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SELF-REGULATION OF RESTRICTIVE EATING BEHAVIOR IN INDIVIDUALS UNDER CONDITIONS OF PSYCHOGENIC STRESS

Анотація. Мета. Стаття має на меті надати теоретичне обґрунтування та результати емпіричного дослідження психологічних особливостей харчової поведінки в умовах психогенного стресу, спричиненого воєнними подіями. Методологія. У дослідженні було використано комплекс методів: тестування (EAT-26, Інтегративний тест на тривожність, Анкета з емоційної дисрегуляції, Анкета А. Елліса щодо ірраціональних переконань), контент-аналіз щоденників самоспостереження та статистична обробка даних. Вибірка складалася з 80 осіб віком від 18 до 60 років (як чоловіків, так і жінок), які добровільно взяли участь у дослідженні з дотриманням принципів психологічної етики. Наукова новизна. Вперше було виявлено та описано конструкт «пов'язаної з війною харчової тривоги» як невід'ємний предиктор дезадаптивної харчової поведінки. Встановлено, що в умовах хронічного воєнного стресу домінує когнітивно-рестриктивний профіль розладів із переоцінкою контролю ваги, де дієтичні обмеження (45 % респондентів) переважають над булімічними проявами. Дослідження показує, що основою розладів харчової поведінки є не конкретні ірраціональні переконання щодо їжі, а фундаментальні дефіцити емоційної регуляції: уникнення (r=0,557 із загальним індексом ризику), румінація (r=0,48 із патологічним впливом) та труднощі з менталізацією (r=0,466 із контролем ваги). Кореляційний аналіз підтвердив, що розлади емоційної регуляції мають значно тісніший зв'язок з усіма аспектами патології харчування, ніж класичні ірраціональні установки, що вказує на первинність порушень на рівні афекту в умовах хронічного травматичного стресу. Було виявлено негативну кореляцію між віком та розладами харчування (r=-0,3 для контролю ваги), що свідчить про вищу вразливість молодших респондентів до воєнних стресогенних факторів у сфері харчування. Дослідження також підтвердило міжпоколінну передачу харчових моделей через материнський вплив (15 % респондентів з високим рівнем), що актуалізується в умовах екзистенційної загрози. Висновки. Більше половини респондентів (57,5 %) перебувають у зоні підвищеного ризику розладів харчової поведінки, що значно перевищує показники неклінічних популяцій у мирний час (10–20 %). Військова харчова тривога (високий рівень у 20 % вибірки) відображає екзистенційний страх дефіциту та активує архаїчні механізми «харчової паніки», тісно корелюючи з компульсивним переїданням (r=0,656), дієтичними обмеженнями (r=0,623) та загальним рівнем ризику (r=0,652). Хронічний воєнний стрес формує стабільний тривожно-фобічний особистісний радикал з вираженим астенічним компонентом та схильністю до соціальної ізоляції. Компенсаторна модель харчування виступає як дезадаптивний спосіб подолання нездатності розпізнавати власні емоції та менталізувати внутрішні стани. Група високого ризику щодо компульсивного та емоційного переїдання становить 23,75 % вибірки, що корелює з міжнародними дослідженнями щодо впливу військових конфліктів на загострення харчової поведінки. Отримані результати підкреслюють необхідність диференційованих програм психологічної підтримки, спрямованих на відновлення базового почуття безпеки, розвиток навичок менталізації, зменшення уникної поведінки та роботу з румінацією, а також стабілізацію астенічних станів і відновлення соціальних зв'язків як альтернативного джерела підтримки. Перспективи подальших досліджень включають лонгітудінальні дослідження динаміки виявлених розладів,

поглиблений аналіз гендерних відмінностей та вивчення факторів резистентності, що запобігають формуванню неадаптивних харчових стратегій в умовах хронічного травматичного стресу.

Ключові слова: саморегуляція, харчова поведінка, обмежувальна поведінка, психогенний стрес, пов'язана з війною харчова тривога.

