

A PHENOMENOLOGICAL STUDY ON EMOTIONAL EATING EXPERIENCES  
OF ADOLESCENTS

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## **ABSTRACT**

### **A PHENOMENOLOGICAL STUDY ON EMOTIONAL EATING EXPERIENCES OF ADOLESCENTS**

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The present qualitative study aims to examine the phenomenon of emotional eating from adolescents' perspective and explore their experiences regarding predisposing factors, processes, and post-emotional eating in the light of developmental and cognitive models of food choice. For this purpose, semi-structured interviews with 10 adolescent-mother dyads, and food diaries kept by adolescents were used to collect data for an in-depth understanding of the emotional eating phenomenon. Results of the Reflexive Thematic Analysis revealed that emotional eating mainly clustered among three overarching themes of predisposing dimensions, the process of emotional eating, and post-emotional eating. Predisposing dimensions consisted of two main themes, individualized and environmental factors. Regarding them, the role of affective, cognitive, and physiological domains that contribute to adolescents' emotional eating for the first theme, and the influence of early experiences with food, familial eating patterns, and the role of technological enhancements for the latter. The second overarching theme, the process of emotional eating, comprised of certain characteristics of emotional eating and the compatibility of adolescents' eating

patterns with them. Lastly, themes of post-prandial emotions, social consequences such as peer comparison and bullying, and body-related aftermath stemmed from the overarching theme of post-emotional eating. Findings showed that emotional eating is associated with both negative and positive emotional valence, and food-induced socialization patterns are essential to emotional eating via learning. Albeit providing short-term relief, the consequences of emotional eating mostly bring negative outcomes such as regret and body dissatisfaction throughout social comparison. Practical implications and future research suggestions were discussed considering the findings.

**Keywords:** Emotional eating, adolescence, phenomenological approach

## ÖZ

### ERGENLERİN DUYGUSAL YEME DENEYİMLERİ ÜZERİNE BİR OLGUBİLİM ÇALIŞMASI

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Doktora, Eğitim Bilimleri, Rehberlik ve Psikolojik Danışmanlık Bölümü

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Bu nitel çalışma, duygusal yeme olgusunu ergenlerin bakış açıları üzerinden incelemekte ve duygusal yemeye yatkınlık faktörlerini, duygusal yeme süreçleri ve sonrasındaki deneyimlerini araştırmayı amaçlamaktadır. Bu kapsamda, 10 ergen-anne çifti ile yapılan yarı yapılandırılmış çevrimiçi görüşmeler ve ergenler tarafından tutulan besin günlükleri kullanılmıştır. Refleksif tematik analiz sonucunda duygusal yemeye yatkınlık boyutları, duygusal yeme süreci ve duygusal yemeden sonrası olmak üzere üç ana tema etrafında toplandığı belirlenmiştir. Yatkınlık boyutları, bireysel ve çevresel dinamikler olmak üzere iki ana temadan oluşmaktadır. Bireysel dinamikler duyuşsal, bilişsel ve fizyolojik boyutlardan oluşurken, çevresel dinamikler besinle ilgili erken dönem deneyimlerini, ailedeki beslenme alışkanlarının etkisini ve teknolojik gelişmelerin duygusal yemeyle ilişkisini içermektedir. İkinci ana temada ise duygusal yeme sürecinin belirli özellikleri ve ergenlerin yeme alışkanlıklarının bunlarla uyumluluğu yer almaktadır. Son olarak, duygusal yeme sonrası deneyimleri içeren ana tema, akranlarla kıyaslama ve zorbalık gibi sosyal sonuçları kapsamaktadır. Bulgular, duygusal yemenin hem olumsuz hem de olumlu duygusal değerlerle ilişkili olduğunu ve besin kaynaklı sosyalleşme modellerinin



öğrenme yoluyla duygusal yeme için önemli olduğunu göstermiştir. Ayrıca, duygusal yeme, kısa süreli rahatlama için sağlanmasına rağmen, genellikle pişmanlık ve beden memnuniyetsizliği gibi olumsuz sonuçları beraberinde getirmektedir. Çalışmanın bulguları, uygulamaya yönelik çıkarımlar ve gelecekteki araştırmalara ilişkin öneriler doğrultusunda tartışılmıştır.

**Anahtar Kelimeler:** Duygusal yeme, ergenlik, olgubilimsel yaklaşım

*To my dear parents...*

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## **LIST OF ABBREVIATIONS**

EE	: Emotional Eating
BMI	: Body Mass Index
HPA	: Hypothalamic Pituitary Adrenal
TRA	: Theory of Reasoned Action
TPB	: Theory of Planned Behavior
HBM	: Health Belief Model
PMT	: Protection Motivation Theory
CBT	: Cognitive Behavioral Therapy
ACT	: Acceptance and Commitment Therapy
DBT	: Dialectical Behavioral Therapy

# CHAPTER 1

## INTRODUCTION

“We use eating as a medium for social relationships:  
Satisfaction of the most individual of needs  
becomes a means of creating community.”

— Visser (2015).

### 1.1. Background to the Study

Characterization of disordered eating has a complex nature due to a bidirectional relationship in terms of its onsets and consequences. It is a critical and global public health issue, especially for females aged between 13 to 25 years old, and it has been influenced by multi-layered components such as addressing eating as a means of coping or being a member of the family with unhealthy food choices regardless of gender (Fairburn & Harrison, 2003; Ljubicic et al., 2023; Michels et al., 2012).

Emotional eating, eating as a response to emotional cues rather than physiological hunger, is one of such complex disordered eating patterns whose underpinnings need further investigation (Macht & Simons, 2000; Van Strien et al., 1986b). The majority of the previous studies emphasized the role of negative emotions and situations in eating. Although limited, several studies posited that positive factors might also lead to shifts in emotional eating (Bongers et al., 2013; 2016; Evers et al., 2009).

Previous research studies have explained emotional eating in terms of positive and negative emotions as *two diverse constructs* (Macht & Simons, 2000; Van Strien et al., 2016). To be more precise, the result of the study of Van Strien and her colleagues (2016) posited that body-mass index (BMI) and items measuring negative emotional eating loaded on the same factor, while items measuring positive emotional eating and external eating loaded on the other factor. The study of Patel

and Schlundt (2001) revealed that meals eaten in positive and negative moods are larger than meals eaten in neutral moods. The valence of emotions, such as sadness versus joy, might influence the motivation of eating (Macht et al., 2002). These studies emphasized the impact of emotional changes on eating without neglecting the difficulty of identifying and understanding emotions, as well as the handicaps within the regulation process. Lack of mitigation might result in binge eating, an eating disorder occurring due to a lack of awareness about clarification of emotional eating patterns in its earlier stages (Masheb & Grilo, 2006; Meule et al., 2014; Stice et al., 2002b; Verstuyf et al., 2013; Whiteside et al., 2007; Wilson et al., 2015).

There have been several attempts to clarify the particular role of emotions within multi-layered and complex nature of disordered eating. For instance, according to Linehan (2005), some individuals are more *emotionally vulnerable*, and experience emotions more intensely, for a longer period than others. If individuals were raised in an environment where they were not taught how to cope with feelings or punished for showing emotions, they might have learned to control feelings via food. Eventually they became an emotional eater. Furthermore, motivations for emotional eating as posited in The Theory of Reasoned Action (Fishbein & Ajzen, 1975), and peer pressure and perceived susceptibility as presented in The Health Belief Model (Becker & Rosenstock, 1984), and The Protection Motivation Theory (Rogers, 1985) might contribute to food-induced emotional control. However, at first glance, emotional eating seems like a relief, yet it might result in missing the opportunity to experience the reel or inner feeling (Taitz, 2012).

Environmental factors have also been found to be essential in understanding the phenomenon of emotional eating. Bruch's (1973) *psychosomatic conceptualization* of emotional eating posited the role of *parenting* in the development of emotional eating in childhood. Further studies revealed a positive association between emotional feeding style, such as feeding a child as a response to emotional distress, and emotional eating scores of caregivers (Wardle et al., 2002). Furthermore, parenting affects especially adolescents' eating routines in several ways. For example, younger female adolescents' perception about parental control was positively correlated with their emotional eating (Carper, et al., 2000). In another

study, low maternal support, high psychological control for younger adolescents, and high behavioral control for older adolescents were found to be related to higher scores on emotional eating in a Dutch sample. Given study demonstrated that higher scores in parents' emotional eating were associated with greater levels of emotional eating in adolescents (Snoek et al., 2007).

Other components such as parents' food choices and having a family dinner time were also associated with adolescents' eating behaviors. Participation of all members and frequency of family dinners were related to family satisfaction (Lawrence & Plisco, 2017), thus might be an essential indicator regarding understanding the disordered eating of adolescents.

In addition to the family, peers are crucial while conceptualizing emotional eating. A study discovered that young adults who felt more pressure from family or friends found it more difficult to express themselves and were more prone to emotional eating, and body concerns (Vartanian et al., 2015). According to Ievers-Landis and colleagues (2019), perceived family and peer pressure had a moderating influence on the link between body mass index (BMI), depressive symptoms, and weight-related teasing in adolescents regarding internalization of self-standards. Therefore, considering *body image* issues and *sociocultural factors* as means of emotional eating might promise a more inclusive presentation of this phenomenon.

The Covid-19 pandemic with various effects regarding environmental influences is significant in terms of changes in eating patterns. The uncertainty that has been exacerbated by the pandemic has served as an essential stressor for most people as a trigger of feeling threatened by their ego and mortality (Papandreous et al., 2020). Emotional eating has emerged as a potential coping mechanism during this time, although its specific cognitive and emotional aspects remain unclear.

Research conducted in Türkiye, a culture known for its tendency to avoid uncertainty (Hofstede & Hofstede, 2005), has produced mixed findings regarding eating habits during the pandemic. A survey conducted in early phases of the pandemic, involving found that 16% reported increased food consumption and an increase in healthier

food choices like fruits and vegetables, alongside a decrease in snack consumption (Özlem & Mehmet, 2020). However, these findings contrast with other studies conducted during the same lockdown period which posited an escalation in carbohydrate and dessert consumption during the pandemic (Karahan-Yılmaz & Eskici, 2020).

The study of emotional eating among young people in Türkiye remains an area that is still open to in-depth understanding (Işgın et al., 2014). Therefore, it is difficult to pinpoint prevalence solely for emotional eating. Even though eating habits might have been developing in early childhood, previous research showed that emotional eating was more common among adolescents compared to children (Nguyen-Rodriguez et al., 2009; Van Strien et al., 2010; Wardle et al., 2001). Results of a longitudinal study showed that emotional eating in youth has been carried on across the lifespan and contributes to continuing weight gain in adulthood (Ashcroft et al., 2008). Although most studies have been conducted with children and adult samples, a critical period such as adolescence may have a decisive and lasting role in the evolution of disordered eating behavior towards disordered eating or healthy eating, two different sides of the spectrum (Fairburn, 2019).

Emotional eating has also been related to various *physio-psychological factors*. One of the most common and accepted ones was suggested by Macht (2008) within the configuration of emotional eating as the tendency to choose *comfort food* to soothe released stress hormones from the Hypothalamic–Pituitary–Adrenal (HPA) Axis in the brain. Farag and colleagues (2008) also stated feeling under pressure increased *comfort food* consumption to boost mood. Alongside emotions, these factors can also influence the nature and frequency of emotional eating.

Previous studies on emotional eating have mostly been examined among female Caucasian adults as they were considered a risk group for the development of disordered eating regarding comfort foods, food preference with high fat and sugar that soothes the stress hormones for a short time (Beukes et al., 2009; Macht, 2008; Wansink et al., 2003). Females have also been perceived as a risk group due to their tendency to use unhealthy weight control practices (Neumark-Sztainer et al., 2002). Yet, recent studies have pointed out the role of emotions in eating behavior as a risk

factor for males as well (Bennett et al., 2013; Ljubicic et al., 2023). Even though the majority of emotional eating studies have been conducted with adults, adolescence is known to be a vital period for the development and exacerbation of disordered eating, notably for females between 13-19 years old (Fairburn & Harrison, 2003).

During adolescence, individuals experience several changes in terms of physical, cognitive, emotional, and social development. In terms of cognitive development, cognitive capacities, such as abstract thought and enhanced self-awareness, are advanced in adolescence. According to Arnett (2019), individuals exhibit an increased capacity for reflecting on theoretical situations and challenging their personal convictions. According to Eccles (2016), adolescents are able to independently assess information due to the development of their critical thinking abilities (Sawyer & Azzopardi, 2018).

Adolescents may experience increased emotional intensity and mood swings as they progress through emotional development, which is influenced by hormonal changes. They strive for greater independence from their parents or caretakers while developing more complex interactions with their peers. This time is critical for emotional maturity and developing a strong sense of self (Steinberg, 2017). Peer influence intensifies during adolescence, influencing adolescents' views, behaviors, and decision-making processes. Adolescents are investigating numerous parts of their identity (Sawyer & Azzopardi, 2018). During this period, adolescents begin to question established standards and build their own moral compass.

In tune with international trends, previous emotional eating studies have mostly targeted females in Türkiye as well regarding its relation to emotional triggers, body image, diet culture, and body mass index (Kahraman & Nusel, 2023; Öncü & Sakarya, 2013; Özgür & Yılmaz, 2023). However, such a trend might lead to a restrictive perspective while attempting to understand the phenomenon of emotional eating. For example, based on a study with 446 middle school students, Lee and colleagues (2012) concluded that not only female but also male students in Asia had to deal with emotional eating. The research findings revealed a substantial gender difference in body image dissatisfaction and stress. The interplay between body-

related concerns and disordered eating patterns presented inconsistent results regarding gender. To illustrate, the results of Striegel-Moore and colleagues' (2009) study on body worries and eating disorder symptoms did not indicate a significant difference between men and women. Body-related emotional eating might be rooted on a different basis regarding gender. For instance, the recent study by Ding and Xu (2021) indicated that males' emotional eating and appearance comparisons were more likely to be influenced by pressure from family and others, whereas females' concerns were affected by social comparison and social pressure among Chinese adolescents. *Body dissatisfaction* is a risk factor regarding both the development and aftermath of disordered eating, especially for females (Furnham et al., 2002; Lewis-Smith et al., 2016). Albeit the various attempts to understand the association between body dissatisfaction and disordered eating, it still requires clarification for an in-depth understanding among adolescents, especially considering emotional eating.

A recent trend in eating research is also integrating socio-cultural aspects of eating behavior (Luomala, 2002; Luomala et al., 2009; Özgür & Yılmaz, 2023; Ruiz et al., 2023). In light of cross-cultural emotion literature, the interpretation of different emotional experiences needs to be considered within cultural aspects (Aaker & Williams, 1998; Markus & Kitayama, 1991). Eating might be related to cultural rituals, and cultural/domestic learnings from early childhood and vary in terms of being a member of a collectivist or individualistic culture. For instance, variations in general mood-regulatory activities among the Finnish, Danish, Indian, and Chinese cultures differed regarding their eating patterns (Luomala et al., 2004). Given study revealed that *social-emotional eating* patterns might be more predominant in cultures with higher collectivistic tendencies (Luomala et al., 2004).

Besides, the role of certain body figures imposed by social media, and possible effects of Westernization were among the factors related to disordered eating, especially for females. A study with 128 college-aged females indicated that social media intensity and online fat-talk were significantly and uniquely associated with disordered eating by explaining 60% of the variance in disordered eating (Walker et al., 2015). As a part of cultural and domestic learning, obesogenic food environments characterized by predominantly high-fat and high-sugar content in meals and snacks



pose a risk of fostering emotional eating due to their frequent consumption of high-carbohydrate foods (Powell et al., 2010; Reichtenberger et al., 2020; Swinburn, et al., 1999).

Lately, *sociocultural models of body image* emphasized the impact of social media on the relationship between body image concerns and emotional eating. To be more specific, social media usage was significantly related to eating disorders by attributing a comparison of appearance through such platforms (Jung et al., 2007; Neumark-Sztainer & Bauer, 2010). As an intersection of these dimensions, sociocultural pressure within collectivistic cultures was identified among the predictive factors on emotional eating (Xu et al., 2010). A study conducted with Asian adolescents posited positive associations among social media exposure, frequent comparisons, and eating disorders (Sariman & Quedi, 2017).

Emotional eating is a phenomenon with growing interest in understanding the complex nature of eating patterns to physical and psychological well-being. It is considered as an onset of both disordered eating and eating disorders in the deficiency of awareness and precaution. There have been several attempts to conceptualize the emotional eating phenomenon. Despite emphasizing several factors such as the role of food consumption (e.g., comfort foods), and neurological processes (e.g., conceptualizing as a temporary soothing mechanism for stress hormones; Macht, 2008), studies are still limited. So far, most of the studies have been conducted with both non-clinical and clinical samples, and predominantly with female participants with the aim of generalization of findings. Nevertheless, cultural influence and integration of transgenerational effects into the development of such eating mechanisms have been limited. There appears a need to gain an understanding of the emotional eating patterns of adolescents through in-depth lenses.

## **1.2. Purpose of the Study**

The purpose of this phenomenological study is to understand the perceptions and determinants of eating behaviors of Turkish adolescents. Specifically, the current study aims to examine the role of both positive and negative emotions, the

relationship in the family and its possible effects, and the food choices of adolescents to gain an in-depth understanding and comprehensive conceptualization of the phenomenon of emotional eating regarding individualized and environmental factors.

### **1.3. Research Questions**

The research questions of the current study are presented below.

RQ1: How do adolescents experience the phenomenon of emotional eating?

RQ2: Which individualized dimensions (e.g., personal conceptualization of adolescents on emotional eating in terms of affective, cognitive, and physiological domains) contribute to adolescents' emotional eating?

RQ3: Which environmental dimensions (e.g., parental eating and feeding styles, mealtimes, obesogenic food environment, peer comparison) contribute to adolescents' emotional eating?

RQ4: What are the consequences of adolescents' emotional eating on their lives?

### **1.4. Significance of the Study**

Addressing emotional eating among adolescents in Türkiye is critical for several reasons. Emotional eating can lead to unhealthy habits, weight gain, and health problems like obesity, insulin resistance, and diabetes, particularly during the Covid-19 pandemic (Mataracı-Değirmenci et al., 2022; Piatkowska-Chmiel et al., 2023). Second, regulating emotional eating may help avoid mental health concerns like anxiety, depression, stress from the pandemic, and low self-esteem, which are frequently associated with unhelpful eating patterns. Since the current study was carried out in Türkiye during the Covid-19 pandemic (following the initial phase of lockdowns), it was intended to note any pandemic-related co-occurring changes in adolescents' emotional eating (e.g., an increase in spending more time at home and with family, physical and social limitations, and heightened emotional triggers like

boredom). Its dimensions were also intended to be integrated to shed light on the unique responses to major global shifts like the pandemic. Thirdly, treating emotional eating can lower the risk of developing eating disorders like binge eating disorder or bulimia nervosa by helping adolescents develop healthier relationships with food and a positive body image (Burnatowska et al., 2022). Last but not least, treating emotional eating in adolescents may encourage long-term advantages, such as the empowerment of useful coping mechanisms for handling stress and emotions.

Previous studies that attempted to enlighten eating patterns have been criticized for being limited in favor of generalization within quantitative methods and using only self-reports due to susceptibility to their reliability. Besides, restricting emotions that cause disordered eating, for instance, limiting participants to choose one of the six major emotions in a questionnaire has started to be criticized since the given method might inhibit exploring the complex nature of disordered eating, including emotional eating (Pongers & Jansen, 2012; Schneider et al., 2012).

This study represents the initial endeavor to explore emotional eating phenomena among adolescents, encompassing potential transgenerational influences on adolescent emotional eating experiences through the integration of diverse data sources and contemporary data collection methods, such as food diaries, within the field of eating psychology. This study is particularly significant in raising awareness of the relatively novel concept –for adolescents in Türkiye- of emotional eating, facilitating their understanding of their own emotional eating patterns. Furthermore, it holds importance in potentially preventing the onset of eating psychopathologies, likely stemming from the emotional eating cycle. Additionally, it aims to provide a thorough and holistic examination of the potential contributions of environmental factors such as family and peers.

### **1.5. Definition of Terms**

*Emotional eating:* Emotional eating is defined as eating in reaction to emotional cues and needs as opposed to physiological hunger. (Bongers & Jansen, 2016; Macht & Simons, 2000; Van Strien et al., 1986a).

*Emotion regulation:* Emotion regulation comprises the processes by which we manage the kinds of emotions we experience, when these emotions occur, and how we express and experience them. (Gross, 1998).

*Obesogenic food environment:* An atmosphere, whether at home or work, which promotes weight growth and does not encourage weight loss is referred to as an obesogenic environment (Powell et al., 2010; Swinburn, et al., 1999).

*Parental modeling:* Replicating eating habits and attitudes toward food in both parents and children is known as parental modeling. In addition to possible genetic implications, the similarity in emotional eating patterns between parents and children shows that eating habits are also mutually influenced through imitation. Kids might pick up on their parents' eating habits and preferences, as well as how they think about food and why they eat it (Birch & Fisher, 1998; Brown & Ogden, 2004; Snoek et al., 2007).

*Body image:* A person's entire set of ideas, thoughts, feelings, and behaviors related to their physical appearance is referred to as their body image (Cash, 2004).

## **CHAPTER 2**

### **LITERATURE REVIEW**

Understanding the nature of eating behavior is complex. Eating can be under the influence of various factors of biological, psychological, social, and situational (Cleobury & Tapper, 2014; Reichenberger et al., 2020). As these patterns might turn into eating habits, especially considering emotional eating, establishing leading aspects gains non-neglectable significance. The literature review is presented in terms of the core models and theories of eating, and social, interpersonal, and environmental factors' contributions to emotional eating, respectively.

#### **2.1. Conceptualization of Eating**

##### **2.1.1. Developmental Models of Eating**

The developmental model has been in an attempt to understand the core dimensions of the eating behavior of an individual by primarily focusing on early experience with food and food-related childhood learnings (Ogden, 2004). Such understanding provided a basis to illuminate not only the eating and conditioning relationship but also the role of an obesogenic food environment on individuals' eating habits.

Davis (1928), the pioneer of the developmental model of eating, conducted a study with infants by asking them to choose any of the presented twelve healthy foods. Surprisingly, all the participants were able to choose an appropriate diet according to their developmental period. This is what Davis (1928) pointed out that children have innate regulatory mechanisms that permit them to make healthy dietary choices. Yet, she also emphasized that such choices can only be made when healthy foods are available even though the food preferences might differ in relation to experiences

with food over time. Therefore, presenting an obesogenic food environment in the family can be given among risk factors for the development of disordered eating. Birch (1989) also pointed out the learning-eating relationship with regard to exposure, social learning, and associative learning, which are presented below.

#### **2.1.1.1. Exposure**

Unknown can bring fear and become less preferable when it comes to food choice, which is also called as *neophobia* and/or *omnivore paradox* (Rozin, 1976). Therefore, being exposed to healthy foods, rather than becoming *picky* or *fussy eaters*, is favorable to introducing healthy eating patterns at younger ages (MacNicol et al., 2013). Birch and Marlin (1982) prepared an exposure opportunity with healthy foods for children for different periods of time ranging from five to twenty times a week. The result of their study showed that a minimum of eight to ten exposures should be presented to observe a significant change in children's food choices.

A relatively more recent study also showed that newer food was added to their eating routine, and less exposure was necessary (Williams et al., 2008). It is also known that straightforward exposure, such as observing their parents' buying vegetables at home, was enough to influence children's food choices towards such foods (Busick et al., 2008). Being exposed to healthy food at home environment and not experiencing any negative outcome from consuming such foods was also studied within the *learned safety* concept (Kalat & Rozin, 1973) that might result in eating disorders (e.g., Anorexia Nervosa, Melles et al., 2021).

#### **2.1.1.2. Social learning**

Social learning within eating models primarily focuses on the role of observing others and its influence on one's eating behavior. Social impact on eating can be absorbed by modeling, role-modeling, and observational learning as a result of relationships within family, peers, and media. To illustrate, meals served in households have an indirect impact on children's eating patterns regarding being exposed to their parents' food choices and eating habits (Wardle, 1995).

Relations with food have started to be built up in early childhood. A study showed an association between mothers and children's food intake for preschoolers (Olivera et al., 1992). Rodgers and her colleagues (2014) study with two years old infants supported Olivera and colleagues' study by stating a positive relationship between maternal emotional eating after experiencing negative emotions, and a child's emotional eating as it also augments mothers' emotional feeding styles. Correspondingly, children were socially learning and normalizing emotional eating via not only observing their mothers' eating patterns but also being exposed to such disordered eating/feeding practices. Such relationships continue during adolescence as well. For instance, if adolescents' parents have breakfast regularly, they are more likely to eat breakfast too (Pearson et al., 2009). Another study showed that being the child of an emotionally eating parent and having low maternal support were associated with the emotional eating behavior of adolescents (Snoek et al., 2007). Consequently, social learning within parents' attitudes towards eating is paramount in understanding the eating patterns of children and adolescents.

On the other hand, parents' influence on their children's eating tendencies can be differentiated in terms of valuing their children's eating patterns. For instance, studies showed that mothers care more about their healthy eating than they care about their children's (Alderson & Ogden, 1999; Wardle, 1995). To illustrate, they fed their children with less nutritional and healthy content such as snacks, potatoes, or breads. Interestingly, such differentiation was more distinctive for mothers with restrained eating, who restrained their food intake while feeding their children in pre-puberty with more food. Given study also enlightened that mothers' worries about their weight gain were a predictor of their daughters' weight concerns that tended to result in higher body mass index for their children (Birch & Fisher, 2000). In sum, social learning from parents is central to understanding children's and adolescents' eating patterns, yet whether they differentiate or identify themselves with their parents, or role models, is one of the key points to discerning the underlying mechanism of their eating patterns.

Social relationships with peers are highly important and influential in adolescence (Steinberg, 2017). Considering the eating style of adolescents, food choices, eating

as a response to social suggestion and peer role models promote great significance of this influence (Ogden, 2010). Adolescents' acceptance of eating vegetable at lunch (Birch, 1980) and the increase in cookie consumption (Salvy et al., 2008) were found to be influenced by the peers they eat together. The role of social learning was integrated into an intervention program called "Food Dudes Healthy Eating Programme" in which video-based content with older children consuming mostly refused foods with appetite to promote positive experiences with food (Food Activity Research Unit, School of Psychology at Bangor University, 2004; 2013). Food Dudes have been showing success in motivating youngsters to eat healthier via peer learning. A study of Thompson and colleagues (2017) also posited the role of peer pressure on increased emotional eating as a response to depression and frustration for three hundred adolescents in the USA. Kemp and colleagues' (2013) study also showed the impact of having an emotional eater on one's social circle and that individuals were more prone to emotional eating due to the hedonic eating tendencies of their family and friends. In their review, Chung and colleagues (2021) scoping review aimed to investigate the association between peer influence and the eating patterns of adolescents. Given study highlighted the strong impact of peers' eating preferences (adaptive/maladaptive; pathological/non-pathological) among adolescents between the ages of 10 and 19 years within a wide range of referring to eating behavior as a way of socialization to become a risk factor for the development of eating disorders. Peer role in unhealthy eating habits, especially for adolescents, can be at any point of the spectrum ranging from restraining tendencies to over-eating (Rayner et al., 2013).

Lastly, (social) media has been an indicator of the social learning process of eating behavior. Various studies proved the major role of media, mostly via commercials, on individuals' cognitions and behaviors regarding food consumption (Macintyre et al., 1998; Mintel, 1990; Radnitz et al., 2009). However, variables at the micro level such as age, gender, family structure, culture, and immediate social networks; and the macro level including food production systems and the advertising sector should be considered while discussing the role of media on eating behavior. On one hand, given macro and micro level variables might alleviate in terms of limitation due to socio-economic concerns and accessibility while they can also escalate media-based



unhealthy food consumption (Ogden, 2010). Studies revealed a positive association between increased social media usage and emotional eating among female students (Eşer-Durmaz et al., 2022; Seslikaya-Arslan, 2023). Another study conducted with young adults and adolescents supported their results by emphasizing social media use can be one of the underlying factors in unhealthy eating behaviors as it can augment stress, anxiety, and depression levels of individuals (Zeeni et al., 2018). The Covid-19 pandemic also increased the time spent on social media. In turn, social learning and being exposed to more food-related content via media increased adolescents' emotional eating. To illustrate, Gümüş and colleagues' (2023) study did not only reveal the increase in both social media usage and emotional eating during the pandemic within a Turkish adolescent sample but also posited the risk of extended social media usage on developing eating psychopathology.

In all, the role of social learning within food choice cannot be neglectable. Environmental factors including family, peers, and media have great contributions in that sense by offering new options, feasibility, and accessibility to comfort food via commercials and ordering applications and providing role models to adolescents' eating repertoire.

### **2.1.1.3. Associative learning**

Associative learning includes the role of contingent factors regarding reinforcers and operant conditioning such as pairing food cues as reward and with physiological effects. Parental feeding practices by using food with a non-nutritional content consisting of the use of food as a reward to motivate and reinforce good behavior and proper performance is also called “instrumental feeding” and might lead to unhealthy eating tendencies in children and adolescents, even if it was not intended by the parents (Baughcum et al., 1998; Jansen et al, 2020; Spence et al., 2010). As parents feed their children for their accomplishments (i.e. academics, sports, etc.) with comfort foods (e.g. sugar, candies, chips, etc.), children learn to pair such cues and tend to maintain food consumption to celebrate their achievements accordingly in their later developmental period (Jansen et al., 2020). Considering emotional eating and binging, faulty cues on satiation of hunger have been reinforced by such practices (Stice et al., 2000).

Emotional eating can be learned through classical and operant conditioning (Booth, 1994; Lefkoe, 2013). To be more open, if a child is given food to regulate his/her negative moods all the time, these repetitive matchings result in the conditioning of the child to eat (certain) food every time he/she feels low or discontent (Booth, 1994; Lefkoe, 2013; Reichenberger et al., 2020). In their experiential study with the participation of 127 female students aged between 17 and 30 years old, Bongers and colleagues (2015) used neutral stimuli, flowers in two distinctive vases, paired one of the vases with chocolate mousse to establish conditioning, and assessed participants' desire to eat, salivation, and actual food consumption. The results of that study revealed rather neutral stimuli, emotions turning into conditioned stimuli, and evoked eating responses. In another study, Bongers and Jansen (2015) also demonstrated that individuals easily learn and shift their food desires from internal to external. Given study proposed an alternative conceptualization of emotional eating by proving that individuals can learn cued eating as a counter-response to conditioned stimuli of negative emotions (Bongers & Jansen, 2015). Associative learning might occur via social norms, cultural traditions, relations with family and friends, accessibility, and availability of comfort food by which the body learns to deviate from homeostasis to non-homeostatic eating by consuming certain unhealthy foods (Bruch, 1973; Reichenberger et al., 2020; Topham et al., 2011).

Food intake, specifically comfort foods, with regard to emotion regulation might be related to the learning effect within childhood experiences (e.g., being exposed to food as a reward to avoid pain or celebration). To be more precise, the learning process of eating behavior points to an increased motivation to eat, regardless of physiological hunger (*cravings*), in the presence of negative emotions to hinder them in terms of operant conditioning (Booth, 1994). Even being a maladaptive way, repeatedly matched inhibited negative emotions and eating duo might result in a greater emotional eating tendency (Macht & Simons, 2011).

Early childhood experiences are prominent in understanding the role of learning on emotional eating. In that regard, parents' approach on understanding and meeting the child's needs can be considered as one of the determinants on the child's relationship with food. For instance, if the parent usually uses food, despite hunger but to regulate

the emotional arousal of the child or to reward her, it might lead her to learn “emotional hunger” (Bruch, 1973).

Even though it is not the intention of the parent, once the emotional hunger is triggered by stressful life events in further developmental phases of the child, (s)he will possibly be in search of food to regulate his/her mood. A study conducted with 483 university students in the USA showed that people who were rewarded with comfort food in their childhood were two-and-a-half times more prone to frequently eat emotionally when they become young adults (Brown et al., 2009). Although the *misuse of food hypothesis* has not fully been supported empirically yet (Macht & Simons, 2011), Farrow and colleagues (2015) showed that families in which controlling food usage for emotional regulation, such as a limitation of food or using it to reward the child, might result in faulty hunger cues for the child. Their findings are in line with Bruch’s theory (1973) and support the environmental learning factor on emotional eating (Herle et al., 2018).

### **2.1.2. Cognitive Models of Eating**

Individuals’ cognitions and beliefs and their predictions on eating behavior are central for cognitive models of eating in terms of internal attributions, risk perception, severity of the problem, self-efficacy, evaluating pros and cons of behavior, denial, and cognitive shifts. In that regard, social cognition models of Theory of Reasoned Action (TRA; Fishbein & Ajzen, 1975), and Theory of Planned Behaviour (TPB; Ajzen, 1985), Health Belief Model (HMB; Becker & Rosenstock, 1984), Protection Motivation Theory (PMT; Rogers, 1985), were developed. Given models were not only developed to identify the process of food choice but also provided a primary basis for interventions to rearrange food consumption (Ogden, 2010).

#### **2.1.2.1. Theory of Reasoned Action (TRA) & Theory of Planned Behavior (TPB)**

It is known that solely focusing on behavioral intention fell short of understanding eating behavior (Sutton, 1998). Accordingly, the theory of reasoned action (TRA)

was developed and expanded within the theory of planned behavior (TPB) to illuminate cognitive prerequisites of eating behavior (Ajzen, 1985; Fishbein & Ajzen, 1975). According to TRA behavior comes after behavioral intention which includes cognitive and social dimensions of attitude towards behavior, significance of norms, and subjective norms. Beliefs and evaluation of outcomes determine the *attitude toward eating behavior*; while social norms consist of beliefs about important other attitudes to behavior and motivation to be coherent with these people (Fishbein & Ajzen, 1975). The study of Shepherd and Stockley (1985) provided support to TRA as it provides a more reliable basis for predicting food consumption compared to subjective norms. Later, Ajzen (1985) expanded this model into TPB by adding behavioral control mechanisms regarding internal and external control factors. Various studies benefited from TPB, especially on identifying the intention of consuming specific foods, and interventions for reducing the main components of comfort food consumption (i.e. fat and sugar; Armitage et al., 2004; Masalu & Astrom, 2001). In another study, the role of TPB was tested to identify the socio-cognitive dimensions of perceived control, subjective norms, vulnerability to stress, and unhealthy eating among 154 university students (Louis et al., 2009). Results of this study showed that, in light of TPB, low perceived control and social norms were related with high unhealthy eating intentions under high-stress conditions.

TPB not only predicted food consumption but was also used to assess the success and sustainability of healthy eating interventions. For instance, Conner and colleagues (2002) assessed eating patterns in a health promotion clinic within three time periods Time 1, Time 2 (6 months after Time 1), and Time 3 (6 years after Time-1) and found an association among healthy eating intentions, attitudes, perceived behavioral control, and past behavior. The study pointed out that as intention stability increased, intentions and perceived past behavior became stronger and weaker predictors of behavior, respectively. In other words, perceived control predicted 43% of the variance of healthy eating intentions in the first assessment but this ratio decreased to 20% after six years. Even though the sustainability of socio-cognitive and behavioral shifts was questionable, TPB was among the critical perspectives on the identification and interventions of disordered eating (Conner et al., 2002). As hedonic responses, internal attribution, and social and subjective norms

to food consumption were associated with beliefs and behaviors on eating, conceptualizing emotional eating without TPB would be limited (Ogden, 2010).

#### **2.1.2.2. The Health Belief Model (HBM)**

The Health Belief Model (Becker & Rosenstock, 1984) aims to enlighten the influence of belief motives to understand the underlying dimensions of health-related behaviors. Individuals have three basic concepts to choose and maintain a health-related behavior: perceptions, modifying factors, and probability realization of action.

The *perception* dimension consists of how they perceive illness, and how much value they attribute to health and susceptibility while *modifying factors* of demographic variables include age, gender, ethnicity, economic status, and education level, and *psychological characteristics* contain personality and peer-pressure effects. Then, perceived threat, which includes perceived severity, susceptibility, perceived benefits and barriers, and evaluation of behavior, determines the probability of occurrence of health behavior. In sum, healthy behavior will become permanent if the benefit of healthy behavior dominates the perceived barriers. Consistent with the model's name, it is mostly used within interventions and designs that aim to change behaviors toward a healthy pattern.

The role of the HBM is crucial in considering intervention programs. For instance, the results of a meta-analysis study with eighteen studies that examined the role of HBM-based interventions on the improvement of health adherence showed the majority of these studies enhanced adherence by showing moderate to large effect sizes (Jones et al., 2014). In another study with three hundred thirty-one 13–15-year-old adolescents, HBM-based collaborative and cooperative learning techniques on healthy eating were found to be successful in enhancing the diet quality of the sample. Given study also emphasized the importance of integrating family and friends/peers into the process as they enable social learning and peer learning which are helpful in terms of maintenance of healthy eating patterns (Keshani et al., 2019).

Accordingly, to provide sustainable and healthy eating patterns, for especially adolescents, the HBM might provide a solid base.

### **2.1.2.3. Protection Motivation Theory (PMT)**

The protection motivation theory (PMT) of Rogers (1975) can be considered as the expansion of HBM which included variables of severity, susceptibility, response effectiveness, and fear. These variables were integrated to understand the rationale behind choosing the ineffective/unhealthy behavior in spite of being aware of its danger and threat to health. In its simplest form, protective actions like using seatbelts while driving are effective in preventing possible injury caused by an accident. However, most people tend to avoid such precautions (Floyd et al., 2000). Within the (un)healthy eating context, individuals might be in an attempt to avoid the physical (e.g., limited movement, cardiovascular problems) and psychological (e.g. depression, anxiety) harms of obesity, they choose to continue eating fast food. The PMT is grounded on Expectation-Value Theory (Rogers, 1975) in which *expectation* is behaving in tune with the possibility of realizing the desired result, and *value* is the mediator that engages an individual to behave in accordance with the expected outcome. When individuals have higher levels of expectation and value about an issue, then their motivations get stronger.

