

Eating Behavior Disorders and Transitional Periods: An Examination through Fairburn's Transdiagnostic Model

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Abstract

This study explores the relationship between eating behavior disorders, such as Anorexia Nervosa, Night Eating Syndrome, and Bulimia Nervosa, and transitional life events among 73 adults. Using Fairburn's 1994 Diagnostic Scale, results reveal that while bulimia was not significantly correlated with transitional events, aspects related to body image and weight control were. No significant sex or age differences were found for bulimia, though psychological and physical health differences were noted. Findings are framed within Algerian socio-cultural norms.

Keywords: Eating Behavior, Disorder, Transitional Periods, Fairburn's Diagnostic Approach Scale.

اضطراب سلوك الأكل والفترات الانتقالية في ضوء نموذج فيربورن عبر التشخيصي

ملخص

هدفت هذه الدراسة إلى فحص العلاقة بين اضطرابات سلوك الأكل (الشراهة العصبية، اضطراب الأكل الليلي، والشراهة المرضية) والفترات الانتقالية لدى 73 راشداً تتراوح أعمارهم بين 19 و60 سنة، باستخدام مقياس فيربورن لعام 1994. أظهرت النتائج وجود علاقة بين اضطراب سلوك الأكل والفترات الانتقالية، بينما لم تظهر علاقة بين بعد الشراهة والفترات الانتقالية. من ناحية أخرى، تبينت علاقة بين الفترات الانتقالية وكل من صورة الجسم والتحكم في الوزن، مع غياب فروق دالة إحصائية حسب الجنس والعمر لبعد الشراهة. وقد تم تفسير النتائج وفقاً للسياق الاجتماعي والثقافي الجزائري.

الكلمات المفتاحية: سلوك الأكل، اضطراب، فترة انتقالية، المقاربة التشخيصية لفيربورن.

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Introduction:

Nutritional disorders represent one of the significant health and psychological challenges in Algerian society and worldwide. These disorders are characterized by a complex intersection of physical and psychological symptoms, and significantly, impact the quality of life of those affected. Among these disorders, eating behavior disorder emerges as an important topic that requires a deeper investigation to understand the factors that affect its process. The Transdiagnostic Approach arises as one of the latest contemporary theories that have transcended traditional barriers such as classification and specific clinical criteria for each disorder. Indeed, Fairburn and his team's model seems to be very significant for understanding any disordered nutrition behavior by focusing on the patterns and factors common to all disorders as well as the frameworks that maintain the process-what sustains the disorder so that it persists a disorder. Although there is a diversity of nutrition disorders, such as overeating, night eating disorder, vomiting, and eating disorder, taken as examples in this study, the use of this transdiagnostic model can provide us with an appropriate framework for understanding the common points between all of them. Fairburn's transdiagnostic model is, in fact, linked to the idea of "transitional periods" which help identify the common problem among different disorders, especially when Algerians' eating habits often change during important events such as weddings, funerals, newborn celebrations, changes in residence, and employment.

This study aims to explore and to analyze the relationship between disordered eating behavior and transitional periods in individuals with nutritional disorders such as overeating, night eating disorder, and vomiting eating disorder in Algerian society by applying a transdiagnostic approach. It also aims to understand eating behavior disorder through the common factor that appears most between AN, BN, and NES during transitional periods and eating behavior disorders in the Algerian context from the perspective of a transdiagnostic approach. This will be achieved through field survey using a descriptive method and analyzing the correlation between eating behavior disorders and their dimensions with social, cultural, and psychological factors during transitional periods, and how they impact eating patterns and nutritional behavior.

Through the results of the study, this research intends hopefully to contribute to the development of awareness-raising and intervention strategies in dealing with eating behavior disorders in these particular periods of people's lives, thereby, promoting the mental and physical health of individuals in Algerian society. To achieve these objectives, we developed the following research questions:

- 1-** Do common maintaining factors of the disorder appear among Algerians with eating disorders in transitional periods (precisely in weddings, change of residence, obtaining a job, childbirth) in their lives?
- 2-** Is there a correlation between eating behavior disorders and transitional periods in adults with nutritional disorders (AN Anorexia Nervosa, NES Night Eating Disorder, BN Bulimia Nervosa) in the light of Fairburn's transdiagnostic model
- 3-** Is there a correlation between the dimensions of eating behavior (binge behavior, body image, and control of eating behavior) and transitional periods in people with nutritional disorders (AN/NES/BN) in the light of Fairburn's transdiagnostic model?
- 4-** Are there statistically significant differences between the dimensions of eating behavior disorder and transitional periods in people with nutritional disorders (AN/NES/BN) attributed to the gender/age variable?