Abstract. Objective. The article aims to provide theoretical substantiation and empirical research on the psychological characteristics of eating behavior under psychogenic stress caused by war events. Methodology. The study employed a comprehensive set of methods: testing (EAT-26, Integrative Anxiety Test, Emotional Dysregulation Questionnaire, A. Ellis Irrational Beliefs Questionnaire), content analysis of self-observation diaries, and statistical processing of data. The sample consisted of 80 individuals aged 18 to 60 years (both males and females) who voluntarily participated in the study observing the principles of psychological ethics. Scientific novelty. For the first time, the construct of «war-related food anxiety» has been identified and described as an integral predictor of maladaptive eating behavior. It is established that under conditions of chronic war stress, a cognitive-restrictive profile of disorders dominates with an overvaluation of weight control, where dietary restrictions (45 % of respondents) prevail over bulimic manifestations. The study reveals that the basis of eating disorders is not specific irrational beliefs about food but fundamental deficits in emotional regulation: avoidance (r=0,557 with general risk index), rumination (r=0,48 with pathological influence), and difficulties in mentalization (r=0,466 with weight control). The correlation analysis confirmed that emotional regulation disorders have significantly closer links with all aspects of eating pathology than classical irrational attitudes, indicating that under chronic traumatic stress, disturbances at the affect level are primary. A negative correlation between age and eating disorders was found (r=-0,3 for weight control), demonstrating higher vulnerability of younger respondents to war stressors in the eating sphere. The study also confirmed the transgenerational transmission of eating patterns through the maternal influence (15 % of respondents with high level), which actualizes in conditions of existential threat. Conclusions. More than half of the respondents (57,5%) are in the zone of increased risk of eating disorders, significantly exceeding the indicators of non-clinical populations in peacetime (10-20 %). War-related food anxiety (high level in 20 % of the sample) reflects an existential fear of deficit and activates archaic mechanisms of «food panic», closely correlating with compulsive overeating (r=0,656), dietary restrictions (r=0,623), and general risk level (r=0,652). Chronic war stress forms a stable anxiety-phobic personality radical with a pronounced asthenic component and a tendency to social isolation. The compensatory eating pattern acts as a maladaptive way of coping with the inability to recognize one's own emotions and mentalize internal states. The high-risk group for compulsive and emotional overeating comprises 23,75 % of the sample, which correlates with international studies on the impact of military conflicts on eating behavior exacerbation. The obtained results emphasize the need for differentiated psychological support programs focused on restoring the basic sense of security, developing mentalization skills, reducing avoidant behavior, and working with rumination, as well as stabilizing asthenic conditions and restoring social connections as an alternative source of support. Prospects for further research include longitudinal studies of the identified disorders' dynamics, in-depth analysis of gender differences, and investigation of resilience factors preventing the formation of maladaptive eating strategies under chronic traumatic stress.

Keywords: self-regulation, eating behavior, restrictive behavior, psychogenic stress, war-related food anxiety.

Introduction. The relevance of studying eating behavior in the context of modern warfare is driven by the profound impact of chronic psychogenic stress on the psychosomatic health of Ukrainians. The prolonged effect of intense stressors triggers disturbances in neuroendocrine regulation, which directly alters appetite and eating habits, transforming the biological process of food consumption into a complex mechanism of adaptation to traumatic circumstances.

In this context, eating becomes a key indicator of psycho-emotional state, serving as a function of self-regulation and compensation for feelings of helplessness. However, under the pressure of wartime realities – ranging from changes in the social environment to the instability of daily life – maladaptive patterns often emerge, such as emotional overeating or loss of appetite, laying the groundwork for the development of clinical eating disorders.

Analysis of the problem and the essence of the study. Current research shows that psychogenic stress affects appetite through the hypothalamus, cortisol, and neurotransmitters (dopamine, serotonin). Stress hormones stimulate cravings for high-calorie foods and promote emotional overeating, through

which food becomes a mechanism for coping and self-soothing [3; 6]. This is particularly relevant in conditions of chronic stress, such as war.

Clinical and neuropsychological research convincingly demonstrates that psychological trauma, particularly when prolonged or repeated, significantly transforms the motivational and regulatory systems of the individual, including the mechanisms of eating behavior. Within the framework of studying the comorbidity of PTSD and eating disorders (Crow S. J., Swanson S. A., Peterson C. B., Crosby R. D., Wonderlich S. A., & Mitchell J. E.), it has been established that traumatic experience is associated with emotional overeating, food avoidance, fluctuations in appetite, and changes in the perception of hunger and satiety [2]. Thus, contemporary American and European studies confirm that the traumatic experience of war affects the regulation of eating behavior through the activation of the stress neurophysiological system and the disruption of emotional self-regulation mechanisms.

