Emotional eating within a clinical and community population

Emotional Eating within a Clinical and Community Population

Adam Evans-Hall

School of Psychology in the Faculty of Education, Health, & Wellbeing, University of Wolverhampton

Supervisors

Dr Wendy Nicholls and Prof Tracey Devonport

11th December 2024

A research portfolio submitted in part fulfilment of the requirements of the University of Wolverhampton for the award of Practitioner Doctorate in Counselling Psychology

Declaration

This work has not previously been presented in any form to the university or to any other body for the purpose of assessment, publication or for any other purpose. Apart from any references or bibliographies cited in this work, I confirm that this work is a result of my own efforts, under the supervision of Dr Wendy Nicholls and Prof Tracey Devonport.

The right of Adam Evans-Hall to be identified as author of this work is asserted in accordance with ss.77 and 78 of the Copyright, Designs and Patents Act 1988. At this date copyright is owned by the author.

X

Adam Evans-Hall

Date: 11th December 2024

Abstract

Introduction: Emotional eating literature has focused on those with a clinical diagnosis around eating difficulties, exploring emotional eating in response to 'negative' emotions. Limited studies investigate the prevalence of emotional eating within community samples, and evidence appears inconclusive as to the underlying reasons why individuals emotionally eat.

Aim: This research explores emotional eating within clinical and community samples. A clinically obese binge eating disordered population in study one, and a community sample during the coronavirus pandemic in study two. The aims were to explore experiences of emotional eating, comparing and contrasting across the two populations and in doing so, provide recommendations for therapeutic interventions.

Method: In Study one, in-person focus groups and telephone individual interviews were conducted with a clinically obese binge eating disordered population (focus groups $n = 8$ female, $n = 2$ male; individual interviews $n = 5$ female) recruited via two national health service weight management centres. In study two, semi-structured online interviews using Microsoft Teams were carried out with eight participants (male $n = 5$; female $n = 3$) recruited following engagement with a previous emotional eating based study (see Ruiz et al., 2023), and via an opportunity and snowball sampling to explore emotional eating during the COVID-19 pandemic. Reflexive thematic analysis was employed as the approach to understand the experiences of participants whilst allowing for the researcher to engage in reflection throughout analysis.

Findings: For the clinical population four main themes were generated: 'An awareness of eating in response to emotions' which reflects an initial lack of awareness of eating in

response to emotions with a growing awareness and moment of insight into this phenomenon. 'Emotions eliciting emotional eating' reflects the participants experiences of individual emotions eliciting an eating response. 'Factors perceived as influencing eating behaviours' reflects factors that influence eating behaviours such as environmental influences. 'Recommendations for interventions' reflects the need for interventions that identifies emotional eating and binge eating disorder. Within the community population four main themes were generated those were 'The impact of the coronavirus pandemic' highlighting the changes and effect of the pandemic on participants. 'The influence of emotions on eating behaviours' reflects the emotional antecedents of subsequent eating behaviours. 'The function of eating beyond reaching satiety' reflects the participants use of eating including emotional regulation and 'the emotional eating cycle'.

Conclusions: Emotional eating was present in both clinical and community populations. For the clinical population emotional eating occurred predominantly in response to unpleasant emotions and was used to manage emotions. Emotional eating in response to unpleasant emotions occurred in the community population but to a lesser extent. The community population were able to draw on a wider range of coping mechanisms including emotional eating. Pleasant emotional states appeared to align with eating healthier foods and wellbeing.

Implications for clinical practice: At a community level exploration of emotions and eating behaviours could help avoid the development of clinical difficulties. Eating could be used in a conscious way to regulate emotions, and through being mindful of such uses, it can form part of a well-developed repertoire of emotional regulation strategies. When eating becomes a dominant emotion regulatory mechanism clinical difficulties and unwanted outcomes such as weight gain can occur.

Contents

Tables

Chapter One: Introduction

1.1 Setting the Context

Emotional eating is eating in response to emotions and is often associated with eating in response to unpleasant emotions such as stress and low mood (Frayn & Knäuper, 2022). Emotional eating can also occur in response to pleasant emotions such as happiness; though this is less reported (Braden et al., 2018). Whilst emotional eating may not necessarily be problematic, where eating is the main; or a commonly used strategy for emotional regulation, a broad, well-developed and healthy emotional regulation repertoire is not established (De France & Hollenstein, 2017). This can result in the poor management of emotions and can also have unhelpful and unhealthy consequences. This includes increased weight gain, which in turn can result in a number of undesired health related problems such as cardiovascular disease, heart attacks, chronic pain and diabetes (Hruby et al., 2016). Therefore, there is value in examining emotional eating across different populations and contexts as this will allow for a greater understanding of its antecedents and consequences.

With greater understanding of the relationship people have with food and an understanding of the continuum to which emotional eating lies from adaptive to maladaptive, psychological interventions can be explored and developed to offer alternative treatments. It appears that on the clinical end of the emotional eating continuum, such as those with binge eating disorder, literature has identified a maladaptive way of regulating emotions through eating (Reichenberger, 2021). However, the origins and underlying causes of emotional eating behaviours among non-clinical community populations, and how this might develop into maladaptive eating behaviours to regulate emotions is less well known (Bongers et al., 2016). Exploring emotional eating across contexts may offer insights into how emotional eating evolves into a clinical difficulty.

The current programme of research qualitatively explores emotional eating among two populations 1) a clinically obese and binge eating disordered population, and 2) a community sample who lived through the COVID-19 pandemic. The use of qualitative methodology to explore emotional eating offers a strength, as the majority of emotional eating literature uses a quantitative methodology (Vasileiou & Abbott, 2023). A qualitative approach enables in depth insights into peoples lived experiences of emotional eating which are valuable for the development and delivery of interventions (Allan & Skinner, 2020). Qualitative methods, specifically semi-structured interviews, allow for lines of enquiry that offer insight into the thoughts, feelings, and behaviours of individuals regarding emotional eating, whilst also allowing for exploration of the 'why'. Findings can be compared and contrasted across the two populations and also with the key contentions of leading theories (e.g. emotional eating theory, learnt theory). This will contribute towards understandings of emotional eating on a continuum from clinical to community groups and support an examination of how and why emotional eating manifests. The clinical population will allow for exploration of emotional eating with reference to literature and theories developed from clinical populations. The community population allows for exploration of emotional eating when faced with a chronic global stressor with the potential to create unpleasant emotions (Yıldırım & Solmaz, 2022). This may provide implications for developing alternative means of regulating emotions and healthier relationships with food.

1.2 Study 1 – Emotional Eating in a Clinically Obese Binge Eating Disordered Population

The first study presented as part of this programme of research explored emotional eating within a clinically obese binge eating disorder population. This allowed an examination as to whether the lived experiences of emotional eating among this population aligned with

existing emotional eating literature and theories which are more established in relation to clinically obese groups (Dakanalis et al., 2023).

For a long period of time mental health professionals have proclaimed that overweight individuals may consume foods in order to cope with emotional difficulties such as anxiety, depression, and other unpleasant emotive experiences (Kaplan & Kaplan, 1957). Emotional eating can be an indicator of the overall health of individuals, and it is suggested that 60% to 66% of overweight and obese individuals report frequent episodes of emotional eating (Ganley, 1989; Péneau et al., 2013), with emotional eaters often consuming foods which are highly calorific and contain high amounts of sugars and fats (Godet et al., 2022). Food groups which are highly calorific with high amounts of sugars and fats have correlations to a number of unhealthy outcomes (Lane et al., 2022).

Those who fall into unhealthy weight categories are those considered to be overweight, obese, or clinically obese; and have a higher risk of developing chronic conditions such as heart disease and diabetes (Brown et al., 2023). In relation to the recent coronavirus pandemic the majority of people dying from the virus fell into the overweight and obese classification (Singh et al., 2022). Key findings related to the mortality rate of COVID-19 indicate a higher risk of deaths in those with higher body mass index (BMI; Tartof et al., 2020), and those considered obese were three times more likely to be hospitalised with COVID-19 than those of normal weight (Gold et al., 2020). Of these coronavirus related deaths, more men than women have died of COVID-19 (*The COVID-19 sex-disaggregated data tracker*, 2023). With the dangers that being obese brings it is important to reflect on some of the possible causes of obesity, emotional eating being one (Frayn & Knäuper, 2018).

1.3 Study 2 – Emotional Eating During the COVID-19 Pandemic Among a Community Population

The second study that forms part of this research programme focused on a non-clinical community population who lived through the coronavirus pandemic. The semi-structured interviews were conducted from April 2022, at this point the pandemic restrictions had mostly been lifted for approximately one month. The COVID-19 pandemic provided a naturally occurring and long-lasting context, with a potential to generate intense emotions in which to explore emotional eating (Sloan et al., 2021).

In December 2019, SARS-CoV-2 also known as the coronavirus or COVID-19 was first identified in Wuhan City in the Hubei Province in China. This then spread internationally resulting in the World Health Organization (WHO) declaring the coronavirus a global pandemic of respiratory illness. At the time of writing throughout the world there have been over 770 million cases of COVID-19 with over 6 and a half million deaths (World Health Organization, 2023). Within the United Kingdom (UK) there have been over 16 million cases and over one hundred and fifty thousand deaths (World Health Organization, 2023). As such, throughout the world prevention methods were put in place in an attempt at reducing the spread of the virus. These include social distancing, mask wearing, hand washing, isolation, shielding and public lockdowns; all of which have been implemented in the UK over some period of the pandemic starting from March 23rd, 2020. In a number of western countries such as the United States of America (USA), United Kingdom, and large parts of Europe; travel restrictions, mandated isolation, working from home and lockdowns were enforced with fines and potential jail time as deterrents and consequences for not following or breaking such restrictions (Brown, 2020). The threat of contagion, as well as the unprecedented preventative and restrictive methods intended to contain the virus induced stress among many (Torales et al., 2020).

Findings regarding the impact of the coronavirus restrictions suggest that many people experienced unpleasant emotions during this time, resulting from an array of difficulties, including the absence of social interaction, feeling unhelpful or without purpose, and/or financial anxieties (Hwang, et al., 2020; Ustun, 2021; Wilson et al., 2020). In typical and pre-pandemic times many would have turned to their friends, relatives, or colleagues for support in difficult situations as a way of seeking help (Gulliver et al., 2012). An increase in loneliness, which is associated with a lack of belonging, feeling isolated, and disconnected from others (Taylor et al., 2023), was present throughout lockdowns as people were confined to their homes. For some this had a detrimental effect and mental health difficulties appeared to increase among all demographics during the coronavirus pandemic (Faustino et al., 2020; Wu et al., 2021).

For those whose main activity fell outside employment such as university students, standard face-to-face education came to a halt with teaching turning online. This produced anxiety surrounding academic performance, social expectations, and physical appearance; as well as the immediate health anxiety around the risks of the coronavirus (Haig-Ferguson et al., 2021; Kwong et al., 2021). There were further stressors for students away from home and unable to return due to transport restrictions, including anger over university fees and a general feeling of uncertainty over their future (Sahu, 2020). For parents who were key workers, their children continued to attend school but for parents working from home, they also had to support their children's education. Reported difficulties ensued from these combined commitments including problems concentrating, the balance between work and home life became blurred, attending to their children became difficult, whilst some parents reported feelings of guilt and low mood in response to their own parenting (Brown et al., 2020; Cluver et al., 2020).

Overall, research indicated that as a result of the pandemic, wellbeing and quality of life for the United Kingdom population was negatively impacted to some degree (O'Connor et al., 2020). There are few events in the world that could compare to the unprecedented restrictions that were put in place across the globe and impacted such a global majority of people. Whilst people have and always will be impacted by certain life events, the usual support and coping mechanisms which would have been available prior to the pandemic were less accessible (Ogueji et al., 2021). One area which received comparatively little research attention during the pandemic was the relationship between the emotions experienced and eating behaviours. Preliminary findings highlight an increase in emotional eating, for example, one study from Norway (Bemanian et al., 2021) identified 54% of participants to be emotionally eating, with evidence of differences by gender. The findings showed that 62% of females emotionally ate compared to 43% of the males; and that 16% of females frequently engaged with emotional eating compared with 9% of males. Worries about the coronavirus pandemic associated with an increase in emotional eating, though the association was stronger for concerns around personal finance as opposed to personal health. Additionally, those with COVID-19 related worries increased their intake of high-sugar foods compared to those without such reported stressors.

The majority of emotional eating studies engage with a predominantly female demographic and have used self-report measures to understand the relationship between emotions and eating behaviours (Nicholls et al., 2016). In one systematic review of emotions and eating behaviours in normal and overweight adults only one qualitative study was found and only a few studies have investigated emotional eating in response to emotions that have occurred naturally (Devonport et al., 2017). The use of emotion induction (e.g., watching a sad film extract) is commonplace, but it may not have the ability to replicate the emotions of real-

life events and stressors (Berrios et al., 2015). The coronavirus pandemic provides a naturally occurring real world event that can be used to reflect on the variety of emotions the public experienced during the pandemic, and the impact this had on their emotional eating behaviours.

1.4 Study Rationale

Having a greater understanding of the unpleasant and pleasant emotional influences on eating behaviours, as well as the antecedents and mechanisms of emotional eating could help prevent it from becoming or contributing towards clinical difficulties such as weight related difficulties and mental health concerns (Frayn & Knäuper, 2018). Study one is focussed on a clinical population which presents an opportunity to explore how emotional eating manifests within this population.

Whilst study one was predominantly comprised of female participants, it allowed for the exploration of emotional eating in a clinically obese binge eating population, and thus offered opportunity to explore the contention of emotional eating theory and literature in a population where emotional eating has already been evidenced. Whilst there are theories which seek to offer an explanation of emotional eating within a clinical population these appear incomplete, struggle to stand alone, and the outcome of empirical work set to test these theories can be inconsistent (Arexis et al., 2023).

Currently, a female lens dominates the emotional eating literature (Devonport et al., 2017), and it is therefore important to explore emotional eating experiences from a male perspective. Study two examined emotional eating among males and females with the possibility of identifying early warning signs of maladaptive eating behaviours in an under-researched sample. As previously mentioned, emotional eating literature has largely focussed on clinical populations, with less is known about how emotional eating presents in

community populations and may develop into a clinical difficulty. Exploring emotions and corresponding eating behaviours among males and females during stressful times (COVID-19) provided further insight into emotional eating and inform practical and theoretical implications. COVID-19 provided the opportunity to investigate emotional eating due to this being a naturally occurring stressor. Research indicates that COVID-19 induced emotive responses (Dawson & Golijani-Moghaddam, 2020) attributable to the containment measures required in managing the pandemic. This included social distancing, lockdowns, and travel restrictions which were put in place in the United Kingdom. This resulted in further stressors including furloughs, job losses, limited access to family and friends, and ultimately mental health decline (Torales et al., 2020), reflecting social and economic consequences (Bonaccorsi et al., 2020; Nicola et al., 2020).

The use of qualitative methods enabled a more in-depth and detailed account of the emotional eating experiences of participants. The common methodological approach utilised in emotional eating research is quantitative, and whilst this can tell us that emotional eating is present, it does not offer insights into the how and why this occurs. Furthermore, the most common quantitative methods used are self-report scales (Evers et al., 2018) which have produced equivocal results. High scores on the three most commonly used scales, the Dutch Eating Behaviour Questionnaire (DEBQ; Van Strien et al., 1986), the Three Factor Eating Questionnaire (TFEQ; Stunkard & Messick, 1985) and the Emotional Eating Scale (EES; Arnow et al., 1995) link with many other scales and reflect more general concerns around eating, lack of control, and being a cue reactive individual (Bongers et al., 2016). These scales often measure a desire to eat opposed to the act of eating, focus predominantly on unpleasant emotions and weight related eating.

Comparisons were drawn between male and female participants, and in doing so, one aim is to understand barriers to help seeking behaviours among males to support the provision of preventative interventions and early interventions in respect of maladaptive emotional eating behaviours (Liddon et al., 2018; Vogel et al., 2014).

1.5 Research Aims and Objectives

The aim of this programme of research is to explore experiences with emotional eating, drawing comparisons between a clinical and community sample. With the aim to further understand emotional eating and provide recommendations for future psychological interventions.

The objectives of this study are as follows:

- To explore the presence of emotional eating within a clinical and community sample.
- To identify ways in which eating is used as an adaptive and or maladaptive emotion regulatory mechanism.
- To contribute towards an understanding of emotional eating.
- To inform counselling psychological practice in relation to interventions.

This allows for an exploration of the following research questions:

1. What emotions appear to elicit emotional eating and do different emotions elicit different emotional eating responses?
2. Are there gender differences in the emotions that elicit an emotional eating response?
3. How does emotional eating present itself?
4. Are there any parallels amongst emotional eating between a clinical and community sample?

1.6 Structure of the Thesis

Chapter one explores the context and rationale for this study, focusing on the presence of emotional eating in a clinical population and the novel experiences of a community population during the coronavirus pandemic. Chapter two, the literature review, presents research pertaining to the biological, psychological, and behavioural aetiologies of emotional eating. This will allow for an in-depth account of theories and research findings pertaining to emotional eating and highlight gaps in the literature which this current programme of research then seeks to address. Chapter three presents study one undertaken with clinically obese binge eating disordered population, a short introduction is presented with the methods, results, and discussion to follow. Chapter four presents study two undertaken with a community sample and follows the same format with an introduction, presentation of the methods, results and discussion. Chapter five presents a general discussion which compares and contrasts the findings across both study one and study two, presenting the strengths and limitations of the research, practical implications and recommendations for future research. Chapter six concludes with a reflective chapter presenting the authors experiences, beliefs, judgements, and practices during the research and the influences of such on the completion of the research.

Chapter Two: Literature Review

2.1 Introduction

This literature review covers empirical and theoretical literature around emotional eating and presents the foundations upon which the current study is based. Firstly, literature relating to weight management, emotional wellbeing, and emotional regulation will be presented. This will be followed by empirical evidence of emotional eating encompassing considerations such as demographics, types of emotions, and eating behaviours. The theories surrounding emotional eating will then be presented and critically evaluated. The literature review concludes by focusing on methodological considerations when examining emotional eating and thereafter, presenting the coronavirus pandemic as presenting a naturally occurring and potentially stressful context in which to examine emotional eating.

2.2 Weight Management

The prevalence of overweight and obese people worldwide has doubled since 1980, and close to one third of the world's population can be classified as overweight or obese (Seidell & Halberstadt, 2015). Future modelling projections for the United Kingdom predict a further increase in obesity across all three home nations by 2035 (Keaver et al., 2020). Body mass index (BMI) is used to calculate overall body weight by dividing body weight in kilograms by the square of height in meters. Those that fall into a range between 18.5 to 24.9 kg/m^2 are described as being a healthy weight, the overweight category falls within 25.0 to 29.9kg/m^2 and those in the obese category fall anywhere above 30kg/m^2 (World Health Organisation, 2023). Whilst currently BMI is the most commonly use measurement for weight, it is not perfect, and alternatives are emerging for more accurate reflections on an individual's body compositional makeup. Recently, it has been demonstrated that waist-circumference indices are a preferred alternative (Nevill et al., 2022).

Falling into the overweight or obese weight range can result in a number of physical and mental health co-morbidities, such as type-2 diabetes (Schnurr et al., 2020), cancers (Lauby-Secretan et al., 2016), cardiovascular diseases (Piché et al., 2018), poor quality of life and all-cause mortality (Upadhyay et al., 2018). This has led to the World Health Organisation recognising obesity as a global epidemic as early as 1997 (Haththotuwa et al., 2020). The annual cost of obesity stands at around six billion pounds in the United Kingdom and with no change in obesity statistics, it is estimated this will rise to nine billion pounds by the year 2050 (Ruban et al., 2019).

Those exploring the prevention and treatment of unhealthy weight tend to focus on the sole factor of energy intake versus expenditure and food consumption (Huang et al., 2024), and whilst this is not scientifically incorrect, it does lack insight into the causes of obesity as a global health problem. Similarly, at present, the predominant treatment options for obesity and reducing weight have largely focused on restrictive diets and an increase in physical activity (Ruban et al., 2019), and failing this, there are medicinal and surgical procedures which are both intrusive and costly. This focus on biological factors and treatment pathways fails to take into account the influence of social and psychological factors on weight gain, food consumption, and other weight related difficulties (Ritchie et al., 2018). The literature now points towards a multifaceted explanation for those that fall into unhealthy weight ranges (Chooi et al., 2019). For example, relatively recently, emotions have been acknowledged as a possible contributor towards obesity and clinical eating disorders such as binge eating disorder (Reichenberger et al., 2020). Such insights present an opportunity to understand and intervene before eating related difficulties reach a clinical level, and account for the possibility that eating can form part of an effective emotional regulatory repertoire. The ability to regulate emotions effectively could be of great benefit to those attempting to do

so through consuming foods which has come to be known as emotional eating (Konttinen, 2020).

Koenders and van Strien (2011) found that over a two-year period of monitoring 1562 employees, those that gained weight were more likely to emotionally eat compared to those who maintained or lost weight. Other lifestyle factors such as smoking, alcohol consumption and external eating were not significantly associated with such weight gain and therefore emotional eating may reflect an independent factor on weight gain. A further two-year follow-up study (van Strien et al., 2012) focussed on those who were susceptible to weight gain due to their identified overeating and found that emotional eating was associated with an increase in BMI scores and overeating. Over consumption is more strongly related to weight gain in those who have higher emotional eating scores. Those that are considered emotional eaters but engage with physical activity still consume unhealthy foods when emotional, but the weight gain is often offset due to the physical activity (Dohle et al., 2014).

Emotional eating is a concept of interest to weight management as research indicates that those who over consume foods in response to emotions struggle in maintaining a healthy weight (Vasileiou & Abbott, 2023). Therefore, there is value in seeking to better understand emotional eating to underpin early psychotherapeutic interventions for the management of eating. The aim of which is to separate adaptive from maladaptive eating responses and behaviours, along with better understanding and managing the latter.

2.3 Emotional Wellbeing

Wellbeing considers a multidimensional approach leaning towards an individual's overall quality of life at a period of time (Ruggeri et al., 2020). The benefits of being 'well' include individual and communal benefits (Atkinson et al., 2020). An individual with high

overall wellbeing can experience personal benefits of greater happiness, reduced stress and satisfaction with their home and career; when someone is subjectively 'well' co-benefits can also be found within their community, workplace, and family which relate to social support, social connectedness and inclusion (Atkinson et al., 2020). Research indicates that individuals with higher ratings of subjective wellbeing have better life outcomes, including better health status, satisfactory social relationships, better productivity, and increased educational achievements (Maccagnan et al., 2019). Individuals and countries where wellbeing is prioritised and where high scores are found also show greater work productivity and mental health, and fewer physical health problems (Frijters et al., 2020).

Emotional wellbeing can be considered as the ability to produce and maintain positive thoughts, feelings, and behaviours, with the ability to adapt when confronted with unpleasant experiences (Langeland, 2022; Tov, 2018). Whilst there has been an increase in the focus towards general wellbeing of the public a particular emphasis has been towards the emotional wellbeing and mental health of individuals including the promoting of this from a school age level (Sapthiang et al., 2019), in the workplace (Goetzel et al., 2018), and wider community (Castillo et al., 2019). Prior to the COVID-19 pandemic there was evidence of a mental health crisis with growing global mental health difficulties year-on-year (Patel et al., 2018). The unprecedented times of the COVID-19 pandemic highlighted the importance of being able to manage emotions (Panayiotou et al., 2021; Restubog et al., 2020). In the United Kingdom during the coronavirus pandemic males and females saw a reduction in four wellbeing indicators: those being life satisfaction, worthwhileness, happiness, and anxiety. Females experienced lower life satisfaction and happiness than males during the pandemic, whereas pre-pandemic research indicated the opposite (Office for National Statistics, 2022). An increase into the awareness of mental health and emotional wellbeing has increased

research intended to better understand and support emotional wellbeing. This includes better understanding emotional regulation, supporting the ability to create homeostasis in the event of emotionally instable experiences, and evidencing the importance of this for emotional wellbeing (Menefee et al., 2022).

2.4 Emotional Regulation

There are many ways that humans are able to regulate their emotions, whether this be a conscious and controlled process or unconscious and automatic process (Mauss et al., 2007). Emotional regulation can be defined by either of these processes that effect emotions, their perpetuation, intensity, and duration (Gross, 2014; McRae & Gross, 2020).

As people, we regulate our emotions through a number of healthy and sometimes unhealthy ways. Through developing emotional regulation strategies, self-soothing practices, and practical ways of coping we are able to regulate our emotions, whether this be something we engage with before becoming overwhelmed, or to maintain our preferred intensity of felt emotion. Emotional regulation plays an important role in maintaining healthy relationships in environments (Gross, 2013). For several years the examination of emotional regulation predominately focused on the reduction of unpleasant emotions such as angry outbursts (Gross, 2013),but can now be more widely understood as regulation of emotions beyond unpleasant ones such as maintaining joy (McRae & Gross, 2020). Though it remains that reducing unpleasant emotions is still the most common focus of emotional regulation (Kara & Gok, 2020). The use of emotional regulation strategies is broad and individual, with a range of strategies being used to manage emotions (Kara & Gok, 2020). The differences in emotional regulation strategies are partially reflected in the different difficulties which one experiences.

However, in some there are emotional regulation strategies which can appear to be maladaptive, in that they may regulate certain emotions which arise but may not be without some unhelpful outcomes. Some individuals become bound to their emotional regulatory strategies and struggle to apply strategies more befitting of certain emotional experiences, to the point where emotion regulation dispositions become dangerous, unhelpful, and unhealthy (Ewert et al., 2021). This can be seen in a variety of practices such as alcohol consumption (Cavicchioli et al., 2018), excessive exercise (Colledge et al., 2020) and emotional eating (Konttinen, 2020).

Eating in response to emotions has come to be known as 'emotional eating' (Macht & Simons, 2011). Eating, as an emotional regulation strategy, makes the assumption that consuming foods of any portion may be a way of dealing with unpleasant emotions in humans, and the consumption of certain types of foods may be more beneficial in the improvement and regulation of unpleasant emotions and states (Arexis et al., 2023). It must be added that the focus should not solely be on unpleasant emotions as emotional eating may have a function in respect of pleasant emotions (Reichenberger et al., 2020). Eating has been evidenced to occur as both a conscious and controlled regulator of emotions and as one which some are less aware of (Czepczor-Bernat et al., 2019; Evers et al., 2009). For the most part emotional regulation combines both types of regulatory process and falls on a spectrum from controlled regulation to automatic regulation (McRae & Gross, 2020).

2.5 Evidence of Emotional Eating

The evidence for emotional eating is vast, however, there are some inconsistencies relative to the emotions that trigger episodes of emotional eating (Reichenberger et al., 2020). Such inconsistencies have been partially attributed to the assortment of methodology and measures used around emotional eating research (Frayn & Knäuper, 2018). In examining the evidence

for emotional eating, the demographic of emotional eaters will first be considered; this is followed by the antecedents to emotional eating and food consumption with consideration given to the methodologies used.

2.5.1 The Demographic of Emotional Eaters

In examining the demographic of emotional eaters, the first consideration is gender. Across the emotional eating literature, it is common to find that participants are predominantly if not exclusively female. For example, in one systematic review on emotional eating, across 29 included studies the proportion of females ranged from 50 to 100 percent of the participant pool (Devonport et al., 2019). However, emotional eating is not exclusively a female concern, and indeed has been reported amongst males (Kukk & Akkermann, 2019). There is evidence of emotional eating in a male population, emotional eating has been correlated to men with lower self-perceived health scores, higher body mass index, and lower life satisfaction (Sze et al., 2021). Whilst this supports emotional eating among males, females were three-fold more likely to emotionally eat. Similar findings indicate the presence of emotional eating in males but with their female counterparts having statistically significant higher emotional eating scores (Madalı et al., 2021).

Among female students emotional eating has been evident, in the Greek student population an increased food consumption in response to stress was reported by 35% of students (Costarelli & Patsai, 2012). African American females also presented with an interaction between higher levels of stress and emotional eating (Diggins et al., 2015) and generally white American females were more likely to emotional eat on the whole (Barak et al., 2021). Participants in China emotionally ate in response to pleasant emotions as opposed to unpleasant emotions which are typically cited in the literature (Zhu et al., 2013). Whilst it is

clear that emotional eating takes place, there may be cultural influences as to the reasons emotional eating develops and the emotional antecedents to emotional eating.

Cultural background is a demographic consideration that has received comparatively little attention in the emotional eating literature to date. However, evidence suggests that there are cultural differences. Culture has an influence on both emotion regulation and emotional eating. For example, Middle Eastern women have reported having supressed and repressed emotions (Kobylińska & Kusev, 2019), with the use of emotional eating used as a way of regulating their emotions in the face of this. Further evidence of emotional eating in Middle Eastern populations highlighted the engagement with stress eating opposed to hunger-driven consumption (Klatzkin et al., 2018). This was a pattern evident after immigration and continuing after immigration, as emigration can result in heightened stress, anxiety and depression as a result of reduced social and emotional support (De Oliveira et al., 2017). Emotional eating has been evidenced in a number of countries throughout the world covering those in the west such as Canada, United States of America, Spain and Italy to those in the east in China and Japan. Cultural differences are evident in the BMI of emotional eaters in these countries, but lower body satisfaction was evident in all emotional eaters in such countries and lower self-esteem in the majority of reported countries (Markey et al., 2023).

Whilst emotional eating appears evident in healthy populations, clinical populations, males and females, and across a number of ethnicities; there is a significant emphasis of emotional eating through a white female narrative. Emotional eating findings are therefore largely a reflection of this demographic, with a need for further research exploring experiences of emotional eating within other populations.

2.5.2 Emotions Evidenced as Antecedents to Emotional Eating

A number of studies have highlighted the correlations between unpleasant emotions and an increase in food consumption (Macht, 2008) with evidence indicating that unpleasant emotions increase the motivation to eat. There have also been a number of studies which support the notion that eating reduces the intensity of such unpleasant such as stress and in anxiety provoking situations across different populations (Agras & Telch, 1998; Sambal et al., 2021; Shehata & Abdeldaim, 2023; Slochower & Kaplan, 1980). The above meets the two main assumptions of the emotional eating theory (Macht & Simons, 2011) that individuals manage their emotions through overeating in response to unpleasant emotions. This has some associations with learning theory (Booth, 1994) which implies the change in behaviour as a result of prior experience. However, the mutual relationship between unpleasant emotions and reducing their intensity through eating is less clear and obvious. It has been suggested that currently there is no clear evidence that those who engage with emotional eating in relation to pleasant emotions are associated with falling into the overweight or obese categories (van Strien et al., 2013; van Strien et al., 2016). However, eating in relation to experiencing unpleasant emotions is associated with negative weight outcomes (Devonport et al., 2017; Konttinen et al., 2019).

The amount of food that those who score high on emotional eating ate following a sad mood condition compared to a joy mood condition was significantly higher, those with lower emotional eating scores ate similar amounts in both conditions (van Strien et al., 2013). This supports the finding that emotional eating in response to negative and positive emotions may be two different constructs (Nolan et al., 2010). The evidence shows that emotional eating is linked to weight gain (Konttinen et al., 2019). At some stage healthy individuals engage in this process of emotional eating to regulation emotions which can lead to serious physical health

difficulties. Emotional eating has been evidenced in community populations, but the evidence is limited. By understanding the process of emotional eating before it becomes maladaptive there can be beneficial outcomes on developing a healthy emotional regulation repertoire and a possible reduction in long-term health difficulties (van Strien, 2018). A theory of emotional eating should aim to explain the reasons why people emotionally eat through considering and encapsulating the involvement of the bio-psycho-social model and the influences of both nature and nurture.

2.6 Theories of Emotional Eating

Emotional eating has been evidenced in clinical and community samples yet the theories which underly such behaviours are far less clear. As will become clear the majority of emotional eating theories have been developed using or applied to populations that are western, educated, industrialized, rich, and from democratic countries (Tindle, 2021). This is not to discredit such research, but to highlight difficulties in replicability within diverse samples. The main theories of emotional eating can be grouped within the following categories: interoception, cognitive processes, physiological explanations, and learning processes. This section will present theories of relevance each category.

2.6.1 Psychosomatic Theory

An early theory regarding obesity and emotional eating was the psychosomatic theory of emotional eating (Kaplan & Kaplan, 1957) which was often related to an obese population and the prevalence of obesity (Bilici et al., 2020). This theory reflects a focus on the interoceptive awareness of individuals towards their eating behaviours (Bruch, 1955). Interoceptive awareness is the ability to consciously or unconsciously notice, recognise and respond to their internal sensory system which includes their physical and emotional states

(Garfinkel et al., 2015). It is the lack of interoceptive awareness that a person has that leads them to overeat. In the absence of an internal feeling of hunger the person would eat in response to their emotions. This is suggested to lead to confusion around understanding physiological responses such as hunger and satiety and emotional responses which leads to an emphasis on eating to regulate emotional changes.

Whilst this theory was first considered in relation to obesity it has broader influences in the eating behaviour literature and the idea of interoception remains in eating behaviour and dieting research, though this is not the most accepted theory to date (Reichenberger et al., 2020; Tykla & Wilcox, 2006). Some studies have failed to identify interoception as being associated with emotional eating (Todd et al., 2019; Young et al., 2017), whilst some attribute this to methodological issues and failings to account interceptions multi-faceted nature (Robinson et al., 2021), not accounting for psychiatric conditions (Pollatos et al., 2009) and physical conditions (Georgiou et al., 2015) have also been noted as issues in interoceptive research.

An extension of poor interoceptive awareness can be associated with alexithymia which is the inability to identify or describe emotions one experiences (Trevisan et al., 2019). This has been known to develop in relation to different parenting styles, that is when parents are not attuned to their child and the parental response can be deemed inappropriate, that child may develop poor interoceptive awareness and alexithymia (Van Strien et al., 2019). It is claimed that alexithymia, influences eating through being the maladaptive expressive outlet of emotions and as such a possible way of regulating and or communicating emotions where individuals are unable to express emotion in other ways; on the other hand, it could be considered the scarcity of interoception (Lyvers et al., 2022). A recent systematic review of alexithymia evidenced positive correlations toward emotional eating in self-reports, with

consistent evidence for the relationship between alexithymia and emotional eating being found in five different emotional eating scales (McAtamney et al., 2023). However, self-reported measures can be susceptible to desirability bias and correlations can only show the direction of a relationship and not the development of such a difficulty or offer reasons behind such relationships.

Alexithymia is often reported in clinical populations, those with a psychiatric diagnosis have been observed to score higher than the general population (McGillivray et al., 2017). Again, a meta-analysis observed greater levels of alexithymia in those with an eating disorder in comparison to healthy controls (Westwood et al., 2017). It leads to unanswered questions around the origins and development of alexithymia in a non-clinical population.

Emotional eating has been identified through self-reports as being positively associated with low interoceptive awareness and alexithymia during COVID-19 (McAtamney et al., 2021). A meta-analysis using the Toronto Alexithymia Scale showed significantly higher scores on the scale among those with some form of eating disorder, as opposed to a control group (Westwood et al., 2017).

The evidence for alexithymia appears more well observed in those who fall into a clinical population, less is known about the development of such difficulties or the impact of this on emotional eating (McGillivray et al., 2016). The literature suggests the relationship between alexithymia and emotional eating surrounds an inability to communicate or regulate one's emotions and that eating offers an outlet for this. When the consumption of food becomes the dominant outlet for expressing or communicating emotions clinical difficulties may emerge. As much of the research starts and ends with a clinical population it is hard to pinpoint the development of emotional eating in those with alexithymia.

2.6.2 Cognitive Theory

The restraint theory (Herman & Polivy, 1975) focuses on the cognitive process associated with eating. In relation to those who wish to lose weight through dieting, restrained eating emerges subsequently from rigid ways of thinking in relation to dieting by forming strict and rigid rules. Due to the strict rigidity of such dieting rules, any small breach of the rule leads to cognitive abandonment of the rule and results in a large consumption of food and overeating (Reichenberger et al., 2020). In relation to the emotions, it is the emotive experience that may hinder the continuation of the initial strict rules. Evidence for the restraint theory has been shown through the decades (Goldschmidt et al., 2012; Herman et al., 1987), and to the present time (Smith et al., 2020), with dieting preceding eating disorders (Stice & Van Ryzin, 2019). However, this theory is not conclusive, and some argue that longitudinal studies reflect a more complex relationship between restrained eating and food consumption, pointing towards factors such as stress, current diet, severe fasting, and negative affect (Stewart et al., 2022).

Two longitudinal studies have indicated that emotional eating outweighs the external drivers of eating such as exposure to foods in the environment (Sung et al., 2009; van Strien et al., 2009). This suggests that the desire to eat may be driven more by internal emotions (Frayn & Knäuper, 2018). However, the co-occurrence of external eating, in which overeating is a response to food smells or the aesthetic of food, and emotional eating is evident (van Strien et al., 2016). The theory of ‘escape of self-awareness’ (Heatherton & Baumeister, 1991) relate this co-occurrence to shifting your attention away from negative feelings and towards your immediate environment, in this case relating to food and external eating.

2.6.3 Physiological Theories

There is research that suggests an inability to regulate the central norepinephrine system, which is linked to mood disorders has an association with emotional eating (Hesse et al., 2017). Further associations have been made with this dysregulation of the central norepinephrine system and the motivations behind food-related behaviours (Latagliata et al., 2010). A further study has identified the norepinephrine neurodegeneration in the locus coeruleus which is the main area for synthesis of norepinephrine as being associated with long-term stress (Sugama et al., 2016). It has therefore been suggested that there may be origins of emotional eating being associated with a dysfunctional norepinephrine network (Bresch et al., 2017).

The dopamine motive system, sometimes referred to as the dopamine reward system, has shown a dual role of both motivation and reinforcement in the relationship with food seeking behaviours, highlighted in the overlap between neurobiological substrates which drive food seeking which has also been found in drug seeking addictive behaviours, implying neuroadaptations in the dopamine motive system (Volkow et al., 2017). It is noted that sweet fatty foods which are low in protein can act as a feedback loop during stress and these are food choices often associated with emotional eaters (Gibson, 2006). This is a self-perpetuating loop it causes an individual to take action when stressed, in this case to eat, but satisfaction is rarely reached and seeking continues. Across the globe similar findings of fast-food consumption, high sugar food intake and processed foods are found in emotional eaters. Ultimately, repetitive consumption of energy rich foods energises motivation to consume such foods which offer an increase in dopamine concentration and reduces dopamine for other incentives which can facilitate impulsive and compulsive eating behaviours, leading to overeating and a self-regulation through food consumption. This is supported in food and drug studies showing an

overlap of brain activation patterns in response to food and cocaine cues in cocaine abusers (Tomasi et al., 2015). Whilst these findings are promising in physiological understandings of eating behaviours, a number of such studies within this space are using animals to support their findings (Turton et al., 2017) and therefore the application to human physiology and emotional eating cannot be paired.

