environment (Treasure *et al.*, 2020).

Based on statistical data, it is possible to see that the prevalence of eating disorders has increased from 3.4% to 7.8% (Galmiche *et al.*, 2019). In addition, the seriousness of the disease is underlined by the fact that only about half of those diagnosed manage to recover. More than 1 billion people worldwide are obese – 650 million adults, 340 million adolescents and 39 million children. This number continues to grow. The WHO estimates that by 2025, an estimated 167 million people – adults and children – will be less healthy because they are overweight or obese (World Health Organization, 2023). The lifetime prevalence of any eating disorder is estimated to be 1.5% for men and 3.5% for women (Mohler-Kuo *et al.*, 2016).

The COVID-19 pandemic has had an impact on the mental health of many people, and since 2019, various regulations have been in place almost all over the world to prevent the further spread of the COVID-19 pandemic (virus: SARS-CoV-2). A separate area of work is devoted to the impact of all these measures on the human psyche, in particular with regard to eating behaviour and disorders (Walsh & McNicholas, 2020). The situation is even more serious for undiagnosed individuals who do not receive treatment. In addition, certain socioeconomic groups tend to remain underdiagnosed. Typological features help to explain 9-25% of psychopathological abnormalities, mainly depressive, anxiety and obsessive-compulsive symptoms, rather than the symptoms of the eating disorder itself. The use of a person-centred approach for eating disorders has been low in prevalence, but has been explored in other disorders where a large body of research supports the importance of personality to health, general functioning and well-being. Personality traits have been found to explain significant differences in the onset, maintenance, and symptomatology of eating disorders, and comorbid personality pathology is commonly asso-

ciated with poorer response to treatment for the disorder (Muzi *et al.*, 2021).

As M.A. Martinez & L.W. Craighead (2015) note, rather than classifying individuals based on the presence or absence of disordered eating behaviours, alternative approaches may lead to improved knowledge of more general dysfunctions in psychological processes across multiple domains of individual functioning that tend to be stable over time and across situations. These individual characteristics may include impaired mentalizing abilities, reduced interpersonal abilities, and impaired self-direction, self-awareness, and self-understanding (Lorca *et al.*, 2019). This strategy can be extremely useful in developing targeted and individualized treatment options to maximize successful outcomes (Norcross & Lambert, 2018).

Since the 2000s, significant advances have been made in psychotherapeutic interventions for eating disorders and a large evidence base has been developed to assess their effectiveness. However, these advances are relative, as they represent marginal improvements in the effectiveness of available treatments that can still be improved. This is especially important to consider in the context of clinical outcomes, healthcare resources and research funding, which rely heavily on evidence to make informed decisions.

The purpose of the study is to investigate the individual psychological characteristics of individuals with various types of eating disorders and to compare them. The research sets itself the task of identifying the commonalities and differences of the main individual and psychological features of patients with eating disorders; to compare the typical behavioural manifestations of the personality in the presence of one of the types of eating disorder; to analyse personality profiles and mean scale values in patients with anorexia, bulimia, and binge-eating disorder.

LITERATURE REVIEW

In an eating disorder, the perception of one's own body image is very different from the reality, and as a result, patients are unable to acquire healthy, intuitive eating behaviours. Eating disorders can be divided into three types: anorexia, bulimia and binge-eating. Anorexia is characterized by a severe calorie deficit and sports, which provides radical weight loss. At the same time, there is a disturbance in body image, accompanied by an intense fear of weight gain and restriction of food intake, which often leads to rapid weight loss at the beginning and persistent weight loss over time. In bulimia, there are "attacks on food" that precede measures to re-remove excess calories (e.g. vomiting, laxatives). In the case of binge-eating disorder, such attacks also occur, but no countermeasures are taken. It is also noted that what is striking about these diseases is that women are about twice as likely to have eating disorders as men (Wunderer *et al.*, 2020).

Eating disorders are usually associated with perfectionism, impulsivity, harm avoidance, reward dependence, sensation seeking, neuroticism, obsessive-compulsive

disorder; low self-direction, cooperativeness, and self-confidence. The focus is on being underweight, fear of gaining weight, constant preoccupation with food and weight, and body image disorders. The focus on these topics increases the severity of other symptoms, such as depression and compulsions (Ehrlich, 2021). It has been found that patients with insufficiently controlled/impulsive and avoidant/insecure behaviours have a worse prognosis, while high-functioning patients (i.e. those with an adaptive personality profile) have better indicators of psychocorrection (Thompson-Brenner *et al.*, 2008; Wildes *et al.*, 2011).

In general, clinical research refers to the general term body image disorder as a cognitive-affective attitude towards one's own body, which encompasses various concepts related to negative body perceptions, such as body dissatisfaction, avoidance or, conversely, compulsive control of one's own body, detachment, and feelings of alienation towards it, and concerns about specific body parts, shapes, or functions (Linardon *et al.*, 2019). All of these psychopathological dimensions seem to relate to an underlying feature that precedes the onset of behavioural symptoms, often persisting after treatment, and may be associated with a poorer prognosis and a higher likelihood of relapse after remission (Castellini *et al.*, 2020).

