being alive. In extreme cases, the obsession with restricting one's diet can lead to dangerous malnutrition, a truly ironic consequence of what began as a search for improved health.

The purpose of this research was to investigate relationships more broadly between orthorexia tendencies and other factors such as social interest, perfectionism, self-esteem and self-control, and to find Adlerian connections.

Social interest, identified by Alfred Adler by the term Gemeinschaftsguefühl and also referred to as community feeling, is related to an individual's connection and belonging to the community and humanity. Alfred Adler stated that striving for perfection is a way to find a place to belong and engage in social interest. Adler believed that belonging was an essential need for all individuals. Social interest refers to one's responsibility to the community in which one lives and by how that community is impacted by the individual and the individual's contributions.

An individual with an ON lacks social interest. The individual is preoccupied with a need for perfection to feel value, worth, and connection. The individual is motivated toward a model of perfection that is skewed by an inaccurate ideal of body image as the goal to be achieved in order to be loved.

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COMORBIDITY OF RECURRENT DEPRESSIVE DISORDER AND INSOMNIA

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Insomnia is the most common sleep complaint of patient with recurrent depressive disorder (RDD). It involves trouble with falling asleep or staying asleep. It also occurs when you wake up earlier than desired. Living with a sleep disorder can be a battle of the body and the mind. It is easy to become frustrated when patient have trouble sleeping at night or staying awake during the day. Healthy sleep is essential to overall health. It helps balance mood and emotions. Without healthy sleep, patients are more likely to struggle with feelings of depression and anxiety.

Observational studies suggest that insomnia might be associated with an increased risk of depression with inconsistent results. This study is aimed at conducting the analysis and observation of patients to evaluate an association between insomnia and depression.

Participants were 45 adults (age M ± SD = 46.6 ± 12.6, 73.0% female) with insomnia and major depressive disorders (MDD) who received antidepressant pharmacotherapy and were randomized to session of psychoeducation for insomnia or control conditions over 4 weeks with 6 months follow-ups. Depression and insomnia severity were assessed at baseline, biweekly during treatment, and 4 months thereafter. Sleep effort and beliefs about sleep were also assessed.

Growth mixture modeling revealed three trajectories: (a) Partial-Responders (68.9%) had moderate symptom reduction during early treatment (p value < .001) and maintained mild depression during follow-ups. (b) Initial-Responders (17.6%) had marked symptom reduction during treatment (p values < .001) and low depression severity at post-treatment, but increased severity over follow-up (p value < .001). (c) Optimal-Responders (13.5%) achieved most gains during early treatment (p value < .001), continued to improve (p value <.01) and maintained minimal depression during follow-ups. The classes did not differ significantly on baseline measures or treatment received, but differed in insomnia-related measures after treatment began (p values < .05): Optimal-Responders consistently endorsed the lowest insomnia severity, sleep effort, and unhelpful beliefs about sleep.

Three depression symptom trajectories were observed among patients with comorbid insomnia and MDD. These trajectories were associated with insomnia-related constructs after commencing treatment. Early changes in insomnia characteristics may predict long-term depression outcomes.

Insomnia and MDD often co-occur, and such comorbidity has been associated with poorer outcomes for both conditions. However, individual differences in depressive symptom trajectories during and after treatment are poorly understood in comorbid insomnia and depression.