There is increased evidence suggesting that there is genetic susceptibility to emotional eating, this has been found in a large-pooled twin study showing variability estimates of BMI falling between 60 and 80 percent (Silventoinen et al., 2017). Whilst this does not ignore other environmental and learnt factors on eating behaviours there are implications that genetics factors can be influential (Konttinen, 2020). Additionally, the use of BMI to measure weight concerns may not be the best measure (Nevill et al., 2018). This finding can be extended across multiple countries from British, Finnish (Keskitalo et al., 2008), Swedish (Tholin et al., 2005) and Korean (Sung et al., 2010) cohorts highlighting varying but evident heritability estimates on restrained eating, emotional eating, uncontrolled eating and external eating. Meta-analyses of European-descent individuals further support the genetic and biological evidence for higher BMI which may be associated with emotional eating (Yengo et al., 2018). Whilst the biological theories to emotional eating are in their infancy compared to other theories, the current research offers some potential in underlying biological causes of emotional eating. With that said, genetic susceptibility to obesity is less pronounced in those that are physically active compared to those who are not (Ahmad et al., 2013; Kilpeläinen et al., 2011).

The consumption of food is typically used to reduce hunger but the means behind emotional eating may be both attributed to the physiology and psychology of humans. In relation to the physiological explanations, there is evidence that the association between high carbohydrate food and an increase in serotonin levels may be linked to an increase in perceived

mood (Spadaro et al., 2015; Wurtman, 1982). Research around serotonin levels and carbohydrates is relatively inconclusive, but some research has shown a reduction in stress reaction in those who ate a high carbohydrate meal opposed to a high protein meal (Markus et al., 1998). This has been challenged and it has been shown that when 5% of calories are protein based the serotonin levels were not significantly changed in relation to carbohydrates (Benton & Donohoe, 1999) and overall, very few diets will trigger an increase in serotonin levels (Benton, 2002). In the modern world there is often talk about energy levels, fatigue and tiredness, with this there is an unpleasant state of feeling tense tiredness which can present itself. Studies have evidenced a reduction in tiredness and an increase in energy after consuming a sweet snack (Macht & Dettmer, 2006) and with this a decrease in tension and unpleasant moods (Thayer, 2001).

2.6.4 Learnt Theories

As a shift in thinking began to move towards learnt approaches of emotional eating, the affect regulation theory and emotional eating theory later emerged. With some overlap with the emotional eating theory (Bruch, 1973), affect regulation theory (Hill, 2015), related to the learning theory of emotional eating (Booth, 1994; Raymond et al., 1984) suggests the pleasant emotive rewards of eating in response to unpleasant emotive experiences lead to an increase in such behaviour over a period of time through operant conditioning. Operant conditioning (Skinner, 1963) is the learnt process where behaviour change can occur following exposure to a stimuli followed by positive or negative reinforcement. Emotional eating may have its origins in early childhood eating experiences which are connected with intimacy, love and affection from the children's caregiver. It is suggested that those who were fed when upset but not hungry could have developed emotional eating behaviours later in life as a way to cope with the stressors of daily life (Macht & Simons, 2011). The continual behavioural response of eating

in response to unpleasant emotions can lead to a classically conditioned response resulting in a motivation to eat when negative emotions appear (Nyklíček et al., 2011).

In some individuals who emotionally eat, they are aware of their emotionally driven eating behaviours and can identify when they have reached satiety (Schnepper et al., 2019) and that it is the unpleasant emotions that they experience that drive such eating behaviours over feelings of hunger or satiety. When this emotionally driven example of eating behaviours is used to cope with unpleasant emotions it can lead to individuals becoming overweight or obese. Emotional eating theory (Macht & Simons, 2011) goes a step further from the affect regulation theory and implies that a negative emotion increases the motivation to eat and later induces eating and that following the eating the negative emotions have reduced. This theory overlaps with that of learning theory and the affect regulation model (Booth, 1994) where an emotion is met with a classically conditioned response of food cravings followed by eating behaviours, the operant response, which is then reinforced by a reduction in negative emotions.

2.6.5 Summary of Theories

From the many theories which attempt to explain the experience of emotional eating, the emotional eating theory (Macht & Simons, 2011) encapsulates the most comprehensive thoughts behind the cyclical nature of emotional eating as a way to regulate unpleasant emotions. However, this theory as do others, focuses on the downregulation of emotions. There is a void within emotional eating theories that attempt to explain the use of eating in response to generating a pleasant emotion or the maintenance of emotions. With the limitations of theory in mind, emotional eating theories which will guide this thesis include the emotional eating theory (Macht & Simons, 2011) and interoceptive theory (Bruch, 1955). Whilst the physiological theories offer insight into the development of emotional eating, it is not in the scope of this thesis to be able to examine such physiological statuses.

2.7 Measuring Emotional Eating

A number of measures and scales have been developed and used to measure emotional eating. The three most common self-report measures used include the Dutch Eating Behaviour Questionnaire (DEBQ; Van Strien et al., 1986), the Three Factor Eating Questionnaire (TFEQ; Stunkard & Messick, 1985) and the Emotional Eating Scale (EES; Arnow et al., 1995). The frequent use of self-report measures has come under some scrutiny with concerns around the validity of emotional eating self-report measures (Evers et al., 2018). Focusing on the studies that have engaged with self-report measures, the findings appear to be inconclusive as to the assumption that high self-reported scores on emotional eating are predictive of an increase in food consumption when experiencing unpleasant emotions. It is argued that whilst some do support this view, most evidence is either in contrast or ambiguous in the reported results (Bongers et al., 2016). Emotional eating research has begun to explore the addition of the influence of pleasant emotions showing an increase in food consumption (Evers et al., 2018). As quantitative methods are the most common way to research emotional eating it poses a number of questions, high scores on these scales relate to high scores on a number of scales, suggesting that they reflect more general concerns around eating, lack of control and being a cue reactive individual (Bongers et al., 2016). In consideration to the definition of emotional eating, this does not reflect the idea around overeating in relation to negative emotions. The possibility to attain detailed in-depth accounts from participants through qualitative methods would be able to bring clarity to the emotional eating paradigm.

What is currently known around emotional eating stemming from quantitative methods indicates that emotional eating is present and predominantly observed in clinical populations. The emotions which appear to elicit an emotional eating response in such populations are

unpleasant emotions and the aim of emotional eating appears to be to downregulate such unpleasant emotions. What is less known and difficult to achieve through the use of quantitative methodologies is the role in which emotional eating has in regulating emotions in other directions; whether this is to achieve a certain emotion, reduce an emotion or maintain an emotion. There is also less known about the role of emotional eating in response to discrete individual emotions and pleasant emotions. Additionally, the evidence that emotional eating is occurring at a clinical level does not inform the development of such an experience from a non-clinical population. Therefore, the use of a qualitative methodology to explore the experiences of two unique populations will allow for the exploration of such entities and through the findings of the current thesis recommendations for counselling psychologists working with clients from clinical and community populations may be offered.

2.8 Conclusion

Emotional eating research has most commonly been undertaken with exclusive or majority female populations. However, there is evidence that emotional eating can be experienced among males. The use of experimentally induced emotion is commonplace in emotional eating literature and naturally occurring studies are less so. Quantitative methodologies also dominate the literature, fewer detailed individual qualitative accounts of emotional eating. The current study will seek to qualitatively explore experiences of emotional eating among clinical and community population. This thesis will provide in-depth qualitative insights into real world experiences, as opposed to laboratory induced emotion eliciting contexts.

Chapter Three: Study One - Exploring Emotional Eating in a Clinical Population

3.1 Introduction

Emotional eating has been evidenced in clinical populations, including those considered to be clinically overweight or obese (Dakanalis et al., 2023), and those living with an eating disorder (Reichenberger, 2021). Emotional eating within a clinical population is often identified as occurring in response to an unpleasant emotion (Frayn & Knäuper, 2022) with the objective of engaging with eating when emotional to reduce the unpleasant emotion experienced (Frayn & Knäuper, 2018). The use of quantitative methodology is commonplace in emotional eating literature; with the use of qualitative methodologies less common (Vasileiou & Abbott, 2023). While studies using quantitative methods have been important in developing understandings of emotional eating, these studies have limitations when seeking to understand individuals lived experienced of emotional eating.

The aims of study one were to:

- Explore the experiences of clinically obese patients managing binge eating disorder regarding their emotions and eating behaviours,
- Examine how experiences relate to theory and empirical research, and
- Consider the potential implications of findings for research and practice.

The exploratory research questions addressed by study one were:

- What emotions appear to elicit an emotional eating response?
- Do different emotions elicit different emotional eating responses?
- How does emotional eating present itself?

3.2 Epistemological Perspectives

Prior to engaging with the research methodology an epistemological position should be determined, the epistemological position that is chosen then goes on to influence the researcher, participant, data collected, and process of analysis (Morgan, 2018). To identify and address the epistemological stance allows for an understanding of how the researcher theoretically understand their data and can provide information to the reader in how they should interpret the findings (Braun & Clarke, 2013). The epistemological position that was taken for this research was a constructionist approach which adopts a bidirectional understanding where language is viewed as implicit in the production and reproduction of meaning and experience (Burr, 2017; Byrne, 2021). The constructionist epistemology used within reflexive thematic analysis focuses on the meaningfulness in the development and interpretation of codes and themes rather than the frequency and common occurrence of data; what is common is not always meaningful (Braun & Clarke, 2012). Whilst recurrence in the data is appreciated and noted throughout, more emphasis is placed on the meaningfulness of the data; for example, the relevance to answering the research questions and the expression of importance from the participant in relation to the topic discussed.

The theoretical position that underpinned this study was the emotional eating theory (Macht & Simons, 2011), this theory appears to be the most comprehensive in terms of explaining eating behaviours in the literature, and thus commonly utilised. This theory offers two key contentions, firstly that negative emotions can increase the desire to consume foods and secondly that eating is able to reduce the intensity of the negative emotion. The grounds of which this theory was chosen above others to underpin the research is due to the holistic view in that it identifies both the psychological and physiological factors between the relationship of emotions and eating behaviours. There is a wide evidence base that suggests

eating is expected to reduce the intensity of negative emotions. The theory is also able to offer implications in treating eating disorders and offers insights into why people may eat in response to negative emotions. However, emotional eating theories are in their infancy and this research project aims to contribute to emotional eating theories.

3.3 Reflexivity

Reflexivity is an active process of self-awareness employed throughout all stages of undertaking research to acknowledge how context of knowledge construction, personal background and positionality may affect investigation (Cohen & Crabtree, 2006; Malterud, 2001).

Reflexivity is a key component of Braun and Clarke's reflexive thematic analysis which takes it beyond the originally proposed thematic analysis (Braun & Clarke, 2019). Throughout the analysis the researcher is making active choices which reflect the epistemological stances they have chosen. In order to achieve effective reflexive thematic analysis, reflexivity was engaged with throughout the research process increasing conscious awareness of ones' own experiences, and reflexivity on the influence of this on data interpretation (Lazard & McAvoy, 2020). This is not to say that the reflexivity is perfect or complete (Gill, 2021) but it is a journey of interrogation and unpacking throughout (Joy et al., 2023).

Bruan and Clarke (2019) acknowledge that reflexive thematic analysis can be used as both an inductive and deductive analytical process which views this as a continuum, as opposed to a dichotomy. In this research an inductive and deductive approach has taken place, with the analysis being grounded in the data whilst also using existing theory (Macht & Simons, 2011) as a lens to guide data interpretation and coding. Through reflexivity I have been able to take

a step back to understand the origins of my thought process when analysing the data having taken a constructivist epistemological stance and an ontological understanding of knowledge that aligns with critical realism. Critical realism identifies that knowledge can be constructed from individual perspectives but there is an underlying reality that can be present and independent of our understanding. The influence of these epistemological and ontological stances leads to a critical examination of the responses shared from participants whilst leaning towards an understanding of how the participants have created meaning between the subject and the object. This research focuses on the participants, as the subject, who construct a reality with their object which involves their eating behaviours and engagement with emotional eating.

An acknowledgement and critical reflection on the researcher's own life experiences and an exploration of the researchers' thoughts, feelings, and behaviours have been critical in engaging with the reflexive thematic analysis. This includes direct thoughts, feelings and behaviours towards eating behaviours, emotional regulation and other broader subjects reflected in this data. Chapter six concludes this thesis by offering in-depth reflexive accounts of the research undertaken.

3.4 Method

3.4.1 Research Design

A qualitative research design was used for this study allowing for understanding of individual accounts of emotions and emotional eating behaviours by illuminating the beliefs, emotions, and behaviours of the selected population (Cresswell, 2009; 2013). Two focus groups (one per participating National Health Service (NHS) weight management service), and five individual interviews were undertaken with a population of clinically obese individuals with a diagnosis of binge eating disorder (BED-Obesity). The aim of the present study was to

explore in depth the way in which emotions influence eating behaviours among clinically obese individuals with binge eating disorder (BED-Obesity).

3.4.2 Demonstrating Rigor and Trustworthiness

The principles of credibility, transferability, dependability, and confirmability were used in attempt to achieve rigour in the research design (Lincoln & Guba, 1985). Credibility in qualitative research is the ability to offer truth-value which has been achieved in this study through the engagement of reflexivity, a recognition of the participants experiences through the results chapters, and use of the participants own words. Transferability refers to the applicability of the research and how findings and or methods can be transferred to another set of participants. Transferability has been achieved through offering a detailed account of the methodology of the research, documenting the process, engaging with supervisors in discussion about the research process and findings, and by presenting robust and realistic reporting of the findings. Dependability acknowledges the reliability of the research project in that others can follow the researchers trail of decisions throughout the research process which has been engaged with throughout. Confirmability is associated to neutrality which follows when credibility, transferability and dependability are established this is achieved through a self-critical approach to how the researchers own preconceptions can or have impacted the research. The use of reflexivity aims to achieve confirmability by reflecting the findings through the lens of the participants and the data opposed to the researcher's biases.

Demonstrating rigour is achieved through demonstrating integrity and competence throughout the collection of data and data analysis (Nowell et al., 2017). The decision to elicit several data sources conveyed the rigour in the research process by eliciting data by two different methods (focus groups and individual interviews) from three different sources (focus group participants from two weight management services, and a separate group of patients

taking part in individual interviews) to illuminate experiences of emotional eating. To enhance consistency, the analysis of the data acquired was conducted solely by the author of this research and followed the relatively structured method of reflexive thematic analysis (Braun & Clarke, 2019). As subjectivity and reflexivity are central principles of qualitative research (Newton et al., 2012), and reflexivity was rooted in each step of data analysis; the author reflected on their own personal opinions, understandings, and biases towards the subject matter of emotional eating. Finally, during the generation of themes, a process of critical challenge was followed between the researcher and supervisors, whereby the supervisors acted as 'critical friends' to open up critical dialogue with the predominant aim of encouraging ongoing reflexivity (Smith & McGannon, 2018) through the challenge of each other's construction of knowledge (Cowan & Taylor, 2016).

3.5 Participants

Ethical approval for this research was granted by the University of Wolverhampton ethics committee and via the NHS integrated research approval system (IRAS). Permission was given for access to two NHS weight management centres in two NHS Trusts via local research governance processes. Lead clinicians at each trust were able to identify patients meeting the inclusion criteria (clinically obese and living with binge eating disorder) and also acted as gatekeepers to participants at the respective sites.

Individuals living with a diagnosis of binge eating disorder (BED) and obesity (female n = 8; male n = 2) were invited to attend two focus groups, four weeks apart. Five patients (female n = 4; male n = 1) attended two focus groups in the North-East of England while five patients (female n = 4; male n = 1) based in the Midlands also took part in two focus groups. A further five patient-participants (all female) who met the inclusion criteria agreed to participate in an individual interview, pseudonyms for individual interviewees were used in

place of real names. Whilst individual interview participants did not attend the focus groups, they were recruited to the study in the same way as the focus group participants, through their engagement with the weight management service where they had been treated. Both focus groups and all individual interviews were undertaken by the researcher's supervisory team. This was a pragmatic decision as they had already attained the research passports required to interview NHS patients on NHS premises (Devonport and Nicholls). Consent was given from participants to use this data in future research publications.

3.6 Focus Groups

Individuals living with a diagnosis of BED-Obesity were invited by clinicians to participate in the study. A project information sheet (Appendix A) was sent to all participants which stated the aims of the research, which was to attain patient perspectives on their experience of emotional eating. There were two groups; one group were located in the North-East of England, and a second group were in the Midlands. Following a consent process (Appendix B) and with at least seven days advance notice, participants were given details of two focus group meetings they would attend, which were held four weeks apart. These took place on NHS premises aligned with each participating weight-management service. Focus group discussions were audio recorded and transcribed. All identifying information was removed at the point of transcription. A post participation thank-you letter was sent to all participants.

3.7 Individual Interviews

Potential participants were given a project information sheet (Appendix C) by the lead clinician in each Trust and invited to volunteer directly with the supervising researchers (Devonport and Nicholls) to a semi-structured interview. A semi-structured interview schedule (Appendix D) was used which asked about experiences of emotional eating. Five interviews

were conducted over the telephone due to the geographical distribution of participants. Consent (Appendix E) to interview was re-confirmed at the start of the call. Audio recorded interviews were transcribed and all identifying information was removed. A post participation thank-you letter was sent to all participants.

3.8 Data Analysis

As previously detailed, the researcher had no direct involvement with the participants. Braun and Clarke's (2019) six stage procedure for reflexive thematic analysis was used to analyse the qualitative data. Following the release of this method by Braun and Clarke, in a paper published in 2006, which has subsequently been described as a 'landmark paper', it has been recognised as a reputable data analysis method (Braun et al., 2019). Reflexive thematic analysis is described as a qualitative method of analysis that can be readily applied across a number of theoretical approaches such as the emotional eating theory (Macht & Simons, 2011).

Reflexive thematic analysis is not a way of solely organising data, but a way in which meaning can be found within and across the data allowing for collective meaning to be collated. Within reflexive thematic analysis there is the opportunity to develop themes on either a semantic or latent level. When analysing data at a semantic level the researcher approaches the data in search for explicit content, this relates to the words expressed by the participant which can be considered surface level material as the researcher does not go beyond the words which are shared. The data is then arranged to reflect patterns of semantic content which are theorised into wider meanings which usually relate to existing literature (Braun & Clarke, 2006).

At a latent level, thematic analysis explores underlying assumptions and ideologies that shape the content of the data at the semantic level. When analysing at the latent level, describing the data is not enough, the researcher will aim to interpret and theorise the data. If a deductive, top-down approach is used, the analysis is informed with theories which are then used to

interpret the data (Braun & Clarke, 2012). A more inductive latent approach was therefore considered most appropriate due to infancy of the theoretical framework used. The aim is to focus on the identification of meaning through the data whilst still being aware and mindful of the theories which have influenced this research.

The qualitative data analysis software program, N-VIVO 12, was used throughout analysis. The six stages of reflexive thematic analysis as proposed by Braun and Clarke (2019) are as follows:

Step One: familiarisation with the research data – This stage required intense immersion to grasp the breadth and depth of the data's content, by reading and re-reading the data. During this phase preliminary notes were taken within N-VIVO before the more formal coding began, although it is a given that analysis continually develops throughout the course of analysis.

Step Two: the generation of initial codes – following multiple reads and immersion with the data's depth and breadth of its content, production of initial codes began. Coding is where the data is organised into meaningful groups (Tuckett, 2005). The advice given by Braun and Clarke (2006) includes coding as many potential themes as time is permitted, to code inclusively, and not to ignore accounts which may depart from initial dominant codes. As a result, 60 codes were identified following steps one and two.

Step 3: searching for the themes – at this point in reflexive thematic analysis, all codes were accounted for and collated into a long list. The search for themes allowed for an exploration of the codes at a broader level organising codes around potential themes. Through reflecting on the generation of codes and themes it allowed for reflexive engagement of the analysis, accounted for considerations such as exploring repetition, possible deductive

influences of theory and researcher biases which had influence on the coding and searching of themes. This step produced 12 potential main themes, with three to six sub themes per main themes, and the accompanying extracts of coded data which illustrate them. At this stage it was important to not discard any themes as they may have been of use later where they can be combined, refined, separated or discarded following step four.

Step Four: reviewing the themes – with candidate themes having been developed this step involved refining themes. There were two levels at this stage of the analysis – firstly all themes were reviewed, and all of the extracts associated with each theme in review were examined to ensure a coherent pattern. In some instances, a coherent pattern could not be established, in these cases adjustments were made and alternative themes produced. For example, 'external factors' was a sub theme that following evaluation and reflection was retitled 'environmental influences', additionally some themes were merged (e.g., 'restrictive eating' and 'eating behaviours') and others were discarded where it became evident that they were not supported by enough data (e.g., 'societal views'). This process was repeated until no further changes resulted, and therefore no further coding was engaged with from this point.

Step Five: defining and naming the themes – Braun and Clarke (2006) use the terms 'refine and define' which encourages the analyst to identify the essence of the individual themes and the data as a whole. For each of the themes a written detailed analysis was followed. Each theme was individually analysed to identify theme contribution and emphasis in respect of the research questions. Each theme is both independent of, and also related to other themes in the overall story of the data. At the end of step five, the four clear themes were clearly defined as to what they are and what they are not. In preparation for final analysis, the names given to each theme, and their description were made clear and precise and are evident in the results section to follow.

Step 6: producing the report – at this point the data had been analysed and was ready to be written up. The story of the data is told in the 'results' chapter below. The report aimed to provide a 'concise, coherent, logical, non-repetitive and interesting account of the story the data tell within and across themes' (Nowell et al., 2017, pp 10-11).

3.9 Results

Following reflexive thematic analysis (Braun & Clarke, 2019) as shown in Table 1, four main themes and 11 associated subthemes were identified. To identify the different participants throughout this section the following will be used: 'M' will represent those in the Midlands Focus Group followed by an F or M for gender and a number assigned to each for example MF1 or MM1. 'North focus group' will represent those in the North Focus Group, due to technical difficulties with the audio file it was not be possible to identify the participants by their individuality. The participants who engaged with individual interviews are identified by their given individual pseudonyms.

Table 1: *Main themes and subthemes of thematic analysis within the clinical population*

Main Themes	**Subthemes**	**Subtheme Description**
An awareness of eating in response to emotions	A moment of insight	This subtheme illustrates pivotal moments whereby participants became aware of the relationship between their eating behaviours and their emotions.
	The ability to reflect	This subtheme captures the ongoing ability to reflect upon newfound insights with the

		support of health care professionals, and similarly diagnosed peers, which led to further helpful exploration and solutions as to the nature of their eating behaviours and emotional drivers.
Emotions eliciting emotional eating	Pleasant Emotions Perceived as Eliciting Emotional Eating	This subtheme shows the perceived pleasant emotions that are antecedents to emotional eating.
	Emotional Eating in Relation to Perceived Unpleasant Emotions	This subtheme shows the perceived unpleasant emotions that are antecedents to emotional eating.
Factors Perceived as Influencing Eating Behaviours	Environmental Influences	This subtheme captures the environmental influences that can influence a change in eating behaviours.
	Food Choices	This subtheme highlights the types of food that were consumed in relation to emotional eating.
	Restrictive Eating	This subtheme displays the restrictive eating of participants

		which can be influential in certain eating behaviours.
Recommendations for interventions	Management of emotions	This subtheme looks at the management of emotions in relation to an appropriate intervention for emotional regulation and emotional eating.
	Psychological Treatments	This subtheme showcases the psychological treatments that participants felt would be beneficial in treating emotional eating.
	Psychoeducation	This subtheme noted the use of psychoeducation for a treatment towards emotional eating.
	Receiving Support	This subtheme highlighted the importance of receiving support from a variety of people in managing their emotions and emotional eating.

3.9.1 Theme One – An Awareness of Eating in Response to Emotions

This theme reflects participants' awareness of their emotional eating, eating behaviours, and impact of such behaviours. Awareness was characterised by participants

ability to know, perceive, and be cognisant to the ongoings of their life with regards emotions and eating.

The theme of awareness of eating in response to emotions was evident across the two focus groups and all five individual interviews. Within each interview and focus group the participants were able to offer details about either an instantaneous moment which was more present in the participants and for some a gradual realisation by which they became aware of the influence of their emotions on their eating behaviours. This theme was comprised of two subthemes firstly 'a moment of insight' followed by 'the ability to reflect'.

3.9.1.1 A Moment of Insight

The subtheme 'a moment of insight' illustrates pivotal moments whereby participants became aware of the relationship between their eating behaviours and their emotions. The examples provided below reflect what appears to be a moment of recognition in terms of the reasons underlying their eating behaviours. Such moments of insight appear to have been facilitated through engaging with peers in a clinical group setting and through later reflections on shared experiences as described in the following illustration.

MF1 described a *'lightbulb moment'* whereby she became aware that she was eating in response to her emotions: "*But then there was a lightbulb moment when I realised the times I eat and the things that I eat at those times, and these are all connected to my emotions."* The *'lightbulb moment'* was facilitated through the engagement with others rather than achieved via independent reflection, *"I've been hearing other people's experiences and I'm coming up with some answers".* The notion of having a *'lightbulb moment'* was used again by MF1 "*I have really realised that I emotionally eat a lot…like a lightbulb"* this

expression appears to reflect the precise moment when emotions as a factor influencing eating behaviours was identified.

Deborah was able to explicitly identify the stress experienced during her day as influencing her eating behaviours. It appears the influence of stress on her eating had previously taken place and that following a moment of insight she was able to make sense of her eating behaviours associated to unpleasant emotions which appears to be a learnt response.

> *You just go in the cupboard, you're halfway through a packet of biscuits and then you realise "why am I doing this?" and then you start to think right "well cos I've had a really crappy day and erm I'm so stressed, I'm tired"*

Mandy was unaware of the association between her binge eating behaviours and her emotions until the concept of emotional eating was brought to her attention by her clinical practitioner. With support Mandy was able to piece together the relationship between her emotions and eating behaviours.

> *It's only been two or three months ago when* [names clinical psychology practitioner]*, she just suddenly said to us, I think yours has a lot to do with emotions and I just said oh hi. Then when you come home, you just sit and think about it and you think oh I think she's right.*

Mandy further explained *"I didn't really connect mine with it until they actually mentioned it. I just thought it was how I was, not that it had a lot to do with emotions and stuff."*

Similarly, a female member of the northern focus group reflected on a moment of insight also facilitated by her clinical practitioner. Through engaging with their clinician, the participant had been able to identify their difficulty with binge eating, it seems that following

the insight they had gained they have been able to take accountability and be conscious of their unhelpful eating behaviours.

> *If I have any stresses now, because it's been made aware to us that I am an emotional eater… if I wasn't coming here, I'd still be following the line I used to and probably, I'd always have the problem, but it's been highlighted to us.*

The experience of one participant in the Northern focus group encapsulates the growth of awareness that had been facilitated in the support sessions '*I am definitely more aware, and when its emotionally moved, whether it's happy or sad… for me definitely that is one of the most valuable things'.* This subtheme indicates that whilst individuals within this clinical population, were for varying periods of time, unaware of the influence of their emotions on their eating behaviours, a *'lightbulb moment'* occurred either independently or facilitated by the provision of support from health professionals, and that open dialogue within group and individual support sessions allowed for insights and awareness of such relationships to be developed.

3.9.1.2 The Ability to Reflect

Whilst an initial awareness was identified as a pivotal moment in the search for strategies to manage emotional eating, including binge eating, this subtheme captures the ongoing ability to reflect upon newfound insights with the support of health care professionals, and similarly diagnosed peers, which led to further helpful exploration and solutions as to the nature of their eating behaviours and emotional drivers. For one of the female participants in the northern focus groups, whilst ongoing work with weight management professionals could bring about unpleasant emotions, it also helped bring about

an awareness of unhealthy and unhelpful eating behaviours, and importantly in facilitating self-reflection not only with regards problems but also solutions.

> *It is, and it's a shock. When you, because, moments of clarity are few and far between but boy I've had a lot the last couple of years with the weight management team, it's been, it's been a journey certainly.*

Elizabeth described the insights gained from therapeutic sessions in seeking to manage excessive eating gaining a gradual awareness that this was in fact emotional eating.

> *Erm, it was something that really hadn't dawned on me, erm, over the years that I'd been doing it. But it was something that kinda stuck out erm whilst having the therapy sessions and obviously the group meetings as well.*

This awareness developed over time. Regarding how Elizabeth's emotions were influencing her eating behaviours was something made possible through her use of reflection. *Researcher: "Did you know that that's what you were doing at the time or was it only with reflection?" "Only in reflection."*

MF2 described how, through the process of reflection, she was able to identify the relationship between her emotions and eating. *"So when you start thinking that's when you suddenly realise things that you have probably been doing all along that you haven't thought about it."*

In a discussion in the Midlands focus group the sole male participant (MM1) identified how they associated anger with their increase in eating processed foods. They also identified how reflection was part of their eating process. *"I've associated anger with it… You reflect and you then start eating… I like that snickers advert with Joan Collins"*. It appeared that the reflection was geared towards some emotional distress involving an

experience which led to *'anger'*. The experience of reflecting and then consuming foods may highlight the clinical difficulties found in this population, the participant is aware of the emotional driver being anger and made a conscious choice. This male perspective contrasts with the dominant female narrative in these groups, the emphasis is usually on an unconscious process of emotional eating. MM1 appears to reflect, a conscious act, then consume foods. In reference to the snickers advertisement there is a reduction in the unpleasant emotion once they have eaten their foods, they allude to the anger being reduced as seen in the advertisement.

The ability to reflect appears to allow this clinical population the opportunity to take time to understand the drivers behind their binge eating behaviours, this was the consensus within the female participants of the midlands focus group. The sole male participant appeared to use reflection as a means to engage in food consumption. It appears that through the use of the focus group and being given the space and opportunity to support reflection it has been an opportunity for the participants. This suggests that emotional eating may be a largely unconscious process and through speaking with health professionals and peers it offers an opportunity to make a conscious decision of change or acceptance. Whilst the participants reflections indicated an understanding of the cause of their binge eating, they had still not identified a means of managing this, but this gives scope to being able to offer possible interventions of which they are unaware.

Ultimately, theme one encapsulates the awareness that has been gained following individual and group sessions with clinical practitioners. The experience of having a *'lightbulb'* moment appears integral in becoming and developing awareness of the emotional influences on their eating behaviours. Following the initial insight that is gained with the link between emotions and eating behaviours, group and individual sessions allowed for further

reflection on this for each individual participant. The space given whether facilitated by a clinician, peer support or in their personal time appears important in moving closer to conscious actions and decisions. The majority of the participants in both individual interviews and the focus groups spoke of a lack of awareness when it comes to habitual eating behaviours which without insights and reflections would not highlight the emotional influence.

3.9.2 Theme Two – Emotions Eliciting Emotional Eating

This theme describes the pleasant and unpleasant emotions that participants identified to be antecedents of emotional eating. In presenting emotions associated with eating, the term 'pleasant' and 'unpleasant' has been used in place of 'positive' and 'negative' which is often used in emotional eating literature. This is because pleasant and unpleasant reflects hedonic tone rather than carrying implications over outcomes. To explain, feeling good (hedonic tone), such as when happy, may not always produce a positive outcome, as seen when unwanted or unnecessary eating results. Findings are organised and presented around the two subthemes of pleasant and unpleasant emotions eliciting emotional eating.

3.9.2.1 Pleasant Emotions Perceived as Eliciting Emotional Eating

Pleasant emotions perceived to be antecedents of emotional eating were identified. For example, happiness was noted by Deborah *"I've rewarded meself with a binge because I've been feeling so good and happy"*. The process for Deborah appears to be a reward in line with her pleasant emotions, potentially attempting to maintain the feeling or increase it. MF3 from the Midlands focus group identified how when they are experiencing a pleasant emotion, they purchase lots of foods which they later consume, their inhibitions appear

reduced "*On happy days it's oh let's go and buy lots of this. I shouldn't be in the supermarket when I'm happy either because it's let's have all of this."*

For both these participants happiness was perceived to be an antecedent of binge eating episodes. It is possible that the participants are attempting to augment the pleasant emotion. It seems that their pleasant emotions are tied together with consuming foods and are attempt to maintain and further such feelings.

Deborah felt that there is currently a lack of understanding of emotional eating in response of pleasant emotions; "*I don't think it is understood very much that it can come from a positive place but still be a negative thing."* In this illustrative extract, Deborah acknowledges that her 'positive' states can lead to binge eating which they considered a '*negative thing'*. Deborah alludes to the antecedent being a pleasant emotion but consuming foods in response to this a '*negative'*.

The use of food to celebrate and treat one another appears to regulate pleasant emotions by maintaining and enhancing such celebratory feelings.

> *I mean if we go and celebrate something we do it with food and if we want to treat ourselves, we do it with food and we bring up our kids to give them a treat, we give them sweets.* (MF3)

There are also insights into this where there may be a generational tendency of celebrating with '*treats'* suggesting the emotion of joy or happiness can be matched or improved upon through food choices. It is possible that as people are typically happy at celebrations there may be a learnt response occurring between being happy and consuming foods. In times where unpleasant emotions arise it is possible people attempt to recreate pleasant emotions through eating due to this associated.

3.9.2.2 Emotional Eating in Relation to Perceived Unpleasant Emotions

Participants described emotionally eating in response to unpleasant emotions and also the unpleasant emotions that follow periods of emotional eating. '*Sadness'* was identified by Angela as an antecedent of emotional eating, and in this regard, she noted; *"Um, I haven't had any sadness for a long time now… I still have chocolate, but not like I had before".* Whilst we cannot be clear how Angela's relationship with eating chocolate has changed, we can acknowledge there is a change in relation to how she once consumed chocolate when sad. A female participant from the Midlands focus group identified unpleasant emotions of anger "*If I'm angry I'm hungry"* as did MF1 who associated anger with eating *"I've associated anger with it".* From these accounts the participants find unpleasant emotions as catalyst to an increase in their eating, it is possible that eating in response to these emotions aims to reduce the intensity of the emotion which can be seen in the following extract from Deboarh *'you're trying to suppress them by eating food instead'.*

Deborah spoke of the engagement with binge eating, there was a lack of understanding as to why they had started to engage with binge eating and once they caught themselves engaging with this the '*guilt'* set in. The guilt led to a further episode of binge eating and evidence of a vicious cycle of maladaptive emotional management.

> *Then there's been times when I've been half way through a binge and realise what I'm doing and think "why are you doing this?"…And then you know, then the guilt and everything. But then, the guilt doesn't help and it just makes you wanna eat more.*

The notion of emotional eating as a type of self-destruction or self-sabotage was discussed among participants in the Northern focus group. Whilst there have been extracts

that identify the use of eating to regulate emotion, this appears to be more so a confirmation of aligning views of the self with unhelpful behaviours.

But even though you know you sort of, you shouldn't really, if you've got the knowledge and there's something that still stops you, and you're like just want food.

It's like self-destruction

I'm self-sabotaging

Now does that come back to I hate myself, therefore I'm going to sabotage everything? You know? (North Focus Group)

Multiple times across individual and focus group interviews the idea that binge eating served as a form of self-punishment was evident. Deborah identified self-punishment through her binge eating *"Because I have punished myself with food in the past, through binge eating. And I've sat there thinking to myself "why are you doing this? You're going to regret it so much"".*

Elizabeth felt that circumstances determined whether food was used as punishment or comfort: "*So, it was a case of depending on what the situation was erm, I would turn to that food as a comfort and as a punishment."*

As this focus group continued, participants expressed a view that until individuals are aware of the link between emotions and eating, and thereafter in reflecting on the causes of felt emotions, that there would be limited change in eating behaviours.

> *People who are feeling like if they've got an underlying feeling that they're not good enough, they feel worthless through that, no amount of knowledge about food or*

talking about portions could make much difference, until underlying things are controlled. (Northern focus group, female participant)

In the Northern focus group stress was an unpleasant emotion associated with binge eating *'why am I doing this?... and then you start to think…erm I'm so stressed, I'm tired'*. It appears this participant engages with emotional eating in response to their stressors, possibly to reduce the intensity of the stress. This participant later refers to eating as a *'crutch'*.

In all of the five individual interviews there was an experience of eating in response to pleasant or unpleasant emotions. In five of five individual interviews eating was in response to unpleasant emotions which was the more common experience across all participants. The pleasant emotions which led to bouts of eating include feeling happy, excited and the unpleasant emotions included feeling unhappy, stressed, angry and guilty.

All participants reported eating in response to unpleasant emotions, and in describing these experiences alluded to the idiosyncrasies of emotion antecedents, situational factors influencing motives for eating behaviours, and consequences.

3.9.3 Theme Three – Factors Perceived as Influencing Eating Behaviours

This theme presents the perceived influences on eating behaviour that patients identified. The current theme and subsequent subthemes go beyond the initial trigger which appears to be emotionally led but reflects the additional and contributing factors to their eating behaviours. Whilst participants appear to experience an emotional change the proximal and readily available access to food and particular food types seems to influence eating behaviours. This theme more so reflects the influences that accompany and enable unhealthy experiences of emotional eating.

3.9.3.1 Environmental Influences

Environmental influences were largely identified within the focus groups with participants agreeing with one another. In the individual interviews this was less common whilst the participants were still aware of having access to foods increased the consumption of foods. Close proximity to food influenced the frequency and type of food consumption. Starting with participants' homes, crisps were used as an example of the problems of having them in close proximity. *"If I bought some* [crisps] *and they're in the house, then that's dangerous".* Referring to this eating behaviour as being *'part and parcel of the emotional side'*, the proximity of readily available food contributes to the ongoing emotional eating as shared from a female participant of the north focus group.

Mandy alluded to the proximal dangers of having food in their local environment consisting of both the home environment and their local areas. This participant found that when they became emotional it was always possible and available to turn to food *'Always get hold of something'.* This was also discussed in the North focus group:

> *You know it doesn't help when you've got Chinese takeaways on every corner. You've got Indian take aways on every corner, they don't tell you how many calories are in them, how many, you know I don't have a clue.*

Others from the North focus group agreed that the variety and choice of food on offer were perceived as increasing their desire to eat. "*It's temptation as well, because years ago you only had a fish shop, you didn't have takeaways and McDonald's, and pizza hut, and when you go into town you've got chicken places, and burger kings".*

One perspective showcases the need to eat immediately in what appears to be an attempt at altering their emotional state *"It depends where I am and what mood I'm in and sometimes it's what's easiest to get as well… I need it now not in forty five minutes"*. This can

help to explain why processed foods may be the food of choice as they are more readily available and thus provide faster and more accessible emotion regulation using food.

Takeaways and highly processed foods were identified as providing an opportunity for MF1 to manage their emotional problem in a time-efficient manner "*Some foods are a quick fix definitely… it's instantly a quick fix".* Moreover, with a lack of awareness into their difficulties it can be implied that at a clinical level emotional eating can become automated and with the availability of processed foods appears to indicate they can become more prone to stimulus response.