Theoretical foundations of the study. Restrictive eating behavior (from the English *restriction*) is a type of eating behavior characterized by conscious, deliberate, and rigid self-limitation in the amount or composition of food in order to control body weight or achieve certain aesthetic standards, accompanied by rigid cognitive attitudes toward food and one's own body.

The key mechanism underlying eating behavior disturbance is emotional eating—the consumption of food to regulate affective states in the absence of physiological hunger. Empirical studies confirm a direct correlation between stress and compulsive food consumption.

The theoretical foundation is provided by the psychosomatic model (Macht M.), according to which the impetus for eating is not hunger but emotional discomfort – anxiety, irritability, boredom, loneliness [6]. The key pathogenic factor is the inability to differentiate between hunger and anxiety signals: interpreting stress as a food need, the individual develops a maladaptive pattern that, in the absence of alternative coping strategies, leads to chronic overeating and obesity.

Experimental part. To determine the characteristics of individual eating behavior under conditions of psychogenic stress, a cross-sectional experiment was employed, utilizing methods of non-standardized self-observation and testing (via Google Forms) with the following instruments: the Eating Attitudes Test (EAT-26), the Integrative Anxiety Test, the Emotional Dysregulation Questionnaire, the Irrational Beliefs Inventory (A. Ellis), and content analysis of self-monitoring food diaries. Eighty individuals, men and women aged 18 to 60, participated in the study. All participants provided voluntary written consent to take part in the study, as well as for the collection and processing of data, and were informed of the purpose and objectives of the research. The cross-sectional experiment was conducted in strict compliance with the principles of psychological ethics and the Universal Declaration on Bioethics and Human Rights (UNESCO).

Results and Discussion. The results of the assessment of eating disorder risks using the EAT-26 questionnaire are shown in Figure 1.

The obtained data indicate moderately pronounced risky eating attitudes with a dominance of the cognitive-restrictive component. A high level of risk for eating disorders (ED) was identified in 28,75 % of individuals, and a moderate level in another 28,75 %. Thus, 57,5 % of the sample fall within the zone of psychological vulnerability to EDs.

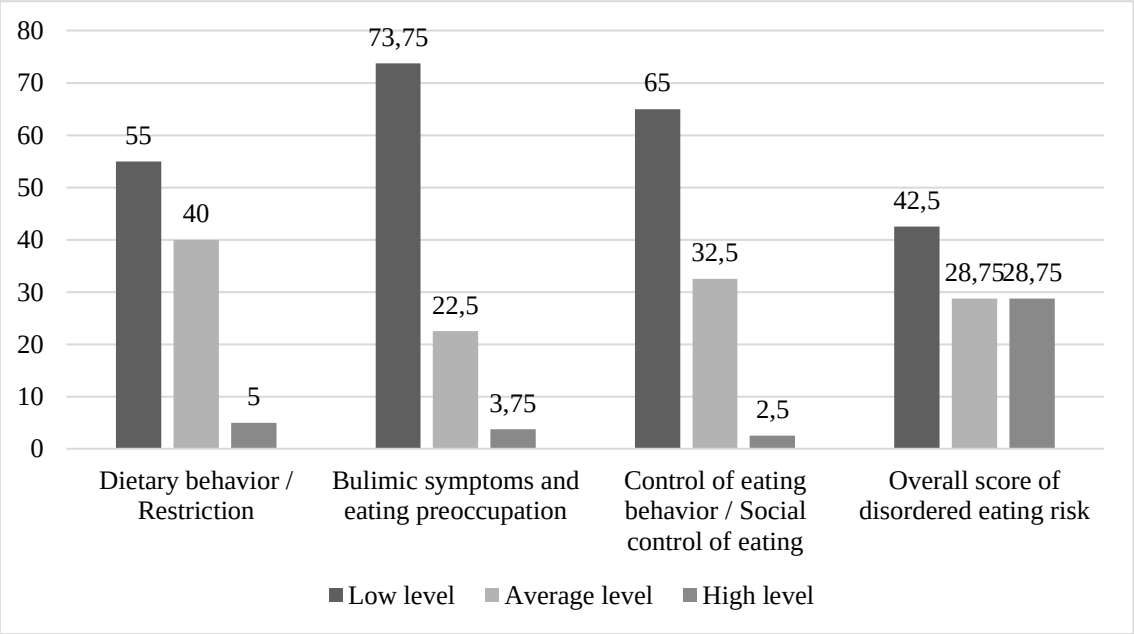

Fig. 1. Distribution of eating disorder risks according to the EAT-26 questionnaire (N = 80; in %)