PMT also emphasizes the probability of occurrence of a behavior that can be estimated by cognitive processes, especially in case of increased levels of anxiety and fear. For instance, as the probability of heart attack increases, people are found to have a healthier diet to reduce the risk of such a possibility. In other words, their anxiety and/or fear of being in a higher-risk group of serious cardiac concerns leads individuals to arrange their nutritional behavior and lifestyle accordingly to minimize the risk. In that regard, the expectancy of exposure becomes a way of coping with undesirable results including heart attack (Marikyan & Papagiannidis, 2023).

In sum, all the cognitive models of eating are basically rooted in similar core dimensions by including psychological and cognitive factors as determinant of specific behavioral consequences on food consumption. However, alongside these

dimensions, the PMT mainly emphasizes cognitive appraisal processes; coping, and threat in a way that latter can promote a motivational path to conduct desirable/healthy behavior by addressing a relationship with risky and adaptive behaviors as a “protective” aspect (Marikyan & Papagiannidis, 2023).

### **2.1.3. Psychophysiological Models of Eating**

Psychophysiological models of eating consist of homeostatic, hormonal, and metabolism-related factors that influence individuals’ eating behaviors (Dönmez, 2021; Macht & Simons, 2011; Reichenberger et al., 2020). Firstly, homeostasis is the mediator that associate with a biological system to regulate and maintain balance in organisms. Central and environmental mechanisms are the main homeostatic sources that control eating behavior. Central mechanisms contain the hypothalamus and neural pathways and nuclei in the brain stem. These mechanisms transfer the information about the homeostatic state regarding eating behavior via external environmental factors (e.g., visual triggers of eating) within the somatosensory cortex.

Individuals mostly recognize food via visual cues. For instance, a food with a tempting appearance might trigger individuals to eat despite being physically hungry. Several exposures to such external triggers through the media (e.g., TV commercials, social networking sites) can be paired with the message from sensory-motor experiences in the association center of the brain. Therefore, rather than homeostasis, conditioning, and learning to eat as a response to environmental factors can be learned within the physiological mechanisms. Besides, incoming information about the metabolic state is part of providing homeostasis by providing a map of metabolic changes such as transforming fats to glucose storage in necessary cases (Dönmez, 2021).

In terms of hormonal factors, the role of serotonin and endocrine is crucial as to sweet proneness and rich carbohydrates are related to the activation of serotonergic brain systems (Macht & Gibson, 2011). First of all, *serotonin* is highly associated with hunger and mood. Therefore, increased serotonin by eating high carbohydrate

foods, which provides an elevation of positive mood, might be efficient in minimizing undesirable moods of depression and anxiety (Markus et al., 1998; Wurtman, 1982). In second place, comfort foods are also associated with a reduction of the *endocrine* stress response by decreasing cortisol levels. Several studies attempted to show that high-caloric comfort food consumption in stressful situations was increased among emotional eaters to reduce cortisol levels (Wansink et al., 2003; Wardle et al., 2000).

In addition to hormonal and neurologic dimensions, providing an *energy increase* throughout a specific food might also change one's mood. Several studies showed post-prandial enlarged levels of energy and reduced tiredness, approximately thirty to sixty minutes after chocolate consumption (Macht & Dettmer, 2006; Thayer, 2001). Accordingly, nutrient-related mood elevation and coping with negative emotions based on unpredictable stressors via energy intake is unavoidable for emotional eaters (Macht & Gibson, 2011; Torres & Nowson 2007).

Last but not least, one of the critical physiological mechanisms of emotional eating is eating as the augmented tendency to choose comfort food to soothe released stress hormones from the Hypothalamic–Pituitary–Adrenal (HPA) Axis in the brain (Macht, 2008). Similarly, Farag and colleagues (2008) also presented a positive relation between a shift to a positive mood and calorie-dense comfort food consumption.

#### **2.1.4. Conceptualization of Emotional Eating**

Emotional eating has been attempted to be identified within numerous perspectives. Early studies on emotional eating focused on the role of negative emotions, and behavioral response to emotional eating as an act of over-eating, faulty hunger cues, and internal/external stimuli as triggers of eating.

##### **2.1.4.1. Psychodynamic Approaches to Emotional Eating**

Numerous approaches were attempted to clarify the phenomenon of emotional eating. The first theory of emotional eating, the “Psychosomatic Theory” of Kaplan



and Kaplan (1957) emphasized the influence of negative emotions on eating behavior that leads to an increase in overeating to reduce the effects of unpalatable emotions, the signals of discomfort such as emotional tension, and uncomfortable sensations and feelings. In other words, the Psychosomatic conceptualization of emotional eating suggested that negative emotions lead to reducing the negative effects of unpalatable emotions (Kaplan & Kaplan, 1957). Such conceptualization has been pinpointed to enlighten the emotional eating patterns of individuals but was limited due to solely focusing on overweight/obese individuals' emotional eating. Besides, even though they proposed that obese people cannot distinguish between physiological and psychological hunger, the underlying process of the emotional eating mechanism has not been completely understood.

Later, Bruch (1973) expanded the psychosomatic conceptualization of emotional eating by focusing on the connection between overeating and faulty hunger awareness. According to Bruch (1973) previous learnings, and early life experiences, such as pleasurable sensations after being fed, might lead to eating to feel pleased in further developmental stages. As a result, an individual might become unable to differentiate the urge to eat because of hunger or signals of discomfort such as emotional tension, and uncomfortable sensations and feelings. Such conceptualization resulted in the inner awareness of emotional eaters not being correctly programmed. Therefore, they looked for "external signals" to identify the timing and proportion of what they eat. Under the roof of the psychodynamic approach, both models conceptualized emotional eating as a response to distressing/negative emotions. Ganley (1989) also reported that emotional eating mostly forms a basis for negative emotions such as anger, depression, loneliness, anxiety, boredom, and stressful life periods.

#### **2.1.4.2. Internal/External Theory**

First of all, Schachter (1968) investigated whether physiological symptoms of anxiety and fear exacerbate individuals' food consumption. Different from previous conceptualizations of emotional eating, Internal/External Theory declared that obese people lack revealing internal stimuli, and therefore require an external stimulus to

start and terminate their eating behavior. Bruch (1973) stated that the internal clues to be aware of hunger were classified as faulty ones while Schachter (1968) emphasized the lack of internal stimulus to start eating behavior and need to consume palatable foods. McKenna (1972) also found consistent results with Schachter's study about the demand for palatable foods by referring to the shortcomings of internal stimuli to control eating behavior. On the contrary, several studies showed inconsistent results by not specifying such a demand as a part of faulty hunger cues (Lowe & Fisher, 1983; Pine, 1985; Slochower et al., 1981).

### **2.1.4.3. Restraint Theory**

Another conceptualization of emotional eating was accomplished by Herman and Mack (1975) within the *restraint hypothesis*. Later, Herman and Polivy (1975) made further elaborations to their conceptualization with the main idea of their hypothesis relying on the balance between the desire for food and cognitive resistance to that desire (as cited in Canetti et al., 2002). They also addressed the disinhibition hypothesis in which restrained and emotional eaters' eating habits might have been damaged temporarily by reflections of external factors like anxiety, depression, misconceptions about overeating, and alcohol consumption.

To be more specific, negative moods might provoke eating more than usual in restrained eaters who are also known as on-and-off and/or yo-yo dieters as they tend to be on a limited diet but cannot maintain it for a long time. Therefore, compared to non-restrained eaters, disinhibited control over moods brings a lack of control over eating as well for restrained eaters (Heatherton et al., 1991; Polivy et al., 1994). Several studies also supported that although chronic dieters/restrained eaters tend to limit their caloric intake, they overeat regardless of the type and the calories in negative moods (Herman & Polivy, 2004; Ward & Mann, 2000). Thus, adopting a restrained eating pattern might indicate a risk factor development and maintenance of emotion-induced eating.

Findings of de Lauzon-Guillain and colleagues' (2009) study, which was conducted with adolescents between fourteen and twenty-two years old, and their parents

showed that same-gender parents' restrained eating tendencies can be a precise for adolescents' eating patterns. For example, not mothers' but fathers' restrained cognitive appraisal of eating were positively associated with their sons' uncontrolled eating. Likewise, girls' uncontrolled eating behavior was positively related to not the fathers' but mothers' restrained eating cognitions. In brief, the gender of parents might be a determinant for adolescents' eating behavior, but they try to differentiate their patterns from their parents.

#### **2.1.4.4. Escape Theory**

From a different perspective, emotional eating was conceptualized as an *escape* mechanism to avoid raising awareness from an ego-threatening stimulus (Baumeister & Heatherton, 1991). Escape Theory emphasizes the usage of eating as a distraction method by declaring that emotional eaters consume more food under stressful conditions that include ego-threat or self-referent negative information. In addition to that, Wallis and Hetherington (2004) pointed out that cognitively demanding and incongruent tasks might be risk factors since they escalate levels of psychological hunger as such situations can be perceived as ego-threatening and having limited control over them. The study of Baumeister and Heatherton (1991) revealed that emotional eater participants escalated their food intake followed by a stressful task (completing a Stroop test) in an attempt to regulate their emotional well-being.

Enhanced positive mood is usually observed after food intake. At that glance, one of the most accepted conceptualizations of emotional eating was conducted by Van Strien and her colleagues (1986). Their definition displayed emotional eating as a response to irritability, depression, and tension, and it was a *psychological eating style*, which was later extended to an obese style of eating to overcome unpleasant emotions (Van Strien et al., 2016). In tune with previous ones, their conceptualization also focused on triggering negative emotions and situations and identified emotional eaters as overweight. Since emotional eating studies had started with overweight participants and then generalized into both obese and normal and-under-weight individuals (Geliebter & Aversa, 2003), their extension might be consistent with the point of origin of emotional eating studies.

#### **2.1.4.5. The Three-Stage Model**

The three-stage model of emotional eating was developed by Macht and Simons (2011) to examine the physiological and psychological factors affecting emotional eating behavior. According to this model, food intake has been related to both physiological and emotional effects. High caloric food intake might result in bilateral changes among emotions, metabolism, neurotransmitters, and the endocrine system. Thus, this system presents the role of *physiological effects* on emotional eating behavior. The focus of *psychological effects* on emotional eating is “hedonism” induced eating and its association with the hormonal and neurotransmitter system. In such an effect, foods also arouse pleasurable feelings in the individual via their flavors and pleasant aromas (Macht, 2008; Macht & Simons, 2011).

Due to the complex nature of eating habits across individuals, these effects can be triggered by diverse eating patterns. The model of Macht and Simons (2011) promotes a minimum of three levels of emotion-induced eating patterns which include occasional small amounts of comfort food consumption with hedonistic intentions, habitual emotional eating to increase energy, and neurochemical compulsive/binge eating as a result of changes in neurochemical mechanisms due to long term emotional eating. To illustrate, for the hedonic stage, results of a randomized controlled study conducted with forty-eight normal-weight females and males showed that one teaspoon of chocolate modestly reduced the tension due to negative emotions (Macht & Müller, 2007).

In the second level, which is a critical transition period as eating addiction can be developed regarding the combination of physiological procedures and hedonism, the emotional eating pattern becomes more “habitual”. Therefore, emotional eaters at this level tend to consume larger amounts of food rather than snacks like chocolate. As individuals at this level consume more energy-dense food, they feel more relieved (Macht & Dettmer, 2006). Since comfort food addiction is fully integrated with chronic effects of neuro-chemical-and-endocrine systems, the third level can be considered the risky and most severe phase. After level three, repeated compulsive over-eating and binging might result in eating disorders (e.g., Binge Eating Disorder; Macht & Simons, 2011).

#### **2.1.4.6. Positive Emotions and Undereating Issues**

Contrary to previous approaches, the recent paradigm on emotional eating mainly focuses on two main domains (Bongers, 2016). Consistent with the majority of emotional eating theories, the first domain focused on the regulatory issues of eating to cover up negative feelings such as loneliness, anxiety, and boredom. Latter was eating to reward oneself, to celebrate, or to give oneself pleasure.

Recent studies showed that not only the negative but also the positive emotions and situations, as in the rewarding and celebrating experiences, have been considered as a critical component of emotional eating. For instance, several experimental studies revealed that both *negative* experiences of natural disasters, daily hassles, and highly stressful situations (e.g. being exposed to unmanageable tasks), *positive* ones such as being exposed to positive film excerpts, having positive feedback, recalling a positive memory, and enjoyable activities (e.g. being exposed to manageable tasks) result in an increase on comfort food consumption (i.e. various types of chocolates and chips) of emotional eaters (Adriense et al., 2011; Bongers et al., 2013; 2016; Evers et al., 2009; Fay & Finlayson, 2011; Royal & Kurtz, 2010; Sultson et al., 2017; Turner et al., 2010). Accordingly, current paradigms on emotional eating acknowledge the role of positive emotions, especially happiness and joy, while elaborating on individuals' emotion-induced eating behavior (Bongers & Jansen, 2016).

Studies did not only highlight the influence of positive experiences and moods on eating but also posited that emotional eating might be observed as both over- and-under eating. As early theories on emotional eating were dominantly focused on overeating and obesity, recent perspective adds crucial pieces to the completion of the emotional eating puzzle by emphasizing that emotion-induced eating can be both upward and downward based on the previous learnings and perceptions of emotions. For instance, anger can be related to overeating for some individuals while undereating for others. Such examples are also valid for positive feelings like happiness (Adriense et al., 2011; Bongers et al., 2013; Evers et al., 2009; Reichenberger et al., 2020). Besides, quantitative measures can fall short of assessing

emotional eating due to its complex nature which does not have diagnostic criteria as in the eating disorders, and attitudes and behaviors on emotional eating tend to show highly changing motives (Bongers et al., 2016). Therefore, there is a need to adopt a broader perspective on the valence of emotions, both cumulative and declining emotional appetite, and more in-depth and unique assessment processes.

## **2.2. Dimensions Associated with Adolescents' Emotional Eating**

### **2.2.1. Eating as a Way of Coping: Emotion and Regulation**

Emotions are a significant and indispensable part of everyday life. However, presenting a common definition of emotion is not straightforward due to its multi-layered nature and mutual influence in the context of various contributors (Wernes & Gross, 2010). Emotion can be defined as a short form of mood that occurs when internal or external stimuli indicate that something important to the individual is in danger (Ekman, 1992). Another definition illustrates emotions as a series of internal changes that lead to external actions (Damasio, 1999). In this context, today it is widely accepted that emotion expresses the whole of psychological states including subjective experience, expressive behavior (e.g., facial, physical, and verbal, etc.), and physiological reactions (e.g., heart rate, respiration, etc.; Gross & Barrett, 2011).

Each emotion contributes to adaptation in individuals' lives. However, in some cases, they may lose their functionality and become disruptive. At that glance, the regulation of emotions becomes a necessity to maintain harmony. Briefly, emotion regulation is the process of identifying the emotion, being aware of when a specific emotion occurs, and how emotion is experienced or expressed (Gross, 1998; Gross & Thompson, 2007). Emotion regulation can be conscious or unconscious, automatic, or voluntary, behaviors, skills, and strategies that serve to enhance or reduce the experience and expression of emotion. In a way, such processes serve to weaken or prevent the negative effects of uncontrollable emotions by anticipating their negative effects, as well as increasing emotion due to expected advantageous effects (Calkins & Leerkes, 2011).

Even though *negative* emotions like anger, fear, jealousy, loneliness, sadness, anxiety, etc. may have very useful functions for a person in certain situations, experiencing such emotions for too long may result in psychological distress. Some cross-sectional studies have shown that negative emotions such as anger, disgust, sadness, guilt, and anxiety trigger stress and are associated with psychopathological symptoms such as depressive disorders, anxiety disorders, obsessive-compulsive disorder, and eating disorders.

Although emotions such as happiness, joy, and hope are characterized as *positive*, extremely extended experiences of these emotions are also related to psychopathological symptoms such as depressive disorders, anxiety disorders, and obsessive-compulsive disorders (Du et al., 2018; Fairburn, 2009; Lunkla, 2014; Snoek et al., 2007). Therefore, effective emotion regulation (e.g., increased cognitive flexibility, cognitive reappraisal) can be a preventive factor with regard to the development of psychopathological symptoms (Fitzpatrick et al., 2019).

The Process Model of Gross (1998) consisted of “situation-attention-evaluation-response” stages including the basic features of emotion. These stages start with a psychologically related internal or external triggering situation/event (Gross & Thompson, 2007). While the internal trigger can be a thought passing through our minds or a burning sensation in the body, the external triggers can be different stimuli such as a positive-negative conversation with someone else or external physical conditions such as sound and noise. In the attention stage, the individual needs to pay attention to these triggers.

The interpretations made to the existing stimuli in line with the goals and objectives of the person constitute the evaluation stage. As a result of these stages, a reaction including experiential/ physiological/ behavioral elements emerges. This reaction also brings about a change in the situation itself. Accordingly, the emotion changes the situation, and the situation causes the next situation to change. Apart from this model, one of the most important features of emotion is that emotion is flexible. Emotions can change over time by moving from fast/slow, intense to less intense. This feature of emotion enables emotion regulation (Werner & Gross, 2010).

External expressions of emotions might affect eating behavior. As the term suggests, it is not hard to assume the key role of emotions within the phenomenon of emotional eating. Rather, the nature of emotional eating is complex in understanding the role of these emotions and related factors as not only the label of emotion but also its intensity and how individuals experience and react to them vary massively (Cardi et al., 2015).

Emotional eating may be the result of several dimensions. The transdiagnostic approach proved that emotion regulation is one of the key factors in disordered eating cases including emotion-induced eating. According to this approach, unhealthy eating patterns (e.g., bingeing, emotional eating) have been defined as a part of problematic coping as interpreting eating to solve the concerns, or not having any other tool for enduring the issue (Fairburn et al., 2003; 2009). Emotional control mechanisms including suppression, avoidance, and rumination via eating reinforce labeling triggering emotions as intolerable (Chapman et al., 2009; Leahy, 2002, 2009; Nolen- Hoeksema et al., 2007).

Pioneer approaches to emotional eating have focused on the “negative emotions’ solely and defined it as a response to these emotions (Bruch, 1973; Kaplan & Kaplan, 1957). For instance, Macht and Simons (2000) presented different types of emotional states including anger-dominance, tension/fear, and relaxation/joy to twenty-three female participants and asked them to rate their eating motivation and emotional circumstances in the predetermined time for six ensuing days. Results revealed that negative emotion sets showed a higher association aiming for emotion regulation or control. A longitudinal study with 477 participants between the ages of 15 and 30 examined the between- and within-person effects of major stress on emotional eating by solely focusing on the negative influences of emotions, such as sadness and guilt, on the eating behavior (Fowler et al., 2023).

At that glance, not only the valence of the emotions but also the regulatory function plays a role in the maintenance of unhealthy eating patterns like emotion-induced eating. For instance, a study with 125 women with eating disorders, and 132 women with no eating disorder history was conducted to assess the relationship among



emotions, coping styles (including task-oriented coping, emotion-oriented coping, avoidance), and emotional eating. The findings of the study revealed that emotion-focused coping and avoidance were positively associated with emotional eating, an increase in emotion-focused coping and avoidance scores was followed by an increase in the emotional eating scores (Spoor et al., 2007).

Results of another study with sixty-nine adolescents between 13 and 21 years old showed that increased negative mood and difficulty in controlling behavior were associated with lower levels of quality of life and mediated by food addiction and emotional eating (Rose et al., 2018). Similarly, a cross-sectional study with undergraduate students between 18 and 25 years old, showed a direct relationship between negative emotions and emotional eating, and this relation was mediated by avoidance (Litwinn et al., 2017). Apparently, control and regulation mechanisms are crucial in emotion-induced eating.

Negative emotions have been considered as risk and maintenance factors for eating-related disorders. Accordingly, primary, and commonly used assessments were also dominantly focused on the impact of negative emotions on emotional eating as they have been identified among predictors of the onset of disordered eating and eating disorders in clinical and non-clinical samples (Cardi et al., 2015). To illustrate, one of the very first and extensively used and validated measurement instruments of emotional eating, the Emotional Eating Subscale of Dutch Eating Behavior Questionnaire (van Strien et al., 1986a), has its foci on negative emotions of loneliness, anxiety, and depression while measuring emotional eating.

The Emotional Eating Scale (Arnouk et al., 1995) also conceptualizes emotional eating regarding anger/frustration, anxiety, and depression by presenting twenty-five emotions such as inadequacy. Lastly, the revised form of the Three Factor Eating Questionnaire-R18 (Karlsson et al., 2000) aims to present an understanding of emotional eating by focusing on negative emotions of anxiety, sadness, and loneliness. Assessments in naturalistic settings also provided results about the role of negative emotions on eating-related-disorders with regard to anxiety (Lavender et al., 2013). Yet, results on negative moods and disordered eating have been inconsistent and limited (Haynes et al., 2003; Yeomans & Coughlan, 2009).

Given assessment procedures of emotional eating are comprehensible as being in line with the first attempts at identifying the emotional eating phenomenon. On the other, approaches after millennia have aimed to indicate a more comprehensive manner by integrating positive emotions. To illustrate, in Emotional Eating Scale-II (Kenardy et al., 2003), a positive mood component has been added to previous three emotional states. Geliebter and Aversa (2003) also extended the measurement of emotional appetite including positive and negative moods and situations, as Masheb and Grilo (2006) aim to assess the given concept including both emotional states of happiness and sadness.

Recent studies also address the neglected influence of positive emotions on eating behavior. A multifaceted study including film passage demonstrations, in-vivo provocation procedures, and naturalistic diary steps with seventy university students showed the essence of integrating various emotions while enlightening the emotional eating process. Results of the study revealed that positive emotions of happiness, pleasure, joy, contentment, and satisfaction were as influential as negative ones on food consumption. Moreover, participants experienced positive emotions and consumed more food than the ones in the control group. A positive association between positive emotions, rather than negative or neutral ones, and food intake was also posited in other studies (Evers et al., 2013; 2018). However, compared to the point of origin of emotional eating – eating as a response to coping with negative emotions, the influence of positive emotions still seems to be more limited.

### **2.2.2. Family Factors: Parental Eating-feeding Styles, Family Mealtimes, and Obesogenic Food Environment**

Family plays a prominent role in the development of eating disorders (see Minuchin's psychosomatic families in the conceptualization of anorexia nervosa; Minuchin et al., 1978, and Palazolli's anorectic process model in the family; Selvini-Palazzoli & Viaro, 1988). On the other hand, although limited, the placement of family in disordered eating, such as emotional eating, is also highly considerable.

Although adolescence is known to be a period in which peer relations gain importance, family context is a critical part of understanding human behavior.

Specifically, the relationship with parents is crucial to enlighten the functional or dysfunctional development of adolescents (Erriu et al., 2020). Not only healthy family functioning is associated with the prevention of eating disorders (Laghi et al., 2017), but also family connectedness is among the protective aspects for disordered eating (Neumark-Steiner et al., 2009).

*Family atmosphere* and eating practices are also notable in understanding adolescents' emotional eating. Parents have a major impact on their child's eating patterns in various ways. Yelverton and colleagues (2020) revealed that parents' emotional eating was associated with their child's emotional eating. Results obtained from 230 mother-child dyads ( $M_{age\_mother} = 38.52$ ,  $M_{age\_child} = 5.12$ ) indicated that the mother's higher emotional eating scores predicted the escalation of child's emotional eating, reply to satiety cues and being more picky through the types of foods. Their study also posited that emotional hunger and hedonic eating of the mother were parallel with the child's unhealthy approach to food within obesogenic food environments, which contributes to weight gain due to promoting life conditions regarding comfort foods with calorie-dense foods including high carbohydrates, fat, salt, and sugar (Werthmann et al., 2014).

Familial environmental factors, such as *obesogenic environments*, might be influential on the emotional eating of adolescents. Constant availability of comfort foods and their consumption by family members might affect the adolescent in various ways (Werthmann et al., 2014). For instance, the availability of such foods might be an external trigger for adolescents resulting in unhealthy food choices. Besides, if there is a parent who repeatedly buys and consumes comfort foods, such as chips, chocolates, candies, and fast foods, adolescents tend to consider this eating pattern as "*socially normative*" which results in frequent choices of hedonic food choice (Kemp et al., 2011; Yelverton et al., 2020). Moreover, the parent with an unhealthy eating pattern might be the "*role model*" of the adolescent. In a qualitative study with 168 participants, ages between 18-75 years old, participants revealed that they have a common eating pattern with their significant others-family and friends-with high-caloric foods (Brown et al., 2009). The Biopsychosocial Model and Behavioral Susceptibility Theory also emphasize the role of the obesogenic food

environment on the augmentation of children and adolescents' emotional eating regarding the availability of unhealthy meals, and genetic vulnerability (Llewellyn & Fildes, 2017; Russell & Russell, 2018).

To avoid obesogenic food environments, *family mealtimes* are as vital as food preferences and what is cooked at home which shapes the eating habits of individuals, beginning from childhood. Findings of a fifteen-year-long longitudinal study with 727 young adults presented that when adolescents become parents, they had similar family mealtime routines to when they had experienced during their adolescence (Watts et al., 2018).

Another study conducted with adolescents between 12 and 17 years old, with 1646 parent-child dyads, showed that an increase in the frequency of family meals with the participation of all members leads to a decrease in the frequency of emotional eating and negative emotions while promising a healthier eating routine. Besides, screen usage during family mealtimes (e.g., watching television, using cell phones) was found to be related to greater scores on both adolescents' and their families' emotional eating. Adolescents who had higher scores on the importance of frequent family meals were found to suppress their emotions less, and had lower scores on emotional eating (Romano et al., 2021). These results imply the importance of qualified family mealtimes and the functioning of the role model process (Utter et al., 2008).

Parental feeding methods are also a prominent part of the development and life-span maintenance of emotional eating. Longitudinal and experimental studies showed that controlling parental feeding methods are known to be indicators of food intake with regard to emotion regulation, coping, and conceptualizing food as reward, or restriction (Blissett et al., 2010; Steinsbekk et al., 2018). Frequent emotional feeding methods were shown to be an indicator of children's emotional eating (Rodgers et al., 2014). Accordingly, whether consciously or not parents might teach their children to control their emotions via eating in the family environment, and tend to be preserved throughout adolescence and adulthood (Nicklaus et al., 2004; Stone et al., 2022). Tan and Holub's (2015) study also supported the role of parental feeding

practices on emotional eating by drawing attention to the indirect (mediative) effect of parental feeding methods in childhood on the relationship between parents and children's emotional eating.

### **2.2.3. Social Factors: Culture, Media, Peer Comparison, and Body Image**

In addition to nutrition, eating promotes various functions and meanings in individuals' lives (Ogden, 2012, p.107). According to Helman's (1984) food classification model, culture is a key factor in explaining the meaning of food from different perspectives. This classification includes types of "food versus non-food; sacred versus profane foods; parallel food classification, food as medicine and medicine as food and social foods".

At that glance, *social foods* endorse a special meaning in the context of emotional eating as they illustrate the social function of food and eating. Such functions include the way of developing close relationships, preparing special dishes as a sign of caring and social worth, or a sense of belonging to a certain group via traditional/culture-specific foods for special days, and *family meals* with an attempt to gather the whole family members at the table for a shared purpose like celebrations, feasts, Sunday breakfasts, and so on (Ogden, 2010).

The communication aspect of food and eating as a reflection of *cultural identity*, and *sense of self and belonging* should be considered within the developmental period of individuals. For example, the embedded meaning of food can vary among children, adolescents, and adults. Yet, one common thing is mealtimes enable a time for communication in the family for both parents and adolescents and might have a facilitative role in family functioning (Hamilton & Wilson, 2009; Lawrence & Plisco, 2017).

Adolescents' emotional eating habits are shaped by a special interaction of social, familial, and cultural factors in Türkiye. An in-depth analysis within the framework of Turkish culture is necessary to comprehend emotional eating in Turkish adolescents including cultural values, family dynamics, social pressure and body

image, cultural expression of emotions, and cultural coping mechanisms. Firstly, food is highly valued in Turkish culture and is a fundamental component of social events, holidays, and family ties (Yavuz et al., 2020). Emotional ties to food are fostered by the rich flavors and communal dining of traditional Turkish cuisine. Emotional eating patterns in Turkish adolescents may be influenced by the cultural link between food and emotions.

According to Sayar (2016), family is very important in Turkish society and influential on the emotional experiences and eating habits of adolescents. Traditionally, family meals have been a source of support and emotional expression. Nonetheless, emotional eating may be brought on by family tensions or disputes, as adolescents turn to food as a form of comfort (Yavuz et al., 2020). Furthermore, social media portrayals and the standards of attractiveness amplify societal pressures Turkish adolescents experience about their bodies (Ataç, 2018). Emotional eating may be triggered as a coping mechanism by negative feelings brought on by body dissatisfaction as individuals who experience social pressure to conform to norms are more likely to experience emotional distress and develop unhealthy eating habits.

Certain standards pertaining to the expression and management of emotions may be prescribed by Turkish culture (Sayar, 2016). Adolescents who adopt these cultural norms may turn to eating as a socially acceptable way to cope with their emotional disturbance. Emotional eating is a coping mechanism that is approved by culture and seems to be suitable for conventional ways of expressing feelings. Lastly, to manage stress and emotions within their cultural framework, Turkish adolescents utilize cultural coping mechanisms (Sayar, 2016). To be more precise, comfort food consumption has been encouraged as a part of social support and socializing to vent emotional discomfort through food, and maladaptive coping strategies in Turkish culture (Şanlıer & Öğretir, 2008).

Although media, which have the risk of triggering eating disorders, idealize thin/fit body shapes, it devotes more airtime to advertisement and promotion of unhealthy foods (Freiro et al., 2021; Radnitz et al., 2009; Roseman et al., 2014). In that regard, a result of experimental studies conducted with children showed the significant

influence of food-related advertisements on the energy-dense food intake of children in England (Halford et al., 2004; 2008). In another study, children were exposed to advertisements including healthy and unhealthy foods and their association with food choice and memory. Even though the findings of the study did not promote any influence on food choice, children tended to remember unhealthy food advertisements more often compared to healthy ones (King & Hill, 2008).

Similar role of screen-related content is also an important factor for adolescents. For instance, a study investigated the relationships among social pressure, social comparison, social media, and emotional eating among fifteen- and seventeen-year-old Chinese adolescents (Ding & Xu, 2021). Given study specifically posited the role of anxiety and gender as risk factors in such relationships.

The *social comparison theory* presents a basis for understanding the interplay among disordered eating, body dissatisfaction, and media. Although the majority of the studies were conducted within the adult population, such interplay gains importance regarding the developmental features of adolescence in terms of increased desire to be admired, and the importance of social relationships (Ogden, 2012). For instance, Hamel and colleagues' (2012) study with seventy-five adolescent girls, whose ages were between 12 and 18 years old, were asked to rate their body by compared to others on a five-point Likert scale. Besides, their scores on eating disorders, depressive disorder, and self-esteem were obtained. Results pointed out that adolescents with higher scores on eating disorders were associated with lower levels of body-related self-esteem compared to adolescents with depressive disorders and adolescents without any diagnosis (Hamel et al., 2012). Thus, especially considering adolescence, body image, and social comparison should not be neglected while working with eating disturbances.

Similarly, a study with five hundred twenty-three females showed that being exposed to social media was a risk factor for the development and maintenance of disordered eating among adolescents (Becker et al., 2011). Findings of another study pointed out that spending more time on social media escalated the body dissatisfaction and eating disturbances among adolescents (Kaewpradub et al., 2017). As mentioned in

the Social Comparison Theory, within the upward social comparison with peers and figures on social media, body dissatisfaction has been an increasing trend among adolescents (Festinger, 1954; Webb et al., 2021).

Terms of “body image” and “body dissatisfaction” are used interchangeably. However, *body image* refers to a general belief in an individual’s physical appearance while *body dissatisfaction* is defined as the negative appraisal of the body, including the fear of weight gain and becoming obese, and the dysfunctional use of body image as a means of self-evaluation due to a disparity between real and ideal body figures (Brechan & Kvaem, 2015). Body satisfaction can be rooted in distorted body estimation and the difference between ideal and perceived body image (Grogan, 2006; 2022). Results of a study conducted in Norway with 320 students (65% women) suggest that body image, in general, may have a direct impact on disordered eating patterns such as restrained eating and compensatory behavior (Brechan & Kvelam, 2015).

Another study conducted with 536 school and 93 university students in South Australia, assessed the emotional responses to emotions of “happiness, fear, and disgust” and the food choice within gender and age groups. Results showed a positive association between age and emotional responses toward eating-related concerns that as age increased disordered eating and body dissatisfaction for all the given emotions increased as well (McNamara et al., 2008). A longitudinal study with 496 female adolescents aged 12 to 15 years old also revealed that body dissatisfaction increases the likelihood of developing an eating problem by 68% (Rohde et al., 2015). Regarding the occurrence of over-evaluation of eating and body image, the role of self-worth seemed to be crucial in indicating the severity of disordered eating (Furnham et al., 2002).

There is a consensus on the relationships among social media, peer comparison, and disturbed eating patterns, yet it is complicated to clarify the complex association among them. To illustrate, Ferguson and colleagues (2014) study with two hundred thirty-seven adolescents also figured out the role of social media usage on disordered eating. However, given study emphasized the effects of “social comparison” and



“peer competition” within social media as the indicator of negative body image leading to disordered eating. Results of path analysis in a study with thousand and eighty-seven adolescents showed that being exposed to *idealized* body figures via magazines and social media comments proposed a risk factor for adolescent girls’ body-related shame and self-objectification by augmenting negative body image, and consequently dieting (Tiggeman & Slater, 2014).

In a study with 438 Australian high school students, the *duration* of having a social media account over two years and having an expanded *number of friends/followers* in social media were among the significant predictors of body monitoring, and thin idealization (Tiggemann & Slater, 2017). Similarly, results of a study with 189 females aged between ten and twelve years old revealed that increased exposure time on social networking sites was positively associated with higher body image concern, and thin idealization (Tiggeman & Slater, 2014). *Age* and *gender* are also among the prominent predictors of media-related disordered eating through body dissatisfaction. Accordingly, the interplay among discrepancy between idealized “thin” or “fit” figures and themselves, the influence of media, and eating disturbance endorse great risk for adolescent females (Harrison, 2000; Ogden, 2012).

The discrepancy between ideal and perceived body evaluation might be triggered by the components of family and social media and play a significant role in the body satisfaction and disordered eating patterns of adolescents (Grogan, 2022). For instance, young females’ low body satisfaction was positively correlated with their mothers’ dissatisfaction with their own bodies (Ogden, 2012). Another study conducted with 356 adolescents and mother dyads also supported that general transition on body dissatisfaction by implying its result in disordered eating and eating pathology within the actor effect for participants older than sixteen years old (Laboe et al., 2022). In order to enlighten such intergenerational transference of body dissatisfaction, the maternal effect on adolescents’ negative body image and disordered eating requires further exploration (Brun et al., 2021). However, there are also studies that stress the role of both maternal and paternal relationships and bonding are among both *risk* or *protective* factors for their children’s body image and eating habits regarding their efficiency (Izydorczyk et al., 2021; Steinhilber et al.,

2020). In all, even (social) media is a prominent part of eating habits and body satisfaction of adolescents, the influence of parent figures within the socio-cultural context should not be neglected (Izydorczyk et al., 2021).

The *direction* of social comparison is among the predictors of body-related satisfaction. For instance, regarding *upward comparison*, individuals tend to be motivated to make changes in themselves due to perceived discrepancy between the social comparison figure, who was accepted in a higher position, and themselves. (Martin & Kennedy, 1993). However, prominent social figures in the media mostly encourage thin idealization (Ogden, 2012). Thus, social comparison with “influencers” on social media and themselves might promote self-discrepancy and contribute to body dissatisfaction (Posavac & Posavac 2002). Accordingly, if internalization and upward comparisons could be prevented, then body dissatisfaction may not ensue. Thus, interventions should be designed considering this purpose (Ogden, 2012). In summary, social learning factors are central to choices about food. This includes significant others in the immediate environment, especially peers, parents, and the media commence role models and present behavior and attitudes that can be observed and integrated into the individual’s behavioral repertoire.

#### **2.2.4. The Influence of Covid-19**

As in the other aspects of life, one of the most impactful consequences of Covid-19 was its effect on eating attitudes and behavior, which was dominantly increased on bingeing. A study revealed that during Covid-19 lockdowns, a third of individuals in the normal population with no disordered eating history increased their binge eating during and after the pandemic (Phillipou et al., 2020). The pandemic not only affected the bingeing but also increased the frequency of eating and food preferences. Results of a study in the United Kingdom showed that 17% of the population reported eating more food, and 23% reported eating more unhealthy foods than usual (Fancourt et al, 2020). Due to the sense of isolation and discomfort induced by lockdown precautions, there may be a connection between these changes and the adoption of emotional eating habits (Brooks et al., 2020).

Self-reported emotional eating has been investigated in cross-sectional studies that were carried out during the early lockdown periods in several countries. For instance, a study comparing samples from Spain and Greece reported that, despite differences in the severity of lockdown measures, both samples reported higher levels of emotional eating than pre-pandemic (Papandreou et al., 2020).

A study that was conducted in Italy showed that half of the respondents reported food consumption as a form of *comfort* in response to anxious states by escalating their food intake to feel better yet feeling anxious as a result of their current eating habits. By the results of the previous disordered eating studies, females declared themselves to be more prone to using food in such negative contexts due to Covid-19 (Di Renzo et al., 2020).