A participant from the North focus group explored the opportunity to access fast food in response to their emotional state *"Or is it not a case of being in depressed and down and all that, and so you go and buy some Chinese".* There is the opportunity for most individuals to consume based on the environmental influences but the possible underlying reason for accessing or being influenced by the environment may stem from the emotions they experience. Emotional eating may therefore be exacerbated by the environment whilst still being driven by the emotions experienced. However, it should be considered that whilst the takeaways are readily available, in a number of fast food restaurants offering healthier alternatives are available such as salads, fruits and grilled meats but this has not been found to be the desired option.

3.9.3.2 Food Choices

The types of food that were consumed in relation to emotional eating can be classified as ultra-processed foods. More often than not, the experiences of the majority of the participants cited foods that would be considered ultra-processed that would be foods where the content is high in fat and sugar and far from their wholefood beginnings. Examples of the

type of high fat and sugar content foods consumed included: *"I'm gonna order meself a pizza, I'm gonna eat the whole thing meself, I'm gonna have some chips."* (Deborah); *"I suppose I was comfort eating a bar of chocolate."* (Angela); *"You want something chocolatey or something."* (Mandy); *"why is it the high calorie foods that you go for…they were lovely, but you would have loads and loads of them"* (North focus group).

Pizza, chocolate, crisps can all be considered foods that are either high in sugar or fat or both, it appears that this is the go-to food for this binge eating population in response to their emotions. Whilst fruit can also be considered a readily available food which requires no preparation this was not identified as the food choice. It seems that the high fat and high sugar content foods offer some brief pleasant emotion of comfort or loveliness.

This follows on in that the type of food chosen was often considered to be a treat by many, though they seemed aware that this had gone beyond what they would consider a treat to something more problematic in the increased frequency and consumption of large quantities of food. And whilst there is pleasure from consuming high fat and high sugar content foods it seems to contribute to problems down the line. The enjoyment of food appears to dispel any future consequences of eating "*So sometimes I think you can be eating, and you can be enjoying it so much, you don't realise it's going to happen, and you've got another problem."* (MF2)

The choice of food that this clinical binge eating population consume often revolves are foods that can be considered ultra-processed, high in sugar and high fat. It appears that emotions drive the consumption of food and in particular the choice of foods falls into these categories. It appears evident that high sugar and fat foods offer some temporary benefits that foods just as available but lower in fat and sugar cannot.

3.9.3.3 Restrictive Eating

The idea of reducing calories or eliminating particular foods from one's diet can be referred to as restrictive eating and is an eating behaviour which is commonplace in diet culture. Throughout the interviews there was evidence of restrictive eating and dieting, many of the participants who discussed this example of an eating behaviour reflected on the difficulty in maintaining such behaviours. It is interesting that whilst hunger had not been a chosen priority for eating, food restrictions continue to be difficult to maintain, further suggesting alternative reasons to eating away from reaching satiety or fulfilling hunger noted in the Midlands focus group, MF4. "*A lot of people can lose weight, they can go on a diet, they've done lots of things and they can lose weight but they can't maintain it for whatever reason."* The reason for the difficulties in maintaining the weight loss may revolve around a focus on addressing diet rather than addressing the underlying emotions which drive the unhelpful and unhealthy eating behaviours. As these have not been addressed when an emotional experience occurs in the future weight gain returns in response to the emotional eating.

In the Midlands focus group, MF2 noted how they are able to lose weight quickly following a particular restrictive eating pattern but made points to it not solving their underlying difficulty with weight gain and ultimately managing their emotions when something goes wrong. The participant here outlines how their emotions appear to provide the guide to eating opposed to the feelings of hunger or satiety.

> *If I go on a diet as such, I can lose weight, I can lose weight quite quickly and I found it quite easy for about twelve weeks maybe and then I put it all back on again, again in a very short period of time when something goes wrong. I do eat with my emotions*

and if something goes wrong then I will be back to the same place which is why I need to understand it better.

In the North focus group one participant explained how food offered great satisfaction but through the restriction of certain foods and rigid rules around eating it led to unhelpful emotions of guilt. A multitude of emotions are experienced in this excerpt, the participant in this case may have benefited from some form of balance in their approach to consuming foods. There appears to be a dichotomous view where eating can only take place in two forms, on a diet and not on a diet, with no middle ground.

Looking back over time I've probably have the guilt where I was on a diet and I shouldn't really be eating the crisps, so when I wasn't on a diet I did get great satisfaction out of eating it, thoroughly enjoying it, but when I was on a diet I always felt guilty when I was doing that.

Restrictive eating implies there are rules to follow and maintain in this case to manage weight of a clinical difficulty. However, whilst restrictive eating had taken place in almost all participants in an attempt at management their binge eating, it was met with temporary success. Restrictive eating was typically used as an intervention method but when an emotional experience arose the strict rules were abandoned and further unpleasant emotions such as '*guilt'* were experienced which led to eating and weight gain. There appears to be long-term and short-term solutions in both managing the emotion that arises using means other than food and tackling the root cause of the emotion that emerges.

3.9.4 Theme Four - Recommendations for Intervention

This theme captures the recommendations that participants perceived would be helpful to identify and better manage emotional eating. Their recommendations were

informed by lived experience with interventions they perceived to be unhelpful, and also more recent experiences of interventions, or their own solutions in identifying and managing emotions without eating. The subthemes reflect the focus of a need to manage emotions and offer insights into the adaptive ways of doing so. The psychological treatments that participants received were shared and how these have been able to help with the participants difficulties, in some cases moving away from a medical or biological based model. Psychoeducation reflects both the lack of and benefit of being informed of thoughts, feelings and behaviours around eating and emotions. Finally, receiving support highlights the benefits of both professional and communal non-judgemental support towards their difficulties.

3.9.4.1 Management of Emotions

For many participants, finding practical ways to manage emotions was a goal that took precedence over weight loss goals. Going for a walk, was identified as a good emotion regulation strategy that provided time to think and reflect, as noted in a conversation between researcher and MF1 in the Midlands focus group. "*Would you just go up to the park and being around nature and things like that?*" "*Yes, yea. It's just the quietness and you can think."*

Others had their own ways from knitting, talking with others, playing video games and attending concerts. The pattern with all of these was a distraction from their emotions and an ability to '*cope'* rather than an explicit distraction from food. Whilst these were noted as effective distractions, they provide short term solutions to long term problems.

> MF1: *I say going watching a film or opera or reading a novel, it's sort of something where if you could know how you could cope with a different activity.*
>
> MF2: *For me it's killing zombies.*

MF3*: For me it's getting out, have a bath and watch a film and go out for a walk.*

It seems that the distraction is an emotional regulation strategy in response to unpleasant emotions, the participants are replacing eating with other activities. However, what is not shown through the data is an ability to prevent emotions being experienced in the first place. The ways of coping with their emotions are reactive and not preventative. This subtheme showcases the alternative ways of managing emotions without the use of food, these are often in the moment reactive strategies and do not address what has been discussed earlier in the root cause of the emotional difficulties.

3.9.4.2 Psychological Treatments

For participants who had experienced some form of psychological treatment or talking therapy, they felt this offered benefits. Deborah recommended a psychological approach in helping manage emotional eating as opposed to a medical one. "*A psychological service erm definitely, and I would say the need to see weight as the symptom of the problem rather than trying to deal with it as the problem."* Elizabeth suggested that psychological approaches were helpful where they explored thinking styles:

Researcher: *If you could bottle it, and say that's the thing that's, that's the magic part of it that's making it work for me, what would it be?*

Elizabeth: *Mmm hmm. The psychology, erm, the understanding of my thinking styles.*

The participant from the Midland focus group, MF1, believed that until you get to the root of the problem with eating difficulties there is little in the way which will resolve eating related problems. The participant spoke at length of the ability to lose weight through dieting but the maintenance of this being an ongoing and unresolved problem. This is in contrast to

an above quote where food had been used as a *'quick fix'*; often quick fixes imply there are better solutions available.

> *You're getting to the root of the problem aren't you, that's what you've got to do, you've got to get to the root problem or you're just wasting your time because there could be loads of things going on in your life.*

Through psychological interventions that look at the historic origins of difficulties this could tackle the root causes of eating behaviours rather than managing the emotions that arise in the moment. This subtheme reflects the benefit and further need of psychological interventions which are able to '*get to the root of the problem'*, *'understanding of thinking styles'* and a focus of *'weight as a symptom of the problem'* opposed to weight being the focus of the intervention.

3.9.4.3 Psychoeducation

Participants had all received psychoeducation as part of a weight management course they had attended and felt that there was a lot they had learnt during this process all speaking highly of the education received. It appeared that the psychoeducation was able to explore a number of factors in relation to their relationship with food and not simply a calories in, calories out explanation of weight gain.

This was illustrated by Deborah who noted:

> *The 12 week education programme was brilliant…empowering, very empowering and I think that's really important when it comes to... I think, that, that would for me, right there, I've just come to the realisation that the empowerment I've received from the education, from the psychological help... And whether they do that through education*

or whether they do that through counselling, then that's the thing that needs to be given.

A key outcome having completed the psychoeducational course which involved group and individual work was an awareness and understanding of emotional eating. Additionally, having practical solutions and being able to make tangible changes seemed to be a promising place to start, followed by the underlying factors to eating. 'Deborah' shared her experiences of education around eating behaviours.

It was about, it was about food, it was about emotional eating, it was about the reasons why we eat, it was about sleep patterns... it was about long, not having long periods between food, it was about all of the real things that you can change.

Through working with a health professional and discussing the relationship between emotions and eating, 'Mandy' benefited from making these connections with her own eating behaviours. "*I just thought I would get down and look for something, I thought well that's just me, not connecting it with emotions."*

Another element of the education is developing an understanding of the difference between the nutritional content of foods. 'Mandy' was unaware or misunderstood such nutritional labels and this made her more conscious of making healthier choices.

The weight management, how they explain about, how you can remember fats or sugars, and other bits and pieces, whereas I've found the other places, they don't do stuff like that, they look and make sure they've only got so many calories in it, but nothing about sugar or fat.

The oversimplification of the argument of calories in to calories out was an initial argument the participants were not in agreement with. They noted the simplification of the

process and perhaps a lack of understanding from health professionals as to the complexity of possible factors involved. The male participant from the Midlands focus group shared their experience "*He said so it's a quite simple solution, cut down on the fuel or keep the activity up and I thought well that's not true."*

Additionally, it seems that some health professionals have less compassion or understanding of the complexities of eating disorders and the influence of emotions on eating behaviours. 'Mandy' shared their experience and suggestions of working with general practitioners to educate them on such difficulties.

Participant: It's just his attitude of how he said you've got to walk two hours a day or you're never going to lose it.

Researcher: So, working with GP's might be something that we could look to try and do with the findings of the results that we have?

Participant: Err Yea.

Psychoeducation appears to have helped all of the participants who engaged with it in some form. Participants appear to have learnt a holistic view of their eating behaviours which encompasses many factors including emotions, sleep hygiene and nutritional information.

3.9.4.4 Receiving Support

Throughout the interviews it was evident that the majority of participants had benefitted in some way with their eating difficulties through having support from others, whether this was from the focus groups, health professional or relative. 'Deborah' identified the benefits of having a supportive clinical team "*I mean obviously having the team has been*

so supportive, and (name) and everybody have been wonderful. And I don't think I would have gotten here otherwise."

Whilst discussing the benefits of having the support from others one participant acknowledged it is not solely support which has helped them, yet it appears to be an encouraging factor in making and maintaining change. "*I haven't replaced the crutch of the food with that but it's kind of been supporting me through working that out if you know what I mean?" (Deborah)*

Linking this back to emotional management there is a benefit in being heard and listened to, 'Angela' who previously described how she was in an unhealthy relationship identifies the benefit of support in her current marriage and having peer support. "*Um, well there's, my husband that I am married to now is more approachable and um, listens, um, and quite comfort."*

The use of programmes such as slimming world and weight watchers led 'Mandy' to feel *'disgusted'* due to the focus on weight loss on the scales opposed to understanding the reasons to her eating difficulties. The inability to be allowed to express emotions is also evident in this extract and the detriment this has and possible contributing to emotional eating.

> *I don't think you're allowed to feel down if you, it's just the impression I've had when I've been to them. When they go round and they say these are 2lb and I've put a 1lb on or I've stopped the same and it's like disgust you know.*

The importance of having a supportive environment without judgement has proven to be beneficial, having an open and safe space of which to work from allowed one female

participant from the North focus group to work on themselves. **"***There's no judgement at all, if you do wrong, that's we'll work on it and whatever and you talk about it"*

In summarising recommendations for intervention, participants recommend education around nutrition, emotions and weight gain whilst being able to engage with this in an environment which is free from judgement and safe to reflect from that focus groups appear to have facilitated. There appears to be a variety of ways to help those with eating difficulties from reactive activities that take away from focusing on eating, to receiving support from whether a health professional or peer. Furthermore, those engaged in psychological interventions shared their benefits from engaging and proposed some focus points for future interventions.

3.10 Discussion

The current study aimed at exploring the experiences of individuals living with a diagnosis of binge eating disorder (BED) and obesity, specifically with regards to their emotions and relationship with their eating behaviours. It attempted to explore the gaps in the literature around emotional eating and explore emotions that elicit an emotional eating response, the way in which this presents itself, and the context in which this appears.

The research analysis generated four main themes: an awareness of eating in response to emotions, emotions eliciting emotional eating, factors affecting eating behaviours and recommendations for intervention. The discussion will begin with the evidence of emotional eating and the awareness of emotional eating; this will be followed by contextual factors affect eating behaviours and an exploration of recommended interventions. The themes will be critically discussed, drawing reference to emotional eating theory and literature. The

exploration of the themes will be followed by clinical implications, limitations of the research, finishing with conclusions.

3.10.1 Evidence of Emotional Eating

One aim of this research was to explore the presence of emotional eating in a clinical population. All participants had an account to share involving their experience of emotional eating, and whilst this was most often in response to unpleasant emotions, it could also be in response to pleasant emotions. In the clinical population it appears that emotional eating has a strong presence in response to unpleasant emotions opposed to pleasant emotions. Findings pertaining to each of pleasant and unpleasant emotions will be discussed in turn. The literature has well documented the impact of 'negative' emotions on eating behaviours, but only more recently has this been seen in ways to maintain pleasant emotions (McRae & Gross, 2020). The findings of this study and theme align with the current research in that the participants would eat in response to 'negative' emotions (Reichenberger et al., 2020). A host of unpleasant emotions were experienced prior to the consumption of food. These emotions included anger, upset, sadness, hate for oneself, feeling worthless and guilt; with the unpleasant emotions often met with an episode of eating. Pleasant emotions including feeling good, happy and generally 'positive' also influenced an increase in eating, something less evident in existing emotional eating literature.

Interestingly, emotional eating was not always in an attempt to reduce unpleasant emotion, there were occasions whereby participants felt they ate (or binged) to self-sabotage their attempt at weight loss and their own self-esteem, or as a punishment to themselves. This was in reference to feeling worthless and having hate for oneself and is therefore aligned to unpleasant emotions they felt about themselves. This finding offers a novel contribution to

existing literature when exploring the motivation for eating in response to unpleasant emotions.

In the present study, whilst emotional eating took place in response to unpleasant emotions, it was not always in an effort to improve their mood which is so often cited in the literature and within emotional eating theory (Macht & Simons, 2011). This implies that those who eat in response to unpleasant emotions are not always doing it to attenuate the emotion and at a clinical level could be interpreted as a form of self-harm (Warne et al., 2021). This was referred to as being '*situation specific'* by participants in attempting to achieve the desired outcome. This novel finding may help to explain the limited success of calorie controlled weight management interventions as underlying emotional difficulties are not accounted for.

Emotional eating was not solely in response to unpleasant emotions but of pleasant emotions too. These pleasant emotions were in relation to having good days or feeling happy. For individuals experiencing emotional highs they appear to aim to maintain or improve upon these feelings through the consumption of food. Stimulus response theories of emotional eating would imply that the emotional state of their pleasant emotion, the stimulus, triggers a response in the form of eating (Shireen et al., 2022). Typically, stimulus response theories of emotional eating imply that eating is used to alleviate unpleasant emotions, or that highly intense emotions can reverse this pattern and result in a reduction in eating (Arexis et al., 2023). In this case it appears participants are experiencing the stimulus of the pleasant emotion and can experience disinhibition in their behaviour where they lack the control to stop themselves eating further.

Experiencing pleasant emotions led to purchasing large amounts of food, consuming or binge eating, and was aligned with rewarding themselves with a binge. These results are

not consistent with the current theories of emotional eating (Macht & Simons, 2011), in that emotional eating is typically referred to as eating in response to unpleasant emotions. The current findings indicate that existing theories do not captured the full extent of discrete emotions that elicit an emotional eating response.

Whilst eating is associated with pleasant emotions this can be a maladaptive learned response for emotion regulation if the participants become bound to eating as their sole way of achieving, maintaining, or increasing their pleasant emotions (Ewert et al., 2021). Other examples have been noted as maladaptive and/or overuse of emotion regulation strategies include alcohol consumption (Cavicchioli et al., 2018) which can lead to clinical difficulties; and exercise (Colledge et al., 2020) where in moderation and part of a varied coping repertoire can be beneficial. This finding challenges literature which suggests that individuals who emotionally eat in response to pleasant emotions are not derived from clinical populations (van Strien et al., 2013; van Strien et al., 2016). Interestingly, it was noted that whilst the antecedent can come from a positive place it can still be maladaptive which suggests that in the long term this is not a healthy response or an effective emotional regulatory tool.

With this clinical population the choice of food in response to both pleasant or unpleasant emotions, could be labelled as "unhealthy" foods which can be linked to unwanted outcomes such as subsequent unpleasant emotions, weight gain and physical health difficulties. Additionally, the environment and proximity of food plays a role in the increased consumption of such foods; participants noted the difficulties having certain foods in their house and local area. People can use food with the aim of regulating emotions and has the potential to be a useful self-regulation tool should it be a conscious act and one which is effectively balanced in a broader repertoire of adaptive coping mechanisms, and in

conjunction with strategies such as mindful eating and targeting healthier foods (Arexis et al., 2023; Ha & Lim, 2023). It is important to note that the broadness and variety are key in developing a coping skills repertoire in relation to emotions. If the sole target was healthier foods this would mitigate poor health outcomes but not necessarily help in the regulating of emotions.

These findings support existing literature in that eating takes place in response to unpleasant emotions (Macht & Simons, 2011) but also illustrates participants eating in response to pleasant emotions. Current findings imply that emotional eating can occur through the spectrum of emotion from pleasant to unpleasant. Further research exploring the discrete emotions that trigger eating behaviours would be beneficial, though from these interviews there is variance in the way in which different emotions influence different eating behaviours. It appears that unpleasant emotions and pleasant emotions both result in a general increase in food consumption. It is important to note that whilst it appears participants eating revolved around improving an unpleasant emotional state, there was a lack of awareness to this, and it does not seem to be a conscious act. Their emotional eating is typically ineffective in improving the unpleasant emotional state and results in further unpleasant emotions of guilt and further eating. Additionally, the consumption of food in response to pleasant emotions in an attempt to maintain this emotion can also result in feelings of guilt as the participants goals are aligned to management.

3.10.2 An Awareness of Eating in Response to Emotions

Participants found that awareness of emotional eating could be achieved through speaking around this topic and becoming informed through psychoeducational groups, interviews and or focus groups. This appears to be more so in the preconscious where the participants awareness of eating in response to their emotions can be brought to their

awareness through the above. Some existing literature questions the ability of some clinical populations (e.g., BED-Obese) to develop awareness of their emotional eating behaviours (McAtamney et al., 2023). The present study not only indicates that, with appropriate support, this is entirely possible, but also illustrates the benefits of increasing awareness of emotional eating. Some of the participants had been engaging with a psychoeducation therapeutic group around emotional eating. The participants who had engaged with this spoke of the benefits of becoming more attuned with their emotions and eating behaviours. They spoke about how emotional eating had been present in their lives for years but had only come into their awareness through therapy and group meetings. This implies the need for early intervention in relation to understanding the relationship with emotions in general and how this is aligned to their eating behaviours. This may have some benefit to individuals within non-clinical populations where commercialised diet programmes still champion an energy deficit model of weight management. At present the most common interventions involve weight management programmes and nutritional information, a shift towards the understanding the function of food outside of basic nutritional needs and specifically how eating occurs in response to emotions may provide greater success.

The binge eating clinical population appeared unaware of their own relationship with eating and emotions prior to the focus groups and reflections which indicates that for any healthy and productive change to be had, awareness of such factors needs to be incorporated in the early stages of treatment. The emotional eating theory (Macht & Simons, 2011) attempts to explain that emotional eating is engaged with through the experience of an unpleasant emotion which leads to a greater motivation to eat in order to diminish the intensity of the unpleasant emotion. As the extracts of the participants indicate they are largely unaware of their eating, and it can therefore be suggested that this behaviour is not

planned. The lack of awareness suggests that they are not planning to regulate their emotions but may be a learned response.

Participants noted how in previous weight management groups or groups that focused on the nutritional side of eating were not able to completely explain their eating behaviours, focus on weight management opposed to the emotional influences on eating behaviours was commonplace. Participants spoke about being aware of the nutritional information of foods in relation to calories and macronutrients, but this did not inform their eating decisions or influence eating behaviours. With treatment options within the NHS predominantly focusing on restrictive diets and an increase in physical activity (Ruban et al., 2019), it is clear that from the projected increase in obesity in the UK (Keaver et al., 2020) that these interventions around weight related difficulties are ineffective at some level. However, participants noted how restricting food consumption became increasingly challenging the longer it went on. Participants described being able to initially lose weight through calorie controlled diets but were mostly unsuccessful in being able to manage their weight longer-term which later led to weight gain.

Restrictive diets and increasing physical activity independently require a great deal of effort so the combination of both requires significantly more effort. Participants identified an inadequacy of the energy deficit model in their disbelief that this would improve their difficulties. Research conducted from the 1970s (Herman & Mack, 1975) has identified the difficulties with attempting to engage with a restrictive diet; those engage with a restrictive diet can engage in the 'all-or-nothing' way of thinking (Polivy & Herman, 2020). More recently, a positive correlation has been found between those that engage in dietary restraint and the presence of eating disordered symptoms (Stewart et al., 2022). Therefore, whilst restrictive eating is commonplace in current eating behaviour interventions this appears to be

ineffective. It is noted that given the complexity of this way of thinking moderating factors such as self-compassion towards overeating should be sought (Biber & Ellis, 2017).

The findings from this research indicates that there appears to be an engagement with emotional eating in an unconscious and passive way for the most part. For those that may have developed a difficulty in recognising their emotions, the theory around Alexithymia may fit with their presentation (Lyvers et al., 2022). It is possible that the participants struggle to verbalise their emotions and as a result consume as a way of communicating, reflecting or regulating their difficulties. Whilst this may have been the case, the use of specific time to reflect and discuss their experiences allows for the discussion of their emotions which had been facilitated in both focus groups and individual interviews. It is possible that such difficulties may have developed in their early life. This supports the notion that when a parent is not attuned to their child, they may have fed the child when they may have required other ways of soothing (Van Strien et al., 2019). Again, stimulus response theories can attempt to explain this engagement with consuming foods in response to the stimuli that is the emotional experience; this can also explain eating as a learned response. To fully understand this relationship detailed accounts of the participants childhood experiences would have to be explored, and great amounts of reflection would be required.

The finding that the participants reported an inability to recognise their emotions as they arise in daily life is aligned with the theory of interoception (Bruch, 1955). Interoception can occur on two levels, the bodily state and the emotional state. In some instances, there only appears to be an awareness of the emotional state following an episode of emotional eating. Furthermore, the importance and implications of this suggest a greater need at building awareness of both the physical and emotional states.

3.10.3 Contextual Factors influence on Eating Behaviours

Whilst internal factors affecting eating behaviours can be associated with the unpleasant and pleasant emotions that participants experience, social and environmental based factors also shape eating behaviour. The main factors participants spoke of included: environment, food choices and restricted eating.

Participants shared their experiences that when food is in close proximity, often unhealthy types of food whether that be takeaways or food in their cupboards, they were more likely to consume them. The availability of food contributes towards a greater consumption of unhealthy types of foods, it was not shared that healthier less processed foods had the same influence on eating. If there was an abundance of fruit and vegetables in the house, it was not shared that emotions would increase the consumption of these foods. But if the cupboard is filled with chocolates and crisps this does have influence over consuming these types of foods and the cycle of searching for such foods in repetition. These findings indicate the unhelpful influences that proximity and availability of food has on those with clinical eating difficulties. The theory of escape of self-awareness (Heatherton & Baumeister, 1991) explains how individuals escape from their own self-awareness of negative feelings into their immediate environment which in this case can be related towards the availability of food and external consumption. Ideally, removing these types of foods from the household may serve the participants well if their goal is to manage their weight and reduce binge eating behaviours. However, it may not beyond those with binge eating disorder to seek out foods that are not in the household and the emergence of takeaway applications allow for a quick and easy delivery to meet such immediate needs.

It is important to note that whilst the availability of food appears to be a factor towards eating behaviours found in this study; longitudinal studies have suggested that the

external factors of availability of food do not outweigh the emotional influence on eating behaviours (Sung et al., 2009; van Strien et al., 2009). It is likely that emotions in conjunction with availability augment one another.

As discussed, the type of food that the participants would binge eat typically involved unhealthy, high calorific and processed foods these are in line with research findings around the types of food consumed when emotionally eating (Barak et al., 2021). There was no mention of binge eating, treating or indulging on foods considered healthier. The physiological theories which attempt to explain emotional eating imply that the dopamine reward system has a dual role of reinforcing and maintaining food seeking behaviours which can be found in certain food types such as those with high fat and sugar content (Volkow et al., 2017). This is found to work in a similar way to those that consume drugs, some links of addiction can be made towards emotional eating which both can be considered ways of regulating emotions (Tomasi et al., 2015). With the dopamine reward system, the consumption of sugary foods will create a dopamine surge that will need to increase to feel a similar pleasant affect. Therefore, it is possible that there is a continual need to increase certain foods in greater quantities.

Without biological markers it is not possible to confirm or contest physiological mechanisms that may reinforce emotional eating, but participants descriptions of their emotional eating behaviours indicate the possibility of the dopamine motive system in action. This can be inferred from the continuous attempt at improving an emotional state through the use of high calorific, fat and sugar contented foods. Through the consumption of these types of food there is a reduction in dopamine and the reuptake, therefore there is an attempt to consume more of these types of food as the dopamine signalling is dysregulated (Wallace &

Fordahl, 2021). Future studies may benefit from exploring the dopamine reward system as much of the research is conducted with animals.

With restrictive diets being one of the main interventions for weight related difficulties (Keaver et al., 2020; Ruban et al., 2019), this appears not to be the most effective intervention. One participant identified how they eat with their emotions, therefore not addressing their emotional difficulties suggests following a restrictive eating plan would have limited long-term success as they would return to emotionally eating. The rigidity of a diet and the rules around restrictive eating have led some participants to feel guilt when eating certain foods. This implies that the restrictive diets, often prescribed to manage eating difficulties and weight gain, are not resolving the core issues. Restraint theory (Herman & Polivy, 1980) identified how breaking the rule of a diet can lead to cognitive abandonment and result in overeating. It appears that with these participants they may be engaging with this process but also not addressing their underlying emotional difficulties. Restrictive eating does not appear to help these participants in the long term, but it has been shown that physical activity may help when related to weight management (Ruban et al., 2019). If the emotional difficulties were also addressed this may be a successful combination.

3.10.5 Recommendations for Interventions

The experiences of the participants with weight management intervention were that these predominantly focused on calories in and calories out, restrictive dieting, and physical exercise (Ruban et al., 2019). This is not to say these interventions cannot be useful, but they are not leading to long lasting maintenance of desired weigh regulation goals. Participants noted that until the root cause of emotional eating are addressed, that interventions will continue to commonly be delimited to short term impacts. As previously noted, longitudinal studies have indicated that emotional eating outweighs the external drivers of eating such as

exposure to foods in the environment (Sung et al., 2009; van Strien et al., 2009). This suggests that the desire to eat may be driven more by internal emotions (Frayn & Knäuper, 2018). The experiences of the participants indicate this is the direction that interventions should be heading.

Throughout the interviews the participants from the northern focus group had been engaging with a psychoeducational group around emotional eating which seemed to be very successful, some feeling empowered following this. They spoke of the focus being around education and learning about themselves, their emotions and their relationship with food. The education gave the participants an ability to become aware of this connection something they had not received before. It suggests emotional eating is a process that can be subconscious. Through the participants becoming aware and attuned to their emotions and eating they seem to be benefitting; an increase in their interoceptive awareness appeared to have taken place as they understood their relationship with food better (Garfinkel et al., 2015). Research has begun to explore virtual emotional regulation approaches for those that engage with emotional eating (Dol et al., 2023) exercises such as body scan, opposite action and positive appraisal were used in an attempt to positively influence affect and regulate emotions. Others have explored web-based psychoeducation on emotional eating which has highlighted the accessibility of this intervention (Czepczor-Bernat et al., 2020). Whilst psychoeducation has shown to have a role in both standalone interventions and paired with integrated psychological therapies, there are concerns about potential harms of psychoeducation when it is not individualised to the client (Raykos & Andony, 2024).

This was not the only focus of the group, the benefits of learning about nutrition were also incorporated and spoken about. By providing a multi-factored approach to weight management with the inclusion of emotions it moves away from the difficulty being solely

biological in nature, a limitation of typical interventions (Ritchie et al., 2018). It is supportive of the literature that identifies weight management and eating difficulties needs to be seen as a multi-faceted problem (Chooi et al., 2019). It is also possible that this implies that regardless of a number of factors, there is consistent evidence in the difficulty with managing emotions, as weight related difficulties can be found across all ages, demographics and socioeconomic backgrounds (Dai et al., 2020). Restrictive diets and physical exercise which is the most common way of managing weight (Ruban et al., 2019) would benefit from understanding what has led to the emotion that elicits the urge to eat and identify resources in managing such emotions.

Participants spoke of the benefits of receiving support as a factor in helping them through their difficulties. This was not support as seen in the typical approach to weight management with the use of diet clubs or weight management clubs but appeared to relate more to emotional support. The non-judgemental and empathic support from a friend, loved one, a health professional or a peer support group is a benefit to those struggling with eating difficulties. Again, this further supports the notion of emotional eating and emotions being the root cause of eating difficulties. The participants are not seeking someone to support them in monitoring weight changes but someone to listen, accept and provide emotional support. The psychosocial variable of emotional eating has been explored and research has stressed the importance of addressing this to improve obesity outcomes (Annesi & Stewart, 2023). However, this has mostly focused on women, and it may be of greater benefit to focus on the emotions and emotional management rather than the weight.

3.10.6 Clinical Implications

3.10.6.1 Compassionate and Kind Communication

Through the analysis of these interviews, it is evident that there is an absence of compassionate and kind communication. This has been evidenced on two levels, one being the way in which health professionals share their medical advice with patients and the other being the way in which individuals engage with self-talk. Clients will be able to work on and through this should they be given the right interventions.

The communication between patient and doctor appears to be dismissive and this may be due to the way in which medical professionals view eating difficulties and weight management. If they are medically trained it may be the absence of understanding the emotional influences and psychology on eating behaviours, as they predominantly come from a medical and biological training background. This is a possible area for further exploration. Even so, all patients should be met with a level of respect and curiosity with their care, this should come from a person centred framework. A study focusing on compassion focused care found that when health care providers engage in compassionate and respectful care it facilitates a positive environment for those involved (Jemal et al., 2021). Furthermore, research into medical students explored ways to increase respectfulness, offering unconditional respect with humanity in mind can lead to more positive health-related outcomes (Clucas & Claire, 2016). From the patient's perspective when health professionals convey respect it positively influences health outcomes, patient satisfaction and trust in the relationship (Bridges et al., 2021).

This is something well established in those with counselling psychology training and could propose possible training opportunities in communicating with clients with their

humanistic foundations (Rogers, 1940). If patients were met with understanding of their subjective experiences, it may be easier to offer kind and compassionate communication through the understanding of the complex nature of such difficulties. Rather than a dismissive biological approach which boils the individuals difficulties down to an energy intake versus expenditure causation.

As most people with difficulties will engage firstly at a primary care level with their general practitioners, there needs to be this level of compassion and way of communicating from the beginning. This will hopefully encourage more people to share their difficulties and discuss in depth their problems to obtain an accurate understanding of their difficulties with more accurate intervention ideas.

3.10.6.2 Interventions Focused on Managing Emotions

It is clear that emotional eating is present in this clinical population, as discussed above, this takes place with a variety of emotions to achieve a variety of outcomes. At present interventions are predominantly related to increasing physical exercise and engaging in restrictive eating. Through the findings neither of these are effective long-term interventions for those with eating related difficulties (Konttinen et al., 2019). The use of restrictive eating may even do more harm than good as they abide to the rigid rules which can lead to binge eating episodes (Burton & Abbott, 2017).

Moving forward interventions should aim to open dialogue with clients to understand their emotional influences and underlying emotional drivers which impact their eating behaviours. This is not to say other factors should be ignored but from this data the emotional drivers appear to be a common and dominant factor in influencing unhelpful eating behaviours. The participants have provided a number of ways in which they feel interventions

could be directed. Interventions could be shaped around peer support groups, psychoeducation around emotional eating and nutritional information and one to one in depth psychotherapy to understand the underlying emotional causes of their difficulties (Holmqvist Larsson et al., 2020; Raykos & Andony, 2024). The development of healthy and helpful emotional regulation strategies and coping mechanisms would allow for those who struggle to seek other ways of managing their emotions. At present it appears that the majority of the participants who engage with the interviews have at some point only used eating as a way to regulate and have no other methods.

Peer support groups which focus on weight management alone should be reconsidered to incorporate emotional aspects of eating, those that focus heavily on the weight lost from week to week can lead some to feel added unpleasant emotions. If participants are enduring these emotions and only have emotional eating as a way of regulating emotions this will only perpetuate their eating related difficulties.

There should be an attempt to move away from restrictive eating, but the incorporation of physical activity may be of benefit. Those who engage with emotional eating and engage with physical exercise find that the weight gain is often offset (Dohle et al., 2014). However, this only manages the weight difficulties and does not engage with the opportunity for healthy conscious emotional regulation which is needed.

3.10.6.3 Changing the Stigma

There should be a conscious effort for those in the health professions to gather a greater understanding of the difficulties around weight management and the emotional influences. Stigma leads to individuals feeling ostracised, unable to speak out and in our findings insulted through the ‘derogatory’ terminology. A number of studies have identified

unhelpful stigmas towards those who are overweight and obese, leading to poorer outcomes, long term harm to their health and a reluctance to engage (Chakravorty, 2021; Hughes et al., 2021).

3.10.7 Limitations

The sample used in this part of the research was from those who are defined as having a clinical diagnosis of binge eating disorder and are obese, this is a specific group of individuals and can be a limitation in being able to reflect the typical experiences of a wider population. This limitation exists as it contributes to the current research project in being able to explore the possibility of a continuum from community to clinical population. This limitation could not be overcome as it relates to the research questions and forms part of the investigations. Whilst this can be seen as a limitation of the research, it can be overcome by broadening the participant demographics to understand emotional eating. Furthermore, all participants who engaged with the research were based in England. There may be a cultural bias to the findings that cannot be broadened out to other parts of the world. Future research with a broader and international population would omit this limitation. However, it does offer an insight into emotional eating in the western world.

Telephone interviews were used to interview the individual participants there are limitations to this when attempting to build rapport in order to achieve reliable and honest interactions. Furthermore, a lack of non-verbal cues may lead to less exploration when conducting the interviews. However, telephone interviews allowed for flexibility and broader access to participants. Whilst consideration needs to be taken in relation to the practical flexibility and time management that telephone interviews offer; this limitation can be mitigated in future research by conducting face to face interviews.

The context of this study involved individuals who were in treatment and were willing to come forward to participate. There have been a number of participants who have opted not to participate. It leads to questions around the awareness and desirability of change of the participants who took part in the research. It is possible that this provides a limitation of the findings as they reflect a population who are in treatment and appear to be actively engaging. It is difficult to see how this limitation can be managed other than to be reflective of it when engaging with analysis. All participants must consent before engaging with research and therefore this is challenging to overcome.

3.10.8 Conclusion

These findings support the notion that emotional eating is evident in clinical populations, specifically a binge eating disordered population. These findings go further than simply suggesting that emotional eating occurs in response to 'negative' emotions with what appears to be an unconscious and learnt approach towards an attempt at achieving diminishing such emotion and producing 'positive' emotions. Emotional eating occurs in response to a host of emotions, whether that be happy or sad, guilt or anger; the wanted outcome is also not simply to improve the unpleasant emotional state. The participants engaged with emotional eating to improve an unpleasant mood, exaggerate an already pleasant mood and also as a way of punishing themselves eliciting a further unpleasant emotion and reinforcing what appears to be unpleasant self-beliefs. These findings contribute to the emotional eating literature by illustrating a broader use of emotional eating among a clinical population to regulate emotions.

It can be said that a variety of emotions are the antecedents to a change in eating behaviours which is predominantly an increase in eating behaviours in this clinical population. Interventions appear outdated and singular, in that they focus predominantly on

the biological causes of weight management when they appear to be more closely related to poor emotional regulation and management. This is in reference to both attempting to resolve the root cause of emotional distress and in the moment emotional management. Future interventions should focus on the ability to understand and be attuned to one's emotional needs and aim to provide alternative ways in regulating emotions that do not result in unwanted outcomes such as weight gain, unhelpful emotions such as guilt and increased eating. There is scope in the future to further research more finite details of emotional eating at a more specific level or definitive emotions, much can be achieved through the use of qualitative methodology to gain detailed answers that quantitative methods would have difficulty in obtaining.

Chapter Four: Study Two - Emotional Eating Within a Community Population

4.1 Introduction

Emotional eating within a community population has been noted and echoes the clinical findings which often reflect the white female demographic as outlined in chapter two (Devonport et al., 2019). The use of emotional eating within a community population typically mirrors the clinical population findings; in that emotional eating predominantly takes place in a response to unpleasant emotions (Kara & Gok, 2020). In the emotional eating literature less is known about the presence of such in a community population.

The aims of study two include:

- To explore the presence of emotional eating within a community population.
- To identify ways in which eating is used as an adaptive and or maladaptive emotion regulatory mechanism.
- To contribute towards an understanding of emotional eating.

Exploratory research questions of study two include:

- What emotions appear to elicit an emotional eating response and do different emotions elicit different emotional eating responses?
- Are there gender differences in the emotions that elicit an emotional eating response?
- How does emotional eating present itself?

