



Case Study : Anorexia's underpinnings differ in those with autism.



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Article

A recent study by researchers from the University of Edinburgh and the University of the West of Scotland has found that people with Autism Spectrum Disorder or ASD experience anorexia in noticeably different ways than individuals without autism. Published in the *Journal of Eating Disorders*, the research highlights how social and sensory factors shape the condition differently for people with autism and offers valuable insights for more tailored treatment.

The researchers used a method called Interpretative Phenomenological Analysis (IPA), which focuses on how people interpret their own experiences. They interviewed 14 pairs of adults who had been diagnosed with anorexia, seven with autism and seven without, along with a parent or caregiver. The interviews explored how the condition developed, especially looking at social and sensory issues.

The study was analysed by both a neurotypical researcher and a researcher with autism with lived experience, helping ensure the findings were both accurate and inclusive.

One major theme was the idea of a "social self" — how people understand themselves through their social interactions. Participants with autism often felt a sense of defectiveness and blamed themselves, while participants without autism spoke more about comparing themselves to others and feeling inadequate.

Both groups struggled to express emotions, but for different reasons. Individuals with autism found it hard to identify their emotions in the first place, while individuals without autism held back out of concern for others. Confusion over bodily signals like hunger and fullness was also common, though people with autism described this as a long-term issue, unlike their non-autistic counterparts.

The findings suggest that interventions should be more personalised. For example, individuals with autism may benefit more from support that respects their sensory preferences and helps address deep-rooted feelings of self-blame. The study also encourages better recognition of different communication styles in treatment.

While the study offers important insights, it does have limitations, such as a lack of male participants and a narrow focus on those willing to be interviewed with caregivers. Further research could help build on these findings.

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Links to Specification

5.1.3 Schizophrenia and one other disorder.

- Two explanations/theories one non-biological theory/explanation.

5.2.4 The use of interviews in clinical psychology.

- To include an example study.

5.6 Issues and debates.

- Practical issues in the design and implementation of research.

7.1.7 Autism.

- The features of autism

Recommended revision and research activities:

1. What are the symptoms of anorexia?
2. Research the symptoms and features of autism. How do people with autism react to the world and how is it different to those without autism?
3. Find out more about the cognitive explanation of anorexia. Can it help explain why those with autism may have different cognitions that impact their anorexia?

Challenge task: How could the results of this study be used to help treat those with anorexia and autism?

How could the findings of the study be used as a form of social control?

Exam style questions*

1. Describe one ethical issue that was addressed in the Anorexia's underpinnings differ in those with autism study. (2).
2. Explain one strength of the Anorexia's underpinnings differ in those with autism study in terms of reliability. (2).
3. Explain one strength and one weakness of the sampling technique used in the Anorexia's underpinnings differ in those with autism study. (4).

[\(Click here to view Model Response sections\)](#)

Additional questions for which the content of the article can be used as part of a response

Assess the effectiveness of one non-biological theory/explanation of one disorder other than schizophrenia. (8).

To what extent can knowledge from cognitive psychology be used within society? (8)

*Exam style questions are not necessarily the exact format of those that will appear in the qualification examination papers but are written to elicit student responses that meet the assessment criteria, which are exemplified by the answers provided. The length of response in the answers is not indicative of expected student responses, and are provided to support centre teaching, student practice and self-assessment.





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Model Response - [Click here to return to question page](#)

Exam style questions:

1. Describe one ethical issue that was addressed in the Anorexia's underpinnings differ in those with autism study. (2).

The researchers gained consent from both the participant with anorexia and their parent or carer where they agreed to take part in the study. Both the participant and parent/carer had the opportunity to ask questions about the study and how the data on their anorexia and perceptions of themselves would be used before agreeing to take part in the study.

2. Explain one strength of the Anorexia's underpinnings differ in those with autism study in terms of reliability. (2).

A strength of the study is its increased inter-rater reliability as the two researchers analysed the data about social and sensory issues and cross-referenced their findings from the interview data. This ensured consistency in the interpretation of qualitative data when identifying key themes such as the sensory factors involved in anorexia.

3. Explain one strength and one weakness of the sampling technique used in the Anorexia's underpinnings differ in those with autism study. (4).

A strength of using a volunteer sample is that it is more ethical, as participants chose to take part in the interviews about their anorexia and personal experiences. This means the researchers could explore a sensitive topic while reducing the risk of psychological harm, allowing them to gain useful insights into anorexia in people with and without ASD.