This figure significantly exceeds the typical 10–20% of respondents exceeding the clinical threshold of the EAT-26 in non-clinical populations [5], indicating a prevalence of body dissatisfaction, weight-based self-esteem, and heightened cognitive control over eating. The results are consistent with Fairburn's cognitive model, in which the central mechanism is the overvaluation of weight and body shape control [4].

On the dieting/restriction scale, 45 % of respondents demonstrate a moderate (40 %) or high (5 %) level, confirming the significant prevalence of restrictive cognitive attitudes in the sample. Psychologically, this reflects perfectionistic tendencies, fear of weight gain, a propensity for rigid self-control, and the internalization of the sociocultural thinness ideal.

Noteworthy are the results of 3,75% of respondents who exhibit a high level of bulimic manifestations, while 73,75% show a low level. This indicates a relatively low prevalence of the impulsive-compulsive pattern. Research shows that the Bulimia and Food Preoccupation subscale in non-clinical samples has lower internal consistency and a less clear factor structure [5].

Thus, in the studied group, it is not behavioral loss of control (overeating, purging) that dominates, but rather cognitive preoccupation with the topic of food and weight. This is characteristic of subclinical forms of the anorexic spectrum or so-called «normative» dietary attitudes [3].

The obtained data characterize the sample profile as cognitively restrictive, with a predominance of attitudinal components over behavioral symptoms. A high overall risk was identified in 28,75% of individuals, which, for a non-clinical sample, constitutes a significant indicator of psychological vulnerability.

In the structure of the disturbances, dietary attitudes dominate over bulimic manifestations: fear of weight gain, rigid control over eating, and the division of food into «allowed/forbidden». Impulsive episodes of overeating are minimal, indicating subclinical forms with cognitive fixation on control. The issue is internally determined: the sources are perfectionism and internal standards, rather than external pressure. Food serves a regulatory function–reducing anxiety through the implementation of control. Such a profile corresponds to the transdiagnostic model of Fairburn, in which the central mechanism is the overvaluation of weight and body shape, upon which self-esteem depends [4]. Restriction is considered the primary control strategy, whereas bulimic symptoms may emerge secondarily – as breakdowns following rigid constraints.

Thus, the studied sample demonstrates a moderate overall risk with a predominance of the cognitive component, indicating psychological vulnerability without established clinical disorganization. This state can be viewed as a latent phase, in which preventive psychoeducational and psychocorrective interventions may be particularly effective, as behavioral disturbances have not yet become entrenched as a stable pathological pattern.

Content analysis of self-monitoring food behavior diaries revealed a spectrum of eating disorder risks determined by war-related stress. As shown in Figure 2, the analysis of empirical data demonstrated a specific impact of the traumatic context on various components of eating behavior, manifested in the formation of maladaptive patterns.

