

## Araştırma Makalesi

**Investigating Sociodemographic Features, Childhood Trauma, Personality and Psychological Symptoms as Predictors of Emotional Eating**Nazlıcan BEKTAŞ<sup>1</sup> , Cumhuri AVCIL<sup>2</sup> , Oğuzhan HERDİ<sup>2\*</sup> <sup>1</sup> Freelance Clinical Psychologist, Erzurum, Türkiye<sup>2</sup>Antalya Bilim University, Faculty of Economics, Administrative and Social Sciences, Department of Psychology, Antalya, Türkiye**Makale Bilgisi****Keywords:**childhood traumas,  
emotional eating,  
personality traits,  
psychological  
symptoms**Anahtar kelimeler:**  
çocukluk çağı  
travmaları,  
duygusal yeme,  
kişilik özellikleri,  
psikolojik belirtiler**Abstract**

This study examined the relationship of sociodemographic variables, childhood traumas, personality traits, and psychological symptoms with emotional eating in adults. The study was conducted on a total of 382 individuals aged 18-65 years. The Turkish Emotional Eating Scale, the Childhood Trauma Questionnaire (CTQ), the Brief Symptom Inventory, the Eysenck Personality Questionnaire Revised-Abbreviated (EPQR-A), and the Demographic Information Form were administered to the participants. Non-parametric and regression analyses were performed due to the distribution pattern. All childhood trauma subscales were found to be associated with emotional eating except for the physical neglect subscale. When the relationship between psychological symptoms and emotional eating was examined, a significant positive relationship was found. The neuroticism sub-dimension of personality traits was positively associated with emotional eating. When socio-demographic variables were analyzed, a significant relationship was found between emotional eating and gender, marital status, educational status, income status, employment status, self-image, and efforts to lose weight. It was found that BSI anxiety, self-perception, age, occupation, mental disorder, gender, height, CTQ total score, emotional abuse, and somatization variables significantly predicted emotional eating behavior, and the variables explained 40.40% of the variance. The research findings were discussed in the context of the literature.

**Öz**

Bu çalışmada yetişkin bireylerde sosyodemografik değişkenler, çocukluk çağı travmalarının, kişilik özelliklerinin ve psikolojik belirtilerin duygusal yeme ile olan ilişkisi incelenmektedir. 18-65 yaş arasında toplamda 382 kişiyle çalışma yürütülmüştür. Katılımcılara Türkçe Duygusal Yeme Ölçeği, Çocukluk Çağı Travmaları Ölçeği (ÇÇTÖ), Kısa Semptom Envanteri, Gözden Geçirilmiş Eysenck Kişilik Anketi-Kısaltılmış Formu (EKA-GGK) ve Demografik Bilgi Formu uygulanmıştır. Dağılım paterni nedeniyle parametrik olmayan analizler ve regresyon analizi yapılmıştır. Fiziksel ihmal alt boyutu dışında çocukluk çağı travmalarının tüm altı ölçekleri, duygusal yeme ile ilişkili bulunmuştur. Psikolojik belirtiler ile duygusal yeme davranışı arasındaki ilişki incelendiğinde ise pozitif yönde anlamlı ilişki saptanmıştır. Kişilik özelliklerinin nörotisizm alt boyutu ile duygusal yeme davranışının pozitif yönde ilişkili olduğu bulunmuştur. Sosyodemografik değişkenler incelendiğinde, cinsiyet, medeni durum, eğitim durumu, gelir durumu, çalışma durumu, kişinin kendini nasıl gördüğü ve kilo vermek için çaba sarf etme değişkenleri ile duygusal yeme arasında anlamlı ilişki bulunmuştur. KSE anksiyete, kişinin kendini nasıl gördüğü, yaş, meslek, psikolojik rahatsızlık, cinsiyet, boy, ÇÇTÖ toplam puanı, duygusal istismar, KSE somatizasyon değişkenlerinin duygusal yeme davranışını anlamlı olarak yordadığı saptanmıştır ve değişkenlerin varyansın %40,40'ını açıkladığı saptanmıştır. Literatür kapsamında araştırma bulguları tartışılmıştır.

\* Correspondent Author, Antalya Bilim University, Faculty of Economics, Administrative and Social Sciences, Department of Psychology, Antalya, Türkiye  
e-mail: [oguzhan.herdi@antalya.edu.tr](mailto:oguzhan.herdi@antalya.edu.tr)  
DOI: 10.31682/ayna.1407214  
Submission Date: 21. 12.2023; Acceptance Date: 02.01.2025  
ISSN: 2148-4376

## **Introduction**

Emotional eating (EE) refers to an eating behavior where individuals overconsume food in response to stress or negative emotions (Tan & Chow, 2014). Over the past few years, the prevalence of EE has seen a notable rise (Liu et al., 2020). Despite its growing prominence, the DSM-V does not recognize EE as a valid diagnostic category (American Psychiatric Association, 2013). While EE is observable across all age demographics, studies suggested that those between the ages of 21 and 39 are more predisposed to this behavior (Elran Barak et al., 2021). Unlike most eating disorders that predominantly manifest in females, research indicates no discernible gender differences in the prevalence of EE (Nguyen-Rodriguez et al., 2009).

Several theoretical frameworks have been advanced to elucidate the underpinnings of EE. The Restricting Theory posits that limiting food intake to suppress the desire for food paradoxically augments the effort to obtain and consume food (Herman & Mack, 1975). In contrast, the Psychosomatic Theory conceptualizes EE as a reaction to negative emotions rather than physiological hunger (Ouwens et al., 2003). The Escape Theory theorizes that individuals engage in overeating as an escape mechanism from stressors, effectively using food as a coping strategy (Spoor et al., 2007). External Theory, on the other hand, explains EE as a response to external cues like food aroma or appearance rather than internal hunger signals (Schachter, 1968). Macht's comprehensive tripartite model delineates three components of EE: 1) hedonistic eating-consuming food primarily for pleasure, 2) physiological mechanisms-favouring high-caloric intake during distressing episodes, and 3) neurochemical drivers-overeating to ameliorate stress, leading to impulsive eating behaviors (Macht, 1999, 2008; Macht & Mueller, 2007). Despite various theories and comprehensive ones, debates still exist about the place of EE in psychopathology.

While EE has often been associated with the genesis of Binge Eating Disorder (BED) (Pinaquy et al., 2003), the diagnostic criteria for BED in the DSM-V do not explicitly link overeating to the onset of negative emotions (APA, 2013), this raises questions about whether EE represents a symptom of an established eating disorder or constitutes a distinct disorder. Irrespective of this classification, understanding the predictors of EE is crucial to determining its place in eating disorders. To date, a comprehensive examination of potential predictors of EE remains elusive. Prompted by this gap in literature, our research aimed to explore four potential predictors: a) sociodemographic characteristics, b) childhood trauma experiences, c) personality traits, and d) psychological symptomatology. Our decision to study these variables stemmed from their documented influence on other eating disorders.