Research based on the full five-factor model of personality as a predictor of outcome and as a factor of influence in patients with eating disorders shows that individual patient characteristics change significantly during treatment, and this has a positive impact on eating disorder remission. A better understanding of patients' personality patterns and how they change over time in interaction with symptoms and psychological interventions offers many promising benefits. It allows for better prognosis at the diagnostic and history-taking stages, the identification of factors that can function as indicators of treatment, and the development of better treatment strategies. When problematic features can be identified and interventions developed, they can be incorporated into the regular treatment process (Levallius *et al.*, 2018).

Such research may address changes in individual functioning, as well as the potential indirect effects of the therapeutic alliance or therapist influence on eating disorder treatment outcomes (Groth *et al.*, 2020). It is likely that if a particular personality trait has served as a risk factor for eating disordered behaviour, it will continue to act as a pathopathological factor over time. It will be important to further investigate whether some typological features have a proper causal significance for severe eating disorders (Tanzilli *et al.*, 2018).

In summary, it is worth saying that the patient's personality plays an important role in the treatment of eating disorders. The individual psychological characteristics of the patient become a leading factor, which will be taken into account at all stages of the psychological care strategy. At present, clinical practice is largely supported by research indicating that treatment models based on individual-typological characteristics of the patient are becoming the

most effective for the treatment of eating disorders. The mechanisms underlying the symptoms and diagnosis of eating disorders are multifactorial, leading to a number of potential therapeutic targets. Food addiction encompasses a wide range of diagnostic presentations that require different therapeutic focuses, and thus some models of care have been adapted to fit specific types of eating disorders to provide more targeted treatment. Independent variables thought to be critical to the development and maintenance of the disorder are potential therapeutic targets. Psychotherapy targets maladaptive behaviours, personality traits and negative influences that typically span the spectrum of an eating disorder.

MATERIALS AND METHODS

To study the individual psychological characteristics of patients with eating disorders, the following methods were used: observation, analysis of medical records, the D.M. Garner eating behaviour scale in the adaptation of O.A. Ilchik, 16-factor personality questionnaire by R.B. Cattell (Vinogradov, 1997)

The Eating Disorder Inventory (EDI) is a questionnaire aimed at identifying the leading symptoms of eating disorders, primarily anorexia nervosa and bulimia nervosa. The scale contains 51 statements and is divided into 7 subscales. The statements are formulated in the first person. The respondent is asked to rate the statement based on the frequency of occurrence in their own life. The answers "always", "usually", and "often" are scored 3, 2, and 1; the answers "sometimes", "rarely", and "never" are not scored. Some statements are reversed. The questionnaire includes the following scales: thinness, bulimia, body dissatisfaction, inefficiency, perfectionism, distrust in interpersonal relationships, and interoceptive incompetence.

The 16-factor questionnaire by R.B. Cattell is designed to measure personality characteristics. It contains 187 questions that respondents (adults with at least 8-9th grade education) are asked to answer. Subjects are asked to enter one of the following answers to the question "yes", "no", "don't know" (or "a", "b", "c") in the registration form. The questionnaire is intended for people aged 16 and older. The assessment is based on each of the 16 factors, which are grouped into blocks: intellectual characteristics: factors B, M, Q1; emotional and volitional characteristics: factors C, G, I, O, Q3, Q4; communication properties and features of interpersonal interaction: factors A, H, F, E, Q2, N, L. There are also four second-order factors: anxiety (F1), introversion-extraversion (F2), sensitivity (F3), and conformity (F4).

Correspondence to the key is assessed at two points for answers "a" and "c", correspondence to answer "c" – at one point. The sum of the points shows the value of the factor. The resulting value of each factor is converted into walls. The walls are distributed on a bipolar scale, with extreme values of 1 and 10 points. In other words, the first half of the scale (from 1 to 5.5) is assigned a "-" sign, and the second half (from 5.5 to 10) is assigned a "+" sign. Taking into

account the indicators of 16 factors, a “personality profile” is built. When interpreting the profile, attention is paid to the shape of the profile, sharp corners and peaks, i.e. the lowest and highest values of the factors in the profile. Particular attention should be paid to the profile peaks, which range from 1 to 3 walls in the negative pole and from 8 to 10 walls in the positive pole.

The study was conducted in accordance with the recommendations of the American Psychological Association (2002) at the Medical Centre named after Dr Kadyrov in Kyiv in 2020-2021, and 90 respondents took part in it. The study was conducted among women aged 18 and older with one of the following diagnoses: Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder. All respondents were surveyed at the initial stage of the rehabilitation process. The experiment was conducted in accordance with the principles of the Helsinki Declaration.

The study included a psychodiagnostic examination using blank questionnaires, namely the Eating Behaviour Rating Scale (by D.M. Garner adapted by O.A. Ilchik) and the 16-factor personality questionnaire by R.B. Cattell. Each respondent was told about the requirements and peculiarities of the study and given instructions. Having received the forms, each subject had to fill in their personal data, give consent to their processing and evaluate the statements. The experiment required complete silence and concentration. There were no difficulties with the techniques. External variables, such as the subjects' motivation and testing conditions, were controlled by creating constant

conditions. Upon completion of the study, each respondent was promised to be informed of the results of the study on an individual basis.

