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RELEVANCE OF FUNCTIONAL AND DYSFUNCTIONAL PSYCHOLOGICAL DIMENSIONS IN THE MANIFESTATION OF EATING BEHAVIOR

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Eating behavior represents a complex interaction of psychological, social, and biological factors. Understanding the role of psychological dimensions, both functional and dysfunctional, is crucial in comprehending the manifestation of eating behavior. This article explores the significance of functional and dysfunctional psychological dimensions in eating behavior, emphasizing their relevance in the development, maintenance, and treatment of eating disorders. By exploring how these dimensions influence food choices and the relationship with nutrition, their impact on overall health and the prevention of eating disorders had highlighted. Eating disorders represent a category of complex mental disorders, characterized by significant disturbances in eating behavior and body image perception.

Keywords: *eating behavior disorders, anorexia nervosa, bulimia nervosa, psycho-emotional development.*

RELEVANȚA DIMENSIUNILOR PSIHOLOGICE FUNCȚIONALE ȘI DISFUNCȚIONALE ÎN MANIFESTAREA CONDUITEI ALIMENTARE

Comportamentul alimentar reprezintă o interacțiune complexă de factori psihologici, sociali și biologici. Înțelegerea rolului dimensiunilor psihologice atât funcționale, cât și disfuncționale este crucială în înțelegerea manifestării comportamentului alimentar. Acest articol explorează semnificația dimensiunilor psihologice funcționale și disfuncționale în comportamentul alimentar, subliniind relevanța acestora în dezvoltarea, întreținerea și tratamentul tulburărilor de alimentație. Prin explorarea modului în care aceste dimensiuni influențează alegerile alimentare și relația cu alimentația, se evidențiază impactul lor asupra sănătății generale și prevenirea tulburărilor de alimentație. Tulburările de alimentație reprezintă o categorie de afecțiuni mentale complexe, caracterizate prin perturbări semnificative ale comportamentului alimentar și ale percepției imaginii corporale.

Cuvinte- cheie: *tulburări de comportament alimentar, anorexie nervoasă, bulimie nervoasă, dezvoltare psiho-emoțională.*

Introduction

Dysfunctional aspects in the manifestation of eating behavior represent a complex issue involving both psychological and social aspects and have significant consequences on individual health and functionality. Particularly, the intention to control weight can be a major risk factor in the development and maintenance of eating disorders (EDs), such as anorexia nervosa, bulimia nervosa, and binge eating disorder [3, p. 36-40].

The first and foremost, it is important to understand that these disorders are not just about eating but also about the complex relationship an individual has with food and their own body image. Additionally, dysfunctional psychological aspects of EDs can include issues related to self-esteem and self-blame. Individuals affected by EDs may have low self-esteem and tend to attribute faults and food-related problems to their own character or lack of self-control.

These feelings of guilt and self-blame can further exacerbate ED symptoms, creating a vicious cycle of thinking and behavior.

Functional theories of eating psychology emphasize the importance of adequate regulation of food intake for maintaining optimal health. These theories explore how factors such as hunger and satiety sensations, food preferences, and cultural habits influence food choices and the amount consumed.

Explanatory theories of the functional and dysfunctional psychological dimensions in the manifestation of eating behavior

There are several explanatory theories that attempt to provide a deeper understanding of the functional and dysfunctional aspects of eating behavior. These theories offer different perspectives on how psychological factors influence individuals' relationship with food and body weight. Here are some of these theories:

Psychoanalytic Theory – initially developed by Sigmund Freud, it focuses on the role of the subconscious and internal conflicts in determining human behavior. Regarding eating behavior, functional aspects can be understand as mechanisms of adaptation to the individual's physiological and emotional needs. Conversely, dysfunctional aspects may be associated with subconscious conflicts or past traumas that can negatively influence a person's relationship with food [2, p. 92].

Symptoms of eating disorders have symbolic meaning and sometimes reflect aspects of sexuality. Psychoanalysts tried to explain the behavior by assigning a symbol, vomiting was considered an attempt to erase a traumatic sexual experience, these induced vomiting are considered as release from the traumatic moment. The fear of being fat had been analyzed as rejection of pregnancy and thinness had been analyzed as fear of death. Bruch states that weight loss has the function of avoiding the onset of sexuality by inhibiting the development of certain aspects of the body associated with sexual functions [1].

