

## Case Study for the Anorexia Nervosa

**Muthana Mutashar Abdulsahib,<sup>a</sup> Wasan Naser  
Mohammed<sup>a</sup>**

<sup>a</sup> University of Baghdad , College of Education for pure sciences  
Education and psychological department, Baghdad, Iraq

wasan\_alaubaide@yahoo.com

**Abstract.** The case study is one of the collection of information on methods of psychological treatment programs. As it allow psychologist specialist collect much as possible of accurate and clear information to make decisions. The case study to know the motives behind the individuals behavior and ability to adjust those motives. The present research aiming at a case study Anorexia that know they refraining from food because of the trauma of the individual ,which leads him to refraining or overeating of food and emotion to gethar .Often the females she is suffering from this situation. According to statistics from psychological studies of the proportion who died were ,because of it 40% which is caused by obesity , emotional trauma ,misunderstandings with the parents and the frequency of marriage ,fear of responsibility, feeling of guilt and the personality narcissism and hysterical . The sample was chosen a deliberate from a hospital in Baghdad, of gender a girl suffering from anorexia to 15 years old. After that to a follow- up case for two weeks has been making some projective tests and medical checkups to treatments drugs has been given by specialist doctor before a drug (Terblaveton ) , 2-3 mag, to three times a day before eating to help to softening stubbornness and to improves the Appetite . After that , she has shown signs of improvement on the patient after two months.

**Keywords:** psychology, treatment, Anorexia Nervosa.

### 1 INTRODUCTION

The importance of studying history of the case has emerged in the social fields and psychological , medical, administration and economic treatment programs and other of humanitarian and applied sciences and a number of samples of studying the case methods especially that related with psychological therapy. In spite of that most of the researchers have agreed upon that studying of the case aiming at acquainted with the details of the case. And it approved its validity being the field that make available for the specialists to gather a large amount of real and clear information to take his decisions and issuing judgment of the case( Sami, 2001, p:277)

The wide spread of using the study of the case approach related to the twenty one century- in the view of some- until the appearance of Al Gestalt theory which attracted the attention to the necessity of care with the situation as whole in which the organism interacted in it, and this organism as an integrated part of the situation to be not separated from it but for the purpose of analyzing only.

The approach of studying the case cared with all the aspects related with an thing or an situation provided that the individual, the group or the community as a study unit, and this approach attempts to prop studying the information at certain stage of this unit history or studying all the stages passed by , and the compound situation or a collection of factors is to be tested and examined for disclose the factors effecting the guided unit or to detect the causation among the parts of the unit then reaching scientific instructions related with them

and with other similar units, that is mean studying of the case could be the individual or institution.... etc.(zahran,1969,p7)

The researcher in studying the case carrying out the deep analyzing of the interaction occurs among the factors resulted in change and growth also development for a certain period of time(Al-samarae and Othman,2002, p:86). The individual represented integrated case appears during the present and the future ambitions, also appeared during life history of all terms and events surrounding it. And the employees in the Psychotherapy field their patients whom psychological disorder appears on them which the employees trying to deal with it in the field of Psychotherapy being a unique formation of its type with which a number of and diversified terms interacted with it, where the therapist tries to study this formation and detecting effects occurred in the past so that these effects be the basic of therapy work and its key fundamental (Holmes,1991,p:157).

The study of the case analyzing of data and interpreting them with focusing on difficulties and obstacles facing the guided person to self-realization and to reach his objectives subsequently his sound adaptability with his society or with whom he is living where at the school community or the society in general(Swain,1988:p 201)

Thus studying the case is an survey study in its approach focuses on the individual and aiming at set up hypotheses and to reach positive results of the guided person case via seeking aid of numerous means and instruments such as the interview, social history , medical reports and psychological tests if available. Via studying the case, the therapist (who studies the case) or the advisor collecting a large amount of treatments and data about the guided person and his problems then issuing objective judgment of the displayed case for the study (Ala deen & Faakah, 1989, p:1)

According to what has explained, the study of the case included two aspects, the first shedding light on theoretical frame for the case study, and the second the practical aspect for case study which focuses on the application samples of it, which the current research displaying details for patient's case complains from Anorexia Nervous.

