

Outline and evaluate psychological explanations of one eating disorder. (8 and 16 marks)



Anorexia Nervosa (AN) is a mental illness in which the main symptoms are the person's body weight being 85% or less than 'normal', an intense fear of becoming fat, body dysmorphia, amenorrhoea and many other physiological problems.

One explanation is the behaviourist's approach which includes social learning and the media's influence. In western societies, beauty and success is equated to being slim and this is reinforced through the media. Culture and role models can create a tension between the real self and the ideal self which leads to body dissatisfaction and, in vulnerable people, this can lead to an obsession with dieting and food and eventually lead to AN. The whole process is helped along by direct reinforcement and operant conditioning when friends and family praise the individual for losing weight.

Psychodynamic explanations suggest that the origins of AN are in early childhood and it's caused by a fixation at the oral stage of development which, especially coupled with "ineffective parents", leads them to become dependent on their parents and often makes them unable to establish autonomy during adolescence. This hopelessness may cause them to feel a lack of control over their life and so they attempt to take excessive control over their body shape.

AN may also be an attempt to postpone adulthood due to the resulting amenorrhoea as they may believe that they cannot cope with adulthood or they may unconsciously link a fat stomach to pregnancy.

A study by Becker found evidence for the influence of the media in his study of Fijian girls. He concluded that, once western television was introduced, the girls there stated a desire to lose weight to become more like the western characters. However, the problem was that personality factors could have been a confounding variable as it's been suggested that those with low self-esteem and perfectionism are more susceptible to the influences and thus it could reduce the internal validity of the study and the extent to which it would back up the theories.

A benefit, however, is the real-life application put into place due to research into the damaging effects of the media. On the 17th of December 2015, France passed a law ensuring that all photoshopped photos in magazines were clearly labelled and all models had to have a doctor's note stating they were physically healthy. Failure to do so could result in 6 months in jail and a fine of €75,000. This therefore shows that people are aware that the media does have damaging effects by promoting unhealthy body shapes and thus, by knowing this, France have taken practical action.

The theories, however, are reductionist. This is because there is clearly a more complex process beyond a simple single explanation; usually it is a combination of processes that interact and often involves some kind of biological predisposition which makes people more vulnerable. This idea is supported by the fact that not everyone who diets, admires a certain celebrity or who is exposed to western influences develops AN. These theories also underplay the cognitive aspects of AN as, for example, it cannot explain the faulty perceptions of body image that play such a big part in eating disorders. Therefore a diathesis-stress model may explain AN better by demonstrating how both biological and psychological factors play a role with some people having the genetic pre-disposition for AN and then the onset being triggered if there are sufficient environmental triggers.

Similarly, behaviourist theories cannot explain why so many people with AN continue to starve themselves even when they no longer receive praise and compliments about their size. However, it could be argued that it is the attention they receive from being ill that is reinforcing.

Furthermore, much of the research is gender biased as it focuses on females, especially relating to psychodynamic explanations as amenorrhoea clearly cannot occur in males. As the number of males with AN is on the increase, these studies cannot be fully generalised to men and thus there is the problem of gender bias.

Lastly, a problem with the psychodynamic approach is that it cannot account for the increase in AN in recent years or why AN is now being observed in middle-aged women who, up until their 30's were completely unaffected.

A final criticising study for the idea of the media's influence comes from Keel. He reviewed cross-cultural studies into AN and found that it was not culture bound as AN was even found in cultures that were not exposed to western influences.