

Exploring comfort food preferences across age and gender[☆]

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Abstract

Building on findings related to physiological and psychological motivations of food preference, this research develops a framework to examine preferences toward comfort foods. Study 1 used a North American survey of 411 people to determine favored comfort foods, and Study 2 quantified the preferences for these foods across gender and across age groups using a stratified sample of 1005 additional people. Consistent with hypotheses, the findings showed different comfort food preferences across gender and across age. Males preferred warm, hearty, meal-related comfort foods (such as steak, casseroles, and soup), while females instead preferred comfort foods that were more snack related (such as chocolate and ice cream). In addition, younger people preferred more snack-related comfort foods compared to those over 55 years of age. Associations with guilty feelings underscored how these different preferences between males and females may extend to areas of application.

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1. Introduction

Comfort foods are foods whose consumption evokes a psychologically comfortable and pleasurable state for a person. It has been generally found that social-affective contexts can influence food preferences [6,89] and that childhood experiences can be critical in forming life-long food consumption preferences and habits [4,88]. Unfortunately, neither of these streams of research distinguish between different types of preferred foods nor do they suggest the extent to which one's preference for a comfort food is influenced by their gender or their age. By building on these previous streams of research, this article offers a framework to examine different preferences toward comfort foods.

To better address the preference for comfort foods across age and gender, both physiological and psychological needs for food must be considered. People can be attracted to foods because of a combination of physiological needs [14,15,48] and of psychological needs [2,9,29,30,81]. Both these physiological and psychological needs for food can

influence taste and developmental preferences toward specific types of comfort-giving foods [6,48].

After examining the comforting physiological and psychological dimensions of specific foods, predictions are made as to how comfort food preferences might be expected to vary across gender and across age. Two studies are presented. The first elicits comfort food preferences, and the second quantifies these preferences so they can be compared across genders and across age groups. Initial findings are also investigated as to the extent to which various comfort foods are associated with varying perceptions of healthfulness or of guilt across different age groups or gender.

2. The rationale for comfort foods

Many motivations behind our selection of foods—particularly comfort foods—can be broadly attributed to a combination of both physiological and psychological motivations. Physiological motivations behind food preferences can involve the body's aforementioned natural response to correct energy and nutrient imbalances, while psychological motivations can concurrently influence the pleasure one derives from certain foods [77,97]. Although these physiological and psychological motivations jointly influence

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behavior, they will separately be discussed in terms of how they influence comfort food preferences differently across gender and age.

2.1. *Physiological responses toward comfort foods*

Part of the preference that a person has toward different comfort foods can be based on a physiological need [22,35,37]. For certain individuals, certain foods can have seemingly addictive qualities [58]. Part of the evidence for this relates to the fact that when palatable foods are consumed, the body releases trace amounts of opiates [48], which elevate both mood and satisfaction. Although released in small amounts, opiate-related food rewards could reinforce a preference for foods that are most associated with these feelings [54]. In some ways, this can be thought of as an analogue to addiction. That is, in some cases, not eating a particular opiate-related food can cause discomforting or distracting cravings. Indeed, a study of chocolate addiction found that cravings for chocolate may be driven by a desire to obtain the reward of consumption in place of the negative consequences of not consuming it [77,97].

This physiological basis for comfort food preference is also supported by the notion that eating a particular comfort food may help one achieve a desired level of arousal by balancing nutritional deficiencies [36]. Complete nutrition cannot be found in a single food, and the body seeks to gain a balance in nutrients by decreasing the pleasantness of a food after its consumption. That is, following the consumption of food, the pleasantness of a food's taste, smell, appearance, and texture declines. This change in hedonic response to a food is associated with the decreased consumption of that food and a shift to other food choices that may provide important nutritional and dietary variety [67–69]. The resulting variety can shape normal eating patterns.

