

## Mark schemes

**Q1.****[AO1 = 1]**Answer: **B – Believing that you are bigger than you really are.****[1]****Q2.****[AO1 = 1]**Answer: **D – Where an individual member of the family lacks a sense of individuality and personal identity.****[1]****Q3.****[AO3 = 2]****2 marks** for a clear, coherent limitation.**1 mark** for a limited/partial/muddled limitation.**Possible limitations:**

- reductionist – considering anorexia at the levels of cells and chemicals – does not acknowledge the wider social influences on eating behaviour – anorexia takes place in a social context so cannot be fully understood at the neural level
- implications of determinism – if we believe anorexia is due to neural activity then people with anorexia might feel there is little they can do to change their behaviour
- the difficulty explaining the rise of anorexia in recent years from a neural perspective
- evidence to contradict the neural explanation.

Credit other relevant limitations.

**[2]**

**Q4.****[AO1 = 6 AO2 = 4 AO3 = 6]**

Level	Mark	Description
4	13-16	Knowledge of the family systems theory is accurate and generally well detailed. Application is effective. 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 the family systems theory explanation is evident but there are occasional inaccuracies/omissions. Application/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 the family systems theory explanation is present. Focus is mainly on description. Any discussion/application 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 the family systems theory explanation is very limited. Discussion/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:**

- family systems theory suggests family dynamics are a significant factor in the development of anorexia nervosa
- FST suggests the families of people with anorexia tend to show characteristic behaviours:
- Enmeshment – excess involvement of family members where the identities of individual family members become blurred. A child with anorexia cannot become independent/autonomous/lacks privacy so the eating disorder arises as a way of exerting control
- Overprotectiveness – family members try excessively hard to protect each other from external threat not allowing for independence
- Rigidity – family has fixed patterns of behaviour/routine and fails to adapt to changing outside circumstances
- Conflict avoidance – family avoid arguments and maintain a positive image for the outside world.

**Possible application:**

- family members seem to be enmeshed – they spend most of their time together and show excessive concern for each other
- Zack lacks autonomy – he wants to have a life outside the family
- Zack's mother is very controlling – watches him closely
- the family shows rigidity in their daily routine
- any conflict is suppressed – there is no outward disagreement or argument.

**Possible discussion:**

- evidence to support/contradict family systems theory, eg Brockmeyer (2003) desire for autonomy in people with anorexia nervosa; Karwutz (2003) lower levels of autonomy in siblings with anorexia nervosa
- problems establishing cause and effect – the disordered behaviour of the child may cause family dysfunction rather than the other way round
- FST is rooted in psychodynamic theory and therefore concepts are hard to falsify, eg desire for autonomy
- cannot account for increased incidence in anorexia nervosa – family dysfunction is not new
- ethical implications of blaming the mother/family – nowadays it is not acceptable to blame every psychological problem on poor mothering/parenting
- comparison with alternative biological explanations which are well-established and well-evidenced
- discussion in the light of broader debates, eg nature-nurture, determinism.

Credit other relevant material.

[16]

**Q5.**

[AO1 = 6 AO2 = 4 AO3 = 6]

Level	Marks	Description
4	13-16	Knowledge of <b>one or more</b> explanation(s) is accurate and generally well detailed. Application is effective. 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 <b>one or more</b> explanation(s) is evident but there are occasional inaccuracies/omissions. Application/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 <b>one or more</b> explanation(s) is present. Focus is mainly on description. Any application/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 <b>one or more</b> explanation(s) is very limited. Application/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:**

Biological explanations:

- genetic transmission – heritable through transmission of DNA/genes; familial link; twin studies/family studies/concordance rates/genome studies;

- polygenic; candidate genes, eg OPRD1, HTR1D, EPHX2
- reduced serotonin activity as demonstrated in lower levels of 5-HIAA in urine
- role of dopamine controversial – levels can be lower/higher/same as controls: increased dopamine in AN as demonstrated by higher levels of homovanillic acid; recovering AN patients have increased D2 activity
- other transmitters – noradrenaline and GABA
- low levels of leptin which controls satiety
- biological correlates – AN associated with birth complications and premature birth, poor maternal nutrition, season of birth, dysfunctional neural circuitry in the insula region.

#### Psychological explanations:

- family systems theory – high levels of control, overprotectiveness, rigidity, conflict avoidance, enmeshment – inhibition of individuality and autonomy
- social learning theory – modelling, reinforcement, media influences, identification, vicarious reinforcement
- cognitive explanations – cognitive distortions, eg distortions of body image, irrational beliefs.

#### Possible application:

- Elliot believes he is fatter... suggests a cognitive distortion. Elliot checks himself in the mirror – he might perceive himself as bigger (distorted self-perception)
- Elliot compares himself to actors on TV... suggests social learning, imitation, identification
- Elliot arranges/counts food... suggests an irrational obsession with food
- Elliot's mother once had eating problems... suggests genetic component, familial linkage
- Elliot's mother watches over him, tells him what to do... suggests control, overprotectiveness, lack of autonomy, enmeshment
- Elliot's medication seems to work... suggesting the problem may be neurochemical/biological.

#### Possible discussion:

- use of evidence to support/counter explanations and problems with evidence, eg twin studies; family research
- implications for treatments – biological explanations suggest drug treatments, family-based explanations suggest family therapy
- ability to explain cultural/gender/temporal differences in incidence
- comparison of different explanations
- problems determining cause and effect – altered biology/disturbed family/disturbed cognitive processing may be an effect rather than a cause
- determinism – biological/family explanations suggest either biological/environmental determinism which could lead to negative attitudes and affect treatment expectations/outcomes
- reductionism – biological explanations are based on more traditionally objective research and might be assumed to have greater scientific worth v family-based explanations which rely on less scientific methodology, eg case histories
- discussion in relation to other debates, eg nature-nurture
- ethical implications, eg is the person responsible for their condition, or the family?

Credit other relevant material.

[16]

Q6.

[AO1 = 2]

1 mark for A: autonomy/autonomous.

1 mark for B: enmeshment/enmeshed.

[2]

Q7.

[AO3 = 6]

Level	Mark	Description
3	5-6	Evaluation of one psychological explanation for anorexia is detailed and effective. The answer is clear and coherent. Specialist terminology is used effectively.
2	3-4	Evaluation of one psychological explanation for anorexia is mostly appropriate but lacks detail and/or clarity in places. There is some appropriate use of specialist terminology
1	1-2	Evaluation of one psychological explanation for anorexia is limited/very limited. The answer lacks clarity. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

**Possible evaluation:**

- use of evidence to support/contradict psychological explanation, eg Cooper et al (2007) negative cognitions in anorexia nervosa (AN) participants; Brockmeyer et al (2013) desire for autonomy in AN patients
- social explanations, eg family systems can lead to blaming the family
- cognitive explanations can lead to blaming the individual/making them feel responsible
- usefulness when there is often limited scope for change, eg if the family or media is part of the problem it is difficult to change
- problem of cause and effect – does the family or faulty cognitive processing cause AN or is it the other way round?
- contrast with biological explanations.

Credit other relevant material.

[6]