Another study within Italian sample also presented consistent results. Scarmozzino and Visioli (2020) identified that half of their sample reported that they changed their dietary patterns during the lockdown. Specifically, 42.7% of 1932 participants noted that they increased food intake while highly experiencing anxiety by frequently preferring more “comfort foods”, such as chocolate and ice cream than before (Scarmozzino & Visioli, 2020).

A major study with 1001 participants from United States declared that during the pandemic, self-reported emotional eating mediated the relationship between perceived stress and food choice motives by emphasizing the explored function of comfort food as a stress relief and mood improvement mechanism (Shen et al., 2020). However, it should not be neglected that situational causes such as being alone and being at home during this period may also contribute to a shift in eating patterns. Such factors of being alone and spending more time at home also resulted in increased food intake and emotional eating in a previous study (Baumeister et al., 1994).

The Covid-19 pandemic caused uncertainty about many issues, including physical and psychological health factors. It has been a stressor for many people all over the world as being an ego-threatening stimulus and signaling a risk of death (Papandreou

et al., 2020). At that glance, emotional eating might serve as a coping mechanism to handle negative emotions in a maladaptive way. Yet, the cognitions and emotions under emotional eating during the pandemic, which was accompanied by *uncertainty*, remain unknown.

Studies in Türkiye, in which the dominant cultural pattern was found as ‘avoiding uncertainty’ (Hofstede & Hofstede, 2005), presented mixed results regarding eating patterns during the pandemic. A survey study was conducted in the early phase of the national pandemic, April 2020 with 1000 participants across different regions of Türkiye ( $M_{age} = 33.97$ ; 50% female). 16% of the participants indicated that they consumed more food during the pandemic. Interestingly, the results of the survey showed an increase in healthy food choices (e.g., fruits and vegetables), while a decrease in snack consumption (Özlem & Mehmet, 2020). However, such findings were not consistent the studies that were conducted during the same period of lockdown. For example, Karahan-Yılmaz and Eskici (2020) pointed out an increase in carbohydrate food preference and dessert consumption during the pandemic in their study with 1120 participants from Türkiye.

The findings of another study with a Turkish sample revealed that while sadness predicted emotional eating, fear of Covid-19 had no direct influence on emotional eating (Pak et al., 2021). In the given study, gender was shown to have a substantial connection with emotional eating and fear of Covid-19, while age had a negative correlation with intolerance of uncertainty. Females reported greater levels of both emotional eating and dread of Covid-19 which is consistent with previous studies (Broche-Perez et al. 2020; Hossain et al. 2020; Larsen et al. 2006; Sakib et al. 2022).

### **2.2.5. Summary of Literature Review**

Emotional eating, eating as a response to emotional cues rather than physiological hunger, is one of such complex disordered eating patterns requiring further exploration (Macht & Simons, 2000; van Strien et al., 1986a). Previous literature majorly focused on the role of negative emotions and situations in emotional eating. Nevertheless, several studies suggested the influence of positive factors on emotional

eating (Bongers et al., 2013; 2016; Evers et al., 2009). Alongside the individualized dimensions of genetic and psychological background, family, peers, social media, and culture have significance in elaborating social factors contributing to the predisposing, process, and post-emotional eating experiences of adolescents' emotional eating.

The layered nature of emotional eating has been attempted to be conceptualized from many perspectives including developmental models, cognitive models, and psychophysiological models of eating. The developmental model emphasizes the influence of socio-environmental factors concerning exposure, social learning, and associative learning processes. Cognitive models of eating, which mainly focus on the beliefs about consequences of eating patterns and food consumption, consist of the theory of reasoned action, the theory of planned behavior, the health belief model, and the protection motivation theory (Cleobury & Tapper, 2014; Ogden, 2010; Reichenberger et al., 2020).

Emotional eating is also in relation to various physio-psychological factors. One of the most common and accepted ones was suggested by Macht (2008) within the configuration of emotional eating as the tendency to choose *comfort food* to soothe released stress hormones from the Hypothalamic–Pituitary–Adrenal (HPA) Axis in the brain. Farag and colleagues (2008) also stated feeling under pressure increased comfort food consumption to boost mood. In addition to emotional factors, these dimensions are also influential on the severity and frequency of emotional eating.

The preliminary studies explored the emotional eating phenomenon with regard to its contribution to obesity (Kaplan & Kaplan, 1957), and faulty hunger cues (Bruch, 1973). Afterward, the restrained theory suggested that negative moods might provoke eating more than usual in restrained eaters as they tend to be on a limited diet but cannot maintain it for a long time, and the given process has been embodied with emotional eating (Heatherton et al., 1991; Polivy et al., 1994). Meanwhile, escape theory focuses on food consumption as a distraction method by presenting that emotional eaters consume more food under stressful conditions that include ego-threat or self-referent negative information (Baumeister & Heatherton, 1991). Macht

(2000) pointed out the hedonic tendencies, and the risk of shifting to eating addiction, within the explanation of the emotional eating phenomenon.

Although the initial studies were dominantly shaped by the influence of negative emotions and their contribution to emotional overeating (negative emotional eating), recent research showed evidence of the role of positive emotions also lead emotional eating, and such eating pattern is not only limited to food over-consumption but also under-consumption (under-eating), and decrease in appetite (Adriense et al., 2011; Bongers et al., 2013; 2016; Evers et al., 2009; Fay & Finlayson, 2011; Royal & Kurtz, 2010; Turner et al., 2010).

Considering the critical point of adolescence in the development and maintenance of emotional eating, associated dimensions with their eating patterns should be investigated comprehensively. These dimensions include emotion regulation in terms of eating as a way of coping, family factors of parents' eating and feeding styles, family meal times, being exposed to obesogenic food environment, social factors including culture, (social) media, peer comparison, body image, and the Covid-19 quarantine (Evers et al., 2013; 2018; Romano et al., 2021; Stone et al., 2022; Ogden, 2012).

## CHAPTER 3

### METHOD

This chapter consisted of the methodological procedures of the current study. After the research design of the study was presented, sampling, participants, and data collection procedures were illustrated. Then, the data collection instruments along with the information regarding their reliability and validity evidence were presented. Afterward, data analysis procedures were explained in detail. Lastly, the limitations of the study were provided at the end of the chapter.

#### **3.1. Research Design**

The current study aimed to gain an in-depth understanding of ongoing emotional eating regarding factors leading to emotional eating. Therefore, a descriptive phenomenological psychological methodology (Giorgi, 1970; 1986; 2009; Giorgi et al., 2017) in conjunction with reflexive thematic analysis (Braun & Clarke, 2021) was used to comprehensively explore the emotional eating process among adolescents. Data were collected from separate semi-structured interviews with adolescent-mother dyads, and adolescents' food diaries.

##### **3.1.1. Why would reflexive thematic analysis and descriptive phenomenological psychological method be suitable to use as the method of qualitative investigation for this study?**

The descriptive phenomenological psychological method of Giorgi (1970; 1986; 2009; Giorgi et al., 2017) was selected due to its emphasis on elucidating the fundamental structures inherent in lived experiences alongside reflexive thematic analysis. Given analysis served as a supplementary framework for the identification

and examination of recurring overarching themes, themes, and subthemes within the dataset. This combined approach was used to furnish a nuanced comprehension of the emotional eating phenomenon among mid-adolescents. The phenomenological psychological method involves a series of systematic steps including “*bracketing (epoché), data collection via in-depth interviews, and transcendental phenomenological reduction*” (Wertz, 2005). To be more precise, *bracketing* requires the researcher to set aside preconceived notions, biases, and theoretical frameworks while ensuring an open and unbiased exploration of adolescents' emotional eating experiences. Accordingly, *semi-structured interviews* were conducted to gather detailed narratives about their emotional eating experiences. The interviews aim to elicit rich descriptions of the process, including triggers, emotions involved, emotional eating functions within context, and psycho-social factors. Last but not least, collected data were enriched with food diary recordings and subjected to *transcendental phenomenological reduction*, involving a systematic analysis to identify the essential structures and meanings underlying the emotional eating process. The given systematic analysis was utilized by integrating reflexive thematic analysis (Braun & Clarke, 2021) to identify recurrent themes and patterns within the data aiming to provide a clear basis to enlighten the fundamentals of adolescents' emotional eating.

This study was suitable to employ a nuanced dual-method approach by utilizing thematic analysis through the descriptive phenomenological lens to provide a more comprehensive exploration of both the essence of individual experiences (phenomenological perspective) and the identification of recurrent themes or patterns across the data (thematic perspective) to present the perceptions and determinants of emotional eating behaviors of mid-adolescents. These methodological stances were utilized to present an in-depth, structured, yet still reflexive approach to construe the functions of emotional eating within both personal and contextual factors.

### **3.2. Participants**

Purposive sampling was used to collect data from adolescents between the ages of 14-17. The Emotional Appetite Questionnaire (EMAQ), in which an emotional



eating total score greater than the midpoint of five (Geliebter & Aversa, 2003), was used to ensure that participants are emotional eaters. Twenty semi-structured interviews were conducted with participant adolescents and their mothers about their children's eating patterns. Since parents' influence and their experiences with their children about emotional eating will be a source of data, participants also need to be living with at least one of her/his parents. Therefore, participants living with their parents were used as an inclusion criterion to reach a comprehensive and thick definition of emotional eating in the interviews with parents. Potential participants who were previously diagnosed with an eating disorder by a mental health professional were excluded. Given exclusion criterion is aimed to serve the purpose of assuring internal validity that participants are within the branch of the non-clinical eating population.

Ten adolescents and ten mothers participated in the online interview, separately. All of the adolescent participants met all inclusion criteria of being ages between 14 and 17, living with their parents, and having not been diagnosed with any eating disorders before. Participants were asked to choose a pseudonym and if they did not indicate one, it was assigned by the researcher.

### **3.2.1. Characteristics of the participants**

**Adolescent participant 1** referred to as Beril, is 16 years old. She gave highest score of 9 to eating as a response to anger, boredom and 7 to each eating when anxious and pessimist on the EMAQ. She has a fit and slim twin brother who does not gain weight easily. She compares their contrasting features in terms of emotional eating and body image. A significant other who tends to eat emotionally in her family is her father, but different from her, he tends to eat emotionally in a happy mood.

**Adolescent participant 2** referred to as Zara, is 16 years old and has a younger brother. She has been a student at a school far from her home in a metropolis. It takes approximately two hours to get home from school, and as the food options in her school are limited and mostly based on fast food, she comes home very hungry. Her first meal at home is mostly Nutella and bread, or noodles. She indicated an increase

in her emotional eating as a response to stress and anger, especially in times of large-scale examinations such as high school entrance exams and scored her emotional eating 9 in the EMAQ.

**Adolescent participant 3** referred to as Can, is 14 years old, only child. He tends to eat more comfort food in a happy mood. He gave 9 to his emotional eating in a happy mood, and 7 to feeling secure. Although his mother is not keen on eating, his father enjoys comfort foods. He thinks he shares a similar emotional eating pattern with his father.

**Adolescent participant 4** referred to as Koray, is 17 years old and has a younger brother. The dominant provocative emotion of his emotional eating is anger which he scored 9 in the EMAQ. It is followed by eating more than usual when feeling pressure with 7 points. Night eating and being a picky-eater accompanies his emotional eating. His emotional eating has been mostly activated after conflicts in household, especially with his father who has been a son to a soldier father with strict discipline rules and expects her son to obey the same rules. His mother is also an emotional eater with an intense attention to peanuts.

**Adolescent participant 5** referred to as Erdem, is 15 years old with a younger sister, and older step-brother. Boredom and loneliness, in which he scored 9 in the EMAQ, are the main emotions that influenced his emotional eating pattern. Erdem's father has been keen on comfort foods and even though Erdem's mother does not want him to, he secretly brings such meals to home. His father is also prone to eat at night, and combined emotional eating at times he takes pleasure such as eating while watching a football match.

**Adolescent participant 6** referred to as Harun, is 14 years old only who tends to eat more and prefers comfort foods in a happy mood. Accordingly, he gave 9 to eating when feeling happy in the EMAQ. Experiencing extreme sadness results in a decrease in his appetite. He was a Latin dancer and enjoys sports but he has little control over his healthy eating habits. His mother also describes herself as an emotional eater and has been rewarded with food since her childhood as an accomplishment of her academic success.

**Adolescent participant 7** referred to as Naz, is 16 years old and has a younger sister. She indicates emotional overeating due to boredom and under-eating as a response to stress by giving both 9 to her eating under these emotions in the EMAQ. Her mother and father are mostly at work so they usually do not have family mealtime together. When they have it, she prefers to eat alone. Her mother also defines herself as an emotional eater with specific comfort food choices that have accumulated high sugar consumption. Despite being diagnosed with diabetes, she continues to eat desserts.

**Adolescent participant 8** referred to as Melisa, is 16 years old has two older brothers. Boredom and stress were the main contributing emotions to her emotional eating as she scored 9 to both of them in the EMAQ. As she is the youngest in the family, her brothers, father and grandfather tend to treat her with the comfort foods she likes. Same with her family, especially her high-level sugar-consumer mother, she loves consuming dessert, but chocolate is her weak spot.

**Adolescent participant 9** referred to as Eda, is 16 years old, only child. She tends to eat more when she is happy or bored, scored 9 in the EMAQ, and experienced a loss in appetite in a sad mood, scored 1 in the same questionnaire. Her mother values healthy eating and acts accordingly. However, her eating pattern is similar to her maternal grandmother, who raised Eda and fed her emotionally.

**Adolescent participant 10** referred to as Yağmur, is 15 years old and has two younger siblings. She cannot spend enough time with her mother as her siblings are infant and require more attention. She eats more comfort food when she is bored and sad, which both scored 9 in the EMAQ. Another emotional eater in the family is her father who has been the pioneer of obesogenic food environment in the household. Although he had a gastric sleeve surgery, he consistently continues to bring snacks and junk food home, and he, Yağmur and her younger siblings had difficulty in sharing these foods.

**Mother participant 1** referred to as Nalan, Beril's mother, is 46 years old woman who works at their family business in education sector. Eating balanced and healthily

has been important for her since she was an adolescent. Unlike Beril, her emotions do not influence her eating. Yet, she declares her husband is prone to comfort foods and eats more when he is happy.

**Mother participant 2** referred to as Zehra, Zara's mother, is 50 years old and has been working in her own business. She expresses increased comfort food consumption in times of experiencing negative emotions like anxiety. She has come across mindfulness training during psychoeducation which has helped her to adopt a healthier diet, and experienced its positive outcomes by losing six kilograms and feeling healthier.

**Mother participant 3** referred to as Yelda, Can's mother, is 32 years old housewife. She stated that until being a mother she was not concerned about consuming healthy foods, but then she has been trying to provide a balanced nutritional plan at home. She is not very fond of eating but tries to be a role model to her son to encourage him to have a balanced and healthy diet.

**Mother participant 4** referred to as Seray, Koray's mother, is 50 years old civil engineer. She became aware of her emotional eating pattern when she lost her father. She was consuming an extreme number of peanuts during the grief period. Then, she sought psychological support (Eye Movement Desensitization and Reprocessing) and adopted a healthy eating pattern which positively influenced her physical and psychological well-being.

**Mother participant 5** referred to as Deniz, Erdem's mother, is 55 years old veteran. Throughout her whole life, she defines her eating habits as "controlled". However, her husband is the other emotional eater in the family who contributes to the obesogenic environment for their children. He enjoys consuming snacks like chips and popcorn even though Deniz wants to break this cycle in their home.

**Mother participant 6** referred to as Selin, Harun's mother, is 43 years old academician. She was rewarded with her favorite comfort foods during her childhood and adolescence. She defined herself as an emotional eater in the family, and enjoys

consuming foods like kebabs, and liver in tune with the food culture in her hometown.

**Mother participant 7** referred to as Eylül is 38 years working mother of Naz. She declares she has a soft spot for comfort foods, especially desserts. She also indicates that her eating frequency is highly ambivalent (both overeating and undereating) due to her emotional states. She has an all-or-nothing type of eating in terms of consuming extreme dessert in a positive mood and vice versa in a negative mood. Although she also eats emotionally, she criticizes her daughter for her emotional eating patterns as it can be problematic for her in the further developmental stages.

**Mother participant 8** referred to as Ayşe, Melisa's mother, is 50 years old housewife. Although she has diabetes, desserts are indispensable for her. She is the other emotional eater in the family. She declares that she is always eager to prepare a dessert when it comes to her mind. She even said that there is sweet rather than blood in her veins. She believes that sugar gives energy and it should be available in any form at home for her family.

**Mother participant 9** referred to as Ece, Eda's mother, is 44 years old and working as an administrator staff in the private sector. She stated that she usually tries to have a balanced and healthy diet. Her mother (who raised Eda -her daughter) is an emotional eater who keens on desserts albeit has been suffering from diabetes. Although Eda is keen on comfort food like her grandmother, Ece usually encourages Eda to have a healthy diet.

**Mother participant 10** referred to as Merve, Yağmur's mother, is 41 years old. Even though eating did not indicate a special meaning for her, she declared that her husband is very fond of eating, and this is why comfort foods are always available at their home. She believes that Yağmur eats to fill her spare time as she does not have any hobbies and they have been newly moved to another city, a whole new environment for her daughter.

**Table 3. 1.** Demographics of the participants

ADOLESCENT						MOTHER	
Name	Age	Gender	Emotional eating tendency	Dominant emotion(s) leads to eating	Other emotional eater in the family	Name	Age
Beril	16	F	Overeating (undereating when sad)	Anger & stress	Father	Nalan	46
Zara	16	F	Overeating	Anger & Stress	Mother	Zehra	50
Can	14	M	Overeating	Happiness	Father	Yelda	32
Koray	17	M	Overeating	Anger	Mother	Seray	50
Erdem	15	M	Overeating	Boredom	Father	Deniz	55
Harun	14	M	Overeating (undereating when sad)	Happiness	Mother	Selin	43
Naz	16	F	Overeating (undereating when stressed)	Boredom	Mother	Eylül	38
Melisa	16	F	Overeating	Boredom & stress	Mother	Ayşe	50
Eda	16	F	Overeating (undereating when sad)	Happiness & boredom	Maternal grandmother	Ece	44
Yağmur	15	F	Overeating	Boredom & sadness	Father	Merve	41

### 3.3. Data Collection Instruments

Data collection instruments consisted of a demographic form, the Emotional Appetite Questionnaire to ensure whether participants fit the selection criterion of being an emotional eater, semi-structured interviews with adolescents and their mothers separately and food diaries that were kept by adolescents.

#### 3.3.1. Demographic Form

Participants were asked to fill out a demographic form to ensure whether they met the selection criteria of purposive sampling for the current study which were being between the ages of fourteen and seventeen (adolescent), living with family, and not diagnosed with an eating disorder (Anorexia Nervosa, Bulimia Nervosa, Binge

Eating Disorder). These questions were also asked to mothers to answer for themselves.

### **3.3.2. The Emotional Appetite Questionnaire (EMAQ)**

The Emotional Appetite Questionnaire (EMAQ) contains 22 items about the tendency to eat in response to positive and negative emotions (14 items) and positive and negative situations (8 items). Each item is rated on a 9-point Likert-type scale with “much less” and “much more” as anchors and 5 indicates “the same”. For each item, there is the option to indicate “not applicable” or “don't know,” and such responses are not included in the scoring. The EMAQ has demonstrated high test-retest reliability with Cronbach's  $\alpha$  of .78 and .75 for EMAQ-NE and EMAQ-PE and .65 and .57 for EMAQ-NS and EMAQ-PS respectively (Geliebter & Aversa, 2003). Data were collected from 216 participants aged 18-48 ( $M=21.50$ ,  $SD=3.78$ ) for the Turkish adaptation of the EMAQ was also found to be reliable (Cronbach's  $\alpha= .73$ ; Demirel et al., 2014). The EMAQ does not have any cut-off point score related to emotional eating, yet higher scores indicate that emotional eating exists (Solak-Uyar, 2019). The EMAQ has also been used in other studies of emotional eating in the Turkish adolescent population (Açar & Kaya, 2022; Öngün-Yılmaz & Köse, 2020).

### **3.3.3. Interview Protocol**

The questions of semi-structured interviews were formed based on the existing literature, and probes were used in cases that require additional information. Thesis supervisor, thesis monitoring committee, and a psychological counselor who works on disordered eating in theory and practice reviewed and provided feedback on the appropriateness of interview questions.

The interview protocol consisted of three main parts “(emotional) eating and psychosocial issues: body image, social media, pandemic”, “eating and family”, and “miscellaneous”. The first part aimed to have basic information about the eating routine, emotional eating, and meaning of food for adolescents. Accordingly, the following questions were asked, “How is your eating routine on a regular day?”,

“How do you describe your relationship with foods?” with probes such as “What does food and eating mean to you? Do they have different meanings than as a source of nutrition?”, “What does emotional eating mean to you? “What are the similarities between emotional eating and your eating pattern? How is the change in your eating routine as your emotions change?”. Besides, the definition of body image, body satisfaction, the impact of social media, and the Covid-19 pandemic were inquired in detail.

The second part of the interview focused on the family eating routines, the relationship between adolescents and parents, parents’ eating habits and their influence on adolescents throughout learning, obesogenic food environment, comfort food choice, values in the household regarding eating and body image, and -if possible- cultural meaning attributed to specific meals. The third part entitled “miscellaneous” included whether adolescents resort to excessive exercising with compensation tendencies, and do they seek professional help from dietitians and psychological counselors or psychologists to provide a supplementary profile of their eating-related concerns.

The interview questions are provided in detail in Appendix D. While adolescents solely answered these questions for themselves, mothers were asked to answer them by thinking about their children in the first place, and afterward answering the same question by considering themselves regarding illuminating potential links between eating patterns across generations.

#### **3.4.4. Food Diary**

Solely adolescents were asked to fill a food diary provided by the researcher. The food diary was updated based on the Harvard Food Diary as such tools have been frequently used in eating psychology studies regarding the tangibility of eating-related variables, and self-monitorization (McManus, 2019). It was provided via an online platform to make it more feasible and accessible for the participants. The format of the food diary is presented in Appendix E.



The food diary consisted of three parts; a cover page with instructions, and an emotion chart to enable participants to name their emotions more concretely while keeping a diary; the main section, and the last part asking them to write about what kind of experience it was to keep a food diary. The main section of the food diary primarily included the time when, where, with whom, and what they eat alongside the accompanying emotions to their eating practices.

### **3.4. Data Collection Procedures**

Flyer presented in Appendix B was shared in social media accounts of the researcher and various social media groups which mostly consisted of mothers of adolescents such as “*Diren Ergen Annesi*” [Resist Adolescent Mom], “*Aktif Anne*” [Active Mother] and “*Women’s Club*”. The researcher was contacted by the voluntary participants who filled out the survey and got high scores on the EMAQ.

Later, an online informed consent consisting of demographics was sent to both adolescents and their mothers. Interviews were conducted online via Zoom which held approximately 30-40 minutes with adolescents, and 40-60 minutes with the mothers beginning from April 2022 to October 2022. The data collection period lasted six months due to participants who provided their personal information but did not respond to the subsequent communication.

Interviews were recorded for transcription, and participants were informed and gave consent again to the researcher to record the sessions. An informed consent form was delivered to participants which included fundamental information about the researcher, the aim of the research, and the ethical commission approval. Prior to the interviewing process, these features were also orally shared with the participants.

Adolescents also took an online one-day food diary which was prepared by the researcher including an emotion chart on the first page and blanks on the second page including what, when, with whom, and where they eat, and which specific emotions were accompanying. Food diaries also allowed ensuring the data gathered from interviews in which “How is your typical day in terms of eating?” with probes

which food you prefer? / How many meals do you consume on a regular day?” were asked. Besides, questions related to eating regarding specific emotions were also aimed to be established.

### **3.5. Data Analysis**

The interviews were recorded by an electronic device with the permission of the participants and were transcribed for data analysis. Before conducting interviews, the researcher asked participants and parents to choose a pseudonym. After completing transcriptions, MAXQDA 2022 (Verbi Software, 2022) was used to code the data driven by interviews and food diaries. Data collection from multiple participants (adolescents and mothers) and resources (interview and food diary) have been utilized to obtain in-depth information on emotional eating phenomena alongside establishing triangulation.

Reflexive Thematic Analysis was used to analyze and interpret data (Braun & Clarke, 2021). Reflexive Thematic Analysis is described as “*a theoretically flexible method for developing, analyzing, and interpreting patterns across a qualitative dataset*” (Braun & Clarke, 2021, p.4). Indication of “reflexive” emphasizes the inseparable part of the researcher's previous experience, position, and occurring knowledge on developing an understanding and meaning within the qualitative dataset, and the potential impact and contribution on interpreting and providing an in-depth meaning to the patterns extracted from the dataset.

The main components of Reflexive Thematic Analysis consisted of subthemes, themes, and overarching themes. Braun and Clarke (2021) identified that “*a subtheme sits ‘under’ a theme. It focuses on one particular aspect of that theme; it brings analytic attention and emphasis to that aspect. A subtheme needs to share the central organizing concept of the theme it is part of.*” (p. 150). “*The theme*” refers to the term that “*captures the multi-faceted manifestations of a single, central concept from the dataset, is the key analytic unit in Reflexive Thematic Analysis*”. Lastly, the most inclusive conceptual idea or “*umbrella concept or idea*” is called the “*overarching theme*” which consists of several “*themes*” with a coherence and meaningful pattern (Braun & Clarke, 2021; p. 150).

### 3.6. Trustworthiness/Transferability of the Study

To ensure the reliability of the research, various dimensions including credibility, transferability, dependability, and confirmability were systematically examined. Firstly, *credibility* majorly relies upon using various techniques to reach comprehensive and rich data (Lincoln & Guba, 1985). Recorded interview sessions and food diaries form the basis for diverse data collection methods to establish triangulation. Besides, personal logs were kept by the researcher during and immediately after the interviews in order not to miss essential sharing of participants and provide a solid basis for further steps in the analysis. Expert opinions and Zoom recordings of the interviews also provided evidence for credibility.

In the second place, *transferability* refers to a way of “contextualizing” the research regarding “*the degree that findings are applicable in other contexts*” (Braun & Clarke, p.210; Lincoln & Guba, 1985). The transferability of the study was established by using purposive sampling as a part of trustworthiness. Moreover, the interview atmosphere and participants’ overt and covert attitudes during interviews were shared to provide a holistic and thick description of sharing during data collection.

Thirdly, the *dependability* of the research is “*to the extent to which similar findings would be obtained if the study were repeated*” (Guba, 1981). An inquiry audit consisting of three Psychological Counseling and Guidance professors who are proficient in qualitative analysis supervised and evaluated the consistency among data, findings, interpretations, and conclusions to establish dependability.

Last but not least, the *confirmability* of the study refers to “the degree to which the results could be confirmed or corroborated by others” (Lincoln & Guba, 1985). Raw data was driven by transparently transcribing the recordings. Besides, the researcher’s logs, memos, and drafts that have been numerous re-constructed with the supervisor’s and thesis monitoring committee members’ feedback were also used to finalize data analysis. Data were also analyzed independently by two investigators who are a senior Ph.D. student in counseling, and a colleague with a Ph.D. in

counseling, who are both experienced in qualitative research. Prior to their analysis, the researcher gave a brief training on about the basic concepts of emotional eating and shared the interview questions with them. After the investigators' analyses, which were held between February and March of 2023, the researcher checked the similarities and differences between her coding and the investigators'. Then, the researcher separately debated with all of them to reach a consensus.

### **3.7. The Role of the Researcher**

As the researcher's role has a key position in qualitative studies, his/her effort for trustworthiness is directly linked to the trustworthiness of the study itself (Patton, 2002). Accordingly, the reflective statement of the current study consists of the researcher's background and potential bias. The researcher has bachelor's and master's degrees in psychological counseling and guidance program. She had training and practice in qualitative research alongside the skills of active listening, interviewing, and observing as a part of her training for years in a psychological counseling and guidance program. Such skills and training were fruitful throughout the entire process of the study.

Besides, the researcher has been studying disordered eating, particularly emotional eating since her master's thesis, and participated in several certificated training in emotional eating, disordered eating, and eating disorders. She also has numerous published papers, a book chapter on the psychology of eating, and has been conducting a course entitled Psychology of Eating at the university where she has been working as a lecturer. She also worked as a peer reviewer for disordered eating studies in notable journals, took part in giving expert opinions in several studies, and did a master's thesis that focused on emotional eating and eating attitudes. Therefore, eating-related issues in the field of psychological counseling and guidance are among the researcher's main interests of study, and she knows the given topics and the limited parts of the literature.

Some of the adolescents and mothers thanked the researcher for providing them a space to talk about a neglected concern of youth, eating disturbances, and emotional

eating. There were attendees whose child's age did not fit the criteria or have a diagnosis of eating disorders but still wanted to be part of it as a sign of the need to focus on eating-related issues in the field. Some of the mothers' asked for guidance and information considering the eating habits and their impact on their children's lives while claiming they had tried to reach psychological support, but they remained unfinished or went out of the scope of disordered eating. Surprisingly, not only mothers but also some adolescents mentioned that sharing their emotions, trying to name them, and discussing their eating habits made them "better" and they were more *aware* of what they have been experiencing. Thus, sharing their eating practices was even a relief for them as they mentioned during the interviews.

### **3.8. Limitations of the Study**

The current study has a bunch of limitations. First of all, reaching emotionally eating adolescents, and gaining information about their emotional eating pattern to enlighten their perspectives on eating was not very feasible. This basically stemmed from a lack of awareness of naming the emotional eating concept and the way of expression that some of the adolescents chose. Specifically, some of the participants were not eager to give broader and concrete examples of their emotional eating practices on purpose, while others were stuck more in the cognitive phase and challenged to express their emotion-induced eating patterns. At that glance, difficulties in knowing and labeling the emotion were another obstacle for them. Secondly, although a longer period of food diaries was aimed to be kept by the adolescents, they collaborated to fill diaries only for a day. As the duration of eating practices that aimed to be observed were tightened in a shorter period, food diary data on emotional eating patterns were limited.

In the third place, although the researcher kept memos and tried to observe both direct and non-direct communication during interviews, observations might fall short at certain points, especially on the possibility of conducting online interviews. As a remedy for given limitations, the researcher's reflections were shared with the participants to ensure the trustworthiness of the study before overall interpretation.

## CHAPTER 4

### RESULTS

This chapter presents the results of the current study. Accordingly, as seen in Figure 4.1., overarching themes (*3P Model*; Predisposing dimensions of EE, Process of EE, Post-EE), themes (individualized predisposing dimensions, environmental predisposing dimensions; characteristics of EE, process of EE; post-prandial emotions, social consequences, body-related aftermath), and corresponding subthemes were provided in detail.

#### **4.1. Overarching Theme: Predisposing Dimensions of EE**

Predisposing dimensions include the processes and interactions that cause adolescents' emotional eating throughout their individualized characteristics in emotional, cognitive, and physiological areas and environmental aspects stemming from learning and observation in the social context, specifically in the family, since childhood. Besides, technological innovations' influence on adolescents' emotional eating is presented as a part of environmental predisposing factors.

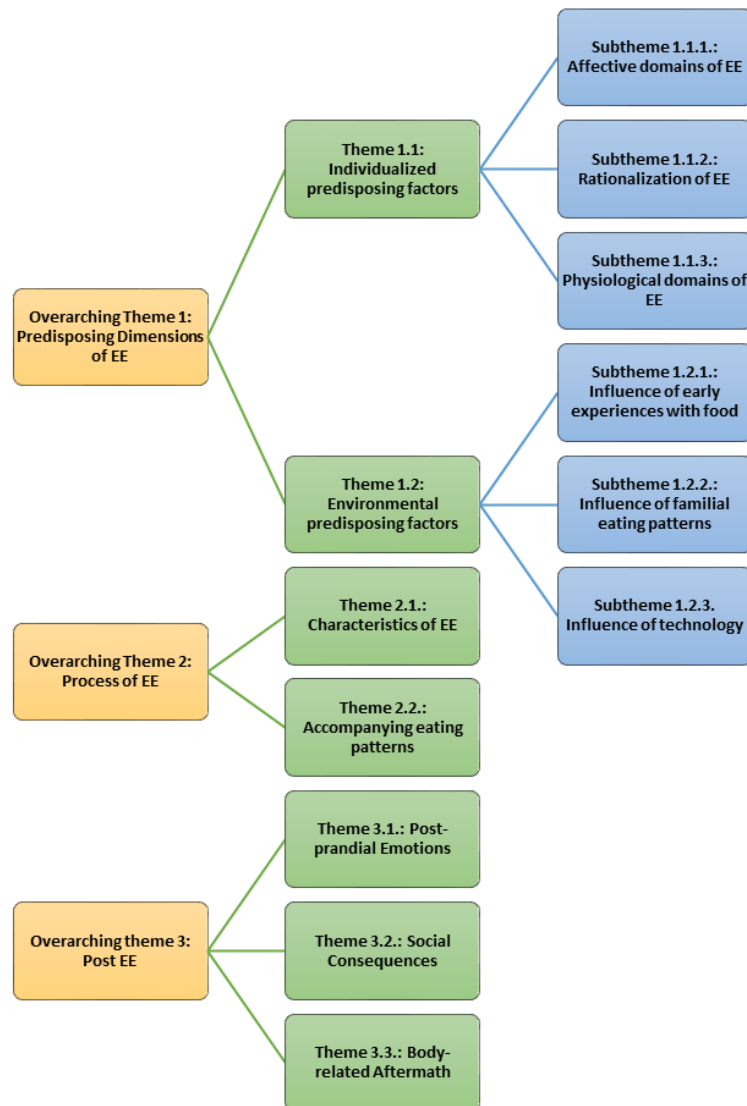
##### **4.1.1. Theme: Individualized Predisposing Factors**

Individualized predisposing factors reflect how adolescents perceive and use their emotions, cognitions, and physiological-based shifts in the context of emotional eating. Such factors are the unique way that provides a basis to facilitate and maintain their emotional eating patterns.

###### **4.1.1.1. Subtheme: Affective Domains of EE**

Affective domains of adolescents' emotional eating include their apperception within a spectrum of emotional valence from positive and negative ones and eating

emotionally to regulate such emotions. In the current study, participants mostly declared negative emotions such as anger, boredom, stress, and sadness. Yet, happiness also serves as a trigger for the emotional eating of adolescents in some cases. Interestingly, various emotions influence their eating patterns differently regarding the amount of food consumption. In other words, different from the majority of previous emotional eating studies, emotional valence contributes to not only emotional overeating but also emotional undereating of adolescents. For instance, sadness escalates the emotional appetite of Yağmur while leading to a decrease in Harun and Eda’s emotional eating. Detailed examples are provided in the category of emotional valence.



**Figure 4. 1.** Overarching Themes, Themes, Subthemes of 3P Model

#### 4.1.1.1.1. Category: Emotional Valence

Various emotional states, both including negative and positive ones, result in emotional eating. To illustrate, sadness indicated decreased eating, while anger and boredom indicated increased eating. Stress-related eating behavior presented multiple results, except for one participant (*Naz*), adolescents who mentioned stress during the interview tended to eat more at these times. The influence of emotional valence should be considered comprehensively while understanding changes in emotional eating. Therefore, influences of not only negative emotions but also positive ones require consideration. In the current study, negative emotional valences of anger, stress, boredom, and sadness were the dominant emotions to start eating behavior. The intensity of such emotions, and perspectives of adolescents can lead to both over-and-undereating. On the other hand, positive emotion such as happiness was also a trigger of emotional eating in adolescents. Given examples are presented in more detail below.

To start with, Koray and Beril declared that they eat as a response to **anger**. Their expressions were pretty intense even at the moment they shared their memories within anger-induced emotional eating.

***Beril:** “When I get angry, my eyes go black and everything is a cloud of dust, you know, I can completely shatter everything in one moment, and I don't want to lose control... I, somehow, needed to put my anger away... The first time I wanted to buy chocolate was while I was really furious...”*

Anger was a critical emotional experience for Koray and his mother, too. It was not only the major component of Koray's emotional overeating but also a standpoint where they both realized his disordered eating pattern for the very first time.

***Koray:** “I was so angry because of a family issue, and I suddenly found myself brutally biting the bread... My mother was beside me at that time and she said I was venting my anger on bread... I was kind of blinded by anger.”*

***Seray:** “Koray and his father had a big fight... That was not common in our family. My husband is the son of a soldier and had grown up accordingly, so respectful towards his father. He has been waiting for the same thing from*



*Koray, but he is a teenager now, there are times that tension and voices rise... But it was the first time they fought like that... When I went to the kitchen, Koray was furiously putting bread into his mouth... He was taking his anger on his father out of the bread.”*

Both Koray and Beril expressed how deeply they had experienced their anger and turned to food so as not to lose *control*. Beril turned into comfort food while Koray might have put bread in his mouth to stop himself from saying more. They might be in search of displacement of the interlocutor of their anger.

The influence of **stress** is a crucial aspect of emotional eating as it leads to fluctuations in emotional appetite. In the current study, eating as a response to stress was influenced by academic and relational factors, and might lead to both under-and-over emotional eating of the adolescents. For example, eating chocolate was a break-out moment to get away from her pessimistic cognitions; while Naz indicated stress as a cause of loss of appetite, especially while she was preparing for LGS.

***Beril:** “I eat more when I am stressed if there is something that I do not like because I become pessimistic about what is happening, and I start to lose hope in myself... When I am anxious and try to suppress something, for instance, when I come home from school, I just think about something like chocolate and put it in my mouth and say to myself ‘Nothing will happen, just eat it’. It happens suddenly, and I realize what I did later on... ”*

***Naz:** “In my LGS year, it was also a pandemic period. I cannot explain how but there is a connection between my emotions and cravings... I cannot eat too much when I am stressed and anxious, I lose my appetite... In the LGS year, I lost so much weight”.*

For early adolescents, high school entrance exams [*in Turkish: Lise giriş sınavı; LGS*] seem to be an important part of the life of youth. As it can be seen from the shares of mothers, exam stress puts pressure on their children’s shoulders which consequently end up with emotional overeating. For instance, even though Zara is closer to emotionally undereating, LGS led to a shift in her eating patterns in the context that she transferred her stress to a “soup” as if hoping such a stressful period would be over like soup. Hence, like the ongoing trial exams, she was in need to get another bowl of soup to relieve her stress.