1- Eating Behavior Disorder and Transitional Periods:

Disordered eating behavior is defined as a psychological problem that affects an individual's physical, mental and social health. However, Fairburn and his team's transdiagnostic approach believe in common mechanisms and maintaining factors. This study aims to explore this mechanism and identify the prominent features associated with individuals affected by eating disorders and their general profile. Additionally, we will delve into the concept of transitional periods, their characteristics, and their effects on individuals with eating disorders.

1-1- Eating Behavior Disorder According to Fairburn's Trans Diagnostic Model of Eating Disorders:

According to the Fairburn Diagnostic Approach, eating behavior disorders are characterized by patterns of disordered eating that deviate from culturally and socially normative practices, resulting in unhealthy consequences⁽¹⁾. For instance, bulimia nervosa (BN) is marked by the consumption of excessive amounts of food within a short time, often followed by self-punitive behaviors driven by feelings of helplessness and psychological distress. Individuals with BN may engage in compensatory actions such as induced vomiting, misuse of laxatives, or excessive physical activity to compensate for food excesses. Other psychological conditions often exhibit comparable emotional and cognitive patterns underlying these behaviors, highlighting the interconnected nature of disordered eating with broader psychopathological disorders.

For further clarification according to this model, the causes of disordered eating behavior are attributed to common factors, which include:

- Feeling a lack of control: A common factor that contributes to the development of unhealthy behaviors is feeling a lack of control over the eating process (whether excessive or negligent).
- Negative perception of the body and the self: A negative perception of body and the reflection of this on the self affects the relationship with food and nutrition.
- The presence of high levels of general anxiety increases the possibility of developing and exacerbating unhealthy nutritional behaviors.
- Dealing with emotions: Individuals sometimes use food to deal with negative emotions or relieve stress and anxiety⁽²⁾.

Fairburn's Trans Diagnostic Model:

Fairburn's Trans Diagnostic Model differentiates between common factors and maintenance factors in the development and persistence of eating disorders.

- Maintenance Factors: They refer to psychological and behavioral mechanisms that contribute to the prolonged presence and exacerbation of eating disorders. These factors reinforce inappropriate patterns, hindering recovery and perpetuating disordered behaviors. For instance, individuals may experience temporary relief or emotional regulation through excessive food consumption, reinforcing the disordered eating cycle.
- Trans Diagnostic Factors: They comprise cognitive patterns of behavior that manifest through multiple psychological disorders. These factors contribute to the development and complication of various conditions rather than being confined to a single diagnostic category. Examples of transdiagnostic factors include a pervasive sense of uncontrollability, negative self-perception, distorted body image, and generalized anxiety⁽³⁾.

The distinction between transdiagnostic and maintenance factors lies in their functional roles: maintenance factors sustain inappropriate behaviors and impede recovery while transdiagnostic factors represent underlying variables that influence the emergence and persistence of disorders across individuals⁽⁴⁾.

Overview of Eating Disorders: As this research paper examines the following disorders, we provide a brief introduction for each one:

- Binge Eating Disorder (BED): Characterized by recurrent episodes of excessive food consumption within short durations, BED is characterized by a lack of control over eating behaviors. Individuals with BED often experience distress, frustration, and guilt following binge episodes.
- Bulimia Nervosa (BN): This disorder involves cyclical episodes of binge eating, followed by compensatory behaviors such as self-induced vomiting, laxative misuse, or excessive exercise to prevent weight gain.
- Anorexia Nervosa (AN): It is defined by an intense preoccupation with body weight and shape. It leads to extreme food restriction, resulting in significant and hazardous weight loss.

Individuals with anorexia often exhibit distorted body image and a persistent fear of gaining weight. This disorder poses significant risks to public health and weight regulation⁽⁵⁾.