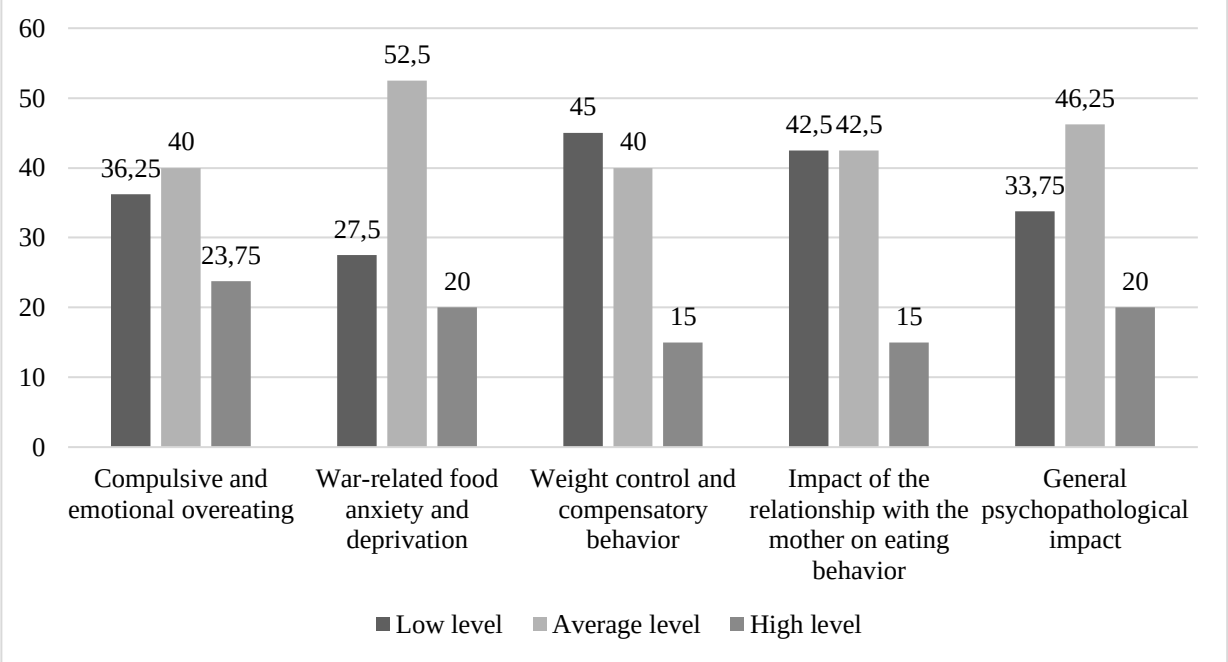

Fig. 2. Distribution of eating disorder risks based on the content analysis results (N = 80; in %)

The obtained data indicate that one in three respondents (36,25 %) exhibits a low level of susceptibility to emotional overeating, which can be interpreted as an adaptive type of eating behavior in which food is not used as a psychological mechanism for regulating emotional states. A moderate level was found in 40 % of respondents, indicating situational use of food to cope with stress, primarily during periods of heightened emotional tension.

The group with a high level of compulsive and emotional overeating, comprising 23,75% of the sample, warrants particular attention. High scores on this scale indicate an established pattern of using food as a dominant coping mechanism for regulating negative affective states, thereby increasing the risk of developing binge eating disorder. As noted in the scientific study by Crow et al., such eating behavior patterns often have a neurobiological basis, associated with dysfunction of the reward system and dysregulation of dopamine transmission in response to the consumption of high-calorie foods [4].

Compulsive and emotional overeating demonstrate a strong positive correlation with dietary restriction ($r = 0,603$; $p \leq 0,01$), bulimic manifestations ($r = 0,662$; $p \leq 0,01$), and the overall indicator of disordered eating risk ($r = 0,586$; $p \leq 0,01$). These correlations reveal an integrated structure of eating disturbances, in which compulsive and emotional overeating serve as a central integrative construct. The strongest correlation with bulimic manifestations ($r = 0,662$) confirms that emotional overeating is often accompanied by guilt and loss of control, key characteristics of the bulimic spectrum of disorders. At the same time, the strong correlation with dietary restriction ($r = 0,603$) reflects the paradoxical mechanism described M. F. Dallman: «rigid cognitive restrictions create psychological tension that, when self-control diminishes, provokes episodes of compulsive overeating. This 'restraint–disinhibition' pattern forms a cyclical dynamic of disturbances, in which overeating reinforces further restriction as a compensatory attempt to regain control». The strong correlation with the overall risk indicator ($r = 0,586$) confirms that compulsive and emotional overeating are markers of generalized vulnerability to eating disorders in the context of war-related stress.

In accordance with the research objective, we examined manifestations of war-related food anxiety: 52,5 % of respondents demonstrated a moderate level, reflecting moderate concern about food availability, episodic food stockpiling, and situational disruptions to eating patterns. A low level was recorded in 27,5% of participants, indicating the absence of specific anxiety related to food resources and the maintenance of a relatively stable eating pattern despite wartime conditions.

A high level of war-related food anxiety was identified in one in five (20 %) respondents. This is a unique construct reflecting the specific impact of war-related stress on eating behavior, which is not represented in standard eating disorder questionnaires. These findings correlate with the results of a study by Gulich et al. conducted among Ukrainian school-aged children, which established that 63 % of children experienced changes in eating behavior, with displacement and forced relocation emerging as the most influential determinants [1]. High scores on this scale indicate the presence of traumatic stress related to resource scarcity, requiring specific therapeutic approaches focused on restoring a basic sense of safety.

