

DOI: <https://doi.org/10.34069/AI/2023.66.06.16>

How to Cite:

Babchuk, M.I., Babchuk, O.G., Asieieva, Y., Vdovichenko, O., & Melnychuk, I. (2023). Psychological features of physical perfectionism in personality. *Amazonia Investiga*, 12(66), 163-174. <https://doi.org/10.34069/AI/2023.66.06.16>


Psychological features of physical perfectionism in personality

ПСИХОЛОГІЧНІ ОСОБЛИВОСТІ ФІЗИЧНОГО ПЕРФЕКЦІОНІЗМУ ОСОБИСТОСТІ

Received: April 21, 2023

Accepted: June 23, 2023

Written by:


Babchuk Mykyta Igorovich¹ <https://orcid.org/0000-0001-8725-799X>**Babchuk Olena Grigoriivna²** <https://orcid.org/0000-0001-5712-909X>**Asieieva Yuliia³** <https://orcid.org/0000-0003-3086-3993>**Vdovichenko Oksana⁴** <https://orcid.org/0000-0003-0430-2295>**Melnichuk Iryna⁵** <https://orcid.org/0000-0003-1982-7393>


Abstract


The article examines the psychological features of physical perfectionism in personality. Physical perfectionism refers to a system of personal beliefs and attitudes related to one's physical appearance: heightened preoccupation with one's appearance and the pursuit of high body standards, striving for the best results in the pursuit of an ideal figure, as well as a pathological attitude towards any critical remarks about one's appearance. The formation of the «I-physical image» is influenced by socio-psychological factors and represents a dual process. On the one hand, it is the influence of society expressed in judgments, thoughts, perceptions, stereotypes, and ideals. On the other hand, it is the independent reflection and awareness of one's own criteria of body significance. The aim of the study is to determine the individual psychological characteristics of individuals with different levels of physical perfectionism. The object of study is the physical perfectionism of personality. The following


Анотація


В статті розглянуто психологічні особливості фізичного перфекціонізму особистості. Під фізичним перфекціонізмом розуміється система особистісних уявлень і установок, пов'язаних зі своїм зовнішнім виглядом: підвищена заклопотаність своїм зовнішнім виглядом і прагнення до відповідності високим стандартам тіла, до досягнення найкращих результатів у боротьбі за ідеальну фігуру, а також хворобливе ставлення до будь-яких критичних зауважень щодо свого зовнішнього вигляду. Формування «образу фізичного Я» відбувається внаслідок впливу соціально-психологічних чинників і являє собою двоякий процес. З одного боку – це вплив суспільства, що виражається у судженнях, думках, уявленнях, стереотипах, ідеалах. З іншого боку – це самостійне осмислення та усвідомлення власних критеріїв значущості тіла. Метою дослідження є визначення індивідуально-психологічних особливостей осіб з різним рівнем фізичного перфекціонізму. Об'єктом – є

¹ Graduate student of the Department of Theory and Methods of Practical Psychology of the State institution «South Ukrainian National Pedagogical University named after K.D. Ushynsky», Odessa, Ukraine.  WoS Researcher ID: AIT-7102-2022

² PhD, Associate Professor the Head of Department of Family and Special Pedagogy and Psychology of the State institution «South Ukrainian National Pedagogical University named after K.D. Ushynsky», Odessa, Ukraine.  WoS Researcher ID: AEI-7402-2022

³ Doctor of Psychological Sciences (MD), Head of the language and psychological-pedagogical training department of Odessa National University of Economics, Odessa, Ukraine. (Corresponding author)  WoS Researcher ID: AAH-2650-2021

⁴ Doctor of Psychological Sciences (MD), professor, dean of the Social and Humanities Faculty of Ushinsky University, State institution «South Ukrainian National Pedagogical University named after K.D. Ushynsky», Odessa, Ukraine.  WoS Researcher ID: AFA-4299-2022

⁵ PhD, Associate Professor of the Department of Psychiatry, Medical and Special Psychology, State institution «South Ukrainian National Pedagogical University named after K.D. Ushynsky», Odessa, Ukraine.  WoS Researcher ID: ISS-3893-2023

methods were chosen to achieve the goal: theoretical-methodological analysis, psychodiagnostic, and mathematical-statistical methods. The psychodiagnostic complex consisted of the methods: «Physical Perfectionism Scale» and «I - Structural Test of the Ammon». The main task was to study the psychological characteristics of individuals with different levels of physical perfectionism. The conducted correlation analysis allowed us to identify significant relationships between indicators of physical perfectionism and indicators of «I-functions». Using the «axes» method, two groups of individuals with high and low levels of physical perfectionism were selected from the general group. In order to identify individual psychological characteristics, a qualitative analysis of property profiles in the corresponding groups was carried out. The obtained results of our study allow providing a psychological characterization of individuals who differ in the level of physical perfectionism and considering them as individuals endowed with a complex of personality traits that accompany a set of pronounced «I-functions».

Keywords: perfectionism, personality, physical perfectionism, levels of physical perfectionism, self-image, physical self-image, well-being.

Introduction

The problem of differentiating positive and negative perfectionism remains one of the most discussed, especially in recent decades, scientists have been paying more attention to the level of perfectionism among young people. An analysis of scientific studies and theories of perfectionism indicated that there is a tendency to equate dissatisfaction with one's body with the phenomenon of body image. Having considered the theories and conceptions: P. M. Tarkhanova and A. B. Kholmogorova, A. A. Dadeko, V. V. Paramonova, C. Davis, S. Elliott, M. Dionne, I. Mitchell, S. Fisher, and others (Tarkhanova & Kholmogorova, 2011; Paramonova, 2009; Davis, Elliott, Dionne, & Mitchell, 1991; Fisher, 2014), we emphasize the need to differentiate the concepts: «satisfaction and dissatisfaction with one's body», «perception of one's body», «attitude towards one's body», «evaluation of one's body».