***Zara:** “LGS was a huge thing... I am not really into food but there was an interesting day when I was getting ready for it. We were having a trial exam; I was stressed because my exam did not go well. After the exam, I remember taking soup from the school cafeteria again and again... I was taking the second bowl, the third bowl... It was my ‘stress soup’... The spoon was slamming on the soup bowl, I was eating it without pausing... This (exam) process was so stressful, I am glad to get rid of it.”*

Academic issues such as ordinary exams, LGS, or any stressors provoke adolescents’ vulnerability to use food as a coping mechanism. In tune with that, their mothers shared the huge impact of stress as a trigger of their children’s emotional eating. To illustrate, for Erdem, academic stressors were more triggering, while it can be any stressful situation Yağmur that made her end the day in the market to cope with her stress via food.

***Deniz:** “Erdem is stressful when it is about school and exams. Especially, I felt that LGS affected him a lot... He was anxious in case of not getting a high point from LGS, he was afraid of not being placed in a school he wanted... Even though he is a successful student with approximately 90/100 GPA, I saw that he was scared... He was eating more frequently...”*

***Merve:** “When Yağmur is stressed, she loads up on food... She is naïve, she gets hurt easily, especially when something goes wrong with her friends... On a regular day, if we ask her to go to the market, she would not. If she is stressed, she will not be bothered to visit the grocery store for herself to buy snacks like chocolate and chips, come home and eat them.”*

**Boredom** was among the most frequent indicators of adolescents’ emotional eating. Except for Beril, every adolescent indicated an increase in their emotional eating as a matter of boredom. The early days of the Covid-19 pandemic regarding distance education and limited socializing might also contribute to boredom-related emotional overeating. Mothers and their children presented a similar pattern in terms of adolescents’ boredom-related emotional eating. Examples were given below in mother-child pairs.

***Harun:** “Sometimes my parents go to our lake house, and I prefer to stay at home... If I am lonely, if I am bored, I eat without even realizing what I am eating.”*

***Selin:** “When Harun is bored, he says ‘Mom, I have not eaten chips for a while, can I have some?’ or he asks me to send money to his card so that he*

*can buy some snacks from the supermarket... I guess he matched snacks and pleasure, this is how he creates a pleasant moment for himself with these snacks”.*

Data driven by the food diary, which was kept by the participants, presented consistent results with the information gathered via interviews. For instance, both Naz and Eylül noted an exacerbation of emotional eating when they have nothing to occupy their minds in daily life that coincides with the notes in their food diaries.

**Naz:** *“I eat a lot when I am bored. I am constantly going back and forth between the kitchen and my room. It is like there is nothing to do when I am bored, so I want to do something I enjoy –eating...”*

**Eylül:** *“When Naz is bored, she eats all the time to kill time. I think it is because she cannot find anything else to do, she does not have friends... She spends her time only with her cat and by eating something...”*

As Naz noted in her food diary, she ate noodles at 10.00 p.m. when she was bored. Her emotional eating pattern was validated with her expressions in her food diary in terms of not only the emotional valence (*boredom*) but also her tendency to eat more comfort food when she is alone during nighttime (*night eating*).

**Erdem:** *“I did not matter what I ate, I was eating all the time, I was eating whatever I found... There were few things to do... I was eating too much...”*

**Deniz:** *“I guess the early times of the pandemic were hard for everyone but harder for the children. They got bored at home. Erdem was constantly eating something to kill time. Eventually, he gained weight...”*

Similar to the experience of Naz, the food diary notes of Erdem were also consistent with his relationship with boredom and eating. He shared that he ate chocolate due to boredom at 9.00 p.m. when he was alone. A remarkable common point in Erdem and Naz's emotional eating pattern is that their boredom-induced eating processes occur in the form of night eating with comfort food choices (e.g., chocolate) when they are alone.

Sadness has been a conflicting emotion whether it increases or decreases food intake in the scope of emotional eating. Some of the participants shared experiences of loss

of appetite due to extreme sadness. For example, Harun cannot even consider eating as he is fully focused on the problem as he declared that the increase in his perceived sadness correlated negatively with his eating behavior. Therefore, the **intensity** of the problem and emotion might be an indicator of his emotional undereating.

***Harun:** “When I have a huge problem in my life, I just cannot do anything else than think about it... It sounds more sensible to concentrate on the problem... It is hard for me to eat something at those times, I tend to skip meals when I am sad.”*

During the interview with his mother Selin, she clarified the “huge problem” in Harun’s life;

***Selin:** “There was a time that Harun’s father faced a serious cardiac problem, it was not an easy period for any of us... But it was more difficult and different for Harun, it was like he stopped eating. I have never seen him like that before.”*

Similarly, Can cannot enjoy or eat his favorite foods; “*Opposed to my happy times, when I am sad, I even do not want to eat a meal that I love to eat under regular circumstances.*” (**Can**).

On the other hand, Erdem and Koray were in search of *comfort food* in a sad mood, and Melisa increased her food, especially sweet consumption due to the concerns with her friends as an interplay of emotional hunger and emotional overeating at times of sad mood.

***Erdem:** “I realized that I eat unnecessarily and more when I am sad. I mostly preferred chocolate or desserts at that time...”*

***Melisa:** “I like eating in general, desserts and so on... But, when I argue with my friends, I eat more (in size) ... I like to eat desserts and chocolate at these times... I was quite sad and having a hard time.”*

Koray’s sadness-induced emotional eating was clarified by his mother:

***Seray:** “Koray wants to eat what he likes, such as noodles when he is sad when something he really wanted to happen does not go the way he wishes...”*

On the other side of the emotional spectrum, interviews and food diary notes revealed that **happiness** served as a facilitator of emotional eating in terms of greater comfort food consumption, and emotional overeating in the current sample. It escalates adolescents' pleasure in what they eat in a hedonistic manner.

*Eda: "I had one of the highest grades in a chemistry exam, in a tough one which most of the class had failed, and I was so proud of myself, and I was so happy... I go to the school cafeteria, and I buy chocolate. I was thinking, "I am already happy, and I will be even happier while eating that chocolate"... I do not eat chocolate when I am only happy, but it is different to eat it in a happy mood, it is better".*

*Ece: "I observe that Eda enjoys eating more when she is happy... I guess she believes that a chocolate, a cake, or milky dessert makes her even happier."*

*Yağmur: "I like eating both when I am sad and happy. But it is different when I'm happy, it makes me feel better than eating in a sad mood. It is better to eat pizza, hamburger, or potatoes with ketchup when I am in a happy mood."*

They can also be more open to new healthy eating experiences as reported by Harun and his mother.

*Harun: "When I am happy, I do not skip any meal and tend to eat more... I feel like, okay there is no problem in my life, nothing to care about, so I can enjoy eating..."*

*Selin: "When Harun is happy, he feels a little more relieved to eat more (in size) or approach foods more positively by putting his prejudices aside, especially the ones towards healthy foods. I truly believe it is related to his mood. For example, if he normally opposes eating vegetables, but if he is very pleasant, if he is in a good mood, maybe because his family said okay to something he wanted, then he becomes more relaxed and can say "Hmm this broccoli tastes good, this is delicious spinach", frankly."*

#### **4.1.1.1.2. Category: Emotion Regulation**

Perceived emotions are a natural part of the emotional eating phenomenon. Similarly, emotion regulation serves as a dysfunctional way of controlling concerns via food consumption. Adolescents in the current study expressed that they use eating as a means of coping with their problems or a way to *escape* from their

concerns by distracting their attention from negative moods. This is why they use emotional eating to experience more positive feelings.

**Koray:** *“I eat to get away from the world... If I am in a negative mood because of stress, family issues, or anything negative at school, I devote myself to eating.”*

**Eda:** *“At that moment, if I've had a bad experience, I'll bring up food to take my mind off it a little bit. You know, to distract myself, to focus on something else at that moment. Let me go and eat chocolate, change my energy, change my mind, forget about the bad experience.”*

**Melisa:** *“I want to distract myself or I want to do things that make me happier, and that's when I think of eating.”*

Emotional eating as a way to **escape** from undesirable emotions fits the rationalization of chocolate consumption for Beril at some point. Even in the given study, escape from daily life was emphasized, chocolate can be used as an escape from anger for her:

**Beril:** *“I ate chocolate when I was furious... I had heard it releases serotonin hormone, so I had one.”*

In particular, interviews with mothers showed that their children's emotional eating relied on to **avoid** difficulties with their problems in their social life (e.g. peer conflicts) or to change their negative mood. This theme refers to such cases of avoidance.

**Deniz:** *“Instead of focusing on the resolution of an unpleasant experience, Erdem may want to eat something because of the emotions arising from that experience.”*

**Merve:** *“I told Yağmur that ‘If you have a problem with whom you can solve it by talking or you can get out of each other's lives’... She is fragile... She tends to eat when she cannot express herself... Maybe this is how she finds happiness... She shares everything with me, but also buys that chip...”*

**Ayşe:** *“When Melisa is sad, I offer to eat together but she says ‘Mom, never mind’. Then she grabs a chocolate from the fridge or asks me to buy one from the market. She consumes chocolate and dessert to be happy... If you offer her stuffed vine leaves even when she is very sad and crying, she just wipes the tears and eats that... She becomes happy after eating.”*

Food usage within emotional eating has various meanings for adolescents including **socializing** with family and friends. Participants who use eating as a way of socializing tend to associate eating with having a good time. For some of them, eating in a café or restaurant is part of their *routine* when they go out, which was declared both by adolescents and their mothers.

***Beril:** “Eating is kind of an instrument of socializing with people... When I am alone, I do not think about going to a place to eat. But when I am with my friends or family, it is like ‘Let’s go to this one, let’s eat this’ and so on. The purpose is to have a good time together.”*

***Nalan:** “Beril eats more when she is out with her friends... They just go out with the aim of eating. When she goes out with her friends, she tries new tastes, and eats more if she likes them.”*

Adolescents in the current study needed food consumption during transition periods that require **adaptation** to new situations. For them and their mothers, adaptational situations can be universal (e.g., pandemic), developmental (e.g., becoming an adolescent, transition to high school), or individualized (e.g., moving to a new city).

***Seray:** “Four or five months after the pandemic started, we moved to another city. After he moved, he had a cousin there, but they were not seeing each other due to the pandemic. At that time, he had no communication with his old friends, and he could not create a circle of friends here when the classes were online. His disturbed eating patterns totally get worse during that process.”*

***Merve:** “Yağmur was in the seventh grade. We moved to a small town, and since we had no acquaintances there, we left all our friends, family, and relatives in city-X [the city they used to live in] and came here. We moved in September, and she immediately started to a new school. In March, six months later, the pandemic broke out. While we had not even adapted here yet, she could not make friends yet, a whole new process of pandemic started. This time, she was never at home, of course, there was a pandemic, but these two processes intertwined... This hurt Yağmur a lot. I know the days when she called her grandmother and cried, ‘Can I come to you?’ [to city-X] ... All of these might have triggered her eating pattern... She felt so lonely. It would be good if only she could sit and drink coffee with a friend for an hour...”*

#### **4.1.1.2. Subtheme: Rationalization of EE**

Rationalizing emotional eating is a cognitive dimension to covering up the motivation behind their emotional eating as if it is a need rather than a desire.

Participants tend to rationalize emotional eating within cognitive factors to see it as a need rather than a desire. Adolescents and their mothers declared that adolescents think eating can be reasonable when they are in need to maintain or increase their energy, boost their mood, or balance their hormonal changes. Participants rationalized adolescents' emotional eating as a way to sustain and increase their energy through eating.

*Can: "Sometimes eating changes my mood, I feel a bit more energized. It really makes me happy."*

Besides, in school times adolescents are in more need of **energy** to continue their routine. However, as in the quote presented below, it might serve as a part of cognitive distortions such as not being able to sustain their energy without eating chocolate during *each* break time.

*Melisa: "I like eating, buy one chocolate per day during the school period, otherwise my hands are shaking, and my brain does not work. I have to eat chocolate after class... Sometimes I should eat chocolate in every break time to sustain my energy till the end of the day."*

**Boosting mood** refers to rationalizing frequent comfort food consumption as they think it helps to increase serotonin hormone when they are depressed or tired. This might be truly related to biopsychosocial mechanisms via increasing serotonin hormone (Brown et al., 2009; Macht & Simons, 2011), yet the underlying psychological aspects remained unclear and should not be neglected.

*Yağmur: "When I get depressed and think about what to do, I suddenly say 'I will go to the market and buy something to eat'. I think at least I will be happier."*

Mood-boosting through eating can be also seen as a refreshment point as mentioned by Eda, "Let's have a meal, let's create a schedule again and make a plan again. It can be in the style of renewal." Not only adolescents but also their mothers rationalize the **hormonal** function of chocolate consumption of their children.

*Ayşe: "Melisa eats chocolate when she is unhappy... One day I asked why she was eating it, and she answered 'It makes me happy'... Later, I read that*



*chocolate is helpful in the release of serotonin and people eat it for that. So, it is okay for me to let her have it... She asks me whether to buy one or two packs of chocolate when she is at school. She says that she becomes so tired and if she does not have one, she does not focus on and understand what they do in lessons."*

Menstruation-induced rationalization of frequent chocolate consumption as a response to **hormonal changes** in the body of female adolescent participants. Mothers' experiences regarding their daughter's chocolate and menstruation relationships are given below.

*Ayşe: "Melisa eats chocolate a lot when she is having her period. Two or three days before, she was like 'Mom, I feel dizzy, give me some dessert.'" These days if you give all the chocolate in the market, she will have it all. But after her period, everything turns back to normal."*

*Eylül: "When Naz is having a period, her sweet consumption extremely increases. She has serious cravings for sweets."*

#### **4.1.1.3. Subtheme: Physiological Domains of EE**

Physiological factors include underlying biological mechanisms that contribute to the emotional eating of adolescents. These mechanisms include insulin resistance, attention deficit and hyperactivity disorder (ADHD), and predisposition to diabetes through family history.

Medicines were sometimes positioned beyond their main treatment aim and could be viewed as a regulator component of eating patterns. For example, Koray has both insulin resistance and ADHD. *Concerta*, a medication used in the treatment of ADHD, was prescribed to treat his ADHD yet, Koray's mother conceptualized it as an inhibitory factor for emotional eating.

*Seray: "With the guidance of our endocrine doctor, Koray started medication because his eating increased too much possibly due to attention deficit. Actually, he experienced a loss of appetite in the first period, albeit very mildly. But he does not want to use his medicines. If I do not give him the medication directly into his mouth, we find the medications in his room, in his closet, etc."*

Physiological factors are also linked to genetic predisposition as Eda's generational predisposition to insulin resistance and diabetes can be traced back to her emotional eater grandmother.

*Ece: “For the last couple of years, recently, Eda had a problem with her menstrual cycle... She only had a problem with **insulin resistance**, her doctor predicted that this triggered her to eat. In other words, he said that Eda's binging was due to her high insulin resistance. He said that she should pay more attention to her diet, and I think it is a bit **genetic**, to be honest, my mother is **diabetic**, and something like this happened during my pregnancy. Then Eda also... And my doctor also warned me because I had experienced this in my previous pregnancy, my insulin was also at the limit... I have always been paying attention since it has already been in my mother because it was genetic, I have been paying more attention to my nutrition for about a year now...”*

#### **4.1.2. Theme: Environmental Predisposing Factors**

The current theme indicates environmental influences that provide a base for adolescents' emotional eating. Such influences involve adolescents' early experience with food in the household, especially if they are rewarded with particular foods as a way to praise their achievements; familial eating patterns including food preferences and eating routines adolescents observe in their household; and innovations in technology increased availability, accessibility, and visibility of foods.

##### **4.1.2.1. Subtheme: Influence of Early Experiences with Food**

Due to early childhood learning, comfort foods can be coded as a matter of terminating or reducing the unpleasant effects of negative emotions. Repeatedly matched inhibited negative emotions and comfort eating duo might result in greater emotional eating. Building a relationship with food might be a result of learning due to being exposed to comfort foods repeatedly since childhood, or special circumstances, such as being fed while Harun's parents make him laugh in his early childhood. At that glance laughing, a dimension of Harun's emotional eating (happiness) was paired with his eating behavior since childhood. Some notable quotes from different participants are provided below.

*Deniz: 'Erdem's father buys food for his achievements since his childhood... It can be anything... If he does well in sports, if he gets good grades in school if he is successful... It is like **you deserved this.**'*

*Selin: "Harun eats what he likes but he was kind of picky towards food. But we need to feed him somehow. When he was little, her dad made him laugh and I gave him food... Today, he is more positive towards foods in a happier mood than negative ones."*

Moreover, treating a child with comfort foods as a way of showing affection and care might contribute to developing and sustaining an emotional eating pattern.

*Ayşe: "Melisa is the youngest one and the only girl among our children. In order to please her, her older brothers brought chocolate to her every day since she was a little child. You know, chocolate has been bought for children to make them happy... My dad (his grandfather) passed away, but when he was alive he would not come to visit us without bringing Chitos (chips) to her..."*

#### **4.1.2.2. Subtheme: Influence of Family**

Adolescents' significant others, mostly parents' relationship with eating have reflections on adolescents' approach to food consumption by nature. Caregivers are not only role models as eaters but their previous experiences and conceptualization of the role of eating were also among prominent indicators of adolescents' emotional eating. Results of the current study supported such articulation between caregivers and their children's eating patterns as there was at least one emotional eater in their household or the place they were raised.

For instance, Eda was raised by her maternal grandmother who is a dessert-lover and emotional eater of their family. Same with her grandmother, Eda, who spent her childhood and had a close relationship with her, is prone to desert consumption. Eda's mother Ece shared that there was definitely a similarity between Eda and her grandmothers' passion for food. In that case, as Eda spent her childhood with them, the grandmother (caregiver) could have been the role model.

*Ece: "For example, our grandmother loves to make food and loves to feed. She is very good with food. I mean, I'm not that much like her, but our*

*grandmother likes to eat a little more like this... Since I am a working mother, when she [Eda] was younger, she was always with her grandparents.*

*Family eating routines* of the participants consist of eating all *together* as a family *versus* adolescents eating *alone*, and the most commonly preferred and cooked foods at home as a matter of providing or avoiding an obesogenic food environment were among the critical indicators of familial influence on adolescents' EE. To be more open, eating together or alone indicates whether the meals are consumed all together as a family or if there is a missing person who is s/he, and why he/she is missing.

In terms of family meals, most of the participants shared that on weekdays they do not have the opportunity to eat dinner together since both parents and at least fathers were at work at mealtime. As the frequency of family meals with all family members increased, occurrences of emotional eating and negative emotions decreased with the escalation of healthy eating attitudes.

On the other hand, *special days* such as *feasts*, and *Sunday breakfasts* were commonly indicated as important days to be together with the whole family. As these times are perceived as '*special*', prepared meals tend to be special too, and within the possible influence of cultural background, these meals generally consist of high carbohydrates and fat. In that cultural context, meals have been conceptualized as a way of socialization as shared by Beril.

***Beril:*** *Eating has actually become a form of socialization and rapprochement as a family... We constantly eat at family meetings or Sunday breakfasts...*

The day of the week, whether it is a school day or not, also influences eating together or alone. It is reported that since adolescents usually feel hungry when they come home from school, they might be in an urge to eat immediately. In some cases, these patterns were combined. For instance, Zara's preference for eating alone also overlaps with her notes in her food diary.

***Zehra:*** *"Zara is not like herself when she is hungry, she becomes so tense. So, when she comes home, she eats Nutella and bread alone... But it is important for us to sit down to dinner all together, and we don't watch TV, we do not want cell phones at the table. You know, phones and so on, nothing*

*electronic is allowed, me and my husband want us to chat at the table, and music can be played in the background, we have rituals... If it is for Zara, likes to watch something while eating... But it was the same in my family before getting married, TV was forbidden, and dinner was time to talk with each other for the family members... She is very picky and loves to eat what she likes, but at dinner, we can say 'Okay, you enjoy eating rice (pilav) but why do not you put some vegetables next to it?'"*

Health-promoting eating styles of parents might present an impact on adolescents' eating patterns. Therefore, qualified family mealtimes can be integrated into family-based interventions as a protective factor to hinder the negative effects of emotional eating on adolescents.

Participants also posited the role of an obesogenic *food environment*, which basically refers to being frequently exposed to unhealthy foods at home. Mainstreaming food choices and which type of food is mostly available at home has a great influence on the emotional eating of adolescents. This is because adolescents, who are exposed to an obesogenic food environment, might tend to make types of similar foods as a part of their eating habits. In other words, an obesogenic food environment is a family eating norm where family members consume certain types of foods, such as desserts, at home, and such availability of comfort foods brings maladaptive influences on adolescents' emotional eating.

*Ayşe: "We are fond of desserts as a family, I am fond of it, Melisa, her father, and her brothers, we all love it. If they offered me the best food in the world today, if it was not dessert, I would prefer dessert, even if it is a pudding. For example, let's say there was roast lamb, I would not eat it, instead would eat pudding, that is, we are all so fond of our desserts... Desserts are always available in our home... I usually cook them."*

*Merve: "We have a huge, special drawer for snacks in the kitchen, there are jelly tots, chocolates, chips, anything you can imagine.... It is because my husband buys them, but all of my children love to eat snacks... Sometimes her dad, she, her little brother, and sister fight over these snacks... I never eat them, but I have to divide them into equal amounts for everyone to end their fight over snacks."*

While examining the nature of adolescents' emotional eating, a link between caregivers' relationship with food and adolescents' eating patterns was remarkable. Caregivers' relationship with food includes their *emotional hunger, maladaptive*

*emotion regulation, being rewarded with food in their childhood and being triggered by social media/commercials.* For instance, Melisa's passion for dessert is pretty similar to her mother for whom eating dessert is beyond eating anything else - even the most delicious meal other than a dessert.

*Ayşe: "If they offered me the most beautiful meal in the world today if there were a dessert, I would prefer dessert, even if it's pudding. For example, let's say there is rotisserie lamb, I will not eat it, I'll prefer the custard. This represents our fondness for desserts, as a whole family, we are all fond of it."*

Harun's mother Selin also shares the role of emotional eating as a result of experiencing and regulating different sets of emotions.

*Selin: "I mean, I like to eat when I am happy, if I am very concentrated on something, like a study or something, then I do not restrain myself too much in terms of eating, and when I am sad, I can eat to be happy. I can eat to maintain happiness."*

Similar to their children, Koray's mother Seray, and Zara's mother Zehra were using food as a way to regulate their emotions by bingeing peanuts or preferring comfort foods such as pasta, dessert, or baklava to hinder the negative effect of negative emotions such as stress.

*Seray: "...We had such a troubled period. I mean, it was as if when I was distracted by something, maybe because I had a weakness for peanuts, peanuts became a thing at that moment, I mean, just to distract my mind and not to think by eating large amounts of peanuts."*

*Zehra: "My head is so busy with all the stress. I do not know, maybe I should eat this and feel better. I don't know if I'm going into something like I will feel happier, I mean, something happens there and I mean, I really see it very clearly. Really, that pasta with sauce and things like that keep popping into my mind like I should have dessert, baklava, you know what I mean? I try to fill that void with something."*

Interestingly, caregivers of these adolescents were mostly rewarded with food for their success and accomplishments, or food was used as a celebration instrument in their childhood. More attentive tables and sophisticated meals for special events and/or occasions were something already integrated into their life routine for the participants of the study.

***Selin:** “I was a very successful student... I was rewarded with chocolate or candy; my father would bring me rooster candy or something. I guess I was also rewarded with food in my childhood. It was like they took care to buy things that I like to eat at these times”.*

***Ece:** “For example, if there was a special day, a special meal for me and my family would be cooking. The table would be neater, we would have a nice celebratory meal for that day.”*

Same as adolescents, not only due to past experiences but also current environmental triggers can be facilitators of emotional eating for caregivers. Regardless of the time of the day, content on social media -especially Instagram and YouTube- and commercials in the media provoke their tendency to cook and eat emotionally.

***Zehra:** “I want to cook everything I see on YouTube. I have such a relationship [with the internet]. I have tried many things that I have seen and liked, especially when I am going to bake something sweet.”*

***Merve:** “They [her emotional eater husband and daughter] crave everything they see on the commercials. It was the same with our father. The other day on TV, they came across a pizza commercial and my husband asked, ‘What time is it’, I said, ‘11:30 p.m’. Since we moved to a small village right now, there is no such thing as pizza at that time here... When my husband sees something in the same way, they always crave it.”*

On the other hand, caregivers' unhealthy relationship with food was distinguished from their children's relationship in one condition. Unlike adolescents, their emotional eating parents were open to seeking professional psychological help to solve their disordered eating. For instance, Zehra came across a psychoeducation program based on mindfulness and used its techniques whereas Seray experienced the long-term efficiency of Eye Movement Desensitization and Reprocessing (EMDR).

***Seray:** “I am a civil engineer; I sometimes need to go to construction sites to check on them. When we were walking, climbing, descending, that is, when we went out on the land, we had no difficulty at all. But after this [her father's loss], I started to gain excessive weight. I started to walk uncomfortably when I went out on the land... It even became difficult for me to bend down and put on and take off my socks. I mean, this came back as weight, of course, and also the medication given by the psychiatrist at that time. With the effect of the medication "Lustral", maybe I gained a lot of weight, about 15 kilograms. My appetite opened up a lot, I was having 2-3*

*times what I normally ate. I had extra salty peanuts, but my feeling of satiety was almost gone at that time. If I normally feel it with 1 plate, when I ate 1 plate, it felt like I was still hungry. Seriously, those weights caused me health problems; I started to get out of breath. To prevent this, to relax myself psychologically I should be doing something...I started to recover myself with EMDR. Then I started to pay more attention to what I ate and when I cut gluten, which is advanced for gluten sensitivity, I started to lose weight gradually. My life has become more comfortable, I do not get out of breath anymore when I go up and down ramps, up and down hills... As I lost weight, I started to feel better. So, this is like a virtual cycle, as you already know. So, as it gets better with someone, others start to get better.”*

#### **4.1.2.3. Subtheme: Influence of Technology**

Adolescents have been exposed to screens via various tools including spending time on social media, gaming, and watching TV. The commercials adolescents were exposed to while spending time in front of the screen, play a major role in their eating patterns. In the current study, the role of screen on emotional eating behavior is two-fold; serving as a triggering factor to initiate eating behavior and influence the food preference on choosing comfort foods.

In the current study, adolescents indicated that they usually spend time on Instagram and YouTube as social media platforms. The most influential commercials indicated by adolescents and their mothers were hamburgers, *steak tartar a la turca [çiğ köfte]*, and desserts. In tune with that, similar comfort food preferences were commonly observed among all of the participants. Therefore, it might indicate a prevailing impact of mass media on their tendency to choose specific comfort foods.

*Eda: “There are various commercials in Instagram - reels and YouTube, and some of them really evoke the feeling of ‘I wish I would be eating it now... For example, when I see a tasty hamburger, I really feel like having it... Or maybe a soufflé...”*

Their mother indicated that in addition to such social media platforms, TV commercials, soap operas, and films also influence adolescents’ food choices.

*Zehra: “Zara likes to watch Korean soap operas, watches videos about Korean foods on social media, and she likes to try the food that she sees there... She likes going to Korean or Asian restaurants. She loves noodles... I think what she wants to eat is related to what she has been watching.”*



*Selin: "Harun loves steak tartar a la turca... If he comes across a Komagene commercial, it comes to his mind, that he wants to order one."*

Regarding the impact of the advertisement function of these platforms, commercials on social media, TV, or gaming itself, might serve as a triggering factor of adolescents' emotional eating. Social media and gaming influence the eating patterns of adolescents, mostly in a negative direction (Hadwiger, 2019; Muhtia et al., 2022). This triggering effect might result in *mindless eating* since the attention was on social media activity or gaming. Therefore, adolescents' food consumption might lead to a lack of consciousness by eating rapidly without being aware of how much they eat. Mothers' observations and experiences regarding their children's emotional eating in front of the screen are presented below.

*Deniz: "Erdem's happiest moments are when he plays games on PC... He was putting a package of biscuits in front of him and eating them in just seconds. Right after that, he was eating chocolate while playing."*

*Seray: "I am most angry at him when he eats while watching videos or while gaming. I say 'Okay, you can eat whatever you want, but I am asking you to turn off your phone while you are eating. So, if you are going to eat in the kitchen, turn off your phone, or if you're going to eat in front of the computer, stop playing games.' I ask him to do it because when he is busy with something, he does not realize how much he eats."*

Some of the adolescents also expressed eating in front of the screen in terms of *mindless eating* as such there is no awareness and limit of eating while watching TV or movies.

*Harun: "It is like you can eat as much as your body wants in front of the TV... While you are busy with something it does not really matter what you eat, how much you eat... It is like you can eat as much as you want, the body does not restrict it."*

*Naz: "I eat something while watching a movie, in every second of it."*

*Yağmur: "I like eating chips and seeds while watching something... When the movie ends, I am 'Wow chips were also finished'... I even do not realize when it is finished."*

Comfort foods, an essential component of emotional eating, are more diverse, visible, optional, and accessible through commercials in mass and social media, and

various order applications. It provides facilitating options to adolescents regarding maintaining their emotional eating. Given code identifies that being able to access various kinds of food and their availability triggered adolescents' emotional eating. It was mainly identified and expressed by the mothers.

*Deniz: "In our era, everything was homemade, everything was at home, and we ate whatever they put in front of us. Whatever they showed us was right for us. Because our circle of friends was like that. We did not know because our school environment was almost the same as ours. But now it is not like that anymore, there are advertisements, there are computers, there is the internet, there are videos, and YouTube. For instance, my children come to me and list the types of coffee that I have never heard of. I mean, everything is now publicly known and in front of us."*

*Eylül: "In the past [in her childhood], then everything was a luxury, it was not so easy... Everything was not so close at hand. I remember even bananas were very luxurious back then... There were no such opportunities to eat emotionally"*

## **4.2. Overarching Theme: Process of EE**

The overarching theme of the Process of EE refers to the common points of adolescents' eating patterns and the nature of emotional eating itself. Emotional eating consists of basic characteristics such as emotional hunger and preferring specific "comfort" foods rather than eating any food to be full. Such characteristics were also key features of participants' eating habits which are illustrated in more detail below. Besides, concomitant eating habits such as eating secretly, and eating mostly in the evening/night are also typical aspects of emotional eating which were also shared by some of the participants as an accompanying eating pattern to their emotional eating.

### **4.2.1. Theme.: Characteristics of EE**

Emotional eating occurs whenever food is consumed other than physiological hunger. In other words, during the emotional eating process, emotional hunger is the activating stimuli that trigger the emotional eating phase. Further, since emotional eating is done to meet a need within hedonic tendencies, choosing comfort food(s) is the subsistent component of the emotional eating process.

**Emotional hunger** refers to a craving for food in times when the person is not physiologically hungry. Emotional hunger urges suddenly in which rather than any food, certain foods are desired. After eating, an individual often feels guilt and regret. Experiences of adolescents' emotional hunger are presented below.

**Beril:** *"I constantly wanted to put something in my mouth... I was never feeling full... I was eating when I was really hungry, eating when not hungry, and just eating all the time..."*

**Naz:** *"If the food is something I enjoy, I can eat it in any circumstance. If I do not like it, I do not eat it anyway... I try to stop myself but a side of me just cannot stop... Then I am like 'I was not even hungry, why did I eat? ... Why did I spend my money on unnecessary snacks?...'"*

Mothers' shares regarding their children's emotional hunger also highlighted the absence of physiological hunger and certain types of food choices.

**Nalan:** *"Beril was not eating because of a need, she was enjoying eating, she was kind of rewarding herself... Rather than a physiological eating, she was eating to be happy... Once she cooked a milky dessert, the fridge was full, and she ate until all the dessert ran out... The body gets used to these unhealthy things..."*

**Ayşe:** *"Melisa becomes happy after eating what she likes. But she is picky about food. For example, she is fond of stuffed vine leaves, if she eats one, she is on the top of the world... Or if she eats dessert or chocolate, you can see from her face that she is extremely happy. She smiles while eating them."*

**Merve:** *"I think Yağmur tries to suppress her emotional hunger by what she likes to eat."*

**Comfort foods**, which consist of high fat and sugar, are known to be temporary pleasure providers by hindering the undesirable effects of negative emotions by stimulating the Hypothalamic–pituitary–adrenal axis in the brain (Macht, 2008).

All participants frequently shared their experiences on comfort food consumption as a response to different emotional states. Some of them used comfort foods regarding negative emotions such as stress, and boredom; whereas others indicated that they eat comfort food more often while they are happy to reduplicate the perceived feeling. Comfort food consumption seems to be functioning as both mood shifters,

from negative to positive, and mood-booster in perceived happiness. Adolescents' comfort food choices regarding various emotions are given below.

*Harun: "When I am sad, I prefer snacks rather than meals."*

*Can: "When he is upset, he says 'I do not feel like eating this [the meal her mother cooked], can I eat some chips?'"*

*Naz: "I eat noodles when I am bored, and steak tartar a la turca when I am stressed, and chocolate when I am happy... I enjoy eating them, they boost my mood."*

Participants' comfort food preferences can even be more specific by declaring the brand choice for comfort food. For instance, Melisa's mother Ayşe declared that her daughter usually prefers to eat specific chocolate brands.

*Ayşe: "Eating means happiness for Melisa... She loves to eat Brownie, Karam, Nesquik... She eats at least one of them every day."*

#### **4.2.2. Theme: Accompanying Eating Patterns**

Emotional eating is commonly interrelated with other forms of unhealthy eating behaviors such as secretive eating and night eating. In the current study, secretive and night eating co-exist with the emotional eating patterns of some of the adolescents. In tune with the rationale of secretive eating, which is a problematic eating pattern that is common among children and adolescents, has been used to minimize the feelings of guilt, shame, and regret and to escape from being exposed to potential criticisms of others.

Adolescents, who hide their eating sessions from other family members, tend to eat secretly when others around them go to sleep to create a *safe shelter* for themselves. Similar to BED, packages of the eaten food are, randomly found by others. To illustrate, cues on Koray's secretive eating were found by her mother, Seray. Despite not living in an obesogenic food environment, comfort foods seem to be an important part of Koray's secretive eating.

*Seray: "For example, I don't cook rice, rice is cooked every evening or every other day in the houses of most Turkish families, in our house it is cooked*

*once in 15 days or pasta is cooked every 15-20 days. We have an eating pattern like this, but unfortunately, Koray loves and buys noodles, chips, etc. Although we do not buy such things, I find them in his drawer... I even used to stop giving him pocket money to prevent him from buying such things, but he is not a child anymore... We rarely buy things like mayonnaise, and it does not take two days to see the bottom... Once, I prepared kısır to bring to my office in the evening, the next morning I could not because it was all gone the night before... Even if there is homemade food, he does not want it. He eats what he wants after we go to bed. In the morning, I woke up and found eaten noodle bowls or empty mayonnaise boxes..."*

Eating throughout the day and till nighttime is associated with emotional eating. In the current sample, **night eating** after supper was common among adolescents with emotional eating. Individualized dominant emotions can also trigger emotional eating at night., *"I was furious that day... For the first time I ate chips on the night of that day..." (Beril)*. Besides, some of the adolescents answered the question of *"when would they like to consume foods that give pleasure such as dessert?"* as *"usually in the evening" (Erdem)*.

Mothers also shared the night eating patterns of their children, expressing that although comfort foods were often preferred, night eating can occur independently until they fall asleep. *"Naz eats well, she continues eating till bedtime" (Eylül)*.

*Seray: "After he comes home from school, I offer him to have a snack, and then let's sit at the table together as a family [when his brother comes too], he says, 'No, I am not hungry'. He has a snack, then he does not sit with us. Then he continues eating at night... Even though there is homemade food at home, he says that he will not eat. After we go to bed, at night he eats something. In the morning, I wake up and see that noodles have been eaten, there are empty mayonnaise cans, and so on."*

*Ayşe: "Melisa eats whatever she wants before going to bed if there is chocolate, fruit, whatever she wants... Sometimes we stay up late; and she is like let's eat this, let's eat that..."*

#### **4.3. Overarching theme: Post EE**

Post EE is the last overarching theme stemming from interview and observation data which reflects the emotional, social, and physical consequences of emotional eating episodes. Eating emotionally brought both positive and negative consequences to

adolescents' lives and well-being. Even though eating emotionally (e.g., consuming their favorite snack) brought them temporary joy and relaxation, it was more frequently associated with undesirable results in terms of regret, comparison with peers, being bullied, being warned by others about weight issues, body dissatisfaction, and health problems.

#### **4.3.1. Theme: Post-prandial Emotions**

The theme of Post-prandial Emotions indicates how adolescents feel after they eat emotionally. Their feelings vary in a spectrum of positive to negative ones including feeling joy and relaxation after emotional eating, and at times feeling intense regret due to eating when they are not *really* - physically- hungry and its possible negative outcomes like gaining weight.

The meaning of eating is identified with **joy** for some of the adolescents. They had happy gestures while talking about the joy they experienced after eating, especially foods they love to consume. In the context of adolescents' post-prandial emotions, adolescents and their mothers expressed consistent results. Selected examples of mother-adolescent pairs regarding adolescents' joy after EE are presented below.

