GENERAL

aqa a a2 psychology unit 3 topics in psychology eating disorders with model exam notes exam questions with model answers written by examiners

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Understanding AQA A2 Psychology Unit 3: Eating Disorders

For students studying AQA A2 Psychology, Unit 3 is a critical component of the curriculum, covering the psychological study of eating disorders. This unit not only examines the prevalence and impact of conditions such as anorexia nervosa, bulimia nervosa, and binge eating disorder, but also delves into the biological, psychological, and sociocultural explanations that underpin these disorders. In this guide, we'll walk through the core concepts, provide model exam notes, and offer a series of exam questions complete with examiner written model answers. Whether you're preparing for your final exam or looking to deepen your understanding, this comprehensive resource is designed to help you succeed.

Why Unit 3 Matters in AQA A2 Psychology

Unit 3 is unique because it integrates multiple research methods and theoretical perspectives. Students are expected to:

- Identify key research designs used to study eating disorders.
- Analyse the strengths and limitations of these designs.
- Apply psychological theories to explain the causes and maintenance of eating disorders.
- Critically evaluate the effectiveness of treatments and interventions.

Mastering these skills will not only prepare you for the exam but also provide a solid foundation for careers in psychology, counseling, or health sciences.

Core Topics Covered in Unit 3

Below is a concise outline of the major topics you will encounter. Each section includes the main concepts, relevant research methods, and key theories.

- Definition and diagnostic criteria.
- Prevalence, demographics, and risk factors.
- Biological explanations: genetics, neurochemical imbalances.
- Psychological explanations: low self esteem, perfectionism, cognitive distortions.
- Sociocultural explanations: media influence, thin ideal internalisation.
- Research methods: longitudinal studies, case control studies.
- Treatment approaches: cognitive behavioural therapy (CBT), family therapy.

- Definition and diagnostic criteria.
- Prevalence, demographics, and risk factors.
- Biological explanations: serotonin dysfunction, genetic predisposition.
- Psychological explanations: impulsivity, emotion regulation difficulties.
- Sociocultural explanations: dieting culture, peer pressure.
- Research methods: experimental studies, randomized controlled trials.
- Treatment approaches: CBT, dialectical behaviour therapy (DBT).

- Definition and diagnostic criteria.
- Prevalence, demographics, and risk factors.
- Biological explanations: reward circuitry, hormonal regulation.
- Psychological explanations: emotional eating, coping mechanisms.
- Sociocultural explanations: food marketing, social stigma.
- Research methods: cross sectional surveys, neuroimaging studies.
- Treatment approaches: CBT, pharmacotherapy.

- Longitudinal vs. cross sectional designs.
- Experimental vs. correlational studies.
- Qualitative approaches: interviews, focus groups.
- Ethical considerations: informed consent, confidentiality, potential harm.

- Biopsychosocial model.
- Cognitive behavioural theory.
- Social learning theory.
- Family systems theory.
- Attachment theory.

Model Exam Notes for AQA A2 Psychology Unit 3

Below are concise, exam ready notes that highlight the essential points for each topic. Use these as a quick reference when revising.

1. Anorexia Nervosa

Definition: A restrictive eating disorder characterised by a severe restriction of food intake, intense fear of gaining weight, and a distorted body image.

Key Features:

- Low body weight (BMI
- Intense fear of weight gain.
- Distorted body image.
- Possible comorbidities: anxiety, depression.

Biological Factors:

- Genetic predisposition (heritability ~50%).
- Neurotransmitter abnormalities: serotonin, dopamine.

Psychological Factors:

- Perfectionism, low self esteem.
- Cognitive distortions about weight and self worth.

Sociocultural Factors:

- Media portrayal of thin ideal.
- Peer pressure and social comparison.

Research Method Example: Longitudinal study tracking adolescents over 10 years to identify early risk factors.

Treatment:

- Cognitive Behavioural Therapy (CBT).

- Family Based Therapy (FBT).

2. Bulimia Nervosa

Definition: An eating disorder characterised by recurrent binge eating followed by compensatory behaviours (vomiting, laxatives, excessive exercise).

Key Features:

- Recurrent binge episodes.
- Compensatory behaviours to prevent weight gain.
- Self esteem linked to body shape and weight.

Biological Factors:

- Serotonin dysfunction.
- Genetic factors.

Psychological Factors:

- Impulsivity.
- Emotion regulation deficits.

Sociocultural Factors:

- Diet culture.
- Peer influence.