## **2 DEFINITION OF CASE STUDY**

1- " is a tool of value to disclose for the specialist the events of certain person since his birth till the present time"( Al-Zaiadi,1969, P 13)

2- " it is approach to coordinate and analyzing the information which are gathered by means of collecting other information about the case and about the environment"( Fox,1969, p.73)

We concluded from the two previous definitions the following indications:

1. An scientific approach specified with studying an individual problem or a group of individuals.
2. The case study is aiming at to know a large amount of information and data of the case currently in study.
3. Aiming at analyzing the information and data since the birth of individual "the troubled person" to his history and present in various family , psychological, social and economical and other aspects to specify the real reason resulted in occurring the problem for the( troubled person ).

## **3 BACKGROUND OF RESEARCH**

We should differentiate between the concepts of study and history of the case or what is known as ( life History) which is part of the case study, the history of the case is all the information we gather about the guided person( the person subjected to study) ( Al-Zaiadi,1969, P:13) as for the study of the case which is the process of collecting all the

information that would be obtained at the present time about the guided person including interviews and results of tests done for him. The study of the case deals with longitudinal comprehensive survey study for the growth since the existence of the guided and the effected factors in him and the method of the social raising and the past experience and the educational and learning education, the health and the certain experiences and attitudes including conflicts and date of psychological compatibility, and the date of the family in a comprehensive and objective manner as possible.

Thus we should use the information and the history of the case as part of study the case and should observe the authenticity of the information obtained from the history of the case because some of them could be effected by the time factor and forgetting by the guided person, and could not be accurate (Zaran, 1980, p:179)

Thus we could conclude that study of the case considered as displayed sector of the person life, means as displaying study of the guided life focused on studying the past with taking into consideration the present life and the current status for the guided person, while history of the case is considered as longitudinal section for the client life focused and restricted on the past and specialized only with the past of the case.

#### **4.Steps of studying the case:-**

For the purpose of characterizing the process of using method of case study with accuracy, objectivity and scientific strength, we should pursue the following steps:-

- Specifying the phenomenon or the problem or the type of behavior required to be studied.
- Specifying the scientific concepts and the hypotheses and make sure of the related information availability.
- Choosing the similar case sample which the researcher studying.
- Specifying means of collecting data and information such as observation, interview and the personal documents such as date of birth, curriculum vitas and diaries.
- Training the data collectors (Rutter, 1984, p:206)
- Collecting data, recording and analyzing them. And the most important aspects, the researcher should collect data about them as follow:-

##### **First: the physical growth:**

Dealing with the individual health and the diseases and events he has subjected to, and at which age he could walk and talk... Etc, these data help to know the average of the pupil's growth or the individual) of the intellectual aspect, also enable to know the physical superiority and weakness aspects, and the researcher should collect data about customs of eating, sleeping and training of evacuation...)

##### **Second: The school adaptability:**

Deals with the methods that the pupil pursue (or the individual) in various the school situations and if he accept the school authority or object on it? and if he finds the school life tiresome or stimulate bore some? Or if his behavior treatment with his peers with violence and control or subjection and obedience? If he face the situations challenging him and exerts efforts to overcome them? Or if become weak and try to escape from them? if he late in his study and at any material? And what are the reasons behind these?.

**Third:- the family relations:**

The case study researches the family formation and the nature of the individual with his family members and the type of this relation, for example, to whom the child resort to find love and protection, the behavior patterns he pursues to obtain this love? And the position of the child in the family and his sequence in it- if he is treated with severity and austerity? Or with pampering and indulgence? Or moderate treatment? These aspects reflect on the individual relations in the school and on his general social relations with the others.

**Forth: intellectual abilities and the special interests:**

Using of reasoning tests facilitate to identify the pupil's intellectual readiness and the shortcoming aspects and superiority. And we could observe the individual's activities and to identify his wishes and tendencies and the range of their diversity and nature also could identify them via objective tests.

**Fifth: the psychological adaptability and the emotional equilibrium:**

We should collect data about the emotional responses of the individual towards the situations and the obstacles facing them and disappointments types occurs to him via collecting the anger times and instability in his emotional responses, with strength or weakness. (Mansur et al,1977,P: 60)

It is important to be clear that collecting information process is not meant case study, the information are the material that the researcher collects to be able to use them to reach the results, the information are in need of interpretation and analyzing before reaching the results, besides the necessity to make the information comprehensive for all the events, but he should be selective and to consider the events and experiments which left clear effect on the case and to ignore the simple events which have no effect. (Badir, 1975,P:279)

**5. practical samples of Anorexia Nervous**

The two researchers perform two practical samples of Anorexia Nervous for a girl of age 10 years who approached with her mother one of the psychological clinic and she was referred to medical city hospital and admitted the hospital for two weeks.

