1. Define satiety

2. What is the role of bloodborne substances such as glucose, fatty acids, and amino acids in signaling hunger or satiety?

3. Explain: The hypothalamus acts as the "start-eating" center and the ventromedial nucleus as the "stop-eating" center of the brain.

4. Describe how flavor may override set point

5. How can learning, especially classical conditioning, influence hunger?

6. What causes specific hungers?

7. Describe the role of learning in food selection as seen in societal rules and cultural traditions.

8. Define obesity. What are common eating habits of obese people?

9. Why do extreme diets often not work for obese people?

10. What are the roles of the following in anorexia nervosa: personality traits

   distorted body-image

11. Define bulimia.

12. What are the consequences of bulimia?

13. What appears to be the cause of bulimia?
ANSWER SHEET FOR PEER TUTORING FORM B

1. People who have lost their stomachs; rats who have their stomachs' blocked
2. CCK- a neurotransmitter in the brain and a hormone in the gut which causes animals to stop eating
   - insulin - may enhance effect of CCK and by itself may give a satiety signal
   - leptin - a satiety signal, key to body fat, animals with defective Ob genes which produce leptin are obese
3. Set point of body weight, food intake, or related metabolic signals act as a home thermostat does in maintaining chosen temperature. Animal eats until set point is reached, then stops eating until desirable intake falls below the set point. Damage to ventromedial nucleus or hypothalamus may effect set point
4. Hungers for different types of food seem to be related to the action of different neurotransmitters on PVN
5. The motivation to seek food's pleasures
6. Aroma and appearance of certain foods come to elicit conditioned physiological responses in anticipation of eating those foods. These responses then augment appetite
7. Can be intense enough to cause depression and anxiety. Craving is for flavor not nutrients and other chemicals
8. Learning principles are involved; volatile odorants in foods come to be associated with the nutritional value of their fat and protein content
9. Cultural and subcultural variations in food selection which help to remind us of who we are and with whom we identify. Celebrations, holidays, vacations, and even daily family interactions often revolve around food
10. May be genetically predisposed to manage fat indifferent ways (Ob genes), genetic influences and childhood nutrition can raise a person's set point for body weight
11. Maladaptive reactions to stress
12. Eating disorder which is characterized by self-starvation and severe weight loss
   Causes serious often irreversible physical damage; between 4 and 30 percent starve themselves to death; 95% are female
13. Reinforce obsession with thinness and attractiveness
14. Both primarily affect females, both are socially and culturally influenced. In contrast bulimics see their eating habits as problematic and anorexics do not; bulimia is usually not life threatening
CHAPTER ELEVEN: MOTIVATION
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1. What experiments demonstrate that hunger and the regulation of eating must stem from somewhere other than the stomach alone?

2. What is the role of blood-borne substances such as CCK, insulin, and leptin in signaling hunger or satiety?

3. What is the set-point concept and how does it affect hunger and eating?

4. What role does the paraventricular nucleus play in the brain's control of eating?

5. Define appetite

6. How can learning, especially classical conditioning, influence hunger?

7. Why do people crave chocolate?

8. How are food choices guided by nutritional balance?

9. Define food culture

10. What physiological characteristics may make certain people prone to obesity?

11. What psychological explanation is often given for obesity?

12. Define anorexia nervosa

13. What is the role of the following in anorexia nervosa:
    social/cultural factors

14. Compare and contrast anorexia nervosa and bulimia.
CHAPTER ELEVEN: MOTIVATION
ANSWER SHEET FOR PEER TUTORING FORM A

1. The general state of no longer wanting to eat.
2. Glucose - as levels drop, eating increases
   fatty acids - a nutrient the brain monitors
   amino acid - from proteins, also monitored by brain
3. Ventromedial nucleus - tells animal there is no need to eat, if stimulated animal will stop eating
   Lateral hypothalamus - if stimulated will cause animal to eat
4. Flavor is the interaction of taste and odor cues a variety of flavors will cause individual to eat more. However the the flavor of food becomes less enjoyable as more of it is eaten
5. Aroma and appearance of certain foods come to elicit conditioned physiological responses in anticipation of eating those foods. These responses then augment appetite
6. Appeared to reflect the biological need for the nutrients contained in certain foods
7. How much you eat is influenced by what others do, certain social situations can stimulate appetite for particular items, the mere presence of others tends to increase consumption
8. A state of severe overweight that threatens health by contributing to diabetes, high blood pressure, and increased risk of heart attack
   Tend to be finicky eaters, eating above average amounts of high calorie, tasty foods but below average amounts of less tasty foods. They tend to greatly underestimate how much they have eaten
9. Metabolic changes accompany weight loss; process of homeostasis leads to a drop in metabolic rate thus saving energy and curbing weight loss. When obese people try to lose weight their metabolic rate drops below normal. Cycling may actually lead to a gradual rise in weight
10. May be: obsessed by food and its preparation, self-punishing, perfectionistic personality
   fear of being fat based on viewing themselves as too fat or misshapen
11. Eating huge amounts of food and then getting rid of the food through self-induced vomiting or strong laxative Bing/purge episodes; usually female
12. Dehydration, nutritional problems, intestinal damage; dental problems, damage to throat; prevented from working productively
13. Combination of culturally encouraged overconcern with thinness and attractiveness, depression and other emotional problems, and possibly defective satiety mechanisms