

Psychology: Abnormality - Notes for 12/11/03

Anorexia – Biological model

- Anorexia nervosa is genetic. Twin/family/adoption studies can be used to investigate this idea.
 - Difficulty separating genetics from environment. Best to use MZ twins because they share genetic material.
- Holland's study, page 166, shows concordance rate of 56% MZ and 5% DZ twins.
 - Were there enough people in the study to enable us to generalise the results? Not 100%, therefore the Diathesis-Stress model is probably involved.
 - Only done on females.
 - MZ twins treated more similarly during development.
 - Cultural differences.
- Genetic predisposition is in the form of chemical imbalances.
 - Question of cause or effect.
- Serotonin – increased levels cause anxiety, obsessions, and reduced appetite. Anorexics starve themselves in order to make themselves feel better.
 - TRYPTOPHAN – allows body to produce vitamin B which produces serotonin. Tryptophan is isn't the body naturally, only comes from eating.
- Anorexics don't have enough AVP to allow them to produce appetite stimulating hormones following periods of stress. This means that anorexics also have high levels of adrenaline and cortisol in the bloodstream.
 - Difficult to test because act of testing may raise levels.
 - Tests done after disorder has been diagnosed, therefore differences could easily be an effect of disorder.
 - We need prospective studies of people at risk to be sure of cause, not effect.
- Genetic predisposition in the form of anatomical abnormalities, such as abnormalities in the hypothalamus.
 - Much research has relied upon very small samples. Even within these samples there are individual differences; therefore there is no one, clear biological factor.

Diathesis	+	Stress	=	ANOREXIA
Serotonin		Work		
AVP		Death		
Cortisol and adrenaline		Changes in environment		
Hypothalamus		Expectations		
Hippocampus		Divorce		
		Trauma		
		Social pressures		
		Relationships		

Psychodynamic Model

- Sex – anorexics do not want to grow up because adulthood means sex. Penis envy – don't want to look like a woman. Childhood and family relationships ARE the key to the psychodynamic model of abnormality.
 - Theory is not falsifiable, cannot be tested. Cannot measure penis envy, or reluctance to develop into adulthood. Why is it only the mother+daughter? Can this be applied to mother+son, father+son?
 - The only way to possibly test the theory is through interview. This is subjective, people can change their behaviour. Will people tell the truth? Interviewees can be manipulative.

Behavioural Model

- Influence of the media.
 - Bandura's social learning theory – not everyone develops eating disorders, yet they are all exposed to the same media. If this were the case, we ought to see different rates of anorexia in different societies. There is a certain truth in this in western societies.
- Influence of culture.
- "Becker" study, page 168.
 - The study shows that the more westernised a culture became, the more occurrences of eating disorders arose. South America and Fiji.

Cognitive Model

- Results of faulty thinking, illustrated by the clinical characteristic of distorted body image.
 - Ultimate criticism – cannot tell us the CAUSE of the faulty thinking.
 - Just treating the symptoms.
 - Distorted cognitions could easily be the EFFECT rather than the CAUSE.