



e-quilibrium

- "electronic briefs on behavior and health"

Volume 11, Number 1
January 2015

Comfort Food

There is extensive evidence that food choices are affected by stress, such that there tends to be a preference for higher fat and/or sugar content. These types of foods are often referred to as comfort foods, and certainly many people can readily describe one or more of their comfort foods. Furthermore, most people say that they feel better, at least momentarily, while eating or shortly after eating a comfort food.

Several investigators from the University of Minnesota Departments of Psychology, Marketing, and Food Science & Nutrition recently published in Health Psychology the results of a few studies they conducted regarding the effects of comfort food. Their primary interest was whether comfort foods actually improve mood. After inducing negative mood states in their research participants using upsetting film clips, the investigators looked at the effects on mood in several comparisons:

- Personal comfort food (chocolate, ice cream, cookies, or brownies) versus a liked (but not comfort) food
- Personal comfort food versus a neutral (neither comfort nor necessarily liked) food
- Personal comfort food versus no food

Comfort food consumption was not associated with any more improvement in mood than any of the comparison conditions. In other words, mood improved regardless of whether or not comfort food was consumed. Also, there was no effect on mood of how confident participants were that their comfort food would improve their moods. The bottom line was that comfort food yielded no benefits beyond other foods or no

food. Hence, the title of the investigators' publication was "The Myth of Comfort Food."

It is important to emphasize that the consumption of comfort foods was associated with improvements in mood, but that mood improvements also occurred with other foods as well as no food. The belief that comfort foods work may well be a product of "illusory correlation," that is the phenomenon whereby a relationship is perceived between variables when no relationship actually exists. Once an illusory correlation is established, there tends to be selective attention to confirming experiences.

The desire on the part of patients to receive an antibiotic for a virus-produced upper respiratory infection (URI) is an example of an illusory correlation. The URI will typically run its course and improve without treatment, but when an antibiotic is taken, the improvement is incorrectly attributed to the antibiotic. Similarly, avoidance behavior with anxiety tends to "work." If a feared situation is avoided, anxiety decreases, although anxiety may well have decreased even if the feared situation was actually experienced. Superstitions and prejudices are often the product of illusory correlation.

Mood does improve with comfort food, but mood can also improve with other food or no food. The take-home message is that the belief that comfort foods help with stress appears to be a myth, so people are incorrect when using this "excuse" for eating comfort foods. Notably, this is something that individuals can test on their own.

Paul J. Hershberger, Ph.D.

... is a clinical health psychologist. He is Professor of Family Medicine and Director of Behavioral Science for the Family Medicine Residency Program, Wright State University Boonshoft School of Medicine. His clinical practice includes psychotherapy, consultation, and coaching.

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To contact Dr. Hershberger:

e-mail: paul.hershberger@wright.edu

phone: (937) 734-2021