The patient was complained from Anorexia Nervous which was detected after words as Anorexia Nervous whose symptoms appeared since three months of her approach of the psychiatrics, we would shed light on the theoretical frame of Anorexia Nervous and its causes and symptoms.

Where a lot of women whose number more than men to gain physical appearance characterized by perfectness and follow severe the diet to get rid of extra weight and taking medication or resort to surgical operations thinking that severe weakness express the good healthy clear from diseases. (Micknight,2010, p:10).

The scientific researches has pointed out that these realizations are wrong concerned (Eating disorders), where we intervene in pursue the health lifestyle, and it has observed from the studies that 78% of women, and 64% of men seeking to get rid of extra weight or at least not gaining extra weight (Centers for diseases control and prevention,2006)

The fitness seeking consider to psychosocial problems growing and for threat of individual and social health(cogaan&Ernsberger,1999)

Where the last years have witnessed remarkable increase in wide spread of Anorexia Nervous especially among the adolescent girls especially, the number of females suffered from one or more of Anorexia Nervous of percentage 2%.( Battle and Brownerll, 1996,P: )

Neuron loss appetite is considered one of the most disorders which is called Anorexia Nervous which psychological disease and characterized with disorders in eating and acute reduction in body weight with increased comprehension of increasing weight, and those infected with this disease have the ability to control their weight via starvation themselves voluntary and practicing the most severe sport excessively following **severe diets or using Diuretic drugs** ( DSM-IV, 1994)

That causing deterioration of general physical and psychological health causing death whose percentage reaches 40% of death cases.

**Anorexia Nervous** represented a case of Compulsive disorder of ( self-starvation) where the patient resort to follow severe diet and excessive sport (Mick night, 2010,p10).

The statistical classification of WHO has pointed out that there are criteria to detect psychological disorders of **Anorexia Nervous which are:**

- 1- Rejecting maintain the natural minimum weight of the body compared with age and height.
- 2- Severe comprehensive of gaining weight in spite of continuous reduction of weight.
- 3- Occurring confusion in the manner he looks to himself and his body weight and unjustifiable effect for body weight and denies the risk of reduction of current body weight.

Incase of continuous reduction of body weight, there(Amenorrhea) occurs or stop it for no less than three consecutive menstrual cycles ) ( DSM,2013, P338)

The guide has specify the statistical detection of psychological disorders , represented by two types of Anorexia Nervous:

**The first type:**

Or Restrictive type, neuron loss appetite where the person does not regulate excess in eating or purification behavior means self-vomiting( misuse of laxative or Diuretics Enema)

The loss of weight is done via follow excessive diet and practicing exhausted sport.

**The second type**

Type of excessive in eating or purification, where the person overdoing regularly in having food or purification behavior self-vomiting( misuse of laxative and Diuretics and Enema)

The international statistical classification is similar of diseases and the problems related with health with criteria of psychological diseases in :

- 1- Methods that could motivating the individuals to lose weight or maintain reduction of body weight( avoiding foods causing obesity/ practicing sport exercises excessively, excessive use of appetite inhibitions).
- 2- The presence of some physiological traits, including Endocrine disorders at large scale, Mulch the pituitary gland)reproductive system which is clear at menopause, as for men, it appears loss of sexual care and Machismo and appearance high levels of growth hormone and increased rates of Alchortzul and change of metabolism process and irregularities of insulin secretion.
- 3- If Anorexia Nervous occurs before puberty then the growth would delay or become less ( Langhans, 2000, P:996).

The scientific studies has pointed out that the females complain from Anorexia Nervous with the presence of type of( Nero active steroids) which work on eating and the mood condition (Monteon. et.al l2001 ,P: 62).

There is connection between Anorexia Nervous and ( Tuner's syndrome) (Taylor, 2007, p.206)

A state of disorder occurs for females caused by lack of X- Chromosome which arrears for the female.

The women who complain from Anorexia Nervous and eating disorders, appears symptoms of hypertension, and cortisol level respond to pressure that leads to believe they have excessive chronic of response for the pressured experiments and tend to depression and Anxiety and reduction in self-esteem.

