**Hunger**

* Stomach contractions accompany our feelings of hunger but hunger persists even in animals and people whose stomachs were removed.
* Body chemistry affects hunger. When blood glucose levels drop, hunger increases.
* The brains **hypothalamus**controls eating and other body maintenance functions. It has been found that complementary areas of the hypothalamus work to "turn on" and "turn off" hunger. Stimulate the **lateral hypothalamus** and an animal will begin eating, destroy it and the animal will not eat. Stimulate the **ventromedial** hypothalamus and hunger is depressed, destroy it and an animal will eat uncontrollably.
* **Set Point**is the point at which an individuals "weight thermostat" is supposedly set and when the body falls below this weight, there is an increase in hunger and a lowered *metabolic rate* that acts to restore the lost weight.

Our taste preferences can be conditioned (learned) such as those preferences for salty or spicy foods depending on what we have grown up with.

Culture can affect taste preferences as seen in our lack of interest in the Japanese delicacy of sea urchin or sea cucumber and Hindus lack of interest in an Americans favorite beef dish.

External factors such as the smell of food can also increase ones feelings of hunger. Judith Rodin (1984) showed that a persons blood insulin levels would rise with accompanying feelings of hunger simply with the sound and smell of steak grilling.

When the motivation to be thin outweighs normal homeostatic needs an eating disorder can arise. An increase in poor body image has been correlated to a rise in the incidence of eating disorders especially among young adolescent girls in North America. The most common of these are anorexia nervosa and bulimia.

1. **Anorexia Nervosa**

When a normal-weight person diets and becomes significantly underweight, yet, still feeling fat, continues to starve. Those affected are usually and adolescent females (95%). It is diagnosed when a person weighs less than 85% of their normal body weight. 30% of persons diagnosed with anorexia nervosa will die of complications related to their disease. An interesting finding is that families of anorexics are often competitive, high achieving, protective and very concerned about how they are perceived by others.

2.  **Bulimia Nervosa**

This disorder is characterized by private "binge-purge" episodes of overeating, usually of high caloric foods, followed by vomiting or laxative use. Their weight fluctuates but usually within normal ranges. Researchers have found that bulimics often come from families that have higher rates of alcoholism, obesity and depression, which may indicate that genetics play a role in ones susceptibility to the disease.