Several theories have been proposed to explain the underlying mechanisms of eating disorders, including physiological, behavioral, and evolutionary perspectives, alongside Fairburn's Trans Diagnostic Model. The physiological explanations rely on theories that explore biological determinants such as genetic predisposition, metabolic rate regulation, and fat cell theory, that contribute to obesity and disordered eating patterns. The behavioral explanations emphasize the environmental and social influences on obesity, including learned behaviors, nutritional habits, and the role of beliefs in shaping eating patterns. Research has highlighted how cognitive perceptions and belief systems impact individual behavior and contribute to the persistence of eating disorders. The evolutionary explanations suggest that early humans were biologically inclined to seek out high-energy foods and maintain a surplus of body fat as an adaptive response to food scarcity. Finally, Fairburn's Model or Fairburn's Trans Diagnostic Approach posits that all eating disorders share fundamental psychological mechanisms, such as cognitive issues and inappropriate emotional control. Historically, these mechanisms may have facilitated survival by enabling individuals to store energy during periods of limited food availability.

According to Fairburn and his colleagues, individuals with eating disorders exhibit a profile characterized by a number of shared traits, which have been systematically categorized into common underlying factors⁽⁶⁾.

- Their behavior strongly indicates an obsession with their body shape and weight, often comparing their appearance to others and relying heavily on the mass media and other commonly proposed scales for self-assessment.
- This tendency is commonly observed in individuals with either severe obesity or significantly low body weight. They frequently exhibit pronounced fatigue and a lack of motivation for physical activity.
- Their expectations regarding weight management are often highly unrealistic, with goals such as losing 30 kg in a week or a month, which are physiologically unattainable.
- Additionally, their eating patterns are irregular, characterized by cycles of excess and deprivation, both in terms of quantity and quality. They lack a balanced and flexible approach to managing their eating behavior, often adhering to overly strict and rigid rules. They are characterized by distorted cognition in evaluating and perceiving issues related to weight and shape.
- People who suffer from eating disorders have a distorted eating behavior which occurs as a result of excessive or high eating restriction, which is often an unhealthy pattern.
- They have a high degree of self-neglect or low self-esteem.
- They have failed in their attempts to stabilize their weight
- They display severe mood swings and a marked difficulty regulating their emotional state, particularly in response to specific situations or triggering events.
- They lack consistency in their lifestyle in more than two or three areas⁽⁷⁾.

1-2- Transitional Periods in Algerian Culture:

This paper explores "transitional periods" to shed light on how cultural behavior influences the persistence of eating disorders, considering the diverse meanings tied to eating habits within our environment. Transitional periods are characterized as life phases marked by significant changes and transformations across physical, psychological, social, or cultural dimensions. These periods reflect transitions between two or more stages of life, often accompanied by significant changes in identity, personal roles, and interactions with the environment, and may represent a fundamental cultural axis.

In the course of the study, the concept of transitional periods refers to the moments when the status of individuals changes from one stage to another in their lives. For instance, marriage, relocation, employment, and childbirth are all examples of transitional periods⁽⁸⁾.

Research, in social psychology, indicates that periods of change significantly impact individuals. In Algeria, cultural values and social expectations reflect the experiences people go through during such times and play a crucial role in shaping how these changes are perceived and managed.

- Social values and expectations: Algerian culture is characterized by social values that govern individuals' behavior and attitudes. During transitional periods, such as marriage or relocation and childbirth are impacted by adherence to family traditions.
- Cultural interpretation of variables: Algerian culture plays a role in guiding how to understand and interpret changes, for example, there are cultural beliefs about the role of women in family and society. Such beliefs can influence how women's changes during marriage or childbearing are explained and the roles expected of individuals are defined.
- Social and family support: Algerian society is considered a family-oriented society because it plays a major role in supporting individuals during transitional periods in terms of solidarity and close communication.
- Cultural adaptation and change: Algerian cultural changes often enable individuals to adapt to personal roles and identities through these shifts and accept changing status according to cultural values and attitudes, and may even help in the level of personal satisfaction.

In the Algerian context, transitional periods such as marriage, relocation, obtaining a new job, and childbirth are always characterized by significant influence on eating behavior and the relationship with food.