The primary data obtained in the course of the study were subjected to quantitative and qualitative analysis. When analysing the results, the sample was divided into three groups depending on the eating disorder. Each group consisted of 30 respondents. The first group consisted of patients with anorexia, the second group consisted of patients with bulimia, and the third group consisted of patients with compulsive overeating.

RESULTS

The tables show the results of a qualitative analysis of primary statistics obtained by processing the raw data of the two methods used and calculating measures of central tendency (arithmetic averages) for all groups of subjects for all significant parameters. Scores for the seven subscales of the Eating Behaviour Rating Scale for patients with anorexia are shown in Table 1.

According to the data in the table, it can be seen that for patients with anorexia, the indicators on the scales “Thirst for thinness” and “Interoceptive incompetence” reach the highest values. This suggests that patients in this group are overly concerned about weight and have systematic attempts to lose weight, with a lack of confidence in recognizing feelings of hunger and satiety. Scores on the seven subscales of the Eating Behaviour Rating Scale for Bulimic Patients are shown in Table 2.

Table 1. Main indicators according to the EDI method for the first group of respondents

Scale	Level of manifestation, %		
	Low	Medium	High
Desire for thinness	–	3.3	96.7
Bulimia	33.4	43.3	23.3
Dissatisfaction with body	–	43.3	56.7
Inefficiency	6.6	56.7	36.7
Distrust in interpersonal relationships	–	63.3	36.7
Perfectionism	–	56.7	43.3
Interoceptive incompetence	–	20	80

Source: author's development

Table 2. Main indicators according to the EDI method for the second group of respondents

Scale	Level of manifestation, %		
	Low	Medium	High
Desire for thinness	–	16.7	83.3
Bulimia	–	–	100
Dissatisfaction with body	–	46.7	53.3
Inefficiency	–	43.3	56.7
Distrust in interpersonal relationships	3.3	56.7	40
Perfectionism	3.4	63.3	33.3
Interoceptive incompetence	–	13.3	86.7

Source: author's development

The Table 1 and 2 shows that for patients with bulimia, the highest values are reached by the scores on the scales “Thirst for thinness”, “Interoceptive incompetence”

and “Bulimia”. The characteristics of these manifestations are similar to those of patients with anorexia with one difference – the presence of high values on the Bulimia score,

i.e., the urge to have episodes of overeating and purging. The scores for the seven subscales of the eating behaviour

assessment scale for patients with compulsive overeating are shown in Table 3.

Table 3. Main indicators according to the “EDI” method for the third group of respondents

Scale	Level of manifestation, %		
	Low	Medium	High
Desire for thinness	–	53.3	46.7
Bulimia	–	60	40
Dissatisfaction with body	–	46.7	53.3
Inefficiency	10	80	10
Distrust in interpersonal relationships	6.7	83.3	10
Perfectionism	–	56.7	43.3
Interceptive incompetence	–	23.3	76.7

Source: author's development

The Table 3 demonstrates that for patients with bulimia, the highest values are reached in the Interceptive Incompetence scale, i.e. the inability to feel hunger and satiety. An interesting trend is the tendency of the majority of respondents in this group to have average values on the Ineffectiveness and Distrust in Personal Relationships scales. This indicates a less pronounced feeling of general inadequacy (meaning a sense of loneliness, lack of securi-

ty) and inability to control one's own life, as well as a sense of detachment from contacts with others, than among respondents in other groups. For respondents of the first and second groups, these indicators were also distributed between medium and high levels of manifestation. The mean values for the seven subscales of the eating behaviour rating scale for patients with all types of disorders are shown in Table 4.

Table 4. Average values of indicators according to the “EDI” method for all sample groups

Scale	Average value		
	Anorexia	Bulimia	Compulsive overeating
Desire for thinness	7.7	7.5	6.6
Bulimia	4.5	8.0	6.1
Dissatisfaction with body	6.5	6.7	6.7
Inefficiency	6.0	6.2	4.9
Distrust in interpersonal relationships	6.2	6.0	5.2
Perfectionism	6.3	5.9	6.3
Interceptive incompetence	7.3	7.6	7.4

Source: author's development

If analysing the average values for all scales, it is possible to see that respondents from the first group have the highest values for the scales “Thirst for thinness” and “Distrust in interpersonal relationships”. On the Perfectionism scale, the respondents of the first and third groups have the same values. This means that patients with anorexia and compulsive overeating have the same level of perfectionism, which is higher than that of patients with bulimia. This indicates inadequately high expectations of high achievements; inability to forgive oneself for shortcomings and to perceive oneself and the world around one realistically. Respondents of the second group have the highest scores on the Bulimia and Ineffectiveness scales, which indicates the manifestation of episodes of overeating and purging in their lives, the presence of a pronounced sense of loneliness, danger, and inability to control their lives. It

should be noted that respondents of all groups have almost identical scores on the Interceptive Incompetence scale, which indicates a deficit in recognizing feelings of satiety and hunger. The respondents of the third group have the same values for the indicator “Body Dissatisfaction” as the respondents of the second group. There is a tendency for the lowest value on the scale of “Distrust in interpersonal relationships”, which indicates a higher level of trust in relationships than in patients with bulimia and anorexia. The lowest scores were also found on the Ineffectiveness and Thinness tendencies scales, which indicates less pronounced tendencies of thinness and feelings of loneliness and inability to influence their lives than in patients with anorexia and bulimia. The mean values for the 16 factors of the Cattell Questionnaire for patients with all types of disorders are shown in Table 5.