Note that in the last one's years, the study of perfectionism has taken a new direction, focusing on its specific forms. One of these specific forms is perfectionism directed towards appearance,

фізичний перфекціонізм особистості. Для розкриття мети було обрано наступні методи: теоретико-методологічний аналіз, психодіагностичні та математико-статистичні методи. Психодіагностичний комплекс склали методики: «Шкала фізичного перфекціонізму», «Я – структурний тест Аммона». Основним завданням було вивчення психологічних особливостей осіб з різним рівнем фізичного перфекціонізму. Проведений кореляційний аналіз дозволив засвідчити наявність значущих зв'язків між показниками фізичного перфекціонізму та показниками «Я-функцій». За допомогою методу «асів», із загальної вибірки, були виділені дві групи осіб з високим та низьким рівнем фізичного перфекціонізму. З метою виявлення індивідуально-психологічних особливостей було здійснено якісний аналіз профілів властивості у відповідних групах. Отримані результати нашого дослідження дозволяють надати психологічну характеристику особам, які різняться рівнем фізичного перфекціонізму та розглядати їх як таких, котрі наділені комплексом властивостей особистості, що супроводжують набір виражених «Я-функцій».

Ключові слова: перфекціонізм, особистість, фізичний перфекціонізм, рівні фізичного перфекціонізму, образ Я, образ фізичного Я, благополуччя.

which is referred to as «physical perfectionism». This concept refers to the belief or feeling that others have exaggerated and unrealistic demands regarding one's physical appearance, which are difficult but necessary to meet in order to earn approval and acceptance and avoid negative evaluation. Despite the high relevance and practical significance of researching this phenomenon, it remains relatively underexplored in modern psychology.

Therefore, **the aim of our research** is to investigate the individual psychological characteristics of individuals with different levels of physical perfectionism.

The object of the research is the physical perfectionism of personality.

Methodology

In the research we used following methods: theoretical-methodological, interdisciplinary analysis on the research topic, psychodiagnostic, and mathematical-statistical methods.

The theoretical method included theoretical-methodological analysis and the synthesis of social and psychological achievements related to the research topic, aimed at reflecting the current state of studying the physical perfectionism of personality.

Interdisciplinary analysis of social and psychological literature is aimed at reflecting the current state of the problem.

The psychodiagnostic complex included the «Physical Perfectionism Scale» (Kholmogorova & Dadeko, (2020)) and the «I - Structural Test» by G. Ammon.

Statistical data processing was performed using SPSS 26.0 for Windows XP, which allowed to provide quantitative and qualitative analysis of the obtained data, describe profiles and provide psychological characteristics to respondents/

The sample consisted of 56 individuals aged 20 to 32 years, who were students of the Faculty of Preschool Pedagogy and Psychology at the State Institution «South Ukrainian National Pedagogical University named after K.D. Ushinsky».

The inclusion criteria for the research sample were:

- age from 20 to 32 years;
- absence of mental illnesses;
- the status of a university student;
- individual consent to participate in scientific research.

The research was conducted in accordance with the principles of deontology and bioethics.

All respondents were informed about the goals and methods of the research and gave their consent to participate in the scientific experiment.

Analysis of recent research and publications

First, in science, modern psychologists identify the phenomenon of physical perfectionism as an independent parameter of personality perfectionism (N. G. Haranyan, A. A. Dadenko, A. N. Dorozhevets, O. I. Kononenko, P. M. Tarkhanova, A. B. Kholmogorova, A. A. Rakhmanina., T. I. Shcherbak, E. T. Sokolova, V. V. Paramonova and others).(Haranyan, 2006; Kholmogorova, & Dadeko, 2010; Kholmogorova, & Rakhmanina, 2020; Kholmogorova, & Tarkhanova, 2014;

Kononenko, 2014; Dorozhevets & Sokolova, 1991; Paramonova, 2009; Shcherbak, 2017; Tarkhanova, & Kholmogorova, 2011)

In the study of physical perfectionism as a factor of emotional maladjustment in youth, A. A. Dadeko conducted a psychological comparison of young men and women engaged in bodybuilding and fitness with young people who do not engage in systematic body image correction activities. It showed that physical perfectionism and emotional maladjustment are significantly more pronounced in the group of subjects who strive to improve their body. Additionally, a strong correlation was found between the level of physical perfectionism and the severity of depression symptoms (Kholmogorova & Dadeko, 2010).

P. M. Tarkhanova and A. B. Kholmogorova define «physical perfectionism» as a system of personal beliefs and attitudes related to one's appearance: heightened concern and dissatisfaction with one's appearance, striving to meet high body standards, achieving the best results in the pursuit of an ideal figure, as well as a pathological attitude towards any critical remarks about one's appearance (Tarkhanova, & Kholmogorova, 2011).

In the scientific article by O. I. Kononenko, it is noted that «physical perfectionism is an independent phenomenon that requires focused study. It is one of the most prevalent forms of general perfectionism and has a closer association with psychological maladjustment, eating disorders, and negative body perception in modern society» (Kononenko, 2014).

V. V. Paramonova attempted to link «pathological physical perfectionism» with a range of personal characteristics. The author managed to identify significant correlations with a cluster of psychological characteristics, including dependence, low level of differentiation in the cognitive-affective sphere, distortion of body and gender self-identity, blurred perception of bodily boundaries, and unstable self-esteem (Paramonova, 2009). Pathological perfectionistic tendencies can be considered in relation to individuals' attitudes towards psychological boundaries, particularly with regards to the perception of the «body image boundary». The «body image boundary» is understood in various functional aspects such as distance or «fusion» with the external object, integrity, protection, or permeability, vulnerability to interfering influences, dependence or autonomy, separateness, and

«distinctness» as a sense of bodily comfort or discomfort (Dorozhevets, & Sokolova, 1991).