The appearance of this type of profile for those women having readiness to develop eating disorders

**Turner's syndrome**

It is a case of disorder occurs for the female or Turner's syndrome whose cause is the reduction in the x-chromosome for the female or who complain from full-blown Eating disorders, and these are changes hasten the appearance of eating disorders from being results of infected with them. (KooL.Leob,Costello; Light and Gilder,2000,p62)

The studies have revealed that Anorexia Nervous spread among the members of same family or the personality characteristics and interaction patterns inside the family it is probable as an indicator of presence of gene effect for the infection of this disease(Sterobere, et al , 2000,p393)

The Anorexia Nervous could involve with( obsessive compulsive disorder) especially in psychopathological appearances including the presence of nervous fasting activity.( C. Davis, Kaptein,Kap lab,Olmsted and Wood side, 1998,p:192)

**The research studies have explained that Anorexia Nervous**, that females who complain from it are in lack of ability of control Compared with the need for acceptance, and the perfect behavior and conciseness. They may come from families have psychological diseases or alcohol addiction, or family close to each other strongly but they are in lack of skills of emotional communication. (Garfinkel and Gamer, 1993 and Racoff, 1993,p:116)

Where the role of the mother inside the family and her relation with the daughter play an essential role in aggravated Anorexia Nervous and eating disorders, where it seems that these mothers are not satisfied with their daughters' appearance and less content of their family situations and they are more subjected to infect with eating disorder.( K.M. Pilce and Robin, 1991,p:329)

The **Anorexia Nervosa** is accompanied with matters related with self identity, independence, especially at the puberty stage where disorders appeared in the concept of self-identity, the conflicts related with the need to independent from the family and the need for self-affirmation in the social situations may cause destructive responses for the self such as Anorexia Nervosa instead of performing direct facing with these conflicts.

### **Symptoms of Anorexia Nervosa**

#### **First: Physical symptoms:**

- A-** Change in brain structure and its function and they are among the early signs most of the time connected with starvation and partially reflected when resorting the natural weight.
- B-** Reduction of blood flow in the temporal lobe in spite of these results do not connect with the current weight of the patient could feature for risk instead of the effect of starvation factor.  
( British, Psychological society, 2004,103)
- C-** rapid loss of weight.
- D-** the body mass indicator less than 11,5 of adults or 15% of the predicted weight for the children.
- E-** reduction of growth , besides disorder of endocrine and reduction of metabolism process.

**F-** hair fall

**G-** Sores and scratches/ heal quickly

**H-** feeling cold and weak body structure

**i-** Difficulty in mental processes and the memory function.

#### **Second: The psychological symptoms**

- A-** Disorders in shape and structure of the body.
  - B-** Sight weakness
  - C-** Seeking ideality and perfection
  - D-** Obsessive compulsive especially about the food and the weight.
  - E-** Think that the control the food and the body linked with controlling the life of the individual.
  - F-** Immature hysteric personality tends to spoiling and Narcissism
  - G-** Weakness of the nervous system
- Emotional symptoms
- 1- Reduction in self-esteem and self-respect
  - 2- Continuous comprehension and anxiety from obesity
  - 3- Clinical depression and chronic low reduction
  - 4- Mood swings
  - 5- Feeling guilty

**Third: Behavioral symptoms**

- A. Excessive sport practice
- B. Restriction and monitoring in having food
- C. Talking about food
- D. Nausea
- E. Social withdrawal and selfishness
- F. Weakness of self-trust
- G. Self-harm and attempt to commit suicide.
- H- Continuous test of body weight repeatedly from the natural limit. (Attia, 2010, p: 425)

The practical sample to study Anorexia Nervous Information and description of the case

**Study a case complains from Anorexia Nervous**

<b>Name of the case</b>	<b>Th. M. J.</b>
<b>Gender</b>	female
<b>Date and place of birth</b>	1996- Baghdad
<b>Name of case</b>	<b>Cause of the case: illness problem</b> The patient complains from allergic of having food wish to reach thinness and to practice the kinetic activity excessively
<b>Referring source</b>	The special physician
<b>The problems from which the case suffer</b>	Suffer from rejecting food and wish for weakness
<b>Academic qualification</b>	Student in the forth secondary stage
<b>Third: health condition</b>	<b>Diseases the case infected by</b> The case infected by previous stages of excess weight at the childhood stage( obesity)
<b>Surgical operations</b>	None
<b>General health condition</b>	Deteriorated condition because of suffering from excess weight for previous stages of her life
<b>Forth: social history</b>	Information about the family
<b>Father's name</b>	Place of birth- Baghdad
<b>Father's status</b>	Living