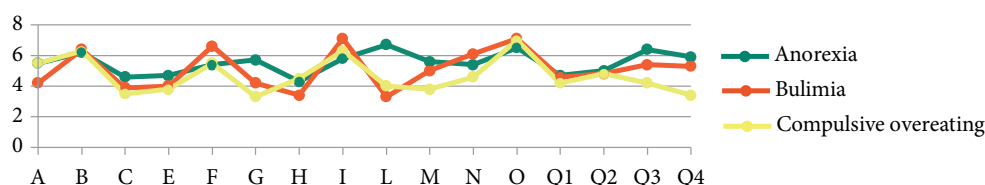
Table 5. Key indicators according to the Cattell method for the entire sample and its various groups

Scale	Average value		
	Anorexia	Bulimia	Compulsive overeating
Readiness for contacts (+), A	5.5	4.2	5.5
Intelligence (learning ability), V	6.2	6.4	6.3
Emotional stability (+), S	4.6	3.9	3.5
Dominance (+) – subordination (-), E	4.7	4.0	3.8
Serenity (+) – concern (-), F	5.4	6.6	5.5
Control “over self” (+), G	5.7	4.2	3.3
Courage (+) – indecision (-), H	4.3	3.4	4.5
Softness (+) – hardness (-), I	5.8	7.1	6.3
Credulity (-) – suspicion (+), L	6.7	3.3	4.0
Practicality (-) – dreaminess (+), M	5.6	5.0	3.8
Diplomacy (+) – directness (-), N	5.4	6.1	4.6
Calm adequacy (+) – guilt (-), O	6.5	7.1	7.0
Inclination to innovation - (+) conservatism (-), Q1	4.7	4.6	4.2
Dependence on the group (-) – self-sufficiency (+), Q2	5.0	4.8	4.8
Low (-) – high integration of “I” (+), Q3	6.4	5.4	4.2
Calmness (-) – tension (+), Q4	5.9	5.3	3.4

Source: author's development

Based on the results of the Table 5, it is possible to analyse the differences in the scores in the groups of respondents on the scales in which the greatest differences were found. Patients with anorexia and compulsive overeating are more open to communication than patients with bulimia. Although, in general, the average level of expression on the scale is closer to the low level, i.e., the tendency to be withdrawn. A significant difference is found in the scores on the Self-Control scale. Patients with anorexia are more prone to strict self-control than patients in other groups. Respondents with compulsive overeating have the lowest score on this scale, which indicates the instability of feelings, states, thoughts, and a tendency to change. Difficulty in following group and ethical norms, unwillingness to accept group rules of interaction. Disorganization, difficulty with responsibility, impulsivity, anarchy in relation to moral rules and standards, flexibility in compliance with social norms, unscrupulousness, tendency to antisocial behaviour and disregard for any restrictions. The table also shows that patients with anorexia have a higher level of suspicion than respondents from other groups. Patients with bulimia have a more pronounced softness score among all groups of respondents, which indicates weakness, dreaminess, discernment, moodiness, femininity, sometimes demanding attention, help, dependence, and impracticality.

Patients with compulsive overeating are characterized by pronounced practicality, high speed of solving practical problems, prosaicism, orientation to external reality, developed concrete imagination, practicality, and realism. Patients with anorexia and bulimia are characterized by a developed imagination, symbolic thinking, absorption in their own images and fantasies, easy doubts about the practicality of solutions, abstract conceptualization, and a tendency to immerse themselves in fantasies. Patients with anorexia have a highly integrated self, unlike patients from other groups. They are characterized by determination, strong will, and the ability to control their emotions and behaviour. Patients with compulsive overeating are characterized by low discipline, following their desires, dependence on moods, and inability to control their emotions and behaviour. And if talking about the Calmness – Tension scale, it is possible to see that patients with anorexia and bulimia have a higher level of tension, characterized by composure, energy, frustration, increased motivation, anxiety, agitation, and irritability. In contrast, patients with compulsive overeating showed relaxation, lethargy, apathy, calmness, low motivation, excessive satisfaction, and equanimity. Visually, personal characteristics are demonstrated on the graph, taking into account the personal profiles of all three groups of respondents (Fig. 1).

**Figure 1.** Graphs of the personal profile of respondents of three groups

Source: author's development

The diagram shows the personal profiles of the respondents in three groups. Comparing these data, it is possible to say that the personal profile of respondents from the second group, who have an eating disorder in the form of bulimia, has a more chaotic character and shows the manifestation of borderline polarities with alternating higher indicators on the scales with lower ones. For respondents with anorexia, indicators of indecision, suspiciousness, and anxiety reach their peak values. Respondents with bulimia peaked on indicators of softness, carefreeness, and anxiety, along with indicators of gullibility, indecisiveness, and emotional instability. Patients with compulsive overeating have manifestations of restlessness, lethargy, low self-control, and emotional instability.