Studies show that childhood trauma is the basis for adult psychiatric disorders and increases the severity of eating disorders. Several studies have shown the relationship between eating disorders and childhood traumas. It has been found that some changes in eating

symptoms occur as a result of negative experiences among individuals who have been traumatized in their childhood (Grote et al., 2012). Childhood neglect and abuse have been shown to lead to a deterioration in the person's emotional state. Several studies show that the trauma resulting from neglect and abuse has a strong relationship with eating disorders (Aktay, 2020).

Traumatic events are considered to be a risk factor for emotional eating. In another interpretation, emotional eating is seen as an excessive interest in gaining or losing weight so that the bodies of people who have been sexually abused in childhood do not look attractive (Liebenberg & Papaikonomou, 2010). Hormonal imbalances caused by the stress of a traumatic event can also lead to obesity (Yilmaz et al., 2020).

Research examining the relationship between emotional eating and psychological symptoms has generally focused on psychological symptoms such as depression, anxiety, and stress. One study shows that emotional eaters with high physical activity tend to engage in eating behaviors under stress, but they choose healthy foods, and their weight is normal (Dohle et al., 2014). Another study investigated the relationship between emotional eating and depressive symptoms. According to the results of this study, as depressive symptoms increase, so do levels of emotional eating (Konttinen et al., 2010). In a study examining the relationship between emotional eating, restrictive eating, body affirmation, and depressive symptoms, emotional eating was associated with depressive symptoms in women. In contrast, restrictive eating was linked to depressive symptoms in both men and women (Rawana et al., 2016). Supporting this, another study yielded that there is a positive relationship between emotional eating and depressive symptoms. Emotional eating was found to increase as depressive symptoms increased (Ouwens et al., 2009).

In the literature, depressive symptoms and anxiety are often studied among the psychological symptoms and psychopathologies, and there are few studies on other variables such as attention deficiency and hyperactivity (Kaisari et al., 2017), post-traumatic stress disorder (PTSD) (Echeverri-Alvarado et al., 2020), loneliness (Jamshed & Arslan, 2022). However, a review of the literature shows that there are studies that find significant relationships between eating disorders and negative self, hostility, and somatization (Maner, 2015; McGrane & Carr, 2002).

Although there are many biological, psychological, and social causes of eating disorders, it is known that personality is also an important factor. People behave according to their personality. They make decisions, react, and think according to their personality (Durna, 2010). Like all other behaviors, eating behavior is shaped by the person's inner world, their relationship with the environment, and how they perceive the external world. Certain characteristics of the individual are thought to trigger the development of eating problems

(Kuruoğlu, 2000). For example, in studies of individuals with anorexia and bulimia nervosa, there exist significant associations between personality traits and anorexia nervosa or bulimia nervosa (Papageorgiou & Wells, 2004).

According to a study by Kuruoğlu (2000), there is at least one common personality trait in eating disorders. Common personality traits include rigidity, emotional restraint, and high reward dependence. In his study, Batum (2008) found that certain personality disorders are associated with some eating disorders (Batum, 2008). In a study of obese individuals, neuroticism was found to be positively correlated with emotional eating and negatively correlated with extraversion and self-discipline (Elfhag & Morey, 2008). Another study by Fassino and colleagues (2003) examined mood, eating-related psychopathology, and anger coping styles in obese individuals. In obese individuals with binge eating disorder, anger and aggression were found to be higher concerning impulsivity than in obese individuals without binge eating disorder (Fassino et al., 2003).

In light of the aforementioned data, the most appropriate approach to take with regard to EE remains a matter of debate. The question thus arises as to whether emotional eating should be regarded as a distinct diagnosis, a symptom, or a finding associated with an eating disorder. To ascertain the answer to this question, it is first necessary to elucidate the nature of emotional eating and then to conduct studies to define its phenomenological basis. The purpose of this paper is to examine the effect of sociodemographic variables, childhood trauma, personality traits, and psychological symptoms on emotional eating in adults.

## Method

### Participants

The present study sample was comprised of 382 individuals between 18 and 65 years of age who resided in Turkey. The sample size was determined based on Turkey's population aged between 18 and 65 years, estimated at approximately 50 million. A confidence level of 0.95, a  $t$ -value of 1.96, a standard deviation of 0.5, and an estimated sample deviation value ( $d$ ) of 0.05 were used to compute the required sample size, which was found to be 384. The study employed a convenience sampling technique and collected data through the Internet. The inclusion criteria required participants to be between 18 and 65, possess literacy skills, and voluntarily agree to participate. Conversely, individuals below 18 or above 65 years old, as well as those diagnosed with any eating disorder as defined by the DSM-V, were excluded. Data collection stopped after reaching the targeted 384 respondents. However, two participants with an eating disorder diagnosis were identified, and their data were subsequently excluded from the analyses.

## Measurement Tools

**The Sociodemographic Data Form.** The authors developed it to gather information on the participants' gender, age, marital status, occupational status, income, educational status, history of psychiatric disorders, efforts to gain or lose weight, current height, current weight, body image perception, and romantic relationships.

**The Turkish Emotional Eating Scale (TEES).** The scale developed by Bilgen (2018), is used to investigate the relationship between eating behaviours and emotions (Bilgen, 2018). The scale consists of 30 Likert-type items. Its validity and reliability have been confirmed by the developer, with Cronbach's alpha value of 0.96. The TEES comprises four subdimensions: 1) eating under tension, 2) eating to cope with negative emotions, 3) self-control, and 4) resisting external stimuli. Cronbach's alpha values of eating under tension, eating to cope with negative emotions, self-control, and resistance to external stimuli were 0.94, 0.92, 0.79, and 0.63.

**The Childhood Trauma Questionnaire (CTQ).** The questionnaire was created by Bernstein et al. (1997) to assess experiences of abuse and neglect during childhood (Bernstein et al., 1997). Şar et al. (2012) established the validity and reliability of the Turkish version of the Likert-style questionnaire, which comprises 28 items across five subdimensions: emotional neglect, emotional abuse, physical neglect, physical abuse, and sexual abuse (Şar et al., 2012). The questionnaire also features three items that specifically address denial of neglect or abuse experiences. The correlation coefficient for the subscores of the scale was found as emotional abuse 0.90, physical abuse 0.90, sexual abuse 0.73, emotional neglect 0.85, physical neglect 0.77, and minimization 0.71.

**Eysenck Personality Questionnaire Revised – Abbreviated (EPQR-A).** The EPQR-A was used in addition to the questionnaire. The EPQR-S, initially formulated by Eysenck and Eysenck (1975), is a self-report instrument to measure three personality traits: extraversion, neuroticism, and psychoticism. Each dimension consists of six binary (yes/no) items, and the questionnaire includes an additional six-item lying subscale to detect social desirability bias (Eysenck & Eysenck, 1975). Francis and colleagues (1992) later revised the questionnaire (Francis et al., 1992). Karancı and colleagues (2007) substantiated the validity and reliability of the Turkish adaptation (Karancı et al., 2007). In this adaptation study Kuder-Richardson alpha coefficients for the extraversion, neuroticism, psychoticism, and lie scales were 0.78, 0.65, 0.42, and 0.64, respectively, and the test-retest reliability of the scales was 0.84, 0.82, 0.69, and 0.69, respectively.