The need for such dietary variety can be initiated by food cravings—intense desires to eat particular foods [68,85]. These cravings can reflect the body's natural response to nutrient or caloric deficiencies and can influence snacking behavior [13,61]. Yet nutritional deprivation is not necessary for cravings to occur [62]. Stress, for instance, can disrupt normal eating patterns [59], causing an increase in fat consumption [53,92] and a propensity towards more palatable salty or sweet foods [59].

2.2. *Psychological responses toward comfort foods*

Psychological motivations toward consuming comfort foods can be related to factors such as social context [8,10,21], social identification [89], and conditioned responses [81] that influence the development of food perceptions and comfort food preferences [13]. Social contexts serve important functions in teaching animals how to select food with needed nutrients [31,70] and how to avoid ingesting toxins [32,71]. For example, experiments by Mason et al. [50] involved birds that watched their fellow

birds become ill after feeding from a yellow cup. Following this, the observing birds avoided the yellow feeding cup completely. Similarly, social interactions teach food preferences and feeding behavior in response to a wide range of environmental challenges [27,42,51,52,73,75,79].

The social and psychological context of the taste experience is important in determining food preferences [20]; it explains why some favor the taste of liver and onions while others find it aversive [88]. Chocolate is considered pleasurable by most people, for instance, because it combines favorable sensory qualities [25] with positive connotations of gift giving and reward developed from childhood [4]. In contrast, if a specific food were to be repeatedly associated with negative social experiences, it is possible such experiences could analogously create an aversion to that food. These aversions can encourage people to develop or reinforce stronger ties to foods that carry positive connotations and experiences. Positive social contexts in combination with positive orosensory attributes provide the important associations needed for foods to become comfort foods [96]. Indeed, externally stimulated eating bouts have been shown to be correlated with either high aromatic salience or high visual salience [28,85].

The social context of comfort food consumption, along with environmental factors, can play a role in forming conditioned responses—a learned compensation reaction—to consuming comfort foods. That is, some of the same factors that can cause a person to overeat popcorn in a movie theatre can also operate in other contexts, such as at home [87]. Studies show that it is not hunger but environmental cues (such as mealtime) that are most often cited as the reason for eating [81]. Indeed, environmental cues that have preceded mealtimes (such as driving home from work) often become associated with hunger during those specific situations [9,85,94,95]. When these cues become associated with particular consequences of ingesting comfort foods, they can trigger the need for orosensory stimuli.¹

2.3. *How comfort food preferences vary across gender and age*

While the popular press often refers to comfort foods as snack foods and desserts [47,49], the physiological and psychological motivations fulfilled by comfort foods suggest a wider range of comfort foods exist. For instance, chocolate or ice cream may be a comfort food for one person, while steak or soup may be a comfort food for another. A basic hypothesis that serves as a starting point for this investigation

¹ For instance, a study on chocolate addiction [83] found chocolate lovers salivated and become hungry when exposed to chocolate. Eating chocolate acted as a stimulus for physiological responses (hunger) and subjective responses (craving) [46,84]. These responses became associated with external cues such as visual and olfactory exposure to chocolate [66]. The psychological need for specific comfort foods can be the associated response to environmental cues.

is that not all comfort foods are necessarily nutrient deficient, unhealthy, or snack related. That is, comfort foods can range from being snack-related foods that are typically thought to be less healthy (such potato chips or candy) to more meal-related comfort foods that are thought to be relatively more healthy (such as salads or soup).

H₁: Comfort foods can consist of both snack-related foods and meal-related foods.

Given that there are likely to be different predispositions toward comfort foods, it is worth investigating whether such predispositions vary across basic demographic characteristics, such as gender and age. For instance, if comfort food preferences can be conditioned at an early age, it might be that different types of experiences of men and women cause them to have different comfort food preferences.

It has been suggested, for instance, that when females select snacks, their snacks are generally of low nutrient density, such as chocolate [25]. Indeed, one study on “chocolate addiction” showed that 92% of the self-selected “addicts” were female [41], and a second study discovered that 70 of 72 (97.2%) self-identified “chocolate addicts” were female [82].² While it has been shown that a female’s consumption of less nutrient dense snack-related foods is also often accompanied with guilt [64,85], it is not clear if this is also true with meal-related comfort foods or if it is also true with males.