One weakness of using a volunteer sample is that the sample may be biased in terms of those who volunteered may be more interested in understanding the thought processes around their anorexia, so the results on how anorexia's underpinning are different in those with autism may not be generalisable as the sample may not be representative of all people with anorexia.

Marks awarded and commentary

Q1. This answer gets both marks as there is a clear and accurate description of an ethical issue that was addressed in the study. There is the first point about consent and how this was gained from all participants where they agreed to take part in the study (1). There is then the additional point about how they were able to ask questions before they consented (1). Details from this specific study are needed to gain the marks, just writing about consent with no reference to the study would not gain credit.

Q2. This gains both marks and the answer clearly refers to details from the study. The first mark is for identifying a strength in terms of reliability was that there were two researchers who cross referenced their results (1). This is then justified as a strength as they could check their analysis of results to ensure there was consistency (1).

Q3. This answer gains all four marks as it clearly refers to details from this study, two marks for the strength and 2 marks for the weakness. The strength gets a mark for identifying that it may be more ethical as they volunteered and chose to take part in the interviews (1) and this is then justified about how it allows more sensitive data to be gathered. The weakness also gets one identification mark for how the sample may be different because they have volunteered so they may be more interested in the research (1). This is then justified about how this reduces generalisability as it means the sample is not representative.





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Model Responses - ([Click here to return to question page](#))

Additional questions for which the content of the article can be used as part of a response

1. Assess the effectiveness of one non-biological theory/explanation of one disorder other than schizophrenia. (8).

AO1: The cognitive explanation of anorexia nervosa suggests that faulty schemas develop in childhood, leading individuals to have distorted beliefs about their body and eating habits. For example, people with anorexia may develop an internalized schema that leads to low self-worth with thinness, causing them to believe they should be extremely thin and restrict food intake.

AO3. Nimbley et al. (2023) found that participants who had autism and anorexia felt that they did not belong and that this fed back into their feelings of being inadequate and that they were the reason other people may be in a bad mood, showing that those with anorexia do have different cognitions therefore supporting the cognitive explanation in the role of distorted schemas in the cause of anorexia

2. Evaluate how far knowledge from cognitive psychology be used within society. (8)

AO1: An understanding of how faulty schemas affect our behaviour can be used to target effective treatment, so treatments for anorexia in those with autism, such as CBT, can be adapted to take account of their schemas such as how they feel different and defective compared to others and this can be addressed in therapy. The focus could be on how they can accept that they are different but challenge the idea that this makes them defective.

AO3: Nimbley et al. (2023) did find that those with autism and anorexia did have different thought patterns compared to those without autism who had anorexia supporting the fact that therapy should be adapted for those who have both autism and anorexia, as this will make it more likely to be successful in treating their anorexia, showing that cognitive psychology is useful in society. However, others argue that ideas such as schemas are abstract concepts which make them hard to test empirically, as in Nimbley et al. (2023) where they used self-report data, lowering the usefulness of the explanation to society.

Level awarded and commentary

Assess the effectiveness of one non-biological theory/explanation of one disorder other than schizophrenia. (8).

The first paragraph demonstrates accurate and thorough knowledge and understanding about the cognitive explanation of anorexia (AO1) Other similarly structured paragraphs may focus on how they perceive their bodies, how/why those faulty schemas developed in childhood, other distortions in thinking such as catastrophising and how all these may affect eating habits.

The second paragraph displays a well-developed, logical evaluation using the results of this study to show how the cognitive explanation of anorexia is credible and has supporting evidence with a mini judgement about the effectiveness of the explanation at the end of the paragraph. Other similarly structured paragraphs that use supporting studies, alternative explanations, and studies that show it is not a credible explanation would lead to a level 4 response overall..

To what extent can knowledge from cognitive psychology be used within society? (8).

The AO1 is accurate and thorough knowledge an understanding of how knowledge cognitive psychology can be used for good in society in the form of how the idea of faulty schemas can be used in therapy. Other paragraphs could include other ways cognitive psychology has been useful, such as in improving eyewitness testimony, or helping those with dyslexia or Alzheimer's, and memory techniques.

The AO3 is well developed and logical using the findings of this case study to support how knowledge from cognitive psychology could be useful in society with a mini judgement. It also includes the counter argument about issues with how the knowledge could be used in society. Further paragraphs presenting both sides of the argument that are well-developed and logical would enable this response to gain level 4.