*Melisa: "I start to feel absolutely. Better after eating."*

*Ayşe: "Melisa laughs when she eats. She eats so appetizing, so cute, so happy as if you gave her the whole world... Especially when she eats stuffed vine leaves..."*

*Can: "Feeling more energized after eating definitely makes me happy".*

*Merve: "Can gets happier when he eats."*

*Naz: "I eat even when I am not hungry. I mean, I love it because I enjoy it... I feel better after eating."*

*Eylül: "Eating is equal to being happy for Naz. If she is eating, it means she is lively".*

Feeling *less tense* after eating is expected depending on the mobility of neurotransmitters as a part of a physiological mechanism. Yet, relaxation has a broader meaning for adolescents with emotional eating. Adolescents were asked to

identify their emotions and thoughts before, during, and after emotional eating. Even though it was not an easy task, emotions after eating were the easiest to define. Some of the participants shared that they felt **relaxed** after eating. “My [negative] emotions do not change, but at least I feel relaxed.” (Naz).

Koray and his mother both emphasized the bilateral relationship between Koray’s emotional eating and feeling calmer.

*Koray: "After eating, I feel more relaxed, it makes me calmer... Momentarily I do not feel anything, but the more I eat, the calmer I feel."*

*Seray: "Sometimes he says 'I need to eat so I know I am calming down, Mom... It really is.'"*

Zara’s mother, Zehra, also pointed out the relaxation and increased flexibility of her daughter after she eats. It was in tune with Zara’s food diary notes.

*Zehra: "Zara is like someone else when she is hungry...After she is full, she is more relaxed, more docile. Especially if she has not eaten, and when she comes home, there is a menu that she does not like, oh my god, she can do problem, can make this issue".*

Meeting an emotional need via food might result in several ways. In that regard, comfort foods might provide short-term relief, but as the main need was not met properly, previous hedonic attempts might turn into other undesirable emotions such as shame and/or **regret**. The feeling of regret after unnecessary food consumption was a common theme. Half of the participants indicated that they regretted their emotional eating period. One of them expressed accompanying behaviors (e.g. crying) to emotional eating based on regret.

*Yağmur: "I was regretting after eating too much, especially if it was fast food.... There was a period when I thought I had gained weight a lot, I really wanted to lose weight. But I did not want to stop or reduce eating. At these times, I was crying due to eating a lot... I love eating, but sometimes I was regretful and sad..."*

Beril tended to restrict her emotional eating concerning the negative body image she mentioned earlier. However, the interview and her food diary notes demonstrated that such attempts put her into a vicious cycle of eating and regretting.

*Beril: “When I was blue, I wanted to eat chocolate, but I was restricting it. But then, instead of chocolate, I was eating more desserts, such as cookies and so on... Then I started to be obsessed with eating dessert, and torturing myself... At once, I had that chocolate, but I regretted it later. Because, you know, if you eat chocolate, you gain weight...”*

#### **4.3.2. Theme: Social Consequences**

Social consequences refer to the outcomes of adolescents within their social context and the messages they have gotten through such interactions. These messages can be directly shown to them in verbal or behavioral ways, or they can be in an attempt to compare themselves with their peers. For instance, gaining weight due to emotional eating resulted in victimization by peers, self-comparison with their peers, and negative self-evaluation.

Interestingly, social comparison was a matter for the two male participants in the current study. Koray and Erdem have been in comparison with their peer cousins which resulted in terminating or limiting their relationship with their cousins. Such comparisons damage their social relations and psychological well-being. To be more precise, their close relationships with their cousins were weakened after such comparisons by themselves or family members around them. It also brought negative influences on their self-esteem.

*Erdem: “It affects a lot... You gain weight, you spend your money on food, and there are also physiological problems... Inferiority complex.”*

According to Koray’s experience, others were included in the comparison process, whereas Erdem compared himself with his cousin. Although there was a social comparison, their experiences resulted differently. For Koray, others’ comparison damaged his close relationship with his cousin, while for Erdem it was more like the beginning of a shift in his lifestyle. Both participants' comparison processes were mentioned by their mothers.

*Deniz: “His cousin lives in the USA, and came to visit us with his family... He is so thin and tall... He plays basketball and does not eat so much. He is very*



*fit... I think after seeing him so fit next to himself, he started to be more careful about what he eats... He was just eating to spend time. Now he has a more distant relationship with snacks and desserts, he started to go to the kickbox.”*

**Seray:** *“Koray and his cousin were so close, and now they have been in the same city since we moved in, but they stopped seeing each other. His cousin used to eat a lot and had a weight issue. But he lost so much weight, which even happened obsessively, and his parents are bothered by that... People around us, including me, started to say things like ‘Koray look at your cousin, he has lost so much weight, you can be more careful about what you eat too’... As we warned him, he stopped seeing his cousin... After a while, I realized its negative effect on him...”*

Unhealthy social interactions might act as an indicator of negative mental health outcomes such as **being bullied**. In this regard, there was a unique and significant experience that Seray shared about his son’s experience of being bullied in the past because of his weight.

**Seray:** *“He told me that in his senior year in middle school, the year when he was getting ready for high school entrance exam, he had been bullied by his peers. He shared it with me some time later. He said his commitment to virtual world [gaming] started after that since he thinks people in that platform do not judge him because of his weight, and care for him no matter what, while friends at his school were making fun of him.”*

Most of the mothers stated that they need to **warn** their children to shift their eating habits more healthily. On one hand, mothers shared their concerns about their children’s psychological and physiological health. On the other hand, they seemed as if they wanted their children to take control of their eating habits.

**Ayşe:** *“When she asks me whether to buy one or two chocolates in breaks [at school], I tell her to have one. I say ‘Be careful my dear, do not eat so many snacks for your health. It affects your health, your skin, etc.’”*

**Eylül:** *“I sometimes told her ‘You are 15 years old; you need to be more careful’ or ‘I was in your weight when I got married, you are too young’. She is 50 kg, I was 47 when I got married... Sometimes I warn her as a mother... I gained a lot of weight; it is no good.”*

**Selin:** *“Me and Harun’s father sometimes warn him about the ingredients of what he eats... I say ‘There are a lot of unhealthy components in it, do not try to eat it’... Maybe he thinks we are controlling parents at that point... Sometimes he wants to reject our warnings... We tried to prevent things from getting worse... If we say okay, he will eat chips every day... There was a McDonalds or*

*Burger King next to the dance classes. I warned him, "Son, you are eating too many hamburgers, please do not!" Otherwise, he would have eaten hamburgers every day."*

#### **4.3.3. Theme: Body-related Aftermath**

Female adolescents' body image can be influenced by how their mothers perceive their own bodies. For instance, Beril's mother Nalan declared that she preferred to be "thin", and her point of view was absorbed by Beril which brought other conflicts such as moving towards a restricting eating pattern.

***Beril:** "I had to live with somebody that I hate –myself. I always thought I had to be in a fit body... The number on the bathroom scale was pissing me off...When I was growing up, I felt awful when people around me said 'You are fat'. I did not like myself either. This is why I always try to put myself under pressure about eating. I tried to restrict myself, saying 'You cannot eat chocolate'... Now, they try to convince me that I am not fat. I look in the mirror and try to convince myself of that too... This year, for the very first time, I went to the market and bought chocolate by myself."*

Mothers were more comfortable talking about their children's body satisfaction. For instance, Nalan's statements were in tune with her daughter Beril, she also pointed out self-esteem components within the evaluation of body image.

***Nalan:** "Beril compares herself with her twin. His genetic features are more like mine while Beril's are similar to her father's family. Her brother eats a lot and is still thin... She is not okay with it... She is not happy with her body... She wants to be thinner, her height to be taller... I might have influenced her...I like to be thin, but nobody is perfect... People can adjust these things according to their circumstances. For instance, she does not have to wear a crop top even though it is popular among girls nowadays... It might be related to self-esteem."*

Another significant example was about the body dissatisfaction of Koray. Even though asked two times at different points, he was the only participant who skipped body image questions during the interview. It was quite interesting during the meeting and became clearer after the interview with his mother:

***Seray:** "...Koray is also not happy with his body. Even on vacation, he does not want to take off his shirt when he goes swimming".*

**Excessive exercising** due to social comparison and body dissatisfaction is considered as one of the inappropriate compensatory behaviors. Adolescents in the current study shared their excessive exercising experiences as a temporary attempt to lose weight; *“When I gained too much weight, I was exercising too much... But now, I do not.”* (*Yağmur*).

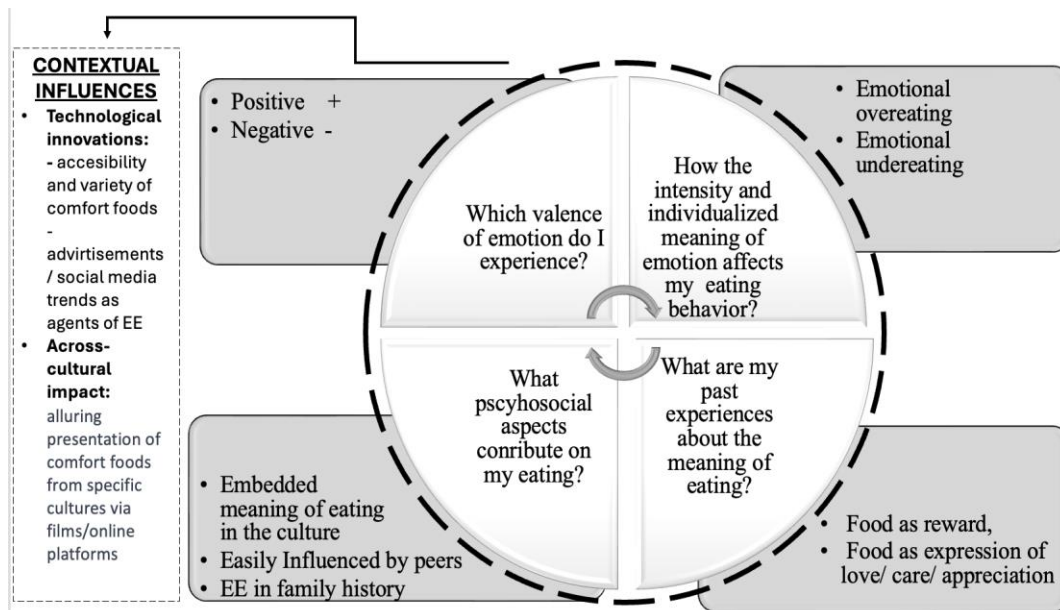
At that point rather than health issues, exercising turns into compensation, and even a punishment to let themselves eat what they want. External factors like lockdowns due to the pandemic also lead to creating such exercise times for some participants. For instance, the excessive exercising tendency of Beril increased during the pandemic. Her mother also supports that by emphasizing that rather than promoting health, exercising became like a burden for Beril; *“I also exercise, she is like me in that sense... But she was exercising excessively... She makes herself miserable, she pushes herself too much. This is something I do not want.”* (*Nalan*).

The aftermath of adolescents’ emotional eating is not only psychosocial but also physiological. **Health-threatening consequences** of adolescents can be grouped two-fold; gaining weight and weight-related aftermath such as sleep apnea. Gaining weight through emotional eating was commonly expressed by adolescents and their mothers. In particular, Eda, Yağmur, Erdem, and Koray and their mothers emphasized the risk of obesity due to excessive eating under the negative health consequences.

*Yağmur: “I have gained 10 kilograms in the pandemic... There was a period when my weight was too much for me and I was trying to lose a lot of weight at that time, but at the same time, I did not want to stop or reduce eating. At that time, I was crying when I ate too much or something like that.”*

Other health-related consequences such as sleep apnea and sleep-related problems also occur as a result of excessive emotional eating.

*Seray: “He gained too much weight... Emotional eating affects his health as well. He cannot sleep comfortably at night in the form of sleep apnea, he snores constantly, and it is due to being overweight. He has such health problems”.*



**Figure 4. 2.** A visual summary of the Key Points of the 3P Model

Overall, as presented in Figure 4.2., the experiences of adolescents in the current study were clustered within four key points which are interrelated with each other. Firstly, the valence and intensity of the emotion affect their tendency to eat emotionally. Hence, it was not limited to overeating stereotypes, rather intense sadness might result in emotional overeating. Besides, how they label the same emotion diversely in their point of view was also among the indicators of their emotional eating. To illustrate, some stress might act as a paralyzer that blocks them from eating anything as their stomach is already filled with that emotion. For others, stress can facilitate as the powerhouse of faulty hunger cues, thus emotional overeating to distract their attention to any other place, especially a hedonist one that pleases the body both in psychological and physiological manners.

The explanation of why the same emotion resulted in different emotional eating practices was related to the meaning of food that had been shaped by adolescents' experiences. Food was presented to them in many aspects including a reward for an accomplishment, an academic success, a fundamental part of the celebration, and a way to show parents' care for their children which led adolescents to learn to eat emotionally. Furthermore, how eating routines were experienced within cultural norms was a significant part that encouraged the emotional eating practices of

adolescents. Such practices were also reinforced by obesogenic food environments due to having at least one emotional eater in the family. Besides, the meaning of food and eating paired with socializing presents a critical position for adolescents. Accordingly, social activities around eating were also found to be facilitators of emotional eating.

While given main components were interrelated, there was also another key point that mainly influenced adolescents' emotional eating, contextual factors. In addition to within cultural meaning of valuing emotional eating, cultural impact also shaped adolescents' emotional eating practices. For instance, the comfort food they preferred (e.g., eating noodles so often as they saw them in Korean series), and the eating practices in front of a screen (i.e., watching videos or gaming) led them to mindless eating which fosters emotional eating patterns. Moreover, technological innovations have both pros and cons when considering eating practices. Accessing and ordering foods is easy but it also contributes to the augmented frequency of adolescents' emotional eating. Advertisements and applications, which are also feasible, enable adolescents to reach comfort foods more often. This is why, the outer circle of contextual influences was delineated in a discontinuous manner, as macro effects emanating from these intervals may influence all four components within the interior parts.

## **CHAPTER 5**

### **DISCUSSION**

This chapter presents the findings of the current study in three major parts. Firstly, findings of the 3P Model (Predisposing Factors, Process, and Post Emotional Eating) are discussed within the related literature. Then, the implications for psychological counseling and guidance are presented. Finally, the recommendations for further research on emotional eating are outlined.

#### **5.1. Discussion of the Findings**

The purpose of the current study was to present an in-depth understanding of the emotional eating experiences of adolescents regarding its predisposing and influencing factors, aftermath, and its relation to individual and socio-cultural factors. Accordingly, a descriptive phenomenological qualitative study was designed to clarify the components of the emotional eating experience while exploring the significant variables contributing to the development and maintenance of such eating patterns.

A self-report (The Emotional Appetite Questionnaire) was used to validate the changes in participants' eating routines in terms of positive and negative emotions and states. Afterward, semi-structured online interviews were conducted separately with adolescents and their mothers to gain a deeper understanding of the facilitators and dimensions of their emotional eating process. Accordingly, adolescents kept a one-day food diary including their emotional states, food choices, eating environment, and eating times.

The interview protocol focused on three main parts in terms of adolescents' eating patterns which consisted of emotional eating; the influence of social media, body

image, and pandemic; eating and family; and others including compensative intentions/behaviors and attempts to seek help. Adolescents answered these questions by considering themselves while mothers were asked to reply by considering their children in the first place and then the eating routines of their own and/or the emotional eater in the family to enlighten the potential transition of eating patterns across generations. Three overarching themes (*3P Model - Predisposing Dimensions, Process of Emotional Eating, Post Emotional Eating*) emerged as a result of collected data. All the themes were discussed in the following sections.

### **5.1.1. Predisposing Factors**

Presenting the risk factors of disordered eating (e.g. emotional eating) has been challenging due to the complex and layered nature of them (Macht, 2000). However, both intrapersonal and socio-cultural dimensions are found to be crucial in identifying such layers (Bennett, 2013; Fairburn; 2019). Similarly, the results of the interviews pointed out individualized and environmental factors have been among the predisposing factors for the development and maintenance of adolescents' emotional eating. In addition to the interview questions regarding the triggers of adolescents' emotional eating behavior, the meaning of eating, the function of eating (e.g., coping, emotion regulation, etc.), other physiological facilitative factors such as insulin resistance, genetic susceptibility like diabetes history in family members presented a wide range of predispositions.

Within a holistic perspective, predisposing factors were generated as the two main domains: individualized and environmental. *Individualized predisposing dimensions* consist of affective, cognitive, and physiological dimensions. To be more precise, affective dimensions included the mediating role of emotional eating on the emotional valence and emotion regulation strategies of adolescents. Cognitive dimensions presented adolescents' approach to rationalizing their emotion-induced eating with self-soothing and safeguarding tendencies in terms of misinterpreting eating as a matter of mood-boosting tool and a means of maintaining internal balance in hormonal change. Lastly, physiological dimensions have encompassed the genetic susceptibility that might trigger emotional eating such as using an appetite stimulant

medicine due to other health conditions (e.g., diagnosed with attention deficit and hyperactivity disorder), having insulin resistance, or having a relative with diabetes (i.e., mother, father, and grandmother).

First and foremost, emotional valence and emotion regulation strategies have been among the individualized predisposing factors of adolescents' emotional eating. Some studies emphasized the role of increased sadness on emotional overeating as an attempt to regulate their emotions (Meule et al., 2018; van Strien et al., 2013). Interestingly, the findings of the current study presented that the valence of emotion might result in not only emotional overeating but also undereating. Relatedly, some participants in the present study shared a loss of appetite while experiencing extreme *sadness* such as a risky health issue of a parent, or a severe feud with peers. Consistent with a recent study (Cheng et al., 2023), the intensity of such negative emotion might have been mediated by a declined enjoyment via food resulting in emotion-induced undereating. They also shared that their mind and emotions were so filled up with problems that made them sad, that they did not have enough space to consider hedonic eating. In tune with the current trend in emotional eating studies, the associative issue regarding *emotional undereating* requires deeper understanding.

The combination of negative emotional valence and the use of food-induced emotion regulation results in *negative emotional eating* (Sze et al., 2021), and commonly shared by the adolescents and their mothers in this study. One of the most notable illustrations was about a participant's *anger* toward his father by biting off the bread and considering eating to withdraw from the real world which makes him angry and sad. In a way, he adopted negative emotional eating as a coping or distraction mechanism for his undesired feelings. Considering his complementary eating behaviors (e.g., secretive and night eating), and negative emotional eating patterns, such cases are better not be neglected regarding their high potential of turning into an eating disorder.

Emotional eating experiences of most of the participants, negative emotions were shared stemming from *stress and anxiety* due to academic issues such as high school entrance exams. For instance, they attempted to label a favorite meal (e.g., "*stress*



*soup*”) and resorted to bingeing until the anger-induced stress was regulated. They shared about the burden and responsibility of preparing for the high school entrance exam, and failure in a trial exam might result in self-directed anger which augmented the perceived stress even more and become a vicious cycle.

Cognitive distortions such as *should* statements and mindreading regarding maintaining success in their school grades or their parents’ expectations about their scholarly achievements were also among the academic-oriented stressors leading to adolescents’ emotional eating. These results are consistent with major emotional eating literature focusing on stress-induced overeating in relation to academic concerns (Caso et al., 2020; Chamberlin et al., 2018; Nguyen-Michel et al., 2007; Onur et al., 2022; Ramadhani & Mahmudiono, 2021; Sato et al., 2023).

In a broader perspective, in addition to academic issues, social relationships with family and friends can be considered among the significant factors that trigger the emotional eating of adolescents in the current study. For instance, the values in the family (e.g., sports achievement, getting a degree in dance competition) were interrelated with adolescents’ anxiety stemming from maintaining success in these areas. Previous studies conducted with adolescents also pointed out the associations among attachment, parents’ and their children’s expectations, family communication, perceived stress, and eating patterns (Beijers et al., 2021; Nguyen-Rodriguez et al., 2009). At this point, based on insecure attachment, adolescents may resort to eating-based emotion regulation strategies regarding the possibility of not being successful enough about the issues that they *should* achieve to be valued in the family and to increase their sense of belonging.

Last but not least, *boredom* is one of the most critical and frequent emotions that trigger adolescents’ emotional eating. Except for one of the participants, adolescents declared an increase in their boredom-related emotional eating. Early phases of the Covid-19 pandemic and lockdowns were among the triggers of increased emotional eating which had been conceptualized as a way of coping with stress based on the obscurity of the early days of the pandemic. Although boredom was a critical part of the emotional eating studies, the obligation of staying at home and the limitation of

daily activities severely facilitated the frequency and amount of eating (Crockett et al., 2015; Danckert, 2022).

Another explanation for the escalation in boredom-induced emotional eating regarding Covid-19 might be the role of social learning as most of the individuals in the household attempted to fill their time via food consumption (Burnatowska et al., 2022; Latif & Karaman, 2021). Adolescents and their mothers explicitly stated the feeling of falling into a void and the lack of alternatives to fill it. In that sense, eating was the hedonistic and easily achievable way to fill the void. In all, findings on negative emotion-induced emotional overeating for emotion regulation also supported the emerging emotional eating theory within the psychosomatic perspective (Kaplan & Kaplan, 1957).

Consistent with the recent emotional eating literature, not only negative but also positive emotions were among the indicators of emotional eating (Adriense et al., 2011; Bongers et al., 2013; 2016; Evers et al., 2009; Fay & Finlayson, 2011; Royal & Kurtz, 2010; Turner et al., 2010). Some of the participants mentioned their increased comfort food consumption (i.e., chocolate, cake, etc.) to *celebrate* their happy moments. In other words, they are in an attempt to use comfort foods to *sustain and extend the duration of joyful moments*. Similarly, Cardi and colleagues (2015) mentioned a positive correlation between experiencing happiness and increased sweet consumption in their study.

Even though adolescents attempt to eat emotional to upward emotion regulation as positive emotional eating, to prolong positive emotions, it still is a risk factor for the development of eating disorders (Sze et al., 2021). As the mainstream definition of the emotional eating phenomenon of participants in the current study; *it is not you, your emotions are eating*. In sum, it can turn into a maladaptive emotion regulation strategy.

*Cognitive dimensions* of individualized predisposing factors of adolescents' emotional eating consisted of rationalizing their eating behavior as if it were a need or must. Such safeguarding tendencies consisted of covering up their hedonic

intention of eating as a matter of need to sustain their energy, boost their mood, and balance their hormonal changes. Rationalization of emotional eating mostly occurs as an increase in chocolate consumption among female participants, and their cognitive structuring was supported by their mothers. In a way, mothers reinforced their daughters' *hedonistic excuses* for chocolate menstrual cravings and extreme comfort food consumption as if it was possible to regulate their hormonal changes during menstruation.

A point to consider in that regard is the amount of energy-dense food consumption (Macht & Dattmer, 2006). However, female participants in the current study shared their exaggerated amount of need for comfort food (e.g., chocolate, dessert, etc.) in case of PMS. These *needs* might have been learned and reinforced via psychosocial factors like attribution in the family and social media. As a result, justification of indulgence in these hedonic attempts resulted in increased chocolate consumption (Braden et al., 2014; Taylor et al., 2013).

In addition to hormonal change-based justifications, comfort food consumption was attempted to be rationalized by both male and female participants. Especially during active academic periods, adolescents need calorie-dense foods to sustain and increase their energy. However, in line with the earlier study by Nguyen-Michel and colleagues (2007), adolescents' attempts only included comfort meals such as snacks, which could be attributable to the availability of such content inside the school setting (Losasso et al., 2015).

*Physiological* predisposing factors should also be considered to provide a comprehensive understanding of susceptibility to adolescents' emotional eating. Metabolic concerns such as insulin resistance or having diabetes diagnosed among family members were found to be related to emotional and binge eating (Chao et al., 2016; Koyuncu et al., 2022). Some participants of the current study met the metabolism deviance criterion as their childhood and had been emotionally eating since then. Others have family members and relatives who were diagnosed with diabetes such as their mothers, and/or grandmothers. Accordingly, these dimensions

within their genetic inheritance might be among the vulnerability factors to developing and maintaining the emotional eating pattern.

Attention deficit and hyperactivity disorder might also promote a predisposition to emotional eating and bingeing (Seymour et al., 2015; Tong et al., 2017). In parallel to the study of El Archi and colleagues (2022) that stressed out consolidation of attention deficit and hyperactivity disorder and emotion dysregulation result in negative emotional eating, one of the participants in the current study was diagnosed with attention deficit and hyperactivity disorder, having insulin resistance and other hormonal difficulties since childhood, and suffering from emotion dysregulation via emotional overeating. Unusually, he had been taking a medical supplement (Concerta), known to lead to a decrease in appetite, for his attention deficit and hyperactivity disorder; it did not promote such an effect on this participant. On the contrary, his eating has been escalating day by day as reported by himself and his mother. A possible explanation at that point can be the key role of emotional eating. To be more precise, although emotional eating itself does not refer to an eating disorder, it is known to be the most crucial part of relapse in eating disorders after treatment (e.g., binge eating disorder). Even patients who experience bariatric surgery can gain weight due to a lack of awareness in controlling their emotional eating (Chesler, 2012). This is why increased insight and self-management on emotional eating promotes great significance for prevention and inhibiting relapse of eating disorders.

*Environmental predisposing factors* of emotional eating included the influence of adolescents' early experiences with food, overall familial eating patterns, and technology. To be more precise, supporting the theory of Bruch (1973), the role of early experiences with food consisted of being rewarded with food due to adolescents' achievements regarding conditioning and the learning process within the association with emotional eating.

Parenting practices were a critical part of conceptualizing eating and food within the reward concept. Besides, parents' own experiences with food and emotional eating are linked with adolescents' eating patterns in several ways. One of the paths

provided by this link was being a model for children in terms of emotional hunger-induced eating. This is how they observe that eating can be used as a matter of emotion regulation and coping in the household. Such associative learning might also be reinforced by the variety of comfort foods that create an obesogenic food environment for adolescents. As supported by empirical data, having an emotional eater and/or feeder parent/caregiver, augmented the risk of similar eating patterns within children and adolescents, and the risk of using eating as an instrumentation of self-regulation (Rodgers et al., 2014; Tan & Holub, 2015).

Family eating routines might also facilitate both preventive and risk factors. For instance, eating together, rather than eating alone, has been known to be a preventive dimension of disordered eating. A fifteen-year length longitudinal study started from adolescents across adulthood showed that mealtime practices within the family such as eating together, avoiding factors that promote mindless eating (e.g. watching TV while eating dinner), and providing healthy foods in the household were prominent protective factors promoting healthy eating habits for adolescents and sustain them throughout the further developmental stages (Watts et al., 2018).

Similarly, adolescents in the current study shared that they tended to eat more healthily and in a happier mood when they were eating together with their parents. On the other hand, adolescents who resort to *secretive eating*, were such in an attempt as they felt guilt or shame due to their eating pattern. In the current study, most adolescents stated that they eat alone, especially on the weekdays as their parents were at work during dinner time.

However, the other participants, who had the opportunity to have dinner with a family member, were also not willing to take this as an option despite the offers of their mothers. Accordingly, they were reinforcing the disordered eating pattern regarding bringing comfort food home from the outside and consuming it secretly in their room when other family members were sleeping. Eating alone and secretive eating have been known to trigger maladaptive eating patterns (Kass et al., 2017). Therefore, encouraging quality family mealtimes is significant in the development and maintenance of adolescents' healthy eating practices.

Participants numerously shared their enhanced intake of comfort food to *celebrate* their happy moments. The question is: Are they always in need of food-induced celebration or maintenance to expand their positive feelings? Or do they learn it through experiences in the socio-cultural context? Although there has not been a consensus on the direct role of *learning*, previous studies provided support by claiming the influence of social and observational learning processes, and role-modeling within associative learning on emotional eating (Bruch, 1973; Suwalska & Bogdanski, 2021).

Giving such a meaning to food might be rooted in the learning process within the interpersonal relationships in the family environment, and culture – in a broader perspective. For instance, giving sweets to children to make them happy can result in matching happiness and sweet consumption in terms of operant conditioning (Ogden, 2011; Reichtenberger et al., 2020). In the current study, participants emphasized their increased comfort food consumption during their happy experiences such as receiving a report card, having high grades in an exam, achievements in sports, or special days like feasts and Sunday breakfasts.

Socio-cultural factors and the meaning attributed to the special day with Turkish culture provide a huge range of hedonic meals with the integrity of Turkish cuisine. At those points, participants shared how the family unions or Sunday breakfast turned into a tempting visual feast alongside the pressure from family members to enjoy the served meals. Learning might also occur from numerous social pressures to eat on *special days*. At that point, adolescents' attribution to Turkish cuisine was also among the indicators of their emotional eating behavior on special days. These results were consistent with the previous studies indicating a significant association between positive attribution to Turkish cuisine and emotional eating regarding consuming meals such as kebabs, pastries, and sherbet desserts (Chambers et al., 2016; Sezgin & Tanrısevdi, 2021).

The critical point here is the role of learning regarding previous developmental stages (e.g., early childhood) and sustaining it to further periods of their life (Alzheimer & Lurry, 2019; Frayn et al., 2018; Herle et al., 2017). Previous studies

strongly support the role of learning on increased food intake followed by negative emotions, especially by addressing sadness and anxiety (Blechert et al., 2014; Bongers et al., 2013; Fay & Finlayson, 2011; Oliver et al., 2000; van Strien et al., 2013). The current study not only supports the previous findings in the literature but also presents a new dimension by indicating the role of *positive* emotion-induced emotional eating through learning.

To illustrate, one of the participants mentioned his increased emotional overeating in a happy mood. Interestingly, his mother told him that when he was a baby, she and her husband made him laugh to let him open his mouth. Once he opened his mouth, they were putting the food in his mouth. Prolonged experiences continued during his childhood, and he became an emotional eater regarding positive feelings and experiences. This link was shared with his mother and approved by her. Another participant highlighted how their family reunions and special day celebrations have been rooted in eating high-calorie foods in tune with their culture of origin with delicious but fatty meals in Adana.

A combination of learning throughout childhood and being exposed to comfort foods as the mainstream food choice in the household has also a great influence on the emotional eating of adolescents. This is because adolescents, who are exposed to an *obesogenic food environment*, might tend to make types of similar foods as a part of their eating habits (Luomala et al., 2009; Werthman et al., 2018). In that regard, fighting with emotional eaters like parents, and siblings to get more food from the “snack drawer” in the house to overcome boredom was one of the notable examples in the current study. This is how adolescents learn to normalize the obesogenic food environment and use food to regulate their emotions (Kemp et al., 2013; Reichtenberger et al., 2020).

Mother-daughter relations have already had a critical stance on disordered eating (Trevino, 2021). Adolescence itself might promote an emotional eating pattern due to modeling the same-sex parent, particularly for females (Carbonneau et al., 2020). On one hand, although mothers of the study have mostly emphasized the “healthy” weight and body, in-depth interviews presented a desire for thinness and a longing

for the past in which they were fitter- before giving birth. For female adolescents, these perspectives correlated with their own body image and restrained eating patterns which consequently turned into emotional eating. On the other hand, having an emotional eater role model in the family can provide another way of learning to adolescents as they have been exposed to comfort foods and an obesogenic food environment starting from an early age.

All the participants grew up with an emotional eater parent or caregiver which promotes a high-impact susceptibility for them as the likelihood of emotional eating increased in such cases (Ferrer et al., 2017; Watts et al., 2018). For instance, at least one parent (one maternal grandmother who raised the participant for one case) was self-declared emotional eating and has been providing such an environment at home by providing comfort foods and being a role model such as excessive consumption of a specific food (e.g., salted peanuts) as a way to regulate sadness.

In this regard, emotional eater parent-adolescent dyads and associative learning have critical stances as supported in the previous studies (Ferrer et al., 2017) revealing changes in parents' eating patterns (e.g., consuming more hedonic food, and less fruit and vegetables) due to emotion suppression increased adolescents' emotional eating and hedonic food consumption. Therefore, parents' eating practices promote a great significance regarding adolescents' eating routines.

The influence of technology regarding social media and commercials can also be very tempting to emotional eating behavior. Social media is not only a way to communicate but also a digital world to be informed about the newest trends that can trigger cravings for specific foods (Kemp et al., 2013). To illustrate, numerous fast food and snack commercials just pop in while watching a video on YouTube or surfing on Instagram. These triggers might easily provoke emotional eaters' food intake as they are already susceptible to such external, palatable food cues to start eating behavior.

A recently released chocolate or a dessert commercial affect them intensely and becomes their new favorite snack to consume when they celebrate an achievement or



an item that they can take their anger from. These findings have been consistent with the emotional eating studies in other cultures (i.e., the United States) as individuals with this kind of eating pattern have been vulnerable to external cues and easily get ready to try a new product (Kemp et al., 2013).

Time spent on social networking sites and gaming have also been prominent dimensions of adolescents' emotional eating (Caner & Evgin, 2021). Mindless eating in front of the screen already provokes mindless and emotional eating since the attention of the present moment is given to the concepts on the screen. Accordingly, all the adolescents in this study shared their increased unconscious food intake while watching a video or a movie. Giving a new meaning to social media and gaming has been hazardous in the development of emotional eating and obesity (Erdem et al., 2023). Male participants in the current study were especially at risk regarding the extremely popularized online gaming trend which promoted a new social world where they were not judged because of their weight. Even though these platforms seemed to provide them with a non-judgmental social network, mindless eating in front of the screen and conceptualizing food as their company might enhance the severity of disordered eating in the long term.

### **5.1.2. Discussion of Process of Emotional Eating**

Participants of the current study ensured basic constituents of emotional eating including comfort food choice, hedonic eating, emotional hunger-induced eating, and accompanying eating patterns of secretive and night eating. The first group represents *characteristic* eating patterns to refer to someone's eating patterns under the umbrella of emotional eating. *Accompanying eating patterns*, on the other hand, is not a necessity but commonly observable among emotional eating cases (Fairburn, 2019).

All of the adolescents shared their variety of *comfort food choices* (e.g., steak tartar a la turca, kebab, chocolate, ice cream, jelly tots, dessert, pizza, hamburger, etc.) depending on their mood. At that glance two points must be carefully considered; eating as a matter of emotion (*emotional hunger*) rather than a real (physiological)

hunger, and the type of consumed food in terms of eating high energy-dense, palatable foods rather than eating healthy meals (Dönmez, 2019). As they are in need to regulate their emotions via food intake, they resort to *happy meals* including meals with high sugar and fat to catch or sustain a positive mood (Evers et al., 2010; Kemp et al., 2013).

Considering their developmental stage, conflicts with peers and miscommunication in the family were among the common issues that lead adolescents to emotion-induced eating in an attempt to soothe their anger or avoid their sadness. Nonetheless, since their desire to eat did not stem from an internal cue of physiological hunger, satiation cues might be faulty and received over a longer period (Bruch, 1973; Dönmez, 2019; Schneppe et al., 2020). Consequently, even though they were mostly aware that eating a bar of chocolate, or a burger menu would not solve the main problem that they had been dealing with, they attempted to maintain the emotional eating cycle as it was a known way to regulate their emotions and well-being.

Emotional eating processes commonly co-occur with accompanying maladaptive eating patterns (Fairburn, 2019). Among the adolescents of this study, the most frequent accompanying eating patterns of emotional eating - secretive and night eating - were embedded within their eating practices. One of the reasons behind these kinds of eating practices might be avoiding guilt, shame, and criticism of others due to over-and-unhealthy eating. As emotional eaters felt relief that way, they tended to sustain their comfort eating within staying in their comfort zone, without social pressure or warning about healthy eating from their parents or peers, they mostly bring snacks at home secretly.

Most of the mothers were found to be warning their children regarding their snack overconsumption and mindless eating due to boredom, anger, and so forth. Although they sought their children's benefit regarding their physical and psychological health, such warnings themselves were far from a sustainable solution. On the contrary, adolescents revealed that they find alternative ways to consume these snacks. For example, some of them were hiding chips and chocolate bars in their school bags to

avoid their mothers seeing them and eating those comfort foods at *night* after everyone fell asleep, or at least they were “alone” in the room. However, empty snack packages are often found by mothers after a while on various occasions such as cleaning their room.

Interestingly, parents from the same household might give double messages. For instance, for some of the adolescents, their emotional eating parents helped them to buy and bring in comfort foods *secretly* while the other parents, mostly mothers, did not want their children to consume unhealthy foods. The current study proposed that adolescents’ emotional eating is influenced by a lack of mindful parenting. Understanding the fundamentals of effective family communication and internalizing healthy eating practices have been critical for developing effective emotional eating prevention measures. Adolescents' predisposition to emotional eating has risen as a result of its absence. (Gouveia et al., 2019). All in all, such accompanying patterns are in the nature of the emotional eating process yet promise great risk for severe eating psychopathology such as Binge Eating Disorder (Geliebter & Aversa, 2003; Hernandez-Hons & Woolley, 2012).

### **5.1.3. Post-Emotional Eating**

Affective and biopsychosocial are not only the arguments behind emotional eating but also associated with the sequels of such eating patterns (Bennett et al., 2013). Consistently, the results of the present study showed that emotional eating practices might bring along various consequences including feelings experienced after eating in a wide spectrum, ranging from guilt and shame to joy and relaxation; undesirable social outcomes like being bullied or compared/criticized due to body-related concerns alongside the negative body image, body dissatisfaction, and health concerns.

Post-prandial emotions of adolescents followed by emotional eating were grouped into two diverse sets of emotions which were joy/relaxation and guilt/shame. Apart from the majority of the emotional eating and bingeing literature, *joy* and *relaxation* followed by emotional eating were more common than guilt and shame among the

participants of the current study. All of them expressed increased joy followed by eating. Even though energy intake and physiological processes of digestion have been expected to increase postprandial happiness, eating has a deeper meaning than these. For instance, for some of the participants, eating one of their favorite snacks or meals can just shift their mood from disparity to happiness. However, these shifts can be delusional and not permanent (Fairburn, 2019).

The emotional eating phenomenon was frequently defined as a *coping mechanism* by the adolescents of this study, yet it was highly associated with unwanted outcomes such as feeling guilty. Emotional hunger is a prominent trigger of eating when not physically hungry and might cause adolescents to question themselves about the purpose and meaning of their eating practices. As they become habitual, body-related issues such as gaining weight also make their eating-related concerns more complex (Dönmez, 2019; Garaulet et al., 2012).