**The Brief Symptom Inventory (BSI).** It was originally developed by Derogatis and Melisaratos (1983) and later adapted for a Turkish audience by Sahin and Durak (Derogatis & Melisaratos, 1983; Sahin & Durak, 1994). The BSI is a condensed version of the Symptom

Checklist-90 (SCL-90) by Derogatis and Cleary, consisting of 53 items divided into five subdimensions: somatization, anxiety, hostility, depression, and negative self (Derogatis & Cleary, 1977). Elevated scores on the BSI indicate heightened psychological symptomatology. In the Turkish version of the inventory, the lowest coefficient was somatization (0.70), and the highest coefficient was depression (0.88).

## **Procedure**

Ethical approval was obtained from the The Social and Human Sciences Ethical Committee of Antalya Bilim University. The measurement instruments were set up using Google Forms and shared with potential participants via WhatsApp groups. Upon accessing the study link, participants were presented with an informed consent form, which did not require any personally identifiable information. After consent, participants were given the sociodemographic data form and other scales sequentially. It was ensured that participants completed each scale before proceeding to the next one. On average, the study took approximately 10 minutes to complete.

## **Statistical Procedure**

*Mean ± SD*, *n (%)*, or *median (range)* were used to present descriptive statistics. The analysis utilized both the total score and subdimension scores of the TEES. The subdimensions of CTQ (emotional neglect, emotional abuse, physical neglect, physical abuse, and sexual abuse) and BSI (the nine subdimensions mentioned above) were also included in the analysis. EPQR-A's design only considered the scores of psychoticism, neuroticism, and extraversion subscales. Non-parametric tests, such as Mann Whitney U or Kruskal-Wallis, were used to compare the levels of emotional eating across groups due to the non-normal distribution of TEES scores. Dunn-Bonferoni post-hoc analyses were conducted to examine intergroup differences.

Spearman's correlation analyses were conducted to determine correlations between continuous sociodemographic variables and scale scores with the total scores of TEES. Stepwise linear regression models were used to evaluate the predictive capabilities of CTQ, BSI, EPQR-A, and sociodemographic variables on the scores of TEES. Multicollinearity analyses were performed to assess potential intercorrelations between these variables.

The Statistical Package for Social Sciences (SPSS), version 22.0 for Windows, performed all statistical evaluations. A *p*-value of less than 0.05 was considered statistically significant.

## Results

Of the 382 participants, 70.70% ( $n=270$ ) were female with a mean age of  $31.89 \pm 9.75$ . Table 1 presents detailed data on sociodemographic variables.

Table 1.

### *Sociodemographic Variables*

	<i>N (%)</i>	<i>Mean ± SD</i>
Gender		
Female	270 (70.70%)	
Male	112 (29.30%)	
Age		31.38 ± 9.75
Marital Status		
Single	217 (56.80%)	
Married	152 (39.80%)	
Divorced	13 (3.40%)	
Educational Status		
High School	40 (10.50%)	
University or above	342 (89.50%)	
Occupational Status		
Employee	286 (74.90%)	
Unemployed	96 (25.10%)	
Income		
Low	53 (13.90%)	
Average	309 (80.90%)	
High	20 (5.20%)	
History of Psychiatric Disorders		
Yes	21 (5.50%)	
No	361 (94.59%)	
Efforts to gain or lose weight		
Yes	210 (55.00%)	
No	172 (45.00%)	
Body Image Perception		
Too slim	4 (1.00%)	
Slim	43 (11.30%)	
Normal	243 (63.60%)	
Fat	83 (21.70%)	
Too fat	9 (2.40%)	
Romantic Relationship		
Yes	229 (59.90%)	
No	153 (40.10%)	
Height		167.50 ± 8.12
Weight		66.41 ± 13.21

SD: Standard deviation

Table 2 shows the relationship between sociodemographic variables and TEES total scores. Females had higher scores than males on the TEES total score ( $Z=2.189$ ,  $p=.029$ ). Marital status also had an effect on TEES ( $\chi^2=6.442$ ,  $p=.040$ ), with singles scoring statistically higher than married individuals. In terms of income, it was found to have a significant effect on TEES scores ( $\chi^2=6.816$ ,  $p=.033$ ). Both participants with higher and lower incomes had significantly higher scores in TEES compared to those with an average income. Body image perception also had a significant effect on TEES scores ( $\chi^2=36.611$ ,  $p<.001$ ). In the Dunn-Bonferroni post hoc test, participants who perceived themselves as fat or too fat had higher scores than those who perceived themselves as normal or slim.

Table 2.

*Comparison of Sociodemographic Variables with TEES Total Scores*

	Mean ± SD	Z / $\chi^2$	p
Gender			
Female	60.71 ± 23.97	<b>-2.189*</b>	<b>.029</b>
Male	53.62 ± 17.68		
Marital Status			
Single	60.11 ± 21.71		
Married	55.94 ± 21.92	<b>6.442**</b>	<b>.040</b>
Divorced	65.46 ± 37.27		
Educational Status			
High School	50.40 ± 18.26	<b>-2.687*</b>	<b>.007</b>
University or above	59.60 ± 22.79		
Occupational Status			
Employee	60.59 ± 23.76	<b>-2.702*</b>	<b>.007</b>
Unemployed	52.78 ± 17.13		
Income			
Low	63.30 ± 23.14		
Average	57.36 ± 22.20	<b>6.816**</b>	<b>.033</b>
High	65.90 ± 23.85		
History of Psychiatric Disorders			
Yes	51.81 ± 15.55	-1.290*	.197
No	59.03 ± 22.81		
Efforts to gain or lose weight			
Yes	63.99 ± 24.48	<b>-5.533*</b>	<b>&lt;.001</b>
No	52.09 ± 17.86		
Body Image Perception			
Too slim	55.75 ± 17.27		
Slim	46.60 ± 10.70	<b>39.611**</b>	<b>&lt;.001</b>
Normal	55.96 ± 18.70		
Fat	68.62 ± 28.16		
Too fat	97.33 ± 31.85		
Romantic Relationship			
Yes	58.37 ± 22.52	-.600*	.549
No	59.02 ± 22.59		

TEES: Turkish Emotional Eating Scale, SD: Standard Deviation

\*Mann Whitney U Z value

\*\*Kruskal Wallis  $\chi^2$  value

Table 3 presents correlation analyses between TEES and BSI subdimensions and total, CHQ subdimensions and total, and Eysenck subdimensions. The correlation analyses showed us that there is a positive correlation between TEES score and total BSI score ( $r=0.419$ ,  $p<0.001$ ), sub-dimension scores of BSI such as somatization ( $r=0.387$ ,  $p<0.001$ ), anxiety ( $r=0.422$ ,  $p<0.001$ ), depression ( $r=0.372$ ,  $p<0.001$ ), negative self ( $r=0.423$ ,  $p<0.001$ ), hostility ( $r=0.292$ ,  $p<0.001$ ), and CTQ total score ( $r=0.142$ ,  $p=0.005$ ), emotional abuse ( $r=0.230$ ,  $p<0.001$ ), emotional neglect ( $r=0.117$ ,  $p=0.022$ ), physical abuse ( $r=0.215$ ,  $p<0.001$ ), sexual abuse ( $r=0.104$ ,  $p=0.042$ ) subscales of CTQ, and neuroticism subscale of EPI ( $r=0.239$ ,  $p<0.001$ ).