In foreign scientific literature, the term «physical» or «body perfectionism» is rarely used, and typically, this phenomenon is not considered as a separate phenomenon but as a component of general perfectionism. In this context, many researchers point out the significant contribution of perfectionistic attitudes to the development and maintenance of various eating disorders (Haranyan, 2006) and readiness to seek plastic surgery (Sherry, Hewitt, Lee-Baggley, Flett, & Besser, 2004). They also note the presence of perfectionism in men and women engaged in bodybuilding and the use of steroids for muscle mass gain (Pope, Phillips, & Olivardia, 2000).

From the definition of physical perfectionism, it becomes evident that although this construct encompasses a whole set of personal and behavioral components, the first and most essential manifestation among them is dissatisfaction with one's appearance. Based on this, we believe that many theoretical developments and empirical studies on body satisfaction/dissatisfaction, as well as the factors influencing its formation and its relationship with psychological well-being/maladjustment, can be particularly valuable for a deeper understanding of the phenomenon of physical perfectionism.

Analyzing a large number of scientific research and empirical observations, Canadian scientists C. Davis, S. Elliott, M. Dionne, I. Mitchell concluded that an individual's personal characteristics make a significant contribution to their body and appearance satisfaction. The authors use the metaphor of a lens to argue that the body image is largely shaped by an individual's unique worldview, and personality acts as a kind of lens that ultimately determines how this perception will be. Thus, the personal characteristics of one person allow them to view the world in general and their own body positively, while the individual characteristics of another person, like a distorted mirror, can distort their perception of the real body and generate negative emotions and thoughts related to their appearance. This metaphor helps understand why individuals with identical biological characteristics and the same gender can perceive their bodies and appearance differently, even when living in similar social conditions (Davis, Elliott, Dionne, & Mitchell, 1991; Davis, 1995).

Satisfaction with one's body and the body image as a one are closely associated with the concept

of «well-being», which is defined as a set of phenomena that involve an individual's emotional response and their assessments of the quality of their life and its specific domains. General positions can be identified in various approaches to understanding subjective well-being. Subjective well-being includes an affective component, where a predominance of positive emotions contributes to greater life satisfaction for an individual. It is influenced both by a person's attitude towards themselves and their relationships with others (Eliseeva, 2011).

The society imposes on individual's thoughts, standards, and stereotypes based on which a person forms their own criteria for evaluating their body. The standard of attractiveness that a person aspires to is determined by the culture of society. The desire to conform to an ideal leads individual to change their physical appearance through various methods. Often, the intrusive desire to alter one's body becomes the cause of disordered eating behaviors and distorted body perception. However, it should be noted that the level of body satisfaction undoubtedly depends on its actual physical characteristics. It is not surprising that a significant body of research convincingly demonstrates that weight gain is a significant predictor of negative body perception. Thus, the further an individual is from the widely recognized standards of external attractiveness, the higher the risk of body dissatisfaction (Kononenko, 2014).

S. Fisher, who was involved in developing the issue of negative body image as early as the mid-twentieth century, paid particular attention to studying its relationship with various personal characteristics. The author believed that negative body perception serves as a unique indicator of suppressed emotions, internal conflicts, and unconscious childhood traumas. However, the body image, for the author, was solely seen as a channel to explore the individual's inner world and their unconscious, and was considered merely as a tool for studying personality (Fisher, 2014).

In recent decades, important conceptual changes have occurred - body image and body dissatisfaction have been studied as independent phenomena rather than auxiliary tools for studying other personality traits. Moreover, the focus of attention on investigating the relationship between personality traits and body image has also shifted. Currently, the search for individual characteristics that determine personal vulnerability to the formation of body

dissatisfaction is of utmost importance (Kholmogorova & Dadeko, 2010; Tarkhanova & Khomogorova, 2011; Davis, Elliott, Dionne & Mitchell, 1991).

Body dissatisfaction is commonly understood as the presence of a complex set of negative thoughts and feelings about one's own appearance, which may include negative evaluations of body size, shape, and tone, or its specific parts. This phenomenon always implies a discrepancy between how a person perceives their body and their ideals of an ideal body.

In scientific literature, there is a tendency to equate body dissatisfaction with the phenomenon of body image. However, most contemporary authors agree that body image is a complex multi-component construct that includes the phenomenon of «body satisfaction/dissatisfaction» but is not limited to one's physical body.

According to one of the most authoritative experts in this field, Thomas F. Cash, «body image» refers to a person's perception of their own body, not only in terms of appearance and attractiveness but also encompassing their beliefs about their physical abilities, health, body endurance, and so on. The body image, in terms of perceptions of appearance, is itself a complex psychological construct with two components: 1) perception of one's body (psychological representations of its size, shape, and skin color). Perception of one's body refers to how objectively a person can perceive their own appearance, based on its actual physiological characteristics; 2) attitude toward one's body. Attitude toward one's body is a complex and multifaceted construct of thoughts, feelings, and beliefs related to appearance. It can be divided into two main components: 1) evaluation of one's body (degree of satisfaction/dissatisfaction with it). Body evaluation consists of positive or negative beliefs and cognitive assessment of one's appearance. For example, a person may believe in their attractiveness or unattractiveness and in the acceptability of their weight (body shape, nose, etc.). Body evaluation also includes an emotional component: feelings of satisfaction or dissatisfaction with one's body, feelings of pride or shame regarding one's appearance or its individual parts; 2) the importance of appearance for self-esteem. The level of importance of appearance for self-esteem reflects how highly appearance ranks in a person's system of values, and even their belief in how strongly external appearance influences people's lives (Cash, 2008).

The aforementioned scientific interest is primarily driven by a practical demand: with each passing year, more and more people experience body dissatisfaction, which has become one of the key psychological problems of modern individuals.

T.I. Shcherbak, in studying the relationship between the image of the physical self and physical perfectionism, notes that «...people prone to physical perfectionism have a negative physical self-image. Manifestations of physical perfectionism often manifest as chronic dissatisfaction with one's weight, a belief in the impossibility of achieving a healthy and attractive body without special and constant efforts, and a conviction that 'body care' determines success in all other areas of life» (Shcherbak, 2017).

