# 13.3 Psychological Explanations for Anorexia Nervosa: Test Pack

AQA 7182 · about 15 minutes

Total Marks

Name: _____ Date: ____ / ____ / _____

**Answer ALL questions.**

**1** Outline one key feature of family systems theory as an explanation for anorexia nervosa, referring to family interactions in the clinical context.

**(Total for Question 1 is 2 marks)**

**2** Suggest one treatment implication derived from cognitive explanations of anorexia nervosa, and explain briefly how it targets cognitive distortions in a clinical therapy setting.

**(Total for Question 2 is 4 marks)**


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**3** Explain what is meant by cognitive distortions such as 'all-or-nothing' thinking about food and weight, and how such distortions may contribute to disordered eating in anorexia nervosa.

**(Total for Question 3 is 3 marks)**

**4** Identify one limitation of social learning theory as an explanation for anorexia nervosa and explain how empirical evidence or other explanations challenge it in a clinical research context.

**(Total for Question 4 is 4 marks)**


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# Mark scheme · 13.3 Psychological Explanations for Anorexia Nervosa: Test Pack

## Question 1

identifies a relevant feature, e.g. enmeshment, overprotectiveness or rigid family boundaries as present in families of someone with anorexia oe — **B1**

explains the feature in context, e.g. enmeshment means family members are overly involved, which may limit the adolescent's autonomy and contribute to eating disorder behaviour oe — **B1**

**Answer: Example: Enmeshment or overinvolvement in family relationships; family members are overly close or intrusive, reducing the young person's autonomy and meaning that controlling food intake becomes a way for the individual to assert independence.**

## Question 2

identifies a relevant treatment implication, e.g. use of cognitive behavioural therapy (CBT) to challenge distorted thoughts about weight and food oe — **M1**

explains how CBT targets distortions: therapists use cognitive restructuring to identify and dispute all-or-nothing thoughts and body image misperceptions oe — **A1**

explains expected clinical effect: reducing cognitive distortions should reduce rigid dieting rules and improve willingness to follow nutritional plans oe — **A1**

links to practice: includes behavioural experiments and exposure to normal eating to test and disconfirm distorted beliefs oe — **A1**

**Answer: CBT focused on body image and eating-related cognitions; therapists use cognitive restructuring and behavioural experiments to challenge all-or-nothing thinking and distorted body images, reducing rigid rules and helping patients adopt healthier eating.**

## Question 3

defines all-or-nothing thinking: seeing situations in extremes, e.g. a single calorie as failure, rather than a continuum oe — **M1**

applies to eating behaviour: this thinking leads to rigid rules about food, so any minor deviation is treated as catastrophic and triggers stricter restriction oe — **A1**

explains contribution: cognitive rigidity maintains disordered patterns and makes flexible, healthy eating less likely oe — **A1**

**Answer: All-or-nothing thinking treats eating as black or white, for example viewing a small snack as total failure, which causes the person to double down on restriction and perpetuate disordered eating.**

## Question 4

identifies a relevant limitation, e.g. SLT cannot fully explain why only some exposed individuals develop anorexia despite widespread media modelling oe — **M1**

explains implication: individual differences such as genetics, temperament or cognitive vulnerabilities moderate risk, so SLT alone is incomplete oe — **A1**

refers to empirical challenge: correlational media studies show associations but not causation, and experimental evidence is limited oe — **A1**

concludes that SLT needs to be combined with other explanations to account for variance in clinical cases oe — **A1**

**Answer: Limitation: SLT overemphasises exposure to thin ideals but cannot explain individual vulnerability. Evidence shows many people exposed to thin ideals do not develop anorexia, and media correlations are not causal; individual cognitive and biological factors moderate risk, so SLT is incomplete on its own.**


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