Food connotations from childhood can create strong ties with lifelong eating habits [3,4,7,17,19], and the social-affective context is an important determinant of food preferences among humans [6,89]. Children may have been exposed to social contexts where the matriarch of the household prepared the majority of the family meals or snacks [26]. Involvement in this social context may differ across genders, suggesting that each gender may have different comfort food preferences.

For example, if adult males are accustomed to having meals prepared for them, they may develop stronger preferences for hot or prepared foods as comfort foods. On the other hand, adult females may not be accustomed to having food prepared for them, perhaps because they may have been encouraged to be the food preparers rather than taking a passive role in food preparation [88,90]. Under this premise, adult females may have fewer comfort-related associations with such hot, meal-related foods and might instead relatively prefer more convenient and less prepara-

tion-intensive foods. While these foods could include raw vegetables or fruits, sweet snacks may be a more naturally attractive and convenient comfort food that females might crave [6,24].

Yet the general point of this discussion is not to hypothesize a specific process by which comfort food preferences are formed. The purpose is to simply motivate the notion that there may be differences in the types of comfort foods preferred by females versus those preferred by males. While this research does not examine why specific preferences are formed, it is believed there will be different gender-related preferences for comfort foods.

H₂: Comfort food preference is influenced by gender.

H_{2a}: Females are more likely to prefer snack-related foods as comfort foods than males.

H_{2b}: Males are more likely to prefer meal-related foods as comfort foods than females.

As with gender, age plays an important role in determining our food usage. From a developmental perspective, as people age and as they experience a wider range foods, their taste preferences can correspondingly evolve [5,18]. It is reasonable that preferences for various comfort foods also evolve over time.

For instance, because younger people often have a limited range of experience (and perhaps a limited range of food appreciation), they may be more likely to prefer foods for their hedonic qualities. Indeed, young people have been found to prefer saltiness [20,56] and intense sweetness more than adults [23]. This preference toward sweetness, in particular, is thought to be related to a reduced ability to appreciate taste complexity [23] and may further explain why younger people may be drawn to comfort foods more because of their hedonic qualities. Pronounced tastes and flavors—such as sweetness and saltiness—are often found in snack foods. While younger people may prefer snack-related comfort foods more than adults, it is reasonable to believe that adults might have a greater relative preference for meal-related comfort foods.

As with gender, the general point of this discussion is not to hypothesize a specific process by which comfort food preferences are formed across different age levels. The purpose is to simply suggest that there may be differences in the types of comfort food preferred by younger people versus those preferred by older people. In particular,

H₃: Comfort food preference is influenced by age.

H_{3a}: Younger people are more likely to prefer snack-related comfort foods than older people.

H_{3b}: Older people are more likely to prefer meal-related foods than younger people.

Few studies have been conducted on comfort food preferences across genders and across age. The framework in Fig. 1 illustrates that the physiological and psychological

² While it has been shown that some males can have a high preference for sweets [45], this preference may be due to food categorization and self-selection bias. The participants of the studies volunteered to participate in studies regarding chocolate addiction. The notion of requiring some of the participants to be “chocolate addicts” may have biased the gender results of the study. Food categorization in the studies involved chocolate as a sweet food rather than testing other categories of sweet foods. In such a case, males may have been found to strongly prefer sweets and snack-type sweet foods.