Table 3.

*Correlation Analysis of TEES with BSI, CHQ and EPQR-A*

	TEES	
	<i>r</i>	<i>p</i>
BSI Total	<b>.419</b>	<b>&lt;.001</b>
Somatization	<b>.387</b>	<b>&lt;.001</b>
Anxiety	<b>.422</b>	<b>&lt;.001</b>
Depression	<b>.372</b>	<b>&lt;.001</b>
Negative self	<b>.423</b>	<b>&lt;.001</b>
Hostility	<b>.292</b>	<b>&lt;.001</b>
CTQ Total	<b>.142</b>	<b>.005</b>
Emotional Abuse	<b>.230</b>	<b>&lt;.001</b>
Emotional Neglect	<b>.117</b>	<b>.022</b>
Physical Abuse	<b>.215</b>	<b>&lt;.001</b>
Physical Neglect	-.014	.778
Sexual Abuse	<b>.104</b>	<b>.042</b>
Eysenck-Psyc	-.067	.191
Eysenck-Neu	<b>.239</b>	<b>&lt;.001</b>
Eysenck-Ex	-.011	.833

TEES: Turkish Emotional Eating Scale, BSI: Brief Symptom Inventory, CHQ: Childhood Trauma Questionnaire, Eysenck-Psyc: Psychoticism, -Neu: Neuroticism, -Ex: Extraversion, *r*: rho value of Spearman's correlational analysis

Table 4 presents the results of a multivariate linear regression analysis conducted in 10 stages using the Stepwise variable selection method. The normal distribution of errors was assessed using the Kolmogorov-Smirnov test. The absence of heteroscedasticity was confirmed by examining the standardized residual plots. The Durbin-Watson test ( $D-W=2.106$ ) indicated no autocorrelation between the errors (Fox & Weisberg, 2019).

Table 4.

*Multivariate Linear Regression Analysis for TEES*

	<i>B</i>	$\beta$	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>VIF</i>
BSI Anxiety	0.691	0.169	0.267	4.088	<0.001	2.644
Body Image Perception	5.748	1.860	0.171	3.090	0.002	1.907
Age	-0.480	0.101	-0.208	-4.735	<0.001	1.197
Occupational Status	-8.127	2.252	-0.157	-3.609	<0.001	1.172
Effort to Lose Weight	3.722	1.936	0.082	1.923	0.055	1.139
Gender	-11.915	2.832	-0.241	-4.207	<0.001	2.041
History of Psychiatric Disorder	-9.987	4.166	-0.101	-2.397	0.017	1.107
Height	0.463	0.115	0.272	4.045	<0.001	2.801
CTQ Emotional Abuse	1.734	0.534	0.190	3.247	0.001	2.134
CTQ Total	-0.335	0.136	-0.145	-2.467	0.014	2.148
BSI Somatization	0.534	0.268	0.128	1.995	0.047	2.549

BSI: Brief Symptom Inventory, CTQ: Childhood Trauma Questionnaire, TEES: Turkish Emotional Eating Scale

The multiple linear regression analysis revealed a statistically significant model ( $F(11,370)=22.834, p<0.001$ ) with no evidence of multicollinearity ( $VIF<10$ ) (Field, 2013).

The results of the regression analysis conducted using the stepwise method showed that several variables were statistically significant. These variables include BSI Anxiety ( $\beta= 0.691$ ,

$p < 0.001$ ), body image perception ( $\beta = 5.748$ ,  $p = 0.002$ ), age ( $\beta = -0.480$ ,  $p < 0.001$ ), occupational status ( $\beta = -8.127$ ,  $p < 0.001$ ), history of psychiatric disorder ( $\beta = -9.987$ ,  $p = 0.017$ ), gender ( $\beta = -11.915$ ,  $p < 0.001$ ), height ( $\beta = 0.463$ ,  $p < 0.001$ ), CTQ Emotional Abuse ( $\beta = 1.734$ ,  $p = 0.001$ ), CTQ Total ( $\beta = -0.335$ ,  $p = 0.014$ ), and BSI Somatisation ( $\beta = 0.534$ ,  $p = 0.047$ ). The independent variable with the highest effect on the model was determined by evaluating the standardized regression coefficients (*Beta*) of the predictors. It was found that the height variable had the highest contribution to the model, with a standardized regression coefficient of 0.272. The model includes 11 independent variables and explains 40.40% (*Adjusted R square* = 0.404) of the variation in the total score of the TEES.

## Discussion

This study aimed to investigate the effect of childhood trauma, personality traits, and psychological symptoms on emotional eating in individuals aged 18–65 years. It also sought to determine whether levels of emotional eating differed according to socio-demographic variables. In this section, the findings between demographic information from the study and emotional eating behavior were first discussed in the context of the literature. Then, the findings on the relationship between emotional eating and the main variables were evaluated within the context of the literature.

### Assessment of the Relationship Between Emotional Eating and Socio-Demographic Variables

The study examined the relationship between gender and emotional eating. The mean total score of the emotional eating scale was higher for women than men. These findings are consistent with previous studies (Tanofsky et al., 1997; Thompson, 2015). The Swedish Obese Subjects (SOS) study, which involved 4377 individuals, found that emotional eating was more prevalent in females and was linked to depressive symptoms (Karlsson et al., 2000). Similarly, a study of 887 participants revealed that emotional eating was more common in females than males (De Lauzon et al., 2015). The reasons for the higher incidence of emotional eating in women are thought to be multifactorial. Social pressure to conform to the 'thin woman ideal' can lead to excessive body image concerns and the development of eating disorders in many women (Stice, 2002). Additionally, research suggests that women are more likely to use emotion-focused coping strategies (Lazarus & Folkman, 1984). Therefore, emotional eating could be one of those emotion-focused coping strategies, as the psychosomatic theory of emotional eating claimed (Ouwens et al., 2003).

Upon examining the total score distribution of the Emotional Eating Scale, a significant difference was found based on the marital status of the participants. Emotional eating behavior

was observed to be higher in divorced and single individuals compared to those who were married. Stice (2002) found that emotional eating was more common in groups with low social support (Stice, 2002). Wedin et al. (2014) indicated that being married increases weight loss odds after surgery. In the study, they suggested that being married has this effect through providing social support (Wedin et al., 2014). It was observed that there is a positive correlation between social support and positive re-interpretation and growth, which are active coping mechanisms that by positive refocusing and reappraisal of the situation and reported that there is a negative correlation between avoidance coping and emotional eating (Roohafza et al., 2014). Although emotional eating is an emotion-focused coping method on the one hand, it is also similar to avoidance coping strategies as an attempt to reduce stress or escape from the problem through behaviors such as eating more or smoking more (Dicle & Ersanlı, 2015). Therefore, it can be suggested that being married reduces emotional eating, which is an avoidance and emotion-oriented method through social support.