4.2 Methods

4.2.1 Participant Recruitment

An opportunity sampling method was used for the present study. Twelve individuals who had participated in a study by Ruiz et al. (2023) quantitatively exploring participants eating

behaviours and emotions during COVID-19 had consented to be contacted (providing best contact e-mail) to gauge interest for future qualitative research on the same topic. Contact with these participants resulted in the successful recruitment of five males, whilst no female participants were recruited from this potential participant pool. With the clinical sample for study one being predominantly female it was deemed important to have female representation in the community sample. As such further opportunity sampling was used to recruit female participants who were available and willing to take part in the present study. Where participants were recruited snowball sampling was utilised whereby, they were invited to share the project with others who met the eligibility criteria.

The exclusion criteria for the community sample was for any potential participant to be under 18 years of age, hold a clinical diagnosis, or not speak English fluently. All recruited participants did not hold a clinical diagnosis, were aged above 18 years, and were fluent in English. Therefore, no participants were excluded from participation.

4.2.2 Sample Size

With thematic analysis and other qualitative methodology there is not a precise way to calculate the sample size as there can be in quantitative research methods. However, data saturation is the accepted approach in knowing when your data has reached an appropriate amount. It should be mentioned that the idea of data being saturated is not an objective process and therefore the accuracy of this cannot be determined (Braun & Clark, 2019). It is also important to mention that sample size must also be considered in relation to time constraints and the nature of completing a doctoral thesis. Braun and Clarke (2019) do not offer a specific number of participants to engage with when using reflexive thematic analysis. They recommended seeking four or five dense interviews for research purposes (Clarke & Braun, 2013). Ensuring the designing of the study was fit to answer the research question was

paramount but this does not rely on a set number of participants as data saturation is unlikely to be achieved. The number of participants and length of interviews allowed for a sufficient amount of quality rich interviews over sheer volume to answer the research question.

4.2.3 Participants

Eight participants (males $n = 5$; females $n = 3$) took part in the present study, with half identifying as British Asian and the other half identifying as White British.

Table 2

Pseudonyms, gender and ethnicity of community population

Name	**Gender**	**Ethnicity**
Tony	Male	White British
Gurdev	Male	British Asian
Jeff	Male	White British
Arjun	Male	British Asian
Connor	Male	British Asian
Sonam	Female	British Asian
Alana	Female	White British
Sandra	Female	White British

4.3 Materials

Through an understanding of the current literature around emotional eating, emotions and eating behaviours the semi-structured interview (Appendix F) was developed in line with

study aims. The interview was semi-structured which allowed for the participants to share their answers and lived experience whilst also providing a space for depth in follow-up questions and exploration around relevant information in relation to the research topic. The semi-structured interviews explored the participants experiences of the coronavirus pandemic, their eating behaviours prior to the pandemic and any subsequent changes, whilst exploring their relationship with emotional eating. The interviews were all undertaken and recorded via Microsoft Teams.

4.4 Procedure

4.4.1 Ethics and Consent

Ethical approval was obtained from the Faculty of Education, Health and Wellbeing Ethics Sub-Committee Board of Wolverhampton University. An amendment was approved from the same committee at a later date to recruit the additional participants from outside of the study by Ruiz et al. (2023).

Throughout the undertaking of this research, the British Psychological Societies Code of Ethics and Conduct and the Health and Care Professions Council Standards of conduct, performance and ethics were adhered to (British Psychological Society, 2021; Health and Care Professions Council, 2016) ensuring participants were engaged with appropriately and professionally.

Participants were provided with a project information sheet (Appendix H) and had the opportunity to contact the researcher to ask any questions they had about the research. The participant information sheet provided information regarding the details of the study and what would be expected from their engagement. Participants were informed of their right to

withdraw from the research study up the point where interviews had been transcribed and anonymised after which time was it no longer possible to withdraw data.

Having read the project information sheet and after having the opportunity to ask questions about the study informed consent (Appendix G) was obtained from participants prior to interview. On completion of their interview, all participants were provided with a debrief sheet (Appendix I) so that they had project information to hand.

4.4.2 Undertaking Interviews

The interviews with participants were arranged at a suitable and fitting time for each of the participants. The interviews all took place online using Microsoft Teams, both interviewer and interviewee were in appropriate, comfortable and private spaces in order for the interviews to be conducted in an appropriate manner. The interviews were recorded via Microsoft Teams, the mean time for an interview was 38 minutes with the shortest interview lasting 20 minutes and the longest interview lasting 52 minutes. Once the interviews were completed, the recordings were transcribed initially through Microsoft Teams transcription and later amended to rid the transcriptions of any errors and to improve the accuracy of transcription and ensure they were transcribed verbatim. This also acted in part as a process of thematic analysis aligned with step one. All information that would make a participant identifiable was kept securely on a password protected computer in a locked office, this included consent forms. Within the interviews, any information that would make a participant identifiable be this name or place were removed or replaced with pseudonyms in order to protect their anonymity and confidentiality.

4.4.3 Data Analysis

The community participants interviews were analysed using Braun and Clarke's (2019) reflexive thematic analysis. For a more in depth reminder of the analytical method used see Chapter 3.8.

4.5 Results

4.5.1 Introduction

Four main themes and ten subthemes were identified following reflexive thematic analysis. These four themes were 'the impact of the coronavirus pandemic', 'the influence of emotions on eating behaviours', 'the function of eating beyond reaching satiety' and 'the emotional eating cycle'. Where differences in the experiences of male and female participants were apparent, these will be highlighted within the themes. This is in view of the aim of gathering an increased understanding of the male experience, which has previously been under researched in emotional eating literature.

Table 3

Main themes and subthemes of thematic analysis within the community population

Main Themes	**Subthemes**	**Subtheme Description**
The Impact of the Coronavirus Pandemic	Emotional Changes Through the Pandemic	This subtheme captures the emotional changes that the participants experienced as a result of their experiences living through the coronavirus pandemic.
	Changes in Eating Behaviours in Response to the Pandemic	This subtheme illustrated the impact the coronavirus pandemic

		had on participants eating behaviours.
The Influence of Emotions on Eating Behaviours	Eating Behaviours in Response to an Unpleasant Emotion	This subtheme showcases the eating behaviours that were a consequence to experiencing unpleasant emotions and the influence such emotions had on the eating behaviours.
	Eating Behaviours in Response to a Pleasant Emotion	This subtheme showcases the eating behaviours that were a consequence to experiencing pleasant emotions and the influence such emotions had on the eating behaviours.
The Function of Eating Beyond Reaching Satiety	Eating to Achieve a Pleasant Emotion	This subtheme highlighted the ways in which eating can be a used in order to achieve a pleasant emotion opposed to attempting to reach satiety.
	Maintaining a Feeling of Wellness	This subtheme shows how eating can be used to maintain feelings of wellness opposed to the singular aim of reaching satiety.

	Eating is a Treat	This subtheme captures the use of food consumption as a way of treating or rewarding oneself.
The Emotional Eating Cycle	It's a Short Term Solution	This subtheme illustrates the short term benefits of emotional eating and the cyclical nature of this.
	I Didn't Know Until It's Too Late	This subtheme shows the lack of awareness in engaging with emotional eating and often the unpleasant emotions that follow.
	The Need for an Alternative Way of Coping	This subtheme captures the dislike for using emotional eating to regulate emotions and a need for an alternative way of coping.

4.6.2 Theme One – The Impact of the Coronavirus Pandemic

This theme reflects the experiences and impact of the coronavirus pandemic, the difficulties that the participants faced and, in some instances, the benefits. The subthemes of emotional changes and eating behaviour changes reflect the differing and core elements that had been impacted in response to the coronavirus pandemic for the participants.

4.6.2.1 Emotional Changes Through the Pandemic

Emotional changes through the pandemic were evident in the conversations with the participants. This subtheme showcases the emotional changes that were present throughout the pandemic and how they are individualised to each participant.

Reflecting on the time prior to the pandemic, the participants spoke of feeling generally well and having set routines which reflected their feeling of general wellbeing. A repertoire of ways of managing the difficulties throughout their lives was evident, through engaging with work, having a set routine and participating in their hobbies and interests. Overall, participants spoke more fondly of pre-pandemic life, life '*wasn't too stressful'* and was described as a *'smooth state*'(Connor). Gurdev was definite in his emotional experiences prior to the pandemic.

> Interviewer: *"You mentioned people being happier before, before the pandemic. Would you say that's the same for yourself?"*
>
> Gurdev: *"Yeah, I, I, I definitely think so, yeah."*

However, a positive experience prior to the pandemic was not absolute, some were in a difficult space prior to the pandemic and experienced positive change as a result of the pandemic. Arjun found his pre-pandemic experiences to be tougher than during the pandemic. *"I think I was actually struggling with my mental health. I was actively in therapy".* Sonam had similar pre-pandemic feelings where she experienced a lifestyle that she described as *'stressful' and 'hectic'.*

Throughout the pandemic the participants expressed a change in their emotional state, for the most part the emotions experienced were unpleasant. Often *'frustration'*, *'boredom'* and feeling *'upset'* were shared. As restrictions tightened, their social interactions reduced, as

did their meaningful activity such as work and engagement with their pleasurable activities in line with their emotional changes. Tony began to experience moments of frustration as the pandemic lingered longer than had been expected and the uncertainty this created. *'It's getting frustrating there and bring, it does bring me down a little bit. Just seeing it cause I think you just think it's never really going to end'.* Tony conveyed unpleasant emotions at the thought of the pandemic not having a clear end point, and no control over this.

Arjun found their usual engagement with self-care was reduced. "*There's still kind of engaging in self-care, and I think a lot of that stuff had to come to a pause when we entered the pandemic."* This loss of his typical self-care routine that refer to social interactions, engaging in hobbies and interest contributed to his unpleasant emotive changes of feeling *'sad'* and '*fed up'*. Arjun shares *"seeing family, seeing friends and going to the gym, going to the barbers, getting a facial, that sort of things".*

In reference to one of the tighter restrictions, that being the need to self-isolate, it appeared to have some of the toughest emotional impacts on participants. Gurdev felt they were close to a clinical diagnosis of depression following a stint of isolation. "Y*eah, I was bored. Uhm, lonely at times. Borderline depressed to be honest."* Having had to endure self-isolation, which involves being apart from others for a period of time, led to feelings of boredom and depression.

For participants who experienced struggles and unpleasant emotions before the pandemic, their lives and mood appeared to improve as they found balance and were able to relax in alternative ways which was met with pleasant emotions. For example, the incorporation of healthier foods, physical activity, and balance was evident in improving wellbeing as Arjun shared:

> *So, when I was working from home, having better lunches or going for a run like running a mile, coming back, having a shower, and then seeing my next client for example, I think having that balance was actually better for me.*

The lifestyle changes and better *'balance'* led to an improved mood which was facilitated through pandemic restrictions.

Sonam also identified the changes in herself that needed to be made, some involving the foods she consumed and engagement with physical activity. The pandemic was able to facilitate this as changes occurred to her work and social life. It appears Sonam was coping through the pandemic via these changes which had a positive impact on her emotional wellbeing. *"I realised that I needed to look after myself more because I was so stressed out and I had some extra time to, you know, cook healthy meals. Go out for a walk."*

What is evident in this subtheme is that participants drew comparisons of their lives before the pandemic, feeling compelled in some way to compare pre-pandemic to pandemic experiences with this situation provides them with the ability to timestamp as such before and after in their mind. The pandemic offers a rare life event that is shared by the entire population. Irrespective of pre-pandemic experiences and emotional wellbeing, the pandemic ultimately led to a change in participants' emotional state. Interviews indicate that the experience of the pandemic were not homogenous, for some there were positives outcomes and for others their lives became more difficult. It appears that the participants who were able to or who opted to make an active positive change during the pandemic experienced more pleasant changes. There appears to be an element of internal locus of control in some participants and not in others, where active positive change was taken whereas others appear to view the pandemic as inflicting unwanted change on them. Some of the above examples reflect the coping strategies the participants engaged with (e.g., exercising, eating healthily),

it seems they recognised their unpleasant emotions and saw the pandemic as an opportunity to make some adjustments.

4.6.2.2 Changes in Eating Behaviours in Response to the Pandemic

This theme describes the changes in eating behaviours in response to the pandemic, which includes increased eating, reduced eating, healthier eating and unhealthier eating. As the pandemic progressed the participants spoke of changes in their eating behaviours. Participants drew comparisons with their eating behaviours prior to the pandemic.

For example, Connor identified changes in his eating behaviours following the introduction of lockdown pandemic restrictions; *"I think as soon as lockdown was kind of introduced, I think that's when I kind of found myself eating more and eating more."* Alana also reflected "*Prior to the pandemic it was* [diet and exercise]*, it was. It was pretty good. I was on a, a good health kick…I'd lost weight. I ate healthy. And, and I did lots of exercise."* Alana refers to herself as '*good'* in relation to the weight loss, exercise and eating healthy possibly alluding to the opposite of this as bad. There is also potentially an idealistic view being presented of pre-pandemic life where it all appears very pleasant.

There existed a subset of participants who entered the pandemic with reported difficulties aligned to their eating behaviours. Sonam who identified feeling stressed prior to the pandemic described her relationship with food as *'not a healthy one…I was definitely over eating.'* However, in relation to their experiences in response to the pandemic Sonam acknowledges a healthy improvement to their eating and an increase in pleasant emotion.

> *I improved my food a lot and I've actually lost two stone during COVID, and I was the happiest, um, I'd ever been and also my healthiest, I'd ever been. Whereas before COVID I was stressed, and I was over eating and I was also overweight.*

The changes to eating that participants identified in their accounts reflected an increase in eating, overeating, or binge eating for those that identified themselves as generally eating healthy and feeling emotionally well before the pandemic. Gurdev who spoke of feeling 'borderline depressed' as a result of the pandemic identified changes in his eating behaviours '*My desire for food has increased'.* Gurdev perceived increased eating in response to unpleasant emotions resulted. It is possible that Gurdev was attempting to improve upon his emotional wellbeing through consuming food.

Tony was absolute about his increased eating during the coronavirus pandemic, as when asked about an increase in food consumption during the pandemic he replied '*Yeah, definitely'.* He perceived changes to his eating behaviours as being in response to unpleasant emotions triggered by the pandemic with a possible attempt at attenuating such feelings.

To conclude, participants were able to clearly describe the impact of the coronavirus pandemic on their emotions and eating behaviours. For most this can be summarised as an increase in unpleasant emotions and by association more unhealthy eating habits.

4.6.3 Theme Two – The Influence of Emotions on Eating Behaviours

As shared in the initial theme, participants perceived their eating behaviours to have changed. The most evident change to the participants eating behaviours was in response to their emotions also known as emotional eating. This theme highlights how different emotions, both unpleasant and pleasant can have an influence on eating behaviours.

4.6.3.1 Eating Behaviours in Response to an Unpleasant Emotion

This subtheme describes the influence of unpleasant emotions including stress, low mood and grief on eating behaviours. Emotional eating in response to an unpleasant emotion was most commonly described by participants. This was evident among participating males

and females. There were no clear differences in the type of emotion experienced by either gender that indicated a different type of eating behaviour. All participants described consuming more foods and what they considered unhealthy foods in response to an unpleasant emotion. However, Gurdev cited eating more during stress but less during a period of grief, a notable difference from the other participants. This may be explained by the complexities of experiencing grief. "*For me it's I find myself eating a lot more during stressful situations at work or with the pandemic…when we are grieving the loss of my auntie. Around that time, I didn't feel like eating then."*

Apart from the reduction in eating when grieving the experiences of participants informing this theme reflected an increase in eating when they experienced unpleasant emotions. Connor shared his emotional experiences of feeling sad and the use of food. "*Yeah, I think during the pandemic because I was feeling a bit down, I was feeling a bit sad. I'd think I'd use food as maybe a coping mechanism to take my mind off what's actually going on."* A clear experience from Connor was the consumption of food as a distraction and *'coping mechanism'* from the unpleasant emotions and appears to be a conscious act in the moment.

Jeff was able to identify '*boredom'* as a trigger to an increase in eating "*I wouldn't say I have never eat great volumes but definitely an increase in frequency."* In this instance it may be that Jeff was under stimulated and that consuming food offers some stimulation to rid him of the boredom; this may be an attempt to change his unpleasant emotional state, though it does not appear to be a conscious act. Additionally, Jeff appears to not change the volume of his food intake but the increased frequency in his eating and the eating pattern of seeking food when bored.

This theme found similarities across the genders with female participants also exhibiting similar emotions of boredom, frustration, stress and sadness which all resulted in

an increase of food consumption. Sandra recognised the unpleasant emotions as driving her food seeking behaviours. "*It was more the unpleasant emotions. So, the boredom, the frustration, that irritation of not having anything to do. Oh, I'll just pop to the fridge. Or popped to the cupboard and I'll see what's in there."* Similarly, boredom increased the eating behaviours of Alana who agreed with this *"Oh, yeah, yeah definitely."*. From this it appears that emotions can either come from a place of high activation in stress and irritation or low activation of boredom and sadness. Through the participants experiences it appears they are functioning from a place of awareness and planning, opposed to unconscious reactive ways at times. It would imply that there is not a single function of food, but it can be used in a number of ways to either calm down irritation and frustration or to stimulate others who are feeling bored or sad.

Sonam identified unpleasant emotions of sadness and stress with her food consumption *'I would say when I was stressed or sad, I would just want to snack or grab something quickly to eat.'* It appears here than Sonam experiences an unpleasant emotion and there is an immediacy to eat possibly attempting to return to some emotional equilibrium or stability. Due to the immediacy of Sonam actions, it may be an unconscious act or it may be a longstanding learnt response to unpleasant emotions.

Whilst the majority of participants acknowledged an eating response or an increase in eating to unpleasant emotions what also accompanied this was the food choice. The food choices shared were often described as *'forbidden foods'* unhealthy, involved takeaways, could be considered high in sugar and fat or as being processed foods as mentioned by Arjun *"I'd say sugary foods, uhm. Uhm, yeah, let's say probably sweet stuff more often. Uhm biscuits, uhm, what else. Like chocolate and I think I used to have quite salty foods as well, like pizza."*

Sandra also identified similar experiences with the types of food she consumed.

> *Almost that I would call like the Forbidden Foods that the, the take outs that you wouldn't, won't be part of my normal diet. A takeout is a treat that doesn't happen often, so it would be a treat if something has gone really well, or it would be a treat to make myself feel better.*

It appears that the unpleasant emotions are associated with an increase in the consumption of these *'forbidden foods'.* As mentioned, it is not part of their *'normal diet'* and also appears to be not part of their typical emotional experiences, it is when their emotions are tilted off their balance that these types of foods are sought after. It is possible that the function of the '*forbidden foods'* provides some emotional outlet or temporary regulation of their emotional state.

4.6.3.2 Eating Behaviours in Response to a Pleasant Emotion

This theme shows the participants experiences with their eating behaviours following their experience of a pleasant emotion. When reflecting on the pleasant emotions the participants had experienced their eating behaviours changed with this too. The most common response related to a change in the types of food being consumed in response to emotions. The participants spoke of engaging with what they referred to as healthy eating. This was the consensus of both male and female participants. Arjun identified his change in eating behaviours, with 'positive' emotions relating to healthier eating choices. *"I think when I felt more positive, I'd probably then make more sensible choices. So instead of having chocolate, I'd have an apple".* Gurdev identified feelings of happiness with healthy food options too *"Uh, I found generally the more happy I am the healthy I eat."* Sonam

experienced similar pleasant emotions aligning with health food choices *"So I just felt better, so I just it was eating a lot healthier food, less food"*.

Tony found that they ate more in times of pleasant emotions and related this to unhealthier foods, this stood out in comparison with the other participants *"Just thinking about it off the top of my head, I think. I'm the type of person that tends to eat more when I'm happy."*

The causal link for these participants is that their emotions are driving their eating behaviours. It appears that through the interview they have awareness of the emotional drivers of their eating behaviours which is then somewhat regulated or responded to through food. It appears that the participants may not feel they are in total control of their own eating and that the emotional drivers take charge. Through the participants accounts there is a lack of autonomy into the eating behaviours, it seems following their emotive experience they lack control over the choice. For example, Sonam *"quickly grabs"* in response to her unpleasant emotion or how Sandra "*pops to the fridge"*. It seems to reflect an unconscious and automated eating in response to the emotion.

To summarise this theme and subthemes, it is evident through the data that emotional eating is present across this community sample. The unpleasant emotions are perceived to trigger an increase in eating or an eating response which involves typically '*forbidden foods'*. Whereas, when the participants experience pleasant emotions or are in an emotionally pleasant space, they consume healthier foods and do not report overeating.

4.6.4 Theme 3 – The Function of Eating Beyond Reaching Satiety

The theme describes the function of eating that does not include the need to fulfil physiological needs of hunger. It was observed that a number of functions of eating

presented, which were not hunger related and there was an engagement in non-hunger eating when aligned with unpleasant emotions. Through the interviews it was interpreted that the participants were often trying to achieve something through their eating behaviours which was not associated with reaching satiety. These included attempting to achieve a pleasant emotion, a way to maintain a feeling of wellness, perceived attempt at stimulating boring periods and eating as a way of celebrating or being rewarded, often referred to as a 'treat'.

4.6.4.1 Eating to Achieve a Pleasant Emotion

This theme focuses on the consumption of food in an attempt at reaching a pleasant emotive experience. When the participants experienced an unpleasant emotion, it was often perceived as their aim to counteract this and or manage this emotion through eating with the aim to achieve a pleasant emotional experience. It appeared that the participants were aware of this as they shared their experiences in the interviews, but this was not an in the moment conscious act. As seen in the theme above, the participants experience an unpleasant emotion which leads them to eat the function of this appears to be regulatory in order to achieve a more pleasant emotional state. Sandra exclusively identifies unpleasant emotions with food in order to achieve a more pleasant emotional state. *"If I've had a really bad day, it's an excuse to, oh I've had a bad day so this food might make me feel a bit better".* Other female participants were aligned with eating in order to achieve pleasant emotional states, shown here from Sonam *"I guess I was kind of eating because I was stressed, and I didn't really care. I just wanted to just eat because of comfort."* Again, this appeared to be a reflection, and an insight gained through the engagement of the interview and not an in the moment awareness.

Eating in order to achieve a pleasant emotional state was also present within the male participants who wanted to achieve the feeling of comfort through food. Gurdev identifies

eating with attempting to achieve comfort. "*Yeah, in in a way. For me it's, it's, a it's a comfort food".* The ability to instantly achieve a set emotion appeared to be a function through eating when feeling fed up with Arjun. "*I suppose it's a convenient distraction from that feeling fed up or exhausted, it's something that makes me feel good and satisfied instantly and in a moment."*

The use of a *'convenient distraction'* can imply that the function of eating is a regulatory act. In this case it appears that the use of eating is to avoid a certain emotion in order to regulate. Avoidant maintenance cycles often provide short term relief to long-standing and ongoing emotional regulation difficulties. It also seems that this participant is only benefiting in the moment but uses food repetitively to regulate their emotions rather than directly addressing the emotional difficulties. Multiple extracts identified the consumption of food has resulted in a feeling of *'comfort'* which is the easing of unpleasant emotions and appears to be a regulatory mechanism for the participants above.

4.6.4.2 Maintaining a Feeling of Wellness

Whilst much of this data reflected a shift from feeling some unpleasant emotions and attempting to regulate or manage this. This theme shows the perceived attempts at maintain the pleasant feeling of wellness. There was evidence of those who had a feeling of wellness and the importance of how their eating aligned with this. Those feeling well, attempted to continue and maintain this through the consumption of healthy food options. Sonam identified a change in her eating behaviours which ran in parallel and correlated with healthier eating choices. There is a possible causal link here, where when experiencing pleasant emotions, it allowed for the improved quality of foods consumed which further resulted in happiness and continued good health. It appears that when Sonam is not in a pleasant emotional state their eating behaviours match this.

> *I improved my food a lot and I've actually lost two stone during COVID, and I was the happiest, um, I'd ever been and also my healthiest, I'd ever been. Whereas before COVID I was stressed, and I was over eating and I was also overweight.*

Gurdev acknowledged that for them, happiness was associated with healthy food consumption. "*Always say depending on how happy I am in life. Uh, I found generally the more happy I am the healthy I eat."* Pleasant emotions appear to accompany healthier eating in Gurdev, it may be that with the reduction in unpleasant emotions there is not a need to engage with eating as a coping mechanism or a way of regulating unpleasant emotions. Previously, Gurdev spoke of feeling *'borderline depressed'* during the pandemic with a *'desire for food has increased'* from this it appears to have been unhealthy foods.

It appears that in Sonams' case she was able to take positive and active change in the food they consumed. She has been able to take control of her *'stress', 'overeating'* and being *'overweight'* it offers insight in that change is possible with control and agency but also a correlation between unpleasant emotions, overeating and weight gain. In both Gurdev and Sonam's extracts there is an acknowledgement that the happier they are the healthier they eat but little is relating this back to the improved ability of regulating their emotions.

4.6.4.3 Eating is a Treat

One subtheme that was generated through the data was the idea of food having a function as a treat or a reward. This theme outlines the use of food and eating as a treat. There was a celebratory element to the participants eating behaviours which aligned with consuming foods which was not associated with necessarily feeling hungry. Connor recalled rewarding themselves for their achievements. "*For example, when I've done something good, I've had a good day at work. I order something to treat myself."*

This was also found at a hierarchal and systemic level where companies were treating or rewarding their employees through food, Sonam shares being *'treated a lot. So, the company used to take us out for food'.*

On a more personal level the use of food to celebrate was evident as one of the first responses to celebrating and rewarding some good news with Tony.

> *If I like have some great news at work or something, the first thing, one of the first things I'll think about, apart from like telling you know the misses or or whatever, tonight when, were going to have a pizza tonight.*

The function of eating found in this data reflects the wide ranging relationship the participants have with their food and eating behaviours. For the most part eating appears to offer *'comfort'* and appears to act as a way of managing this distress whether it be through avoiding the emotional trigger or improving on the unpleasant emotion. In those who were actively working towards their wellbeing it appears to prolong the feeling of wellness if the *'healthy'* choices are consciously made. One clear use of food is the way in which it is used to reward or treat someone and whilst food can and has been thought of as a basic need to fulfil hunger and reach satiety, this is not the sole function of eating from the participants contributions.

4.6.5 Theme 4 – The Emotional Eating Cycle

This theme shares the experience of an emotional eating cycle that was present in the participants experiences. Through the data there appears to be a cycle that much of the participants found themselves involved with which we will term 'the emotional eating cycle'. The participants shared their emotional eating experiences, eating when predominately experiencing unpleasant emotions in order to achieve some emotional balance or pleasance.

However, through their attempts at this it was clear they rarely managed to sustain this emotional state and ultimately seemed to experience unpleasant emotions shortly after eating. This is indicative that eating was having a limited success for emotional regulation in the longer term.

The emotional eating cycle that the participants appear involved with appeared to be beneficial as a short term solution but similarly found in in cognitive behavioural therapies it was akin to an avoidance and maintenance cycle of unhelpful behaviours. Through the engagement with the interviews the participants awareness of their engagement with the cycle grew, it appears to be a largely unconscious process that through conversation can be brought to their attention. Finally, the emotional eating cycle and eating in response to emotions as a way of managing their emotions was not something the participants appeared to benefit from and an alternative to this was largely in need.

4.6.5.1 It's a Short Term Solution

The participants experience of eating to achieve a pleasant emotion appeared successful but only in the short-term, this theme reflects the participants experiences of the brief benefit of their attempt at regulating their emotions through food.

Connor identified the joy in eating the food but shortly after consuming the foods a sense of guilt creeps in and they find themselves *'back to square one'*. There is a short term gain for the consumption of foods, but this does not appear to outweigh the overarching guilt which prevails.

> *I think that when I'm eating the food, I feel pretty happy. After when I've consuming the food I packed, everything away and wash the dishes. I think a sense of guilt*

usually kicks in because I'm like oh why it probably wasn't the healthiest. Yeah, we just back to square one really.

Connor shared this in the context of using food as a coping mechanism for unpleasant emotions and that he struggled to find an alternative therefore he reengages with this over and over. *"I'd preferred not to have to always order a takeaway…but I can't really think of any alternatives".*

Again, a similar experience was found with Arjun where the instant gratification of eating was later met with bad feeling of themselves. There is an immediacy which has been mentioned before that allows food to be used in a way to improve an emotional state in the moment but shortly after this is met with unpleasant emotions.

I think in the moment I felt when I was doing the eating I felt OK. I felt good. 'cause I was getting kind of that instant gratification, but I think afterwards and around I felt quite bad about myself

In response to overeating during the COVID pandemic, Gurdev who recalled eating in response to their unpleasant emotions has found themselves worse off after a two year period. What began as a way to reduce stress through eating has resulted in someone who feels less happy than where they originally started. "*I would say I've been overeating, and my weight has just steadily increased over the last two years. Up to a point where I don't feel happy anymore."*

Similar responses were found with female participants who experienced this cycle of emotions, feeling unpleasant, attempting to manage this but again being left unsatisfied with the decision they had made and the food they had consumed as Sandra shares.

Obviously in the in the moment when I'm consuming the food I'm thinking, Oh yes, this is going to, this is lovely. And then give it some time and, and, and, I just think, why did I? Why did I eat that I didn't need it? I could have done something else instead to try and find that comfort or whatever it was that seeking.

It seems that consuming food on autopilot means that there is not a consideration to the future consequences which typically occur, whether this be emotional consequences of guilt or physical weight gain. There is an acknowledgement to not needing the food but there is also an absence of a known alternative in attempting to '*find that comfort'.*

4.6.5.2 I Didn't Know Until It's Too Late

There appears to be an unknowing of the use of eating to manage emotions or eating in response to emotions. This unknowing is perceived as being in the moment and in the act of eating to manage their emotions which this theme highlights. Through conversation in the interviews the participants were able to reflect and recite the use of eating to manage their emotions. The interview appeared to act as a prompt to accessing this knowledge about their eating behaviours and emotions.

Sandra shared their experiences and different levels of awareness to their eating behaviours. "*I don't. I wasn't really conscious of it. Until later on."*

Alana highlighted that in moments where they are beyond caring they are aware of their unhelpful eating behaviours but choose to not actively attempt alternatives, and at other moments it appears to be an unconscious action. "*Oh, sometimes you're aware of it and you just don't care…You kind of become aware of it after you've done it."*

Through engaging with the interview, Gurdevs' awareness had grown due to the reflections they had made in response to the questions. Prior to this they were seemingly

unaware of their eating behaviours and their emotions. "*Now you've asked me these sort of questions. It's, it's made me more aware that I need to be more sort of conscious of how I'm feeling and how that's impacting me."*

Through the interviews the majority of the participants were engaging with emotional eating but lacked the awareness this was happening as they participated in it. Many of the participants went on to discuss the need for an alternative way of managing their emotions away from consuming food.

4.6.5.3 The Need for an Alternative Way of Coping

This theme displays the experiences of the participants who were stuck in this emotional eating cycle and were longing for an alternative way of coping. For Alana it was not their preference to eat in response to their emotions. "*I'd prefer not to do it."*

Sandra felt similarly, wishing for an alternative to eating in response to her emotions.

I'd rather an alternative.

Does anything come to mind? (Researcher)

Not really. I wish it would, so I had an alternative.

Jeff also identified the wish for an alternative to their emotional eating *"I suppose it would be better if there was a healthier alternative"* but also a need to manage their emotions that would trigger emotional eating *"you know I shouldn't get angry with work".*

Sonam acknowledges how they use food as a way of experiencing some enjoyment, they found themselves not engaging with this very often and were happy with their eating behaviours as they were generally feeling well in themselves. "*I think I'm quite happy with it because I enjoy the food…because I don't have it that often. Yeah, I'm happy with it."*

4.6.6 Summary of Findings

Findings indicate that for these community participants the coronavirus pandemic presented a naturally occurring context in which emotional changes occurred and resulted in emotional eating. Emotional eating occurred in response to pleasant or unpleasant emotions, and manifest not only through an increase in eating, but also the types of foods consumed. The function of eating was perceived as moving beyond the basic need to reach satiety, providing multiple purposes.

4.7 Discussion

This research explored individuals' experiences of their emotions and eating behaviours during the covid pandemic. This included an exploration of how eating is used in either an adaptive or maladaptive emotion regulatory mechanism with the aims to contribute towards the understanding of emotional eating in a community population.

Following thematic analysis four main themes (and ten subthemes) were identified, these were: the impact of the coronavirus pandemic, the influence of emotions on eating behaviours, the function of eating beyond reaching satiety, and the cycle of emotional eating. These themes will be critically discussed as informed by literature and theories discussed in chapter two.

4.7.1 The Impact of The Coronavirus Pandemic

This study used the naturally occurring coronavirus pandemic as the context for the basis of this research. The coronavirus pandemic was unlike any previous experience in the modern era (Kumari & Shukla, 2020). Therefore, it provided a natural stressor for most individuals with emotional, behavioural and psychological impacts being felt globally (Pedrosa et al., 2020). Thus, the pandemic provided a context within which to observe

emotion and how people manage their emotions when access to habitual coping mechanisms may be reduced or unavailable. This addresses the limitations of previous studies that have used the experimental induction of emotions in an attempt to explore emotional eating as opposed to naturalistic settings.

The participants in this study were able to describe how the coronavirus pandemic impacted them, and in particular, in line with the aims of this research, suffered emotional consequences as a result of this. Based on these findings, it is argued that prior to the pandemic largely positive experiences, and general feelings of wellness were shared. By contrast, two participants, one male and one female, felt their pre-pandemic experiences were emotionally more difficult, with the pandemic providing an opportunity for healthier lifestyle behaviours and balance.

Regardless of pre-pandemic experiences, all participants perceived changes during the pandemic, and it had therefore been impactful. For the most part this was characterised by increased unpleasant emotions such as experiences of frustration, anxiety and feeling upset in line with similar research findings (O'Connor et al., 2021). These changes to the participants emotional states were a result of broken routines, a reduction in purposeful activities, including social engagement and hobbies which were shown to have consequences towards people's mental health during the pandemic (Ramírez-Ortiz et al., 2020). Not only did this produce unpleasant emotions, but it also delimited the use of routines and purposeful activities as a means of emotion regulation. Therefore, there was a reduction in the availability of typical coping mechanisms that would have been available prior to the pandemic which was shown to highlight specific adversities that impact coping mechanisms (Fluharty & Fancourt, 2021). This reduction increased the use of available strategies, including the use of food. In the face of a stressful event, people default to eating as a coping

strategy. When other strategies are removed, eating is easy to engage with, and it persists, and will be more likely to prevail, rather than people seeking novel ways to cope (Gardner & Rebar, 2019). In relation to the pandemic restraints and the emotional regulation theory (Gross, 2015) the participants have a reduced ability to select their situation which may have increased their emotional eating. Additionally, their inability to modify the situation they found themselves in may have increased the accessibility to emotionally eat.

In the United Kingdom there has been evidence of a use of both maladaptive and adaptive coping mechanisms in response to the pandemic, with some turning to increased alcohol consumption, with others finding healthy eating led them to feel physically and mentally better (Ogueji et al., 2022). However, one study found that the most common coping mechanism was 'hoping for the best' an indication of the limited strategies for coping in an unpredictable time (Kar et al., 2021).

When exploring the impact of the pandemic on the participants eating habits, other than the two participants who were already engaged in overeating and an unhealthy lifestyle, the consensus among the rest of the participants was that they observed an increase in their food consumption. This observation is supported by a systematic review of eating behaviours during the pandemic, which highlighted an increase in food consumption, snacking and a preference for ultra-processed foods (González-Monroy et al., 2021). The initial exploration of changes to eating in response to the pandemic highlighted this increase; further exploration through the interviews led to an evident influence of the emotional states and changes of the participants toward their eating behaviours, commonly known as emotional eating.

4.7.2 The Influence of Emotions on Eating Behaviours

The influence of emotions on eating behaviours is made evident in this section where findings from the present study, indicate that emotions had an influence on the eating behaviours of the sampled community population, with very little difference in the emotional eating experiences of participating males and females. Emotional eating has not been routinely explored in community samples, and so much of what is known is taken from clinical populations. The findings that emotional eating is evident in community populations allows for a continuum of emotional eating to be considered, and an exploration of the development from community use to clinical difficulties.

The emotions that were most commonly cited as perceived antecedents of emotional eating were stress, frustration, boredom, and low mood which can be categorised as unpleasant emotions. An increase of eating in response to unpleasant emotions supports existing research (van Strien et al., 2013) in that unpleasant emotions are commonly identified as the antecedents to emotional eating (Frayn & Knäuper, 2017; Ha & Lim, 2023).

Whilst the existing research and current findings indicate an increase in food consumption in relation to unpleasant emotions, the inverse was found for two participants whose emotional state improved throughout the pandemic. As such, the present study evidenced the use of emotional eating in a community sample, and whilst previous research indicates that females are three times more likely to emotional eat (Sze et al., 2021), these findings were not reflected in the present study, though it is recognised the sample size as a qualitative study was smaller than typical quantitative samples.

Findings from the present study, indicating that males engage in emotional eating contributes to limited research undertaken among male community populations (Devonport et al., 2019). Emotional eating research has predominantly explored emotional eating among those from eating disordered clinical populations and through a white female lens within the

community (Devonport et al., 2019). Throughout the emotional eating literature, the most common findings will indicate a greater engagement with emotional eating, dietary restriction and lower levels of intuitive eating in women (Strodl et al., 2020). Previous research studies suggests that there are differences in the emotions that elicit an eating response between genders leaning towards emotions of sad and upset being more present in women (Guerrero-Hreins et al., 2022). However, this was not found to be the case in this research with emotions of low mood, frustration, and boredom all elicited eating responses in both genders. This suggests the presence of emotional eating appears to be as common in males as it is females and without differing emotional antecedents.

Boredom features throughout the pandemic due to the change in work related activity, social engagement and isolation. Research suggests that there is little evidence that boredom in relation to the lockdown affects risky public health behaviours (Westgate et al., 2023). However, from the above findings there is evidence that an increase in eating occurs in relation to this. Additionally, boredom has been found to be the most common cause of increased eating regardless of gender (Guerrero-Hreins et al., 2022). Therefore, boredom, which does not carry as heavy 'negative' connotations should be considered in emotional eating research, as where individuals should people lack meaning and purpose and thus experience long term boredom, this could contribute to maladaptive emotional eating and possibly clinical difficulties.

A consensus was that the combination of increased unpleasant emotions, and reduced means of emotion regulation (mentioned in the section above) was perceived as increasing the tendency to utilise emotional eating. This self-reported increase in emotional eating as a result of an increase in unpleasant emotions, is a finding supportive of the emotional eating theory (Macht & Simons, 2011) which focuses predominantly on eating in response to

unpleasant emotions in an attempt to regulate them. However, in contrast to this theory, the present findings are also suggestive of emotional eating occurring in the lives of people experiencing and eliciting pleasant emotions. In keeping with the theory presented with McRae and Gross (2020) participants reported eating to maintain joy; regulatory efforts were therefore not solely to improve low mood. Consistently, emotional eating refers to the act of eating in response to unpleasant emotions, especially in clinical populations. The current findings offer further support for the role of pleasant emotions as antecedents to bouts of emotional eating in community populations.