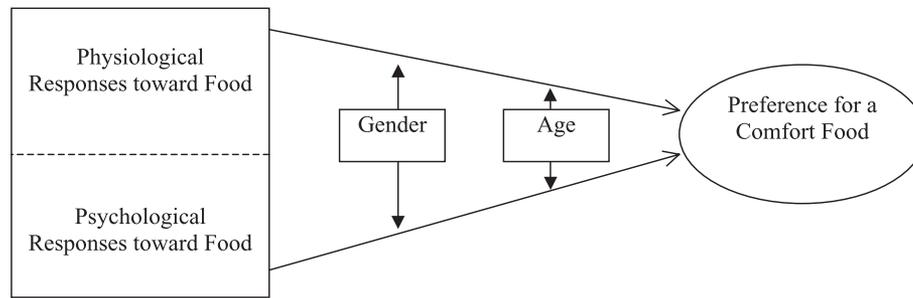


Fig. 1. A framework for comfort food analysis.

influences on comfort food preferences are hypothesized to be moderated by gender and age.

3. Study 1. Unaided recall of most preferred comfort foods

Study 1 was a preliminary study to determine the extent to which an unaided listing of favorite comfort foods would include both snack- and meal-related foods. Its second objective was to generate a list of common comfort foods that can be used in a quantitative follow-up study in which respondents would rate the extent to which they personally perceive these foods to be comfort foods.

In Study 1, a survey was mailed to a North American sample obtained through a random *n*th household selection process [90] from the U.S. and Canadian census records. The Institutional Review Board approved this survey and it was sent to 1000 adults who were given a check for US\$6.00 in exchange for completing the questionnaire. As with Study 2, one condition of this survey was that it involve adults who were 18 years of age or older.

In the introduction to the survey, comfort foods were broadly defined as being “foods that provide a dimension of psychological and physiological comfort when they are consumed.” After being provided with this definition, respondents were asked to write down their favorite comfort food and describe how it came to be a comfort food. Because the focus was on food, answers involving beverages (such as hot chocolate, coffee, and alcohol) were discouraged.

Table 1
Favored comfort foods include both snack- and meal-related foods

	Favorite comfort foods	Percent mentioning item as their favorite comfort food
Snack-related foods	Potato chips	23
	Ice cream	14
	Cookies	12
	Candy/chocolate	11
Meal-related foods	Pasta or pizza	11
	Steak or beef burgers	9
	Casseroles or side dishes	9
	Vegetables or salads	7
	Soup	4

Respondents were also asked additional questions related to a different topic. Following their completion of the questionnaire, they were instructed to return it in an enclosed postage-paid envelope. Of those people who were mailed a survey, 411 (41%) completed the survey in a timely enough manner to be included in the study (63% female; average age—43 years old).

The open-ended results of Study 1 support the notion that comfort foods can consist of both snack- and meal-related foods (H_1). Table 1 indicates that 60% of the most favored comfort foods could be considered snack related (potato chips 23%, ice cream 14%, cookies 12%, and candy or chocolate 11%) and as being relatively high in sugar or salt.

What is notable, however, is that 40% of the sample mentioned comfort foods that can generally be classified as more substantial meal-related foods. This is important because it suggests that—contrary to popular notions—comfort foods can include reasonably nutrient-dense foods that have additional health-related benefits other than solely their hedonic taste. These open-ended results were used to develop a second survey instrument that was focused on specifically asking a second group of individuals about the most common of these comfort foods.

4. Study 2. Examining comfort food preferences across gender and age

Study 2 involved a North American sample obtained through a random *n*th household selection process from phone records. These people were contacted and interviewed over the phone. Although randomly selected, this stratified sample was obtained in order to have a reasonably representative sample of both genders and of all age ranges under investigation [90].

The comfort foods under investigation were those that were most commonly mentioned through the open-ended responses in Study 1. During the phone survey, each person was asked to rate each of these foods on a variety of dimensions. The questions were asked on five-point scales (1 = *disagree*; 5 = *agree*) and included the extent to which they viewed each of the foods as comfort foods, how healthy they felt after consuming each food, and how guilty they felt

Table 2
Females have different comfort food preferences than males

	Favorite comfort foods	Comfort food ratings ^a			
		All (1003)	Females (602)	Males (401)	F values
Snack-related foods	Potato chips	3.0	3.0	3.1	1.8
	Ice cream	3.0	3.2	3.1	3.6 *
	Cookies	2.8	2.9	2.8	2.5
	Candy/chocolate	2.9	3.0	2.7	19.2**
Meal-related foods	Pasta or pizza	2.8	2.7	2.9	5.5 *
	Steak or beef	3.0	2.8	3.2	17.8**
	Casseroles/side dishes	3.0	2.9	3.1	5.7 *
	Vegetables or salads	2.3	2.4	2.3	3.8 *
	Soup	2.8	2.6	2.9	4.1 *

^a 1 = *strongly disagree*; 5 = *strongly agree*.