War-related food anxiety shows strong correlations with dietary restriction ($r = 0,623$; $p \leq 0,01$), bulimic manifestations ($r = 0,581$; $p \leq 0,01$), eating control ($r = 0,309$; $p \leq 0,01$), compulsive and emotional overeating ($r = 0,656$; $p \leq 0,01$), and the overall indicator of disordered eating risk ($r = 0,652$; $p \leq 0,01$). These correlations demonstrate that war-related food anxiety serves as an integral predictor of maladaptive eating behavior, permeating all its key dimensions. The strongest correlation with compulsive and emotional overeating ($r = 0,656$) indicates that the fear of being without food in wartime directly activates archaic mechanisms of «food panic», whereby food begins to serve not merely a physiological but an existential-protective function.

The strong correlation with dietary restriction ($r = 0,623$) and bulimic manifestations ($r = 0,581$) reflects the ambivalent impact of war-related anxiety: on the one hand, it provokes stockpiling and overeating (fear of scarcity); on the other, it intensifies cognitive control as an illusion of stability in a chaotic world. This aligns with the «dual pressure» model of war-related stress, in which deprivation-related anxiety paradoxically coexists with perfectionistic self-control. The correlation with the overall risk indicator ($r = 0,652$) confirms that war-related food anxiety is not an isolated phenomenon but a systemic factor that amplifies overall psychopathological vulnerability in the domain of eating behavior.

On the weight control and compensatory behavior scale, the largest proportion of respondents (45%) exhibited a low level, which is a favorable indicator, as it suggests the absence of pronounced fixation on body weight and restrictive eating patterns even under wartime stress. A moderate level was identified in 40 % of participants, reflecting moderate weight concerns and episodic food restriction as an attempt to restore a sense of control amid external chaos.

A high level was recorded in 15 % of respondents. This group warrants particular attention, as high scores on this scale, especially when combined with positive responses to the item regarding «purging», may indicate the presence of clinically significant bulimic symptomatology.

The distribution on the scale assessing the impact of the relationship with the mother on eating behavior is symmetrical: 42,5 % of respondents demonstrate low and moderate levels of maternal influence, respectively. A low level indicates minimal influence of the maternal figure on the formation of eating patterns, whereas a moderate level reflects the presence of certain aspects of maternal influence (e.g., the use of food as a reward in childhood) without a significant impact on current eating behavior.

A high level was identified in 15 % of respondents. This finding is clinically significant, as it indicates the internalization of maternal criticism regarding the body, identification with the mother's maladaptive eating patterns, and the activation of these patterns under wartime stress. These data align with the theoretical tenets of object relations and attachment theory, which postulate that early parent–child relationships shape fundamental patterns of attitudes toward the body and food, which become actualized under conditions of stress.

The impact of the relationship with the mother on eating behavior is confirmed by the results of correlation analysis, showing strong associations with the EOT-26 scales at a significance level of $p \leq 0,01$. The highest correlation coefficients were found with the weight control scale ($r = 0,553$; $p \leq 0,01$), compulsive and emotional overeating ($r = 0,548$; $p \leq 0,01$), and bulimic manifestations ($r = 0,527$; $p \leq 0,01$). These correlations empirically support the theoretical tenets of psychoanalytic and object relations models regarding the role of the maternal figure in shaping eating behavior. The strongest correlation with the weight control scale ($r = 0,553$) indicates that internalized maternal criticism regarding the body becomes an internal censor, which in adulthood manifests as rigid dietary restriction and perfectionistic striving for the «ideal» shape.

The strong correlation with compulsive and emotional overeating ($r = 0,548$) and bulimic manifestations ($r = 0,527$) reflects another mechanism–identification with maternal patterns of coping behavior under stress. If the mother used food as a means of self-regulation or demonstrated an ambivalent attitude toward her own body, these patterns are acquired through imitative learning and become activated in situations of existential threat, such as war. Thus, these findings confirm that the maternal figure serves as a primary mediator of the transgenerational transmission of both cognitive attitudes regarding weight control and behavioral strategies of emotion regulation through food.