There was one anomaly whereby one participant discussed how the emotion of grief reduced his urge to eat. Grief is a unique emotional experience (Kumar, 2021) and should be separated from emotions such as low mood or feeling upset as they have been shown to be qualitatively different and represent different emotional processes (Wittkowski & Scheuchenpflug, 2021). In this research the experience of grief resulted in a loss of appetite for the participant. It is also widely accepted that grief can follow five stages at which during different times different emotional experiences occur such as depression or anger which provide difficulties in pinpointing the emotion (Kubler-Ross & Kessler, 2009). The implications this may have on the eating behaviours of an individual that is experiencing grief may result in a variety of changes to their eating behaviours in relation to the emotional state they find themselves in. This unique finding surrounding bereavement could be a focus of future research.

With the unpleasant emotions discussed they all resulted in an increase in eating during their emotional experiences, this implies that the consumption of food may act as a coping mechanism typically engaged with on an autonomous level as a way of reducing the intensity of their emotion. Theories such as the affect regulation theory (Booth, 1994) and the

emotional eating theory (Macht, 2011) align with this way of thinking around emotions and eating.

Alternatively, the participants who had somewhat of a positive experience of the pandemic through benefiting from rest and engaging with a slower pace of life. These participants found their unhealthy eating behaviours had reduced in relation to living healthier lives and more pleasant emotions. This is not to say they reduced their eating but reduced the highly calorific and processed foods they were once consuming, healthy eating has been associated with both happiness and a self-perception of health (Badri et al., 2021). Again, advances are made here on the emotional eating theory (Macht, 2011) in that participants eat in response to their emotions or to prolong pleasant emotions, but the food choices can differ. Undertaking research with community populations provides the opportunity to identify preventative interventions intended to reduce the development of clinically related eating difficulties, here it is evident that a well emotionally regulated person incorporates healthy eating related choices to maintain such a state.

The food choices associated to the unpleasant emotions experienced and eating behaviours were described as being the *'forbidden foods'*, these included foods that would be considered high in sugars and or fats, would carry a large amount of calories, would most likely be processed to ultra processed and devoid of nutritional balance. Research around food choices indicate similar food options are being consumed in response to unpleasant emotions (Koenders & van Strien, 2011; van Strien et al., 2013) as found in the present study, with no notable difference among males and females. This suggests that foods which are processed or high in calories, fat or sugars offer some form of benefit, as these are the foods which people seek. Whilst this might suggest this may not be a maladaptive practice, it has been suggested that this can result in unwanted outcomes such as weight gain (van Strien et

al., 2012). There is a possible benefit to consuming small amounts of *'forbidden foods'* if this was a conscious act to regulate emotions, and if it was balanced as part of a well-established repertoire of emotional management strategies.

Human physiology studies have suggested that the dopamine reward and or motive system has a role in association with energy rich foods, in that the consumption of these types of food which creates a dopamine response leads to a reinforcement of seeking such foods in order to recreate this dopamine spike (Volkow et al., 2017). Food addiction has been linked to dysfunctions in the brain's reward system, this is particularly noted in response to high-calorific foods. There are psychological and behavioural patterns in those with food addiction where they have experienced cravings, loss of control and a continued consumption of food regardless of negative consequences (Floria et al., 2022). It is possible that the engagement with emotional eating can lead to food addiction as similarities can be drawn between the psychological and behavioural patterns noted. This is a possible explanation as to why the participants chose to consume such foods, but conclusions cannot be drawn based on these findings as no physiological data was gathered. The decisions made by participants to consume foods can be influenced by their emotional state (Lerner et al., 2015). It has been suggested that emotions can significantly impact the decision making process. Emotions can have predictable effects on decision making which may lead to risk aversion or risk seeking behaviours and attribution of responsibility.

The influence of emotions on eating behaviours is evident in the community population. These findings contribute to the understanding of emotional eating and the similarities between genders and emotional eating within the community population. The findings imply there are little differences between genders, and both appear to be attempting to regulate their emotions through the use of food and unhealthy foods appear to have a role

in this. A key contribution is the influence of pleasant emotions that lead to eating to maintain the experience of a pleasant emotion which is not typically evident in the emotional eating literature. Emotional influence on eating behaviours is strongly supported through the emotional eating theory (Macht & Simons, 2011) where eating goes beyond satiety and is driven by the individuals' emotional needs instead.

4.7.3 The Function of Eating Beyond Reaching Satiety

Eating is generally regarded as having the function of nutrition intake, energy and satiety (Bo et al., 2020). However, the participants in this study did not talk about the use of food for these purposes, rather, they point towards a complex function behind eating beyond satiety. There was only one reference across all interviews to the physiological signals of reaching *'fullness'* in relation to eating, and this was spoken of in and around the context of experiencing emotional comfort when full of food. Evidently, the community populations engagement with eating is not solely for biological functional causes but also to regulate their emotions. Further support for the notion of emotional eating taking place at a community level.

The most commonly perceived function for eating in response to emotions among participants was in an attempt to attain a desired emotional outcome. There were no gender differences in either the emotions experienced and the function of emotional eating. Participants, irrespective of gender, described eating in response to frustration, boredom and feeling upset in an attempt to achieve a pleasant emotion, a comforting feeling or a reduce the intensity of their unpleasant emotion, a finding which has been but is typically under reported in previous emotional eating literature (Brytek-Matera, 2021). Both the male and female participants were attempting to achieve a more pleasant and positive emotion. At times, the female participants were more forthcoming with their emotions and ability to label such

emotions, it is possible that they have greater interoception of their emotions and can provide a possible explanation to the evidencing of emotional eating within females opposed to males (Grabauskaitė et al., 2017); this will be discussed further in the general discussion.

For those who were experiencing moments of pleasant emotions throughout the pandemic they attempted to strengthen this through the consumption of their food. Their desired outcome and function of consuming foods, healthy foods, was to prolong their pleasant emotional state (Badri et al., 2021. There was an acknowledgment that their prior engagement with unhealthy foods was an indication of poorer wellbeing and mental health.

Whilst one function of emotional eating was to reduce the intensity of an unpleasant emotion or to maintain a pleasant emotion, food was also used as a reward or to celebrate (Alonso-Alonso et al., 2015) which could be viewed as the maintenance of a pleasant state. In this context, food was referred to as a treat. The affect regulation theory (Booth, 1994) explains how this may occur through operant conditioning (Skinner, 1963), for example when someone does something good as a child, they are rewarded with food creating reinforcement for this behaviour and reward. Food is then considered a treat, and more specifically certain types of food become treats, there has been evidence of a greater wanting for food items that were previously supressed (Zhang et al., 2020). It has been shown that when children are rewarded with food it is a good predictor of creating a person prone to emotional eating (Jansen et al., 2020). Interestingly, whilst many of the participants ate as a way to *'treat'* or reward themselves, this did not have any self-reported emotional advantages with one participant highlighting the treat did not develop their initial experience. There appears to be an unconscious association between celebrating, rewarding and treating oneself through the consumption of foods which could suggest a cultural norm in the United Kingdom that could be seen to stem from a learnt response (Mingay et al., 2021).

4.7.4 The Emotional Eating Cycle

The generation of the theme of 'the emotional eating cycle' reflects the following: the experience of an emotion which acts as the antecedent to an eating behaviour followed by over consuming or consuming foods considered unhealthy, a brief pleasant emotion or an unachieved pleasant emotion and then an unpleasant emotion of guilt or low mood as they were unhappy with this way of managing their emotions. The cycle appears to remain, not always in response to the immediate unpleasant emotion following a period of eating but as a continual way of managing emotions.

This cycle of emotional eating is important as it is both aligned and an advancement of the emotional eating theory (Macht & Simons, 2011). The same emotional eating cycle can be flipped in that pleasant emotions results in healthier eating behaviours which maintain or improve the initial pleasant emotion, the cycle continues. It appears that emotional eating is much more effective in this sample of participants as a way of maintaining and improving pleasant emotions, opposed to improving one's unpleasant emotions in the long term.

This theme identified the short term nature of the alleviation or altering of emotion experienced through the engagement with emotional eating, it provided an insight into the brief emotional benefits of emotional eating only for the participants to find themselves *'back to square one'* and to engage in this cyclical behaviour in the future. The eating provides an '*instant gratification'* and therefore it does seem to offer some beneficial emotional regulatory elements in the short term. It is possible that emotional eating in someone with overall good wellbeing would be able to utilise this as an addition to a healthy repertoire of coping mechanisms and a way of regulating emotions on a conscious level. For the most part the engagement with emotional eating and this emotional cycle does not happen on a conscious level but is something participants grew aware of through discussion.

Emotional eating has been described as providing unwanted outcomes of weight gain in the literature (Dohle et al., 2014; Frayn & Knäuper, 2017) and this has become evident in the findings of this research. There are implications here that provide insight into the journey of weight gain which has been led by repetitive emotional experiences and poor emotional regulation management. If the participant were aware of the emotional connection to their eating behaviours and weight gain, it is possible they may have sought other mechanisms however, during the time of the pandemic these resources would have been more limited. The engagement with emotional eating appears to result from a deviation of diet rules and weight regulation goals. There is evidence here for poor emotional regulation in that the participants appear to only engage in reactive emotional regulation. However, the process model of emotional regulation (Gross, 2015) identifies emotional eating occurring both as antecedent focused or response focused.

Engagement with the emotional eating cycle appears to be engaged with primarily at an unconscious level. Through the discussions and engagement with the interviews insights and reflections took place which appeared to give the participants a greater understanding of their processes. This means that emotional eating may not be out of a number of people's awareness, Macht & Simons (2011) suggest that people are aware of their emotionally driven eating behaviours and can acknowledge they are not acting out of hunger. However, the findings in this project suggest there is very limited conscious awareness to those that emotionally eat. Awareness has only been acknowledged in retrospect and not as an in the moment behaviour.

The emotional eating cycle that the participants found themselves in was one of which they did not appear pleased with, almost all participants were open to finding an alternative way of managing their emotions. Some offered some beneficial alternatives such as

distractions and food diaries which have been shown to help individuals manage their emotions and food cravings (Devonport et al., 2022). Psychological interventions will have to focus on clients being attuned to their emotions and behaviours in order to promote change. Often turning to food as a result of experiencing unpleasant emotions was not a wanted outcome and did not offer much benefit to the participants.

4.7.5 Implications for clinical practice

4.7.5.1 Person Centred Focus

Qualitative data has provided detailed insights into the lived experiences of participants who took part in this research and is a benefit of this chosen methodology. In analysing the data and presenting findings, the variability of participant experiences was apparent illustrating the importance of considering the individual in their treatment, and not offering blanket interventions (Cloninger & Cloninger, 2016). Whilst this research explored emotions and eating behaviours, there needs to be a person centred focus towards future interventions. Counselling psychology which is embedded in humanistic, and person centred psychology (Rogers, 1940) is a promising place to start, each individual will have their own experience in relation to their eating behaviours and emotions which needs to be considered should future interventions be devised around emotional eating.

There is evidence that a number of different psychological interventions can benefit those engaged with emotional eating (Frayn & Knauper, 2018; Smith et al., 2023). Mindfulness based exercises such as meditation and mindful eating have shown to reduce the engagement of emotional eating; individuals can respond more mindfully to their hunger and cravings through improving their awareness of their emotions and physiological sensations (Lattimore, 2019). As one function of food is to address hunger cues, mindful eating can pose

the question of what purpose does eating have, if it is not to fulfil hunger; this can allow an exploration of the function of food and possible alternative strategies.

Cognitive behavioural therapy aims to target unhelpful thinking patterns and styles which relate to emotional regulation and eating behaviours, learning about the emotional triggers for emotional eating and developing healthier coping mechanisms has been beneficial in reducing emotional eating episodes (Frayn & Knauper, 2018). The emotional eating cycle above can be viewed using cognitive behavioural therapy and the inclusion of maintenance cycles which perpetuate maladaptive emotional regulation.

Acceptance and commitment therapy seeks to focus on reducing judgement around emotions, individuals are encouraged to commit and align their values with their actions with the aim being to reduce impulsivity to emotions and emotional eating. This has been shown to be moderately effective in those with dysregulated eating behaviours and increasing psychological flexibility (Di Sante et al., 2022).

4.7.5.2 Awareness Through Psychoeducation

As people seek help with their mental health which is usually initially done through primary care services and their general practitioner, more should be done to explore the relationship with eating and their emotions. It would be beneficial that the use of food be more present in the assessment process to understand the function that eating has for each individual. At the point at which someone is engaged with a weight management service there is a responsibility for the professionals involved to explore and account for the possibility of emotional eating as a contributor to weight gain.

We have seen that the excessive use of emotional eating can lead to unwanted weight gain through one of our participants accounts and is evidenced in the literature (Frayn et al.,

2018; Konttinen et al., 2019). In most cases this would be met with a referral to a dietitian, comments from the doctor around calorie intake and energy expenditure or a weight management group, but limited discussion around the emotional influences on eating or emotional regulation appears available. Whilst these interventions and referrals can be beneficial for clients there is also the possibility of providing psychoeducational information around emotional eating. As we have seen in the data there is a limited conscious awareness of the relationship people have with food and their subsequent eating behaviours in relation to their emotions. Clients would benefit from a form of psychoeducation around emotional eating to identify their relationship with food and seek to find more adaptive ways of coping with emotions. Emotional regulation training is able to educate individuals on specific emotional regulation skills, focusing on an ability to tolerate stress and choose adaptive responses (Dol et al., 2023).

Food has the possibility to be an adaptive way of managing emotions but clients whose sole focus of reaching emotional regulation with this method typically have unwanted outcomes of weight gain (Van Strien, 2018). The psychoeducation could be made available in many forms of communication, whether this be a psychoeducation group or through different forms of content such as leaflets and videos. With any presenting difficulty there needs to be an awareness of the said difficulty before change can be made, once the client is aware of their eating behaviours, they will be able to work towards make a change which may result in the use of emotional eating in a more conscious and constructive way. The highlights the need for prevention interventions, such as awareness raising with regards the use of food to regulate emotions to reduce the probability of clinical difficulties developing. The use of a community population has allowed for an understanding of how such difficulties can originate and possibly develop into a clinical concern.

4.7.5.3 Reflecting on Our Own Relationship with Food

For those that work in healthcare or offer some form of assessment, formulation or intervention it would be beneficial for them to reflect on their own eating behaviours and relationship with food. In the psychological profession and further afield there is much benefit to being able to self-reflect, understand our own ways of being and has been shown to foster professional competence (White, 2021). In England there is evidence of a high prevalence of obesity across a variety of healthcare workers including: nurses, other healthcare workers and non-health-related workers (Kyle et al., 2017). Through the use of reflective practice emotional eating could be a possible topic to understand how as professionals we can regulate our emotions affectively without unwanted outcomes and manage our wellbeing in the face of difficult workplace circumstances (Gabrielsson et al., 2019). This could stretch to using food as a conscious and adaptive way of coping whilst being part of a wider toolbox of emotional regulation. As it is apparent that emotional eating can result in weight gain and health difficulties (Frayn & Knauper, 2018) this may generate a healthier workplace and one where healthy emotional regulation takes place.

4.7.5.4 Managing Weight Gain and Weight Implications

Whilst weight gain and management were not the focus of this study, there were some evidence of weight gain in response to emotional eating over a period of time. It appears that there is a continuum of emotional eating where at one end there is a healthy functioning person and the other where emotional eating dominates a person's life with clinical implications (Dakanalis et al., 2023). Inevitably, the consumption of lots of unhealthy foods in response to emotions will lead to weight gain and weight management problems when the

emotional difficulties are not resolved in a healthy way. There is a great opportunity here to consider the impact of emotional eating at a community level before it reaches to be a clinical difficulty. Again, psychoeducation around emotional eating at a primary care level could provide the first port of call when weight related difficulties are present. The insights gained from the community population point towards the benefits of developing preventative methods and adaptive emotional regulation strategies.

4.7.5.5 Training Other Professionals

With the findings of this research there is scope that emotional eating is present in community populations amongst males and females. It would be beneficial in clinical practice for those in the healthcare professions to be more knowledgeable about the uses of food and the function food has around managing emotions. This would be beneficial from primary care through to inpatient care to have an awareness of possible ways people are managing emotions with food and the ways in which this can become maladaptive when it is not part of an extensive emotional regulatory repertoire (Reichenberger et al., 2021).

Emotional eating can be part of an extensive repertoire of emotional regulation but this cannot be the sole source of regulatory action but there is scope for this to be incorporated as part of a balanced and healthy way to regulate emotions. The option to receive training in this area would educate those in a clinical field to be able to view weight gain as the possible result of emotional eating and move away from single factors such as calories in and calories out.

4.7.5.6 Engaging with the Male Demographic and Wider Population

This data and the inclusions of males showcases the importance to have a diverse population in the engagement with research and implies many may be slipping through the

net in terms of receiving interventions. As discussed in Chapter one and two those with weight related health difficulties on average fall more so into the male population (Tartof et al., 2020), though the research has predominantly worked with female populations (Nicholls et al., 2016). One unwanted outcome of emotional eating is weight gain. Efforts should be made to improve access to research and clinical interventions for males and other less represented populations and demographics.

It is possible that there is still a stigma of accessing mental health related treatments for males (Rafal et al., 2018) and as they have more weight related health issues may be more prevalent to emotional eating. If men are not accessing services for their mental health needs, then it is very possible that they may use food as a way of managing their difficulties without having to verbalise such problems to others. As mentioned in the findings there was a possible avoidance of the underlying emotional trigger which consuming food can keep at bay. There should be a push to breakdown stigmas and improve access to mental health related services for the male population. This could be achieved through male only peer support groups, male led psychoeducation sessions and steering groups to understand the poorer access to services (Simmons et al., 2017). Through the interviews it has shown that time taken to have conversations around topics allows for possible exploration and understanding of the self.

4.7.6 Limitations

Whilst eight participants were recruited for this community sample, the sample size can be a limitation of the study which is largely due to time constraints. There were multiple attempts made at recruiting more female participants, but this did not materialise. Engaging with qualitative data is time consuming but is rich in its detailed offerings; to address this

limitation future studies in this area would benefit from larger sample sizes but having eight detailed individual accounts contributes to the emotional eating literature.

Additionally, the design of this study utilised Microsoft teams as a way of interviewing the participants. At the time and during the pandemic this was deemed the most appropriate, safe and suitable to conduct the research due to lockdowns and restrictions. However, interviews in the future may be better placed taking part face to face as to enhance the relationship between the interviewer and participant to attempt to elicit more detailed or open responses. The physical barrier of using online platforms may be a barrier at developing the relationship between interviewer and interviewee.

This study has used the context of the coronavirus pandemic to utilise the emotional changes of the participants. This may seem like a very context specific research project, but the coronavirus pandemic acted predominantly as a natural stressor. This could also be viewed as a one off phenomenon that would be unapplicable to any other experiences. To overcome this barrier of context, the current study could be replicated whilst asking participants to reflect on their naturally occurring stressors and relationship with food. However, this study was engaged with in real-time, which can be of benefit as the emotions experienced were current and real. Having said that, the participants did engage at different times throughout the pandemic and their responses may be influenced in relation to what stage of restrictions or lockdown they were experiencing. Albeit the coronavirus pandemic did provide an opportunity to explore emotions and eating behaviours in a natural setting.

4.7.7 Conclusion

It is evident from the themes that were generated from the data that emotional eating is present in a community population. This was found to be present in both males and females

and conclusions can be drawn to the similarities in their emotional antecedents to emotional eating and outcome of emotional eating. The identification of the emotional eating cycle is supportive of the current theory of emotional eating (Macht & Simons, 2011) but goes one step further in encapsulating the maladaptive process. There are also the beginnings of understanding emotional eating as a way to adaptively regulate emotions opposed to it being a purely maladaptive act.

Chapter Five: General Discussion

5.1 Introduction

This chapter will critically discuss the relationship between the findings found in chapter three and chapter four and in response to the central aims of the study focusing on the existing theories and literature around emotional eating.

On the basis of the findings from study one and two, it is argued that emotional eating is more complex than the emotional eating theory suggests (Macht & Simons, 2011) in that emotional eating can occur in response to a variety of emotions in order to regulate emotions beyond attempting to reduce the intensity of unpleasant emotions. Additionally, the presence of emotional eating has been found in a non-clinical population and in the under researched male population (Devonport et al., 2017). The findings of this research highlight the minimal gender differences and point towards a focus on the individuals experiences for which qualitative methodologies allowed the exploration. Practical clinical implications have been discussed throughout this chapter which highlight the possible development from community emotional eating to clinical difficulties (Bongers et al., 2016) and with this research contributing to a greater understanding of the manifestation and mechanisms of emotional eating in response to an array of emotions, psychological interventions have been suggested.

5.2 The Complexity of Emotional Eating

It is evident that emotional eating is present in both the clinical and community populations studied from the themes found in chapter three and four. Whilst the existing literature was not absent of emotional eating in community populations, there was much less conclusive evidence to be found in a non-clinical population (Devonport et al., 2019). The majority of emotional eating literature has been conducted using quantitative methodologies (Frayn & Knauper, 2018). Quantitative methodologies provide less detailed accounts about

the intricacies and development of emotional eating within a clinical population (Mwita, 2022) and even less is known at a community level. One of the aims of this research was to explore the presence of emotional eating and to contribute to the understandings of emotional eating which qualitative methods allow for.

This study has identified the presence of emotional eating in both a clinical and community population. However, this study was not concerned simply with the presence or absence of emotional eating, but to explore the role which emotional eating has in regulating emotions in other directions; whether this is to achieve a certain emotion, reduce an emotion or maintain an emotion. The theoretical position that underpinned this study was the emotional eating theory (Macht & Simons, 2011), a theory that views emotional eating as occurring from negative emotions and is engaged with to reduce negative emotions. This study sought to unpack the relevance of existing theories in two different populations and discern the antecedents and consequences and whether these had any distinct features across the populations, or whether the experiences were different. Advancing the literature of emotional eating could prevent emotional eaters from unwanted outcomes such as weight related and mental health related difficulties.

According to the findings of these studies, emotional eating is far more complex than the majority of the literature and theories account for. The complexities observed in this study include: an increase in eating follow unpleasant and pleasant emotions, a decrease in eating following unpleasant emotions, eating to maintain a pleasant emotional state and eating to improve an unpleasant emotional state. A number of discrete emotions were shared which led to changes in participants eating behaviours such as joy, guilt, grief and happiness. This was evidenced in the clinical and community population and both in males and females.

The presence of emotional eating in this research does not follow the typical research findings in that emotional eating is in response to solely 'negative' emotions to achieve a 'positive' emotional state (Sambal et al., 2021). The current findings in relation to emotional eating indicate that it was used in an attempt to be reduce the intensity of an unpleasant emotion, to maintain a pleasant emotion, to increase the intensity of a pleasant emotion or as a way to punish and self-sabotage as shown in this research. The implications of these findings show the complexity of emotional eating beyond eating to reduce a negative emotion. It implies that emotional eating cannot be grouped into an individual occurrence but must be viewed from the individuals' experiences of emotional eating and attempts at emotional regulation. Furthermore, current emotional eating theories that inform interventions need to make a shift towards the variety of emotions as antecedents and wanted or unwanted outcomes of emotional eating. Emotional eating is not simply eating in response to unpleasant emotions.

5.2.1 Comparing and Contrasting Populations

There is also evidence from this study, that experiences of emotional eating are not uniform, and in particular the experiences of a clinical population, when compared to a community population do vary. For example, the findings of self-sabotage and punishment were only found in the clinical population. The phenomenon of eating to punish oneself is not commonly found in the binge eating literature (Burton & Abbott, 2017) and the use of qualitative methodologies appears to have uncovered the depth of their thinking about eating behaviours. This may be indicative of a clinical related difficulty within emotional eating, or it may be evidence of one way in which emotional eating progresses as it develops its severity of a clinical presentation. It appears that when emotional eating reaches a clinical level the use of eating becomes the dominant method to regulate emotions.

In the community population it was noted that food, due to its availability, became a use of emotional regulation when other methods were unavailable due to the coronavirus pandemic (Ogueji et al., 2021). Through this availability of food and lack of other coping mechanisms, clinical difficulties may develop as individuals become over reliant on one sole emotional regulatory method.

The main similarities that link the clinical and community participants is the clear evidence that at both levels emotional eating takes place. Moreover, emotional eating was used across a variety of emotions in both populations not just unpleasant emotions as cited in emotional eating theories (Macht & Simons, 2011). Both populations had moments where they were unaware of their emotional eating behaviours and both populations benefited from having open conversations through either the focus groups or interviews to build an awareness of such behaviours. Again, having gathered some insight into this, both populations who were engaged with maladaptive emotional eating wished for an alternative way of managing their emotions.

To conclude this section, it offers insights into how emotional eating can develop from an adaptive method of emotional regulation into a clinical difficulty with unwanted outcomes if it becomes the singular method of emotional regulation. The coping strategies for both populations appear to be receding either through pandemic restrictions or the overuse of eating in the clinical population. This reduction in coping strategies is likely to be more present where clinical difficulties are found. The presence of self-sabotage and eating as a punishment were unique to the clinical populations experience which appear to be behaviours that are less likely to develop from community to clinical difficulties and are more likely to be pre-existing tendencies. It is important to note the value experienced from both

populations on the reflective space which has been possible through the clinical populations' participation in focus groups and the community populations interviews.

5.2.2 Antecedents and consequences

This study sought to explore the origins and underlying causes of emotional eating behaviours within a clinical and community population. The findings at a clinical level identify the maladaptive uses of emotional eating and the community findings identify the possibility of developing maladaptive eating behaviours to regulate emotions. In either population, it can be agreed that the main drivers for emotional eating are not external factors, (whilst they do play a role), but internal emotions (Frayn & Knauper, 2018). In the clinical population, those with obesity and binge eating disorder, the presenting difficulties appeared to originate and be maintained with the engagement of emotional eating.

Within both populations emotional eating was engaged with to improve their emotional state, but as the theories point to this originating from a negative emotion this was not always the case. There was evidence for pleasant emotions being experienced prior to an engagement with eating in both populations with the aim to elevate or maintain a pleasant emotion.

It must be noted that emotional eating has a place in being an adaptive response within emotional regulation. In the community population there were two participants who were engaged with what they considered healthy lifestyles, and they identified their eating behaviours as perpetuating this. In contrast there were also participants who were engaging in emotional eating in attempts at improving unpleasant emotions and whilst this appeared to work temporarily, this change in emotional state was not permanent. Almost all community participants wished for an alternative way of regulating their emotions away from eating and

some began to witness weight gain. At present theories do not adequately capture the complexity of the antecedents to emotional eating (Herman & Polivy, 1975; Hill, 2015; Macht & Simons, 2011) and the broad spectrum of emotions this can originate from.

Additionally, the emotional eating theories do not consider the possible development of clinically related difficulties of emotional eating at a community level. The clinical implications of not considering the development of emotional eating from a community to clinical population may result in a missed opportunity to reduce the clinical presentation of emotional eating. Furthermore, this may lead to a population who rely heavily on eating in the short term to manage their emotions which can have an increased chance in future health related difficulties (Keaver et al., 2020).

5.2.3 Hunger and Satiety as Antecedents

It has been mentioned in the existing literature that there is an absence of satiety when it comes to the engagement of consuming foods and eating behaviours (Schnepper et al., 2019). Satiety refers to the sensation of feeling full opposed to being hungry and having a desire to eat. The present study evidenced that level of satiety or hunger were not involved in the initiation of emotional eating behaviour. This is a large supporting factor for the presence of emotional eating, it shows that eating can be predominantly emotionally driven as mentioned above. In the clinical participants it appeared that for the most part their consumption and relationship with food was driven by emotion and with the community participants they too consumed food in relation to their emotional state opposed to feelings of hunger. Therefore, from these findings' emotions, all possible emotions, must be at the forefront of theory on emotional eating, over and above hunger and satiety.

5.2.4 Emotional Antecedents

The findings of this research indicate that in both the clinical and community populations whilst there is an attempt at changing their emotional state, through consuming food, to a pleasant emotion for the most part, this desired emotional state is often not achieved in the long term. A habitual use of eating to regulate emotions results in unwanted outcomes of poor emotional management, unpleasant emotions of guilt and a maladaptive emotional eating maintenance. The long term consequences of this can be weight gain which was evident in both the community and clinical populations. In the community population the guilt feeling emotions did not appear to immediately warrant further bouts of eating but in the clinical population this was more evident.

The cycle of coping with guilt from eating by engaging in further eating can be thought as similar to a maintenance cycle found in cognitive behavioural therapies (Fordham et al., 2021), participants appear to have a lived experience which triggers some thoughts, followed by emotions with the behaviour often resulting in an increase of consuming foods. On this particular topic this study has shown that those who are in the clinical population appear to have a singular way of managing their emotions and therefore engage in this cycle of emotional eating repetitively. Those in the community population do have other options of emotional regulation but as these were taken away due to the pandemic they resulted to eating to manage their emotions, though all wished for an alternative solution. These findings imply that there is an importance to addressing emotional eating at the earliest stages in order for it not to develop into a clinical difficulty. Additionally, a host of psychological interventions are needed to address poor emotional regulation opposed to addressing weight management at a clinical level which has been stressed (Dingemans et al., 2017; Walenda et al., 2021).

In order to explain the cycle of emotional eating, we can look to the learnt theories of emotional eating (Booth, 1994; Hill, 2015; Raymond et al., 1984) which propose that we learn to manage our emotions through consuming food. Through the current findings the learning appears to take place incidentally and is not explicit. The consensus of the findings is that the participants lack the initial awareness of their engagement with emotional eating and the management of their emotions is an incidental byproduct of this.

To address emotional antecedents the focus must address difficulties in emotional regulation. Emotional regulation can be intervened on different levels as outlined in the process model of emotional regulation (Gross, 2015). Through situational selection, individuals can choose environments that do not trigger certain emotions that result in eating. Modifying the environment would allow for healthier food choices to be more readily available. Deploying the attention away from eating and towards other methods of emotional regulation would reduce the emotion influence on eating behaviours. Additionally, response modulation, where direct management of emotions occurs can be introduced. Through the integration of these strategies into interventions, emotional eating could be reduced.

5.3 An Unconscious Engagement with Emotional Eating

This study set out to examine how and why emotional eating occurs whilst exploring gender differences across males and females due to the underrepresented research in the male population in emotional eating literature (Devonport et al., 2019). Across both the clinical and community populations and across males and females within these populations emotional eating was an active occurrence. However, both populations appeared evidently unaware of this taking place with multiple examples reported in chapter three and four. Moreover, the inclusion of males and those from non-white backgrounds has provided some insight into the evidence of emotional eating at a wider population from that which emotional eating is

dominated with. More should be done to engage with populations at a community level that have health related difficulties, it is possible that a number of those who suffer health-related difficulties, who were at higher risk of dying during the coronavirus, may be engaging in emotional eating. The literature oftens speaks about the presence of emotional eating particularly in a clinical population (Vasileiou & Abbott, 2023) but rarely explores the participants awareness of this taking place. The current research gives detailed accounts of both the presence of emotional eating but also draws out the lack of awareness that the participants have of it taking place both a community and clinical level. The current emotional eating theories (Macht & Simons, 2011) operate under an assumption that people are aware in their engagement with emotional eating when this does not appear to be conclusive.

This research identifies a lack of awareness and therefore such theories with this assumption would need to acknowledge the lack of awareness in addressing emotional eating. The engagement with eating in response to emotions does not appear to be a conscious act at large in the current study's findings and appears to emerge after reflection.

Through engaging with the interviews, the community population had the opportunity to reflect on some of the questions in which they appeared to have revelations about their engagement with emotional eating. Similarly, the clinical population identified that through their focus groups and engagement with therapeutic groups they began to create links between their emotions and eating behaviours. Having the ability to reflect and be aware of the emotional influence on their eating behaviours can be a key focus in forming future interventions in emotional eating. Mindful eating interventions may be a useful exercise (Warren et al., 2017), as described in a later section. Before moving to this, it is useful to

consider the repertoire of coping strategies at participant's avail, and how this interacts with the use of food as a dominant strategy.

The evidence from this research indicates that participants do have a broader repertoire of coping strategies, however, these can become narrow. When this occurs, their awareness of alternatives reduces. It can also indicate that there is potential to reinstate these emotional regulation strategies back into their repertoire if they have the support to broaden their awareness. This has possible benefits for the emotional regulation interventions, should clients be aware, conscious and mindful of the purpose of their eating it can provide a short term solution in attempting to achieve a particular emotional state.

The engagement with emotional eating is something that appears to differ in levels of awareness for some it is outside of their awareness and not in others. For those that lack the awareness it is evident as to why they would continually engage in this emotional eating cycle; for those who are aware and actively engaged in the cycle they may lack alternative emotional regulation strategies. The interventions which would be fit to manage this emotional eating cycle can include mindful eating (Lattimore, 2019), acceptance and commitment therapy (Di Sante et al., 2022) and cognitive behavioural therapy (Frayn & Knauper, 2018) as discussed in chapter four.

Mindful eating (Warren et al., 2017) is already somewhat established but is often used in the context of weight related interventions (Dunn et al., 2018) but could be more widely used and included in a 'toolbox' of emotional regulation strategies. At a primary care level, the introduction of emotional awareness which can cover both physiological and emotional state changes could be encouraged in order for people to be conscious of such changes. Following this, they can then take conscious actions as to how they wish to regulate their emotions, this could include the consumption of foods. As there is an automaticity of eating

alongside the lack of awareness, the growth of awareness gives them a conscious choice to consume. Emotional eating being used within a wide range of emotional regulation 'tools' could be an adaptive use opposed to the often maladaptive nature of emotional eating.

5.4 The Choice of Food

Through the two studies there have been parallels that have been explored between the two populations, one of which being the choice of food which is often consumed. It is possible that should eating become the dominant way of regulating emotions unwanted weight related and eating disordered difficulties may emerge. This may be in relation to the food that is chosen to be eaten when emotional eating occurs.

Within the findings in both clinical and community participants the selection of foods which were associated with emotional eating and with unpleasant emotions were foods considered to be unhealthy and at times ultra processed. Due to the unwanted outcomes of consuming such foods the participants were unhappy with their choices and wished for alternatives. However, in consuming the foods themselves there was pleasure to be had. This finding is in line with the existing literature in a clinical population (Mason et al., 2020) and the current findings can add value, through the similarities found in a community population and a greater understanding can be had in the development of community emotional eating to clinical difficulties and unwanted health outcomes. The physiological theories of emotional eating which focus on the dopamine reward systems (Volkow et al., 2017) support the consumption of eating ultra processed foods when emotional due to the engagement with a feedback loop. The feedback loop encompasses a trigger which could be eating, the creation of dopamine creates a pleasurable sensation, and the brain then seeks to repeat this behaviour.

This reflects that of the emotional eating cycle in that participants may be stuck in attempting to create a pleasurable sensation which over time becomes more difficult and possibly unachievable in the long term. Whilst the physiological theories help to explain what may be occurring in the participants, this would require further research to measure dopamine levels and physiological measurements.

5.5 Limitations

It is important to note that the interviews of both studies were not the same, they were not conducted or transcribed by the same researcher but were analysed by the author of this project. The author of this project did conduct, transcribe and analyse the community population interviews. Additionally, the interviews for the clinical population were a mix of focus groups and individual interviews, the community population engaged with only individual interviews. Whilst there are differences in how the interviews were conducted and transcribed the aims of both analyses were to explore emotions, emotional eating and eating behaviours. Furthermore, this is not to say any differences would be found in the findings if the conditions were different.

With qualitative research smaller sample sizes are the norm, however, they are able to offer breadth and depth in the accounts of participants. It would be beneficial to replicate or further this study with a larger sample size if this could be achieved in a time efficient manner. However, qualitative research is not as easy to replicate as quantitative studies with participants, the context and researchers bias to be considered.

The use of the coronavirus pandemic as a context to study emotional eating does bind the research in some ways to this context. However, it was a natural stressor where everyone

involved was impacted and allowed the exploration of emotions in an naturally emotive experience.

5.4 Summary

In conclusion, the two studies have provided an opportunity to explore the presence of emotional eating within a clinical population and community population. The existing literature and emotional eating theory (Macht & Simons, 2011) identified the experience of emotional eating occurring predominately in relation to 'negative' emotions and in an attempt to promote a more pleasant emotional state. The above findings do not solely align with the emotional eating theory (Macht & Simons, 2011) which can be described as the most present and dominant theory which attempts to explain the research findings in the literature.

This research both supports the evidence of the emotional eating theory but goes further to identify a number of uses of emotional eating which do not simply reflect a negative to positive emotional state change. The emotional eating cycle identifies the many ways in which the participants engage with consuming food from an array of emotions in order to achieve a variety of emotionally related outcomes. This research has highlighted the presence of this in both a clinical and community population, it has identified the presence of the individual experience of the participants and their own unique uses of consuming foods in response to their emotions and to alter their emotional state. Whilst the literature had predominantly engaged with a white female participant pool in emotional eating the current research has provided detailed accounts of emotional eating in White women, White men, Asian women and Asian men; with little differences amongst them.

This research on emotional eating has provided some insights into potential psychological interventions. The research findings would indicate a need for better

development of the conscious emotional changes people experience. If this is achieved at a primary care level, it may lend itself to a reduction in reaching a clinical difficulty. For those that enter at a community level more high-intensity interventions such as cognitive behavioural therapy and acceptance and commitment therapy can be used to address difficulties around emotional eating. Counselling psychologists can help in addressing these advances by conducting and disseminating future research findings around emotional eating and emotional regulation, delivering psychological interventions, offering educational campaigns to parents and pupils in affective emotional regulation management and highlighting the key signs to observe in emotional eaters. There is also the opportunity to engage with public health, through addressing health problems, collaboration can be made both with the public to conduct workshops. Through the public health system governors and health agency leaders can communicate the needs, engage in meaningful processes and hold shared ownership in improving emotional regulation, emotional eating and unwanted health related outcomes.

Following the conscious awareness of the emotional change, we have noted pleasant emotions occurring in the short term. This suggests that emotional eating could be used to regulate emotions. However, it appears that when emotional eating is engaged with as an unconscious behaviour and when it is accompanied through the use of ultra processed and unhealthy foods, emotions of guilt emerge which result in further eating to again regulate emotions. At a clinical level this is where clients may be ‘stuck’ and would need therapeutic interventions to reflect and address the foundations of the development of such an unhelpful and maladaptive cycle. Overall, the inclusion of emotional regulation and management should be considered in weight related difficulties and the offering a psychoeducation at a community level may prevent clinical related difficulties.