R. Burns considered the physical self as one aspect of a person's self-concept. The physical self is an integral component of each of the three elements of self-concept: self-image, self-esteem, and behavioral reactions. It can be represented in various modalities. This schema is convenient for methodological purposes as it allows for the «breakdown» of the unified research subject into different components depending on the level of analysis. Thus, at the cognitive level, the physical self-image is studied as one's perception of their body (body image, body schema, appearance, gender identity, etc.). At the emotional level, self-esteem related to appearance and physical manifestations is examined, while at the dynamic level, it involves a person's behavior in relation to their body representation and self-esteem. Each of these components can be viewed as the actual self (how a person sees and evaluates their physical self and how it influences their actions), the ideal self (how they would like to see their body and appearance and how it would impact their activities), and the reflected self (how they believe others perceive and evaluate their body and appearance and how this perception affects their behavior). The degree of congruence between these indicators can indicate the harmony of one's personality, high self-satisfaction, low anxiety, as well as underdeveloped self-awareness, inflated self-esteem, and anxiety suppression. Therefore, these indicators alone have limited diagnostic and prognostic value for the researcher and should be analyzed in the overall context of an individual's life (Burns, 1979).

Researcher H. Dittmar, in her article focusing on studying the ideal of the perfect body in mass

media, states that body image has become a key aspect of mental and physical well-being. Based on socio-cultural theory, the number of studies exploring whether ideal body ideals in mass media are a major risk factor for negative body image, especially in women, is rapidly increasing. This work goes beyond assessing the existence of negative consequences of media influence and has made significant progress in identifying various factors that make individuals more or less vulnerable to ideal body ideals in the media. The author provides a critical analysis of the evidence base for the causal relationship between media and body image. She presents new conclusions that confirm a nuanced and complex picture of media effects, emphasizing the importance of not only individual differences but also psychological processes related to self and identity (Dittmar, 2009).

Historical research on the phenomenon of body dissatisfaction has grown out of clinical practices aimed at helping people with eating disorders. Therefore, the most researched connection to date is the relationship between this phenomenon and symptoms of anorexia nervosa, bulimia, and binge eating disorder (Grogan, 2016; Stice, Heather, & Shaw, 2002). The number of prospective and longitudinal empirical studies convincingly demonstrate that significant body dissatisfaction is one of the predictors of eating disorders for men and women of different age groups (Graber, Graber, Brooks-Gunn, Paikoff, & Warren, 1994; Wertheim, Koerner & Paxton, 2001; Killen, Taylor, Hayward, Haydel, Wilson, Hammer, Kraemer, Blair-Greiner, Strachowski, 1996; Stice, Presnell & Spangler, 2002). Regression analysis conducted in one of the large-scale foreign studies showed that the independent variable of «body dissatisfaction» explains 13% of the variance in the dependent variable in terms of the severity of bulimic symptoms, making it a key factor in this disorder (Stice et al., 2002). It has been proven that negative body image perception is not only a risk factor but also a factor that supports and chronically eating disorders (Stice, & Agras, 1998; Fairburn, Cooper & Shafran, 2003).

Another important research direction regarding the connection between body dissatisfaction and mental disorders is the study of its relationship with emotional maladjustment. The works of several authors have shown a positive correlation between body dissatisfaction and negative affect (Morey & Morey, 1987; Stice & Bearman, 2001; Stice & Shaw, 2004), as well as depressive symptoms (Morey & Morey, 1991; Stice, Hayward, Cameron, Killen & Taylor, 2000).

Combining body dissatisfaction with a high level of perfectionism can lead people to strive for achieving the ideal appearance through any available means. As a result, they engage in various activities that have the potential to enhance their bodies, disregarding the potential risks to their physical health. Among men, the most common destructive practice is muscle mass gain through the using steroids (Pope, Phillips & Olivardia, 2000), while women resort to the most radical measure of enhancing their bodies by seeking help from plastic surgeons without any somatic indications (Davis, 1995; Paxton, Wertheim, Gibbons, Szmukler, Hillier & Petrovich, 1991; Thompson, Heinberg, Altabe & Tantleff-Dunn, 1999). The negative consequences of body dissatisfaction can affect various aspects of a person's life, leaving an imprint on their everyday activities, starting with avoiding physical activity (Neumark-Sztainer, Paxton, Hannon, Haines & Story, 2006).

In conclusion, for today, satisfaction with one's appearance and a healthy body image are key aspects of psychological and physical well-being for modern individuals.

Results

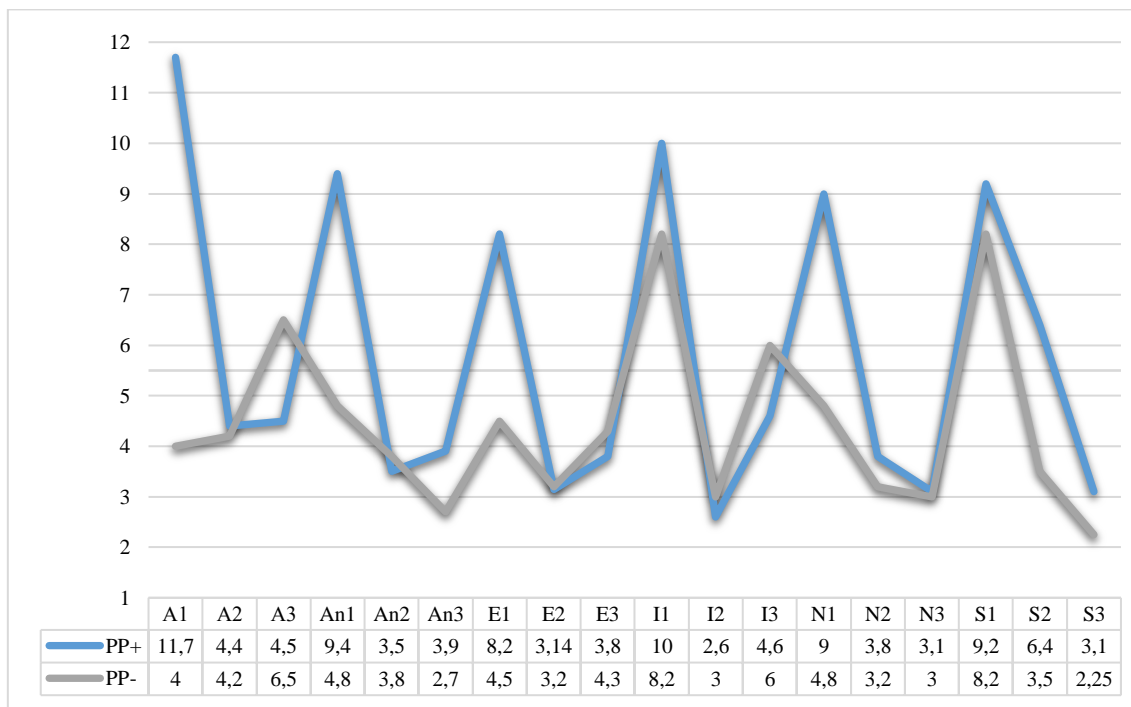
To empirically study the psychological characteristics of physical perfectionism in individuals, the following measures were used in our research: the «Physical Perfectionism Scale» (Kholmogorova, & Dadeko, 2020) and the «I-Structural Test» by G. Ammon. (Günther, 1997). The sample consisted of 56 participants pursuing a Bachelor's and Master's degree in Preschool Pedagogy and Psychology at the State Institution «Southern Ukrainian National Pedagogical University named after K.D. Ushinsky».