Behavioral Theory – this theory focuses on how learning and previous experiences shape human behavior. In terms of eating, functional aspects may include adopting healthy eating habits following positive rewards or social feedback. On the other hand, dysfunctional aspects can be the result of learning unhealthy eating patterns or associating food with negative emotions.

Cognitive Theory – explores how thoughts and perceptions influence human behavior. In terms of nutrition, functional aspects can involve developing healthy thoughts and beliefs about food and one's body that promote balanced food choices. In contrast, dysfunctional aspects may be associated with cognitive distortions, such as distorted perceptions of body weight or negative thoughts about food.

Socio-cultural theory – the theory examines how social and cultural factors influence human behavior. In terms of nutrition, functional aspects may include adopting healthy eating practices in accordance with cultural norms and values. Conversely, dysfunctional aspects may be the result of social pressure or unrealistic cultural norms regarding weight and physical appearance.

By integrating these explanatory theories, psychologists can gain a more comprehensive understanding of the reasons and mechanisms underlying healthy or dysfunctional eating behavior. This understanding can be usable in the development of effective prevention and treatment interventions for eating disorders and in promoting a healthy relationship with food among the population.

The intricate dynamics of eating behavior encompass a spectrum ranging from functional to dysfunctional dimensions, each holding profound implications for individual health and well-being. This understanding is pivotal for several compelling reasons.

Firstly, adopting a holistic approach to health underscores the intricate interplay of psychological, social, and environmental factors in shaping eating behaviors. By examining both the functional, or healthy, aspects and the dysfunctional, or unhealthy, facets, healthcare professionals can deliver comprehensive care that targets the root causes of disordered eating patterns.

Recognizing functional dimensions, such as positive body image and effective coping strategies, informs prevention efforts, potentially reducing susceptibility to developing eating disorders. Conversely, understanding dysfunctional dimensions, such as perfectionism and trauma, facilitates early intervention strategies, preventing the exacerbation of disordered eating behaviors.

Furthermore, acknowledging the functional dimensions of eating behavior promotes positive attitudes towards food, body image, and self-care, thereby reducing the stigma and shame associated with disordered eating. This encourages individuals to seek help earlier and engage more openly in treatment.

Lastly, fostering functional dimensions like resilience and self-compassion not only serves as protective factors against eating disorders but also promotes overall mental health and well-being. By nurturing these positive attributes, individuals can cultivate healthier relationships with food, their bodies, and themselves, leading to improved quality of life and psychological resilience.

Functional psychological factors:

- *Developing a sense of identity and autonomy:* Adolescence, the period of frequent onset of eating disorders, marked by the search for identity and independence.
- *Coping with stress:* Eating disorders can be a way to manage difficult emotions or stressful situations.
- *Healthy interpersonal relationships*: Social support and meaningful relationships can reduce the risk of developing eating disorders.
- *Positive body image*: Appreciating your own body and accepting imperfections can help prevent eating disorders.

Dysfunctional psychological factors:

- *Perfectionism*: The tendency to set unrealistic standards and be highly critical of oneself can contribute to eating disorders.
- *Low self-esteem*: A negative self-image can negatively influence the relationship with food and the body.
- *Depression and anxiety*: eating disorders can be comorbid with other mental health problems, which can amplify the risk of eating disorders.
- *Emotional trauma*: Traumatic childhood experiences can increase vulnerability to TA.

Understanding the complex interplay of factors contributing to the development of eating disorders is essential for effective prevention and treatment strategies. Environmental influences, cultural norms, family dynamics, individual variability, and treatment implications all shape the landscape of disordered eating behaviors. Sociocultural pressures, such as media portrayals of body image ideals, can profoundly impact individuals' perceptions of themselves and their eating behaviors. Likewise, family dynamics, including parental attitudes towards food and weight, play a significant role in shaping individuals' relationships with food.

However, amidst these influences, individual variability emerges, with some demonstrating resilience, despite facing similar challenges, while others may be genetically predisposed to certain psychological traits that heighten their susceptibility to eating disorders.