DISCUSSION

The issue of personality traits in eating disorders is a topic of interest, and research is showing that a better understanding of personality can facilitate clinical treatment. Most studies have focused on analysing the typological characteristics of adolescents in order to implement prevention and intervention programmes. A study by L. Dufresne *et al.* (2020) found that personality traits are associated with eating disorders in adolescents. The authors note that consideration of personality traits may lead to a better understanding of the aetiological and maintenance factors of eating disorders.

Interest in considering personality in the context of psychopathology has been going on for many years. Personality describes a set of relatively stable ways of thinking, feeling, behaving, and relating to others that result from the convergence of constitutional, developmental, and social and cultural experiences (Lingiardi & McWilliams, 2017). This variable has been found to affect a wide range of mental disorders, as well as patients' motivation, adherence, and response to treatment (Huber *et al.*, 2017). The relationship between personality, personality traits or disorders, and eating disorders has received considerable empirical testing, with links found between personality and eating disorder aetiology, symptomatology, and maintenance (Farstad *et al.*, 2016;). A meta-analysis by M. Martinussen *et al.* (2017) summarized the proportion of comorbid personality disorders in patients with anorexia and bulimia nervosa and explored possible moderating variables. Interestingly, no statistically significant differences were found between bulimia and anorexia. Both diagnoses had a similar comorbidity profile, with a high prevalence of borderline and avoidant typological features. L.R.R. Lilenfeld (2006) published a seminal article almost two decades ago in which they articulated the potential role that personality assessment can play in treatment planning. The researchers emphasized that personality and eating disorder type can interact in a variety of ways and proposed several conceptual models to describe potential causal or correlational relationships between them. Conflicting results were obtained in a study of personality traits in C. Steinert *et al.* (2015). The study reported that

personality was a predictive outcome when baseline symptoms were not controlled for, but studies that controlled for baseline symptoms could not support these findings. As a result, the researchers concluded that baseline personality assessments do not appear to have any additional value in predicting outcomes in inpatient psychotherapy beyond baseline symptoms.

However, research by J. Linardon *et al.* (2019) supports the assumptions made in this study and suggests that individual-typological features and personality disorders may predict baseline symptom expression and treatment outcome in eating disorders, and that a better understanding of patient-related moderators and mediators of outcome should be developed to improve treatment effectiveness. The majority of eating disorder treatment guidelines (Ramos-Grille *et al.*, 2013) share the view that individual differences in symptom severity, treatment history, and comorbid psychopathology should be explicitly acknowledged to guide the selection of appropriate psychosocial interventions within a stepwise therapeutic approach. Thus, there is a need for research to clarify the optimal integration of personality variables in the treatment of eating disorders. Only then can it be determined whether the shift from a "one size fits all" approach to a "person-centred" approach can represent an appropriate progression. R.M. Bagby *et al.* (2016) suggest that positive treatment is optimized when psychotherapists or other mental health professionals are armed with personality assessment information to guide treatment choices and treatment plans.

The topic of individual psychological characteristics of adults at different stages of the disease remains less researched. J. Levallius *et al.* (2018) published a study of adults based on the five-factor model of personality. The overall goal was to improve understanding of how normal psychological phenomena such as personality are related to pathological processes such as eating disorders. This was done by assessing the personality of patients with eating disorders several times during the course of treatment, and by tracking clinical intervention and eating disorder outcome.

Diagnostics using 16 personality factors and specific personality traits at a particular stage of the disease has not yet been conducted. However, the results of the study correlate with the indicators described by other studies. At the same time, they emphasize a completely different vector of individual psychological characteristics, which complements the general vision of the personality of a patient with an eating disorder.

J. Rohde *et al.* (2023) emphasized that the classification of anorexia nervosa into subtypes is relevant due to their different symptoms. However, the subtypes (restrictive and purging types) also differ in terms of personality functioning. Knowledge of these differences allows for better stratification of treatment. The differences in personality functioning and personality traits between the two subtypes of anorexia and bulimia nervosa were systematically investigated using three personality (functioning) constructs. The study indicated differences in structural abilities that can be

assessed by the system of operational psychodynamic diagnostics. Differences were observed in several sub- and core scales of the OPD-SQ. Patients with bulimia showed the lowest levels of structural personality integration, whereas patients with anorexia purgatorialis showed the highest levels of personality functioning. This study coincides with the aim of the further vector of the present research, which is to consider personality characteristics from the point of view of the psychodynamic approach.

It is worth agreeing with G. Castellini *et al.*, (2022), who noted that an integrated psychotherapeutic approach focused on typological features may make it possible to overcome the limitations of existing treatments, improve the prognosis of patients with eating disorders by taking into account the dimensions of the psychopathology of food addiction, as well as emotional, perceptual, experiential, relational and identity-related problems that together form the basis of these severe disorders in a single multidimensional psychopathological and treatment model.

Thus, these studies make it possible to formulate a psychotherapeutic strategy for working with patients with food addiction, based not only on individual indicators, but also on the formed commonalities in groups that can be influenced by group work. At the same time, the analysis of differences makes it possible to choose psychotherapeutic tools that will accurately affect the individual psychological characteristics of patients in a particular group of disorders. This makes it possible not only to use a wider range of methods and approaches, but also to monitor the changes that occur in the personality in the psychorehabilitation process and the factors that contribute to this.

