



Discuss explanations of the success/failure of dieting

(8 and 16 marks)

It is estimated that 40% of the female population is trying to lose weight by dieting and this may be because of the media's influence, family, ethnicity, social class, peer groups or social learning. The failure of diets often arise from a conflict between psychological factors and biological homeostatic mechanisms that attempt to restore the body to a weight set-point.

Herman and Polivy developed the boundary model which proposes that dieters have a larger range between hunger and satiety as it takes longer to feel hungry and takes more food to satisfy them since they're eating less than their body weight needs to maintain its weight. Dieters also have a self-imposed desired intake and once they've gone over this they will continue eating over their satiety levels as the "what the hell" effect takes over.

In addition to this, Wegner developed the theory of ironic processes which believes that the decision not to eat certain foods increases the dieters' preoccupation with these very foods and can lead to diets failing.

A further factor is mood regulation as Keys found that those deliberately given half their food intake experienced a decrease in mood and this then can lead to over-eating and again to the "what the hell" effect.

To increase the success of dieting, Redden believes the key is in the detail as he felt that if we pay attention to what we are eating and think about the different ingredient, food becomes less monotonous and less boring and so we are more likely to better maintain our diet.

In support, Herman and Mack carried out a preload test. They gave a group of dieters and non dieters a high or low calorie preload and found that the dieters consumed more in a subsequent taste test when given a high calorie preload as they had suffered from disinhibition and the "what the hell" effect in response to the preload. This clearly provides support for the boundary model. The study can support the model well as it was a lab experiment so was highly controlled and objective and the participants couldn't exhibit demand characteristics so it was high in mundane realism.

The problem, however, is that the model cannot apply to everyone as many people who diet do manage to lose weight and, for example, this doesn't happen in people who have anorexia. However we could argue that anorexia is a complex mental illness and often develops for reasons such as feeling a lack of control or an unwillingness to grow up so it may not have so much to do with a "normal" persons dieting behaviour.

Additionally, if not trying to eat certain foods results in eating that very thing, then how do vegetarians manage to not eat meat? This would make the theory reductionist, especially so as it only focuses on eating less and body dissatisfaction as the sole cause of the failure of dieting and this may be too simplistic; there may be cognitive or emotional processes too. Therefore we cannot conclude a cause and effect relationship as it is all based on correlational research and does not specify the processes that lead to the "what the hell" effect.

There are also practical real-life applications into how we might help people try to lose weight as, if dieting is likely to fail because of cognitive or biological factors, then normal diet plans have little justification. Therefore research can provide a better alternative by offering the idea of a combined approach which involves dieting, group support and catering for each individual's own biology as we know genetic influences play a part in the success or failure of dieting too.

Furthermore there is the issue of whether people have the free will to control their weight loss or whether it is biologically determined. Some genetically related causes may determine weight control and may be outside an individual's control (e.g. LPL is produced by fat cells to help store calories) so if a person produces more they may gain weight faster and thus it can suggest why some people find dieting easier and others struggle.

Lastly, most research into dieting is gender biased as participants are mostly women and male eating differs as they have different dietary requirements, therefore the theories cannot be generalised as we cannot assume men and women behave the same.