A correlation analysis was conducted to determine the nature of the relationships between the indicators of physical perfectionism and the indicators of I-functions. The results showed that an increase in the values of the physical perfectionism indicator was accompanied by an increase in the values of I-functions such as destructive and deficit aggression, anxiety (fear), deficit internal self-restraint, destructive and deficit external self-restraint, and destructive and deficit narcissism.

In order to identify individual psychological characteristics of physical perfectionism, a qualitative analysis was performed, which allowed the identification of two groups with distinct levels of physical perfectionism within the overall sample. The first group consisted of

participants with a high level of physical perfectionism (PP+) (n=7), and the second group consisted of individuals with a low level of physical perfectionism (PP-) (n=4).

The next step was to construct profiles of I-functions for these groups with different levels of physical perfectionism. Picture 1 presents the profiles of these groups.



Pic. 1. Profiles of I-functions in groups of individuals with different levels of physical perfectionism.

Visual analysis of Picture 1 indicates that representatives of the PP+ group (high level of physical perfectionism) show high scores on the following scales: constructive aggression (A1+), constructive anxiety (An1+), constructive external self-boundaries (B1+), constructive narcissism (N1+), and destructive sexuality (S2+).

Constructive aggression is understood as an active, proactive approach to life, curiosity, and healthy interest, the ability to establish productive interpersonal contacts and maintain them despite possible conflicts, the ability to form one's own life goals and objectives and implement them even in unfavorable life circumstances. It involves shaping one's own ideas, thoughts, perspectives, and engaging in constructive discussions. Constructive aggression implies the presence of developed empathic abilities, a wide range of interests, and a rich world of fantasies. It is associated with the ability to openly express emotional experiences and serves as a prerequisite for creative transformation of the environment, personal development, and learning. Individuals exhibiting constructive aggression are characterized by activity, initiative, openness, communicability, and creativity. They are

capable of constructively overcoming difficulties and interpersonal conflicts, clearly identifying their main goals and interests, and fearlessly advocating for them in constructive interactions with others. Even in confrontational situations, their activity takes into account the interests of their partners, allowing them to reach compromise solutions without compromising their personal-significant goals, in other words, without compromising their own identity.

For individuals with high scores on the constructive anxiety scale, they possess the ability to soberly assess the dangers of real-life situations, amplify their fear to accomplish important tasks, goals, and plans, and expand their life experience. They are generally capable of making reasoned and measured decisions in extreme circumstances, demonstrating sufficient tolerance for anxious experiences, which allows them to maintain their integrity even in challenging situations that require responsible choices, thus affirming their identity. Anxiety in these individuals contributes to increased productivity and overall effectiveness in their activities. They are capable of establishing connections and actively involving others in resolving their own doubts, fears, and anxieties. In turn, they can empathize with the anxious

experiences of others and contribute to resolving these concerns.

High scores on the constructive external self-boundaries scale reflect openness, sociability, communicativeness, good integration of internal experiences related to interpersonal activity, a sufficient ability to set personal goals and tasks that are usually aligned with the demands of others, good emotional contact, emotional maturity, the ability to rationally allocate one's time and effort, and the choice of an appropriate behavioral strategy according to changing and evolving situations and personal life plans. In situations that require participation, individuals with high scores on this scale demonstrate their ability to provide assistance and support to others.

Constructive narcissism manifests as the ability to accurately assess oneself, fully embrace one's abilities and realize them, feel one's strength and competence, forgive oneself for mistakes and setbacks, extracting necessary lessons and thereby enhancing one's life potential. Constructive narcissism allows individuals to derive pleasure from their own thoughts, feelings, fantasies, insights, intuitive decisions, and actions, correctly perceiving their real value. It enables individuals to fully experience their bodily life and facilitates the establishment of various interpersonal relationships according to their needs. Constructive narcissism enables one to endure temporary loneliness without feelings of longing or boredom. It allows individuals to genuinely forgive others for their mistakes and deception, to love and be loved, while maintaining internal integrity, independence, and autonomy. Individuals with high scores on this scale are characterized by high self-esteem, a sense of dignity, healthy ambition, realistic self-perception and perception of others, openness in interpersonal contacts, diverse interests and motivations, the ability to enjoy life in its various manifestations, emotional and spiritual maturity, and the ability to withstand adverse developments, hostile judgments, and actions of others without harming themselves or resorting to defensive mechanisms that seriously distort reality.