Upon analyzing the distribution of scores obtained from the Emotional Eating Scale based on educational level, it was observed that emotional eating was more prevalent among university graduates than high school graduates. This relationship was found to be statistically significant. A study conducted with female participants observed that university graduates had higher levels of emotional eating than high school graduates (Gür, 2020). According to this and our studies, it may be suggested that individuals who have graduated from university may experience a more career-oriented, intense, and stressful work life. They may also struggle to balance their responsibilities, which could lead to emotional eating behavior. This may be more prevalent in university graduates compared to high school graduates.

The study found that individuals in the low and high-income groups had higher levels of emotional eating compared to those in the middle-income group. This contradicts a previous study which stated that income level did not have an effect on emotional eating (Arslantaş et al., 2021). Another study conducted during the COVID-19 pandemic revealed that individuals with low-income levels exhibited high levels of emotional eating. The pandemic period has seen an increase in the unemployment rate, a decrease in income, and a corresponding increase in stress (Özer & Okat, 2021). Upon examining the distribution of scores obtained from the Emotional Eating Scale based on employment status, it was found that the mean score of working individuals was significantly higher than that of non-working individuals. A study conducted with overweight individuals found a relationship between emotional eating and work stress. As work stress increased, individuals' emotional eating behaviors also increased (Geliebter & Aversa, 2003). It was found that individuals who tried to lose weight had a higher mean score on the emotional eating scale than those who did not. The relationship between the two groups showed a significant result, indicating that emotional eating plays a role in

shaping the eating behaviors of those who strive to lose weight (İnalkaç & Arslantaş, 2018). According to the restriction theory, mental effort to resist food can lead to a desire to eat more in individuals who are dieting or limiting their eating behavior. Looking at the distribution of total TESS scores according to relational status, we see that the mean scores of unattached people are higher than those of attached people. Kansky et al. (2019) found that emotional eating behavior is more prevalent among individuals in romantic relationships. This suggests that relationship issues may be a contributing factor (Kansky et al., 2019).

A statistically significant difference was found when comparing the total score distributions of the Emotional Eating Scale based on participants' self-perceived weight. Those who considered themselves overweight or very overweight had a higher level of emotional eating compared to those who considered themselves underweight or normal weight. According to Wonderlich et al. (2001), individuals who engaged in emotional eating behavior perceived themselves as overweight, unattractive, and dissatisfied with their bodies. The study's results were as expected and are consistent with existing literature (Wonderlich et al., 2001). There may be a two-way relationship between self-perceived overweight and emotional eating. That is to say, as an individual perceives themselves to be overweight, their anxiety levels may increase, leading them to eat to alleviate this heightened anxiety. However, as they continue to eat, they may gain weight, creating a vicious circle.

A weak negative relationship was found between emotional eating and age. The literature presents conflicting opinions on the relationship between emotional eating and age. Larsen et al. (2006) found that individuals in the younger age group exhibited higher levels of emotional eating (Larsen et al., 2006). In a study that found that emotional eating is more prevalent among younger individuals, the researchers posited that this may be attributed to the fact that older adults are more inclined to adhere to daily meal routines and demonstrate greater discipline in maintaining these routines, as opposed to resorting to emotional eating when faced with tempting food items (Barak et al., 2021). Another explanation for this finding could be the negative correlation between expressive suppression and emotional eating. Expressive suppression means using more restraining strategies over emotions. Therefore, the more expressive suppression is used, the less emotional eating occurs. Moreover, it was observed that there is a negative correlation between expressive suppression and age (Samuel & Cohen, 2018). In sum, it could be suggested that youngsters use less expressive suppression and tend to eat more emotionally. In contrast, Konttinen et al. (2010) found a significant positive relationship between emotional eating and age (Konttinen et al., 2010). However, they did not discuss this finding.

When examining the distribution of total scores on the Emotional Eating Scale, a positive but weak correlation with height was observed. However, no literature explored this relationship.

### **Correlation Results Between Emotional Eating and Psychological Symptoms**

The study found a moderate positive correlation between the total score of the EES and the total score of the Brief Symptom Inventory (BSI), with negative self and anxiety being the most prominent variables. Additionally, a weak positive correlation was observed between depression, somatization, and hostility. The findings of this study support the hypothesis that there is a significant positive relationship between the level of psychological symptoms and the level of emotional eating behavior. This is consistent with previous research in the field. Upon examining the literature, it becomes evident that emotional eating behavior is linked to psychological symptoms, particularly depressive symptoms. A study investigating the correlation between emotional eating and depression found that emotional eating levels increase as depressive symptoms escalate (Konttinen et al., 2010).

A significant relationship between depressive symptoms and emotional eating was found by Ouwens and colleagues (Ouwens et al., 2009). Additionally, emotional eating behavior and psychological symptoms have a bidirectional relationship, mutually affecting each other. There are several reasons for the relationship between emotional eating and depressive symptoms. Firstly, considering the biochemical processes in the brain, it is evident that serotonin deficiency is linked to depression. Emotional eating behavior, which involves a preference for carbohydrate and sugar-containing foods that increase the release of serotonin, may be associated with this situation. Secondly, emotional eating can be seen as a form of emotional regulation used to cope with adverse situations or depressive symptoms. A study on emotional eating conducted with obese individuals revealed a significant relationship between emotional eating and anxiety (Schneider et al., 2010). The study found a significant correlation between anxiety and emotional eating, consistent with previous research in the field. Emotional eating may increase anxiety due to feelings of regret and guilt. Adolescent eating problems are often linked to negative self-concept, with emotional eating behavior frequently observed in individuals with low self-esteem and self-worth. A study by Mond et al. (2006) found that individuals with low self-esteem exhibited high levels of emotional eating (Mond et al., 2006). Low self-esteem is a condition associated with feelings of worthlessness. This condition has been linked to the development of emotional eating behavior, as supported by the study results. When considering the relationship between emotional eating behavior and somatization, it is believed that stress and emotional tension may cause somatic symptoms in the body. Emotional eating behavior may temporarily alleviate these symptoms. Türkmen &

Kuzgun Bayram (2023) reported similar results in terms of hostility. Hostile cognitions trigger anger and physical-verbal aggression. It may be suggested that individuals with higher hostility alleviate their aggression with emotional eating instead of expressing physical or verbal aggression. Moreover, it was repeatedly reported that there was a positive correlation between eating disorders and hostility levels (Hochgraf et al., 2017; Miotto et al., 2008; Williams et al., 1990; Truglia et al., 2006). If emotional eating is considered a distinct eating disorder or a symptom of an eating disorder, it will be valid this well-known relationship for emotional eating.

### **Correlation Results Between Emotional Eating and Childhood Trauma Experience**

The study highlights the relationship between emotional abuse, a sub-dimension of childhood traumas, and emotional eating. This finding is consistent with previous research in the field. Emotional abuse has also been identified as a significant factor in studies on eating disorders (Burns et al., 2012). Caslini et al. (2016) found that individuals who experienced emotional abuse had higher levels of emotional eating (Caslini et al., 2016). A study by Aslan (2017) found a significant relationship between emotional eating and emotional abuse but no significant relationship with other sub-dimensions. Meanwhile, Çobanoğlu (2020)'s (Çobanoğlu, 2020) thesis study revealed a statistically significant positive relationship between childhood trauma experience and emotional eating behavior. In his thesis study, Oğlağı (2012) discovered that traumatic events have an impact on emotional eating behavior, although the factors that initiate and sustain emotional eating are unclear. Wonderlich et al. (2001) conducted a meta-analysis study that examined the effect of emotional abuse on eating disorders and emotional eating behavior (Wonderlich et al., 2001). The study's results indicate that emotionally abused individuals are more likely to experience eating disorders and emotional eating behavior. Additionally, a strong relationship between these two conditions was observed. Bailer et al. (2004)'s study also found a significant association between emotional abuse, sexual abuse, and emotional eating and eating disorders (Bailer et al., 2004).

