

3. Goodwin GM. The overlap between anxiety, depression, and obsessive-compulsive disorder. *Dialogues Clin Neurosci.* 2015 Sep;17(3):249-60. doi: 10.31887/DCNS.2015.17.3/ggoodwin. PMID: 26487806; PMCID: PMC4610610.
4. Jouvent R, Bungener C, Morand P, Millet V, Lancrenon S, Ferreri M. Distinction trait/état et anxiété an médecine générale. Etude descriptive [Distinction between anxiety state/trait in general practice: a descriptive study]. *Encephale.* 1999 Jan-Feb; 25(1):44-9. French. PMID: 10205733.
5. Miller L. Freud's brain: toward a unified neuropsychodynamic model of personality and psychotherapy. *J Am Acad Psychoanal.* 1993 Summer; 21(2):183-212. doi: 10.1521/jaap.1.1993.21.2.183. PMID: 8349487.
6. Pawluski J.L, Lonstein J.S, Fleming A.S. The Neurobiology of Postpartum Anxiety and Depression. *Trends Neurosci.* 2017 Feb;40(2):106-120. doi: 10.1016/j.tins.2016.11.009. Epub 2017 Jan 24. PMID: 28129895.
7. Stein M. B, Sareen J. CLINICAL PRACTICE. Generalized Anxiety Disorder. *N Engl J Med.* 2015 Nov 19;373(21):2059-68. doi: 10.1056/NEJMcp1502514. PMID: 26580998.

P. Olifirova, N. Hrysenko, O. Osadcha

THE INFLUENCE OF SOCIETY ON THE DEVELOPMENT OF EATING DISORDER IN ADOLESCENCE

The problem of food culture and personal behavior is quite relevant today, which is why a large number of specialists from various fields of science increasingly choose it as the subject of their research. In the pursuit of society's imposed standards of beauty and standards of a successful person, teenagers mostly risk their own health and well-being, and become victims of the manipulative influences of the environment. They tend to attribute difficulties and failures in social interaction and communication to their "imperfect" appearance [3].

Eating disorders (ED) are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function. Types of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, other specified feeding and eating disorder, pica and rumination disorder [2].

Historically, negative family dynamics has been indicated as a key element in the development and maintenance of eating disorders [1]. It has been proven that a child who grows up in a family where the mother or an older child has an eating disorder has a greater chance of developing an ED. This is caused by the fact that the mother/sister constantly pays attention to what she eats and how much she weighs. An eating disorder can also be caused by the fact that the mother restricts the child's diet, imposes her ideas of "proper nutrition" and focuses on the child's weight.

An eating disorder can manifest itself through body dysmorphia. Body dysmorphia disorder (BDD) or body dysmorphia is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others. Signs of body dysmorphia: constantly/obsessively body checking in the mirror; hiding your body in baggy/oversized clothing; avoiding mirrors or others taking pictures of you; fear of other people judging your body; frequently needing reassurance/validation around how you look; body checking in reflective surfaces whilst outdoors such as shop windows; frequently comparing your body to others; avoiding social events because of feelings of insecurity and intense fear of judgement; feeling as if your body defines who you are and your worth; feeling as if your body is the only thing people notice about you, fearing that if it changes people may like/dislike you more.

According to Malinovska I.ED can be associated with an increased need for personal control and a desire for perfectionism, which often leads to anorexia. It is believed that perfectionism and eating behavior have long gone hand in hand. Those who are suffering from anorexia punish themselves by creating a caloric deficit, and killing themselves in gym trying to burn off the calories. It's as if they have an inner voice that drives them into perfectionism, they feel guilty after eating something, trying to fill themselves with water instead of having a proper meal, monitor their weight by weighing themselves every day. Adolescents have a high tendency to be ashamed of their body, fear of gaining extra weight, fear of being too thin or too fat [4].

The effects of having an eating disorder cannot be isolated, they show up in their daily life, influencing their studies-work life, romantic relationships and friendships. People with EDs might:

- engage in diet talk all the time, but also feel ashamed that all they talk about is their diet and that it is the same cycle every week.

- feel like they are different from their friends both physically ('My body is different from theirs') but also as a person ("They don't understand me, I am just different").

- constantly compare themselves to the people around them, even though the comparison feels wrong and they feel guilty over it.

- monitor what their friends are eating carefully: What are they eating? When? How much? How frequently?

- seem indecisive – especially about where to go and eat.

- experience sudden changes in their mood, as their mood and their self-image depend completely on how their relationship with food is that day.

- be absent from gatherings, which may cause an unintentional distance between them and their friends.

Eating disorder is a complex mental disorder that requires a lot of attention from specialists. In turn, people should stop paying attention to the appearance of others and who eats what.

REFERENCES

1. Erriu M., Cimino S., Cerniglia L. The role of family relationships in eating disorders in adolescents: a narrative review. PubMed Central (PMC). URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7226005/>.
2. Guarda A. What are eating disorders. American psychological association. URL: <https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>.
3. Kulchitskaya A., Fedotova T. Соціально-психологічні аспекти формування харчової поведінки в підлітковому віці. Psychological prospects journal. 2019. № 33. С. 178–191. URL: <https://doi.org/10.29038/2227-1376-2019-33-178-191>.
4. Маліновська І. В. Причини виникнення розладу харчової поведінки у підлітків. *Перспективи розвитку сучасної психології*. № 11. С. 148–155.