Destructive sexuality is a distortion of the development of the sexual function, manifested in the disruption of the process of integrating sexual activity into the overall behavior of an individual. In fact, sexuality becomes detached from the ego-identity and pursues its own autonomous goals, which often do not align with other aspects of the self. These goals can include

purely seeking sexual pleasure associated with the arousal of a specific erogenous zone, the need for recognition and admiration, the desire to establish sexual dominance, conforming to socially prescribed roles, aggressive solicitation, and so on. The central aspect here is the distortion of internalized unconscious group dynamics, which transforms sexuality from a means of deepening communication, achieving closeness, trust, and intimacy into a way to avoid genuine human contact. Partnered symbiosis, the merging of feelings, thoughts, and experiences, is replaced by egotistical detachment. Both the partner and individual components of one's own sexual activity are instrumentalized and manipulatively used to achieve sexual gratification. The feelings experienced by the other are either ignored or objectively exploited. The source and core of destructive sexuality lie in the distorted, mostly unconscious dynamics of symbiotic relationships. In behavior, destructive sexuality manifests as a reluctance or inability to engage in deep, intimate relationships. Human closeness is often perceived as burdensome or as a threat to the loss of autistic autonomy, leading to avoidance or premature termination through substitution. Instead of a whole person being involved in the interaction, only fragmented aspects of the self participate. Thus, the detached sexual activity insultingly ignores the integrity of the other, giving sexual relationships a character of impersonality, anonymity, and alienation. Sexual interest becomes fetishized and rigidly associated only with specific qualities of the partner. High scores on the scale of destructive sexuality are characteristic of individuals who are incapable of spiritually fulfilling and emotionally rich sexual experiences, who avoid emotional closeness, trust, and warmth. Instead of a genuine interest in the sexual partner, some private stimulating element usually takes its place, such as novelty, unusualness, secondary sexual characteristics, etc., or a tendency toward self-destruction. Sexual excess is rarely experienced by them as a genuine «here and now» moment.

Representatives of the PP- group (low level of physical perfectionism) show low scores on the scales of constructive aggression (A1-), constructive anxiety (An1-), constructive external self-boundaries (E1-), constructive narcissism (N1-), destructive sexuality (S2-), and high scores on the scales of constructive aggression (A3+) and deficit internal self-boundaries (I3+).

Low scores on the scale of constructive aggression suggest a possible decrease in

activity, a lack of ability to engage in productive dialogue and constructive discussion, a lack of need for changing life conditions, forming personal meaningful goals, and a tendency to avoid any confrontation due to fear of breaking symbiotic relationships or lacking conflict resolution skills. They also tend to be unwilling to «experiment» and have an underdeveloped ability to adequately respond to emotional experiences in interpersonal situations. In behavior, deficit aggression manifests as an inability to establish interpersonal connections, warm human relationships, reduced objective activity, narrowing of interests, avoidance of any confrontation, conflicts, discussions, and situations of «competition», a willingness to sacrifice their own plans, and an inability to take responsibility and make decisions. With pronounced deficit aggression, the ability to openly express one's emotions, feelings, demands, and preferences is significantly hindered. The lack of activity is often subjectively compensated by unrealistic fantasies, unattainable plans, and dreams. In emotional experiences, feelings of helplessness, incompetence, and worthlessness come to the fore, accompanied by a sense of emptiness, loneliness, abandonment, and boredom.

For individuals with low scores on the constructive anxiety scale, there is a weakening or even disruption of flexible emotional regulation behavior. Their level of activity often does not correspond to the difficulties of real-life situations. Depending on the indicators of two other fear scales, it can be noted that either they become excessively anxious, which disintegrates the individual's behavior through overestimation of the degree of danger, or there is complete subjective denial.

Low scores on the constructive external self-boundary scale can result in a disturbance of the ability to control interpersonal distance, problems in establishing optimal interpersonal contacts, decreased ability to rationalize the use of available strengths, resources, and time, difficulties in setting and pursuing personally significant goals and tasks that align with the cash context of interpersonal interactions, inadequate coherence of emotional experiences related to objective interactions, and difficulties in expanding and integrating new impressions.

Individuals with high scores on the deficit aggression scale typically exhibit a passive life position, alienation from their own plans, interests, and needs. They tend to postpone decision-making and are unable to make

significant efforts to achieve their goals. In interpersonal situations, passivity, dependence, and a tendency to avoid any conflicts, situations of conflicting interests and needs are usually observed. They often have fantasies that are unrelated to reality and anticipate their actual realization. Along with this, there are often complaints of a sense of internal emptiness, indifference, «chronic» dissatisfaction with everything that happens, a lack of «joy of life», a sense of hopelessness and helplessness in the face of life difficulties.

For individuals with high scores on the deficit internal self-boundary scale, impulsivity, weak emotional control, a tendency to exalted states, insufficient thoughtfulness of actions and decisions, and «overflow» of differentiated, diverse feelings, images, or thoughts are characteristic. There is a lack of sufficient concentration of efforts, poor regulation of bodily processes. Deficient internal self-boundary is perceived as an insufficient formation of an internal boundary of the «self». This boundary arises in the process of structural differentiation of the psyche and signifies the possibility of forming a truly autonomous «self». In this sense, the inadequacy of the internal boundary is, to some extent, a basic underdevelopment of personal structures that inhibits the formation of other intrapsychic formations. Poorly structured internal experiences can only be mechanically replenished, remaining too closely associated with specific situations and the emotions and affects experienced in them. The perception of time is practically absent since the experience of the present, as a rule, absorbs both the past – due to a certain weakness in differentiating an earlier affect from the immediate one – and the future – due to difficulties in differentiating the imaginary from the real. The possibilities of realistic perception and regulation of one's own bodily processes are significantly reduced. On the one hand, actual needs require immediate satisfaction and practically cannot be postponed, while on the other hand, many actual «bodily needs» can remain neglected for a long time. Overall behavior is inconsistent, often chaotic, and does not correspond to the actual life situation.