The study suggests a potential link between childhood trauma and emotional eating, specifically related to negative emotions experienced during childhood. Emotional abuse was found to be a prominent factor among childhood traumas. Emotional abuse involves behaviours such as constant criticism, humiliation, threats, isolation, or withholding love and support from the child. When evaluated through the lens of the escape theory (Spoor et al., 2007), emotional abuse may lead the child to engage in emotional eating behavior as a means of compensating for the emptiness caused by the abuse. Furthermore, emotional abuse can have a detrimental impact on the child's psychological well-being and self-esteem. Children

who have experienced emotional abuse may struggle to manage and cope with their emotional impulses. Children who have experienced emotional abuse may struggle to manage and cope with their emotional impulses. As a result, they may develop various coping mechanisms, including emotional eating behavior. This hypothetical explanation may also be valid for emotional neglect. However, in this paper, it was observed that there was a positive correlation between emotional eating and physical abuse, but not with physical neglect. Physical abuse roughly means physical harm to a child by an adult. It was previously observed that children exposed to physical abuse may exhibit substance dependency, behavioral disorders, anxiety (Taner & Gökler, 2004). Those physically abused children may use emotional eating as a way of coping with anxiety or as a manifestation of addiction. On the other hand, physical neglect covers the basic needs that a child needs, such as shelter, nutrition, safety and personal care. One of the explanations of why there was no correlation between emotional eating and physical neglect may be that in order to associate eating with emotions, there must first be enough food. Moreover, since physical neglect means that the very basic needs for the survival of a living being are not met, the establishment of the food-emotion pairing may not have occurred in people who were exposed to physical neglect in childhood. In other words, there is no chance to use non-existent food as a coping mechanism.

Sexual abuse damages both interpersonal relationships (Huh et al., 2014) and the relationship with the self (Gewirtz-Meida, 2020). Therefore, it is not surprising that emotional eating is also observed as a phenomenon, considering that these people develop different mental disorders in adulthood. At the same time, it can be thought that the control over the nutrients entering and leaving the body is lost due to impaired body perception due to sexual abuse (Kramer & Orbach, 2013). Because, in a sense, emotional eating is not the intention to provide a regular flow of nutrients to the body, but the intention to use nutrients in order to overcome the emotional distress that arises at that moment.

### **Correlation Results Between Emotional Eating and Personality Traits**

The study's findings indicate a positive and statistically significant correlation between neuroticism sub-dimension of EPI and the total score of the EES.

Elfhag and Morey (2008) found a significant positive relationship between extraversion and emotional eating. In contrast to previous literature, this study found no significant results between emotional eating and extraversion. And also, Elfhag and Morey (2008) found a positive relationship between neuroticism and emotional eating (Elfhag & Morey, 2008). A study by Troop et al. (2003) found a positive association between emotional eating behavior and neuroticism (Troop et al., 2003). This overlaps with the current research findings on the relationship between neuroticism and emotional eating.

In a study conducted in 2019, the relationship between emotional eating and psychoticism was examined. The findings indicated a positive relationship between emotional eating behavior and psychoticism (Rassart et al., 2019).

Considering the results of this study, there was only a positive correlation between neuroticism and emotional eating. While extroversion represents the social aspects of the individual, individuals with high scores in this dimension are defined as people who like to interact with people (Miller et al., 2005). Therefore, it can be suggested that being inwardly rather than outwardly orientated may be somehow related to inward food intake and therefore there is no significant positive relationship with extroversion. In this study, a negative relationship was observed, although not statistically significant. Neuroticism is closely related to emotional sensitivity and impulsivity (Miller et al., 2005). Therefore, higher levels of neuroticism may be positively correlated with emotional eating due to the impulsivity of eating quickly, without thinking, and somehow eliminating the emerging emotionality in this way. Psychoticism is more associated with lack of empathy and antisociality (Karancı et al., 2007). However, it is known that emotional eating requires an emotional state. Therefore, the lack of a relationship may be related to this situation.

### **Regression Examining Variables Predicting Emotional Eating Behavior**

The regression analysis revealed that BSI Anxiety, self-perception, history of psychiatric disorder, age, occupation, gender, height, CTQ emotional abuse, and BSI somatization were significant predictors of emotional eating variance. These variables accounted for 40.40% of the variance. Among the predictors, height contributed the most to the model, followed by anxiety and gender variables. No existing literature exists on the direct relationship between emotional eating and height. Therefore, the findings of this study are unexpected. A detailed discussion of each variable is presented above.

### **Limitations**

This study examines the relationship between emotional eating behavior and childhood traumas, personality traits, psychological symptoms, and sociodemographic variables. It is important to note that the study contributes to the existing literature. The study has some limitations, including a sample consisting of participants aged 18-65, which may limit generalizability. The data collection method and participant recruitment, both online and through personal notification, may have influenced the study results. The online platform used for participant involvement made ensuring equal environmental conditions for all impossible, which was a limitation. The study's results were limited by specific scales, including the Turkish Emotional Eating Scale, Brief Symptom Inventory, Childhood Trauma Questionnaire, and



Eysenck Personality Questionnaire Revised-Abbreviated. The absence of diagnostic criteria for emotional eating hinders the development of related scales. While the current tests demonstrate acceptable levels of internal consistency, it is believed that the development of new tests will significantly enhance our understanding of emotional eating behavior.

### **Conclusion**

In this study, a phenomenological examination of emotional eating was conducted. In this direction, sociodemographic variables, childhood traumas, personality traits, and psychological symptom levels, which are predicted to be effective on emotional eating, were examined. It was found that anxiety and somatization among psychological symptoms, emotional abuse in childhood traumas, having a psychiatric illness, how they evaluate their own body and effort to lose weight, age, gender, job status, and height had a predictive effect on emotional eating. Further studies are needed to elucidate the clinical significance of emotional eating and related factors.

---

**Authors' contribution:**

Nazlıcan Bektaş (Conceptualization, data collection, statistical analysis, writing), Cumhuriyet Avcil (Writing, Supervision), Oğuzhan Herdi (Conceptualization, statistical analysis, writing, Final Review)

**Declaration of conflicting interests:**

There is no conflict of interest in this paper.

**Author's note:**

The article was generated from master thesis of first author (N.B), which was supervised by last author (O.H)

**Funding:**

There is no funding for this study.

**Ethical approval:**

Ethics committee approval for this study was given by Antalya Bilim University Social and Human Sciences Ethics Committee (decision no 2023/7, dated 06.01.2023).