Chapter Six: Reflexivity

6.1 Introduction

This chapter reflects on the research process, as a researcher, a psychologist and as an individual. Throughout this research project reflexivity has been engaged with, it has allowed me to look inward, understand myself and mine and others relationship with emotions and eating. With supervision and engagement with personal therapy throughout this process I have been able to broaden my awareness and self-reflection of my personal biases, attitudes and beliefs to this subject matter. Throughout the reflexive process I have engaged with Driscoll's model of reflection (Driscoll, 2007; Rolfe et al., 2001). This reflective model was used in the reflective practice groups that I facilitate as a counselling psychologist in training with other healthcare professionals. It was therefore familiar to me, and I have seen the benefits of its simplistic but effective approach. This reflective model asks three questions 'what', 'so what' and 'now what'. Through using the prompts adapted from Rolfe et al (2001) it allows for critical reflection on all aspects of thoughts, feelings, behaviours depending on the reflection.

6.2 My Personal Relationship with The Subject of Enquiry

Reflexivity in research has been suggested as a process in which the researcher is open and transparent about their own relationship with the subject of enquiry (Davis, 2020). As such, I will attempt to do so.

Prior to the engagement with this research topic, I had not considered the influence of emotions on eating, it was not something that had arose in my academic or clinical career and was even less present in my personal life. I had not made any attempts at understanding the relationship between emotions and eating and was therefore on a continual learning and reflective journey from the start of this project. My experiences with food were closely linked

with sporting activities and physical health and often associated food consumption and food behaviours in line with this. For example, eating for physical health related reasons and in relation to unwanted outcomes of eating I would mostly think of this on a simple and one factored approach of consuming too many calories and not engaging in enough physical activity. I feel in some ways I was therefore a blank canvas; these were not rigid beliefs that I held but given my experiences were the ones I was most familiar with. Having engaged with the literature on emotional eating and the surrounding theories it became evident to me that, as are many things in life, that emotional eating was a multi-faceted experience. From this point of engagement with the literature, I began to reflect and apply the research findings and theories to my own experiences with eating before immersing myself in conducting interviews and reading transcriptions. It was not long till I was able to identify eating behaviours within myself that were beyond that of eating for satiety or nutritional benefits, my emotions were too intertwined with my antecedents to eating but also the attainment of emotional states.

Having had multiple life experiences during this thesis from experiencing the pandemic, moving house multiple times, getting married and having my first child I have had my share of emotional experiences. I have been able to identify in myself an increase in eating when stressed and happy but a reduction in eating when upset. I also have some rigid ways of thinking which can be found in the cognitive theories of restraint (Herman & Polivy, 1980) in which cognitive abandonment takes place where I will consume more than is required. But I can also identify and be grateful for having the ability to reflect and be interoceptive, the concept found in psychosomatic theories (Bruch, 1955), which stops my emotional eating becoming too unhealthy and unhelpful. Eating in response to my emotions and eating to achieve or maintain an emotional outcome is not the only behaviour I engage

with and therefore I find having an array of coping mechanisms for my emotions has allowed me to not become clinically unwell in eating related areas. Having this personal insight into my own relationship with eating and emotions has served me well going into the engagement with data in this thesis. And whilst I have my own experiences with emotional eating and can align my own experiences to particular theories, it is the awareness of this that allowed me to reflect and reduce these biases when engaging with the analysis. The main type of bias that I had engaged with was confirmation bias, where information is sought that confirms existing beliefs. There was a balance to be had with confirming what was evident in the literature review and research data but also the impact of the confirmation bias. I had to ensure through reflection and engagement with my research that what was becoming evident was not due to the confirmation bias. As a counselling psychologist in training, Carl Rogers is of great influence and the use of the core counselling skills of engaging with empathy, non-judgement and unconditional positive regard is a process which enables open-mindedness and reduces biases both in the therapeutic space and research based activities.

6.3 Reflexivity Within the Data Analysis

As mentioned in the methodological section, I conducted the interviews of the community population but not of those in the clinical population. Throughout this process it was considerably harder to engage in the analysis solely through the transcripts provided. It was difficult to get a felt sense of the participants in this demographic with the absence of their tone of voice, facial expressions and other nonverbal ways of communicating. There was an element of this with the community interviews as they were conducted through a computer screen, though this was felt considerably more with those I did not interview. Here, the possibility of not capturing the clinical participants experiences was more evident. Re-engaging with the six steps of reflexive thematic analysis (Braun & Clarke, 2019) was crucial

in avoiding the chance of not reflecting the participants data accurately and having a more depersonalised representation of the data.

In spaces where I was attempting to fill the blanks in not having a relationship with the clinical participants it led to me filling in the blanks with my already discussed experiences and biases towards eating behaviours and emotional eating. When engaging with transcriptions and have been a practitioner I may have been attempting to make sense of the participants beyond what was presented in front of me. It was easier to unconsciously revert back to biological and physical health related explanations of their experiences and be drawn towards this from the data rather than be open minded and immerse myself with the individual's data. Again, I feel this is evidence of the confirmation bias and a reflection of my past experiences confirming what I had initially experienced and had knowledge of.

However, being able to identify this and acknowledge where this occurred led to better immersion with the data. Without the engagement of reflexivity, I would have reflected the data in a way that reflected my alignment and experiences of eating behaviours and emotional eating. Reflexive conversations with my supervisors around the detachment from the clinical dataset allowed for re-engagement and thought provoking opportunities.

Additionally, given my clinical experiences based in counselling psychology it is not common place to offer interpretations as much as it is to help clients explore possible interpretations. There is some tension in being a practitioner and a researcher, with the majority of my experience being practitioner based. There may have been a tendency to view the participants as clients with emotional eating difficulties once they were disclosed, exploring in my mind the possible formulation for such behaviours opposed to gathering information of their accounts. Therefore, I may have been overly cautious in offering possible interpretations of the participants data as to not blur the lines of practitioner and researcher.

Thankfully, my supervisors were able to guide me in the effective interpretation of some of the participants comments which allowed for a greater analysis of their contributions.

6.4 Implications as a Counselling Psychology Practitioner

The findings of the research and my own engagement with the subject matter have provided some useful insights and implications for me as a counselling psychology practitioner and how the research findings may be influential within clinical practice.

For those that find themselves as counselling psychology practitioners and others that may fall within the allied health professionals, the exploration of eating behaviours and emotional eating needs to be more integrated in the initial assessment to later inform the formulation and intervention of a client's difficulties. From my personal experience at engaging with initial assessments across different services and varied demographics there is little to no exploration of the client's relationship with eating and emotions. For the most part if eating behaviours is mentioned this is typically from a physical health perspective ensuring that three meals a day are met.

Whilst engaging with research topic I have been practicing as a counselling psychologist in training; with many of my clients I have had lightbulb moments as they share their accounts of their eating behaviours. I can say that I would not have attended to this as much as I now do, especially in relation to their ability to regulate their emotions effectively. This had typically been mentioned in the later therapy sessions and has led me to acknowledge this was overlooked at assessment and also led to questions as to whether eating behaviours are a difficult subject to address as they were only discussed after the therapeutic relationship was developed.

The research findings within this study highlights the need for exploration of eating behaviours as they are associated with emotions, the management of emotions and the emotional regulation or dysregulation of clients. Just as we may explore the ways in which clients have coped with their presenting difficulties or life stressors which can typically cover peer support, physical activity and more recently mindfulness and meditative activities; emotional eating and eating behaviours should be explored. This is not to say that it warrants an eating disorders referral as we can identify community based individuals' uses of eating in relation to their emotions and emotional wellbeing.

For myself as a counselling psychology practitioner and someone who administers initial psychological assessments, I will be taking the time to explore eating behaviours and client's relationship with food. Within this there is the possibility of extracting information around the maladaptive and adaptive used of eating for clients, engaging with this at the initial assessment stages allows for the information to be used within the formulation to make sense of the client's difficulties. The formulation will then be able to identify how this client interacts with eating and whether there are opportunities to involve or omit particular eating behaviours or habits to work towards their therapeutic goal.

Through completing this research on emotional eating and engaging with the literature I have been able to identify within a number of clients where eating behaviours have some role in their wellbeing and mental health. Some clients disengage with food when low in mood whereas others increase their food intake, some disengage with eating as a punishment and to neglect themselves whereas others use it to uplift their mood. Eating is a basic need (Maslow, 1954) and it would be sensible moving forward to incorporate the use of eating in relation to emotions and mental health within clinical practice before it reaches a clinical difficulty.

Psychological training around the presence of emotional eating may be beneficial for those working within primary care. For example, if general practitioners were educated around emotional eating than it may reduce the number of individuals who end up with a clinical difficulty involving eating. Additionally, in primary care settings weight management groups are often utilised but it may be more beneficial to offer a mindful eating group. One in which individuals can reflect and build awareness of their eating behaviours.

6.5 Conclusion

The topic of emotional eating was of interest to me due to my prior background in sports and health. With this background I had a narrow view of the uses of food and was therefore not informed of concepts such as emotional eating. Emotional eating does not appear to be something that is widely known, particularly at a community level, on reflection the greatest change and benefit would be to educate people on the use of eating and build conscious awareness of their own relationship with food, eating and emotions.

References

Agras, W. S., & Telch, C. F. (1998). The effects of caloric deprivation and negative affect on binge eating in obese binge-eating disordered women. *Behavior Therapy*, *29*(3), 491–503. https://doi.org/10.1016/s0005-7894(98)80045-2

Ahmad, S., Rukh, G., Varga, T. V., Ali, A., Kurbasic, A., Shungin, D., Ericson, U., Koivula, R. W., Chu, A. Y., Rose, L. M., Ganna, A., Qi, Q., Stančáková, A., Sandholt, C. H., Elks, C. E., Curhan, G., Jensen, M. K., Tamimi, R. M., Allin, K. H., … DIRECT Consortium. (2013). Gene × physical activity interactions in obesity: Combined analysis of 111,421 individuals of European ancestry. *PLoS Genetics*, *9*(7), e1003607. https://doi.org/10.1371/journal.pgen.1003607

Allan, G., & Skinner, C. (2020). *Handbook for research students in the social sciences*. Routledge.

Alonso-Alonso, M., Woods, S. C., Pelchat, M., Grigson, P. S., Stice, E., Farooqi, S., Khoo, C. S., Mattes, R. D., & Beauchamp, G. K. (2015). Food reward system: current perspectives and future research needs. *Nutrition Reviews*, *73*(5), 296–307. https://doi.org/10.1093/nutrit/nuv002

Annesi, J. J., & Stewart, F. A. (2023). Emotional Eating: Psychosocial Bases, Accordingly Directed Treatment Design, and Longitudinal Effects in Women with Obesity. *Journal of Prevention*, *44*(2), 221–237. https://doi.org/10.1007/s10935-023-00723-5

Arexis, M., Feron, G., Brindisi, M. C., Billot, P. É., & Chambaron, S. (2023). A scoping review of emotion regulation and inhibition in emotional eating and binge-eating disorder: what about a continuum?. *Journal of Eating Disorders*, *11*(1), 197. https://doi.org/10.1186/s40337-023-00916-7

Arexis, M., Feron, G., Brindisi, M. C., Billot, P. É., & Chambaron, S. (2023). A scoping review of emotion regulation and inhibition in emotional eating and binge-eating disorder: what about a continuum?. *Journal of Eating Disorders*, *11*(1), 197. https://doi.org/10.1186/s40337-023-00916-7

Arnow, B., Kenardy, J., & Agras, W. S. (1995). The emotional eating scale: The development of a measure to assess coping with negative affect by eating. *The International Journal of Eating Disorders*, *18*(1), 79–90. https://doi.org/10.1002/1098-108x(199507)18:1<79::aid-eat2260180109>3.0.co;2-v

Atkinson, S., Bagnall, A.-M., Corcoran, R., South, J., & Curtis, S. (2020). Being well together: Individual subjective and community wellbeing. *Journal of Happiness Studies*, *21*(5), 1903–1921. https://doi.org/10.1007/s10902-019-00146-2

Badri, M. A., Alkhaili, M., Aldhaheri, H., Alnahyan, H., Yang, G., Albahar, M., & Alrashdi, A. (2021). Understanding the Interactions of Happiness, Self-Rated Health, Mental Feelings, Habit of Eating Healthy and Sport/Activities: A Path Model for Abu Dhabi. *Nutrients*, *14*(1), 55. https://doi.org/10.3390/nu14010055

Bemanian, M., Mæland, S., Blomhoff, R., Rabben, Å. K., Arnesen, E. K., Skogen, J. C., & Fadnes, L. T. (2020). Emotional eating in relation to worries and psychological distress amid the COVID-19 pandemic: A population-based survey on adults in Norway. *International Journal of Environmental Research and Public Health*, *18*(1), 130. https://doi.org/10.3390/ijerph18010130

Benton, D. (2002). Carbohydrate ingestion, blood glucose and mood. *Neuroscience and Biobehavioral Reviews*, *26*(3), 293–308. https://doi.org/10.1016/s0149-7634(02)00004-0

Benton, D., & Donohoe, R. T. (1999). The effects of nutrients on mood. *Public Health Nutrition*, *2*(3a), 403–409. https://doi.org/10.1017/s1368980099000555

Berrios, R., Totterdell, P., & Kellett, S. (2015). Eliciting mixed emotions: a meta-analysis comparing models, types, and measures. *Frontiers in Psychology*, *6*. https://doi.org/10.3389/fpsyg.2015.00428

Biber, D. D., & Ellis, R. (2017). The effect of self-compassion on the self-regulation of health behaviors: A systematic review. *Journal of Health Psychology*, *24*(14), 2060–2071. https://doi.org/10.1177/1359105317713361

Bilici, S., Ayhan, B., Karabudak, E., & Koksal, E. (2020). Factors affecting emotional eating and eating palatable food in adults. *Nutrition Research and Practice*, *14*(1), 70. https://doi.org/10.4162/nrp.2020.14.1.70

Bo, S., Fadda, M., Fedele, D., Pellegrini, M., Ghigo, E., & Pellegrini, N. (2020). A Critical Review on the Role of Food and Nutrition in the Energy Balance. *Nutrients*, *12*(4). https://doi.org/10.3390/nu12041161

Bonaccorsi, G., Pierri, F., Cinelli, M., Flori, A., Galeazzi, A., Porcelli, F., Schmidt, A. L., Valensise, C. M., Scala, A., Quattrociocchi, W., & Pammolli, F. (2020). Economic and social consequences of human mobility restrictions under COVID-19. *Proceedings of the National Academy of Sciences of the United States of America*, *117*(27), 15530–15535. https://doi.org/10.1073/pnas.2007658117

Bongers, P., de Graaff, A., & Jansen, A. (2016). 'Emotional' does not even start to cover it: Generalization of overeating in emotional eaters. *Appetite*, *96*, 611–616. https://doi.org/10.1016/j.appet.2015.11.004

Booth, M. (1994). Cognition in history: A British perspective. *Educational Psychologist*, *29*(2), 61–69. https://doi.org/10.1207/s15326985ep2902_1

Braden, A., Musher-Eizenman, D., Watford, T., & Emley, E. (2018). Eating when depressed, anxious, bored, or happy: Are emotional eating types associated with unique psychological and physical health correlates? *Appetite*, *125*, 410–417. https://doi.org/10.1016/j.appet.2018.02.022

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (Vol. 2, pp. 57–71). American Psychological Association.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676x.2019.1628806

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic Analysis. In *Handbook of Research Methods in Health Social Sciences* (pp. 843–860). Springer Singapore.

Bresch, A., Rullmann, M., Luthardt, J., Becker, G. A., Patt, M., Ding, Y.-S., Hilbert, A., Sabri, O., & Hesse, S. (2017). Hunger and disinhibition but not cognitive restraint are associated with central norepinephrine transporter availability. *Appetite*, *117*, 270–274. https://doi.org/10.1016/j.appet.2017.06.020

Bridges, C., Duenas, D. M., Lewis, H., Anderson, K., Opel, D. J., Wilfond, B. S., & Kraft, S. A. (2021). Patient perspectives on how to demonstrate respect: Implications for

clinicians and healthcare organizations. *PLOS ONE*, *16*(4), e0250999. https://doi.org/10.1371/journal.pone.0250999

British Psychological Society. (2021). *Code of Ethics and Conduct.* Leicester: British Psychological Society.

Brown, J. (2020). Coronavirus: enforcing restrictions. *Commonslibrary.parliament.uk*. https://commonslibrary.parliament.uk/research-briefings/cbp-9024/

Brown, O., Drozd, M., McGowan, H., Marilena Giannoudi, Conning-Rowland, M., Gierula, J., Straw, S., Wheatcroft, S., Bridge, K., Roberts, L. D., Eylem Levelt, Ramzi Ajjan, Griffin, K. J., Bailey, M. A., Kearney, M. T., & Cubbon, R. M. (2023). Relationship Among Diabetes, Obesity, and Cardiovascular Disease Phenotypes: A UK Biobank Cohort Study. *Diabetes Care*, *46*(8), 1531–1540. https://doi.org/10.2337/dc23-0294

Brown, S. M., Doom, J. R., Lechuga-Peña, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse & Neglect*, *110*(104699), 104699. https://doi.org/10.1016/j.chiabu.2020.104699

Bruch, H. (1955). Role of the emotions in hunger and appetite. *Annals of the New York Academy of Sciences*, *63*(1), 68–75. https://doi.org/10.1111/j.1749-6632.1955.tb36546.x

Bruch, H. (1971). Family transactions in eating disorders. *Comprehensive Psychiatry*, *12*(3), 238–248. https://doi.org/10.1016/0010-440x(71)90021-6

Bruch, H. (1973). Psychiatric aspects of obesity. *Psychiatric Annals*, *3*(7), 6–9. https://doi.org/10.3928/0048-5713-19730701-03

Brytek-Matera, A. (2021). Negative Affect and Maladaptive Eating Behavior as a Regulation Strategy in Normal-Weight Individuals: A Narrative Review. *Sustainability*, *13*(24), 13704. https://doi.org/10.3390/su132413704

Burr, V., & Dick, P. (2017). Social Constructionism. *The Palgrave Handbook of Critical Social Psychology*, 59–80. https://doi.org/10.1057/978-1-137-51018-1_4

Burton, A. L., & Abbott, M. J. (2017). Conceptualising Binge Eating: A Review of the Theoretical and Empirical Literature. *Behaviour Change*, *34*(03), 168–198. https://doi.org/10.1017/bec.2017.12

Byrne, D. (2021). A Worked Example of Braun and Clarke's Approach to Reflexive Thematic Analysis. *Quality & Quantity*, *56*(56). Springer. https://doi.org/10.1007/s11135-021-01182-y

Castillo, E. G., Ijadi-Maghsoodi, R., Shadravan, S., Moore, E., Mensah, M. O., III, Docherty, M., Aguilera Nunez, M. G., Barcelo, N., Goodsmith, N., Halpin, L. E., Morton, I., Mango, J., Montero, A. E., Rahmanian Koushkaki, S., Bromley, E., Chung, B., Jones, F., Gabrielian, S., Gelberg, L., … Wells, K. B. (2019). Community interventions to promote mental health and social equity. *Current Psychiatry Reports*, *21*(5). https://doi.org/10.1007/s11920-019-1017-0

Cavicchioli, M., Vassena, G., Movalli, M., & Maffei, C. (2018). Addictive behaviors in alcohol use disorder: dysregulation of reward processing systems and maladaptive coping strategies. *Journal of Addictive Diseases*, *37*(3–4), 173–184. https://doi.org/10.1080/10550887.2019.1643211

Chakravorty, T. (2021). Fat shaming is stopping doctors from helping overweight patients—here's what medical students can do about it. *BMJ*, n2830. https://doi.org/10.1136/bmj.n2830

Chooi, Y. C., Ding, C., & Magkos, F. (2019). The epidemiology of obesity. *Metabolism: Clinical and Experimental*, *92*, 6–10. https://doi.org/10.1016/j.metabol.2018.09.005

Clarke, V., & Braun, V. (2013). Successful Qualitative Research : A Practical Guide for Beginners. *Successful Qualitative Research*, 1–400. https://www.torrossa.com/en/resources/an/5017629

Cloninger, C. R., & Cloninger, K. M. (2016). Person-centered psychotherapy. *Person centered psychiatry*, 247-261. https://doi.org/10.1007/978-3-319-39724-5_19

Clucas, C., & Claire, L. S. (2016). How Can Respectfulness in Medical Professionals Be Increased? A Complex But Important Question. *Journal of Bioethical Inquiry*, *14*(1), 123–133. https://doi.org/10.1007/s11673-016-9758-5

Cluver, L., Lachman, J. M., Sherr, L., Wessels, I., Krug, E., Rakotomalala, S., Blight, S., Hillis, S., Bachman, G., Green, O., Butchart, A., Tomlinson, M., Ward, C. L., Doubt, J., & McDonald, K. (2020). Parenting in a time of COVID-19. *Lancet*, *395*(10231), e64. https://doi.org/10.1016/s0140-6736(20)30736-4

Cohen, D. and Crabtree, B. (2006) Qualitative Research Guidelines Project.

Colledge, F., Cody, R., Buchner, U. G., Schmidt, A., Pühse, U., Gerber, M., Wiesbeck, G., Lang, U. E., & Walter, M. (2020). Excessive Exercise—A Meta-Review. *Frontiers in Psychiatry*, *11*. https://doi.org/10.3389/fpsyt.2020.521572

Costarelli, V., & Patsai, A. (2012). Academic examination stress increases disordered eating symptomatology in female university students. *Eating and Weight Disorders: EWD*, *17*(3), e164–e169. https://doi.org/10.1007/bf03325343

Cowan, D., & Taylor, I. M. (2016). 'I'm proud of what I achieved; I'm also ashamed of what I done': a soccer coach's tale of sport, status, and criminal behaviour. *Qualitative Research in Sport, Exercise and Health*, *8*(5), 505–518. https://doi.org/10.1080/2159676x.2016.1206608

Creswell, J. W. (2009). Editorial: Mapping the field of mixed methods research. *Journal of Mixed Methods Research*, *3*(2), 95–108. https://doi.org/10.1177/1558689808330883

Creswell, J. W. (2013). *Steps in Conducting a Scholarly Mixed Methods Study*. DigitalCommons@University of Nebraska - Lincoln. https://digitalcommons.unl.edu/dberspeakers/48/

Czepczor-Bernat, K., Brytek-Matera, A., & Staniszewska, A. (2020). The effect of a web-based psychoeducation on emotional functioning, eating behaviors, and body image among premenopausal women with excess body weight. *Archives of Women's Mental Health*, *24*(3), 423–435. https://doi.org/10.1007/s00737-020-01077-1

Czepczor-Bernat, K., Brytek-Matera, A., Gramaglia, C., & Zeppegno, P. (2019). The moderating effects of mindful eating on the relationship between emotional functioning and eating styles in overweight and obese women. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*. https://doi.org/10.1007/s40519-019-00740-6

Dai, H., Alsalhe, T. A., Chalghaf, N., Riccò, M., Bragazzi, N. L., & Wu, J. (2020). The global burden of disease attributable to high body mass index in 195 countries and territories, 1990–2017: An analysis of the Global Burden of Disease Study. *PLoS Medicine*, *17*(7), e1003198. https://doi.org/10.1371/journal.pmed.1003198

Dakanalis, A., Mentzelou, M., Papadopoulou, S. K., Papandreou, D., Spanoudaki, M., Vasios, G. K., Pavlidou, E., Mantzorou, M., & Giaginis, C. (2023). The Association of Emotional Eating with Overweight/Obesity, Depression, Anxiety/Stress, and Dietary Patterns: A Review of the Current Clinical Evidence. *Nutrients*, *15*(5), 1173. https://doi.org/10.3390/nu15051173

Dakanalis, A., Mentzelou, M., Papadopoulou, S. K., Papandreou, D., Spanoudaki, M., Vasios, G. K., Pavlidou, E., Mantzorou, M., & Giaginis, C. (2023). The Association of Emotional Eating with Overweight/Obesity, Depression, Anxiety/Stress, and Dietary Patterns: A Review of the Current Clinical Evidence. *Nutrients*, *15*(5), 1173. https://doi.org/10.3390/nu15051173

Davis, D. (2020). Presenting research reflexivity in your PhD thesis. *Nurse Researcher*. https://doi.org/10.7748/nr.2020.e1644

Dawson, D. L., & Golijani-Moghaddam, N. (2020). COVID-19: Psychological flexibility, coping, mental health, and wellbeing in the UK during the pandemic. *Journal of Contextual Behavioral Science*, *17*, 126–134. https://doi.org/10.1016/j.jcbs.2020.07.010

De France, K., & Hollenstein, T. (2017). Assessing emotion regulation repertoires: The Regulation of Emotion Systems Survey. *Personality and Individual Differences*, *119*, 204–215. https://doi.org/10.1016/j.paid.2017.07.018

De Oliveira, G., Cianelli, R., Gattamorta, K., Kowalski, N., & Peragallo, N. (2017). Social Determinants of Depression Among Hispanic Women. *Journal of the American Psychiatric Nurses Association*, *23*(1), 28–36. https://doi.org/10.1177/1078390316669230

Devonport, T. J., Chen-Wilson, C.-H., Nicholls, W., Robazza, C., Cagas, J. Y., Fernández-Montalvo, J., Choi, Y., & Ruiz, M. C. (2022). Brief Remote Intervention to Manage Food Cravings and Emotions During the COVID-19 Pandemic: A Pilot Study. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.903096

Devonport, T. J., Nicholls, W., & Fullerton, C. (2017). A systematic review of the association between emotions and eating behaviour in normal and overweight adult populations. *Journal of Health Psychology*, *24*(1), 3–24. https://doi.org/10.1177/1359105317697813

Devonport, T. J., Nicholls, W., & Fullerton, C. (2019). A systematic review of the association between emotions and eating behaviour in normal and overweight adult populations. *Journal of Health Psychology*, *24*(1), 3–24. https://doi.org/10.1177/1359105317697813

Di Sante, J., Akeson, B., Gossack, A., & Knäuper, B. (2022). Efficacy of ACT-based treatments for dysregulated eating behaviours: A systematic review and meta-analysis. *Appetite*, *171*, 105929. https://doi.org/10.1016/j.appet.2022.105929

Diggins, A., Woods-Giscombe, C., & Waters, S. (2015). The association of perceived stress, contextualized stress, and emotional eating with body mass index in college-aged Black women. *Eating Behaviors*, *19*, 188–192. https://doi.org/10.1016/j.eatbeh.2015.09.006

Dingemans, A., Danner, U., & Parks, M. (2017). Emotion Regulation in Binge Eating Disorder: A Review. *Nutrients*, *9*(11), 1274. https://doi.org/10.3390/nu9111274

Dohle, S., Rall, S., & Siegrist, M. (2014). I cooked it myself: Preparing food increases liking and consumption. *Food Quality and Preference*, *33*, 14–16. https://doi.org/10.1016/j.foodqual.2013.11.001

Dol, A., van Gemert-Pijnen, L., Schwartz, L. M., Velthuijsen, H., & Bode, C. (2023). Exploring tailored virtual emotion regulation approaches for individuals with emotional eating. *Journal of Eating Disorders*, *11*(1), 134. https://doi.org/10.1186/s40337-023-00856-2

Dol, A., van Gemert-Pijnen, L., Schwartz, L. M., Velthuijsen, H., & Bode, C. (2023). Exploring tailored virtual emotion regulation approaches for individuals with emotional eating. *Journal of Eating Disorders*, *11*(1), 134. https://doi.org/10.1186/s40337-023-00856-2

Driscoll, J. (2007). *Practising clinical supervision: A reflective approach for healthcare professionals*. Elsevier Health Sciences.

Dunn, C., Haubenreiser, M., Johnson, M., Nordby, K., Aggarwal, S., Myer, S., & Thomas, C. (2018). Mindfulness Approaches and Weight Loss, Weight Maintenance, and Weight Regain. *Current Obesity Reports*, *7*(1), 37–49. https://doi.org/10.1007/s13679-018-0299-6

Elran Barak, R., Shuval, K., Li, Q., Oetjen, R., Drope, J., Yaroch, A. L., Fennis, B. M., & Harding, M. (2021). Emotional eating in adults: The role of sociodemographics, lifestyle behaviors, and self-regulation—findings from a U.s. national study.

International Journal of Environmental Research and Public Health, *18*(4), 1744. https://doi.org/10.3390/ijerph18041744

Evers, C., de Ridder, D. T. D., & Adriaanse, M. A. (2009). Assessing yourself as an emotional eater: Mission impossible? *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*, *28*(6), 717–725. https://doi.org/10.1037/a0016700

Evers, C., Dingemans, A., Junghans, A. F., & Boevé, A. (2018). Feeling bad or feeling good, does emotion affect your consumption of food? A meta-analysis of the experimental evidence. *Neuroscience and Biobehavioral Reviews*, *92*, 195–208. https://doi.org/10.1016/j.neubiorev.2018.05.028

Evers, C., Marijn Stok, F., & de Ridder, D. T. D. (2010). Feeding your feelings: Emotion regulation strategies and emotional eating. *Personality & Social Psychology Bulletin*, *36*(6), 792–804. https://doi.org/10.1177/0146167210371383

Ewert, C., Vater, A., & Schröder-Abé, M. (2021). Self-compassion and coping: A meta-analysis. *Mindfulness*, *12*(5), 1063–1077. https://doi.org/10.1007/s12671-020-01563-8

Faustino, B., Branco Vasco, A., Delgado, J., Farinha-Fernandes, A., & Guerreiro, J. C. (2021). Exploring the impacts of COVID-19 related social distancing on loneliness, psychological needs and symptomatology. *Research in Psychotherapy Psychopathology Process and Outcome*, *23*(3). https://doi.org/10.4081/ripppo.2020.492

Florio, L., Silva, L., de, C., Vignoli, N. G., Torales, J., Ventriglio, A., & Castaldelli-Maia, J. M. (2022). Food Addiction. *The Journal of Nervous and Mental Disease*, *210*(11), 874–879. https://doi.org/10.1097/nmd.0000000000001555

Fluharty, M., & Fancourt, D. (2021). How have people been coping during the COVID-19 pandemic? Patterns and predictors of coping strategies amongst 26,016 UK adults. *BMC Psychology*, *9*(1). https://doi.org/10.1186/s40359-021-00603-9

Fordham, B., Sugavanam, T., Edwards, K., Stallard, P., Howard, R., das Nair, R., Copsey, B., Lee, H., Howick, J., Hemming, K., & Lamb, S. E. (2021). The evidence for cognitive behavioural therapy in any condition, population or context: a meta-review of systematic reviews and panoramic meta-analysis. *Psychological Medicine*, *51*(1), 21–29. https://doi.org/10.1017/s0033291720005292

Frayn, M., & Knäuper, B. (2017). Emotional Eating and Weight in Adults: a Review. *Current Psychology*, *37*(4), 924–933. https://doi.org/10.1007/s12144-017-9577-9

Frayn, M., & Knäuper, B. (2017). Emotional Eating and Weight in Adults: a Review. *Current Psychology*, *37*(4), 924–933. https://doi.org/10.1007/s12144-017-9577-9

Frayn, M., & Knäuper, B. (2018). Emotional eating and weight in adults: A review. *Current Psychology (New Brunswick, N.J.)*, *37*(4), 924–933. https://doi.org/10.1007/s12144-017-9577-9

Frayn, M., Livshits, S., & Knäuper, B. (2018). Emotional Eating and Weight Regulation: A Qualitative Study of Compensatory Behaviors and Concerns. *Journal of Eating Disorders*, *6*(1). https://doi.org/10.1186/s40337-018-0210-6

Frijters, P., Clark, A. E., Krekel, C., & Layard, R. (2020). A happy choice: wellbeing as the goal of government. *Behavioural Public Policy*, *4*(2), 126–165. https://doi.org/10.1017/bpp.2019.39

Gabrielsson, S., Engström, Å., & Gustafsson, S. (2019). Evaluating reflective practice groups in a mental health context: Swedish translation and psychometric evaluation of the clinical supervision evaluation questionnaire. *BMC Nursing*, *18*(1). https://doi.org/10.1186/s12912-019-0326-2

Ganley, R. M. (1989). Emotion and eating in obesity: A review of the literature. *The International Journal of Eating Disorders*, *8*(3), 343–361. https://doi.org/10.1002/1098-108x(198905)8:3<343::aid-eat2260080310>3.0.co;2-c

Gardner, B., & Rebar, A. L. (2019). Habit Formation and Behavior Change. *Oxford Research Encyclopedia of Psychology*. https://doi.org/10.1093/acrefore/9780190236557.013.129

Garfinkel, S. N., Seth, A. K., Barrett, A. B., Suzuki, K., & Critchley, H. D. (2015). Knowing your own heart: Distinguishing interoceptive accuracy from interoceptive awareness. *Biological Psychology*, *104*, 65–74. https://doi.org/10.1016/j.biopsycho.2014.11.004

Georgiou, E., Matthias, E., Kobel, S., Kettner, S., Dreyhaupt, J., Steinacker, J. M., & Pollatos, O. (2015). Interaction of physical activity and interoception in children. *Frontiers in Psychology*, *6*. https://doi.org/10.3389/fpsyg.2015.00502

Gill, A. (2021). Reflexivity and Lived Experience of Out-of-Home Care: Positionality as an Early Parenthood Researcher. *Affilia*, 088610992110612. https://doi.org/10.1177/08861099211061210

Godet, A., Fortier, A., Bannier, E., Coquery, N., & Val-Laillet, D. (2022). Interactions between emotions and eating behaviors: Main issues, neuroimaging contributions, and innovative preventive or corrective strategies. *Reviews in Endocrine and Metabolic Disorders*. https://doi.org/10.1007/s11154-021-09700-x

Goetzel, R. Z., Roemer, E. C., Holingue, C., Fallin, M. D., McCleary, K., Eaton, W., Agnew, J., Azocar, F., Ballard, D., Bartlett, J., Braga, M., Conway, H., Crighton, K. A., Frank, R., Jinnett, K., Keller-Greene, D., Rauch, S. M., Safeer, R., Saporito, D., … Mattingly, C. R. (2018). Mental health in the workplace: A call to action proceedings from the mental health in the workplace-public health summit. *Journal of Occupational and Environmental Medicine*, *60*(4), 322–330. https://doi.org/10.1097/jom.0000000000001271

Gold, J. A. W., Wong, K. K., Szablewski, C. M., Patel, P. R., Rossow, J., da Silva, J., Natarajan, P., Morris, S. B., Fanfair, R. N., Rogers-Brown, J., Bruce, B. B., Browning, S. D., Hernandez-Romieu, A. C., Furukawa, N. W., Kang, M., Evans, M. E., Oosmanally, N., Tobin-D'Angelo, M., Drenzek, C., … Jackson, B. R. (2020). Characteristics and clinical outcomes of adult patients hospitalized with COVID-19 — Georgia, march 2020. *MMWR. Morbidity and Mortality Weekly Report*, *69*(18), 545–550. https://doi.org/10.15585/mmwr.mm6918e1

Goldschmidt, A. B., Wall, M., Loth, K. A., Le Grange, D., & Neumark-Sztainer, D. (2012). Which dieters are at risk for the onset of binge eating? A prospective study of adolescents and young adults. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *51*(1), 86–92. https://doi.org/10.1016/j.jadohealth.2011.11.001

González-Monroy, C., Gómez-Gómez, I., Olarte-Sánchez, C. M., & Motrico, E. (2021). Eating Behaviour Changes during the COVID-19 Pandemic: A Systematic Review of Longitudinal Studies. *International Journal of Environmental Research and Public Health*, *18*(21), 11130. https://doi.org/10.3390/ijerph182111130

Gough, B., & Madill, A. (2012). Subjectivity in psychological science: From problem to prospect. *Psychological Methods*, *17*(3), 374–384. https://doi.org/10.1037/a0029313

Grabauskaitė, A., Baranauskas, M., & Griškova-Bulanova, I. (2017). Interoception and gender: What aspects should we pay attention to? *Consciousness and Cognition*, *48*, 129–137. https://doi.org/10.1016/j.concog.2016.11.002

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology: Journal of Division 1, of the American Psychological Association*, *2*(3), 271–299. https://doi.org/10.1037/1089-2680.2.3.271

Gross, J. J. (2013). Emotion regulation: Taking stock and moving forward. *Emotion (Washington, D.C.)*, *13*(3), 359–365. https://doi.org/10.1037/a0032135

Gross, J. J. (2014). Emotion regulation: Conceptual and empirical foundations. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 3–20). The Guilford Press.

Gross, J. J. (2015). The Extended Process Model of Emotion Regulation: Elaborations, Applications, and Future Directions. *Psychological Inquiry*, *26*(1), 130–137. https://doi.org/10.1080/1047840x.2015.989751

Guerdjikova, A. I., Mori, N., Casuto, L. S., & McElroy, S. L. (2019). Update on binge eating disorder. *The Medical Clinics of North America*, *103*(4), 669–680. https://doi.org/10.1016/j.mcna.2019.02.003

Guerrero-Hreins, E., Stammers, L., Wong, L., Brown, R. M., & Priya Sumithran. (2022). A Comparison of Emotional Triggers for Eating in Men and Women with Obesity. *Nutrients*, *14*(19), 4144–4144. https://doi.org/10.3390/nu14194144

Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: a qualitative study. *BMC Psychiatry*, *12*(1). https://doi.org/10.1186/1471-244x-12-157

Ha, O. R., & Lim, S. L. (2023). The role of emotion in eating behavior and decisions. *Frontiers in Psychology*, *14*, 1265074. https://doi.org/10.3389/fpsyg.2023.1265074

Ha, O. R., & Lim, S. L. (2023). The role of emotion in eating behavior and decisions. *Frontiers in Psychology*, *14*, 1265074. https://doi.org/10.3389/fpsyg.2023.1265074

Hagan, K. E., Alasmar, A., Exum, A., Chinn, B., & Forbush, K. T. (2020). A systematic review and meta-analysis of attentional bias toward food in individuals with overweight and obesity. *Appetite*, *151*(104710), 104710. https://doi.org/10.1016/j.appet.2020.104710

Haig-Ferguson, A., Cooper, K., Cartwright, E., Loades, M. E., & Daniels, J. (2021). Practitioner review: health anxiety in children and young people in the context of the COVID-19 pandemic. *Behavioural and Cognitive Psychotherapy*, *49*(2), 129–143. https://doi.org/10.1017/s1352465820000636

Haththotuwa, R. N., Wijeyaratne, C. N., & Senarath, U. (2020). Worldwide epidemic of obesity. In T. A. Mahmood, S. Arulkumaran, & F. A. Chervenak (Eds.), *Obesity and Obstetrics* (pp. 3–8). Elsevier.