On the scale of general psychopathological impact, the largest proportion of respondents (46,25 %) demonstrates a moderate level, reflecting awareness of the connection between psychoemotional state and eating behavior, as well as periodic loss of appetite due to stress. A low level was found in 33,75 % of participants. However, a high level was recorded in 20 % of respondents. This group is characterized by a pronounced negative impact of psychoemotional state on eating behavior, significant loss of appetite associated with depressive symptomatology, and a clear awareness of deterioration in eating behavior following the onset of the full-scale war.

Correlation analysis of the studied parameters with age revealed a negative correlation with eating control ($r = –0,3$; $p \leq 0,01$), war-related food anxiety ($r = –0,27$; $p \leq 0,05$), and general psychopathological impact ($r = –0,265$; $p \leq 0,05$). These negative correlations with age indicate a positive age-related dynamic in the experience of war-related stress and its impact on eating behavior. The most pronounced inverse relationship was found between age and eating control ($r = –0,3$; $p \leq 0,01$), indicating a decrease in rigid restrictive attitudes toward eating among mature-aged respondents. Younger individuals demonstrate a greater tendency toward rigid self-control and perfectionistic striving to meet sociocultural body standards, whereas these tendencies diminish with age, which aligns with research on the decreasing influence of external standards on self-esteem in the process of maturation.

The negative correlation of war-related food anxiety with age ($r = –0,27$; $p \leq 0,05$) and general psychopathological impact ($r = –0,265$; $p \leq 0,05$) indicates that younger respondents are more vulnerable to specific stressors associated with food resource scarcity and respond more sensitively to the psychogenic impact of war in general. This may be explained both by less life experience in coping with crisis situations and by the greater significance of external resources for establishing a sense of stability in young adulthood. Thus, these findings identify the younger age group as one requiring increased psychological attention in the context of preventing stress-related eating disorders.

The conducted study revealed a specific profile of eating disturbances under wartime stress, characterized by the predominance of a cognitive-restrictive component over an impulsive-bulimic one. The overall risk indicator shows that 28,75 % of respondents have a high level, and another 28,75 % have a moderate level – meaning that more than half of the sample (57,5 %) falls within the zone of potential psychological vulnerability to the development of eating disorders (EDs). This rate is substantially higher than the typical 10–20 % observed in non-clinical populations according to Garner et al., which may indicate the prevalence of body dissatisfaction, dependence of self-esteem on weight, and heightened cognitive control over eating induced by war-related stress [5]. According to the cognitive model of Fairburn, the central mechanism of such disturbances is the overvaluation of weight and body shape, a finding supported by the fact that 45 % of respondents exhibit moderate or high levels of dietary restriction [4].

The most pronounced specific construct was war-related food anxiety, with 52,5 % of respondents demonstrating a moderate level and 20 % a high level, correlating with the findings of the study by Gulich et al. among Ukrainian children [1]. At the same time, the group with a high level of compulsive and emotional overeating constitutes 23,75% of the sample, consistent with the research on the impact of military conflict on increased emotional overeating. Clinically significant is the identification of a high level on the weight control and compensatory behavior scale in 15 % of respondents, as well as a pronounced impact of the relationship with the mother in 15 %, which highlights transgenerational mechanisms in the formation of eating patterns. These findings underscore the need to develop differentiated psychological support programs focused on restoring a basic sense of security and addressing cognitive attitudes regarding weight control.

Understanding the impact of psychogenic stress on an individual's eating behavior requires analysis not only of behavioral manifestations but also of the deep psychological mechanisms that mediate this relationship. Such mechanisms include affective reactivity (level of state and trait anxiety), capacity for emotional state modulation (emotional dysregulation), and cognitive mediation of stressful events (irrational beliefs). To investigate these mechanisms, the Integrative Anxiety Test, the Emotional Dysregulation Questionnaire, and Ellis's Cognitive Distortions Test were used, respectively. The obtained data allow for the reconstruction of the psychological profile of individuals with different types of stress response patterns in the context of eating behavior.

Correlation analysis revealed statistically significant direct associations between eating disturbances and various aspects of the emotional sphere and anxiety.

It was found that the overall index of eating disorder risk, as well as its individual components – dietary problems and bulimic manifestations – demonstrate a strong direct correlation with indicators of emotional distress. This means that the higher the level of eating disturbances, the more pronounced the

experience of distress in the emotional sphere. Specifically, this relationship is observed with both situational (r = 0,338–0,394, p ≤ 0,01) and trait (r = 0,338–0,394, p ≤ 0,01) levels of emotional distress.

