

SALIVATING WHEN WE HEAR
THE ICE CREAM TRUCK JINGLE

The results of a weight control experiment for rural patients were recently reported in *Preventive Medicine* (Ammerman et al., 2003). The sample consisted of eight health departments in North Carolina and 216 people who were found to have high cholesterol. The experimental program involved delivery of three individual diet counseling sessions by public health nurses. The comparison group received a similar clinical assessment but did not undergo the three individual diet counseling sessions.

The program reduced weight by 1.6 pounds after 12 months. This difference was statistically significant, even though the effects obviously were not very large. The program was reported as successful in reducing blood cholesterol, however.

Common sense tells us that losing 1.6 pounds in a year is nothing to write home about. Yet, the majority of weight control experiments reported in the scientific literature have very weak effects (though many are statistically significant). Obviously, some breakthrough is needed if the nation is going to make any progress against the “obesity epidemic.”

Why is it that most health promotion programs have so little impact on the weight of participants? After all, the participants are volunteers, so they must have been motivated to lose weight. Let me suggest that the problem may lie in a key assumption made in virtually all of these programs; i.e., that the health behavior of the average person is a result of cognitive processes, or rational



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decision making. In other words, if the benefits of weight control are explained, a healthy diet plan is provided, and people are given moral support to prop up their willpower, then they will just stop eating too much.

Yeah, right. Let me argue another point of view: people eat too much because we have been programmed to do so. Eating feels good. Eating too much rewards us by stimulating our sense of taste and creating a feeling of fullness. Certain cues will trigger our craving for food, because we are conditioned to eat when we notice those cues. For example, when we hear the jingle played by an ice cream truck. Does that jingle bring a smile to your face? Does it make your stomach smile, too? When I sit down in my favorite chair and turn on a movie, I will crave a bowl

of popcorn within minutes. This is not rational behavior; this is a conditioned response. Behaviorists figured it out years ago, when they were running rats through mazes and making dogs slobber by ringing bells.

Most health promotion programs would have us fight our food cravings using the rational part of the brain. A behaviorist would say: "Don't sit down in that chair!" Not sitting in the chair prevents the craving.

I could be wrong, but I suspect the non-sense approach of the behaviorists might appeal to the rural mindset. After all, we know how much of the behavior we see in the natural world happens without conscious thought on the part of the animals involved. And we are not so arrogant as to believe that we are that much more in control of our behavior than your average ranch dog.

So, if you want to lose weight, stay out of that chair.

REFERENCE

Ammerman, A. S., Keyserline, T. C., Atwood, J. R., Hosking, J. D., Zayed, H., & Krasny, C. (2003). A randomized controlled trial of a public health nurse directed treatment program for rural patients with high blood cholesterol. *Preventive Medicine*, 36, 340-351.