Recognizing the multifaceted nature of eating disorders calls for holistic treatment approaches that address both functional and dysfunctional psychological dimensions. Moreover, prioritizing prevention efforts by promoting positive body image and fostering healthy coping strategies is crucial in curbing the prevalence of disordered eating behaviors.

This comprehensive approach underscores the importance of addressing the complex interplay of factors involved in the manifestation and treatment of eating disorders.

People suffering from eating disorders suffer from difficulties in emotional regulation and especially in emotional regulation on the four dimensions. The negative effects on the severity of dieting and eating behavior disorders analyzed and classified by Plivy and Herman, 1999 [7] who tested four working hypotheses:

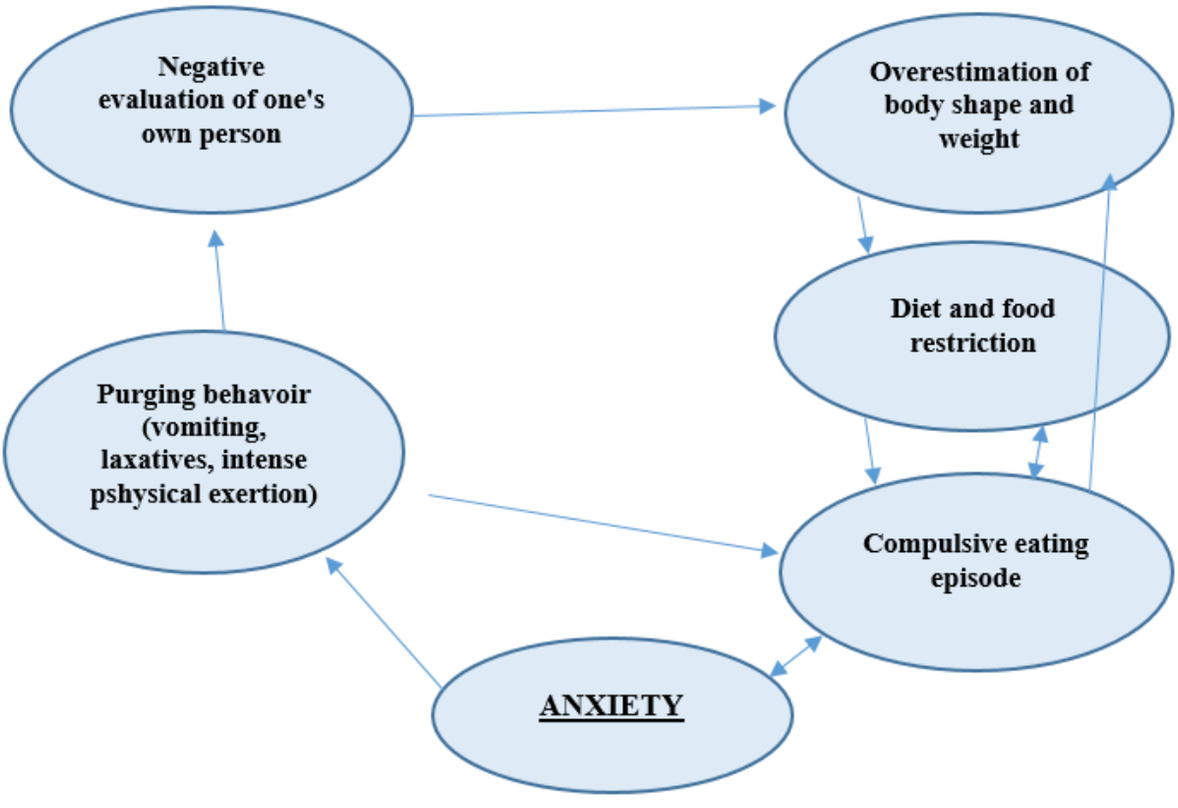
1. The psychosomatic comfort that suggests the food makes people feel better.
2. Learned helplessness through which the experience of stress is generating in all areas of the person's life.
3. Distraction the person consumes a large amount of food to distract them from the feeling of discomfort.
4. To mask people who keep a strict diet attribute the discomfort felt to the problem of overeating.

Modes of intervention in reducing the dysfunctional aspects of eating behavior.

