



Definitions and Concepts for AQA Psychology A-level

Option 2: Eating Behaviour

Adipose tissue: Body tissue that stores fat and releases leptin, a hormone involved in regulating appetite and energy balance.

Anorexia nervosa (AN): An eating disorder characterised by restricted food intake, intense fear of gaining weight and disturbed body image.

Autonomy and control (in AN): A central concept in Minuchin's Family Systems Theory proposing that anorexia nervosa develops as a struggle for independence and self-identity in an overprotective or enmeshed family system, where controlling food intake is the individual's sole way of demonstrating autonomy.

Boundary model: A theory suggesting that restrained eaters have a self-imposed limit on food intake. If they exceed this boundary, they may continue eating until they feel full, potentially consuming more than someone who does not restrict their intake.

CBT-E (enhanced cognitive behavioural therapy): A form of cognitive behavioural therapy designed to treat eating disorders by addressing the thoughts and behaviours that maintain them.

Cognitive distortion: An inaccurate or unhelpful pattern of thinking that can contribute to disordered eating, such as overestimating body size or placing excessive importance on weight.

Detouring: A family interaction pattern in which attention is directed towards a child or the child's difficulties, potentially distracting from conflict or problems between other family members.

Disinhibition: The loss of normal restraints on eating, which can lead to excessive food intake in response to a trigger, such as stress or breaking a dietary rule.

Dual-centre model: A theory proposing that the hypothalamus contains a hunger centre and a satiety centre that help regulate food intake.





Enmeshment: A family relationship pattern in which members are excessively involved in one another's lives, with blurred personal boundaries and limited independence. It has been proposed as a factor in the development of anorexia nervosa.

Environment of Evolutionary Adaptedness (EEA): The ancestral environment in which a species' psychological and behavioural characteristics evolved through natural selection.

Evolutionary explanation: An explanation proposing that eating preferences and behaviours developed through natural selection because they improved survival or reproductive success.

Family systems theory: An approach suggesting that a family functions as an interconnected system, so patterns of interaction within the family can affect individual wellbeing and may contribute to psychological difficulties.

Flavour–flavour learning: Learning to prefer a flavour by repeatedly experiencing it alongside another flavour that is already liked.

Flexible restraint: An approach to controlling food intake that allows flexibility in food choices, rather than following strict, all-or-nothing dietary rules.

Ghrelin: A hormone released mainly by the stomach that stimulates hunger and increases appetite.

Homeostasis: The maintenance of a relatively stable internal bodily environment, including the regulation of energy balance and processes involved in hunger and satiety.

Hypothalamus: A brain region that helps regulate bodily functions, including hunger, satiety, thirst and body temperature.

Lateral Hypothalamus (LH): The hunger center in the hypothalamus that stimulates eating when activated; damage to the LH results in aphagia (refusal to eat).

Leptin: A hormone produced mainly by fat cells that signals energy stores to the brain and helps reduce appetite.

Limbic system: A group of interconnected brain structures involved in emotion and emotional processing. Its functioning has been investigated in relation to anorexia nervosa.

Neophobia: Fear or avoidance of unfamiliar things; in eating behaviour, it refers to reluctance to try new foods.

Neuropeptide Y (NPY): A chemical messenger involved in stimulating hunger and increasing food intake. It is involved in mechanisms regulating appetite through the hypothalamus.





Obesity: A condition involving excessive body fat that may impair health. In adults, a BMI of 30 or above is commonly classified as obese.

Parent-child coalition: A family interaction pattern in which one parent forms a particularly strong alliance with a child against the other parent.

Restraint theory: A theory proposing that consciously restricting food intake can paradoxically increase the risk of overeating, particularly when the restraint is disrupted.

Rigid family system: A family pattern characterised by inflexible rules and difficulty adapting to change, which has been proposed as a factor in difficulties associated with anorexia nervosa.

Rigid restraint: An all-or-nothing approach to dieting involving strict food rules, which may increase the likelihood of disinhibition when those rules are broken.

Satiety: The feeling of fullness after eating that reduces the motivation to continue eating.

Scapegoat: In family systems explanations, a family member who is blamed for the family's problems, potentially distracting attention from wider family difficulties.

Taste aversion: A learned avoidance of a particular food after it has been associated with illness, especially when the illness occurs shortly after eating it.

Thrifty gene hypothesis: The proposal that genes favouring efficient energy storage evolved when food was scarce, but may increase the risk of obesity in modern environments where food is readily available.

Transdiagnostic model: An approach proposing that common psychological processes, such as perfectionism, low self-esteem and difficulties managing emotions, can contribute to several eating disorders, rather than each disorder having entirely separate causes.

Ventromedial Hypothalamus (VMH): The satiety center in the hypothalamus that signals fullness to stop eating; damage to the VMH results in hyperphagia (overeating).

What the hell effect: A response in which a person who believes they have broken their dietary rules abandons their restraint and continues eating, potentially overeating.

Zone of Biological Indifference (ZBI): The range of body weight within which biological mechanisms do not strongly resist weight change, allowing psychological and environmental factors to have a greater influence on eating and weight.