Owing to the value of social occasions, it increases in transitional periods, and is expressed in a special way, such as when these occasions are associated with special meals and prepared foods that symbolize celebration and appreciation, for example:

- Changes in eating patterns, during transitions, individuals may experience changes in eating and nutrition patterns, such as the size, composition, and type of meals based on shifts in their lives, such as marriage or childbirth.
- Social communication may increase the amount of food, as transitional periods are characterized by increased social communication and interaction with family, friends and society, and because we are a community that expresses the joy of meeting through eating, serving and exchanging foods and meals are a form of that.
- The quality of food during transitional periods, where in Algeria, food carries strong cultural and heritage meanings, and this is embodied during transitional periods, which is expressed through traditional foods and foods that are associated with cultural values and traditions as a sign of solidarity and identity.

In general, during transitional periods, Algerian society reflects its preferences and values through eating behavior and its response to significant life changes.

These rituals and the various behaviors practiced by Algerian society in the transitional periods and their implications for nutritional health and health, in general, can have effects on people with nutritional disorders, which may be represented by an increase in the level of pressure and tension, as a result of several factors, including the feeling anxious about meeting the expectations of the other party, or repercussions of incompatibility may appear as a result of the requirements of the new life,

as Salim Awad argues, that incompatibility arises when there are obstacles in the individual's path, and when the individual's needs and desires conflict with reality and with the needs and desires of others. (for example, if the move is due to the desire of parents, a spouse, or necessity), which leads to psychological conflict, frustration, and mental illnesses⁽⁹⁾, nutritional disorders may reflect psychological incompatibility with new transitions, such as marriage.

Divorce and widowhood are also considered a transitional period, and according to Hatem Al-Abd (2016), their negative effects affect both men and women, but it has a greater impact on women than on men⁽¹⁰⁾.

In addition, we find that many unemployed people exhibiting symptoms of psychological and personality disorders, as they are characterized by unhappiness, dissatisfaction, and a feeling of helplessness and incompetence, which leads to mental health impairment in them. Unemployed people are more vulnerable to psychological stress than others because of financial hardship caused by unemployment, which also affects their physical health and may lead to malnutrition or unhealthy eating habits⁽¹¹⁾.

2- Methods, Results and Discussion:

In this section, we discuss the procedures that took place in the field phase of this study in both quantitative and qualitative terms, in terms of the study design, the sample, as well as a presentation of the psychometric properties of the study tool. We also discuss the data analysis methods that were used in analyzing the results obtained.

2-1- Concepts of the Study :

Transitional Periods: the transformation that occurs in the life of an individual, after becoming accustomed to a certain lifestyle, and then, a circumstance or a necessity arises that requires a change, such as a change in place of residence.

Eating Behavior Disorder: It is the score that an individual obtains on the eating behavior disorder examination scale (EDE-Q; Fairburn & Beglin, 1994), the degree reached indicates that eating behavior may be disordered or may not be disordered.

Age of Majority: According to the World Health Organization (WHO): A person over 19 years old, unless the national law specifies an earlier age.

2-2- Study Methods and Tool :

Adopting a **descriptive research method**, the present investigation focused on individuals previously diagnosed with one of three prevalent eating disorders—**Anorexia Nervosa (AN)**, **Bulimia Nervosa (BN)**, or **Night Eating Syndrome (NES)**. With the collaboration of the National Sleep Medicine Society, participants were recruited from specialized obesity- and nutrition-treatment clinics as well as sleep-disorder diagnostic facilities, where patients commonly presented with obesity-related and appetite-regulation concerns. The final cohort comprised **73 participants** who were simultaneously navigating significant life transitions—including marriage, divorce, widowhood, relocation, or changes in employment status. The distribution across disorders was: **AN (n = 23)**, **BN (n = 40)**, and **NES (n = 10)**. The main study tool was the eating behavior disorder examination scale (EDE-Q; Fairburn & Beglin, 1994) which showed high validity and reliability (validity = 0.84; reliability = 0.7)⁽¹²⁾.

(to confirm from the psychometric properties. Referral to the Master thesis of Othmani Murabt Soraya, Rahma Muarf 2022 in Health Psychology, University of Batna 1, entitled Lifestyle in People with Obesity in light of the Fairburn Trans Diagnostic Approach).