---

## References

- Aktay, M. (2020). İstismar ve İhmalin Çocuk Üzerindeki Etkileri ve Tedavisi. *Journal of Development and Psychology*, 1(2), 169-184.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association  
https://doi.org/10.1176/appi.books.9780890425596.744053
- Arslantaş, H., Dereboy, İ. F., İnalkaç, S., & Yüksel, R. (2021). Sağlık eğitimi alan üniversite öğrencilerinde duygusal yeme ve etkileyen faktörler. *İzmir Katip Çelebi Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, 6(1), 105-111.
- Aslan, S. (2017). *Duygusal yeme ile çocukluk çağı travmaları arasındaki ilişki* [Yayımlanmamış Yüksel Lisans Tezi]. Üsküdar Üniversitesi Sosyal Bilimler Enstitüsü
- Bailer, U. F., Price, J. C., Meltzer, C. C., Mathis, C. A., Frank, G. K., Weissfeld, L., McConaha, C. W., Henry, S. E., Brooks-Achenbach, S., Barbarich, N. C., & Kaye, W. H. (2004). Altered 5-HT<sub>2A</sub> receptor binding after recovery from bulimia-type anorexia nervosa: Relationships to harm avoidance and drive for thinness. *Neuropsychopharmacology*, 29(6), 1143-1155. https://doi.org/10.1038/sj.npp.1300430
- Barak, R. E., 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 behaviours, 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
- Batum, P. (2008). Kişilik Bozuklukları ve Yeme Bozuklukları : Etiyolojik İlişkiler ve Cevaplanmamış Sorular. *Türk Psikoloji Yazıları*, 11(21), 65-76.
- Bernstein, D., Fink, L., Handelsman, L., & Foote, J. (1997). Childhood Trauma Questionnaire (CTQ) APA PsycTests. https://doi.org/10.1037/t02080-000
- Bilgen, Ş. S. (2018). *Türkçe duygusal yeme ölçeği geliştirilmesi, geçerlilik ve güvenilirliği çalışması* [Yayımlanmamış yüksek lisans tezi]. Üsküdar Üniversitesi Sosyal Bilimler Enstitüsü.
- Burns, E. E., Fischer, S., Jackson, J. L., & Harding, H. G. (2012). Deficits in emotion regulation mediate the relationship between childhood abuse and later eating disorder symptoms. *Child Abuse and Neglect*, 36(1), 32-39. https://doi.org/10.1016/j.chiabu.2011.08.005
- Caslini, M., Bartoli, F., Crocamo, C., Dakanalis, A., Clerici, M., & Carrà, G. (2016). Disentangling the association between child abuse and eating disorders: a systematic review and meta-analysis. *Psychosomatic medicine*, 78(1), 79-90. https://doi.org/10.1097/psy.000000000000233
- Çobanoğlu, B. (2020). *Çocukluk çağında travmaya uğramış bireylerin, beliren yetişkinlik döneminde duygusal yeme davranışı ve benlik saygısı oluşumu arasındaki ilişki* [Yayımlanmamış yüksek lisans tezi]. İstanbul Gelişim Üniversitesi Lisansüstü Eğitim Enstitüsü.
- De Lauzon, B., Romon, M., Rie Deschamps, V., Lafay, L., Borys, J. M., Karlsson, J., Ducimetié, P., & Charles, M. A. (2015). The Three-Factor Eating Questionnaire-R18 is able to distinguish among different eating patterns in a general population. *The Journal of nutrition*, 134(9), 2372-2380. https://doi.org/10.1093/jn/134.9.2372
- Derogatis, L. R., & Melisaratos, N. (1983). The brief symptom inventory: an introductory report. *Psychological medicine*, 13(3), 595-605. https://doi.org/10.1017/S0033291700048017
- Derogatis, L. R., & Cleary, P. A. (1977). Confirmation of the dimensional structure of the SCL-90: A study in construct validation. *Journal of clinical psychology*, 33(4), 981-989. https://doi.org/10.1002/1097-4679(197710)33:4<981::AID-JCLP2270330412>3.0.CO;2-0

- Dicle, A. N., & Ersanlı, K. (2015). Turkish standardization and the validity and reliability studies of the cope. *Akademik Sosyal Araştırmalar Dergisi*, 16, 111-126. <https://doi.org/10.16992/ASOS.783>
- Dohle, S., Hartmann, C., & Keller, C. (2014). Physical activity as a moderator of the association between emotional eating and BMI: evidence from the Swiss food panel. *Psychology & Health*, 29(9), 1062-1080. <https://doi.org/10.1080/08870446.2014.909042>
- Durna, U. (2010). A tipi ve B tipi kişilik yapıları ve bu kişilik yapılarını etkileyen faktörlerle ilgili bir araştırma. *Atatürk Üniversitesi İktisadi ve İdari Bilimler Dergisi*, 19(1), 275-290.
- Echeverri-Alvarado, B., Pickett, S., & Gildner, D. (2020). A model of post-traumatic stress symptoms on binge eating through emotion regulation difficulties and emotional eating. *Appetite*, 150, e104659. <https://doi.org/10.1016/j.appet.2020.104659>
- Elfhag, K., & Morey, L. C. (2008). Personality traits and eating behavior in the obese: poor self-control in emotional and external eating but personality assets in restrained eating. *Eating behaviors*, 9(3), 285-293. <https://doi.org/10.1016/j.eatbeh.2007.10.003>
- 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 US National Study. *International Journal of Environmental Research and Public Health*, 18(4), 1744. <https://doi.org/10.3390/ijerph18041744>
- Eysenck, H. J., & Eysenck, S. B. G. (1975). *Manual of the Eysenck Personality Questionnaire*. Hodder and Stoughton.
- Fassino, S., Leombruni, P., Pierò, A., Abbate-Daga, G., & Rovera, G. G. (2003). Mood, eating attitudes, and anger in obese women with and without binge eating disorder. *Journal of psychosomatic research*, 54(6), 559-566. [https://doi.org/10.1016/S0022-3999\(02\)00462-2](https://doi.org/10.1016/S0022-3999(02)00462-2)
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. 5<sup>th</sup> Edition. Sage Publications.
- Fox, J. & Weisberg, S. (2019). *An R Companion to Applied Regression* (3rd Edition). Sage Publications.
- Francis, L. J., Brown, L. B., & Philipchalk, R. (1992). The development of an abbreviated form of the Revised Eysenck Personality Questionnaire (EPQR-A): Its use among students in England, Canada, the USA and Australia. *Personality and individual differences*, 13(4), 443-449. [https://doi.org/10.1016/0191-8869\(92\)90073-X](https://doi.org/10.1016/0191-8869(92)90073-X)
- Geliebter, A., & Aversa, A. (2003). Emotional eating in overweight, normal weight, and underweight individuals. *Eating behaviors*, 3(4), 341-347. [https://doi.org/10.106/S1471-0153\(02\)00100-9](https://doi.org/10.106/S1471-0153(02)00100-9)
- Gewirtz-Meida, A. (2020). The relationship between child sexual abuse, self-concept and psychopathology: The moderating role of social support and perceived parental quality. *Children and Youth Services Review*, 113, e104938. <https://doi.org/10.1016/j.childyouth.2020.104938>
- Grote, N. K., Spieker, S. J., Lohr, M. J., Geibel, S. L., Swartz, H. A., Frank, E., Houck, P. R., & Katon, W. (2012). Impact of childhood trauma on the outcomes of a perinatal depression trial. *Depression and Anxiety*, 29(7), 563-573. <https://doi.org/10.1002/da.21929>
- Gür, T. (2020). *Yetişkin kadınlarda öz duyarlılık ile beden algısının duygusal yeme arasındaki ilişkinin incelenmesi* [Yayımlanmamış yüksek lisans tezi]. Maltepe Üniversitesi
- 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>
- Hochgraf, A. K., Kahn, R. E., & Kim-Spoon, J. (2017). The moderating role of emotional reactivity in the link between parental hostility and eating disorder symptoms in early adolescence. *Eating Disorders*, 25(5), 420-435. <https://doi.org/10.1080/10640266.2017.1347417>