CONCLUSIONS

The article focuses on the individual psychological characteristics of patients with eating disorders, namely anorexia nervosa, bulimia nervosa and compulsive overeating. A comparative analysis of the main individual psychological characteristics depending on the type of disorder is carried out.

The empirical research has revealed that patients with anorexia have tight self-control, high demands on their bodies, distrust in interpersonal relationships, and suspicion. They would be characterized by a tendency to control their desires, a strong will, restraint of affects, and purposefulness. At the same time, indecisiveness, suspicion, and anxiety scores reach their peak. Patients with bulimia have a more pronounced softness score among all groups of respondents, which indicates weakness, dreaminess, legibility, capriciousness, dependence, and impracticality. At the same time, the indicators of carelessness and anxiety reached their peak values, along with indicators of gullibility, indecision, and emotional instability. Patients with

compulsive overeating are characterized by the highest instability and emotional instability among all groups of respondents. It was found that patients with anorexia and compulsive overeating are more open to communication than patients with bulimia. It has been observed that patients with anorexia and compulsive overeating show expressiveness, dynamism and activity in relationships, expressed emotionality, and a desire for communication. In contrast, patients with bulimia have pronounced anxiety, hypochondria, pessimistic views of the present and future, and emotional coldness. The respondents of all three groups have impaired feelings of satiety and hunger. The results showed that patients with anorexia and patients with compulsive overeating have a higher level of perfectionism than patients with bulimia. Also, common to the three groups are body dissatisfaction and the desire for thinness. Moreover, in the latter indicator, the values in patients of the first and second groups are slightly higher than in the third group.

The scientific novelty of the study lies in the comparison of individual psychological characteristics of patients with anorexia nervosa, bulimia and compulsive overeating. The study of the main individual psychological characteristics of an addicted personality helps to create models of psychological rehabilitation based on the individual characteristics of a certain group of patients. The practical value of the article lies in the possibility of using the research materials to expand the understanding of the individual psychological characteristics of patients with different types of food addiction in order to build an effective strategy for psychotherapeutic care.

Areas for further research are related to the consideration of a person with food addiction in the psychodynamic paradigm with the analysis of unconscious structures, type of attachment, leading unconscious conflict, and mental organization of the personality, which will allow for a deeper understanding of individual psychological characteristics and complement the patient's overall vision in the process of providing psychotherapeutic care and choosing a treatment strategy.

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CONFLICT OF INTEREST

There are no conflicts of interest in the analysis of the raised issues.

REFERENCES

- [1] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: APA.
- [2] American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. Retrieved from <https://www.apa.org/ethics/code/ethics-code-2017.pdf>.