Health and Care Professions Council. (2016). *Standards of conduct, performance and ethics.* London: Health Care Professions Council.

Heatherton, T. F., & Baumeister, R. F. (1991). Binge eating as escape from self-awareness. *Psychological Bulletin*, *110*(1), 86–108. https://doi.org/10.1037/0033-2909.110.1.86

Herman, C. P., & Mack, D. (1975). Restrained and unrestrained eating. *Journal of Personality*, *43*(4), 647–660. https://doi.org/10.1111/j.1467-6494.1975.tb00727.x

Herman, C. P., & Polivy, J. (1975). Anxiety, restraint, and eating behavior. *Journal of abnormal psychology*, *84*(6), 666. https://doi.org/10.1037/0021-843X.84.6.666

Herman, C. P., Polivy, J., & Esses, V. M. (1987). The illusion of counter-regulation. *Appetite*, *9*(3), 161–169. https://doi.org/10.1016/s0195-6663(87)80010-7

Hesse, S., Becker, G.-A., Rullmann, M., Bresch, A., Luthardt, J., Hankir, M. K., Zientek, F., Reissig, G., Patt, M., Katrin Arélin, Lobsien, D., Ulrich Müller, Baldofski, S., Meyer, P., Matthias Blüher, Mathias Fasshauer, Fenske, W., Stumvoll, M., Hilbert, A., & Ding, Y.-S. (2017). *Central noradrenaline transporter availability in highly obese, non-depressed individuals*. *44*(6), 1056–1064. https://doi.org/10.1007/s00259-016-3590-3

Hill, D. (2015). *Affect regulation theory : a clinical model*. W.W. Norton & Company.

Holmqvist Larsson, K., Lowén, A., Hellerstedt, L., Bergcrona, L., Salerud, M., & Zetterqvist, M. (2020). Emotion regulation group skills training: a pilot study of an add-on treatment for eating disorders in a clinical setting. *Journal of Eating Disorders*, *8*(1). https://doi.org/10.1186/s40337-020-00289-1

Hruby, A., Manson, J. E., Qi, L., Malik, V. S., Rimm, E. B., Sun, Q., Willett, W. C., & Hu, F. B. (2016). Determinants and consequences of obesity. *American Journal of Public Health*, *106*(9), 1656–1662. https://doi.org/10.2105/ajph.2016.303326

http://www.qualres.org/HomeEval-3664.html

Huang, J., Li, Y., Chen, M., Cai, Z., Cai, Z., & Jiang, Z. (2024). Comparing caloric restriction regimens for effective weight management in adults: a systematic review and network meta-analysis. *International Journal of Behavioral Nutrition and Physical Activity*, *21*(1). https://doi.org/10.1186/s12966-024-01657-9

Hughes, C. A., Ahern, A. L., Kasetty, H., McGowan, B. M., Parretti, H. M., Vincent, A., & Halford, J. C. G. (2021). Changing the narrative around obesity in the UK: a survey of people with obesity and healthcare professionals from the ACTION-IO study. *BMJ Open*, *11*(6), e045616. https://doi.org/10.1136/bmjopen-2020-045616

Hwang, T.-J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International Psychogeriatrics*, *32*(10), 1217–1220. https://doi.org/10.1017/s1041610220000988

Jaber, F., & James, A. (2000). *Institutional selves: troubled identities in a postmodern world*. Oxford University Press.

Jansen, P. W., Derks, I. P. M., Mou, Y., Rijen, E. H. M., Gaillard, R., Micali, N., Voortman, T., & Hillegers, M. H. J. (2020). Associations of parents' use of food as reward with children's eating behaviour and BMI in a population-based cohort. *Pediatric Obesity*, *15*(11). https://doi.org/10.1111/ijpo.12662

Jemal, K., Hailu, D., Mekonnen, M., Tesfa, B., Bekele, K., & Kinati, T. (2021). The importance of compassion and respectful care for the health workforce: a mixed-methods study. *Zeitschrift Fur Gesundheitswissenschaften*, *31*(2), 1–12. https://doi.org/10.1007/s10389-021-01495-0

Joy, E., Braun, V., & Clarke, V. (2023). Doing reflexive thematic analysis: A reflexive account. *Uwe-Repository.worktribe.com*. https://uwe-repository.worktribe.com/output/10434562

Kaplan, H. I., & Kaplan, H. S. (1957). The Psychosomatic Concept of Obesity. *The Journal of Nervous and Mental Disease*, *125*(2), 181–201. https://doi.org/10.1097/00005053-195704000-00004

Kaplan, H. I., & Kaplan, H. S. (1957). The psychosomatic concept of obesity. *The Journal of Nervous and Mental Disease*, *125*(2), 181. https://journals.lww.com/jonmd/Citation/1957/04000/AN_EXAMPLE_OF_THE_PSYCHOPATHOLOGY_OF_RELIGION_The.4.aspx

Kar, N., Kar, B., & Kar, S. (2020). Stress and coping during COVID-19 pandemic: result of an online survey. *Psychiatry Research*, *295*, 113598. https://doi.org/10.1016/j.psychres.2020.113598

Kara, A., & Gök, A. (2020). Positive and negative affect during a pandemic: Mediating role of emotional regulation strategies. *Journal of Pedagogical Research*, *4*(4), 484–497. http://files.eric.ed.gov/fulltext/EJ1282765.pdf

Keaver, L., Xu, B., Jaccard, A., & Webber, L. (2020). Morbid obesity in the UK: A modelling projection study to 2035. *Scandinavian Journal of Public Health*, *48*(4), 422–427. https://doi.org/10.1177/1403494818794814

Keskitalo, K., Tuorila, H., Spector, T. D., Cherkas, L. F., Knaapila, A., Kaprio, J., Silventoinen, K., & Perola, M. (2008). The Three-Factor Eating Questionnaire, body mass index, and responses to sweet and salty fatty foods: a twin study of genetic and environmental associations. *The American Journal of Clinical Nutrition*, *88*(2), 263–271. https://doi.org/10.1093/ajcn/88.2.263

Kilpeläinen, T. O., Qi, L., Brage, S., Sharp, S. J., Sonestedt, E., Demerath, E., Ahmad, T., Mora, S., Kaakinen, M., Sandholt, C. H., Holzapfel, C., Autenrieth, C. S., Hyppönen, E., Cauchi, S., He, M., Kutalik, Z., Kumari, M., Stančáková, A., Meidtner, K., … Loos, R. J. F. (2011). Physical activity attenuates the influence of FTO variants on obesity risk: A meta-analysis of 218,166 adults and 19,268 children. *PLoS Medicine*, *8*(11), e1001116. https://doi.org/10.1371/journal.pmed.1001116

Kobylińska, D., & Kusev, P. (2019). Flexible emotion regulation: How situational demands and individual differences influence the effectiveness of regulatory strategies. *Frontiers in Psychology*, *10*. https://doi.org/10.3389/fpsyg.2019.00072

Koenders, P. G., & van Strien, T. (2011). Emotional eating, rather than lifestyle behavior, drives weight gain in a prospective study in 1562 employees. *Journal of Occupational*

and Environmental Medicine, *53*(11), 1287–1293. http://www.jstor.org/stable/45009953

Konttinen, H. (2020). Emotional eating and obesity in adults: the role of depression, sleep and genes. *Proceedings of the Nutrition Society*, *79*(3), 1–7. https://doi.org/10.1017/s0029665120000166

Konttinen, H. (2020). Emotional eating and obesity in adults: the role of depression, sleep and genes. *The Proceedings of the Nutrition Society*, *79*(3), 283–289. https://doi.org/10.1017/s0029665120000166

Konttinen, H., van Strien, T., Männistö, S., Jousilahti, P., & Haukkala, A. (2019). Depression, emotional eating and long-term weight changes: a population-based prospective study. *International Journal of Behavioral Nutrition and Physical Activity*, *16*(1). https://doi.org/10.1186/s12966-019-0791-8

Konttinen, H., van Strien, T., Männistö, S., Jousilahti, P., & Haukkala, A. (2019). Depression, emotional eating and long-term weight changes: a population-based prospective study. *International Journal of Behavioral Nutrition and Physical Activity*, *16*(1). https://doi.org/10.1186/s12966-019-0791-8

Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. Simon and Schuster.

Kukk, K., & Akkermann, K. (2019). Emotion regulation difficulties and dietary restraint independently predict binge eating among men. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*. https://doi.org/10.1007/s40519-019-00791-9

Kumar, R. M. (2021). The Many Faces of Grief: A Systematic Literature Review of Grief During the COVID-19 Pandemic. *Illness, Crisis & Loss*, *31*(1), 105413732110380. https://doi.org/10.1177/10541373211038084

Kumari, T. (2021). Covid-19 : towards confronting an unprecedented pandemic. *International Journal of Biological Innovation*, *8*(3), 1–10. https://ijbi.org.in/archive.php?PId=18

Kwong, A. S. F., Pearson, R. M., Adams, M. J., Northstone, K., Tilling, K., Smith, D., Fawns-Ritchie, C., Bould, H., Warne, N., Zammit, S., Gunnell, D. J., Moran, P. A., Micali, N., Reichenberg, A., Hickman, M., Rai, D., Haworth, S., Campbell, A., Altschul, D., … Timpson, N. J. (2021). Mental health before and during the COVID-19 pandemic in two longitudinal UK population cohorts. *The British Journal of Psychiatry: The Journal of Mental Science*, *218*(6), 334–343. https://doi.org/10.1192/bjp.2020.242

Kyle, R. G., Wills, J., Mahoney, C., Hoyle, L., Kelly, M., & Atherton, I. M. (2017). Obesity prevalence among healthcare professionals in England: a cross-sectional study using the Health Survey for England. *BMJ Open*, *7*(12), e018498. https://doi.org/10.1136/bmjopen-2017-018498

Lane, M. M., Gamage, E., Travica, N., Dissanayaka, T., Ashtree, D. N., Gauci, S., Lotfaliany, M., O'Neil, A., Jacka, F. N., & Marx, W. (2022). Ultra-processed food consumption and mental health: A systematic review and meta-analysis of observational studies. *Nutrients*, *14*(13), 2568. https://doi.org/10.3390/nu14132568

Langeland, E. (2022). Emotional Well-Being. In *Encyclopedia of Quality of Life and Well-Being Research* (pp. 1–3). Springer International Publishing.

Latagliata, E. C., Patrono, E., Puglisi-Allegra, S., & Ventura, R. (2010). Food seeking in spite of harmful consequences is under prefrontal cortical noradrenergic control. *BMC Neuroscience*, *11*(1). https://doi.org/10.1186/1471-2202-11-15

Lattimore, P. (2019). Mindfulness-based emotional eating awareness training: taking the emotional out of eating. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, *25*. https://doi.org/10.1007/s40519-019-00667-y

Lattimore, P. (2019). Mindfulness-based emotional eating awareness training: taking the emotional out of eating. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *25*(3), 649-657. https://doi.org/10.1007/s40519-019-00667-y

Lauby-Secretan, B., Scoccianti, C., Loomis, D., Grosse, Y., Bianchini, F., & Straif, K. (2016). Body fatness and cancer — viewpoint of the IARC working group. *The New England Journal of Medicine*, *375*(8), 794–798. https://doi.org/10.1056/nejmsr1606602

Lazard, L., & McAvoy, J. (2017). Doing reflexivity in psychological research: What's the point? What's the practice? *Qualitative Research in Psychology*, *17*(2), 1–19. https://doi.org/10.1080/14780887.2017.1400144

Leigh Gibson, E. (2006). Emotional influences on food choice: Sensory, physiological and psychological pathways. *Physiology & Behavior*, *89*(1), 53–61. https://doi.org/10.1016/j.physbeh.2006.01.024

Lerner, J. S., Li, Y., Valdesolo, P., & Kassam, K. S. (2015). Emotion and Decision Making. *Annual Review of Psychology*, *66*(1), 799–823. https://doi.org/10.1146/annurev-psych-010213-115043

Liddon, L., Kingerlee, R., & Barry, J. A. (2018). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *The British Journal of Clinical Psychology*, *57*(1), 42–58. https://doi.org/10.1111/bjc.12147

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

Lyvers, M., Kelahroodi, M., Udodzik, E., Stapleton, P., & Thorberg, F. A. (2022). Alexithymia and binge eating: Maladaptive emotion regulation strategy or deficient interoception? *Appetite*, *175*(106073), 106073. https://doi.org/10.1016/j.appet.2022.106073

Maccagnan, A., Wren-Lewis, S., Brown, H., & Taylor, T. (2019). Wellbeing and society: Towards quantification of the co-benefits of wellbeing. *Social Indicators Research*, *141*(1), 217–243. https://doi.org/10.1007/s11205-017-1826-7

Macht, M. (2008). How emotions affect eating: A five-way model. *Appetite*, *50*(1), 1–11. https://doi.org/10.1016/j.appet.2007.07.002

Macht, M., & Dettmer, D. (2006). Everyday mood and emotions after eating a chocolate bar or an apple. *Appetite*, *46*(3), 332–336. https://doi.org/10.1016/j.appet.2006.01.014

Macht, M., & Simons, G. (2011). Emotional Eating. In *Emotion Regulation and Well-Being* (pp. 281–295). Springer New York.

Madalı, B., Alkan, Ş. B., Örs, E. D., Ayrancı, M., Taşkın, H., & Kara, H. H. (2021). Emotional eating behaviors during the COVID-19 pandemic: A cross-sectional study. *Clinical Nutrition ESPEN*, *46*, 264–270. https://doi.org/10.1016/j.clnesp.2021.09.745

Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet*, *358*(9280), 483–488. https://doi.org/10.1016/s0140-6736(01)05627-6

Markey, C. H., Strodl, E., Aimé, A., McCabe, M., Rodgers, R., Sicilia, A., Coco, G. L., Dion, J., Mellor, D., Pietrabissa, G., Gullo, S., Granero-Gallegos, A., Probst, M., Maïano, C., Bégin, C., Alcaraz-Ibáñez, M., Blackburn, M.-E., Caltabiano, M. L., Manzoni, G. M., & Castelnuovo, G. (2023). A survey of eating styles in eight countries: Examining restrained, emotional, intuitive eating and their correlates. *British Journal of Health Psychology*, *28*(1), 136–155. https://doi.org/10.1111/bjhp.12616

Markus, C. R., Panhuysen, G., Tuiten, A., Koppeschaar, H., Fekkes, D., & Peters, M. L. (1998). Does carbohydrate-rich, protein-poor food prevent a deterioration of mood and cognitive performance of stress-prone subjects when subjected to a stressful task? *Appetite*, *31*(1), 49–65. https://doi.org/10.1006/appe.1997.0155

Maslow, A. H. (1954). Motivation and personality. *New York*.

Mason, T. B., Smith, K. E., Anderson, L. M., & Hazzard, V. M. (2020). Anhedonia, positive affect dysregulation, and risk and maintenance of binge-eating disorder. *International Journal of Eating Disorders*, *54*(3), 287–292. https://doi.org/10.1002/eat.23433

Mauss, I. B., Bunge, S. A., & Gross, J. J. (2007). Automatic emotion regulation: Automatic emotion regulation. *Social and Personality Psychology Compass*, *1*(1), 146–167. https://doi.org/10.1111/j.1751-9004.2007.00005.x

McAtamney, K., Mantzios, M., Egan, H., & Wallis, D. J. (2021). Emotional eating during COVID-19 in the United Kingdom: Exploring the roles of alexithymia and emotion

dysregulation. *Appetite*, *161*(105120), 105120. https://doi.org/10.1016/j.appet.2021.105120

McAtamney, K., Mantzios, M., Egan, H., & Wallis, D. J. (2023). A systematic review of the relationship between alexithymia and emotional eating in adults. *Appetite*, *180*(106279), 106279. https://doi.org/10.1016/j.appet.2022.106279

McGillivray, L., Becerra, R., & Harms, C. (2016). Prevalence and Demographic Correlates of Alexithymia: A Comparison Between Australian Psychiatric and Community Samples. *Journal of Clinical Psychology*, *73*(1), 76–87. https://doi.org/10.1002/jclp.22314

McGillivray, L., Becerra, R., & Harms, C. (2017). Prevalence and demographic correlates of alexithymia: A comparison between Australian psychiatric and community samples: Prevalence of alexithymia in Australian samples. *Journal of Clinical Psychology*, *73*(1), 76–87. https://doi.org/10.1002/jclp.22314

McRae, K., & Gross, J. J. (2020). Emotion regulation. *Emotion*, *20*(1), 1–9. https://doi.org/10.1037/emo0000703

Menefee, D. S., Ledoux, T., & Johnston, C. A. (2022). The importance of emotional regulation in mental health. *American Journal of Lifestyle Medicine*, *16*(1), 28–31. https://doi.org/10.1177/15598276211049771

Miles, M. B., & Michael Huberman, A. (1994). *Qualitative Data Analysis: An expanded sourcebook*. SAGE.

Mingay, E., Hart, M., Yoong, S., & Hure, A. (2021). Why We Eat the Way We Do: a Call to Consider Food Culture in Public Health Initiatives. *International Journal of*

Environmental Research and Public Health, *18*(22), 11967. https://doi.org/10.3390/ijerph182211967

Mwita, K. (2022). Strengths and Weaknesses of Qualitative Research in Social Science Studies. *International Journal of Research in Business and Social Science (2147-4478)*, *11*(6), 618–625. Researchgate. https://doi.org/10.20525/ijrbs.v11i6.1920

Nevill, A. M., Duncan, M. J., & Myers, T. (2022). BMI is dead; long live waist-circumference indices: But which index should we choose to predict cardio-metabolic risk? *Nutrition, Metabolism, and Cardiovascular Diseases: NMCD*, *32*(7), 1642–1650. https://doi.org/10.1016/j.numecd.2022.04.003

Nevill, A. M., Stewart, A. D., Olds, T., & Duncan, M. J. (2018). A new waist-to-height ratio predicts abdominal adiposity in adults. *Research in Sports Medicine*, *28*(1), 15–26. https://doi.org/10.1080/15438627.2018.1502183

Nicholls, W., Devonport, T. J., & Blake, M. (2016). The association between emotions and eating behaviour in an obese population with binge eating disorder: Emotions and binge eating disorder. *Obesity Reviews: An Official Journal of the International Association for the Study of Obesity*, *17*(1), 30–42. https://doi.org/10.1111/obr.12329

Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., Agha, M., & Agha, R. (2020). The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *International Journal of Surgery (London, England)*, *78*, 185–193. https://doi.org/10.1016/j.ijsu.2020.04.018

Nolan, L. J., Halperin, L. B., & Geliebter, A. (2010). Emotional Appetite Questionnaire. Construct validity and relationship with BMI. *Appetite*, *54*(2), 314–319. https://doi.org/10.1016/j.appet.2009.12.004

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, *16*(1), 1–13. SagePub. https://doi.org/10.1177/1609406917733847

Nyklíček, I., Vingerhoets, A., & Zeelenberg, M. (2011). Emotion regulation and well-being: A view from different angles. In *Emotion Regulation and Well-Being* (pp. 1–9). Springer New York.

O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A. J., Niedzwiedz, C. L., O'Carroll, R. E., O'Connor, D. B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., Ferguson, E., & Robb, K. A. (2020). Mental Health and Wellbeing during the COVID-19 pandemic: Longitudinal Analyses of Adults in the UK COVID-19 Mental Health & Wellbeing Study. *The British Journal of Psychiatry*, *218*(6), 1–17. https://doi.org/10.1192/bjp.2020.212

O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A. J., Niedzwiedz, C. L., O'Carroll, R. E., O'Connor, D. B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., Ferguson, E., & Robb, K. A. (2020). Mental health and wellbeing during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *The British Journal of Psychiatry*, *218*(6), 1–17. https://doi.org/10.1192/bjp.2020.212

Ogueji, I. A., Okoloba, M. M., & Demoko Ceccaldi, B. M. (2021). Coping strategies of individuals in the United Kingdom during the COVID-19 pandemic. *Current Psychology*, *41*. https://doi.org/10.1007/s12144-020-01318-7

Ogueji, I. A., Okoloba, M. M., & Demoko Ceccaldi, B. M. (2021). Coping strategies of individuals in the United Kingdom during the COVID-19 pandemic. *Current Psychology*, *41*. https://doi.org/10.1007/s12144-020-01318-7

Panayiotou, G., Panteli, M., & Leonidou, C. (2021). Coping with the invisible enemy: The role of emotion regulation and awareness in quality of life during the COVID-19 pandemic. *Journal of Contextual Behavioral Science*, *19*, 17–27. https://doi.org/10.1016/j.jcbs.2020.11.002

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., … UnÜtzer, J. (2018). The Lancet Commission on global mental health and sustainable development. *Lancet*, *392*(10157), 1553–1598. https://doi.org/10.1016/s0140-6736(18)31612-x

Pedrosa, A. L., Bitencourt, L., Fróes, A. C. F., Cazumbá, M. L. B., Campos, R. G. B., de Brito, S. B. C. S., & Simões E Silva, A. C. (2020). Emotional, Behavioral, and Psychological Impact of the COVID-19 Pandemic. *Frontiers in Psychology*, *11*(1), 566212. https://doi.org/10.3389/fpsyg.2020.566212

Péneau, S., Ménard, E., Méjean, C., Bellisle, F., & Hercberg, S. (2013). Sex and dieting modify the association between emotional eating and weight status. *The American*

Journal of Clinical Nutrition, *97*(6), 1307–1313. https://doi.org/10.3945/ajcn.112.054916

Piché, M.-E., Poirier, P., Lemieux, I., & Després, J.-P. (2018). Overview of epidemiology and contribution of obesity and body fat distribution to cardiovascular disease: An update. *Progress in Cardiovascular Diseases*, *61*(2), 103–113. https://doi.org/10.1016/j.pcad.2018.06.004

Polivy, J., & Herman, C. P. (1985). Dieting and binging: A causal analysis. *The American Psychologist*, *40*(2), 193–201. https://doi.org/10.1037/0003-066x.40.2.193

Polivy, J., & Herman, C. P. (2020). Overeating in Restrained and Unrestrained Eaters. *Frontiers in Nutrition*, *7*. https://doi.org/10.3389/fnut.2020.00030

Pollatos, O., Traut-Mattausch, E., & Schandry, R. (2009). Differential effects of anxiety and depression on interoceptive accuracy. *Depression and Anxiety*, *26*(2), 167–173. https://doi.org/10.1002/da.20504

Rafal, G., Gatto, A., & DeBate, R. (2018). Mental health literacy, stigma, and help-seeking behaviors among male college students. *Journal of American College Health*, *66*(4), 284–291. https://doi.org/10.1080/07448481.2018.1434780

Ramírez-Ortiz, J., Castro-Quintero, D., Lerma-Córdoba, C., Yela-Ceballos, F., & Escobar-Córdoba, F. (2020). Mental health consequences of the COVID-19 pandemic associated with social isolation. *Colombian Journal of Anestesiology*, *48*(4). https://doi.org/10.5554/22562087.e930

Raykos, B. C., & Andony, L. J. (2024). Psychoeducation in the Treatment of Eating Disorders. *Springer EBooks*, 1–18. https://doi.org/10.1007/978-3-030-97416-9_78-1

Raymond, C., William, J., & Pamelia, F. (1984). *The Binge-purge syndrome : diagnosis, treatment, and research*.

Reichenberger, J., Schnepper, R., Arend, A., Richard, A., Voderholzer, U., Naab, S., & Blechert, J. (2021). Emotional eating across different eating disorders and the role of body mass, restriction, and binge eating. *International Journal of Eating Disorders*, *54*(5), 773–784. https://doi.org/10.1002/eat.23477

Reichenberger, J., Schnepper, R., Arend, A.-K., & Blechert, J. (2020). Emotional eating in healthy individuals and patients with an eating disorder: evidence from psychometric, experimental and naturalistic studies. *Proceedings of the Nutrition Society*, *79*(3), 290–299. https://doi.org/10.1017/s0029665120007004

Reichenberger, J., Schnepper, R., Arend, A.-K., & Blechert, J. (2020). Emotional eating in healthy individuals and patients with an eating disorder: evidence from psychometric, experimental and naturalistic studies. *The Proceedings of the Nutrition Society*, *79*(3), 290–299. https://doi.org/10.1017/s0029665120007004

Reichenberger, J., Schnepper, R., Arend, A.-K., Richard, A., Voderholzer, U., Naab, S., & Blechert, J. (2021). Emotional eating across different eating disorders and the role of body mass, restriction, and binge eating. *The International Journal of Eating Disorders*, *54*(5), 773–784. https://doi.org/10.1002/eat.23477

Restubog, S. L. D., Ocampo, A. C. G., & Wang, L. (2020). Taking control amidst the chaos: Emotion regulation during the COVID-19 pandemic. *Journal of Vocational Behavior*, *119*(103440), 103440. https://doi.org/10.1016/j.jvb.2020.103440

Ritchie, H., Reay, D. S., & Higgins, P. (2018). Beyond calories: A holistic assessment of the global food system. *Frontiers in Sustainable Food Systems*, *2*. https://doi.org/10.3389/fsufs.2018.00057

Robinson, E., Marty, L., Higgs, S., & Jones, A. (2021). Interoception, eating behaviour and body weight. *Physiology & Behavior*, *237*, 113434. https://doi.org/10.1016/j.physbeh.2021.113434

Rogers, C. R. (1940). The processes of therapy. *Journal of Consulting Psychology, 4*(5), 161–164. https://doi.org/10.1037/h0062536

Rolfe, G., Freshwater, D., & Jasper, M. (2001). Critical reflection for nursing and the helping professions: A user's guide. Palgrave MacMillan.

Ruban, A., Stoenchev, K., Ashrafian, H., & Teare, J. (2019). Current treatments for obesity. *Clinical Medicine (London, England)*, *19*(3), 205–212. https://doi.org/10.7861/clinmedicine.19-3-205

Ruggeri, K., Garcia-Garzon, E., Maguire, Á., Matz, S., & Huppert, F. A. (2020). Well-being is more than happiness and life satisfaction: a multidimensional analysis of 21 countries. *Health and Quality of Life Outcomes*, *18*(1). https://doi.org/10.1186/s12955-020-01423-y

Ruiz, M. C., Devonport, T. J., Chen-Wilson, C.-H. (josephine), Nicholls, W., Cagas, J. Y., Fernandez-Montalvo, J., Choi, Y., Gan, Y., & Robazza, C. (2023). Brief emotional eating scale: A multinational study of factor structure, validity, and invariance. *Appetite*, *185*(106538), 106538. https://doi.org/10.1016/j.appet.2023.106538

Sahu, P. (2020). Closure of universities due to Coronavirus disease 2019 (COVID-19): Impact on education and mental health of students and academic staff. *Cureus*. https://doi.org/10.7759/cureus.7541

Sambal, H., Bohon, C., & Weinbach, N. (2021). The effect of mood on food versus non-food interference among females who are high and low on emotional eating. *Journal of Eating Disorders*, *9*(1). https://doi.org/10.1186/s40337-021-00497-3

Sapthiang, S., Van Gordon, W., & Shonin, E. (2019). Mindfulness in schools: A health promotion approach to improving adolescent mental health. *International Journal of Mental Health and Addiction*, *17*(1), 112–119. https://doi.org/10.1007/s11469-018-0001-y

Schnepper, R., Richard, A., Wilhelm, F. H., & Blechert, J. (2019). A combined mindfulness-prolonged chewing intervention reduces body weight, food craving, and emotional eating. *Journal of Consulting and Clinical Psychology*, *87*(1), 106–111. https://doi.org/10.1037/ccp0000361

Schnurr, T. M., Jakupović, H., Carrasquilla, G. D., Ängquist, L., Grarup, N., Sørensen, T. I. A., Tjønneland, A., Overvad, K., Pedersen, O., Hansen, T., & Kilpeläinen, T. O. (2020). Obesity, unfavourable lifestyle and genetic risk of type 2 diabetes: a case-cohort study. *Diabetologia*, *63*(7), 1324–1332. https://doi.org/10.1007/s00125-020-05140-5

Seidell, J. C., & Halberstadt, J. (2015). The global burden of obesity and the challenges of prevention. *Annals of Nutrition & Metabolism*, *66*(Suppl. 2), 7–12. https://doi.org/10.1159/000375143

Shehata, W. M., & Abdeldaim, D. E. (2023). Emotional eating in relation to psychological stress during COVID-19 pandemic: a cross-sectional study in faculty of medicine, Tanta University, Egypt. *BMC Public Health*, *23*(1). https://doi.org/10.1186/s12889-023-15177-x

Shireen, H., Castelli, S., Legault, M., Dor-Ziderman, Y., Milad, J., & Knäuper, B. (2022). Phenomenological support for escape theory: a qualitative study using explicitation interviews with emotional eaters. *Journal of Eating Disorders*, *10*(1). https://doi.org/10.1186/s40337-022-00690-y

Silventoinen, K., Jelenkovic, A., Sund, R., Yokoyama, Y., Hur, Y.-M., Cozen, W., Hwang, A. E., Mack, T. M., Honda, C., Inui, F., Iwatani, Y., Watanabe, M., Tomizawa, R., Pietiläinen, K. H., Rissanen, A., Siribaddana, S. H., Hotopf, M., Sumathipala, A., Rijsdijk, F., … Kaprio, J. (2017). Differences in genetic and environmental variation in adult BMI by sex, age, time period, and region: an individual-based pooled analysis of 40 twin cohorts. *The American Journal of Clinical Nutrition*, *106*(2), 457–466. https://doi.org/10.3945/ajcn.117.153643

Simmons, L., Jones, T., & Bradley, E. (2017). Reducing Mental Health Stigma: The Relationship between Knowledge and Attitude Change. *European Journal of Mental Health*, *12*(1), 25–40. https://doi.org/10.5708/ejmh.12.2017.1.2

Singh, R., Rathore, S. S., Khan, H., Karale, S., Chawla, Y., Iqbal, K., Bhurwal, A., Tekin, A., Jain, N., Mehra, I., Anand, S., Reddy, S., Sharma, N., Sidhu, G. S., Panagopoulos, A., Pattan, V., Kashyap, R., & Bansal, V. (2022). Association of obesity with COVID-19 severity and mortality: An updated systemic review, meta-Analysis, and meta-

regression. *Frontiers in Endocrinology*, *13*. https://doi.org/10.3389/fendo.2022.780872

Skinner, B. F. (1963). Operant Behaviour. *American Psychologist*, *18*(8), 503–515. https://doi.org/10.1037/h0045185

Sloan, M. M., Haner, M., Graham, A., Cullen, F. T., Pickett, J. T., & Jonson, C. L. (2021). Pandemic emotions: the extent, correlates, and mental health consequences of fear of COVID-19. *Sociological Spectrum*, *41*(5), 369–386. https://doi.org/10.1080/02732173.2021.1926380

Slochower, J. (1987). The psychodynamics of obesity: A review. *Psychoanalytic Psychology: The Official Journal of the Division of Psychoanalysis, American Psychological Association, Division 39*, *4*(2), 145–159. https://doi.org/10.1037/h0079130

Slochower, J., & Kaplan, S. P. (1980). Anxiety, perceived control, and eating in obese and normal weight persons. *Appetite*, *1*(1), 75–83. https://doi.org/10.1016/s0195-6663(80)80011-0

Smith, B., & McGannon, K. R. (2018). Developing rigor in qualitative research: problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*, *11*(1), 101–121. https://doi.org/10.1080/1750984x.2017.1317357

Smith, J. M., Serier, K. N., Belon, K. E., Sebastian, R. M., & Smith, J. E. (2020). Evaluation of the relationships between dietary restraint, emotional eating, and intuitive eating moderated by sex. *Appetite*, *155*(104817), 104817. https://doi.org/10.1016/j.appet.2020.104817

Smith, J., Ang, X. Q., Giles, E. L., & Traviss-Turner, G. (2023). Emotional Eating Interventions for Adults Living with Overweight or Obesity: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, *20*(3), 2722. https://doi.org/10.3390/ijerph20032722

Spadaro, P. A., Naug, H. L., Du Toit, E. F., Donner, D., & Colson, N. J. (2015). A refined high carbohydrate diet is associated with changes in the serotonin pathway and visceral obesity. *Genetics Research*, *97*. https://doi.org/10.1017/s0016672315000233

Stewart, T. M., Martin, C. K., & Williamson, D. A. (2022). The complicated relationship between dieting, dietary restraint, caloric restriction, and eating disorders: Is a shift in public health messaging warranted? *International Journal of Environmental Research and Public Health*, *19*(1), 491. https://doi.org/10.3390/ijerph19010491

Stice, E., & Van Ryzin, M. J. (2019). A prospective test of the temporal sequencing of risk factor emergence in the dual pathway model of eating disorders. *Journal of Abnormal Psychology*, *128*(2), 119–128. https://doi.org/10.1037/abn0000400

Strodl, E., Markey, C., Aimé, A., Rodgers, R. F., Dion, J., Coco, G. L., Gullo, S., McCabe, M., Mellor, D., Granero-Gallegos, A., Sicilia, A., Castelnuovo, G., Probst, M., Maïano, C., Manzoni, G. M., Begin, C., Blackburn, M.-E., Pietrabissa, G., Alcaraz-Ibánez, M., & Hayami-Chisuwa, N. (2020). A cross-country examination of emotional eating, restrained eating and intuitive eating: Measurement Invariance across eight countries. *Body Image*, *35*, 245–254. https://doi.org/10.1016/j.bodyim.2020.09.013

Stunkard, A. J., & Messick, S. (1985). The three-factor eating questionnaire to measure dietary restraint, disinhibition and hunger. *Journal of Psychosomatic Research*, *29*(1), 71–83. https://doi.org/10.1016/0022-3999(85)90010-8

Sugama, S., Sekiyama, K., Kodama, T., Takamatsu, Y., Takenouchi, T., Hashimoto, M., Bruno, C., & Kakinuma, Y. (2016). Chronic restraint stress triggers dopaminergic and noradrenergic neurodegeneration: Possible role of chronic stress in the onset of Parkinson's disease. *Brain, Behavior, and Immunity*, *51*, 39–46. https://doi.org/10.1016/j.bbi.2015.08.015

Sung, J., Lee, K., & Song, Y.-M. (2009). Relationship of eating behavior to long-term weight change and body mass index: The Healthy Twin study. *Eating and Weight Disorders: EWD*, *14*(2–3), e98–e105. https://doi.org/10.1007/bf03327806

Sung, Joohon, Lee, K., Song, Y.-M., Lee, M. K., & Lee, D.-H. (2010). Heritability of eating behavior assessed using the DEBQ (dutch eating behavior questionnaire) and weight-related traits: The healthy twin study. *Obesity (Silver Spring, Md.)*, *18*(5), 1000–1005. https://doi.org/10.1038/oby.2009.389

Sze, K. Y. P., Lee, E. K. P., Chan, R. H. W., & Kim, J. H. (2021). Prevalence of negative emotional eating and its associated psychosocial factors among urban Chinese undergraduates in Hong Kong: a cross-sectional study. *BMC Public Health*, *21*(1). https://doi.org/10.1186/s12889-021-10531-3

Tartof, S. Y., Qian, L., Hong, V., Wei, R., Nadjafi, R. F., Fischer, H., Li, Z., Shaw, S. F., Caparosa, S. L., Nau, C. L., Saxena, T., Rieg, G. K., Ackerson, B. K., Sharp, A. L., Skarbinski, J., Naik, T. K., & Murali, S. B. (2020). Obesity and mortality among

patients diagnosed with COVID-19: Results from an integrated health care organization. *Annals of Internal Medicine*, *173*(10), 773–781. https://doi.org/10.7326/m20-3742

Taylor, H.O, Thomas K.M. Cudjoe, Bu, F., & Lim, M. H. (2023). The state of loneliness and social isolation research: current knowledge and future directions. *BMC Public Health*, *23*(1). https://doi.org/10.1186/s12889-023-15967-3

Thayer, R. E. (2012). Moods of energy and tension that motivate. In *The Oxford Handbook of Human Motivation* (Vol. 579, pp. 408–419). Oxford University Press.