Low scores on the constructive narcissism scale typically indicate individuals who are insecure, addicted, and sensitive to external evaluations and criticism, intolerant of their own weaknesses and the shortcomings of others. Such individuals often experience communicative difficulties, they are unable to maintain warm and trusting relationships in general or, when establishing and

maintaining them, cannot preserve their own goals and benefits. The sensory life of individuals with low scores on this scale is usually impoverished or overly «unusual», their range of interests is narrow and specific. Weak emotional control and the lack of a full communicative experience prevent these individuals from fully experiencing the richness of life.

Destructive sexuality is characterized by the presence of pronounced negative emotions after sexual excesses. Sexual relationships are retrospectively perceived as traumatizing, harmful, or demeaning. As a result, feelings of guilt, a sense of degradation, or experiences of «being used» are often noted. Such individuals exhibit low sexual activity, a tendency to avoid sexual contact to the point of complete refusal, and a tendency to replace real sexual relationships with fantasies. These individuals are unable to experience joy from their own bodies, communicate their desires and needs to others, and easily become lost in situations that require sexual identification.

Conclusions

1. Physical perfectionism is an independent phenomenon that requires purposeful study. It is one of the most common forms of general perfectionism and has a closer association than other forms with eating disorders and negative body image. In this study, physical perfectionism is understood as a system of personal beliefs and attitudes related to one's external appearance: heightened preoccupation with one's physical appearance and a striving for conformity to high body standards, achieving the best results in the pursuit of an ideal figure, as well as a pathological attitude towards any critical remarks about one's physical appearance.
2. The results of our research allow for a psychological characterization of individuals who differ in the level of physical perfectionism and consider them as those endowed with a complex set of personality traits accompanying a set of expressed «self-functions».

Bibliographic references

Cash, T.F. (2008) *The Body Image Workbook: An Eight-step Program for Learning to Like Your Looks*, 216 p. URL: <https://acortar.link/qMq5CX> (in English)

- Burns, R. B. (1979). *The self-concept: Theory, measurement, development and behavior*. London and New York: Longman, 341 p. URL: <https://acortar.link/16Vyvg> (in English)
- Davis, C., Elliott, S., Dionne, M., & Mitchell, I. (1991) The relationship of personality factors and physical activity to body satisfaction in men. *Personality and Individual Differences*, 12(7), 689-694 URL: [https://doi.org/10.1016/0191-8869\(91\)90224-Y](https://doi.org/10.1016/0191-8869(91)90224-Y) (in English)
- Davis, K. (1995). *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* (1st ed.). Routledge, 224 p. DOI: <https://doi.org/10.4324/9780203700129> (in English)
- Dittmar H. (2009) How do "body perfect" ideals in the media have a negative impact on body image and behaviors? Factors and processes related to self and identity. *Journal of Social and Clinical Psychology*, 28(1), 1-8. <https://doi.org/10.1521/jscp.2009.28.1.1> (in English)
- Dorozhevets A.N., & Sokolova E.T. (1991) Research on the image of the physical self: some results and thoughts. *Bodyness of a person: inter-disciplinary aspect: Sat. of articles*, 64-74. URL: <https://vprosvet.ru/biblioteka/psysience/obraz-fizicheskogo-ya/> (in Russian)
- Eliseeva O.A. (2011) The structure of the subjective well-being of adolescents in an educational environment with a low level of psychological safety. *Psychological and pedagogical research*, 3(3). URL: https://psyjournals.ru/journals/psyedu/archiv_e/2011_n3/47424 (in Russian)
- Fairburn, C.G., Cooper, Z., & Shafran, R. (2003) Cognitive behavior therapy for eating disorders: A "transdiagnostic" theory and treatment. *Behaviour Research and Therapy*, 41, 509-528. [https://doi.org/10.1016/S0005-7967\(02\)00088-8](https://doi.org/10.1016/S0005-7967(02)00088-8) (in English)
- Fisher, S. (2014) *Development and Structure of The Body Image*. NY, 568 p. <https://www.perlego.com/book/1552867/development-and-structure-of-the-body-image-volume-2-pdf> (in English)
- Graber, J.A. Graber J.A, Brooks-Gunn, J., Paikoff, R.L., & Warren, M.P. (1994) Prediction of eating problems: An 8-year study of adolescent girls. *Developmental Psychology*, 30(6), 823-834. <https://doi.org/10.1037/0012-1649.30.6.823> (in English)
- Grogan, S. (2016) *Body Image. Understanding Body dissatisfaction in Men, Women and Children*. London and New York: Routledge,