Intense feelings of guilt and shame based on emotional eating can lead adolescents to experience extreme sadness followed by crying attacks. In order to prevent and control such negative outcomes, some of the participants attempted to restrict their food intake. However, restrictive eating has been identified as one of the key factors in the development and maintenance of emotional eating, restrictive attempts do not promote sustainability in such regulating negative (Reichtenberger et al., 2021). Similarly, guilt and shame feelings have been considered an indispensable part of the emotional eating cycle as they lead to a higher body mass index by breaking the rule of eating *prohibited* foods such as snacks and sweets (Carlos et al., 2020; Garaulet et al., 2012; Snoek et al., 2006).

Previous studies validated that feeling guilty and ashamed have been common among emotional eating practices due to eating with hedonic intentions rather than a necessity but a pleasure. Correspondingly, comfort eating is often followed by negative social and health outcomes such as obesity, discrimination, and bullying (Bennett et al., 2013; Farrow & Fox, 2011; Macht, et al., 2002; Macht & Dettmer, 2006; Macht & Müller, 2007; Macht & Simons, 2010; Reece et al., 2016; van Strien et al., 2013). Although it was a unique case, one of the most crucial illustrations of

these negative social impacts was being a victim of bullying due to a high body mass index resulting from excessive emotional overeating. Later, such social discrimination in a critical developmental period resulted in social withdrawal and elevated comfort food consumption. At that glance, the given example specifically illustrates the *vicious cycle* of bingeing within socio-psychological perspective. His anger-induced emotional eating was also supported in the literature within the use of eating to cope with aggression and bullying (Simons & Limbers, 2019). Consequently, he turned more to online platforms (e.g., gaming) in which his body representation was not available and thus judgeable. Nonetheless, with the role of extreme gaming, an escalation of mindless eating in front of the screen was observed which contributes to his emotional eating cycle. As a result, his body mass index and *body dissatisfaction* also continued to increase.

Considering the psycho-social consequences of adolescents' emotional eating, *peer comparison* demonstrated notable roles in their *body image*, *self-esteem*, *social withdrawal*, and *motivation to change their eating practices*. Previous studies with adolescent samples showed a positive relationship between enhanced emotional eating and negative emotions such as anger and anxiety because of comparing themselves with same-sex peers (Ding & Zu, 2021; Thompson et al., 2017). Some of the male participants shared a similar pattern regarding social comparison with their peers and their body dissatisfaction.

Body-related peer comparisons result in varied behavioral patterns which can be twofold as social withdrawal and ending the social relationship with compared peers or increasing motivation to change their eating practices toward a healthier direction. To illustrate, some participants preferred to change their social environment to ignore their peers whom they consider superior to themselves as a result of body image comparison. In a way, they transfer their avoidance-oriented pattern, in which they resort to avoiding conflicts and use food as an emotion regulation strategy, to social context. However, consistent with the literature, these preferences might result in greater body dissatisfaction while contributing to a decrease in self-esteem (Shroff & Thompson, 2006; Thompson et al., 2007).

On the other hand, although another adolescent shared his “inferiority” feelings in the context of comparing his body image with his same-sex and age cousin, this comparison was a milestone of the shift in his eating practices. To be more open, meeting his extremely tall and thin cousin living abroad for a short period, encouraged him to gain insight into his emotion-induced eating habits in terms of food preference and eating frequency. Namely, rather eating high-calorie comfort foods and snacks to overcome boredom replaced with a sports activity to fill that void. After the in-depth inquiry through interviews, both he and his mother indicated a more positive body image after these attempts by also satisfying the desire to be liked, which increases in adolescence (Jakob et al., 2020; Steinberg, 2017). Accordingly, even though the role of awareness and insight can be underestimated from time to time, such examples of identifying the main concern (e.g., boredom) and trying to cope with it more effectively rather than emotions eating (e.g., boxing rather than eating a box of biscuits) show how it can be the turning point on shifting maladaptive eating practices towards a more functional way.

Adolescents were also exposed to criticism of their parents as a result of their emotional eating. Mostly, their mothers warned them to restrict their snack consumption and frequent eating patterns to control their body mass index by gaining healthy habits. Although they warn their children for their own benefit, their way of communication can also turn into a trigger of emotional eating. For instance, focusing on an idealized body size within a culturally embedded gender role via comparisons and necessities of being thin as a young lady and a prospective mother can be as hazardous as the imposed body measures in social media and society (Stice & Bearman, 2001; Stice & Whitenton, 2002a).

These findings were in tune with the previous studies positing the bidirectional influence of both overt and covert parental communication on adolescents’ eating practices which can both worsen or enhance the severity and sustainability of emotional eating (Constructed, 2008; Harrison, 2008; Yang et al., 2023). Accordingly, as opposed to providing a supportive and emphatic environment within an effective communication with parents might serve protective factor in the prevention and treatment of emotional eating, criticism triggered the emotion-

induced eating among adolescents (Constructed, 2008; Fairburn, 2019). Finally, the body-related aftermath of emotional eating was identified among the participants of the current study concerning negative body image, body dissatisfaction, and health problems. Negative body image and fluctuations in body satisfaction have strongly been supported within the disordered eating patterns which are rooted in preoccupation with the body, and an increase in body mass index (Fernandez-Bustos et al., 2019; Lai et al., 2013; Shriver et al., 2020; Stice & Shaw, 2002a; Yang et al., 2023).

The majority of the participants of the current study declared their dissatisfaction with their body most of the time while others stated at times they were satisfied and at times they were not. Most of the dissatisfied participants were male which provided consistent results with the previous research that posited the meditative role of peer comparison on the relationship between eating disturbances and body dissatisfaction (Field et al., 2001; Presnell et al., 2003; Tiggeman et al., 2013). However, it should not be ignored that such fluctuations in the body might stem from the nature of adolescence, a period of physical, hormonal, and psychosocial change (Fernandez-Bustos et al., 2019; Steinberg, 2017).

In addition to psychological and social concerns, the emotional eating practices of adolescents might also elicit several health concerns. In the current study, most of the participants already had metabolism-related health concerns within family members including insulin resistance and diabetes in their mother. Besides, some of the participants had already been diagnosed with insulin resistance co-occurring with emotional eating. One of the possible explanations for that can be that insulin resistance was among the onset of diabetes which is already known to be a risk factor for increased sweet consumption and emotional eating among adolescents (Ripoli et al., 2022). In addition to metabolism concerns accompanied by emotional eating, one of the participants has been suffering from sleep apnea due to poor sleep hygiene. Accordingly, his quality of life was disturbed due to sleep apnea stemmed from increased body mass index. Such bio-physiological mechanisms can both influence and affect the emotional appetite (Dönmez, 2019). Therefore, the mutual association between emotional eating and health concerns should be elaborated comprehensively.

In all, the emotional eating of adolescents was impactful in several fields including their well-being, self-esteem, social relationships, and health issues. Although emotional eating offered them a temporary positive mood of joy, its consequences were mostly negative. At that glance, prevention, and intervention strategies to regulate emotional eating gain importance regarding inter and intrapersonal awareness and change.

## **5.2. Implications for Theory and Practice**

The current study examined the psychosocial variables that lead to emotion-induced eating by utilizing qualitative methods to provide an in-depth understanding of the emotional eating phenomenon in adolescents. The results provided essential insights into prospective recommendations for the prevention and intervention of disordered eating by elucidating components of emotional eating in adolescents. The following section outlines the implications derived from the study's findings.

Initially, the present investigation endeavored to elucidate the phenomenon of emotional eating among adolescents by incorporating overlooked aspects, such as *emotional under-eating* and the consumption of comfort food, aimed at regulating and sustaining *positive emotions*. Moreover, the findings of the study also provide fruitful empirical data for further studies in terms of illustrating various *risk factors, embedded components, and consequences* of emotional eating in adolescents. Such dimensions merit contemplation in the development of prevention and intervention strategies when addressing problematic emotional eating behaviors among adolescents, to avert its progression into more severe psychopathologies, such as Binge Eating Disorder. This aligns with the preventive goals inherent in psychological counseling and guidance.

It has been observed that participants lack sufficient psychological support concerning their emotionally driven eating problems. Adolescents, beyond the capability of identifying and labeling their own emotions, exhibit a lack of awareness regarding the concept of emotional eating, and those who were familiar were often directed toward a dietitian by their social environment rather than receiving



professional psychological support. However, findings from interactions with adolescents indicate that both the triggering issues of the emotional eating cycle and the psychosocial origins underscore the need for psychological support. In this context, psychological counselors with expertise in that specific field need to be accessible to adolescents within preventive and intervention efforts related to emotional eating.

As suggested by the current study, emotion regulation is crucial in managing emotional eating. A previous emotional eating reduction program (Boutelle et al., 2018) also showed the importance of adolescents' emotion regulation alongside *parent training*. Consistently, preceding investigations have underscored the significance of family integration, particularly when targeting children and adolescents to instigate enduring alterations in eating patterns and forestall relapse (Herle et al., 2018; Snoek et al., 2007). In alignment with the current study, prior research emphasized the pivotal role of environmental factors contributing to eating-related disturbances, encompassing attachment issues, family dynamics, and endeavors to fulfill unmet needs in the realm of eating psychology regarding the perspective of basic need satisfaction theory (Timmerman & Acton, 2001). Hence, parents must cultivate a comprehensive understanding of their children's emotional eating practices while actively promoting the adoption of healthier eating patterns within a conducive environment that addresses both relational and nutritional aspects and encourages all stakeholders to be part of the system (Boutelle et al., 2018; Timmerman & Acton, 2001).

Adolescents were also exposed to *criticisms* of their parents as a result of their emotional eating. Mostly, mothers' rough warnings turn into a trigger of emotional eating within each side of the spectrum, emotional overeating, and emotional under-eating. Results of the current study interestingly showed that not only girls but also males have been under the social and psychological pressure of implicit or explicit warnings of their mother and the culture in general within their social circle and media fostering "thin idealization".

Given the substantial influence of family communication and dynamics on emotional eating and body image concerns among adolescents, it is crucial to approach with caution the dissemination of warnings and peer comparisons in this context (Erriu et al., 2020; Stice & Bearman, 2001; Stice & Whitenton, 2002a). These results align with prior studies that advocate the reciprocal impact of both explicit and implicit *parental communication* on the eating behaviors of adolescents, influencing the exacerbation or amelioration of the intensity and persistence of emotional eating (Constructed, 2008; Erriu et al., 2020; Harrison, 2013; Yang et al., 2023). A substantial part of parent training should address and educate parents on the importance of adopting a supportive and empathetic approach, characterized by open communication, rather than resorting to negative criticisms. This approach stands as an imperative protective factor in the prevention and treatment of emotional eating among adolescents, and in fostering well-being (Constructed, 2008; Fairburn, 2019; Stone et al., 2022), especially concerning cultures with higher collectivistic features like Türkiye (Rodriguez-Arauz et al., 2016).

The ecological systems theory of Bronfenbrenner (1992) provides a framework for understanding the multifaceted influences on individuals, considering various environmental systems that impact their development consisting of *microsystems*, *mesosystems*, *exosystems*, and *macrosystems*, and each layer represents different layers of influence. In that regard, Bronfenbrenner's model suggests multiple factors within this layered system that might contribute to or mitigate emotional eating behaviors. First, *the microsystem* - the immediate environment where the individual operates (e.g. family, peers, and school) might be influential within family dynamics, parental attitudes toward food, and peer relationships on adolescents' approach to emotional eating behaviors. Secondly, *mesosystem* - interaction between different microsystems (e.g. relationship between family and school) might contribute to the meaning of food regarding consistency or inconsistency in messaging about food and mood. The third layer, *exosystem* - the effects of external settings on the individual (e.g. the parents' workplace or community resources) might influence the availability of healthy food options, the stress levels and coping mechanisms of parents, and other aspects that can contribute to emotional eating. The macrosystem - broader cultural norms and values and norms towards eating, might convey a dual message in

terms of emphasizing the cultural nuances such as communal gatherings and a sense of belonging within the collectivist perspective while suggesting subtle stereotyped body image considerations (Dilsiz & Arslan, 2023; Sen et al., 2014, p.180). Lastly, the *chronosystem* – the time-related changes in a person’s lifespan including significant life events (e.g., the Covid-19 pandemic, LGS), and transitions over time (e.g., moving to another city, transition to another school, etc.) might impact the emotional eating behaviors of adolescence as presented in this study.

Emotional eating of adolescents is a complex phenomenon influenced by the interplay of various factors within their immediate and broader environments are presented in more detail below. Understanding the external factors that contribute to adolescents’ emotional eating such as food-related values that have been absorbed within a family environment, family dynamics, and (obesogenic) food environment also guides practitioners working with adolescents and their families. The communicative aspects of food and the learning of eating as a reflection of *cultural identity and sense of self and belonging* should be also considered regarding the developmental period as the embedded *meaning* of food can vary among children, adolescents, and adults such as considering the notion that mealtimes provide a communication time for each family member which can be used as a facilitative role within family functioning (Hamilton & Wilson, 2009; Lawrence & Plisco, 2017).

Results of the current study highlighted the tremendous impact of an obesogenic food environment on adolescents’ emotional overeating and comfort food preferences. Accordingly, the scope of quality mealtimes for adolescents can be extended beyond the efficient communication within the family by integrating healthy food options into their lives in family and other social environments including school settings (Bastami et al., 2019). Hence that requires increased awareness and insight for not only adolescents but also their parents, and in necessary cases inclusion of such arrangements to prevention and treatment strategies for the practitioners (Bastami et al., 2019; Fairburn, 2019).

Within the ecological approach, the content of available foods in the school environment is also considerable in presenting a non-obesogenic food environment.

For instance, European countries such as Italy started healthy snacking projects in schools regarding the obesity notice of the European Union Commission (Losasso et al., 2015). Such regulations are only recently being introduced in Türkiye (Food and Agriculture Organization of the United Nations, 2023). In light of this, social advocacy and school counselors' cooperative role in observing and offering a preventive environment for adolescents should be promoted as part of national health initiatives.

As the current study suggested, family eating routines facilitate both preventive and risk factors. For instance, eating together, rather than eating alone, has been known to be a preventive dimension of disordered eating. As emphasized in a fifteen-year length longitudinal study started from adolescents across adulthood showed that mealtime practices within a family such as eating together, avoiding factors that promote mindless eating, and presenting healthy foods in the household were prominent protective factors promoting healthy eating habits for adolescents and sustain them throughout the further developmental stages (Watts et al., 2018). Similarly, adolescents in the current study shared that they tend to eat more healthily and in a happier mood while eating together *with* their parents. On the contrary, guilt and shame of adolescents who resort to *secretive eating* were rarely due to economic concerns from an ecological perspective due to spending their limited budget on comfort food to overcome their boredom and loneliness.

The majority of adolescents stated that they eat alone, especially on weekdays as their parents were at work during dinner time. However, the other participants, who had the opportunity to have dinner with a family member, were also not willing to take this as an option despite the offers of their mothers. Hence, they were perpetuating the emotional eating behavior by acquiring comfort food at school and secretive food consumption in their rooms while other family members were asleep. Secretive eating and comfort food consumption have been recognized as catalysts for maladaptive eating patterns (Kass et al., 2017). Consequently, promoting meaningful family mealtimes assumes significance in fostering and sustaining healthy eating habits among adolescents, considering its integral role in Turkish family dynamics (Sen et al., 2014, p.180). These influences across different ecological systems are

crucial for developing effective prevention and intervention strategies, and a holistic perspective is unneglectable to promote sustainable solutions for adolescents' emotional eating (Dantas & Silva, 2019).

Parental involvement and parent training emerged as a necessity with two main aims; acknowledging the function and contributing factors of emotional eating in adolescents, and the reflection of their own emotional eating to their children in terms of role-modeling, and learning processes on disordered eating (Herle et al., 2017). In this regard, group counseling sessions that integrate parent participation could assist them share their issues with others who try to deal with related concerns within the universality of the group counseling process. The aim of the group should be to target on prevention and relapse of such maladaptive eating patterns, its vicious cycle (*binging cycle*), and corresponding issues such as body dissatisfaction, guilt, low self-esteem, and social anxiety. Follow-ups are also essential to encourage the sustainability of progress and hope for both parents and adolescents while fostering the parent-child connection, and parental support (Efe et al., 2020; Fox et al., 2016; Frayn et al., 2018; Knatz et al., 2015; Rommel et al., 2012). In that context, adolescents and parents should be informed about the necessity for psychological support to effectively manage long-term emotional eating and reduce the potential for relapse, alongside being assisted by a dietitian or nutritionist (Deniz & Özgen, 2021).

“Co-regulation” among parents and adolescents has a major impact on emotional eating behaviors (Berge et al., 2016). At that glance, positive parental modeling, clear communication, and supportive family circumstances are key factors that interplay with adolescents' relationship with food. Adolescents who perceive their parents' responsiveness and empathy, for example, are less likely to participate in emotional eating (Fulkerson et al., 2015). Additionally, the quality of family meals and parental monitoring of adolescents' emotional states are critical (Larsen et al., 2017). Overall, a supportive home environment promotes healthy coping mechanisms and minimizes the incidence of emotional eating in adolescents.

Results of the current study found to be consistent with the recent emotional eating literature in terms of highlighting not only negative but also *positive* emotions can trigger emotion-induced eating (Adriense et al., 2011; Bongers et al., 2013; 2016; Evers et al., 2009; Fay & Finlayson, 2011; Royal & Kurtz, 2010; Turner et al., 2010). Practitioners should keep in mind that positive emotions also trigger adolescents' comfort food consumption about celebrating happy moments or sustaining and extending the duration of joyful moments. In accordance with this, Cardi and colleagues (2015) noted a positive relationship between experiencing happiness and increased intake of sweet foods in their meta-analysis. Although adolescents attempt to eat emotionally to *upward emotion regulation* using positive emotional eating to prolong positive emotions, it still is a risk factor for the development of eating disorders (Sze et al., 2021). Accordingly, supporting adolescents in gaining effective coping skills and recognizing their emotions is essential for the prevention of emotional eating. Furthermore, rather than resorting to eating to sustain or extend hedonistic emotions, gaining effective emotion regulation strategies might be better to be a part of the counseling process.

Recent studies stressed that consolidation of attention deficit and hyperactivity disorder and emotion dysregulation result in negative emotional eating (El Archi et al., 2022; Seymour et al., 2015; Tong et al., 2017). Correspondingly, a participant in the current study had a diagnosis of attention deficit and hyperactivity disorder, insulin resistance, and other hormonal difficulties since childhood which led him to suffer from emotional dysregulation via emotional overeating. Although he had been taking a medical supplement (*Concerta*, known to lead to a decrease in appetite) for his attention deficit and hyperactivity disorder, it did not function as an appetite-suppressant for him, even vice versa.

Emotional eating did not itself indicate an eating disorder (Chesler, 2012). Hence, due to clients' enhanced understanding and self-management abilities regarding emotional eating, the partnership of mental health professionals with nutrition specialists/dietitians and medical doctors is highly significant for preventing and inhibiting the return of eating disorders.

Not only biological but also cognitive dimensions serve as a function of emotional eating in adolescents. For example, comfort food consumption was attempted to be rationalized by both male and female adolescents, and such rationalizations were supported by mothers. To illustrate, mothers tend to believe that adolescents need calorie-dense foods to sustain and increase their energy during school time. However, in tune with a previous study by Nguyen-Michel and colleagues (2007), adolescents solely prefer to consume comfort foods such as snacks for these energy-intake intentions. As suggested in Cognitive Behavioral Therapy (CBT), which has been commonly used and proven to be effective in disordered eating treatment, working with maladaptive thoughts -such as cognitive distortions regarding adolescents' belief that emotional eating is a way to meet their needs based on needs about hormonal changes and energy level (e.g. “I *should* eat chocolate in every breaktime to sustain my energy till the end of the day”), rather than a hedonic purpose - and behavioral patterns known to be effective and should be targeted by using techniques such as *cognitive restructuring* to reduce emotional eating (Fairburn, 2019; Frayn et al., 2018; Türkçapar, 2021). Accurate information should be systematically provided, and interactive activities should be used to incorporate this information into the guiding sessions. This will help adolescents become more familiar with the phenomenon of emotional eating and gain accurate knowledge about it at an early age. This strategy is essential for supporting the growth of self-management abilities related to eating habits.

In light of previous studies and parents' sharing in the given study two concerns seemed to be crucial for the prevention, and treatment of emotional eating. The first one that stemmed from interviews with parents is the lack of ability to organize the spare time of adolescents. In return, emotional eating has been used to fill the void within hedonic intentions. The second one that emerged from previous studies is designing developmental periods and culture-specific prevention and intervention practices. CBT-based approaches have been proven to be effective in conceptualizing the nature of emotional eating (Forman et al., 2013; Glisenti & Strodl, 2012; Kristeller & Wolever, 2011; Lattimore, 2020; Roosen et al., 2012). In tune with the rationalization of emotional eating concerning the predisposing, processual, and post-emotional eating experiences of adolescents of the current

study, CBT-oriented approaches, which focus on the maladaptive cognitions and cognitive distortions on eating and weight-related issues, might be fruitful not only in understanding but also conducive for planning interventions within the context of CBT. In such practices, core skills regarding mindfulness and CBT can be adopted and need to be measured to check their effectiveness. Moreover, comparisons of their effectiveness can be provided to develop the most comprehensive program while working with emotional eaters (Fairburn, 2019; Frayn et al., 2018). As a part of these programs, food diaries -including other dimensions such as emotional states, place, time, and other variables that accompany participants' eating routines - might be asked to be kept for a longer period, or maybe online applications to make more appealing for the participants, since at least thirty days of eating routines have been recommended to be noted to obtain extensive information (Fairburn, 2019).

The findings of the current study supported previous evidence on the body-related issues of adolescence in terms of the increase in the importance of self-appearance, and the desire to be liked by others (Jakob et al., 2020; Steinberg, 2017). Accordingly, even though the role of awareness and insight can be underestimated from time to time, such examples of identifying the main concern (e.g., boredom) and trying to cope with it more effectively rather than emotional eating (e.g., boxing rather than eating a box of biscuits) show how it can be the turning point on shifting maladaptive eating practices towards a more functional way. In that regard, supporting adolescents in recognizing their emotions, awareness, increasing training, and gaining effective coping skills are considerable for practitioners to help their clients enhance related skills in given areas (Lattimore, 2020).

### **5.3. Recommendations for Further Research**

The present study provided a beneficial contribution to existing emotional eating literature by focusing on a critical developmental period of onset of disordered eating and eating disorders within enlightening various contributors of emotional eating such as the influence of parents, learning, and social pressure in the context of media and peer relations among Turkish culture. Even though emotional eating started to be studied in the 50s (Kaplan & Kaplan, 1957), by gaining momentum in the mid-80s



with van Strien and colleagues (1986b), it has newly been the focus of in-depth research in Türkiye. Accordingly, the following subjects might be useful to be integrated within the scope of future emotional eating research.

Emotional eating has majorly been viewed as a coping strategy to handle negative emotional states such as stress, anxiety, and depression in overweight individuals (Dakanalis et al., 2023; van Strien et al., 1986b). However, the present study supported the recent trend in emotional eating studies by positing that any point within the emotional valence spectrum (from *negative* to *positive*) might be associated with both emotional overeating and undereating. Therefore, future studies should not underestimate the role of emotion-induced appetite loss on eating behavior regardless of the body-mass index of individuals (Geliebter & Aversa, 2003; Shriver et al., 2021).

Contrary to early studies on emotional eating, normal-weight and underweight emotional eaters needed to be identified and, if necessary, should be taken into consideration for the target group of related psychological support services, even though anthropometric measurements were outside the scope of the current study. Since their external cues have been less apparent, the emotional eating patterns among them might not be easily identified. However, they still have been in the risk group for the development and maintenance of more severe eating disturbances (Fairburn, 2013; Shriver et al., 2021). Thus, further studies might provide fruitful results in integrating such measurements into their route.

Considering the current results, one of the other aspects that require future consideration might be the role of fathers in prospective emotional eating studies. Although relationships with fathers and their eating patterns are prominent in adolescents' emotional eating, they have shown a low profile in directly participating in studies focused on eating disturbances (Ganson & Hamilton-Mason, 2018). Further research on emotional eating might include their participation in providing more comprehensive and direct information about their influences on their children for in-depth exploration of inter-relational and intergenerational bounds within family relations and eating practices.

The present study engaged in understanding predisposing, process, and post influences on adolescents' emotional eating, yet prospective studies might consider additional methodological and practical aspects. In the first place, although most of the studies have been conducted with adult samples, adolescents were assigned as the target group in the current study to enlighten the risk factors and process of emotional eating in such a crucial developmental stance regarding the development and aggravation of risky eating behavior (Fairburn, 2013; Shriver et al., 2021). Besides, adolescence might be a transitional period to carry on maladaptive eating routines to further developmental periods (Christian et al., 2020). Moreover, although the given study provided an understanding beyond the pre-provided and limited indicators of the emotional eating process, it still fell short of fully distinguishing the components of augmentation or decrease in eating that was triggered by positive or negative emotions. While the perception of individuals had a prominent interpretation of events and emotions as a matter of increase or decrease in emotional eating, the rationale beyond the perception paths that leads one to emotional overeating, further exploration of how the perceptual processing system influences the differential emotional eating responses to the same emotion would be fruitful for future investigations. Therefore, considering the risk of relapse and the transdiagnostic nature of emotional eating, *longitudinal* methodologies might provide a more holistic and extensive perspective while exploring the emotional eating phenomenon (Fairburn, 2019; Fowler et al., 2023).

Secondly, emotional eating has been required to be investigated from a broader perspective than that conducted by adopting quantitative methodologies in which limited options were provided to participants to express their complex eating patterns. Therefore, an in-depth exploration of the emotional eating phenomenon among adolescents provided emerging issues to consider such a spectrum of different emotions, knowing and labeling emotions, and enlightening the influence of family on individuals' eating practices. However, mixed-method studies might be effective in providing both in-depth and comprehensive findings on factors related to emotional eating. A lack of cut-off scores or diagnostic criteria for emotional eating can make it difficult to identify emotional eating via self-reports (Bongers & Jansen,

2016). Thus, the development of more reliable and valid questionnaires that work efficiently within Turkish culture might be helpful to pave the way for future studies.

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## **APPENDICES**

### **A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE**

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## B. INVITATION FLYER



*Çocuğunuz yaşadığı olaylar,  
deneyimlediği duygular sonucu  
daha mı çok yemek yiyor?*

*Ergenlik dönemindeki  
çocuğunuzun yeme düzeni  
hakkında konuşmak ister  
misiniz?\**

*\* Ergenler ve ebeveynleri ile ayrı birer görüşme gerçekleştirilecektir*

- Doktora tezimde **14-17 yaş arası** gençlerin **deneyimledikleri duygular ile yeme düzenleri** arasındaki ilişki hakkında ebeveynlerin ve gençlerin bakış açısını incelemeyi planlıyorum.
- Eğer çocuğunuzun bazı duyguları düzenlemek yerine yemek yemeyi (**duygusal yeme**) seçtiğini düşünüyor ve bu konuda zaman zaman desteğe ihtiyaç duyuyorsanız bu çalışmaya katılabilirsiniz.
- Çalışma kapsamında, ön görüşme sonucu belirlenen katılımcıların bir **ölçek** doldurması ve **3 gün boyunca beslenme günlüğü** tutması gereklidir. Sonrasında **çevrimiçi/online** bir görüşmeye katılımınız beklen.

*Detayları konuşmak için araştırmacı  
ile iletişime geçebilir veya linkte yer  
alan formu doldurabilirsiniz.*

UZM. PSK. DAN. HAZAL YILMAZTÜRK  
ODTÜ Psikolojik Danışmanlık ve  
Rehberlik Doktora Öğrencisi

### C. SAMPLE ITEMS FROM APPETITE QUESTIONNAIRE (EMAQ)

Lütfen yemek yeme davranışınızın belirli duygular, durumlar ve şartlar ile nasıl etkilendiğini aşağıdaki tabloda bir numarayı işaretleyerek belirtiniz

Normal ile kıyaslandığında, yemek yemeniz nasıl değişiyor lütfen belirtiniz. “1” normalden çok daha az yemek yediğinizi, “9” normalden çok daha fazla yemek yediğinizi, “5” ise yemek yemenizde bir değişiklik olmadığını belirtmektedir.

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Aşağıdakiler sizin DUYGULARINIZI ifade ediyor:

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Normal ile kıyaslandığında, yemek yemeniz:

Daha Az	Aynı	Daha Fazla
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**SİZ:**

-- üzgün	(olduğunuzda)	
-- sıkılmış	(olduğunuzda)	
-- güvenli	(olduğunuzda)	
-- kızgın	(olduğunuzda)	
-- kaygılı	(olduğunuzda)	
-- mutlu	(olduğunuzda)	
-- yılmaz	(olduğunuzda)	
-- yorgun	(olduğunuzda)	
-- karamsar	(olduğunuzda)	
-- korkmuş	(olduğunuzda)	
-- rahat	(olduğunuzda)	
-- neşeli	(olduğunuzda)	
-- yalnız	(olduğunuzda)	
-- hevesli	(olduğunuzda)	

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## D. INTERVIEW PROTOCOL

### GÖRÜŞME SORULARI – EBEVEYN FORMU

“Ergenlerin duygusal yeme deneyimlerine ilişkin bir olgubilim çalışması” başlıklı doktora tez çalışmama katılmayı kabul ettiğiniz için teşekkür ederim. 14-17 yaş arasındaki bireylerin duygusal yeme davranışını anlamaya yönelik çalışma kapsamında yapacağımız bu görüşmede sizi kişisel olarak rahatsız edecek herhangi bir unsur bulunmamasına dikkat edilmiştir. Ancak herhangi bir sebeple kendinizi rahatsız hissederseniz görüşmeyi herhangi bir sebep belirtmeden sonlandırabilirsiniz.

“(Duygusal) Yeme, Beden İmajı, Sosyal Medya ve Pandemi”, “Yeme ve Aile” ve “Diğer” adlı üç bölümden ve toplam 13 sorudan oluşan bu görüşmenin yaklaşık 90 dakika süresi planlanmaktadır. İzniniz olursa, daha sonra görüşmemizin yazılı dökümünü hazırlayabilmek için, ses kaydı almak istiyorum.

Onayınız var mı?

#### Cocuğunuzun,

- Yaşı:
- Yaşadığı şehir:
- Kiminle/kimlerle yaşıyor:
- Çocuğunuzun tanı almış bir yeme bozukluğu var mı?  
(Anoreksiya, Blumia, Tıkanırcasına Yeme Bozukluğu, vb.)  
Evet \_\_\_\_\_ Hayır \_\_\_\_\_

#### Sizin,

- Yaşınız:
- Tanı almış bir yeme bozukluğu var mı?  
(Anoreksiya, Blumia, Tıkanırcasına Yeme Bozukluğu, vb.)  
Evet \_\_\_\_\_ Hayır \_\_\_\_\_

### **BÖLÜM A: (DUYGUSAL) YEME, BEDEN İMAJI, SOSYAL MEDYA VE PANDEMİ**

\*Aile ile yapılan görüşmede “bu bölümdeki soruları önce çocuğunuzu sonra kendinizi düşünerek cevaplayın lütfen” uyarısı yapılacaktır. Görüşme esnasında bu akışın sağlanması için gerekli hatırlatmalar görüşmeci tarafından yapılacaktır. Ebeveynler sadece Bölüm A kapsamında yöneltilen soruları hem çocukları hem de kendilerini düşünerek yanıtlayacaklardır.



**1a. Cocuğunuzun tipik bir gününde beslenme düzeni nasıldır?**

- Kaç öğün beslenir?
- Kimlerle yemek yer (aile, arkadaşlar, yalnız...)?

**1b. Sizin tipik bir gününüzde beslenme düzeniniz nasıldır?**

- Siz kaç öğün beslenirsiniz?
- Kimlerle yemek yersiniz (aile, arkadaşlar, yalnız...)?

**2a. Cocuğunuz için yiyecekler ne ifade eder/yemeklerle nasıl bir ilişkisi vardır?**

- Yiyeceklerin beslenme dışında sizin için ne gibi bir rolü vardır?
- Yemek yeme hayatınızda ne kadar önemlidir?
- Hep böyle miydi yoksa zaman içinde mi değişti?
  - Eğer değiştiyse bu ne zaman oldu?
  - Değişimi nasıl fark ettiniz?
- **Sizin** yemekle olan ilişkiniz ile çevrenizdekilerin (Hayatınızdaki önemli kişiler, arkadaşlar, aile-özellikle anne) yemekle olan ilişkisi arasında ne tür bir bağ vardır?
- Duygularınız değiştiğinde yemek seçiminiz de değişir mi? (comfort food)
  - Değişiyorsa nasıl?
  - Duygularınız değiştiğinde yemek yeme sıklığınız da değişir mi?
    - Değişiyorsa nasıl?
- Biriyle duygularınızı paylaşmak yerine yemek yemeyi tercih eder misiniz? (coping)
  - Cevabınız evet ise, tercih ettiğiniz belirli bir yiyecek var mı?

**2b. Yiyecekler sizin için ne ifade eder/yemeklerle nasıl bir ilişkiniz vardır?**

- Yiyeceklerin beslenme dışında sizin için ne gibi bir rolü vardır?
- Yemek yeme hayatınızda ne kadar önemlidir?
- Hep böyle miydi yoksa zaman içinde mi değişti?
  - Eğer değiştiyse bu ne zaman oldu?
  - Değişimi nasıl fark ettiniz?
- Sizin yemekle olan ilişkiniz ile çevrenizdekilerin (Hayatınızdaki önemli kişiler, arkadaşlar, aile-özellikle anne) yemekle olan ilişkisi arasında ne tür bir bağ vardır?
- Duygularınız değiştiğinde yemek seçiminiz de değişir mi?
  - Değişiyorsa nasıl?
  - Duygularınız değiştiğinde yemek yeme sıklığınız da değişir mi?
    - Değişiyorsa nasıl?
- Biriyle duygularınızı paylaşmak yerine yemek yemeyi tercih eder misiniz?
  - Cevabınız evet ise, tercih ettiğiniz belirli bir yiyecek var mı?

**3a. “Duygusal yeme” terimi sizin için ne ifade ediyor/ “Duygusal yemeyi” nasıl tanımlarsınız?**

- Bu tanım, cocuğunuzun normal beslenme şeklinize ne ölçüde benzer?
  - Benzerlik ve farklılıkları nelerdir?
- Cocuğunuzun duygusal olarak yemek yediğinizi ilk ne zaman ve nasıl fark ettiniz?
- Cocuğunuzun duyguları değişince yeme alışkanlıkları da değişiyor mu?
- Yemek yemek cocuğunuzun duygularını değiştirir mi?
  - Evet ise ne yönde?
- Cocuğunuzun duygusal olarak yemek yediğini hissettiğiniz bir zaman diliminden bahseder misiniz?
  - Cocuğunuz öncesinde ne yapıyor, düşünüyor ve hissediyor olabilir?
- Bu döngünün çocuğunuzun hayatını ne kadar etkilediğini düşünüyorsunuz?

**3b. Duygusal yeme tanımınızı tekrar düşünelim;**

- Bu tanım, sizin normal beslenme şeklinize ne ölçüde benzer?
  - Benzerlik ve farklılıkları nelerdir?
- Duygusal olarak yemek yediğinizi ilk ne zaman ve nasıl fark ettiniz?
- Duygularınız değişince yeme alışkanlıklarınız da değişiyor mu?
- Yemek yeme duygularınızı değiştirir mi?
  - Evet ise ne yönde?
- Duygusal olarak yemek yediğinizi hissettiğiniz bir zaman diliminden bahseder misiniz?
  - Öncesinde ne yapıyor, düşünüyor ve hissediyordunuz?
- Bunun (bu döngünün) hayatınızı ne kadar etkilediğini düşünüyorsunuz?

**4.“Beden imajı” ifadesinden ne anlıyorsunuz ve bunu nasıl tanımlarsınız?**

- Cocuğunuz kendi beden imajı hakkında ne düşünüyor?
- Siz kendi beden imajınız hakkında ne düşünüyorsunuz?

**5. Sosyal medya kullanıyor musunuz? Kullanıyorsanız, sosyal medya kullanımı ve yemek yeme arasındaki ilişki hakkında ne düşünüyorsunuz?**

- Cocuğunuzun sosyal medyada zaman geçirirkenki (Instagram'da vakit geçirmek, YouTube izlemek vb.) yemek yeme düzenini nasıl tanımlarsınız?
- Sosyal medyada zaman geçirirken kendi yemek yeme düzeninizi nasıl tanımlarsınız?

**6a) Covid-19 pandemisi cocuğunuzun yeme alışkanlıklarınızı nasıl etkiledi?**

- Cocuğunuzun günlük yemek yeme/ beslenme alışkanlıklarınızda değişim oldu mu?
  - Olduysa nasıl bir değişim oldu?
  - Cocuğunuzun yemek yemesini tetikleyen belirli olaylar ya da durumlar oldu mu?
- Cocuğunuz Covid-19 pandemisinde hangi duyguları yoğun yaşadı?
  - Cocuğunuzun yemek yemeyi tetikleyen belirli duygular yaşadınız mı? (kaygı, can sıkıntısı, vb.)
  - Cocuğunuzun Covid-19 pandemisi sırasında ne tür yemekler tercih ettiniz? (yüksek yağ ve şeker, karbonhidrat, vb.)
  - Cocuğunuzun Covid-19 pandemisi kapsamında yemek yeme sıklığı nasıldı? (Değişti mi? Değiştiyse ne yönde?)