Understanding the dimensions of functional and dysfunctional psychology in the manifestation of eating behavior is indeed essential for appropriate intervention and treatment of eating disorders (EDs). Therapeutic approaches aimed at changing dysfunctional perceptions and attitudes about food and the body are crucial in effectively treating these disorders. In this context, cognitive behavioral therapy (CBT), individual and family therapy, and nutritional interventions are just some of the effective approaches used in treating OCD.

Cognitive behavioral therapy (CBT) is one of the most widely used and researched forms of therapy for eating disorders. This therapy focuses on identifying and changing dysfunctional thoughts and behaviors related to food and the body. Through CBT, clients learn to recognize and challenge negative thoughts and beliefs associated with eating and body image and develop healthy strategies for managing these thoughts and emotions.

Fig. 1. Cognitive-behavioral model of bulimia maintenance mechanisms, according to Fairburn [4-5].



The cognitive-behavioral model of eating disorder maintenance mechanisms (ED), developed by Christopher Fairburn, is a theory that explains how individual thoughts and behaviors contribute to the maintenance of these disorders. This model focuses on the complex relationship between thoughts, feelings, and behaviors related to eating and weight. Here is a more detailed explanation of this model:

-*Distorted thoughts related to food, weight, and body.* According to this model, individuals with ED tend to have distorted and negative thoughts about food, weight, and their physical appearance. These thoughts may include distorted perceptions of their body, as well as irrational beliefs about weight control and self-worth.

-*Maladaptive eating behaviors.* Individuals with ED often adopt maladaptive eating behaviors, such as severe food restriction, binge eating, or consuming food in a secretive manner. These behaviors may be used as a means of weight control or to cope with negative emotions.

-*Compensatory behaviors.* To compensate for feelings of guilt and anxiety related to uncontrolled eating, individuals with ED may engage in compensatory behaviors such as vomiting, laxative use, excessive exercise, or fasting. These behaviors can become cyclical and contribute to the maintenance of the disorder.

-*Distorted perception of outcomes.* Individuals with ED often have a distorted perception of the outcomes of these behaviors, as well as their weight and physical appearance. For example, they may perceive themselves as larger than they actually are or may believe that their weight is directly related to their worth as individuals.

-*Cycles of negative self-reflection.* These distorted thoughts, behaviors, and perceptions form cycles of negative self-reflection, in which individuals with ED experience intense feelings of guilt, shame, and anxiety. This can lead to the perpetuation and reinforcement of dysfunctional eating and weight-related thoughts and behaviors.

-*Cognitive and behavioral rigidity.* Individuals with ED may be rigid in their thinking and behavior related to eating and weight, meaning they are often resistant to change and may continue to adopt the same patterns of thinking and behavior even when they are harmful to their physical and mental health.

The cognitive-behavioral model of ED maintenance mechanisms suggests that distorted thoughts, maladaptive eating behaviors, and distorted perceptions play a central role in maintaining these disorders, and therapeutic intervention often focuses on changing these dysfunctional patterns of thinking and behavior [6].

Individual and family therapy is also an important component of eating disorder intervention. In individual therapy, clients have the opportunity to deeply explore the causes and triggers of dysfunctional eating behaviors and develop skills to deal with these challenges. Family therapy is essential in cases where relationships and family dynamics have a significant impact on the eating behavior of the affected individual. In these cases, family involvement in the therapeutic process can facilitate positive changes and support for the person experiencing ACT [8].

Conclusions

Analyzing the specialized literature against the research issue that claims that the basis of eating behavior disorders are adaptive and mood disorders that are triggering and maintaining factors. Understanding and exploring functional and dysfunctional psychological dimensions are essential in addressing eating disorders and promoting a healthy relationship with food. Eating disorders are not only a physical problem, but also reflect deep psychological aspects such as self-esteem, interpersonal relationships and dysfunctional thought patterns.

Psychological theories offer varied perspectives on how psychological factors influence eating behavior, and their integration into therapeutic interventions can lead to personalized and effective strategies for the treatment and prevention of eating disorders.

It is crucial to recognize the role of both functional factors, such as healthy identity development and positive interpersonal relationships, and dysfunctional factors, such as perfectionism or depression, in influencing eating behavior. By approaching these issues with a holistic and personalized perspective, we can promote a healthy and balanced relationship with food, thereby helping to improve the mental and physical health of individuals.

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