* $P < .05$.

** $P < .01$.

after consuming each food. In total, 1005 individuals completed the 4–5 min phone interview. Of those participating in the survey, 60.2% were female and 34.2% were in the 18–34 age range, 41.3% were in the 35–54 age range, and 24.2% were over 55.

The survey instrument had previously been approved by the Human Subjects Committee of the Institutional Review Board at the University of Illinois at Urbana, Champaign. A similar version of the survey had been pilot tested with a group of 24 individuals to confirm the reliability and validity of the measured variables.

The results in Table 2 are consistent with expectations in that they show females tended to prefer snack-related comfort foods (H_{2a}) and males tended to prefer more meal-related comfort foods (H_{2b}). In particular, females were more likely to prefer foods such as candy and chocolate [3.0 vs. 2.7; $F(1,1003) = 19.2$, $P < .01$] compared to males. In contrast, males were more likely to prefer more substantial, meal-related foods such as pizza or pasta [2.9 vs. 2.7; $F(1,1003) =$

5.5, $P < .01$], steak or beef [3.2 vs. 2.8; $F(1,1003) = 17.8$, $P < .01$], casseroles or side dishes [3.1 vs. 2.9; $F(1,1003) = 5.7$, $P < .01$], and soup [2.9 vs. 2.6; $F(1,1003) = 4.1$, $P < .01$].

Another way to examine the general tendency for males and females to rate comfort foods differently is to construct a surrogate measure of percentage acceptance by coding people who rated a food as 4 = *agree* or 5 = *strongly agree* as someone who accepts the food as a comfort food [93]. In doing this, it is found that females had a higher acceptance percentage of candy and chocolate [69% vs. 58%; $\chi^2 = 4.8$; $P < .05$] but a lower acceptance percentage of meal-related foods such as steak or beef [52% vs. 77%; $\chi^2 = 24.3$; $P < .01$] or soup [63% vs. 73%; $\chi^2 = 3.7$; $P < .05$].

Interestingly, women were more likely to see vegetables and salads as comfort foods than were males [2.4 vs. 2.3; $F(1,1003) = 3.8$, $P < .01$], and 52% of them were likely to accept it as a comfort food compared with 41% of males. This is consistent but in no means conclusive of the notion that the upbringing of men may have conditioned them to prefer hot meals or labor-intensive foods compared to females who came to associate comfort foods with convenient foods that do not require their time or preparation.

To investigate whether preferences for comfort foods varied across age (H_3), respondents were divided into three groups based on whether they were 18–34, 35–54, and 55+. The analysis revealed that comfort food preferences varied with age in the general manner, which was hypothesized (see Table 3). That is, younger people tended to prefer snack-related foods as comfort foods compared to older people who preferred meal-related foods. In particular, younger (18–34 year old) people tended to rate potato chips as a comfort food compared to the two older groups of people [3.3 vs. 3.0 and 2.7; $F(2,1002) = 6.5$, $P < .01$] and were less likely to rate the meal-related foods as comfort foods. That is, older people more highly rated steak or beef [3.1 vs. 3.1 and 2.8; $F(2,1002) = 6.4$, $P < .01$], casseroles or side dishes [3.1 vs. 3.0 and 2.7; $F(2,1002) = 8.1$, $P < .01$], vegetables or salads