The COVID-19 sex-disaggregated data tracker. (n.d.). Globalhealth5050.org. Retrieved September 26, 2023, from https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker/

Tholin, S., Rasmussen, F., Tynelius, P., & Karlsson, J. (2005). Genetic and environmental influences on eating behavior: the Swedish Young Male Twins Study. *The American Journal of Clinical Nutrition*, *81*(3), 564–569. https://doi.org/10.1093/ajcn/81.3.564

Tindle, R. (2021). Improving the global reach of psychological research. *Discover Psychology*, *1*(1). https://doi.org/10.1007/s44202-021-00004-4

Todd, J., Aspell, J. E., Barron, D., & Swami, V. (2019). Multiple dimensions of interoceptive awareness are associated with facets of body image in British adults. *Body Image*, *29*, 6–16. https://doi.org/10.1016/j.bodyim.2019.02.003

Tomasi, D., Wang, G.-J., Wang, R., Caparelli, E. C., Logan, J., & Volkow, N. D. (2015). Overlapping patterns of brain activation to food and cocaine cues in cocaine abusers:

Association to striatal D2/D3 receptors. *Human Brain Mapping*, *36*(1), 120–136. https://doi.org/10.1002/hbm.22617

Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *The International Journal of Social Psychiatry*, *66*(4), 317–320. https://doi.org/10.1177/0020764020915212

Tov, W. (2018). *Well-being concepts and components* (E. Diener, S. Oishi, & L. Tay, Eds.). DEF Publishers. DOI:nobascholar.com

Trevisan, D. A., Altschuler, M. R., Bagdasarov, A., Carlos, C., Duan, S., Hamo, E., Kala, S., McNair, M. L., Parker, T., Stahl, D., Winkelman, T., Zhou, M., & McPartland, J. C. (2019). A meta-analysis on the relationship between interoceptive awareness and alexithymia: Distinguishing interoceptive accuracy and sensibility. *Journal of Abnormal Psychology*, *128*(8), 765–776. https://doi.org/10.1037/abn0000454

Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, *19*(1–2), 75–87. https://doi.org/10.5172/conu.19.1-2.75

Turton, R., Chami, R., & Treasure, J. (2017). Emotional Eating, Binge Eating and Animal Models of Binge-Type Eating Disorders. *Current Obesity Reports*, *6*(2), 217–228. https://doi.org/10.1007/s13679-017-0265-8

Tylka, T. L., & Wilcox, J. A. (2006). Are intuitive eating and eating disorder symptomatology opposite poles of the same construct? *Journal of Counseling Psychology*, *53*(4), 474–485. https://doi.org/10.1037/0022-0167.53.4.474

Upadhyay, J., Farr, O., Perakakis, N., Ghaly, W., & Mantzoros, C. (2018). Obesity as a disease. *The Medical Clinics of North America*, *102*(1), 13–33. https://doi.org/10.1016/j.mcna.2017.08.004

Ustun, G. (2021). Determining depression and related factors in a society affected by COVID-19 pandemic. *The International Journal of Social Psychiatry*, *67*(1), 54–63. https://doi.org/10.1177/0020764020938807

van Strien, T. (2018). Causes of Emotional Eating and Matched Treatment of Obesity. *Current Diabetes Reports*, *18*(6). https://doi.org/10.1007/s11892-018-1000-x

van Strien, T. (2018). Causes of emotional eating and matched treatment of obesity. *Current Diabetes Reports*, *18*(6). https://doi.org/10.1007/s11892-018-1000-x

van Strien, T., Beijers, R., Smeekens, S., Winkens, L. H. H., & Konttinen, H. (2019). Parenting quality in infancy and emotional eating in adolescence: Mediation through emotion suppression and alexithymia. *Appetite*, *141*(104339), 104339. https://doi.org/10.1016/j.appet.2019.104339

van Strien, T., Cebolla, A., Etchemendy, E., Gutiérrez-Maldonado, J., Ferrer-García, M., Botella, C., & Baños, R. (2013). Emotional eating and food intake after sadness and joy. *Appetite*, *66*, 20–25. https://doi.org/10.1016/j.appet.2013.02.016

van Strien, T., Frijters, J. E. R., Bergers, G. P. A., & Defares, P. B. (1986). The Dutch Eating Behavior Questionnaire (DEBQ) for assessment of restrained, emotional, and external eating behavior. *The International Journal of Eating Disorders*, *5*(2), 295–315. https://doi.org/10.1002/1098-108x(198602)5:2<295::aid-eat2260050209>3.0.co;2-t

van Strien, T., Herman, C. P., & Verheijden, M. W. (2009). Eating style, overeating, and overweight in a representative Dutch sample. Does external eating play a role? *Appetite*, *52*(2), 380–387. https://doi.org/10.1016/j.appet.2008.11.010

van Strien, T., Konttinen, H., Homberg, J. R., Engels, R. C. M. E., & Winkens, L. H. H. (2016). Emotional eating as a mediator between depression and weight gain. *Appetite*, *100*, 216–224. https://doi.org/10.1016/j.appet.2016.02.034

van Strien, T., Peter Herman, C., & Verheijden, M. W. (2012). Eating style, overeating and weight gain. A prospective 2-year follow-up study in a representative Dutch sample. *Appetite*, *59*(3), 782–789. https://doi.org/10.1016/j.appet.2012.08.009

Vasileiou, V., & Abbott, S. (2023). Emotional eating among adults with healthy weight, overweight and obesity: a systematic review and meta-analysis. *Journal of Human Nutrition and Dietetics: The Official Journal of the British Dietetic Association*, *36*(5), 1922–1930. https://doi.org/10.1111/jhn.13176

Vogel, D. L., Wester, S. R., Hammer, J. H., & Downing-Matibag, T. M. (2014). Referring men to seek help: The influence of gender role conflict and stigma. *Psychology of Men & Masculinity*, *15*(1), 60–67. https://doi.org/10.1037/a0031761

Volkow, N. D., Wise, R. A., & Baler, R. (2017). The dopamine motive system: implications for drug and food addiction. *Nature Reviews. Neuroscience*, *18*(12), 741–752. https://doi.org/10.1038/nrn.2017.130

Walenda, A., Kostecka, B., Santangelo, P. S., & Kucharska, K. (2021). Examining emotion regulation in binge-eating disorder. *Borderline Personality Disorder and Emotion Dysregulation*, *8*(1). https://doi.org/10.1186/s40479-021-00166-6

Wallace, C. W., & Fordahl, S. C. (2021). Obesity and dietary fat influence dopamine neurotransmission: Exploring the convergence of metabolic state, physiological stress, and inflammation on dopaminergic control of food intake. *Nutrition Research Reviews*, *35*(2), 1–16. https://doi.org/10.1017/s0954422421000196

Warne, N., Heron, J., Mars, B., Kwong, A. S. F., Solmi, F., Pearson, R., Moran, P., & Bould, H. (2021). Disordered eating and self-harm as risk factors for poorer mental health during the COVID-19 pandemic: a UK-based birth cohort study. *Journal of Eating Disorders*, *9*(1). https://doi.org/10.1186/s40337-021-00510-9

Warren, J. M., Smith, N., & Ashwell, M. (2017). A Structured Literature Review on the Role of mindfulness, Mindful Eating and Intuitive Eating in Changing Eating behaviours: Effectiveness and Associated Potential Mechanisms. *Nutrition Research Reviews*, *30*(2), 272–283. https://doi.org/10.1017/s0954422417000154

Warren, J. M., Smith, N., & Ashwell, M. (2017). A structured literature review on the role of mindfulness, mindful eating and intuitive eating in changing eating behaviours: effectiveness and associated potential mechanisms. *Nutrition Research Reviews*, *30*(2), 272–283. https://doi.org/10.1017/s0954422417000154

Westgate, E. C., Buttrick, N. R., Lin, Y., El Helou, G., Agostini, M., Bélanger, J. J., ... & Wollast, R. (2023). Pandemic boredom: Little evidence that lockdown-related boredom affects risky public health behaviors across 116 countries. *Emotion*. https://doi.org/10.1037/emo0001118

Westwood, H., Kerr-Gaffney, J., Stahl, D., & Tchanturia, K. (2017). Alexithymia in eating disorders: Systematic review and meta-analyses of studies using the Toronto

Alexithymia Scale. *Journal of Psychosomatic Research*, *99*, 66–81. https://doi.org/10.1016/j.jpsychores.2017.06.007

White, M. A. (2021). Positive Professional Practice: A Strength-Based Reflective Practice Teaching Model. *The Palgrave Handbook of Positive Education*, 165–204. https://doi.org/10.1007/978-3-030-64537-3_7

WHO Coronavirus (COVID-19) dashboard. (n.d.). Who.int. Retrieved September 26, 2023, from https://covid19.who.int/

Wilson, J. M., Lee, J., Fitzgerald, H. N., Oosterhoff, B., Sevi, B., & Shook, N. J. (2020). Job Insecurity and Financial Concern During the COVID-19 Pandemic Are Associated With Worse Mental Health. *Journal of Occupational & Environmental Medicine*, *62*(9), 686–691. https://doi.org/10.1097/jom.0000000000001962

Wittkowski, J., & Scheuchenpflug, R. (2021). Evidence on the Conceptual Distinctness of Normal Grief From Depression. *European Journal of Health Psychology*, 1–10. https://doi.org/10.1027/2512-8442/a000077

World Health Organization (WHO) (2023, September 26). *Obesity and Overweight.* World Health Organization. https://www.who.int./news-room/fact-sheets/detail/obesity-and-overweight

World Health Organization. (2023). *WHO COVID-19 dashboard*. World Health Organization. https://covid19.who.int/

Wu, T., Jia, X., Shi, H., Niu, J., Yin, X., Xie, J., & Wang, X. (2021). Prevalence of mental health problems during the COVID-19 pandemic: A systematic review and meta-

analysis. *Journal of Affective Disorders*, *281*, 91–98. https://doi.org/10.1016/j.jad.2020.11.117

Wurtman, R. J. (1982). Nutrients that modify brain function. *Scientific American*, *246*(4), 50–59. http://www.jstor.org/stable/24966568

Yengo, L., Sidorenko, J., Kemper, K. E., Zheng, Z., Wood, A. R., Weedon, M. N., Frayling, T. M., Hirschhorn, J., Yang, J., Visscher, P. M., & the GIANT Consortium. (2018). Meta-analysis of genome-wide association studies for height and body mass index in ∼700000 individuals of European ancestry. *Human Molecular Genetics*, *27*(20), 3641–3649. https://doi.org/10.1093/hmg/ddy271

Yıldırım, M., & Solmaz, F. (2022). COVID-19 burnout, COVID-19 stress and resilience: Initial psychometric properties of COVID-19 Burnout Scale. *Death Studies*, *46*(3), 524–532. https://doi.org/10.1080/07481187.2020.1818885

Young, H. A., Williams, C., Pink, A. E., Freegard, G., Owens, A., & Benton, D. (2017). Getting to the heart of the matter: Does aberrant interoceptive processing contribute towards emotional eating? *PLOS ONE*, *12*(10), e0186312. https://doi.org/10.1371/journal.pone.0186312

Zhang, R., Yang, X., Yang, R., Xu, Z., Sui, N., & Gao, X. (2020). Wanting to eat matters: Negative affect and emotional eating were associated with impaired memory suppression of food cues. *Appetite*, *150*, 104660. https://doi.org/10.1016/j.appet.2020.104660

Zhu, H., Cai, T., Chen, G., & Zhang, B. (2013). Validation of the Emotional Eating Scale among Chinese undergraduates. *Social Behavior and Personality*, *41*(1), 123–134. https://doi.org /10.2224/sbp.2013.41.1.123

Appendix

Appendix A

Participant Information Sheet for Membership of Focus Groups

Title of project: Emotional Eating

Dear Sir/Madam,

Thank you for your participation in the Focus Group focused on examining experiences of emotional eating. Here is some information to remind you about our research and what you will be asked to do, should you continue to take part. There will be plenty of opportunity for you to ask questions before you decide to take part.

Who is running this project?
The project team includes:

University of Wolverhampton Team
Dr Tracey Devonport
Dr Wendy Nicholls
Adam Evans-Hall
Practitioner Team
Dr Lynne Johnston (South of Tyne Specialist Weight Management Service)
Claire Parkes (Birmingham Level Three Service & University of Wolverhampton)

The research has received ethical approval from the University of Wolverhampton and from the NHS.

What is purpose of the Focus Groups?
You will have been invited to attend two Focus Groups because you know about or have experience of weight management services and/or emotional eating. Should you consent to attend the focus groups we would like to gather your knowledge and experience to help understand emotional eating.

What will I be asked to do?
If you choose to volunteer, we will ask you to sign a consent form to say you agree to take part in the focus groups. We will then ask you some questions about your experiences of trying to lose weight, emotional eating, and your experience of NHS services. If you prefer not to answer some questions, that is fine.

The focus groups will be recorded so that we can listen to it again and make sure we have noted all of your valuable comments. These recordings will be typed up. Your name will be changed and anything that could identify you will be altered or deleted (e.g., a place of work, or town name).

Why have I been asked to join the Steering Group?
There will be around ten volunteers, like you, in the Focus Groups. You will have been invited to be a member of our Focus Group if you are currently accessing weight management services, and live with binge eating disorder. You may have been invited by your therapist.

What happens if I change my mind about taking part?
Being a member of the Focus Group is voluntary and you are free to leave at any time without giving any explanations. It is important that we stress that your participation will not have any effect on the treatments you are receiving.

How long will it take?
The total time you will spend with us across the two focus groups will be approximately six hours, plus time spent travelling.

What will happen to the tape recordings from the meetings?
The digital recordings will be stored on a password-protected computer, belonging to the research team. Your consent form will be stored in a locked filing cabinet, and archived at the University of Wolverhampton for 5 years after we've published our findings. Five years post publication, all consent forms will be shredded and recordings destroyed. We might use quotes from the meetings as part of an academic paper, or conference presentation, but you will not be identifiable; your name will be changed and all potentially identifying features removed.

What can I do if I have a complaint about this research?
If you are concerned about how this project has been run or how you have been treated, please speak with the research team in the first instance. If you are still dissatisfied with your experience, you may contact the head of the ethics committee: Dr Darren Chadwick [email address redacted] to report your concern.

Thank you for taking the time to read this information leaflet and considering being a member of our Steering Group. Please keep this sheet for your future reference. Please feel free to ask if something is not clear, or if you would like more information about the project.

Thank you,

University of Wolverhampton Team

Dr Tracey Devonport
[email address redacted]
Telephone [redacted]
Dr Wendy Nicholls
[email address redacted, telephone [redacted]

Practitioner Team

Dr Lynne Johnston [email address redacted] - Sunderland
Mrs Claire Parkes – Birmingham

Appendix B

Participant Consent form for Focus Group

UNIVERSITY OF WOLVERHAMPTON

Consent Form

Title of project: Emotional Eating

Please initial each box to show you understand that aspect of the study.

5 I know this Focus Group is exploring emotional eating

5 I know who is running the project, and where to go if I have a complaint

5 I know I will be asked to attend two focus group meetings
5 I know I can leave the study at any time, if I want to
5 I know my total commitment is approximately 6 hours, plus travelling time. Focus group 1 is three hours, focus group 2 is three hours.
5 I know meetings will be recorded and typed up. I know my real name will not be used and all documents and recordings for this research will be stored securely for up to 5 years.
5 I know how I can find out the results of the research
5 I am at least 18 years of age
5 I agree to take part in these Focus Groups

_____
Name of participant

_____ _____
Participant Signature Date

Researcher's signature _____ Date _____

Appendix C

Participant Information sheet for Interviews

Title of project: Emotional Eating

Dear Sir/Madam,

Thank you for your interest in taking part in an interview to examine experiences of emotional eating. Here is some information on the research, and what you will be asked to do, should you volunteer to take part. There will be plenty of opportunity for you to ask questions before you decide to take part.

Who is running this project?

The project team includes:

University of Wolverhampton Team

Dr Tracey Devonport

Dr Wendy Nicholls

Adam Evans-Hall

Practitioner Team

Dr Lynne Johnston (South of Tyne Specialist Weight Management Service)

Claire Parkes (Birmingham Level Three Service & University of Wolverhampton)

The research has received ethical approval from the University of Wolverhampton and from the NHS.

Why have I been invited for an interview?

You will have been invited to an interview because you know about or have experience of weight management services and/or emotional eating. Should you consent to an interview we would like to gather your knowledge and experience to help understand emotional eating.

What is purpose of the Interview?

The aim is to find out the sorts of things we can do to help people who binge eat to help manage their emotions. Being interviewed about your experiences of weight management, NHS services, and emotional eating will help address key issues that help to better understand and manage emotional eating.

What will I be asked to do?

If you choose to volunteer, we will ask you to sign a consent form to say you agree to being interviewed. We will then ask you some questions about your experiences of trying to lose weight, emotional eating, and your experience of NHS services. If you prefer not to answer some questions, that is fine, you can tell the interviewer and simply miss them out.

The interviews can take place at a time and place convenient to you. We can also interview you over the phone or by Skype, if you prefer. We expect the interview will take around an hour, but it really depends on how much you want to say about the topics we talk about.

The interview will be recorded so that we can listen to it again and make sure we have noted all of your valuable comments. These recordings will be typed up. Your name will be changed and anything that could identify you will be altered or deleted (e.g., a place of work, or town name).

What happens if I change my mind about taking part?

You are free to leave at any time without giving any explanations. After the interview, if you decide

you'd rather not take part, you can still take your interview out of the study by contacting the researchers. If you or your family member is a patient, it is important that we stress that your participation will not have any effect on the treatments you are receiving.

How long will it take?

The total time you will spend with us in the interview will be around an hour, plus time spent travelling if the interview is conducted outside of your home.

What will happen to the tape recordings from the meetings?

The digital recordings will be stored on a password-protected computer, belonging to the research team. Your consent form will be stored in a locked filing cabinet, and archived at the University of Wolverhampton for 5 years after we've published our findings. Five years post publication, all consent forms will be shredded and recordings destroyed. We might use quotes from the meetings as part of an academic paper, or conference presentation, but you will not be identifiable; your name will be changed and all potentially identifying features removed.

What can I do if I have a complaint about this research?

If you are concerned about how this project has been run or how you have been treated, please speak with the research team in the first instance. If you are still dissatisfied with your experience, you may contact the head of the ethics committee: Dr Darren Chadwick (d.chadwick@wlv.ac.uk) to report your concern.

Thank you for taking the time to read this information leaflet and considering taking part in an interview. Please keep this sheet for your future reference. Please feel free to ask if something is not clear, or if you would like more information about the project.

Thank you,

University of Wolverhampton Team

Dr Tracey Devonport

[email address redacted, telephone redacted

Dr Wendy Nicholls

[email address redacted, telephone redacted]

Practitioner Team

Dr Lynne Johnston [email address redacted]- Sunderland

Mrs Claire Parkes– Birmingham

Appendix D

Indicative Interview Schedule

1. Describing the population under investigation

We don't have a politically correct term for 'obesity' at the moment. Recent weight management literature has identified the need to identify a term that people are happy with. Do you have a term that you prefer?

PROMPTS:

a. What does it mean to you if you hear the word 'obese' being used?

b. Are there any words you really don't like being used to describe being 'overweight'?

c. We have used the term Binge Eating Disorder/ Individuals who are classed as Obese', is this ok, how can we change it to make it better?

d. How would you feel comfortable describing yourself/your patients?

e. Historically how have you described yourself/your patients?

2. Identifying research questions that are valued by the population under investigation

We are looking to better understand binge eating disorders and in particular the possible role of emotional eating in its development and maintenance. Is this a line of investigation that you feel has value? What questions do you think we should be asking?

a. How much understanding do you think there is about the way emotions effect eating?

b. Do you there are particular areas we need to know more about?

c. What research focus do you think would help you the most regarding emotional eating?

d. How do you know when you are eating emotionally? What does it feel like?

e. If you couldn't eat when you get emotional, what do you think you'd do instead?

f. If there were something you would like us to be able to explain now about emotional eating, what would it be?

3. Developing methods used to address key research questions that the population under investigation is comfortable and confident with

If we were to do some research to find out (insert here ideas from above discussion), how might we go about it?

PROMPTS:

a. How might an interview help us to find out this information?

b. How might questionnaires help us learn more?

c. Could methods such as participant diaries help better understand this area?

d. If you were to take part, how would you prefer us to find out your thoughts on this topic?

e. What sort of information would you want to know in advance, and after taking part?

f. Who do you think we'd need to talk to, to find out more about (insert emerging research idea here) e.g., Other patients, their relatives, clinicians, general public

4. Establishing patient and practitioner needs for weight management relative to emotional eating

If you had to prioritise your needs (insert here ideas from above discussion) for weight management relative to emotional eating what would be in the top five?

a. Do you feel that emotional eating is sufficiently acknowledged in weigh management services?

b. When it comes to weight management, is emotional eating dealt with? If so how?

c. Are there different effects on eating for different emotions? Are these

acknowledged in weight management services?

5. Reviewing patient and practitioner experiences with existing interventions

In your experience (insert here ideas from above discussion), what is good practice in managing emotional eating, and what could be improved?

a. What do you think you've done that has helped with emotional eating?

b. Have you done anything that you think was supposed to help, but it didn't?

c. Is there anything that you think would be helpful, but you haven't had chance to do it, or haven't been offered it?

d. What could be improved to help manage emotional eating?

6. Establishing how best to disseminate and communicate feedback, and ongoing plans.

a. If we found out these new things you find important, how might this information be used?

b. Who would need to know what we find out?

c. What effect would if have on you, if we did this research and found out these new things about binge eating disorder.

Appendix E

Consent Form

UNIVERSITY OF WOLVERHAMPTON

Title of project: Emotional Eating

Please initial each box to show you understand that aspect of the study.

5 I know this interview is helping to plan research to explore ways of helping people with emotional eating

5 I know who is running the project, and where to go if I have a complaint

5 I know I will be asked to take part in an interview and I'll be asked questions about emotional eating, and weight management services

5 I know I can leave the study at any time, if I want to

5 I know my total commitment is approximately one hour, plus time spent travelling

5 I know the interview will be recorded and typed up. I know my real name will not be used and all documents and recordings for this research will be stored securely for up to 5 years.

5 I know how I can find out the results of the research

5 I am at least 18 years of age

5 I agree to take part in this interview

_____

Name of participant

_____ _____

Participant Signature Date

Researcher's signature _____ Date _____

Appendix F

Semi-Structured Interview

Semi-structured Interview Schedule

Introduction

Hi, my name is Adam Evans-Hall, I am conducting this research project as part of the Professional Doctorate in Counselling Psychology course at the University of Wolverhampton. The purpose of today's interview is to explore emotions and eating behaviours to better understand how eating behaviours are influenced by emotions. I ask that your answers are as honest an account of your experiences as you feel comfortable expressing. There are a number of questions that guide this interview, but I would encourage you to speak freely in and around these questions. Before we begin, I would like to confirm that you have read the information sheet, have no further questions and have completed the consent form, and consent to this interview being audio recorded.

Interview Questions

1. To start with I'd like to ask you to tell me a little bit about your occupation and interests?
2. Prior to the COVID-19 pandemic what was life like for you?
    2.1. Occupation? Hobbies? General mood?
3. What are your experiences of the COVID-19 pandemic to date?
    3.1. Have you had to self-isolate? – what was this like for you?
    3.2. Have you had to stay-at-home? – what was this like for you?
    3.3. Were you unable to see friends and family? – what was this like for you?
    3.4. Were you furloughed? – what was this like for you?

4. There have been a number of phases of restrictions. What has been your experience of the different phases?
    4.1. Dependent on answer – what were these experiences like?
    4.2. How was it to return to some pre-pandemic normality?
    4.3. How was it to come out of lockdown and then return to restrictive life?
5. COVID-19 has impacted a number of people in a number of ways, emotionally, financially and socially to name some. How do you feel your life has been impacted or changed since the COVID-19 pandemic?
    5.1. What day to day changes have you noticed?
    5.2. How do these changes make you feel?
6. If we were to focus on the emotions you've experienced during the COVID-19 pandemic (and phases you have experienced), what would they be?
    6.1. Could you share a pleasant emotion you have had, what led to that emotion being experienced, and what you did to change or maintain it?
    6.2. Could you share an unpleasant emotion you have had, what led to that emotion being experienced, and what you did to change or maintain it?
7. Prior to the pandemic how would you describe your relationship with food and eating?
    7.1. Did you find yourself over-eating or under eating/restraining?
    7.2. Did you find yourself binge eating, grazing throughout the day or having set meals?
    7.3. Consuming a particular type of food or being preoccupied with a particular food?
    7.4. Eat at unusual times such as late at night or early in the morning?
8. We have outlined the emotions experienced during the pandemic; did your relationship with food change in response to this?
    8.1. Do you notice these changes to your eating as you experience unpleasant or pleasant emotions? Is this prior, during or after this experience?

8.2. Are there specific emotions which trigger particular eating behaviours?

8.3. Are there other factors which affect your eating? Social setting, celebration?

8.4. Is there anything else you feel contributes to what you do or do not eat/habits/types of food/time of eating (dependent on prior answers) besides certain emotions?

9. What role does food and eating play for you in response to your emotions?

9.1. Is this a pleasant or unpleasant response?

9.2. Is this something you are aware or unaware of in the moment?

9.3. Is this a response you are satisfied with or would prefer alternatives?

I would like to conclude the interview there by saying thank you for your responses and offer you the opportunity to ask any questions, I will be providing a debrief sheet with relevant information.

Appendix G

Informed Consent

UNIVERSITY OF WOLVERHAMPTON
KNOWLEDGE ▪ INNOVATION ▪ ENTERPRISE

CONSENT FORM

Title of Project: Emotional Eating Among Community Populations

Name of Researcher: Adam Evans-Hall

Please initial boxes

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw within two weeks of the interview, without giving any reason. ☐
3. I understand that my data will be stored securely and confidentially and that I will not be identifiable in any report or publication. ☐
4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission. ☐
5. I agree for my interview to be recorded and for the data to be used for the purpose of this study. ☐
6. I agree for unidentifiable quotations to be used for the purpose of this study. ☐
7. I agree to take part in the above study. ☐

Participant Name:_____

Participant Signature:_____ Date:_____

Researchers Signature:_____

Appendix H

Information Sheet

Participant Information Sheet

Emotional Eating Among Community Populations

Welcome!

You are being invited to take part in a research study exploring the influence of emotions on eating. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and/or relatives if you need to. If you have any questions about the project and/or what your participation would involve, please contact Adam Evans-Hall at [email address redacted] for further information.

What is the purpose of the study?

This study investigates the influence of emotions on eating. We will conduct individual interviews to explore participants thoughts and beliefs about the way in which emotions effect eating. In doing so, the intention is to develop helpful interventions for individuals who may be using food as a coping strategy in a way that is unhelpful for them. The interview will be completed by postgraduate researcher, Adam Evans-Hall, and is expected to take 45 minutes to 1 hour.

Why have I been chosen?

When taking part in the 'Food, Mood & You' study, you expressed interest in being contacted about future emotion and eating research.

Do I have to take part?

It is important to note, you are in no way obligated to take part in this research, despite expressing interest at the time of completing the 'Food, Mood & You' study. If you do decide to take part you be asked to sign and return an informed consent form. If you decide to take part you are still free to withdraw at any point within two weeks of the completed interview. Should you wish to withdraw up to this point, your data will be withdraw from the project and all records of this destroyed.

What will happen if I decide to take part?

Should you decide to take part in this study you will be asked to take part in an individual one-to-one interview via an online meeting platform (Microsoft Teams or Zoom). This interview will last approximately 45 minutes to 1 hour. Throughout this interview you will be asked questions about your emotions and eating behaviours, the interview will be recorded in order for the researcher to transcribe and analyse your responses. Your responsibilities during this interview are to respond as honestly and detailed as you are able to. You may wish to be in a place for the interview that is private, especially if you have concerns about others overhearing what is discussed about your eating. Adam will be alone in a private place and nobody else will be able to hear you from their side of the call.

What are the potential benefits and risks of taking part?

There is the possibility that by taking part in this study you may experience an increased awareness of the relationship between your emotions and eating patterns during the interview and may consider this to be of benefit to yourself, though this is not guaranteed.

There are no immediate risks to engaging with this study, however, by taking part you may remember things that you find upsetting and distressing. If this occurs, Adam will ask you if you want to continue to participate in the interview and any decision you make will be respected. You will also be signposted to an appropriate support service if you do experience any distress as a result of any of the issues raised.

Will my taking part in the study be kept confidential?

Yes. All the information about your participation in this study will be kept confidential. Your interview will be audio recorded and then deleted once typed out word for word with pseudonyms used in place of real names or any identifiable information, this document will then be stored on a password protected and securely stored laptop. Only the researchers working on the project will have access to the information. You will not be identifiable in any publication or report as the data will be grouped together and all identifying information will be removed. If during the interview there are identified risks to yourself or others, confidentiality will be broken in order to keep all those involved safe, and the appropriate safeguarding procedures will be followed.

What will happen at the end of the research study?

The findings will be written up as a thesis as required in part completion of a Professional Doctorate in Counselling Psychology. This thesis will be publicly accessible via Wolverhampton Intellectual Repository and E-Theses (WIRE) through the University of Wolverhampton. You will not be personally identifiable in any publications.

What if I have a problem or concern?

If you wish to raise concerns regarding research being undertaken by the University you may wish to contact the research integrity leads in the first instance.
The senior lead for research integrity is the Dean of Research - Professor Silke Machold
The administrative lead is the Research Integrity Manager - Miss Jill Morgan

Alternatively, the University of Wolverhampton has incorporated its policies and procedures for Anti-Bribery, Staff Interests, Fraud, and Whistleblowing into one Transparency Policy https://www.wlv.ac.uk/about-us/governance/legal-information/corporate-compliance/transparency/. Please report any concerns to transparency@wlv.ac.uk

Who has reviewed the study?

The Psychology Ethics Committee at the University of Wolverhampton have reviewed this study and deemed it safe to commence.

Contact for further information

Student Researcher: Adam Evans-Hall – [email address redacted]

Researcher Supervisor: Prof. Tracey Devonport – [email address redacted]

Research Supervisor: Dr. Wendy Nicholls – [email address redacted]

Appendix I

Debrief Sheet

Debriefing Sheet

Title of Project: Emotional Eating Within the Community Research Project

This is to say a personal thank you for sharing your experiences around emotions and eating behaviours and giving your time to take part in this research project. Your contribution and engagement with the research will help towards further understanding emotions and eating behaviours and work towards identifying adaptive strategies for managing emotions. If you would like any more information about the research and you'd like to be kept update, let one of the research team know and we will keep in touch.

If you would like support or specific information regarding any of the topics raised during the interview than please take a look at the list attached which provide information around charities that assist people who would like more information about weight management and healthy eating.

Please keep these sheets for your information and if you have any concerns, questions or comments or wish to withdraw from the study, please contact us.

Once again, thank you very much for your input during this research project. Your input has helped to develop a greater understanding of emotions and eating behaviours and aims to inform future methods to manage emotional eating.

Research Team

Student Researcher: Adam Evans-Hall - [email address redacted]

Researcher Supervisor: Prof. Tracey Devonport – [email address redacted]

Research Supervisor: Dr. Wendy Nicholls – [email address redacted]

Charities & Organisations UK Based

Direct.gov.uk	A directory of public services including advice on health issues as well as useful contacts of diverse organizations.
NHS direct Telephone: 08454647 www.nhsdirect.gov.uk	They provide support over the phone about most health issues and also have information about support agencies in the UK.
BEAT 103 Prince of Wales Road Norwich NR1 1DW Telephone: 0845 6341414 www.b-eat.co.uk	Beat is a national charity that aims to provide help and support to individuals with eating disorders. It does so via helplines, self-help groups ran nationwide, publications and delivering training.
Weight Concern Brook House 2-16 Torrington Place London WC1E 7HN Telephone: 0207 679 6636 www.weightconcern.org.uk	Weight Concern is a registered charity, set up in 1997 to tackle the rising problem of obesity. The charity, which won the 'Best New Charity of the Year' award in 2002, works to address both the physical and psychological health needs of overweight people and to guide the development of more effective programmes of prevention and treatment.
Weight Wise http://www.bdaweightwise.com/index.html	Information about finding a weight loss programme to suit you, healthy eating, getting fit, and finding health professionals.

Appendix J

Draft of journal submission to Appetite I

Emotional Eating within a Community Population

Adam Evans-hall

School of Psychology, Faculty of Education, Health, & Wellbeing, University of Wolverhampton

Abstract

Introduction: Within the emotional eating literature, research has focused predominately on those who hold a clinical diagnosis around eating difficulties. The emotional eating literature focuses mainly on the 'negative' emotions and highlights how emotional eating is typically present in response to such emotions. There are limited studies on the prevalence of emotional eating within a community sample and moreover the evidence appears inconclusive as to the underlying reasons individuals emotionally eat.

Aim: This research aims to explore emotional eating within a community sample using the coronavirus pandemic as an event which has elicited a variety of emotions. The aim for this research will be to further the literature on emotional eating and explore the evidence for emotional eating from a community population.

Methodology: Reflexive thematic analysis was employed as the approach to understand the experiences of the participants whilst allowing for the researcher to engage in reflection throughout the analysis. Qualitative analysis was engaged with due to the limited amount of qualitative data available on the topic of emotional eating. Method: Semi-structured interviews were carried out with participants to explore emotional eating. Participants: In the community sample 8 individual semi-structured interviews were conducted.

Conclusions: Within both populations emotional eating was present, it was made evident that emotional eating can occur in community populations. It was concluded that different emotions elicit different eating responses.

Findings: Within the community population four main themes emerged those were 'The impact of the coronavirus pandemic', 'The influence of emotions on eating behaviours', 'The function of eating beyond reaching satiety', and 'The emotional eating cycle'.

1. Introduction

Emotional eating is eating in response to emotions and is often associated with eating in response to unpleasant emotions such as stress and low mood [1]. Emotional eating can also occur in response to pleasant emotions such as happiness; though this is less reported [2]. Whilst emotional eating may not necessarily be problematic, where eating is the main; or a commonly used strategy for emotional regulation, a broad, well-developed and healthy emotional regulation repertoire is not established [3]. This can result in the poor management of emotions and can also have unhelpful and unhealthy consequences. This includes increased weight gain, which in turn can result in a number of undesired health related problems such

as cardiovascular disease, heart attacks, chronic pain and diabetes [4]. Therefore, there is value in examining emotional eating across different populations and contexts as this will allow for a greater understanding of its antecedents and consequences.

The use of qualitative methodology to explore emotional eating offers a strength, as the majority of emotional eating literature uses a quantitative methodology [5]. A qualitative approach enables in depth insights into peoples lived experiences of emotional eating which are valuable for the development and delivery of interventions [6]. The community population allows for exploration of emotional eating when faced with a chronic global stressor with the potential to create unpleasant emotions (Yıldırım & Solmaz, 2022). This may provide implications for developing alternative means of regulating emotions and healthier relationships with food.

The evidence for emotional eating is vast, however, there are some inconsistencies relative to the emotions that trigger episodes of emotional eating (Reichenberger et al., 2020). Such inconsistencies have been partially attributed to the assortment of methodology and measures used around emotional eating research [1]. In examining the evidence for emotional eating the demographic of emotional eaters will first be considered; this is followed by the antecedents to emotional eating and food consumption with consideration given to the methodologies used.

The objectives of this study are as follows:

- To explore the presence of emotional eating within a community sample.
- To identify ways in which eating is used as an adaptive and or maladaptive emotion regulatory mechanism.
- To contribute towards an understanding of emotional eating.
- To inform counselling psychological practice in relation to interventions.

This allows for an exploration of the following research questions:

- What emotions appear to elicit emotional eating and do different emotions elicit different emotional eating responses?
- How does emotional eating present itself?
- Are the existing theories on emotional eating adequate in explaining the presence of emotional eating?

2. Method

Participants

Within the community sample there were a total of 8 participants, five males and three females, half of the participants identifying as British Asian and the other half identifying as White British.

Design

This study was a qualitative study that used semi-structured interviews to gather detailed accounts of the community population participants around their emotional eating experiences and behaviours.

Materials

The materials used within this study included the following: Information sheet, describing the current study in detail; consent form, ensuring informed consent was achieved prior to participation; semi-structured interview, a set interview with prompts; debrief sheet, providing participants with an explanation of the study and support and advice.

Procedure

Participants engaged with the current study via Microsoft Teams. Each participant had completed the informed consent sheet and read through the information sheet and had no further questions before engaging with the semi-structured interviews. Following engagement with the interviews participants were provided with a debrief sheet. The data was then analysed using **(author?)** [7] reflexive thematic analysis.

3. Results

Following engagement with reflexive thematic analysis [7] four main themes and ten sub themes were identified. The themes reported will cover the impact of the coronavirus pandemic, the influence of emotions on eating behaviours, the function of eating in response to emotions and the management of emotions.

Theme one: The impact of the coronavirus pandemic

Throughout the pandemic the participants expressed a change in their emotional state, for the most part the emotions experienced were unpleasant. Often frustration, boredom and feeling upset were shared. As restrictions tightened, their social interactions reduced, as did their meaningful activity such as work and engagement with their pleasurable activities in line with their emotional changes. 'Tony' began to experience moments of frustration as the pandemic lingered longer than had been expected 'It's getting frustrating there and bring, it does bring me down a little bit. Just seeing it cause I think you just think it's never really going to end'.

Theme two: The influence of emotions on eating behaviours

Emotional eating in response to an unpleasant emotion was the most common type of eating behaviour throughout the data. This was evident in both the males and females who participated. There were no clear differences in the type of emotion experienced by either gender that indicated a different type of eating behaviour. All participants seemed to consume more foods and what they considered unhealthy foods in response to an unpleasant emotion. However, 'Gurdev' cited eating more during stress but less during a period of grief, a stand out difference from the other participants. This may be explained by the complexities of experiencing grief. "For me it's I find myself eating a lot more during stressful situations at work or with the pandemic... when we are grieving the loss of my auntie. Around that time, I didn't feel like eating then."

Theme three: The function of eating in response to emotions

When the participants experienced an unpleasant emotion, it was often their aim to counteract this and or manage this emotion through eating with the aim to achieve a pleasant emotional experience. As seen in the theme above, the participants experience an unpleasant emotion which leads them to eat the function of this appears to be in order to achieve a more pleasant emotional state. 'Sandra exclusively identifies unpleasant emotions with food

in order to achieve a more pleasant emotional state. "If I've had a really bad day, it's an excuse to, oh I've had a bad day so this food might make me feel a bit better". Other female participants were aligned with eating in order to achieve pleasant emotional states too shown here from 'Sonam' "I guess I was kind of eating because I was stressed, and I didn't really care. I just wanted to just eat because of comfort."

Theme four: The management of emotions

'Connor' identfied the joy in eating the food but shortly after consuming the foods a sense of guilt creeps in and they find themselves 'back to square one'.

'I think that when I'm eating the food, I feel pretty happy. After when I've consuming the food I packed, everything away and wash the dishes. I think a sense of guilt usually kicks in because I'm like oh why it probably wasn't the healthiest. Yeah, we just back to square one really.'

Again, a similar experience was found with 'Arjun' where the instant gratification of eating was later met with bad feeling of themselves.

'I think in the moment I felt when I was doing the eating I felt OK. I felt good. 'cause I was getting kind of that instant gratification, but I think afterwards and around I felt quite bad about myself'

Summary

The themes that emerged from this data set from the participants within the community reflect an engagement with emotional eating, that is eating in response to their emotions whether this be pleasant or unpleasant the participants eating behaviours change. The coronavirus pandemic was able to offer a naturally occurring context in which emotional changes occurred.

4. Discussion

This research project generated four main themes which emerged from the data these were: the impact of the coronavirus pandemic, the influence of emotions on eating behaviours, the function of eating beyond reaching satiety and the cycle of emotional eating.

It is evident from the themes that emerged from the data that emotional eating is present. This was found to be present in both males and females and conclusions can be drawn to the similarities in their emotional antecedents to emotional eating and outcome of emotional eating. The emergence of the emotional eating cycle is supportive of the current theory of emotional eating [8] but goes one step further in encapsulating the maladaptive process. There are also the beginnings of understanding emotional eating as a way to maintain wellbeing and health and not solely in response to unpleasant emotions.

References

[1] M. Frayn, B. Knäuper, Emotional eating and weight in adults: A review, Current Psychology 37 (4) (2018) 924–933.

[2] A. Braden, D. Musher-Eizenman, T. Watford, E. Emley, Eating when depressed, anxious, bored, or happy: Are emotional eating types associated with unique psychological and physical health correlates?, Appetite 125 (2018) 410–417.

[3] K. D. France, T. Hollenstein, Assessing emotion regulation repertoires: The Regulation of Emotion Systems Survey, Personality and Individual Differences 119 (2017) 204–215.
[4] A. Hruby, J. E. Manson, L. Qi, V. S. Malik, E. B. Rimm, Q. Sun, W. C. Willett, F. B. Hu, Determinants and consequences of obesity, American Journal of Public Health 106 (9) (2016) 1656–1662.
[5] V. Vasileiou, S. Abbott, Emotional eating among adults with healthy weight, overweight and obesity: a systematic review and meta-analysis, Journal of Human Nutrition and Dietetics: The Official Journal of the British Dietetic Association 36 (5) (2023) 1922–1930.
[6] G. Allan, C. Skinner (2020).
[7] V. Braun, V. Clarke, Reflecting on reflexive thematic analysis, Qualitative Research in Sport, Exercise and Health 11 (4) (2019) 589–597.
[8] M. Macht, G. Simons, Emotional Eating, in: Emotion Regulation and Well-Being, Springer, 2011, pp. 281–295.