Correlation analysis revealed significant associations between eating disturbances and indicators of the anxiety spectrum. The most sensitive to emotional state was the bulimic manifestations indicator, which showed the highest correlations with both situational (r = 0,421) and trait (r = 0,404) distress, confirming the role of bulimia as a maladaptive means of emotional regulation. Dietary behavior was also associated with emotional state but correlated more strongly with situational distress, reflecting the daily struggle with dietary temptations. Additionally, direct associations were found between eating disturbances and the severity of the phobic component (r = 0,293–0,397), anxious appraisal of the future (r = 0.305–0,439), and anxiety regarding social protection (r = 0,291–0,321). These findings indicate that emotional distress is a powerful concomitant of pathological forms of eating behavior, particularly at the chronic level, and that increased eating-related risks are accompanied by a rise in various anxiety manifestations – from situational fears to concerns about social acceptability and future consequences. The obtained data suggest that increased levels of eating disorder risk (specifically dietary restriction and bulimic manifestations) are closely associated with deterioration in emotional state. This is accompanied by an increase in both situational and trait emotional distress, as well as elevated levels of various anxiety reactions – from phobias to social anxiety and concerns about the future. This underscores the importance of considering emotional-affective factors (anxiety and distress) within the structure of eating pattern disturbances.

A key role in the formation of eating disorder risk in the studied sample is played not by specific irrational thoughts about food, but by deep-seated disturbances in emotional regulation and cognitive coping strategies. The most powerful factor is avoidance, which demonstrates the highest correlation with the overall risk index (r = 0,557) and bulimic manifestations (r = 0,536), indicating the use of food as a mechanism for avoiding negative emotions. Rumination is closely associated with pathological impact (r = 0,48) and maternal attitudes (r = 0,496). Difficulties in mentalization show the strongest correlations with weight control (r = 0,466) and compulsive overeating (r = 0,453): without understanding the causes of emotional hunger, an individual compensates through rigid control or uncontrolled food consumption. A trend was observed: the higher the rationality and self-esteem, the less pronounced the tendency toward overeating (r = –0,223).

Thus, psychocorrective intervention should be aimed primarily at developing mentalization skills, reducing avoidant behavior, and addressing rumination, as well as stabilizing the asthenic state, desensitizing phobic manifestations, and restoring social connections as an alternative source of support.

Conclusions. The conducted empirical study made it possible to identify a specific psychological profile of eating behavior under conditions of chronic war-related stress and to establish the deep mechanisms mediating this relationship. In the studied sample, the cognitive-restrictive component predominates over the impulsive-bulimic one. More than half of the respondents (57,5 %) fall within the zone of increased risk for developing eating disorders, which significantly exceeds the rates observed in non-clinical populations during peacetime. The central element of this risk is the overvaluation of weight and body control, which is manifested through dietary restriction (45 %), whereas behavioral breakdowns (bulimic manifestations) are minimally expressed.

A unique construct – war-related food anxiety – was identified as an integral predictor of maladaptive eating behavior. A high level of this anxiety (20 % of the sample) reflects an existential fear of scarcity and activates archaic mechanisms of «food panic», correlating strongly with compulsive overeating, dietary restriction, and overall risk level. Chronic war-related stress forms a persistent anxious-phobic personality radical with a pronounced asthenic component and a tendency toward social isolation. It was established that the basis of eating disturbances lies not so much in specific food-related psychopathology as in a deep-seated deficit of emotional regulation: the inability to recognize one's own emotions (difficulties in mentalization) leads to obsessive rumination and the use of avoidant behavior, in which food becomes the primary, albeit maladaptive, tool for coping with stress.

Correlation analysis demonstrated that disturbances in emotional regulation (avoidance, rumination, difficulties in mentalization) have significantly stronger associations with all aspects of eating pathology than classical irrational beliefs (according to A. Ellis). This indicates that under conditions of chronic traumatic stress, impairments at the level of affect and its regulation are primary, rather than specific cognitive distortions regarding food. The level of eating disturbances shows a negative correlation with age, with younger respondents demonstrating greater vulnerability to war-related stressors in the eating domain.

Prospects for further research lie in an in-depth analysis of gender differences and the investigation of resilience factors that prevent the formation of maladaptive eating strategies under conditions of chronic traumatic stress.

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