- [3] Bagby, R.M., Gralnick, T.M., Al-Dajani, N., & Uliaszek, A.A. (2016). The role of the Five-Factor Model in personality assessment and treatment planning. *Clinical Psychology: Science and Practice*, 23(4), 365-381. doi: [10.1111/cpsp.12175](https://doi.org/10.1111/cpsp.12175).
- [4] Castellini, G., Cassioli, E., Rossi, E., Innocenti, M., Gironi, V., Sanfilippo, G., Felciai, F., Monteleone, A.M., & Ricca, V. (2020). The impact of COVID-19 epidemic on eating disorders: A longitudinal observation of pre versus post psychopathological features in a sample of patients with eating disorders and a group of healthy controls. *The International Journal of Eating Disorders*, 53(11), 1855-1862. doi: [10.1002/eat.23368](https://doi.org/10.1002/eat.23368).
- [5] Castellini, G., Cassioli, E., Rossi, E., Mancini, M., Ricca, V., & Stanghellini, G. (2022). Bridging cognitive, phenomenological and psychodynamic approaches to eating disorders. *Eating and Weight Disorders*, 27(7), 2273-2289. doi: [10.1007/s40519-022-01379-6](https://doi.org/10.1007/s40519-022-01379-6).
- [6] Dufresne, L., Bussi eres, E.-L., B edard, A., Gingras, N., Blanchette-Sarrasin, A., & B egin, C. (2020). Personality traits in adolescents with eating disorder: A meta-analytic review. *The International Journal of Eating Disorders*, 53(2), 157-173. doi: [10.1002/eat.23183](https://doi.org/10.1002/eat.23183).
- [7] Ehrlich, S. (2021). Anorexia nervosa in children and adolescents. *Monthly Paediatrics*, 169, 473-483. doi: [10.1007/s00112-021-01144-6](https://doi.org/10.1007/s00112-021-01144-6).
- [8] Farstad, S.M., McGeown, L.M., & von Ranson, K.M. (2016). Eating disorders and personality, 2004-2016: A systematic review and meta-analysis. *Clinical Psychology Review*, 46, 91-105. doi: [10.1016/j.cpr.2016.04.005](https://doi.org/10.1016/j.cpr.2016.04.005).
- [9] Galmiche, M., Dechelotte, P., Lambert, G., & Tavolacci, M.P. (2019). Prevalence of eating disorders over the 2000-2018 period: A systematic literature review. *The American Journal of Clinical Nutrition*, 109(5), 1402-1413. doi: [10.1093/ajcn/nqy342](https://doi.org/10.1093/ajcn/nqy342).
- [10] Groth, T., Hilsenroth, M., Boccio, D., & Gold, J. (2020). Relationship between trauma history and eating disorders in adolescents. *Journal of Child & Adolescent Trauma*, 13(4), 443-453. doi: [10.1007/s40653-019-00275-z](https://doi.org/10.1007/s40653-019-00275-z).
- [11] Huber, D., Zimmermann, J., & Klug, G. (2017). Change in personality functioning during psychotherapy for depression predicts long-term outcome. *Psychoanalytic Psychology*, 34(4), 434-445. doi: [10.1037/pap0000129](https://doi.org/10.1037/pap0000129).
- [12] Levallius, J., Roberts, B.W., Clinton, D., & Norring, C. (2018). Take charge: Personality as predictor of recovery from eating disorder. *Psychiatry Research*, 246, 447-452. doi: [10.1016/j.psychres.2016.08.064](https://doi.org/10.1016/j.psychres.2016.08.064).
- [13] Lilenfeld, L.R.R., Wonderlich, S., Riso, L.P., Crosby, R., & Mitchell, J. (2006). Eating disorders and personality: A methodological and empirical review. *Clinical Psychology Review*, 26(3), 299-320. doi: [10.1016/j.cpr.2005.10.003](https://doi.org/10.1016/j.cpr.2005.10.003).
- [14] Linardon, J., Gleeson, J., Yap, K., Murphy, K., & Brennan, L. (2019). Meta-analysis of the effects of third-wave behavioural interventions on disordered eating and body image concerns: Implications for eating disorder prevention. *Cognitive Behaviour Therapy*, 48(1), 15-38. doi: [10.1080/16506073.2018.1517389](https://doi.org/10.1080/16506073.2018.1517389).
- [15] Lingardi, V., & McWilliams, N. (Eds.). (2017). *Psychodynamic diagnostic manual (PDM-2)* (2nd ed.). New York: Guilford Press.
- [16] Lorca, F., P erez, S., Giner, F., & Marco J.H. (2019). What dimension of meaning in life is the stronger predictor of borderline personality disorder symptom? *Journal of Constructivist Psychology*, 34(4), 365-377. doi: [10.1080/10720537.2019.1697912](https://doi.org/10.1080/10720537.2019.1697912).
- [17] Mancini, G., Biolcati, R., Pupi, V., Andrei, F., La Grutta, S., Lo Baido, R., & Trombini, E. (2018). Nutrition and eating disorders in males: An overview of research in the period 2007-2017. *Journal of Psychiatry*, 53(4), 177-191. doi: [10.1708/2954.29694](https://doi.org/10.1708/2954.29694).
- [18] Martinez, M.A., & Craighead, L.W. (2015). Toward person(ality)-centered treatment: How consideration of personality and individual differences in anorexia nervosa may improve treatment outcome. *Clinical Psychology: Science and Practice*, 22(3), 296-314. doi: [10.1037/h0101728](https://doi.org/10.1037/h0101728).
- [19] Martinussen, M., Friborg, O., Schmieder, P., Kaiser, S.,  overg ard, K.T., Neunhoeffer, A.L., Martinsen, E.W., & Rosenvinge, J.H. (2017). The comorbidity of personality disorders in eating disorders: A meta-analysis. *Eating and Weight Disorders*, 22(2), 201-209. doi: [10.1007/s40519-016-0345-x](https://doi.org/10.1007/s40519-016-0345-x).
- [20] Mohler-Kuo, M., Schnyder, U., Dermota, P., Wei, W., & Milos, G. (2016). The prevalence, correlates, and help-seeking of eating disorders in Switzerland. *Psychological Medicine*, 46(13), 2749-2758. doi: [10.1017/S0033291716001136](https://doi.org/10.1017/S0033291716001136).
- [21] Muzi, S., Sans , A., & Pace, C.S. (2021). What's happened to Italian adolescents during the COVID-19 pandemic? A preliminary study on symptoms, problematic social media usage, and attachment: Relationships and differences with pre-pandemic peers. *Frontiers in Psychiatry*, 12, article number 590543. doi: [10.3389/fpsy.2021.590543](https://doi.org/10.3389/fpsy.2021.590543).
- [22] Norcross, J.C., & Lambert, M.J. (2018). Psychotherapy relationships that work III. *Psychotherapy*, 55(4), 303-315. doi: [10.1037/pst0000193](https://doi.org/10.1037/pst0000193).
- [23] Ramos-Grille, I., Gom -i-Freixanet, M., Aragay, N., Valero, S., & Vall s, V. (2013). The role of personality in the prediction of treatment outcome in pathological gamblers: A follow-up study. *Psychological Assessment*, 25, 599-605. doi: [10.1037/a0031930](https://doi.org/10.1037/a0031930).
- [24] Rohde, J., Obbarius, A., Voigt, B., Sarrar, L., Biesenthal-Matthes, S., Kind, C.-S., Rose, M., & Hofmann, T. (2023). Differences and similarities in personality functioning across different types of eating disorders. *Frontiers in Psychiatry*, 14, article number 1155725. doi: [10.3389/fpsy.2023.1155725](https://doi.org/10.3389/fpsy.2023.1155725).
- [25] Steinert, C., Klein, S., Leweke, F., & Leichsenring, F. (2015). Do personality traits predict outcome of psychodynamically oriented psychosomatic inpatient treatment beyond initial symptoms? *The British Journal of Clinical Psychology*, 54(1), 109-125. doi: [10.1111/bjc.12064](https://doi.org/10.1111/bjc.12064).