**6b) Covid-19 pandemisi sizin yeme alışkanlıklarınızı nasıl etkiledi?**

- Günlük yemek yeme/ beslenme alışkanlıklarınızda değişim oldu mu?
  - Olduysa nasıl bir değişim oldu?
  - Yemek yemenizi tetikleyen belirli olaylar ya da durumlar oldu mu?
- Covid-19 pandemisinde hangi duyguları yoğun yaşadınız?
  - Yemek yemeyi tetikleyen belirli duygular yaşadınız mı? (kaygı, can sıkıntısı, vb.)
  - Covid-19 pandemisi sırasında neler yediniz?
  - Ne tür yemekler tercih ettiniz? (yüksek yağ ve şeker, karbonhidrat, vb.)
  - Covid-19 pandemisi kapsamında yemek yeme sıklığınız nasıldı? (Değişti mi? Değiştiyse ne yönde?)

## **BÖLÜM B: (DUYGUSAL) YEME VE AİLE**

**7. Kızınız/oğlunuzla ilişkinizi nasıl tanımlarsınız?**

- Birlikte vakit geçirmek için ne/hangi aktiviteleri yaparsınız?
- Bu aktiviteler yemek yemeyi içeriyor mu (bir restorana gitmek, birlikte yemek pişirmek?)

**8) Aile yeme rutininiz nasıldır?**

- Ailece birlikte mi yemek yiyorsunuz? (Eğer değilse, kim eksik?)
- Genelde ne tür yemekler tercih edersiniz? (tencere yemekleri, fast food, et-sebze-hamur işi ağırlıklı, vb.) (obesogenic food environment)
- Yeme rutinlerinde değişiklikler oluyor mu?
  - Değişiklik oluyorsa;
  - Bu değişiklikler ne zaman ortaya çıkıyor?

- Bu deęişiklikler nasıl oluyor?
- Bu deęişiklikler yemek türüyle (*iyi hissetmek için tercih edilen, genelde yağlı ve şekerli yiyeceklere yönelmek*) ilgili mi? (comfort food?)
- Bu deęişiklikler belirli bir olayla mı ilgili?
- Bu deęişiklikler belirli bir duyguyla mı ilgili?

**9) Yemek yemenin çocuęunuz için kültürel bir anlamı var mıdır?**

- Doğduęu/büyüdüęü yere özgü yiyecekler var mı?
  - Var ise duygusal yeme ile nasıl bir bağlantısı var?

**10) Çocuęunuz egzersiz yapar mı?**

- Eğer öyleyse, ne tür egzersiz(ler) yapar?
- Ne sıklıkla egzersiz yapar?

**11) Çocuęunuz bir diyetisyenden yardım alıyor mu?**

- Alıyorsa bu süreç yeme düzenini nasıl etkiliyor?

**12) Çocuęunuz yeme düzeninize ilişkin herhangi bir profesyonelden psikolojik yardım alıyor mu?**

- Alıyorsa bu süreç yeme düzeninizi nasıl etkilemekte?

**13) Eklemek istedięiniz bir şey var mı?**

## E. FOOD DIARY

**İSİM:**  
**YAŞ:**

# BESİN GÜNLÜĞÜ

**Telefonunuzdan günlüğünüzde kolaylıkla ulaşabilirsiniz. Mümkünse tercihen yedikten hemen sonra, yoksa gün sonunda besin günlüğünü doldurmanız beklenmektedir.**

**Sonrakı sayfalarda 3 GÜN BOYUNCA tutacağınız besin günlüğü için tablolar yer almaktadır. Her bir gün için o günün tarihini üstte tarih için ayrı ayrı bir sayfayı kullanın lütfen.**

**"Duygular" başlığını doldurmakta zorlanırsanız yanda alan durgu çarkını kullanabilirsiniz. Ancak o çarkta yer yazmak zorunda değilsiniz.**

**HADI BAŞLAYALIM!**

# BESİN GÜNLÜĞÜ

**İSİM:**  
**YAŞ:**

Tarih:

Saat?

Nerede?  
(ev, kantin, kafe...)

Kiminle?  
(yalnız, aile, arkadaşlar)

Duygular?

Ne yediniz?


## F. TURKISH SUMMARY / TÜRKE ÖZET

### ERGENLERİN DUYGUSAL YEME DENEYİMLERİ ÜZERİNE BİR OLGUBİLİM ÇALIŞMASI

#### GİRİŞ

Kompleks bir yapıya sahip olması nedeniyle düzensiz yeme örüntülerinin doğasını anlamak güç olabilmektedir. Özellikle 13-25 yaş arası kadınlar için risk teşkil eden ve yeme bozukluklarının da öncülü olan düzensiz yeme, yemek yemeyi başa çıkma aracı olarak ele alma veya sağlıksız besin tercihleri olan bir ailenin ferdi olma gibi pek çok faktörden etkilenmektedir (Fairburn ve Harrison, 2003; Michels ve ark., 2012). Duygusal yeme, fizyolojik açlıktan ziyade duygusal ihtiyaçlar doğrultusunda besin tüketilen ve temelleri daha fazla araştırılması gereken bir tür düzensiz yeme örüntüsüdür (Van Strien ve ark., 1986a; Macht ve Simons, 2000).

Önceki çalışmaların çoğunluğu *olumsuz* duygu ve durumların yeme üzerindeki rolünü vurgulamıştır. Öte yandan, sınırlı sayıda da olsa, bazı çalışmalar olumlu faktörlerin de duygusal yemede değişimlere yol açabileceğini öne sürmüştür (Bongers ve ark., 2013; 2016; Evers ve ark., 2009). Çalışmalar, duygusal yemeyi olumlu ve olumsuz duygular olmak üzere iki zıt duygusal yapılanma üzerinden açıklamıştır (Macht ve Simons, 2000; Van Strien ve ark., 2016). Örneğin, Patel ve Schlundt'un (2001) çalışması, olumlu ve olumsuz duygu durumlarında tüketilen besin miktarının, nötr duygu durumuna kıyasla daha fazla olduğunu ortaya koymuştur. Duygusal yeme örüntüsünün erken dönemde fark edilmemesi ve bunun bir duygu düzenleme aracı olarak kullanım sıklığının artması, Tıkınırcasına Yeme Bozukluğu gibi psikopatolojik sonuçlara neden olabilmektedir (Masheb ve Grilo, 2006; Meule ve ark., 2014; Stice ve ark., 2002; Verstuyf ve ark., 2013; Whiteside ve ark., 2007; Wilson ve ark., 2015).

Düzensiz yeme örüntüsünün oluşumunda pek çok farklı etken söz konusu olabilmektedir. Örneğin, Linehan'a (2005) göre, bazı bireyler duygusal olarak daha

savunmasızdır ve duyguları diğerlerine göre daha uzun bir süre boyunca ve daha yoğun bir şekilde yaşamaktadırlar. Bu kişilerin etkili duygu düzenleme stratejilerinden oluşan bir repertuarı yoksa ya da duygularını gösterdiği için cezalandırıldığı bir ortamda yetişmişse; duygusal yemeyi bir duygu düzenleme stratejisi olarak nitelendirebilmektedirler.

Duygusal yeme olgusunun anlaşılmasında kişiler arası faktörlerin de önemli olduğu bulunmuştur. Bu bağlamda, çocuklukta duygusal yemenin gelişiminde ebeveynlerin önemli bir rolü vardır (Bruch, 1973). Çocuğunun sorunlarını onu besleyerek çözmeye girişiminde bulunan ve/veya kendileri de duygusal yeme örüntüsüne sahip olan ebeveynlerle çocuklarının duygusal yeme puanları arasında pozitif bir ilişki vardır (Wardle ve ark., 2002). Ailede yemeğe atfedilen değer ve yeme alışkanlıkları, özellikle ergenlerin yeme rutinlerini de çeşitli şekillerde etkiler. Örneğin, ergenlerin ebeveyn kontrolüne ilişkin algıları arttıkça duygusal yeme davranışlarında da artış olduğu bilinmektedir (Carper ve ark., 2000). Başka bir çalışmada ise ergenler için anneden alınan algılanan destek azalıp psikolojik kontrol artarken, geç ergenlerin ise ebeveynlerinden yüksek davranışsal kontrol algıladıklarında duygusal yemeye başvurduklarına değinilmiştir (Carper ve ark., 2000). Aile dinamikleri kapsamında ailece yemek yeme vakitlerinin olması duygusal yeme ve diğer düzensiz yeme örüntülerinin önlenmesi açısından koruyucu bir faktördür (Lawrence ve Plisco, 2017).

Duygusal yeme sürecinde, ailenin yanı sıra akranların rolü de büyük önem taşımaktadır. Örneğin yapılan bir çalışmada, aile veya arkadaş baskısını daha fazla hisseden genç yetişkinlerin kendilerini tanımlamakta daha fazla zorlandıkları, duygusal ve tıknırcasına yemeye ve beden kaygılarına daha yatkın oldukları ortaya çıkmıştır (Vartanian ve ark., 2015). Ievers-Landis ve arkadaşları (2019), algılanan aile ve akran baskısı, ergenlerde beden kitle indeksi (BKİ), depresif belirtiler ve kilo ile ilgili takıntılarının ilişkili olduğunu ileri sürmüştür. Bu noktada, beden imajına bağlı faktörleri ve sosyokültürel değerlerin duygusal yemede aracı rolü olduğunu göz önünde bulundurmamak, bu olgunun daha kapsayıcı bir şekilde ele alınmasına kaynaklık edecektir.

Duygusal yeme aynı zamanda çeşitli fizyo-psikolojik faktörlerle de ilişkilidir. Bunlardan en yaygın ve kabul görenlerinden biri, Macht'ın (2008) öne sürdüğü duygusal yeme kavramsallaştırmasıdır. Bu kavramsallaştırma, beyindeki Hipotalamik-Hipofiz-Adrenal (HPA) aksından salınan stres hormonlarını yatıştırmak için bireylerin rahatlatıcı yiyecekleri seçme eğilimi olarak öne sürmektedir. Benzer şekilde, Farag ve meslektaşları (2008) da çalışmalarında baskı altında hissetmeyi yatıştırmak için rahatlatıcı yiyecek tüketimini artırdığını belirtmiştir. Bu nedenle, duyguların yanı sıra bu gibi faktörlerin de duygusal yemenin doğasını ve sıklığını etkileyebileceği göz önünde bulundurulmalıdır.

### **Araştırmanın Amacı**

Duygusal yeme, yeme alışkanlıklarının fiziksel ve psikolojik iyilik haliyle olan ilişkisini anlamlandırmada kritik bir öneme sahiptir. Duygusal yeme olgusunu kavramsallaştırmak için çeşitli girişimler olmuştur. Bu kapsamda, besin seçiminin rolü ve nörolojik süreçler (Macht, 2008) gibi çeşitli faktörlere vurgu yapılmasına rağmen derinlemesine incelenmeye ihtiyaç vardır. Şimdiye kadarki çalışmalarda duygusal yeme sürecini de kültürel ve ebeveyn etkisinin bu tür yeme mekanizmalarının gelişimine dahil edilmesi sınırlıdır. Nicel ve genelleme eğilimindeki çalışmalara ek olarak, ergenlerin duygusal yeme örüntülerinin kültüre özgü bir bakış açısıyla derinlemesine anlaşılmasına ihtiyaç duyulmaktadır (Işgın ve ark., 2014).

Yeme alışkanlıkları erken çocukluk döneminde gelişiyor olsa da önceki araştırmalar duygusal yemenin ergenlerde çocuklara kıyasla daha yaygın olduğunu göstermiştir (Nguyen-Rodriguez ve ark., 2009; Van Strien ve ark., 2010; Wardle ve ark., 2002). Örneğin, boylamsal bir çalışmanın sonuçları, gençlerde duygusal yemenin yaşam boyu devam ettiğini ve yetişkinlikte devam eden kilo alımına katkıda bulunduğunu göstermiştir (Ashcroft ve ark., 2001; 2008). Öte yandan çalışmaların çoğu çocuklar ve yetişkinlerle gerçekleştirilmiştir. Ergenlik gibi kritik bir dönem, düzensiz yeme davranış spektrumunun iki farklı ucu olan yeme bozukluğu ya da sağlıklı beslenme yönüne evrilmesinde belirleyici ve kalıcı bir rolü olabilir (Fairburn, 2019). Bu olgubilim çalışmasının amacı, Türk ergenlerin yeme davranışlarına ilişkin algılarını



ve duygusal yeme örüntülerini kavramsallaştırmaktır. Bu bağlamda, bireysel ve çevresel dinamiklere ilişkin duygusal yeme olgusu hakkında derinlemesine bir anlayış elde etmek için hem olumlu hem de olumsuz duyguların rolünü, aile dinamiklerini ve sosyal çevrenin olası etkilerini incelemeyi amaçlamaktadır.

### **Araştırma Soruları**

Çalışmanın araştırma soruları aşağıda sunulmuştur.

1. Ergenler duygusal yeme olgusunu nasıl deneyimlemektedirler?
2. Ergenlerin duygusal yeme davranışını etkileyen bireysel dinamikler (ergenlerin duygusal yeme olgusuna ilişkin algısı, yeme örüntülerini etkileyen duygusal, bilişsel ve fizyolojik süreçler) nelerdir?
3. Ergenlerin duygusal yeme davranışını etkileyen çevresel dinamikler (ebeveynlerin yeme ve beslenme tarzları, öğün zamanları, obezogenik yiyecek ortamı, akran ilişkileri bağlamında) nelerdir?
4. Ergenlerin duygusal yeme davranışları yaşamlarını nasıl etkilemektedir?

### **Araştırmanın Önemi**

Duygusal yeme üzerine yapılan önceki çalışmalarda, kadınlar sağlıksız kilo kontrolü uygulamalarına eğilimleri nedeniyle bir risk grubu olarak görülse de (Neumark-Sztainer ve ark., 2002) güncel çalışmalar erkeklerin de risk grubunda olabileceğine işaret etmektedir (Bennett ve ark., 2013). Ayrıca, duygusal yeme çalışmalarının çoğu yetişkinlerle yapılmış olsa da 13-19 yaş arası ergenlerde düzensiz yemenin gelişimi ve ileriki gelişim dönemlerine taşınması açısından kritik bir dönemdir (Fairburn ve Harrison, 2003).

Güncel yeme psikolojisi araştırmaları, yeme davranışının kültürel yönlerini sürece entegre etmektedir (Luomala, 2002; Luomala ve ark., 2009). Bu bağlamda, farklı duygusal deneyimlerin yorumlanmasının kültürel açılardan ele alınması gerekmektedir (Markus ve Kitayama, 1991; Aaker ve Williams, 1998). Yemek yeme, kültürel ritüeller ve erken çocukluk döneminden itibaren edinilen kültürel

öğrenmelerle ilişkili olabilmekle birlikte, kolektivist ya da bireyci kültürlere ait olma açısından farklılık gösterebilmektedir. Örneğin, Fin, Danimarka, Hint ve Çin kültürleri arasında psikolojik iyi oluşu düzenleyici faaliyetlerdeki farklılıklar, yeme düzenleri açısından farklılık gösterilmesiyle ilişkilendirilmiştir. Bununla birlikte, duygusal yeme örüntülerinin kolektivist kültürlerde daha baskın olabileceği ileri sürülmüştür (Luomala ve ark., 2004).

Sosyal medya tarafından dayatılan belirli beden figürlerinin rolü ve Batılılaşmanın olası etkileri, özellikle kadınlar için, düzensiz ve duygusal yeme ile ilişkili faktörler arasındadır. Örneğin, üniversite çağındaki kadın katılımcılarla yapılan bir çalışma, sosyal medya yoğunluğunun ve çevrimiçi şişmanlık konuşmalarının, düzensiz yeme örüntüsünün %60'ını açıkladığını ortaya koymuştur (Walker ve ark., 2015). Beden imajına ilişkin sosyo-kültürel modeller de sosyal medyanın beden imajına yönelik kaygılar ve duygusal yeme arasındaki ilişkide etkili olduğunu vurgulamaktadır. Örneğin, sosyal medya aracılığıyla dış görünüşün kıyaslanması, yeme bozukluklarıyla önemli ölçüde ilişkilendirilmiştir (Jung ve ark., 2007; Neumark-Sztainer ve Bauer, 2010). Bu bağlamda, kolektivist kültürlerdeki sosyo-kültürel baskı, duygusal yemeyi yordayan faktörler arasında tanımlanmıştır (Xu ve ark., 2010). Ergenlerle yapılan başka bir çalışma ise sosyal medyaya maruz kalma ve dış görünüşü karşılaştırma sıklığı arttıkça, yeme bozukluklarının ortaya çıkma riskinin de arttığını göstermiştir (Sariman ve Quedi, 2017).

Yeme örüntülerini aydınlatmaya çalışan önceki çalışmalar, nicel yöntemlerle genelleme yapmak ve güvenilirliği tartışmalı olan öz bildirim yöntemleriyle yüzeysel veri toplanması açısından sınırlılıkları bulunmaktadır (Bongers ve Jansen, 2016). Ayrıca, düzensiz yemeye neden olan duyguların kısıtlanması, örneğin katılımcıların test teknikleri kullanılarak altı ana duygudan birini seçmeye zorlanması, söz konusu yöntemin duygusal yeme de dahil olmak üzere bireylerin yeme örüntülerini derinlemesine anlamada yetersiz kalabileceğinden dolayı eleştirilmektedir (Schneider ve ark., 2012; Bongers ve Jansen, 2012).

## YÖNTEM

### **Araştırma Deseni**

Bu çalışma, duygusal yemeye yol açan faktörler ve süregelen duygusal yeme hakkında derinlemesine bir anlayış kazanmayı amaçlamaktadır. Bu nedenle, yarı yapılandırılmış görüşmelerden veri toplanmasına ilişkin nitel bir çalışma yürütülmüştür. Görüşme öncesinde ergen katılımcılar bir gün boyunca araştırmacı tarafından hazırlanan ve kendileriyle çevrimiçi olarak paylaşılan besin günlüğü tutmuştur. Verileri analiz etmek ve raporlamak için refleksif tematik analiz kullanılmıştır (Braun ve Clarke, 2022).

### **Katılımcılar**

Araştırmanın verileri amaçlı örnekleme yöntemi kullanılarak ulaşılan 14-17 yaş aralığındaki ergenler ve anneleriyle ayrı ayrı gerçekleştirilen yirmi yarı yapılandırılmış görüşme aracılığıyla toplanmıştır. Çevrimiçi görüşmeye on ergen ve on anne ayrı ayrı katılmıştır. Ergen katılımcıların tümü, 14-17 yaş aralığında olma, ebeveynleriyle birlikte yaşama ve daha önce herhangi bir yeme bozukluğu tanısı almamış olma kriterlerini karşılamıştır. Söz konusu kriterler, katılımcıların klinik olmayan yeme popülasyonu içinde yer aldığına dair iç geçerliliğin sağlanmasını teyit etmek amacıyla kullanılmıştır. Katılımcılardan bir takma ad seçmeleri istenmiş, bildirmediikleri takdirde takma ad araştırmacı tarafından atanmıştır.

### **Veri Toplama Araçları**

Veri toplama araçları demografik form, katılımcıların duygusal yiyen olma seçim kriterini sağladığını teyit etmek için Duygusal İştah Anketi, ergenler ve anneleriyle ayrı ayrı yapılan yarı yapılandırılmış görüşmeler ve ergenler tarafından tutulan yemek günlüklerinden oluşmuştur.

### ***Demografik Form***

Katılımcılardan, mevcut çalışma için amaçlı örneklem seçim kriterlerini karşılayıp karşılamadıklarından emin olmak için bir demografik form doldurmaları istenmiştir.

Bunlar, 14 ila 17 yaşları arasında olmak, aileyle birlikte yaşamak ve bir yeme bozukluğu (Anoreksiya Nervoza, Bulimia Nervoza, Tıkınırcasına Yeme Bozukluğu) tanısı almamış olmaktır. Yeme bozukluğu tanısına ilişkin soru annelere de yöneltilmiştir.

### ***Duygusal İştah Anketi***

Duygusal İştah Anketi (DİA), olumlu ve olumsuz duygulara (14 madde) ve olumlu ve olumsuz durumlara (8 madde) yanıt olarak duygusal yemek yeme eğilimi hakkında 22 madde içermektedir. Her madde "çok daha az" ve "çok daha fazla" şeklinde 9'lu Likert tipi bir ölçekte derecelendirilir ve 5 "aynı" anlamına gelir. Her madde için "uygulanabilir değil" veya "bilmiyorum" seçeneği bulunmaktadır ve bu tür yanıtlar puanlamaya dahil edilmemektedir. Bu çalışmada, DİA hem olumlu hem de olumsuz duygusal yeme puanlarını içeren bir ölçüm aracı kullanılarak duygusal yiyici olduğunu beyan eden katılımcıların olumlu ve olumsuz duygu ve olaylar karşısındaki yeme eğilimi hakkında ön izlenim edinmek amacıyla kullanılmıştır.

### ***Görüşme Protokolü***

Yarı yapılandırılmış görüşme soruları, mevcut literatüre dayalı olarak araştırmacı tarafından oluşturulmuş ve ek bilgi gerektiren durumlar hakkında bilgi edinmek için sondalar kullanılmıştır. İlk etapta katılımcılara araştırmacı tarafından, araştırmanın amacı ve etik komisyon onayı hakkında temel bilgileri içeren çevrimiçi bir bilgilendirilmiş onam formunu katılımcılara iletilmiştir. Görüşme öncesinde bu özellikler katılımcılarla sözlü olarak da paylaşılmıştır.

Görüşme protokolü "(duygusal) yeme ve psikososyal konular: beden imajı, sosyal medya, pandemi", "yeme ve aile" ve "diğer" olmak üzere üç ana bölümden oluşmaktadır. İlk bölüm, ergenlerin yeme rutini, duygusal yeme ve yemeğin onlar için nasıl bir anlam ifade ettiğine dair bilgi edinmeyi amaçlamaktadır. Bu doğrultuda "Normal bir günde yeme rutininiz nasıldır?", "Besinlerle ilişkinizi nasıl tanımlarsınız?" gibi sorularla birlikte "Yemek ve yemek yemek sizin için ne ifade ediyor, yemek yemenin beslenme/enerji alma kaynağı olmaktan farklı anlamları var

mı?", "Duygusal yeme size göre ne ifade ediyor?", "Duygusal yeme ile kendi yeme düzeninizin benzerlikleri nelerdir? Duygularınız değıştikçe yeme rutininizde nasıl bir değışim oluyor?" soruları yer almaktadır. Bunlara ek olarak, beden imajının tanımı, beden memnuniyeti, sosyal medyanın etkisi ve Covid-19 pandemisi detaylı olarak sorgulanmıştır.

Görüşmenin ikinci bölümü, ailedeki yeme rutinleri, ergenler ve ebeveynler arasındaki ilişki, ebeveynlerin yeme alışkanlıkları ve bunların ergenler üzerindeki öğrenme temelli etkileri, obezitenin gıda ortamı, rahatlatıcı gıda seçimi, yeme ve beden imajına ilişkin evdeki değerler ve -varsa- belirli öğünlere atfedilen kültürel anlam üzerine odaklanmaktadır. "Diğer" başlıklı üçüncü bölüm, ergenlerin telafi eğilimleri ile aşırı egzersize başvurup başvurmadıklarını, yeme ile ilgili endişeleri nedeniyle diyetisyen, psikolojik danışman veya psikologdan profesyonel yardım alıp almadıklarına yönelik soruları içermektedir.

Görüşme soruları, Ek F'de ayrıntılı olarak verilmiştir. Ergenler bu soruları yalnızca kendileri için yanıtlarken, annelerden ilk etapta çocuklarını düşünerek yanıtlamaları ve daha sonra kuşaklar arası yeme alışkanlıkları arasındaki potansiyel bağlantıları aydınlatmak amacıyla aynı soruyu kendilerini düşünerek yanıtlamaları istenmiştir.

### ***Besin Günlüğü***

Yalnızca ergenlerden, araştırmacı tarafından sağlanan bir besin günlüğünü doldurmaları istenmiştir. Araştırmacı tarafından Harvard Besin Günlüğü temel alınarak güncellenen besin günlüğü, yeme psikolojisi çalışmalarında yeme ve ilgili değışkenlerin ilişkisini somutlaştırma ve kendini izleme sıklıkla kullanılmaktadır (McManus, 2019). Katılımcılar için daha uygulanabilir ve erişilebilir olması amacıyla çevrimiçi platform aracılığıyla paylaşılan besin günlüğünün formatı Ek G'de sunulmuştur.

Besin günlüğü, girişin yer aldığı bir kapak sayfası ve katılımcıların günlük tutarken duygularını daha somut bir şekilde adlandırmalarını sağlamak için duygu tablosu; ana bölüm olan, ne zaman, nerede, kiminle, ne yedikleri ve yeme süreçlerinde eşlik

eden duygular ve bu günlüğü tutmanın nasıl bir deneyim olduğunu yazmalarını içeren son kısım olmak üzere üç bölümden oluşmaktadır.

### **Veri Toplama Süreci**

Araştırmacı tarafından hazırlanan broşür (Ek D), araştırmacının sosyal medya hesaplarında ve "*Diren Ergen Annesi*", "*Aktif Anne*" ve "*Kadınlar Kulübü*" gibi çoğunlukla ergen annelerinden oluşan çeşitli sosyal medya gruplarında paylaşılmıştır. Duygusal İştah Anketi'nden (DİA) yüksek puan alarak anketi dolduran gönüllü katılımcılarla araştırmacı iletişime geçmiştir. Amaçlı örnekleme hedeflendiğinden, sadece ergenlerin ve ebeveynlerinin ifadeleri değil, aynı zamanda ergenlerin DİA puanları, olumlu ve olumsuz duygu ve durum kümelerine ilişkin duygusal iştah puanlarının ortalama puana oranlar marjinal artma ve/veya azalma gösterip göstermediğine bakılarak kontrol edilmiştir. Sonrasında, ergenlere ve annelerine demografik bilgileri içeren ayrı birer çevrimiçi bilgilendirilmiş onam formu gönderilmiştir. Görüşmeler Zoom aracılığıyla çevrimiçi olarak gerçekleştirilmiş ve ergenlerle yaklaşık 30-40 dakika, annelerle ise 40-60 dakika sürmüştür. Görüşmeler yazıya dökülmek üzere katılımcıların onayı doğrultusunda kaydedilmiştir.

Ergen katılımcılar, görüşme öncesinde, araştırmacı tarafından hazırlanan *besin günlüğünü bir gün boyunca* tutmuşlardır. Besin günlüklerindeki içerikler yarı yapılandırılmış görüşmelerde de sorulan "tipik bir gününüzde neler yersiniz?", "kaç öğün beslenirsiniz?", "duygularınız ve yemek yemeniz arasında nasıl bir bağ vardır?" gibi sorularla paralellik göstermektedir.

Çalışmanın güvenilirliğini sağlamak için inandırıcılık, aktarılabirlik, güvenilirlik ve teyit edilebilirlik unsurları kontrol edilmiştir. İlk olarak, güvenilirlik büyük ölçüde kapsamlı ve zengin verilere ulaşmak için çeşitli tekniklerin kullanılmasına dayanır (Lincoln ve Guba, 1985). Kaydedilen görüşme oturumları ve yemek günlükleri, üçgenleme oluşturmak için çeşitli veri toplama yöntemlerinin temelini oluşturmaktadır. Ayrıca, katılımcıların önemli paylaşımlarını kaçırmamak ve analizin sonraki adımları için sağlam bir temel sağlamak amacıyla görüşmeler

sırasında ve hemen sonrasında arařtırmacı tarafından kiřisel gnlkler tutulmuřtur. Uzman grřleri ve grřmelerin Zoom kayıtları da gvenilirlik iin kanıt saėlamıřtır. Arařtırmacının tez danıřmanı ve tez izleme komitesi yelerinden alınan geri bildirimlere ek olarak, Rehberlik ve Psikolojik Danıřmanlık alanında dzensiz yeme zerine alıřan bir psikolojik danıřman, biri doktor biri doktora oėrencisi meslektařlar veri setini analiz etmiř ve veri analizini mmkn olduėunca titiz ve kapsamlı bir řekilde sonulandırmak iin kendileriyle fikir birliėine varmak iin toplantılar yapılmıřtır.

alıřmanın teyit edilebilirliėi "sonuların bařkaları tarafından teyit edilebilme veya desteklenebilme derecesi" anlamına gelmektedir (Lincoln ve Guba, 1985). Ham veriler, kayıtların řeffaf bir řekilde yazıya dklmesiyle elde edilmiřtir. Ayrıca, arařtırmacının gnlkleri, notları, tez danıřmanı ve tez izleme komitesinin geri bildirimleriyle pek ok kez yeniden yapılandırılan taslaklar, arařtırmacının fikir birliėine varmak iin hepsiyle ayrı ayrı tartıřtıėı  Psikolojik Danıřma ve Rehberlik uzmanı tarafından da incelenmiřtir.

### **Verilerin Analizi**

Grřmeler, katılımcıların izniyle elektronik bir cihazla kaydedilmiř ve veri analizi iin yazıya dklmřtur. Arařtırmacı, grřmeleri gerekleřtirmeden nce katılımcılardan ve ebeveynlerden bir takma ad semelerini istemiřtir. Deřifreler tamamlandıktan sonra, grřmelerden ve besin gnlklerinden elde edilen verileri kodlamak iin MAXQDA 2022 (Verbi Software, 2022) kullanılmıřtır. Bu tr yntemler, genleme oluřturmanın yanı sıra duygusal yeme olgusu hakkında derinlemesine bilgiye ulařmak iin kullanılmıřtır.

Verileri analiz etmek ve yorumlamak iin Refleksif Tematik Analiz kullanılmıřtır (Braun ve Clarke, 2021). Refleksif Tematik Analiz, "nitel bir veri setindeki rntleri geliřtirmek, analiz etmek ve yorumlamak iin teorik olarak esnek bir yntem" olarak tanımlanmaktadır (Braun ve Clarke, 2021, s.4). "Refleksif (dřnmsel)" ifadesi, arařtırmacının nceki deneyiminin, konumunun ve ortaya ıkan bilgisinin nitel veri setinde bir anlayıř ve anlam geliřtirmedeki ayrılmaz

parçasını ve veri setinden çıkarılan örüntüleri yorumlama ve derinlemesine bir anlam sağlama üzerindeki potansiyel etki ve katkısını vurgulamaktadır.

Refleksif Tematik Analizin ana bileşenleri *alt temalar, temalar ve kapsayıcı temalardan* oluşur. Braun ve Clarke (2021) "bir alt tema, bir temanın 'altında' yer almaktadır... Bir alt temanın, parçası olduğu temanın merkezi kavramını taşıması gerekmektedir." (s. 150). "Tema", "Refleksif Tematik Analizde anahtar analitik birim olan" terimi ifade etmektedir. En kapsayıcı kavramsal fikir veya "şemsiye kavram veya fikir" ise bir tutarlılık ve anlamlı bir örüntüye sahip bir dizi temadan oluşan "kapsayıcı tema" olarak adlandırılmaktadır (Braun ve Clarke, 2021, s150).

### **Güvenirlilik/Aktarılabirlik**

Araştırmanın güvenilirliğini sağlamak için inanırlılık, aktarılabirlik, bağımlılık ve doğrulanabilirlik dâhil olmak üzere çeşitli boyutlar sistematik olarak ele alınmıştır. Üçgenleme kapsamında hem çeşitli veri toplama yöntemlerine (yarı yapılandırılmış görüşmeler ve beslenme günlüğü tutulması), hem de birden fazla kaynaktan (ergenlerin duygusal yemeleri hakkında hem kendilerinden hem de annelerinden) veri toplanmıştır. Katılımcıların temel paylaşımlarını kaçırmamak ve analizde sağlıklı bir şekilde ilerlemek için araştırmacı tarafından görüşmeler sırasında ve hemen sonrasında kişisel günlükler tutulmuştur. Araştırmacının tez danışmanından ve tez izleme komitesinden alınan geri bildirimlerin yanı sıra yeme bozukluğu üzerinde çalışan bir psikolojik danışman, danışmanlık alanında doktora eğitimine devam eden bir meslektaş ve aynı alanda doktora derecesine sahip bir meslektaş, tüm veri setini analiz etmiş, bulgular uzmanlarla ayrı ayrı tartışılarak uzlaşmaya varılmıştır.

### **Araştırmacının Rolü**

Araştırmacının rolü nitel çalışmalarda kritik bir konuma sahip olduğundan, araştırmacının güvenilirlik çabası çalışmanın kendisinin güvenilirliği ile doğrudan bağlantılıdır (Patton, 2002). Araştırmacı, Psikolojik Danışmanlık ve Rehberlik programında lisans ve yüksek lisans derecesine sahiptir. İlgili programında yıllarca



aldığı eğitimin bir parçası olarak aktif dinleme, görüşme ve gözlem yapma becerilerinin yanı sıra nitel araştırma konusunda eğitim ve uygulama deneyimi bulunmaktadır. Bu beceriler ve eğitim, çalışmanın tüm süreci boyunca verimli olmuştur. Ayrıca araştırmacı, yüksek lisans tezinden bu yana düzensiz yeme, özellikle de duygusal yeme üzerine çalışmakta olup bu konularda çeşitli sertifikalı eğitimleri tamamlamıştır. Yeme psikolojisi alanında yayınlanmış çok sayıda makalesi ve bir kitap bölümü bulunan araştırmacı, Öğretim Görevlisi olarak çalıştığı üniversitede "Yeme Psikolojisi" dersini yürütmektedir. Ayrıca saygın dergilerde düzensiz yeme çalışmaları için hakemlik yapmakla birlikte, duygusal yeme ve yeme tutumlarına odaklanan çeşitli çalışmalarda ve yüksek lisans tezlerinde uzman görüşü vermektedir. Psikolojik danışma ve rehberlik alanında yeme ile ilgili konular araştırmacının temel çalışma alanları arasında olup alanyazının güçlü ve sınırlı kısımları hakkında donanımlıdır.

Katılımcı ergen ve annelerden bazıları, gençlerin ihmal edilen bir sorunu olan duygusal yeme hakkında konuşabilecekleri bir alan sağladığı için araştırmacıya teşekkür etmiştir. Çocuğunun yaşı yeme bozukluğu kriterlerine uymayan ya da yeme bozukluğu teşhisi konmamış ancak yine de alanda yeme ile ilgili konulara odaklanma ihtiyacının bir işareti olarak katılım göstermek isteyen katılımcılar da olmuştur. Şaşırtıcı bir şekilde, sadece anneler değil bazı ergenler de duygularını paylaşmanın, onları adlandırmaya çalışmanın ve yeme alışkanlıkları üzerine tartışmanın kendilerini "daha iyi" hissettirdiğini ve neler yaşadıklarının daha çok farkında olduklarını belirtmişlerdir. Annelerden bazıları yeme alışkanlıkları ve bunların çocuklarının yaşamları üzerindeki etkileri konusunda rehberlik ve bilgi talep ederken, psikolojik desteğe ulaşmaya çalıştıklarını ancak bu desteklerin bir sonuca ulaşmadığını, bu nedenle yeme düzenleri hakkında paylaşım yapabilmeyen bile rahatlatıcı bir etkisi olduğunu belirtmişlerdir.

### **Çalışmanın Sınırlılıkları**

Mevcut çalışmanın bir dizi sınırlılıkları bulunmaktadır. Öncelikle, veri toplamak için çeşitli yöntemler kullanılsa da DİA ve besin günlüğü içeriği, sosyal beğenirliğe neden olabilecek öz bildirimlerden oluşmaktadır. İkinci olarak, araştırmacı notlar

tutmuş ve görüşmeler sırasında hem doğrudan hem de dolaylı iletişimi gözlemlemeye çalışmış olsa da özellikle çevrimiçi görüşmeler gerçekleştirilmesi nedeniyle bu gözlemler bazı noktalarda yetersiz kalmıştır. Belirtilen sınırlılıkların giderilmesi için, çalışmanın genel yorumundan önce araştırmacının çıkarımları katılımcılarla paylaşarak doğruluğu test edilmiştir. Son olarak, veriler Covid-19 pandemisi sırasında toplandığından, ergenlerin duygusal yeme örüntülerindeki dalgalanmalar, kısıtlamalar nedeniyle evde geçirilen zamanın artması ve sosyal etkinliklerin sınırlandırılması gibi deneyimlerinden etkilenmiş olabilmektedir. Bu nedenle, görüşmeler ve veri analizi sırasında nesnel olmak için ekstra bir çaba gerektirmiş ve belirtilen durumlar göz önünde bulundurulmuştur.

## BULGULAR

Mevcut çalışmanın bulguları, duygusal yemeyi açıklayan (DY) kapsayıcı temalar (DY'ye yatkınlaştırıcı etmenler, DY Süreci, DY Sonrası), temalar (bireysel ve çevresel dinamikler; DY'nin karakteristik özellikleri, DY'ye eşlik eden yeme örüntüleri; DY sonrası duygusal, sosyal ve bedenle ilgili sonuçlar) ve ilgili alt temalara yer verilmiştir. Duygusal yemeye yatkınlaştırıcı etmenler, ergenlerin duygusal, bilişsel ve fizyolojik alanlardaki “bireysel yatkınlık faktörleri” teması ve erken çocukluk döneminden itibaren gelişen sosyal, özellikle aile içi, öğrenme, gözlem ve teknolojik inovasyonların etkilediği “çevresel dinamikler” temasını içermektedir. Bireysel dinamikler, ergenlerin duygusal yeme bağlamında duygularını, bilişlerini ve fizyolojik temelli değişimlerini nasıl algıladıklarını ve kullandıklarını yansıtmaktadır.

