

Anorexia - Mark Scheme

Q1.

[AO1 = 2]

1 mark for brief outline of one irrational belief

1 further mark for accurate elaboration

Possible content:

- All or nothing thinking ('either I am attractive or ugly')
- Catastrophising ('if I eat this apple I will immediately get fat')
- Unfavourable comparisons with others, leading to negative self-labelling

Credit other relevant material. Note that personality characteristics such as perfectionism or low self-esteem are not relevant to this question.

Q2.

[AO1 = 4 AO2 = 4]

Level	Marks	Description
4	7 – 8	Knowledge of the family systems theory explanation for anorexia nervosa is accurate with some detail. Application is thorough and effective. Minor detail and/or expansion is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	5 – 6	Knowledge of the family systems theory explanation for anorexia nervosa is evident but there are occasional inaccuracies/omissions. Application is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	3 – 4	Limited knowledge of the family systems theory explanation for anorexia nervosa is present. Any application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 2	Knowledge of the family systems theory explanation for anorexia nervosa is very limited. Application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Minuchin (1978) proposed characteristics of an ‘anorectic/psychosomatic family’ which lead to lack of autonomy and control, so child exercises only possible choice over what to eat
- enmeshment – families are over-involved, interdependent, no clear emotional boundaries, inhibited sense of individuality
- overprotectiveness – family members protect each other, reinforce family loyalty, parents see their role as a sacrifice
- rigidity of style – interactions are inflexible, denial of need to change
- conflict avoidance – family members suppress conflict, differences of opinion/problems are not discussed.

Possible application:

Credit explanation of links between theory and stem content.

- several references to enmeshment and lack of self-differentiation (Mia and mum worry about each other, shop together, wear same clothes)
- Mia’s mum is over-protective, monitoring everything she does and her phone conversations (‘always asking if I’m OK’, ‘wants to know everything’, ‘listens in when’)
- Mia’s mum is self-sacrificing to look out for Mia (‘spends all her time...’)
- Mia’s relationship with her mother seems to be fixed as they have (‘always been the same’) suggesting rigidity of style
- no sense that Mia or anyone else wants anything to change or that family disagreements are in the open (‘it has always been the same’, ‘we never argue...’) suggesting conflict avoidance.

Credit other relevant material.

Q3.

[AO1 = 3 AO3 = 5]

Level	Marks	Description
4	7 – 8	Knowledge of social learning theory as an explanation for anorexia is accurate and generally well detailed. Discussion is thorough and effective. Answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail sometimes lacking and/or expansion of argument sometimes lacking.
3	5 – 6	Knowledge of social learning theory as an explanation for anorexia is generally accurate. Discussion is mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used appropriately.
2	3 – 4	Knowledge of social learning theory as an explanation for anorexia is present. There are some inaccuracies. Discussion is sometimes effective. There is some appropriate use of specialist terminology.
1	1 – 2	Knowledge of social learning theory as an explanation for anorexia is limited and lacks detail. There is substantial inaccuracy/muddle. Discussion is limited, poorly focused or absent. Specialist terminology is either absent or

		inappropriately used.
	0	No relevant content.

Possible content:

- Features of SLT, including imitation, modelling, vicarious reinforcement; then direct reinforcement for weight loss from friends and family
- Media influences – magazines, TV, films, digital media, images of the idealised ‘thin’ woman
- Family influences – imitation of parents and peers
- Interaction with personality factors – eg low self-esteem, cognitive distortions of body size, perfectionism

Possible discussion points:

- Findings of research studies eg introduction of TV to isolated communities and subsequent increase in cases of anorexia nervosa
- Correlation between increases in anorexia and increased media focus on idealised thin women
- Problem of susceptibility, given that all young women are exposed to media influences
- Evidence for alternative explanations – family dynamics, biological factors – though focus must remain of SLT

Credit other relevant material.

Q4.

[AO1 = 6 AO3 = 10]

Level	Mark	Description
4	13-16	Knowledge of biological explanation(s) for anorexia nervosa is accurate with some detail. Discussion is thorough and effective. Minor detail and / or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9-12	Knowledge of biological explanation(s) for anorexia nervosa is evident but there are occasional inaccuracies / omissions. Discussion is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5-8	Limited knowledge of biological explanation(s) for anorexia nervosa is present. Focus is mainly on description. Any discussion is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1-4	Knowledge of biological explanation(s) for anorexia nervosa is very limited. Discussion is limited, poorly focused or absent. The answer as a whole lacks

		clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Possible content:

- genetic explanation – disorder is heritable; genes / DNA passed down through generations; concordance in twins; identification of specific genes, e.g. EPHX2 / combination of genes
- genetic explanation – evolutionary - disorder has an adaptive function; Guisinger’s ‘flee famine’ view; contemporary adaptive function of thinness, e.g. thin = attractive
- season of birth – spring babies’ vulnerability
- neural explanations – activity of neurotransmitters serotonin, dopamine and noradrenaline; abnormal levels of serotonin and dopamine metabolites found in people with anorexia nervosa
- abnormalities in brain activity in areas associated with feeding behaviour, e.g. hypothalamus; insula area of the cortex
- knowledge of explanation embedded in evidence.

Possible discussion points:

- use of evidence to support / refute the explanation, e.g. use of twin evidence; metabolite studies
- implications of accepting the genetic explanation
- relevance of the flee famine hypothesis in modern Western society
- discussions of cause and effect, e.g. altered neurotransmitter function may be due to the disorder rather than the cause, but recovered patients show reductions in serotonin and dopamine function post-recovery
- problems of isolating the activity of specific brain structures
- discussions relating to broader issues of reductionism and determinism
- comparisons with other explanations, e.g. social / family etc.

Credit other relevant material.