Boundary model:

Body fat stores act as a 'body weight-set point' controlling food intake doesn't allow our weight to fluctuate very much from this set point, an important aspect of homeostasis. Weight reduces feeding is stimulated, if it increases feeding is inhibited. Restrained eating person sets a cognitive limit. They have 2 potential boundaries for food; one is physiological set by body weight set-point, the other is cognitive. Unrestrained will eat until they reach satiety determined by body weight set-point. Restrained eaters will eat until their cognitive boundary is at its limit. Low-calorie preload restrained eater still in the diet boundary, taste test eats enough until they reach cognitive boundary. High calorie preload restrained eater is pushed beyond their diet boundary before they even start the taste test. Disinhibits their feeding behaviour simply eat until they reach their physiological boundary. Shows the “what the hell” effect. Seen in people trying to give up smoking/alcohol.

AO2:

Boundary model is a good example of combining physiological and psychological factors to explain eating behaviour. Carried out in lab conditions gives high levels of reliability but low levels of ecological validity. Doesn't specify the cognitive and emotional processes that lead to the 'what the hell' effect. Other characteristics of restrained eaters have been identified which contributes to their problems maintaining a diet. Restrained eaters, preoccupied with food/thought of food. Then deny that food is important and suppress their thought about it. Studies shown when told not to think about something we think about it more. May therefore overeat as a rebound effect from trying to suppress thought about food. Associated with lowered and depressed mood, which increases more motivation to eat. If they violate their dietary limit tend to attribute it as uselessness and their inability to stick to a diet, follow 'what the hell' effect. Body will adapt to restore to body weight set-point, body will reduce BMR as weight is lost so cells will burn up energy much slower. Makes weight loss difficult possibly decreasing the individual's motivation.

Successful weight loss is possible when combined with lifestyle changes, these involve low-calorie diets with lifestyle changes such as; physical exercise, group and individual support, self-monitoring; person encouraged to track progress. On average 7 lb lost on the programme reviewed by Powell.

Mark: dieting has low success rate due to biological factors. Likely to fail don't take into consideration of the hormone Leptin. Bellar and Jarosz: obesity is complex, people who are overweight, eating calories for a long time, greatly reduced ability to deal with blood sugars. Have developed an intensity to the hormone insulin. Increased insulin sensitivity, this study suggests that it is important for dieters to exercise regularly, as well as to eat fewer calories.

AO2:

Havel outlined the action of leptin on various hypothalamic areas, influence feeding behaviour and energy expenditure. Leptin seems to inhibit the release of another neurochemical, neuropeptide Y, which is the neurotransmitter stimulating hunger and eating behaviour. Humans eating low calorie diets have low levels of leptin, why such diets seem to produce the increased sensations of hunger,