

Conclusion. We believe that in the process of psychological adaptation of cadets to training in an educational institution of the education system, the main part is adaptation to the daily routine and life in a conventionally isolated community. The factor of successful adaptation is the presence of a target setting for successful learning, the acceptance of possible difficulties as a given. It is also important to have a hobby and the formation of a close social circle that can provide psychological support.

The duration of the adaptation process is individual and takes from two or three months to a year. In the first year of study, the formation of an independent personality takes place, life values and guidelines are determined. A major role in this development is played by the assimilation of training competencies in a power university: the psychological state of the cadet, his academic performance and future professional activity depend on how quickly this period passes. The primary task of commanders, course officers, teachers and psychologists are to help cadets successfully pass the mandatory period of adaptation.

Thus, in the educational institutions of the Ministry of Internal Affairs, the process of psychological adaptation is associated both with a general change in the nature of social activity and cognitive activity of cadets, and with the need for integration into a hierarchically constructed and strictly regulated system of internal affairs bodies. This process can be called successful in the case when, before the end of the first year of study, the cadet masters the skills of effective educational and service activities, learns the system of subordination, and perceives the choice of profession as a conscious act of will.

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PERFECTIONISM AND RELATED TO IT EATING DISORDERS

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Food addiction refers to those forms of behavior that do not seem to contradict legal, moral, and cultural norms in any way, but at the same time they disrupt the integrity of the person, inhibit formation, make it one-sided, and also seriously complicate interpersonal relationships. Having considered the psychological distinguishing features of a person with food addiction, we can come to the corresponding general conclusion: this is an individual who, in a situation of emotional tension, applies hyperalimentation in the property of the compensatory key of positive emotions [1].

Perfectionism has many meanings, and it is also used to denote various concepts. Today no definition of perfectionism is generally accepted, therefore the study of this quality has not yet been completed. Psychological studies of

perfectionism are of particular value in studying the specifics of personality formation in adolescence, in the study of extreme forms of behavior, in understanding the causes and factors of association in youth subcultural communities. In addition, timely identification of the perfectionist's personality orientation can prevent both the development of depression and suicidal manifestations of the personality. Thus, the problem of perfectionism and the appropriate detection of its pathological forms contain practical significance and needs further study [2].

The purpose of this article is to highlight the essence of the problem of perfectionism, to identify the possibility of perfectionism impact on the formation of eating disorders in adolescence.

Material and methods. We used theoretical analysis of the literature on the research topic as the main method of research.

Findings and their discussion. According to N.G. Garanyan, A.B. Kholmogorova and T.Y. Yudeeva, "perfectionism is not an individual absurd tendency, but a disease of the culture of our time. As stated by H. Remschmidt, about half of the girls and a third of the boys in the period of growing up are puzzled by their own body size, figure and weight. This is due to fears of remaining too small or becoming too big, and moreover, the disproportionality of addition has increased this year [3]. As for the indicators of self-perception, there are differences between boys and girls.

If masculinity is conditioned by physical strength and sports achievements, then girls mainly pay attention to their own face and skin.

It should be noted that both boys and girls are concerned about pathologies of body proportions, for example, a "protruding" nose, long arms compared to legs, protruding cheekbones, very wide hips. However, since such disproportionality is caused by the different growth rates of different parts of the body during puberty, it completely disappears with its completion. Unfortunately, the anxiety of admitting such experiences to an adult for fear of being ridiculed is characteristic of young people [4].

The range of food acceptability is laid from infancy and is determined by the nature of feeding, the attitude of parents to the child's diet. Eating behavior is structured since the introduction of complementary foods, we range food products by offering and limiting a definite type of food, as well as time, amount and a situation of the child's eating. This process is social in nature, since it is implemented by other people, its nature and features determine the model of eating behavior in the future.

There are three types of eating disorders (in order of increasing prevalence):

1) anorexia nervosa (It's an eating disorder characterized by deliberate loss of body weight caused and maintained by the patient himself, fear of gaining extra pounds, distorted perception of his own body);

2) nervous bulimia (This type is characterized by recurrent episodes of overeating, followed by inadequate compensatory behavior, such as provoking vomiting, the use of laxatives and diuretics, starvation or increased physical activity);

3) compulsive overeating. The latter is often combined with obesity (characterized by recurrent episodes of eating a large amount of food with a sense of loss of self-control. These episodes do not alternate with cleansing procedures: patients do not induce vomiting, do not take laxatives).

