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# TO THE QUESTION OF MODERN PSYCHODIAGNOSTICS AND HYPNOCORRECTION OF PSYCHOGENIC OVEREATING

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ЩОДО ПИТАННЯ СУЧАСНОЇ ПСИХОДІАГНОСТИКИ ТА ГІПНОКОРЕКЦІЇ  
ПСИХОГЕННОГО ПЕРЕЇДАННЯ

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К ВОПРОСУ СОВРЕМЕННОЙ ПСИХОДИАГНОСТИКИ И ГИПНОКОРРЕКЦИИ  
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## Resume

*The article presents a generalized analysis of trends with binge eating disorder in women. The key point's psychodiagnostic and psychocorrection were highlighted. The hypothetical possibility of solving the problem of binge eating disorder using hypnotherapy method was estimated like one of the most effective and short-term interventions. The nuances of the planned study to compare the effectiveness of classical diets, training in the gym with trainer and hypnotherapy are presented. Hypnotherapy is also considered as a way to further progression of patients in sports.*

## Keywords

*binge eating disorder, women, psychodiagnosics, hypnotherapy, psycho-trauma, weight correction, diet, gym.*

## Резюме

*Представлено узагальнений аналіз напрямків роботи з психогенним переїданням у жінок. Розставлено психодіагностичні і психокорекційні акценти. Оцінено гіпотетичні можливості вирішення проблеми психогенного переїдання за допомогою гіпнокорекції як однієї з ефективних і короткострокових інтервенцій. Представлено нюанси запланованого дослідження з порівняння результативності класичних дієт, занять у спортзалі з інструктором та гіпнокорекції. Гіпнокорекція також розглядається як спосіб прогресії до подальших занять спортом.*

## Ключові слова

*психогенне переїдання, жінки, психодіагностика, гіпнокорекція, психотравма, корекція ваги, дієти, спортивний зал.*

## Резюме

*Представлен обобщенный анализ направлений работы с психогенным перееданием у женщин. Расставлены психодиагностический и психокоррекционный акценты. Оценены гипотетические возможности решения проблемы психогенного переедания с помощью гипнокоррекции как одной из эффективных и краткосрочных интервенций. Представлены нюансы планируемого исследования по сравнению результативности классических диет, занятий в спортзале с инструктором и гипнокоррекции. Гипнокоррекция рассматривается и как способ прогрессии к дальнейшим занятиям спортом.*

## Ключевые слова

*психогенное переедание, женщины, психодиагностика, гипнокоррекция, психотравма, коррекция веса, диеты, спортивный зал.*

Questions of phenomenology and eating behavior, characteristics of mental and physical well-being, biopsychosocial, social-psychological and personal qualities as the main markers of phenomenology have a special place in a professional environment. By and large we are talking about the activities of specialists in psychosomatic practice [1]. A specific demonstration of the eating behavior problems [overeating for psychological reasons] – covers a growing number of people in the world [2]. The increase in the number of synonymous concepts psychogenic hyperphagia, psychogenic obesity, compulsive overeating, binge eating, food addiction, etc.) and, as a consequence, approaches to their classification often does not solve the problem. Patients permanently and / or occasionally continue to gain in weight, receiving deep emotional difficulties [3].

Changing the shape and body mass, reinforced by the crisis of food culture, native food behavior is a collective demonstration of motivational imbalance with the direct stress involvement [4].

The human ability to adapt to difficult living conditions allows one to determine the psychological causality of overeating. We can have long and obstinate dispute about healthy nutrition, sports intervention, but unconscious decisions to «comfort eat» are explained by overcoming the psychological conscious defense mechanisms [5]. Food, symbolizing the «rest energy» according to the findings of neuroscientists, and ecology-psychiatrists, plays replacement and at the same moment unstringing role in psychotrauma non-consent. The over-eating with a gradual increase in the number of products needed to gain immediate calm and, peace becomes «comfortable» for an individual [6].

Developments and observations in the field of modern hypnotherapy suggest that at some point in life at the system level «instinct – decision – choice», the person changes the way of response to the one that was chosen as the most appropriate in a stressful situation [7]. Very often, the reason for such a choice is irrational and unconscious, because psychogeny has instinctive nature. On the level of instinct (to run, hide, attack) there is the genesis of formed feelings (soreness, guilt, anger) and as a result the idea that: «in this feeling I find it easier to get calm and to eat well, because in that situation the food brought me salvation...» [7].

Changing the shape and body mass, reinforced by the crisis of food culture, native food behavior is a collective manifestation of motivational imbalance with the direct involvement of stress [4].

So, there is the result of dissociation between the theory of diagnosis and practical effectiveness of used hypnotherapy induction. A lot of patients continue futile visits to doctors, nutritionists, personal trainers, therapeutic exercise specialists, or simply engaged in self-help in the dark. Such attempts to solve the problems of weight mythologize society's attitude to own body and hit the pocket of the desperate visitors of sports clubs of weight loss.

Therefore, the goal is to learn the basic points of view about psychodiagnostics in psychogenic overeating disorders in women and more evidential and, effective methods for their correction, and to plan their own mode of study on their basis.