Table n°1: Common Factors by Fairburn et al

Common Factors according to Fairburn et al	Yes	No
I lose control over eating (overeating and neglecting food).		
I always feel like I don't like my body.		
I feel anxious or relieved and sometimes both after eating meals.		
I don't know how to understand and deal with my feelings regarding food.		
I always measure my weight / I avoid measuring my weight.		
The more negative experiences I have, the more I crave/abstain from food.		
I think a lot about topics related to food and nutrition		

Research interviews were also conducted with 10% of the sample in investigate the motives guiding eating behavior during transitional periods.

To answer the study questions and tabulate and organize the responses, we used the SPSS program through correlation coefficient analysis.

2-3-Results and Discussion :

2-3-1- The common factors maintaining the disorder appeared among the Algerians with (AN/BN/NES) in the transitional periods (precisely marriage, change of residence, employment, childbirth) from their lives, where 73 participants with nutrition disorders responded to the first six common factors (Loss of control of consumption, distortion in the body image, emotional imbalance towards the subject of eating, weight measurement, emotional response in eating or abstinence), As for the last factor (thinking about eating topics), the answer varied between 53 participants who answered 'yes' while 20 participants answered 'no'.

Common identified factors indicate a noticeable response to Algerians with nutritional disorders during the transitional periods of their lives. This can be partially explained by the presence of specific cultural and social pressures for the people who are passing transitional periods, which may influence their mental and physical health. This aspect of Algerian eating culture becomes a maintenance factor for the disorder.

The common factors identified in this paper, such as loss of control over eating, body image distortions, and others, represent points of connection between cultural orientations and individuals' experience with eating disorders. They are maintenance factors for the disorder on one hand, and on the other hand, they have a role and contribution in determining the meanings of eating disorders, including body, beauty, and even social compatibility.

These values can have an impact on how people interpret body signs and respond to weight changes. Algerian culture is rich in common factors that will maintain the nature of the disorder. This must be taken into account in treatment, treating patients with nutritional disorders in a culture saturated with factors that maintain the disorder may seem somewhat difficult.

As for the variation in responses to thinking about eating topics, cultural attitudes can have a significant impact on how individuals perceive their relationship with food and how much they think about it.

2-3-2- The study findings also revealed that there is a relationship between disordered eating behavior and transitional periods, as these changes may lead to various psychological experiences such as anxiety, stress, sadness, tension, and others.

These feelings may affect a person's nutritional pattern and eating behavior. Some people may resort to food as a way to deal with negative emotions, or what James Barger called "emotional eating", and thus, they may increase their intake unhealthy food or tend to eat large amounts of food in an emotional release.

On the other hand, stress and excess pressure may lead to loss of appetite or decreased interest in nutrition, in general. These changes in eating behavior can in turn affect weight and overall health.

It is also not possible to explain the relationship between eating behavior disorder and transitional periods without addressing the specificity of the Algerian context, where food traditions and cultural values play a major role in shaping eating patterns, where marriage, obtaining a job, a new home, childbirth, or even the death of one of the spouses is accompanied by rituals. In particular, it may be represented by social banquets, which makes the transitional periods affect the balance between adherence to traditions and what is appropriate for the changes that take place during those periods, as this change in eating patterns during the transitional periods has its symbolism in expressing sadness or joy through these rituals. In fact, rituals have a psychological function in Maghreb societies, as it was mentioned earlier, because of their roles in strengthening social relations and supports in overcoming the transitional period, but also as an expression of the cultural identity of the family to which individuals belong, moving from one stage to another.

One-eighth of participants answered that their sense of belonging obliges them to follow the way their families express the transitional period they are experiencing.

We will never escape from our social and cultural identity as long as we feel a sense of belonging. A large part of this identity is in fact our personal images, which you will find in

eating behavior as an expression of belonging. Rather, belonging contributes to the continuity of disordered eating practices if we exclude people who suffer from AN Disorder. The occasion may represent a different kind of pressure in feeling this disorder.

How can eating behavior be controlled and interpreted as a disorder when it may be playing a symbolic defensive roles, internal symptoms, and even personal drives in a sense of balance within Algerian society?