<b>Academic qualification of the father</b>	<b>Graduated from intermediate stage</b>
<b>Mother's name</b>	<b>Place of birth- Baghdad</b>
<b>Mother's status</b>	<b>Living</b>
<b>Academic qualification of the mother</b>	<b>Graduated from primary stage</b>
<b>Any conflicts between the father and the mother</b>	<b>None</b>
<b>Number of brothers and sisters</b>	<b>6</b>
<b>Number of male brothers</b>	<b>2</b>
<b>Number of female sisters</b>	<b>4</b>
<b>Sequence of the case among the family members</b>	<b>The middle sister</b>
<b>The case position among the family members</b>	<b>Characterized by that she is beloved among her brothers and sisters but she is some times Isolationist from them</b>
<b>Is any of her family member infected by illness or an accident</b>	<b>None</b>
<b>Problems of growth she is suffering from</b>	<b>Physical, kinetic and emotional growth seem good and due to the natural growth</b>
<b>Forth: social adaptability</b>	<b>Comments of psychological advisor</b> <b>The relation of the case with the parents is good she is obedient and some times uncompromising also with her classmates inside the school, but there are continuous conflicts between the father and the mother</b>
	<b>Some of psychological tests were done to her such as the sight, hearing, kinetic ability, and metal ability and they are good related to the age of the case</b>

<p><b>Fifth: behavioral and personal aspects of the case</b></p>	<p><b>The behavioral of the case express the presence of disorder of eating especially restriction in having food and low of self-trust because of non –content of the body structure and continuous reduction of weight inside the school and at home and the increased anxiety and comprehension from increase of weight and continuous comparison with her classmates in structure and shape of the body and her persistence wish to reach ideal weight and body shape</b></p>
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**Details of the case:**

- 1- The stage of appearance the case( specially at the middle and late stages of childhood) if the girl was of excess obesity attracting the attention of the people surrounding her.
- 2- The symptoms of the case started gradually and slowly on the girl in aversion and indifference from meals, then adherent to strict laws to reach thinness, and the complete stop from any food, where the girl has pointed out that she did not take any food since last month.
- 3- The patient's mother pointed out the continuity of her daughter in her physical ordinary activities , and she seemed happy and indifference of her severe thinness, but she was tending to movement and work. She was happy with preparing food for the others, until her felt fatigue and confined to bed.
- 4- The cause of her thinness was not aversion from the food only but the continuous vomiting followed taking food, that her body does not make use of the food and the vomiting here as illustrated by counselor it was symbolic expression of rejecting the food.
- 5- There are not any psychotic signs or hallucination but the acute depression and thinking of suicide, and she is isolated completely from her family.
- 6- The girl was suffering from complete isolation from all her family members and tried not to meet them.
- 7- occurring calmness and confident according to the diagnosis of the therapist.

**Therapy plan for the problem**

How the study of the case and its treatment is done?

- 1- The physician asked her to take food to take her permit of discharge from the hospital she was insisting on leaving it, and he asked her mother to couple taking food with presents offered to her by or by her family.
- 2- The physician was trying to gain her confidence and intimacy via urging her to continue in the therapy.
- 3- The physician sometimes be strict to make the patient take her food and threat her to use the stomach tube to enter the food including milk egg.

- 4- Performing comprehensive tests for the girl to be sure of her safety biologically and physically, it was sure from not complain from diabetics or any other cancer symptoms could cause to lose appetite.
- 5- It was sure from non-complaining of (Simmonds) which has symptoms similar to Anorexia Nervous.
- 6- Be sure of not complain from chronic organic inflammations lead to loss appetite, severe thinness, such as (Miliary.TB)
- 7- Subjected to X-ray test for the skull and ribs to be sure of their safety.
- 8- Performing projection tests for the patient, whereas the psychological advisor requested her to draw herself then he asked her to draw him then he explained the drawings for the social researcher, there are some parts in her drawing of herself such as the hair, eyes, nose and the mouth that indicated that she take herself away from the beautiful characteristics, also her size in the drawing was more bigger than the size of the consular which she drew and this means that she views herself as more obesity and this was an important point to know her aversion from the food ascribed to the excess obesity she was suffering from in the past and effected in her to a great extent.
- 9- Doses of tranquilizers were given to her (To Arjactal) 50 mg, also the insulin amended by injection to increase the appetite and cause quietness and safety according to the therapist diagnosis.
- 10- After two weeks and after a simple progress in her case, she was discharged from the hospital and she was asked to approach the physician after two weeks and (Trill photon) 2-3 mg medication was prescribed to her, three times a day before food and this would mitigate the patient's obstinacy and remove disobedience, also improve her appetite and mitigate anxiety and depression.
- 11- After the patient's approach to the physician, signs of improving her case appeared on her and her weight has increased approximately one k.g and half (as mentioned....) and her mother confirmed that she take the food with appetite.

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