- 228 p.
<https://doi.org/10.4324/9781315681528>
 (in English)
- Günther, A. (1997) «Ammon's I-structural test»
 URL: <https://psytests.org/diag/ammon-run.html>
- Haranyan N.G. (2006) Perfectionism and mental disorders (overview of foreign empirical studies). *Contemporary therapy of mental disorders*, 1, 31-41. URL: <http://mniip-repo.ru/uploads/1374828321.pdf> (in Russian)
- Kholmogorova, A.B., & Dadeko, A.A. (2010) Physical perfectionism as a factor in affective spectrum disorders in modern culture. *Medical psychology in Russia: Electronic Science Journal*, 3. URL: http://www.mprj.ru/archiv_global/2010_3_4/nomer/nomer13.php (in Russian)
- Kholmogorova, A.B., & Dadenko, A.A. Questionnaire (2020). «Physical Perfectionism Scale» Anton Hellat Psychologist. URL: <https://psykhellat.ru/test/шкала-физического-перфекционизма/> (in Russian)
- Kholmogorova, A.B., & Rakhmanina, A.A. (2020) The three-factor scale of physical perfectionism is a new diagnostic tool for pathogenic appearance standards in modern culture. *Consulting psychology and psychotherapy*, 28(4), 98–117 URL: https://psyjournals.ru/journals/cpp/archive/2020_n4/cpp_2020_n4_Kholmogorova_Rakhmanina.pdf (in Russian)
- Kholmogorova, A.B., & Tarkhanova, P.M., (2014) Appearance standards and culture: the role of physical perfectionism and ego consequences for the emotional well-being of people in our era. *Questions of psychology*, 2, 52-65. URL: <https://psychlib.ru/inc/absid.php?absid=172010> (in Russian)
- Killen, P.K. Taylor, C.B., Hayward, C., Haydel, K.F., Wilson, D.M., Hammer, L.D., Kraemer, H.C., Blair-Greiner, A., & Strachowski, D. (1996) Weigh concerns influence the development of eating disorders: A 4-year prospective study. *Journal Consulting and Clinical Psychology*, 64(5), 936-940. <https://doi.org/10.1037//0022-006x.64.5.936> (in English)
- Kononenko, O.I. (2014) The phenomenon of physical perfectionism in modern psychology. *Science and education*. Odesa, 11, 91-95 URL: http://nbuv.gov.ua/UJRN/NiO_2014_11_19 (in Ukrainian)
- Morey, D., & Morey, L. (1991) The Vulnerable Body Image of Females with Feelings of Depression. *Journal of Research in Personality*, 25, 343-354. [https://doi.org/10.1016/0092-6566\(91\)90025-L](https://doi.org/10.1016/0092-6566(91)90025-L) (in English)
- Morey, D., & Morey, L. (1987) Vulnerability of Female Body Image to Weight Related Feedback. Paper presented at Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987), 143-150 URL: <https://files.eric.ed.gov/fulltext/ED295103.pdf> (in English)
- Neumark-Sztainer, Paxton, S., Hannon, P., Haines, J., & Story, M. (2006) Does body satisfaction matter? Five-year longitudinal associations between body satisfaction and health behaviours in adolescent females and males. *Journal of Adolescent Health*, 39(2), 244-251 <https://doi.org/10.1016/j.jadohealth.2005.12.001> (in English)
- Paramonova, V.V. (2009) The phenomenon of bodily perfectionism as a sociocultural pathology. *Cultural and historical psychology*, 5(3), 34-41. URL: https://psyjournals.ru/journals/chp/archive/2009_n3/24639 (in Russian)
- Paxton, S.J., Wertheim, E.H., Gibbons, K., Szmukler, G., Hillier, L., & Petrovich, J.L. (1991) Body image satisfaction, dieting beliefs, and weight loss behaviors in adolescent girls and boys. *Journal of Youth and Adolescence*, 20(3), 361-379. <https://doi.org/10.1007/BF01537402> (in English)
- Pope, H.G., Phillips, K.A., & Olivardia, R. (2000) *The Adonis complex: The secret crisis of male body obsession*. New York: Free Press, 304 p., URL: <https://acortar.link/TJgX3m>
- Shcherbak, T. I. (2017) Relationship between the image of the physical self and physical perfectionism. *Science Bulletin of the Kherson State University. Series: Psychological sciences*, 2(2), 132-136. URL: http://nbuv.gov.ua/UJRN/nvkhp_2017_2%282%29_25 (in Ukrainian)
- Sherry, S.B., Hewitt, P.L., Lee-Baggley, D.L., Flett, G.L., & Besser, A. (2004) Perfectionism and Thoughts About Having Cosmetic Surgery Performed. *Journal of Applied Biobehavioral Research*, 9(4), pp. 244-257 URL: <https://acortar.link/SNziEE> (in English)
- Stice, E. Presnell, K., & Spangler, D. (2002) Risk factors for binge eating onset in adolescent girls: a 2-year prospective investigation.

- Health Psychology, 21(2), 131-138. URL: <https://pubmed.ncbi.nlm.nih.gov/11950103/> (in English)
- Stice, E., & Agras, W.S. (1998) Predicting onset and cessation of bulimic behavior during adolescence: A longitudinal grouping analysis. *Journal Behavior Therapy*, 29(2), 257-276. [https://doi.org/10.1016/S0005-7894\(98\)80006-3](https://doi.org/10.1016/S0005-7894(98)80006-3) (in English)
- Stice, E., & Bearman, S.K. (2001) Body image and eating disturbances prospectively predict growth in depressive symptoms in adolescent girls: a growth curve analysis. *Development Psychology*, 37(5), 597-607. <https://doi.org/10.1037//0012-1649.37.5.597> (in English)
- Stice, E., Hayward, C., Cameron, R. P., Killen, J. D., & Taylor, C. B. (2000). Body-image and eating disturbances predict onset of depression among female adolescents: A longitudinal study. *Journal of Abnormal Psychology*, 109(3), 438-444. <https://doi.org/10.1037/0021-843X.109.3.438> (in English)
- Stice, E., Heather, E., & Shaw, H. (2002) Role of body dissatisfaction in the onset and maintenance of eating pathology. A synthesis of research findings/*Journal of Psychosomatic Research*, 53(5), 985-993. [https://doi.org/10.1016/s0022-3999\(02\)00488-9](https://doi.org/10.1016/s0022-3999(02)00488-9) (in English)
- Stice, E., & Shaw, H. (2004) Eating disorder prevention programs: A meta-analytic review. *Psychological Bulletin*, 30(2), 206-227. <https://doi.org/10.1037/0033-2909.130.2.206> (in English)
- Tarkhanova, P.M., & Kholmogorova, A.B. (2011) Social and psychological factors of physical perfectionism and dissatisfaction with one's body. *Psychological science and education*, 5, 52-60. URL: https://psyjournals.ru/journals/pse/archive/2011_n5/48716 (in Russian)
- Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff-Dunn, S. (1999). Exacting beauty: Theory, assessment, and treatment of body image disturbance. *American Psychological Association*. <https://doi.org/10.1037/10312-000> (in English)
- Wertheim, E.H., Koerner, J., & Paxton, S.J. (2001) Longitudinal predictors of restrictive eating and bulimic tendencies in three different age groups of adolescent girls. *Journal of Youth and Adolscence*, 30(1), 69-81. <https://doi.org/10.1023/A:1005224921891> (in English)