Not to mention the life changes and social pressures that Algerian society is experiencing. Marriage, divorce, widowhood, and other transitional periods may be associated with social and emotional pressures that affect the nutritional patterns. 47% of participants in this research indicated that feelings of pressure were the most prominent experience they encountered during their transitional period.

As a collective society that has not yet been able to establish boundaries between personal life and other social relationships, we transfer our stress to others even if their social attitudes are not our concern or ours, not to mention the pressures of people who refer to people who move from phase to phase.

In order to be more accurate in interpreting this, participants, for example, talked about the type of pressing questions that mothers give their newly married daughters about intimacy and reproduction and the husband's relationship with his family. The study found that all married samplers (men or women) acknowledged the interference of reference persons or close relatives in their personal lives, however, only half of participants responded by emotional eating or expressed pressure in eating behavior, but that does not negate the contribution of social pressures to adhere to cultural and social norms during transitional periods that may increase the likelihood of evolving towards eating behavior disorders.

Not to mention the quality of food that is available during the social practice of eating in transitional periods, also along with the economic and financial situation of the country, which may lead individuals to engage in unhealthy dietary patterns.

In summary, the above mentioned factors illustrate how can the cultural, social, and economic specificity of Algeria influence the interpretation of the relationship between eating behavior disorder and common factors experienced in transitional periods.

2-3-3- As for the third question that helped us more in understanding the nature of the disorder by addressing the relationship between the dimensions of eating behavior disorder and the transitional periods of people with nutrition disorders, there was a correlation between body image, behavior control dimensions, and transitional periods.

Also, there were no correlation between binge eating and transitional periods, which is explained by the nature of the disorders, for example, eating an excessive amount, as opposed to AN, which is restrictive even with minimal food intake. And those with NES, night eating disorder, binge eating is associated with night time, binge behavior is, therefore, linked to the nature of the disorder and their uneven response, not to transitional periods.

As for the correlation between body image dimension and transitional periods, it can be explained by the influence of social and psychological factors, as the transitional periods are affected by the societal aesthetic idealism and social and family pressures to comply with the beauty standards that Algerian society frames by weight gain, especially for women; this represents a maintenance factor for the disorder, according to Fairburn.

And for the correlation between the weight control dimension and transitional periods it indicates that considering the occurrence of transitions in social status, such as marriage or divorce, and changing residence and job, may be accompanied by psychological pressures and major emotional shifts, so people try to adapt and adapt to the new situation by controlling their weight and physical appearance. Some people believe that controlling weight will positively affect their self-confidence and their acceptance to new changes in life. Some consider transitional periods to be an opportunity to achieve the ideal physical appearance imposed by society.

2-3-4- The results also indicate that there were no statistically significant differences between the dimensions of the eating disorder and the transitional periods due to the variable of age or gender, which indicates that the nature of eating disorders does not differ between generations or between men and women, which may make those affected vulnerable to the development and exacerbation of eating disorders in similar proportions and they may have share similar experiences during transitional periods due to the cultural context that always ensures the maintenance of nutritional disorders.

Conclusion:

This paper provides professional implications that could help develop customized treatment programmes based on the theory of common factors in dealing with nutrition disorders during transitional periods, in particular. For example, strategies that focus on addressing the specific psychological and cultural factors affecting people with eating disorders can be implemented, or assistance programmes in the management of transitional periods.

In general, this research paper can contribute to improving treatment and support for those suffering from nutrition disorders in the Algerian context and direct future research and efforts towards a better understanding of the complex interactions between psychological, cultural, social and physical factors because considering the nature of the disorder through its formation and maintenance factors is different from looking at it only through symptoms.

This research paper can serve as a key for nutritionists as well, especially in answering the question 'Why do people with (AN/BN/NES) do not maintain the result they get after successfully following nutrition programmes by specialists?

In other words, how can we maintain nutritional health if eating, eating styles, and various eating rituals are part of our Algerian culture and identity?

In summary, the study mentioned in the text is an important step towards a deeper understanding of the factors of nutritional disorders in the Algerian context. By analyzing the common factors that individuals with nutritional disorders deal with during transitional periods, we can go beyond the surface and go deeper in understanding the intersection between the psychological, cultural, social, and physical health aspects of the individual.

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