13.2 Biological Explanations for Anorexia Nervosa: 10-minute Pack

AQA 7182 · about 10 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

Answer ALL questions.

1 Name and briefly explain one clinical implication of viewing anorexia nervosa as a biological disorder rather than as purely psychological.

(Total for Question 1 is 2 marks)

2 Outline one clear empirical criticism of evolutionary explanations (either adapted-to-flee-famine or reproductive suppression) for anorexia nervosa.

(Total for Question 2 is 3 marks)

3 Outline the role of serotonin in the biological account of anorexia nervosa. Refer to the neurotransmitter's broader functions and how altered serotonin function may influence symptoms.

(Total for Question 3 is 3 marks)

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Mark scheme · 13.2 Biological Explanations for Anorexia Nervosa: 10-minute Pack

Question 1

names an implication, for example use of biological treatments such as pharmacotherapy or interventions targeting nutrition and hormonal restoration oe	**B1**
briefly explains why, for example if biological factors maintain symptoms then medical approaches such as restoring weight and addressing neurotransmitter imbalance may be necessary alongside therapy oe	**B1**

Answer: One implication is increased use of biological or medical interventions, for example focusing on restoring weight and hormonal balance and considering pharmacotherapy to address neurotransmitter dysfunction; this is because biological factors may maintain symptoms and need direct medical treatment as well as psychological therapy.

Question 2

identifies a relevant criticism, for example that evolutionary accounts are difficult to test empirically or that they rely on speculative ancestral scenarios oe	**M1**
explains why this is a problem, for example lack of direct fossil or historical evidence and difficulty linking modern clinical cases to ancestral adaptive functions oe	**M1**
may note that some empirical findings, such as the cultural variability and modern prevalence of anorexia, are hard to reconcile with a single adaptive explanation oe	**A1**

Answer: A key empirical criticism is that evolutionary accounts are hard to test and rely on speculative assumptions about ancestral environments. There is limited direct evidence linking modern clinical anorexia to an ancestral adaptive foraging or reproductive strategy, and the cultural variability of anorexia makes it difficult to fit all cases to a single evolutionary explanation.

Question 3

states that serotonin is a neurotransmitter implicated in appetite regulation, mood and impulse control oe	**M1**
states that altered serotonin function, for example in transporter or receptor activity, has been found in people with anorexia nervosa oe	**M1**
links altered serotonin to symptoms by noting it may increase anxiety, rigid thinking or suppress appetite and so contribute to onset or maintenance of restrictive eating oe	**A1**

Answer: Serotonin is involved in regulating appetite, mood and impulse control. Research indicates altered serotonin function in people with anorexia nervosa, such as differences in receptors or transporter activity. This dysregulation could increase anxiety and rigid eating patterns and/or reduce normal appetite signalling, contributing to the development or maintenance of restrictive eating.

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