*Duygusal* tema kapsamında, DY'nin duygusal alanları alt teması, ergenlerin olumlu ve olumsuz duygu değerlerini (emotional valence), deneyimlerini ve bunları düzenlemek için duygusal yemeye başvurmalarını içermektedir. Bu çalışmada katılımcılar çoğunlukla *öfke*, *can sıkıntısı*, *stres* ve *üzüntü* gibi olumsuz duyguların tetiklediği duygusal yeme davranışında bulduklarını ifade etmişlerdir. Öte yandan, *mutluluk* gibi olumlu duygularda ergenlerin duygusal yeme davranışlarını etkilemektedir. İlginç bir şekilde, çeşitli duygular gıda tüketim miktarı açısından yeme düzenlerini farklı şekilde etkilemektedir. Başka bir deyişle, duygu değerleri

ergenlerin yalnızca duygusal olarak aşırı yemesine değil, duygusal az yemesine de neden olabilmektedir. Örneğin, üzüntü kimi katılımcılarda duygusal yemeyi arttıran bir duygu iken, diğerlerinde yemenin azalmasına yol açan bir duygudur. Diğer bir alt tema ise, ergenlerin duygu düzenleme amacıyla besin tüketimine yönelmesidir. Deneyimlenen duygular gibi duygu düzenleme de duygusal yeme olgusunun bir parçasıdır. Mevcut çalışmadaki ergenler, yemek yemeyi sorunlarıyla başa çıkmanın bir yolu ya da dikkatlerini olumsuz duygu durumlarından uzaklaştırarak, endişelerinden kaçmanın bir yolu olarak kullandıklarını ifade etmişlerdir. Bu bağlamda, duygusal yeme daha olumlu duygular yaşamak için kullanılmaktadır.

*Bilişsel* tema yani duygusal yeme davranışlarını rasyonelleştirme kapsamında ise ergenlerin bunu bir istekten ziyade bir ihtiyaçmış gibi konumlandırımları ve çevrelerine bu şekilde kabul ettirme çabalarının olduğu görülmektedir. Örneğin, bazı ergen ve ebeveyn katılımcılar belirli besin gruplarını tüketmenin ergenlerin derslerine konsantre olacak enerjiyi toplamaları açısından gerekli olduğunu ve/veya duygu durumlarını değiştirmek için bu tarz rahatlatıcı besinlere ihtiyaçları olduğunu vurgulamıştır. Ayrıca, katılımcıların çoğu menstrüasyon döneminde çikolata, tatlı gibi besinlerin tüketilmesini sosyal bir norm olarak nitelendirmektedir.

*Fizyolojik* tema bağlamındaki faktörler, ergenlerin duygusal yemesine katkıda bulunan biyolojik mekanizmaları içermektedir. Bu kapsamda insülin direnci, dikkat eksikliği ve hiperaktivite bozukluğu (DEHB) ve aile öyküsü yoluyla diyabete yatkınlık yer almaktadır. Ancak, bazı katılımcılar için ilaç tedavisi asıl amaçlarının ötesinde, yeme örüntüsünün düzenleyici bir bileşeni olarak konumlandırılmıştır. Örneğin DEHB tedavisinde kullanılan bir ilaç aynı zamanda duygusal yemeyi engelleyici bir faktör olarak kavramsallaştırılabilmektedir. Fizyolojik faktörler genetik yatkınlıkla da bağlantılıdır. Katılımcıların bir kısmında ve aile öykülerinde insülin direnci olması, katılımcılar tarafından ergenlerin duygusal yemesini etkileyen unsurlardan biri olarak nitelendirilmektedir.

Çevresel dinamikler teması, ergenlerin besinle ilgili erken dönem deneyimlerini, özellikle de başarılarını takdir etmenin bir yolu olarak belirli yiyeceklerle ödüllendirilmelerini, evde tercih edilen ağırlıklı besin türleri ve yeme rutinleri dahil

olmak üzere aile bağlamındaki yeme modellerini ve teknolojideki yeniliklerin yiyeceklerin bulunabilirliğini, erişilebilirliğini ve görünürlüğünü artırmasıyla duygusal yemeyi nasıl etkilediğini içermektedir. Erken çocukluktan itibaren, öğrenmeler yoluyla, yüksek şeker ve yağ içeren rahatlatıcı besinler olumsuz duyguların hoş olmayan etkilerini sonlandırma ve/veya azaltmak için kullanılabilir. Kaçınılan olumsuz duygular ile rahatlatıcı besin tüketiminin tekrarlayan eşleşmeler sonucu pekiştirilmesi, duygusal yeme davranışının sürdürülmesine neden olabilmektedir. Bir çocuğa şefkat ve ilgi göstermenin bir yolu olarak cips, çikolata gibi rahatlatıcı yiyecekler sunmak, bu kişide duygusal bir yeme düzeninin gelişmesine ve sürdürülmesine kaynaklık edebilmektedir. Çalışmanın sonuçları, ailede duygusal yeme davranışı gösteren biriyle büyümenin de gözlemsel öğrenme bağlamında bu yeme örüntüsüne başvurmanın çevresel belirleyicileri arasında olduğunu ortaya koymaktadır.

İkinci kapsayıcı tema olan Duygusal Yeme Sürecinin temel yapı taşları olan ve süreci sürdüren yeme örüntülerini içermektedir. Bunlar fizyolojik açlık yerine duygusal açlık nedeniyle yemek yeme ve rahatlatıcı yiyecek seçiminin yanı sıra yalnız ve gizli yemek yeme süreçlerini içermektedir. Katılımcılar duygusal ihtiyaçlarını karşılamak amacıyla ya da can sıkıntısını gidermek için zaman doldurmak adına yemek yemeye yönelmekte ancak çevreden gelecek olası sosyal baskılar ve utanç, pişmanlık gibi duyguları minimum düzeye indirmek için yalnızken ve gizlice yemek (örneğin tek başına odasında abur cubur, paketli gıda tüketmek) gibi yöntemlere başvurmaktadırlar.

Duygusal yeme sonrası kapsayıcı teması ise kendi içinde yemek yedikten sonraki duygular, duygusal yemenin sosyal neticeleri ve bedenle ilgili sonuçları içermektedir. Katılımcılar çoğunlukla yeme sonrası kısa vadede deneyimlenen rahatlık ve mutluluk, uzun dönemde ise *aç değilken yemek yemeye* (duygusal açlık) bağlı beden kitle indeksi artışı nedeniyle pişmanlık ve üzüntü duygularını deneyimlemektedir. Bu da beden imajında dalgalanmalar, kendilerini yaşlılarıyla kıyaslama, sosyal çevreden gelen eleştiriler ve zorbalık gibi zorlayıcı sosyal ve bedensel sonuçları beraberinde getirmektedir.

## TARTIŞMA

Bu çalışmanın amacı, ergenlerde duygusal yeme olgusunu hazırlayan ve etkileyen faktörleri ve etkilerini, bireysel, çevresel dinamiklerle ilişkileri açısından incelemektir. Bu doğrultuda, duygusal yeme olgusunun bileşenlerini açıklığa kavuşturmak ve ergenler arasındaki bu yeme örüntüsünün gelişmesine ve sürdürülmesine katkıda bulunan önemli değişkenleri keşfetmek için olgubilimsel nitel bir çalışma tasarlanmıştır.

Düzensiz yeme ve yeme bozukluklarının risk faktörlerini ortaya koyarken hem bireysel hem de çevresel boyutların yeme örüntülerinin çok katmanlı yapısını anlamada önemli olduğu görülmüştür (Bennett, 2013; Fairburn; 2019). Mevcut çalışmada da yapılan görüşmelerin sonuçları, ergenlerin duygusal yemelerinin gelişiminde ve sürdürülmesinde bireysel ve çevresel dinamiklerin arasında yer aldığını desteklemektedir. Ergenlerin duygusal yeme davranışının yemek yemeye atfedilen anlam (mutlu olmak için yemek yemeye yönelmek, vb.), yemenin işlevi (başa çıkma, duygu düzenleme vb.) ve insülin direnci ile aile üyelerinde diyabet öyküsü gibi fizyolojik yatkınlıklar tarafından şekillendirildiği görülmüştür.

Duygusal değerlik ve duygu düzenleme stratejileri, ergenlerin duygusal yemesinin bireysel dinamikleri arasında yer almıştır. Alanyazın, duygularını düzenleme amacıyla artan üzüntünün duygusal aşırı yeme üzerindeki rolünü vurgulamıştır (Meule ve ark., 2018; van Strien ve ark., 2012). İlginç bir şekilde, bu çalışmanın bulguları, duygusal değerlik yalnızca duygusal aşırı yemeye değil, aynı zamanda yememeye ya da normalden *daha az* yemeye de neden olabileceğini ortaya koymuştur. Katılımcılardan bazıları, ebeveynlerinden birinin riskli bir sağlık sorunu veya akranlarla şiddetli bir kavga sonucu hissettikleri aşırı üzüntüyle birlikte iştah kaybı yaşadıklarını da ifade etmişlerdir. Bu bağlamda, bu tür olumsuz duyguların yoğunluğu, duygu kaynaklı iştahsızlığa yol açarak yemekten alınan zevkin azalmasına aracılık etmiş olabilir. Ayrıca, zihinlerinin ve duygularının, kendilerini üzen sorunlarla dolu olduğunu ve hedonik bir yemek yemeyi düşünmek için yeterli alanlarının olmadığını paylaşmışlardır.

Olumsuz duygusal deęerlik ve duygu dzenleme kullanımının sonucu olarak ortaya çıkan “olumsuz duygusal yeme” (negative emotional eating; Sze ve ark., 2021), bu alıřmada ergenler ve anneleri tarafından yaygın olarak paylaşılmıřtır. En dikkat ekici rneklerden biri, bir katılımcının ekmeęi ısırarak babasına olan fkesini yansıtması ve yemek yemeyi kendisini kızdıran ve zen olaylardan, gerek dnyadan uzaklařmanın bir yolu olarak grmesiyle ilgilidir. Bu baęlamda, olumsuz duygusal yeme, istenmeyen duygularıyla bařa ıkma ve/veya dikkat daęıtma mekanizması olarak benimsenmiřtir. Eřlik eden yeme davranıřları (rneęin gizli ve gece yeme) ve olumsuz duygusal yeme rntüsü gz nne alındıęında, bu tr vakalar yeme bozukluęuna dnüşme potansiyelleri aısından dikkatle ele alınmalıdır.

Katılımcıların oęu, olumsuz duygular iindeki duygusal yeme deneyimlerinin, liseye giriř sınavları gibi akademik odaklı *stres ve kaygı*dan kaynaklandıęını paylařılmıřtır. rneęin, sevdikleri bir yemeęe farklı atıflarda bulunmuř (r. "stres orbası") ve baskın duygularını (stres, fke vb.) dzenleyinceye kadar tıknama ataęı yařadıklarını belirtmiřlerdir. Okul notlarındaki bařarının srdrlmesine ya da ebeveynlerinin akademik bařarılarına iliřkin beklentilerine dair "-meli/-malı" (r. yksek not almalıyım) gibi ifadeler ve zihin okuma gibi biliřsel arpıtmalar da ergenlerin duygusal yemesine yol aan akademik odaklı stres etkenleri arasında yer almıřtır. Bu sonular, akademik kaygılarla iliřkili olarak stres odaklı duygusal ařırı yemeyi vurgulayan nceki alıřmalarla tutarlılık gstermektedir (Caso ve ark., 2020; Chamberlin ve ark., 2018; Nguyen-Michel ve ark., 2007; Onur ve ark., 2022; Ramadhani ve Mahmudiono, 2021; Sato ve ark., 2023).

Bu alıřmada, can sıkıntısının, ergenlerin duygusal yemesini tetikleyen en kritik ve en sık karřılařılan deneyimlerden biri olduęu ortaya ıkmıřtır. Katılımcılardan biri hari tm ergenler duygusal yeme davranıřlarında can sıkıntısına baęlı artıř olduęunu beyan etmiřtir. Covid-19 salgınının ilk evreleri ve sokaęa ıkma yasakları, salgının ilk gnlerinin belirsizlięine dayanarak stresle bařa ıkmanın bir yolu olarak kavramsallařtırılan artan duygusal yemenin tetikleyicileri arasındadır. Duygusal yeme alıřmalarında can sıkıntısı kritik bir rol oynasa da evde kalma zorunluluęu ve gnlk aktivitelerin kısıtlanması yeme sıklıęını ve miktarını arttırmıřtır (Crockett ve ark., 2015; Danckert, 2022). Covid-19’la ilgili olarak can sıkıntısı kaynaklı duygusal

yeme davranışındaki artışın bir başka açıklaması da evdeki bireylerin çoğunun zamanlarını yiyecek tüketimi yoluyla doldurmaya çalışması ve bu bağlamda sosyal öğrenmenin rolü olabilir (Burnatowska ve ark., 2022; Latif ve Karaman, 2021). Ergenler ve anneleri, boşluğa düşme hissini ve bunu dolduracak alternatif eksikliğini açıkça ifade ederek yemek yemeyi bu boşluğu doldurmanın haz veren ve kolay ulaşılabilen yollarından biri olarak görmektedir. Bu noktada, duygu düzenleme amacıyla olumsuz duygu kaynaklı duygusal aşırı yemeye ilişkin bu bulgular, duygusal yemenin psikosomatik perspektifiyle örtüşmektedir (Kaplan ve Kaplan, 1957).

Ergenlerin duygusal yemesinin bireysel dinamiklerinin bilişsel boyutu, yeme davranışlarını bir ihtiyaç/zorunluluk olarak rasyonalize etmekten oluşmaktadır. Bu noktada, ergenlerin enerjilerini sürdürmeleri ve hormonal değişikliklerini dengelemek için hedonik yeme niyetleri, “ihtiyaç” olarak yeniden yapılandırılmaktadır. Duygusal yemenin rasyonelleştirilmesi, kadın katılımcılar arasında çoğunlukla çikolata tüketiminde artış olarak kendini göstermektedir. Anneler ise kızlarının menstrüasyon dönemindeki hormonal değişimlere adapte olmak için çikolata aşermeleri rahatlatıcı besin tüketimine yönelik hedonistik bahanelerini pekiştirmektedir. Macht ve Dattmer'in (2006) deneysel çalışmasında da belirtildiği üzere, yaklaşık beş gram çikolata ruh halini iyileştirmede fizyolojik olarak etkili olabilmektedir. Ancak, mevcut çalışmadaki kadın katılımcılar menstrüasyon döneminde rahatlatıcı besinlere (ör. çikolata, tatlı vb.) aşırı miktarda ihtiyaç duyduklarını paylaşmışlardır. Bu ihtiyaçlar, aile ve sosyal medyadaki atıflar gibi psikososyal faktörler aracılığıyla öğrenilmiş ve pekiştirilmiş olabilir (Braden ve ark., 2014). Sonuç olarak, bu hedonik girişimlere olan düşkünlüğün meşrulaştırılması çikolata tüketiminin artmasıyla sonuçlanmıştır (Taylor ve ark., 2013).

DEHB, duygusal yeme ve tıknırcasına yemeye yatkınlıkla ilişkilendirilmiştir (Tong ve ark., 2017; Seymour ve ark., 2015). El Archi ve meslektaşlarının (2022) çalışması, DEHB ile duygu düzensizliğinin duygusal yemeyle sonuçlandığını belirtmiştir. Benzer bir şekilde bu çalışmadaki katılımcılardan birisi de dikkat eksikliği ve hiperaktivite bozukluğu tanısı almıştır. Katılımcı, çocukluğundan beri insülin direnci ve diğer hormonal düzensizliklerinin yanı sıra duygu düzenleme stratejisi olarak

duygusal aşırı yemeye başvurduğunu ifade etmiştir. Beklenenin aksine, DEHB için iştah azalmasına yol açtığı bilinen bir tıbbi tedavi görmesine rağmen, kendisi ve annesi besin tüketiminin gün geçtikçe ivme kazandığını belirtmiştir. Bu noktada olası bir açıklama duygusal yemenin kilit rolü olabilir. Duygusal yemenin tek başına bir yeme bozukluğu olarak nitelendirilmese de yeme bozukluklarında tedavi sonrası nüksün en önemli nedenlerinden biri olarak bilinmektedir (ör. tıknırcasına yeme bozukluğu). Bariyatrik cerrahi geçiren hastalar bile duygusal yemelerini kontrol edemediklerinde beden kitle indeksleri tekrar artmaktadır (Chesler, 2012). Bu nedenle, duygusal yeme konusunda artan farkındalık ve öz yönetim, yeme bozukluklarının önlenmesi ve nüksetmesinin engellenmesi için büyük bir önem taşımaktadır.

Duygusal yemenin çevresel dinamikleri arasında ergenlerin yemekle ilgili erken dönem deneyimlerinin, genel aile yeme düzenlerinin ve teknolojinin etkisi yer almaktadır. Bruch'un (1973) da teorisinde belirttiği gibi yemekle ilgili erken dönem deneyimlerin rolü, ergenlerin duygusal yeme ile ilişkilendirilmesi bağlamında koşullanma ve öğrenme sürecini içermektedir. Örneğin, bireylerin başarıları nedeniyle sevdikleri bir yemekle tekrar tekrar ödüllendirilmesi, yemek üzerinden değer görmesini ve bu ihtiyacını duygusal yeme üzerinden karşılamasını öğretebilmektedir. Ebeveynlik uygulamaları, yeme ve yiyeceğin ödül kavramı çerçevesinde kavramsallaştırılmasının kritik bir parçasıdır. Bununla birlikte, ebeveynlerin duygusal yemeyle ilgili kendi deneyimleri ergenlerin yeme örüntüleriyle çeşitli şekillerde bağlantılıdır. Örneğin çocuklar ebeveynlerini duygusal açlık kaynaklı yeme konusunda model almakta ve bunun bir duygu düzenleme ve başa çıkma meselesi olarak kullanılabileceğini gözlemlemektedirler. Bu tür öğrenmeler, ergenler için *obezojenik gıda ortamı* yaratan rahat yiyeceklerin çeşitliliği ile de pekiştirilmektedir. Ampirik verilerle desteklendiği üzere, duygusal yiyen ve/veya duygusal besleyici bir bakım verene sahip olan, çocuklarda ve ergenlerde benzer yeme örüntüsü riskini ve yemeyi bir öz düzenleme aracı olarak kullanma riskini artırmaktadır (Rodgers ve ark., 2014; Tan ve Holub, 2015). Mevcut çalışmada da tüm katılımcıların çekirdek ailelerinde duygusal yiyen anne veya baba figürü olduğu bilinmektedir.



Katılımcılar pek çok kez, mutlu anlarını *kutlamak* için rahatlatıcı gıda alımını artırdıklarını paylaşmıştır. Ancak katılımcılar olumlu duygularını artırmak için her zaman gıda kaynaklı kutlama veya bakım ihtiyacı içinde midirler yoksa bunu sosyo-kültürel bağlamdaki deneyimlerle mi öğrendiler? Öğrenmenin doğrudan rolü konusunda bir fikir birliği olmamasına rağmen, önceki çalışmalar sosyal ve gözleme dayalı öğrenme süreçlerinin ve çağrışımsal öğrenme kapsamında rol modellemenin duygusal yeme üzerindeki etkisine değinmiştir (Bruch, 1973; Suwalska ve Bogdanski, 2021). Yiyeceklere böyle bir anlam yüklenmesi, aile ortamındaki kişilerarası ilişkilerdeki öğrenme sürecine dayanabilmektedir. Bu çalışmada katılımcılar, karne almak, sınavda yüksek not almak, sporda başarı elde etmek veya bayram ve pazar kahvaltıları gibi özel günlerdeki gibi mutlu deneyimleri sırasında artan rahatlatıcı yiyecek tüketimlerini vurgulamışlardır. Sosyo-kültürel faktörler ve Türk kültürü ile özel günlere yüklenen anlam ve Türk mutfağının bütünlüğü ile çok geniş bir hedonik yemek yelpazesi sunmaktadır. Bu noktada katılımcılar, aile birliklerinin ya da pazar kahvaltılarının nasıl cezbedici bir görsel şölene dönüştüğünü ve aile üyelerinin sunulan yemeklerin tadını çıkarmaları için sosyal baskıya maruz kalabildiklerini paylaşmıştır. Özel günlerde yemek yemeye yönelik çok sayıda toplumsal baskıdan da öğrenme gerçekleşebilmektedir. Bu sonuçlar, Türk mutfağında yer alan kebab, hamur işleri ve şerbetli tatlılar gibi rahatlatıcı yemeklerin özel günlerde artan tüketimi ve bunun sosyal bir norma dönüşmesiyle duygusal yeme arasında anlamlı bir ilişki olduğunu gösteren önceki çalışmalarla tutarlıdır (Chambers ve ark., 2016; Sezgin ve Tanrısevdi, 2021).

Önceki çalışmalar duygusal yeme sürecinde fizyolojik ihtiyaçtan ziyade, haz amaçlı yemek yemeye bağlı olarak suçluluk ve utanç hissini yaygın olduğunu belirtmiştir. Buna bağlı olarak, rahatlatıcı yemeklerin tercih edilmesi sıklıkla obezite, ayrımcılık ve zorbalık gibi olumsuz sosyal ve sağlık sonuçlarıyla ilişkilendirilmektedir (Bennett ve ark., 2013; Macht ve ark., 2002; Macht ve Dettmer, 2006; Macht ve Müller, 2007; Macht ve Simons, 2010; Reece ve ark., 2016; van Strien ve ark., 2013). Bu çalışmada da ortaokul döneminde kilosu nedeniyle zorbalığa maruz kalan bir katılımcı bulunmaktadır. Ancak aşırı duygusal aşırı yeme nedeniyle oluşan yüksek vücut kitle indeksi ve bunun sonucunda zorbalığa maruz kalmasına rağmen bu katılımcı kendisini daha fazla sosyal ortamlardan geri çekmiş ve daha fazla gıda tüketimine

başvurmuştur. Bu açıdan bakıldığında, verilen örnek, sosyo-psikolojik perspektifte aşırı yeme kısır döngüsünü doğrulamakta, öfke kaynaklı duygusal yeme davranışı ile saldırganlık ve zorbalıkla başa çıkma arasındaki ilişkiyi desteklenmektedir (Simons ve Limbers, 2019). Duygusal yeme istenmedik bir davranışa neden olsa da etkili başa çıkma stratejilerine hâkim olunmadığında bireyler çareyi yine mevcut durumunun nedeni olan işlevsiz stratejiyle devam ettirmektedirler.

Ergenlerin duygusal yemesinin psiko-sosyal sonuçları göz önünde bulundurulduğunda, bedenini akranlarıyla kıyaslamaları, beden imajı, benlik saygısı ve sosyal geri çekilme üzerinde etkilidir. Ergen örneklerle yapılan önceki çalışmalar, kendilerini aynı cinsiyetten akranlarıyla kıyaslamamanın bir sonucu olarak artan duygusal yeme ile öfke ve kaygı gibi olumsuz duygular arasında pozitif bir ilişki olduğunu göstermiştir (Thompson ve ark., 2017; Ding ve Zu, 2021). Buna paralel olarak, mevcut çalışmadaki katılımcılardan bazıları, akranlarıyla sosyal karşılaştırma ve kendi beden memnuniyetsizliklerine ilişkin benzer bir örüntü ifade etmiştir. Örneğin, katılımcılardan biri, beden imajını, aynı yaş ve cinsiyetteki kuzeniyle kıyaslayarak "aşağılık" duygularını paylaşmıştır. Öte yandan, yiyecek tercihi ve yeme sıklığı açısından duygularından kaynaklanan yeme alışkanlıkları hakkında içgörü kazanarak, yeme alışkanlıklarını değiştirmek konusunda da katılımcıyı cesaretlendirmiştir. Bununla birlikte, görüşmelerdeki derinlemesine sorgulamanın ardından hem kendisi hem de annesi, ergenlik döneminde artan beğenilme arzusunun da tatmin ederek bu girişimlerden sonra daha olumlu bir beden imajına sahip olduklarını belirtmişlerdir (Jakob ve ark., 2020; Steinberg, 2017). Bu doğrultuda, farkındalık ve içgörünün rolü zaman zaman göz ardı edilebilse de temel kaygının (ör. can sıkıntısı) belirlenmesi ve yeme duygusundan ziyade daha etkili bir şekilde başa çıkılmaya çalışılması (ör. bir kutu bisküvi yemek yerine boks yapmak), işlevsiz yeme alışkanlıklarının daha sağlıklı bir yöne doğru kaydırılmasına örnek teşkil etmektedir. Bu bağlamda, ergenleri etkili başa çıkma becerileri kazanma ve duygularını tanıma konusunda desteklemek, duygusal yemenin önlenmesi için oldukça önemlidir.

Yemekle ilgili aile ortamında benimsenen değerler, aile dinamikleri ve obezitenin yemek ortamı gibi ergenlerin duygusal yemek yemesine katkıda bulunan dış

faktörlerin anlaşılması da ergenler ve aileleriyle çalışan uygulayıcıların dikkat etmesi gereken noktalardandır. İletişimsel yönleri ve kültürel kimliğin bir yansıması olarak yemek yemenin öğrenilmesi, benlik ve aidiyet duygusu açısından dikkate alınmalıdır. Sofra kültürünün gömülü anlamı kapsamında bu süreç her aile üyesi için birlikte olma ve iletişim kurma fırsatı tanımaktadır. Bu nedenle, kaliteli yemek zamanları aile işleyişinde kolaylaştırıcı bir rol olarak kullanılabilirdiği gibi işlevsiz yeme örüntülerinin önlenmesinde de koruyucu bir faktördür (Lawrence ve Plisco, 2017; Hamilton ve Wilson, 2009).

Mevcut sonuçlar göz önünde bulundurulduğunda, ileriki duygusal yeme çalışmalarında babaların rolünün de göz ardı edilmemesi ve baba katılımcılara da ulaşılması, bütünsel ve kapsamlı veriler elde etmek için önem taşımaktadır. Ergenlerin duygusal yeme davranışlarında babalarla ilişkilerinin ve babaların yeme alışkanlıklarının öne çıktığı görülmüş olsa da babalar yeme bozukluklarına odaklanan çalışmalara doğrudan katılma konusunda düşük bir profil sergilemektedirler (Ganson ve Hamilton-Mason, 2018). Duygusal yeme konusunda yapılacak araştırmalarda, babaların katılımının teşvik edilmesi, aile içi ilişkiler ve yeme pratikleri açısından kuşaklar arası bağların derinlemesine araştırılmasına katkı sağlayacaktır.

Önceki çalışmalar ve bu çalışmadaki ebeveyn katılımcıların paylaşımları ışığında, duygusal yemenin önlenmesi ve tedavisinde iki noktanın daha ileriye dönük çalışmalarda ele alınması önem arz etmektedir. Bunlardan ilki, ebeveynlerle yapılan görüşmelerde ortaya çıkan, ergenlerin boş zamanlarını yönetme becerisindeki eksiklidir. Duygusal yeme, ergenler tarafından içinde buldukları boşluğu haz odaklı doldurmak amacıyla kullanılmaktadır. Önceki çalışmalardan ortaya çıkan ikinci husus ise, gelişimsel dönemlere ve kültüre özgü önleme ve müdahale uygulamalarının tasarlanması ve etkililiklerinin test edilmesidir. Duygusal yeme literatüründe sıklıkla yer verilen bilinçli farkındalık, BDT temelli müdahaleler ve bunların etkililiğine ilişkin takip süreci hem önleyici hem de iyileştirici açıdan kritiktir (Frayn ve ark., 2018; Fairburn, 2019).

## G. CURRICULUM VITAE

1. **Name-Surname:** Nergis Hazal YILMAZTÜRK

2. **Date of Birth:** 15.04.1993

Degree	Field	Organization	Year
Bachelors	Psychological Counseling and Guidance	<b>Başkent University</b>	2015
Erasmus LLP	Psychology & Pedagogy	<b>Kazimierz Wielki University</b> (National Agency Scholarship)	2013
Masters	Psychological Counseling and Guidance	<b>Middle East Technical University</b>	2018
PhD (candidate)	Psychological Counseling and Guidance	<b>Middle East Technical University</b>	ongoing

### 5. Publications:

#### 5.1. Books and book chapters:

- **Yilmaztürk, N.H.**, Er, S., Özgül, T., & Çok, F. (2024). *A new perspective to parents sharing their children on social networking sites: Sharenting* (Ed.) Seval Erden-Çınar. Çocuk Sevgisi. Pegem.
- **Yilmaztürk, N.H.** (2022). *Eating Disorders in Children and Adolescents* (Ed.) Begüm Serim-Yıldız & S. Burcu Üçok. Çocuk ve Ergenlerle Psikolojik Danışma. Nobel.
- Atay, B. & **Yilmaztürk, N.H.** (2022). *Yakın İlişkilerde Cinsellik*. (Ed.) S.Burcu Üçok. Yakın İlişkiler. Nobel.
- Voltan-Acar, N., Aracı-İyiyaydın, A., Atay, B., Barburoğlu, Y., Yeler, Z., & **Yilmaztürk, N.H.** (2020). *Psikolojik Danışma ve Rehberlik Terimler Sözlüğü*. Nobel.

## 5.2. Articles in international refereed journals:

- Kruczek, A., **Yilmaztürk, N.H.**, Serim-Yıldız, B., & Grzankowska, I. (in revision). What is the influence of cognitive flexibility in the relationship between coronavirus anxiety and the eating attitudes of Polish and Turkish university students? A study focused on early phases of COVID-19 pandemic outbreak. *Current Psychology*. (SSCI).
- **Yilmaztürk, N.H.**, Er, S., Özgül, T., & Çok, F. (2022). Parents' shares on Instagram in the early days of COVID-19 pandemic. *Turkish Journal of Education* (ESCI).
- **Yilmaztürk, N.H.**, Demir, A. & Çelik-Örücü, M. (2022). *The mediator role of emotion- focused coping on the relationship between perceived stress and emotional eating*. Trends in Psychology. DOI: 10.1007/s43076-022-00142-1 (APA PsycInfo).
- Maraşlı, M., Er, S., **Yilmaztürk, N.H.** & Çok, F. (2016). Parents' shares on social networking sites about their children: Sharenting. *Anthropologist*, 24(2), 399-406. (Scientific World Index)

## 5.3. Paper presentations presented at international conferences and published at conference proceedings:

- Serim-Yıldız, B., Erdoğan, T. & **Yilmaztürk, N.H.** (2022). Trauma-Informed Models for Preschooler Parents: A Content Analysis. International Child and Adolescence Research Congress, İzmir, Türkiye.
- Çok, F., **Yilmaztürk, N.H.**, Özgül, T. & Er, S. (2022). Anababalar Sosyal Medyada Çocuklarını Paylaşmalarına (*Sharenting*) İlişkin Tehlikenin Ne Kadar Farkında? International Child and Adolescence Research Congress, İzmir, Türkiye.
- **Yilmaztürk, N.H.**, & Serim-Yıldız, B. (2021). Ethical decision-making models in GPC. 22<sup>nd</sup> International GPC Congress, Muş, Türkiye (online).
- Serim-Yıldız, B., & **Yilmaztürk, N.H.** (2021). Counseling Students' Perceptions Related to Ethicality with regard to Socio-cultural Differences. 32<sup>nd</sup> International Congress of Psychology, Prague, Czech Republic.
- **Yilmaztürk, N.H.**, Serim-Yıldız, B., & Erdur-Baker, Ö. (2021). Ruminasyonun cinsiyet ve korku arasındaki ilişki üzerindeki aracı rolü. International Child and Adolescence Research Congress, İzmir, Türkiye.
- **Yilmaztürk, N. H.**, Demir, A., & Çelik-Örücü, M. (2019). The

relationship between perceived stress and emotional eating: The role of emotion focused coping. 33<sup>rd</sup> Annual Conference of European Health Psychology Society, Dubrovnik, Croatia.

- **Yilmaztürk, N.H. & Yılmaz, O.** (2018). Yükseköğretime geçişte beliren kariyer bilgilendirme ihtiyaçları. 20<sup>th</sup> International GPC Congress, Samsun, Türkiye.
- Aracı-İyiyaydın, A., **Yilmaztürk, N.H.**, Serhatoğlu, S., & Çok, F. (2017). Social networking sites and adolescence: A content analysis of published studies, 18th European Conference on Developmental Psychology, Utrecht, The Netherlands.
- Çok, F. & **Yilmaztürk, N.H.** (2017). Community service experience of undergraduate counseling students, Constructing AcTive CitizensHip with European Youth Conference, Athens, Greece.
- **Yilmaztürk, N.H.**, Ünal, B., Temizöz, T., & İnan, A. (2017). Relationship between community service involvement and basic empathy levels: Determination and improvements of community service participation among TED University Students, Constructing AcTive CitizensHip with European Youth Conference, Athens, Greece.
- Maraşlı, M., Er, S., **Yilmaztürk, N.H.**, & Çok, F. (2015). Parents' shares on social networking sites about their children, II. Cyprus International Education Research Congress, Kyrenia, Turkish Republic Of Northern Cyprus.

#### 5.4. Articles in national refereed journals:

- **Yilmaztürk, N. H.**, & Serim-Yıldız, B. (2023). Ethical Positions of Prospective Counselors With Relation To Mindfulness. *Elektronik Sosyal Bilimler Dergisi*, 22(88), 1643-1652. <https://doi.org/10.17755/esosder.1273375> (TÜBİTAK ULAKBİM TR Dizin).
- Üçok, S.B., **Yilmaztürk, N.H** & Atay, B. (2023). Facebook jealousy and attachment: the mediator role of jealousy and loneliness. *Adıyaman Üniversitesi Sosyal Bilimler Enstitüsü Dergisi* (TÜBİTAK ULAKBİM TR Dizin).
- Özgül, T., Er, S., **Yilmaztürk, N.H.**, & Çok, F. (2022). Ana babaların çocuklarıyla ilgili sosyal medya paylaşımları (Sharenting). *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Dergisi*, 55(1), 239-262. (TÜBİTAK ULAKBİM TR Dizin).
- Aracı-İyiyaydın, A., Çok, F., **Yilmaztürk, N. H.** & Serhatoğlu, S. (2019). Sosyal Medya Siteleri ve Ergenlik: Yayınlanmış

**5.5. Paper presentations presented at national conferences and published at conference proceedings:**

- Demirutku, K., Yeler, Z., & **Yılmaztürk, N.H.** (2018). Öğretmen adaylarında sosyal sorumluluk düzeyi, sığınmacılara yönelik tutum ve özgecilniyetler arasındaki ilişkilerin incelenmesi. *I. Sığınmacı ve Mültecilerde Psikolojik Sağlık Sempozyumu*, Ankara.
- **Yılmaztürk, N.H.** & Aracı-İyiyaydın, A. (2016). İki dizi karakterinin psikolojik analizi: Fiona Gallagher (Shameless) ve Gregory House (House M.D.). *V. Psikoloji ve Sanat Sempozyumu*, Ankara.

**6. Projects:**

- **TÜBİTAK 2237:** Kurumdan Uygulamaya Nitel Araştırma Eğitim (KUNA) III – **Lecture Assistant** (2021, *Supervisor:* Prof. Dr. Sibel Balcı)
- **TEDU LAD (Bachelor Research Fund) – Project Supervisor** (2017) Relationship between community service involvement and basic empathy levels: Determination and improvements of community service participation among TED University students

**7. Affiliations:**

- Turkish Psychological Counseling and Guidance Association
- European Health Psychology Society (EHPS)
- Adolescence and Youth Research Association
- TED Ankara College Alumni

**8. Grants:**

- Başkent University Psychological Counseling and Guidance Program, *Top Scoring Student of Class of 2015*
- National Agency, Erasmus LLP, 2013

**9. Professional Development:**

- CBT in Treatment of Eating Disorders (Prof.Dr. Aslıhan Dönmez, CBPA, 2023)
- Cognitive Behavioral Therapy – Skills Modul (30 hours, Prof. Dr. Hakan Türkçapar & CBPA, 2022)
- Cognitive Behavioral Therapy – Primary Modul (50 hours, Prof.

Dr. Hakan Türkçapar & CBPA, 2021)

- Emotional Eating (Psk. & Dyt. Alara Kerimler, 2021)
- Eating Disorders (Psk. & Dyt. Alara Kerimler, Modul 1&2, 2020)
- Structural Equation Modeling During Publication and Thesis Processes (Prof. Dr. Ömer Faruk Şimşek, 2020)
- Applying mindfulness techniques to enhance health and well-being (Dr. Rebecca Acabchuk, Suzanne Meunier, Natalie Griffin; EHPS, 2019)
- Meta-Thematic Analysis (Anı Winter School, 2020)
- NVIVO for Beginners (Anı Winter School, 2020)
- Introduction to CBT (Dr. Monica Wilkoszcz; University of Kazimier Wielki, 2013)
- Psychodrama (14 weeks by Psychodramatist Prof. Dr. Türkan Doğan and Psychodramatist Psy. Coun. Specialist Mine Kazak, Başkent University)
- Erken Çocukluk Sanat Eğitiminde Sanat Eleştirisi (Birge Çocuklar İçin Sanat Tasarım ve Mimarlık Atölyesi)
- Etkili İletişim ve Beden Dili (TEDMezDer)
- Intervention Prevention Studies Workshop (by Prof. Hakan Statin and Prof. Metin Özdemir, TEDU SEM)
- Yaşam Rehberliğinde Bilinçaltı Teknikleri (TEDMezDer)
- Özel Öğrenme Güçlüğü - Okul ve Aileler Semineri (TEDU)

**10. Other Work Experience (Education, Media etc.):**

- Peer Counselor at Başkent University, 2014 Summer
- Counseling Intern at Gazi University Hospital Adult Psychiatry Service, 2014
- *Genç Düşünce*, Kanal B – TV Programme (2015)
- *Doğru Tercih*, Kanal B – TV Programme (2019)
- *Özne*, Radio TEDU (2022)
- *TEDU 400* Emotional Eating Seminar (TEDU CTL, 2022)



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- Enformatik Enstitüsü** / Graduate School of Informatics
- Deniz Bilimleri Enstitüsü** / Graduate School of Marine Sciences

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**TEZİN ADI / TITLE OF THE THESIS (İngilizce / English):** **A PHENOMENOLOGICAL STUDY ON EMOTIONAL EATING EXPERIENCES OF ADOLESCENTS**

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