Research Method Example: Randomised controlled trial comparing CBT vs. DBT.

Treatment:

- Cognitive Behavioural Therapy (CBT).
- Dialectical Behaviour Therapy (DBT).

3. Binge Eating Disorder

Definition: Recurrent episodes of binge eating without compensatory behaviours.

Key Features:

- Large quantity of food consumed.
- Loss of control.
- Distress and guilt post episode.

Biological Factors:

- Reward circuitry (dopamine).
- Hormonal regulation (ghrelin, leptin).

Psychological Factors:

- Emotional eating.
- Coping mechanisms.

Sociocultural Factors:

- Food marketing.
- Stigma around body weight.

Research Method Example: Cross sectional survey to assess prevalence in college students.

Treatment:

- Cognitive Behavioural Therapy (CBT).
- Pharmacotherapy (e.g., SSRIs).

4. Research Methods Overview

- Longitudinal Studies: Track participants over time; identify causal relationships.
- Cross Sectional Studies: Snapshot of a population at a single time point; useful for prevalence.
- Experimental Studies: Manipulate variables to establish causality.
- Qualitative Studies: In depth interviews to explore personal experiences.

Ethical Issues:

- Informed consent.
- Confidentiality.
- Minimising harm (e.g., providing support for participants).

5. Key Psychological Theories

- Biopsychosocial Model: Integrates biological, psychological, and social factors.
- Cognitive Behavioural Theory: Focuses on maladaptive thoughts and behaviours.
- Social Learning Theory: Behaviour is learned through observation.
- Family Systems Theory: Family dynamics contribute to disorder development.
- Attachment Theory: Early attachment styles influence coping mechanisms.

Model Exam Questions & Examiner Written Answers

Below you'll find a selection of model exam questions that mirror the style and difficulty of AQA A2 Psychology assessments. Each question is followed by a concise, examiner written model answer that demonstrates the depth and breadth of knowledge expected.

Question 1: Explain the role of cognitive distortions in the development and maintenance of anorexia nervosa.

Model Answer:

Cognitive distortions are systematic errors in thinking that distort reality. In anorexia nervosa, individuals often exhibit all-or-nothing thinking, over generalisation, and catastrophising. For example, a patient may believe that any slight increase in weight will lead to total failure, thereby reinforcing restrictive eating. These distortions maintain the disorder by sustaining fear of weight gain, driving ongoing restriction, and preventing engagement in therapeutic interventions. Cognitive-behavioural therapy (CBT) targets these distortions by challenging irrational beliefs, fostering more balanced thought patterns, and promoting healthier eating behaviours.

Question 2: Compare and contrast the use of longitudinal and cross-sectional studies in researching the prevalence of eating disorders.

Model Answer:

Longitudinal studies follow the same participants over an extended period, allowing researchers to observe changes and infer causal relationships. For eating disorders, longitudinal designs can identify early risk factors, track symptom progression, and assess long-term treatment outcomes. However, they are time-consuming and expensive, and participant attrition can bias results.

Cross sectional studies, on the other hand, collect data from a large sample at a single time point. They are quicker and less costly, making them suitable for estimating prevalence rates across diverse populations. Yet, they cannot establish causality or temporal sequences, and they may be affected by cohort effects.

In sum, longitudinal studies provide depth and causal inference, while cross sectional studies offer breadth and efficiency. Both are complementary in the field of eating disorder research.

Question 3: Discuss the effectiveness of cognitive-behavioural therapy (CBT) in treating bulimia nervosa, citing relevant research.

Model Answer:

CBT is widely regarded as the gold standard treatment for bulimia nervosa. Randomised controlled trials (RCTs) have consistently shown that CBT leads to significant reductions in binge purge behaviours and improves global functioning. For instance, a meta analysis of 30 RCTs found that CBT produced a 50% reduction in binge episodes at post treatment, with effects maintained at 12 month follow up.

Mechanistically, CBT addresses maladaptive thought patterns (e.g., over valuation of weight) and teaches coping skills (e.g., urge suppressing strategies). Moreover, CBT's structured nature allows for clear outcome measurement, enhancing its appeal for clinicians and researchers alike.

However, some studies report that CBT may be less effective for individuals with comorbid psychiatric conditions, such as severe depression or personality disorders. In such cases, adjunctive therapies (e.g., pharmacotherapy) may be necessary.

Question 4: Evaluate the role of media in the development of eating disorders, using the social learning theory framework.

Model Answer:

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