- [26] Tanzilli, A., Majorana, M., Fonzi, L., Pallagrosi, M., Picardi, A., Coccanari de'Fornari, M.A., Biondi, M., & Lingardi, V. (2018). Relational variables in short-term psychodynamic psychotherapy: An effectiveness study. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 21(3), 190-200. doi: 10.4081/ripppo.2018.327.
- [27] Thompson-Brenner, H., Eddy, K.T., Franko, D.L., Dorner, D.J., Vashchenko, M., Kass, A.E., & Herzog, D.B. (2008). A personality classification system for eating disorders: A longitudinal study. *Comprehensive Psychiatry*, 49(6), 551-560. doi: 10.1016/j.comppsych.2008.04.002.
- [28] Treasure, J., Duarte, T., & Schmidt, U. (2020). Eating disorders. *The Lancet*, 395(10227), 899-911. doi: 10.1016/S0140-6736(20)30059-3.
- [29] Vinogradov, A. (1997). Reliability study of the computer version of the 16PF personality questionnaire. *Bulletin of Taras Shevchenko National University of Kyiv. Psychology*, 23, 49-57.
- [30] Walsh, O., & McNicholas, F. (2020). Assessment and management of anorexia nervosa during COVID-19. *Irish Journal of Psychological Medicine*, 37(3), 187-191. doi: 10.1017/ipm.2020.60.
- [31] Wildes, J.E., Marcus, M.D., Crosby, R.D., Ringham, R.M., Dapelo, M.M., Gaskill, J.A., & Forbush, K.T. (2011). The clinical utility of personality subtypes in patients with anorexia nervosa. *Journal of Consulting and Clinical Psychology*, 79(5), 665-674. doi: 10.1037/a0024597.
- [32] World Health Organization. (2023). *Seventy-sixth World Health Assembly*. Retrieved from <https://www.who.int/about/accountability/governance/world-health-assembly/seventy-sixth-world-health-assembly>.
- [33] Wunderer, E., Götz, M., Greithanner, J., Maslanka, E., Borse, S. & Voderholzer, U. (2020). *Social media and eating disorders – connections and implications for social work*. *Social Work*, 3, 89-98.

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Порівняльна характеристика індивідуально-психологічних особливостей пацієнтів з розладами харчової поведінки

Анотація. Актуальність дослідження зумовлено статистичними показниками, що демонструють ріст розповсюдженості розладів харчової поведінки та недостатнє урахування індивідуально-психологічних факторів у вибудовуванні стратегії допомоги задля досягнення і збереження ремісії. Мета роботи – дослідити індивідуально-психологічні характеристики особистостей з різними видами харчового розладу та порівняти їх. Використано методи емпіричного дослідження: спостереження, аналіз медичних карток, шкала оцінки харчової поведінки, 16-факторний особистісний опитувальник Р.Б. Кеттелла. У статті представлено розбіжності та спільності в індивідуально-психологічних особливостях пацієнтів з розладами харчової поведінки. З'ясовано, що пацієнти з різними розладами харчової поведінки мають притаманні їм особливості. Аналіз показав, що існують риси, які мають схожі показники у двох групах респондентів, але різняться в третій і навпаки. Виявлено, що респонденти з компульсивним переїданням мають найбільш хаотичний профіль особистості, якщо порівнювати з пацієнтами інших груп. Узагальнено основні індивідуально-психологічні особливості за типом харчового розладу. З'ясовано, що пацієнти з анорексією мають високі показники самоконтролю, вимог до власного тіла, недовіри в міжособистісних стосунках та підозрілості зі схильністю контролювати свої бажання. Високих значень набувають показники нерішучості, підозрілості та тривожності. Пацієнти з булімією мають більш виражений показник м'якості серед усіх груп респондентів за високими показниками безтурботності та тривожності поряд з показниками довірливості, нерішучості та емоційної нестабільності. Пацієнти з компульсивним переїданням характеризуються вираженою емоційною нестабільністю серед усіх груп респондентів. Виявлено, що пацієнти з анорексією та компульсивним переїданням більш відкриті до спілкування, ніж пацієнти з булімією. Пацієнти з анорексією і компульсивним переїданням проявляють експресивність, динамічність і активність у стосунках на відміну від пацієнтів з булімією, що мають виражену тривожність, іпохондрію і песимістичність. У респондентів усіх груп спостерігається порушення почуття насичення та голоду. Результати показали, що в пацієнтів з анорексією та в пацієнтів з компульсивним переїданням показник перфекціонізму вищий, ніж у пацієнтів з булімією. Спільна для трьох груп – невдоволеність тілом та прагнення до худоби. Практична цінність статті полягає в можливості використати матеріали дослідження для ефективної стратегії психотерапевтичної допомоги пацієнтам з різними видами харчової залежності

Ключові слова: типологічні особливості; харчова залежність; нервова анорексія; нервова булімія; компульсивне переїдання