Results. Women compose the core group of persons with psychogenic overeating are. The modern environment is becoming more and more particular about the appearance [8]. The development of ideas about the so-called «ideal model» oppresses women and throws in a lot of situations in which beauty is identical with the lowest possible weight. Hence the motivation to look accordingly, with the help of diets, physical activity, up to the most sophisticated [9].

International classification of diseases, Tenth revision (ICD – 10) is not full of clarity of the differential diagnosis, subsuming the problem of psychogenic overeating to rubrics about affective mental disorders (F38 – other mood disorders) and hardly defined neurosis (F41.2 – mixed anxiety and depressive disorder, F48.9 – neurotic disorder, unspecified). In case of persistent physiological changes, we can talk about obesity (E66). Most psychiatrists take up the position that psychogenic overeating is a sign of bulimia nervosa, which varies from «extreme» to «deep» [10].

The idea of the comorbidity of anxiety and depressive disorders and overeating is one of the most promising diagnostic concepts.

Thus, E. Getmanchuk has developed psychopathogenesis concept that defines the interaction of psychosocial, psychopathological, individual personal characteristics with subsequent development of individualized psychotherapeutic diagnostics [11].

Modern psychodiagnostics of psychogenic overeating attempts to identify the origins of problems with the application of scales measuring of depression, alexithymia, anxiety, self-esteem, pathoper-

sonology etc. Let's note that most psychometric data assess only psychoemotional state of the second order, which is a consequence of the deeper layers of the psychic disruption [8, 12]. It sets aside the effective correction of causes from scientific evidence. Currently the most accurate results are available in the system of AUDIT-tests for the assessment of food addiction [13].

M. Voronov believes that the main causes of psychogenic overeating positioning of food as love and protection that person does not feel or does not receive; mood corrector; and elaborate mode «on the food habit and / or eating on the run» [5]. These versions just emphasize the instinctive roots of the problem.

In the last decade in Ukraine and in countries of the near abroad appeared info centers of weight correction, the number of which in recent years reached the peak. One of the most ambitious organizations, «Dr. Bormental» (Moscow) [14], has established its branches, online courses and popular literature on weight loss in the territory of the slavo-lingual population. Today the consumer of these services may choose any course for acceptable price. However, arises the question about the long lasting effect and duration of services provided [15].

If we turn to the background of overweight therapy issue and to follow its logic, we are faced with an abundance of techniques and practices. Among them we may find a different mix of diets, change of lifestyle and thinking, worldview, behavior, fasting, sporting events, and also motivation techniques of the subject to achieve the goal [12, 16]. Most written programs of weight correction contains hypnotic techniques as address to the problem of the person through suggestion and cognition [9].

Hypnosis is an ancient way of the assistance to people of various ailments and situational problems [17 – 19]. It has the most reasonable sanogenic factors. Its effect is felt internally and can be noticed by objective results [20]. Direct and supportive use of hypnosis is available to professionals working with overeating and obesity [20]. Almost all existing at the moment weight correction ways, one way or another, involve the levels of activity of consciousness, its variability [9].

Classic (legislative) approaches of hypnocorrection currently losing its relevance in working with psychogenic overeating [19]. This is due to the loss of specialists continuity, commercial and, non-traditional practices flow. Such atomization, lack of psychopathology and mythologization of ideas about the problem among the population does not allow enriching of the psycho-market for persons with psychogenic overeating with the help of scientific evidence-based effective methods [7, 19, 21, 22].

Correction methods of P. Tsai, M. Ginsburg, B. Ivnev, V. Evtushenko, D. Elman gained a reputation in the practice [6, 16 – 18, 20, 23]. Real and incomplete requests lay the conditions, before the specialist in which it is necessary to develop an arsenal of evidence-based psychological support. Hypnocorrection needs the practice consolidation on editing of life experience in case of overeating, where «...hypnosis is a state / mood», in which this is available for a shorter period of time [7, 19].

We hardly found works which described the features of psychological assistance to persons with psychogenic overeating on the basis of the analysis of family relationships. Considering the influence of family education on the shaping of future eating behavior, we assume that it is a direct indication for the development of psychodiagnostic activities prior to hypnocorrection [12, 24, 25].

Conclusions. In connection with the above, we offer study in the field of competence of medical psychology, allowing to prove the fact that no prescribed diet, no exercise in psychogenic overeating will not solve the problem of overweight as it can be implemented with the help of psychodiagnostic system (diagnostic module) and the modification (of D. Elman, C. Bunyan, V. Makulov) hypnocorrection induction (correction module).

The study planned to examine and observe over 600 women aged from 20 to 40 years with classic diets, exercises in the gym, and traditional group sessions with a psychologist, as well as our author's intervention. On the background of the comparative analysis of individual psychological, family characteristics, it is planned to show how causal and diagnostic module follow-up study of psychological trauma 3-tier method [7] effectively separate mono-diet and exercise.

The hypothesis of the research will improve effectiveness in the fight against psychogenic overeating in the selection and development of copyright psychodiagnostic methods / practices most congruent to implement hypnocorrection. The results will help to inform the evidence base for approach to the problem of psychogenic overeating.

The main and connecting focus of the planned study is: the resolution of psychotrauma within a short time (1 to 5 days); the substitution of «jamming» and the progression towards training the body in the gym (in the dynamics established for the period from 5 months to 2 to 3 years).

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