Table 3
Younger people have different comfort food preferences than older people

	Favorite comfort foods	Comfort food ratings ^a				Percentage of acceptance ^b			
		Age				Age			
		18–34 (342)	35–54 (414)	55+ (242)	F values	18–34 (%)	35–54 (%)	55+ (%)	χ^2
Snack-related foods	Potato chips	3.3	3.0	2.7	6.5 *	87	65	51	29.3 **
	Ice cream	3.1	3.0	3.0	1.7	77	50	72	23.7 **
	Cookies	2.9	2.8	2.8	2.9	70	64	65	1.1
	Candy/chocolate	2.8	2.9	2.8	0.9	65	66	63	0.2
Meal-related foods	Pasta or pizza	2.8	2.9	2.8	0.8	68	67	68	0.04
	Steak or beef burgers	2.8	3.1	3.1	6.4 *	64	72	70	1.8
	Casseroles or side dishes	2.7	3.0	3.1	8.1 **	63	72	74	4.2 *
	Vegetables or salads	2.7	2.9	2.9	6.8 *	61	65	68	1.1
	Soup	2.7	2.8	2.9	7.2 **	59	68	76	6.3 *

^a Numbers represent averages of each question measured on a five-point scale (1 = *strongly disagree*; 5 = *strongly agree*).

^b Answers indicating a rating of 4 or 5 were coded as “accept.”

* $P < .05$.

** $P < .01$.

Table 4
What comfort foods make you feel healthy?

Type of comfort food	Gender				Age			
	All (1003) (%)	Male (401) (%)	Female (602) (%)	χ^2	18–34 (342) (%)	35–54 (414) (%)	55+ (242) (%)	χ^2
Potato chips	67	8	5	2.1	4	5	12	5.0
Ice cream	11	12	9	1.9	6	10	19	25.9**
Cookies	6	7	5	1.9	4	5	12	16.3**
Candy/chocolate	7	7	6	0.2	5	7	10	7.2*
Pasta or pizza	50	49	51	0.5	54	51	43	7.1*
Steak or beef burgers	52	58	46	6.3**	50	52	53	0.3
Casseroles/side dishes	48	53	43	6.1**	47	47	54	2.0
Vegetables or salads	87	85	89	1.9	82	88	93	2.0
Soup	55	52	57	2.1	53	57	55	0.8

Number represents the cell count of respondents who agreed to each question. Percentages represent the percent within each group category.

* $P < .05$.

** $P < .01$.

[2.9 vs. 2.9 and 2.7; $F(2,1002) = 6.8$, $P < .01$], and soup [2.9 vs. 2.8 and 2.7; $F(2,1002) = 7.2$, $P < .01$] as comfort foods than did the younger people.

To examine this data differently, an acceptance percentage surrogate was again calculated by coding people who rated a food as a 4 or 5 as someone who accepts the food as a comfort food. In doing this, it is found that younger people had a higher acceptance percentage of snack-related foods than meal-related foods (see Table 3). Specifically, 18–34-year olds preferred potato chips (87%), ice cream (77%), and cookies (70%), while those from age 35 to 54 preferred steak and beef burgers (72%) and casseroles or side dishes (72%). Those over 55 years of age preferred soup (76%) and steak and beef burgers (70%).

In general, these findings show that the youngest respondents preferred the more flavor-saturated options—potato chips and ice cream—as comfort foods. Older respondents, on the other hand, preferred comfort foods that were more meal-related and not necessarily flavor-saturated. This supports the notion (H_{3a}) that younger people prefer the more snack-related foods as comfort foods compared with the older age groups who are more predisposed toward the meal-related foods (H_{3b}).

While it has been established that comfort food preferences vary across gender and across age, it might also be important to know how feelings toward these foods might vary. Although there were no firm expectations, it was thought that the results could serve as the foundation for future research [39,40,63,76,83].

Eating meal-related comfort foods made people feel healthier than the snack-related comfort foods. This may be because they simply tend to be generally and suggestibly categorized as more “healthy” than snacks and desserts. This may be why some comfort foods made males feel relatively more healthy than females (see Table 4). These were steak or beef burgers [58% vs. 46%; $\chi^2 = 6.3$; $P < .05$] and casseroles or side dishes [53% vs. 43%; $\chi^2 = 6.1$; $P < .05$]. No comfort foods made females feel healthy relative to males.