Let's analyze in more detail the causes and symptoms of these disorders:

1. The fear of fatness is partly due to the fashion for a fit, thin figure. Fashion, as you know, is changing; the modern weight loss hype arose in the late 60s. Similar situation was observed in the 20s, but at that time slimness was achieved with the help of clothes (for example, they tightened the chest to add a boyish shape to the figure). Currently, the diet has come to the fore. Many girls immediately became dissatisfied with their figure and weight, and therefore had to limit themselves in food. In different social groups, this phenomenon is expressed differently: for example, in the USA it is most pronounced among white women from the upper and middle strata. Consequently, we may regard it as eating disorder if the concern about one's own weight and figure is stronger than that of a "normal" woman of the same ethnicity and class.

2. Self-restrictions in food observed in anorexia nervosa, bulimia nervosa and compulsive overeating are the result of a fear of fatness. These restrictions are particularly severe for anorexia nervosa, less so for compulsive overeating in obese people. Patients develop various principles of nutrition and strive to follow them invariably. These principles are often absolutely unjustified. Thus, patients reject, first of all, those foods from which, according to their judgment, it is possible to recover, but these foods are different for everyone. Those suffering from anorexia nervosa absolutely by all methods tighten the food regime, try to eat more slowly; to make the food unattractive, cut it into small pieces, over-salt or pepper. With bulimia nervosa and compulsive overeating, periods of self-restraint in eating alternate with bouts of overeating.

3. Bouts of overeating are moments of loss of control over the food craving, during which the patient is unable to overcome the desire to eat certain foods or just eat continuously. An attack is interrupted if this product (or available food) ends, when the patient is stopped by others, or if he is already physically unable to eat anymore. During the attack, the patient eats a huge amount of food from time to time, although its total calorie content varies – from several hundred to several thousand kilocalories. As a rule, the attack is short-lived, but it can stretch for a whole day – then the patient eats a little, but almost constantly. They usually prefer food that is easy to chew (bread, cakes, ice cream, fried crispy potatoes, sweets, etc.). Often, during attacks, they drink a large amount of liquid in order to then make it easier to induce vomiting. Patients in most cases eat in secret, fearing that they will be discovered or deprived of food. Bouts of overeating (gluttony) must be distinguished from ordinary overeating – for example, on holidays. Such overeating also happens more often in some than in others, but at the same time a person constantly has the opportunity to stop. Since overeating is not reprehensible, it is extremely rarely accompanied by a feeling of guilt or anxiety.

An attack of gluttony in patients with bulimia nervosa and compulsive overeating is most often preceded by attempts at self-restraint in food. They can only follow restrictions for a short time, and then, due to a number of factors, they

lose power over themselves and begin to eat continuously. Among these factors are the type and aroma of favorite dishes, stressful situations [5].

The zeal to "be better" or "achieve new heights" is a priori an unattainable height. This road steals life over time, taking away mental balance and deteriorating health. The "complex of an excellent student" (the belief that the ideal can and should be achieved, the belief that an imperfect result of work has no right to exist) sooner or later turns into a permanent neurosis. The development of such disorders may occur at any age. The desire to exercise control over nutrition is another factor of imaginary perfection. This affects not only the successful in life: following the calorie plan, counting every bite and obsession with sports (not directly related, but is a frequent companion) – these are the areas where you can "be good" and receive constant positive support. Often similar disorders are a companion of the fear of not being good enough, unworthy of the love of others and oneself. Moreover, many perfectionists find themselves worthy of love only if these goals are achieved. Conditional goal setting makes personal well-being dependent on numbers, quantity and "body self-perception". Perfectionism (this is a personality trait characterized by the desire to improve and achieve the ideal. It is manifested by excessive demands on oneself and others, scrupulousness, frequent dissatisfaction with the result of actions) has absolutely nothing to do with perfection. Perfectionism is the feeling that you are not good enough. Sooner or later, this leads to the search for unhealthy compensations, where one of the alternatives is ED: anorexia as a form of control and praise for control, overeating as a form of satisfaction [5].

Conclusion. Thus, it should be emphasized that adolescence is a difficult period characterized by radical changes in the external and internal appearance. Family and social factors have a direct impact on these changes, and if they turn out to be psychotraumatic to a certain extent, then the emotional well-being of the individual is at risk, he has a high risk of eating disorders.

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