Not only did consuming comfort foods generally make females feel less healthy than males, these foods also made them feel relatively more guilty (see Table 5). This was not only true with comfort foods such as ice cream [44% vs. 30%; $\chi^2 = 17.5$; $P < .01$], cookies [40% vs. 25%; $\chi^2 = 22.6$; $P < .01$], and candy and chocolates [51% vs. 35%; $\chi^2 = 24.1$; $P < .01$] but it was also found with foods such as casseroles

Table 5
What comfort foods make you feel guilty?

Type of comfort food	Gender				Age			
	All (1003) (%)	Male (401) (%)	Female (602) (%)	χ^2	18–34 (342) (%)	35–54 (414) (%)	55+ (242) (%)	χ^2
Potato chips	44	42	46	0.9	40	46	44	1.6
Ice cream	38	30	44	17.5**	41	37	35	2.2
Cookies	34	25	40	22.6**	35	36	28	4.8
Candy/chocolate	45	35	51	24.1**	47	45	41	2.0
Pasta or pizza	6	6	7	0.1	6	6	7	0.7
Steak or beef burgers	5	4	6	2.0	3	8	4	10.7**
Casseroles/side dishes	6	4	8	6.7**	4	8	6	5.0*
Vegetables or salads	4	3	5	2.5	3	5	3	2.5
Soup	3	3	2	0.1	3	3	2	0.0

Number represents the cell count of respondents who agreed to each question. Percentages represent the percent within each group category.

* $P < .05$.

** $P < .01$.

and side dishes [8% vs. 4%; $\chi^2=6.7$; $P<.05$]. Similar tendencies toward guilty feelings have been attributed to female patterns of restrictive eating (dieting) set by social norms [12,33,38,44,60,64].

Study 2 also indicates that age has an impact on whether a specific comfort food makes one feel healthier. Table 4 illustrates that as people aged, they were more likely to believe that snack-related comfort foods (such as ice cream, cookies, and candy and chocolate) made them feel less unhealthy than these foods made younger people feel. Consistent with this, they were also likely to have less guilt associated with eating these foods (see Table 5). This might be explained if they were to generally eat these foods in moderation compared to younger people.

5. Discussion

By examining the dual physiological and the psychological needs for food, we have suggested a framework for examining comfort foods. Although comfort foods are often portrayed as low nutrient “junk foods” [11,47,49,65,78], the two North American surveys reported here found that a significant number of people (40% in Study 1) consider reasonably nutritious meal-related foods to be their favorite comfort foods. The most important finding, however, is that both gender and age influence one’s preference of comfort foods. Females tend to prefer snack-related comfort foods while males preferred more nutritious meal-related foods. In addition, younger people preferred snack-related foods when compared to older people.

While it was beyond the scope of this research to specifically examine the mediating process by which people come to prefer certain comfort foods more than others, these findings offer some general suggestions as to why differences are expected. In some contexts, it has been suggested that social identification can help drive food preferences [89]. Similarly, one’s personal identification with a food might contribute to the development of comfort food preferences [86]. Further study of developmental environments can explore associated experiences and the personality identification that could also create or reinforce different comfort food preferences across genders [91]. Such studies may also provide an understanding of how different perceptions and beliefs of males and females may link comfort foods to issues such as eating disorders. A better understanding of this may result in more effective clinical treatments [1,2,12,16,43].

There are numerous issues yet to be explored in understanding the taxonomy of comfort foods and the preference structures related to them. The findings reported here add to the body of growing literature that investigates the importance and impact of how eating habits develop [34,55,57,72,74,80,85]. These findings can hopefully serve as a springboard for future investigations of how physiological and psychological factors influence comfort food preferen-

ces and how these preferences then impact subsequent dieting and food consumption habits.

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