- Huh, H. J., Kim, S. Y., Yu, J. J., & Chae, J. H. (2014). Childhood trauma and adult interpersonal relationship problems in patients with depression and anxiety disorders. *Annals of General Psychiatry, 13*, 26. <https://doi.org/10.1186/s12991-014-0026-y>
- İnalkaç, S., & Arslantaş, H. (2018). Duygusal yeme. *Arşiv Kaynak Tarama Dergisi, 27*(1), 70-82. <https://doi.org/10.17827/aktd.336860>
- Jamshed, H., & Arslan, J. (2022). Loneliness, Emotional Eating, and COVID-19 in Youth. *Current Developments in Nutrition, 6* (Suppl 1), 206. <https://doi.org/10.1093/cdn/nzac048.020>
- Kansky, J., Allen, J. P., & Diener, E. (2019). The young adult love lives of happy teenagers: The role of adolescent affect in adult romantic relationship functioning. *Journal of research in personality, 80*, 1-9. <https://doi.org/10.1016/j.jrp.2019.03.006>
- Karancı, A., Dirik, G., & Yorulmaz, O. (2007). Eysenck kişilik anketi-gözden geçirilmiş kısaltılmış formunun (EKA-GGK) Türkiye’de geçerlik ve güvenilirlik çalışması. *Türk Psikiyatri Dergisi, 18*(3), 1-8.
- Karlsson, J., Persson, L. O., Sjöström, L., & Sullivan, M. (2000). Psychometric properties and factor structure of the Three-Factor Eating Questionnaire (TFEQ) in obese men and women. Results from the Swedish Obese Subjects (SOS) study. *International journal of obesity, 24*(12), 1715-1725. <https://doi.org/10.1038/sj.ijo.0801442>
- Kaisari, P., Dourish, C. T., & Higgs, S. (2017). Attention Deficit Hyperactivity Disorder (ADHD) and disordered eating behaviour: A systematic review and a framework for future research. *Clinical Psychology Review, 53*, 109-121. <https://doi.org/10.1016/j.cpr.2017.03.002>
- Kontinen, H., Männistö, S., Sarlio-Lähteenkorva, S., Silventoinen, K., & Haukkala, A. (2010). Emotional eating, depressive symptoms and self-reported food consumption. A population-based study. *Appetite, 54*(3), 473-479. <https://doi.org/10.1016/j.appet.2010.01.014>
- Kramer, I., & Orbach, I. (2013). *Violence and Victims, 28*(2), 259-273. <https://doi.org/10.1891/0886-6708.VV-D-12-00015>
- Kuruoğlu, A. Ç. (2000). Yeme bozukluklarında genetik etkenler. *Klinik Psikofarmakoloji Bülteni, 10*(1), 32-37.
- Larsen, J. K., van Strien, T., Eisinga, R., & Engels, R. C. (2006). Gender differences in the association between alexithymia and emotional eating in obese individuals. *Journal of psychosomatic research, 60*(3), 237-243. <https://doi.org/10.1016/j.jpsychores.2005.07.006>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. 1<sup>st</sup> Edition. Springer publishing company.
- Liebenberg, H., & Papaikonomou, M. (2010). "Complex trauma": reflections on the effect of early childhood abuse among a small adult group of bariatric patients. *South African Journal of Psychology, 40*(3), 327-337. <https://doi.org/10.1177/008124631004000311>
- Liu, H., Yang, Q., Luo, J., Ouyang, Y., Sun, M., Xi, Y., Yong, C., & Lin, Q. (2020). Association between emotional eating, depressive symptoms and laryngopharyngeal reflux symptoms in college students: A cross-sectional study in Hunan. *Nutrients, 12*(6), 1595. <https://doi.org/10.3390/nu12061595>
- Macht, M. (1999). Characteristics of eating in anger, fear, sadness and joy. *Appetite, 33*(1), 129-139. <https://doi.org/10.1006/appe.1999.0236>
- 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., & Mueller, J. (2007). Increased negative emotional responses in PROP supertasters. *Physiology & behavior, 90*(2-3), 466-472. <https://doi.org/10.1016/j.physbeh.2006.10.011>

- Maner, F. (2011). Is binge eating a type of addiction? *Klinik Psikofarmakoloji Bulteni*, 21(2).
- McGrane, D., & Carr, A. (2002). Young women at risk for eating disorders: Perceived family dysfunction and parental psychological problems. *Contemporary Family Therapy*, 24, 385-395. <https://doi.org/10.1023/A:1015359610774>
- Miller, J. L., Schmidt, L. A., Vaillancourt, T., McDougall, P., & Laliberte, M. (2005). Neuroticism and introversion: A risky combination for disordered eating among a non-clinical sample of undergraduate women. *Eating Behaviors*, 7(1), 69-78. <https://doi.org/10.1016/j.eatbeh.2005.07.003>
- Miotto, P., Pollini, B., Restaneo, A., Favaretto, G., & Preti, A. (2008). Aggressiveness, anger, and hostility in eating disorders. *Comprehensive Psychiatry*, 49(4), 364-373. <https://doi.org/10.1016/j.comppsy.2008.01.004>
- Mond, J. M., Robertson-Smith, G., & Vetere, A. (2006). Stigma and eating disorders: is there evidence of negative attitudes towards anorexia nervosa among women in the community? *Journal of Mental Health*, 15(5), 519-532. <https://doi.org/10.1080/09638230600902559>
- Nguyen-Rodriguez, S. T., Unger, J. B., & Spruijt-Metz, D. (2009). Psychological determinants of emotional eating in adolescence. *Eating disorders*, 17(3), 211-224. <https://doi.org/10.1080/10640260902848543>
- Oğlağ, Z. (2012). *Yeme Bozukluklarında Çocukluk Çağı Travmalarının Benlik Saygısı Ve Beden Algısı Değişkenleri Üzerine Etkisi* [Yayımlanmamış tıpta uzmanlık tezi]. İstanbul Üniversitesi Tıp Fakültesi.
- Ouwens, M. A., van Strien, T., & van der Staak, C. P. (2003). Tendency toward overeating and restraint as predictors of food consumption. *Appetite*, 40(3), 291-298. [https://doi.org/10.1016/S0195-6663\(03\)00006-0](https://doi.org/10.1016/S0195-6663(03)00006-0)
- Ouwens, M. A., van Strien, T., & van Leeuwe, J. F. (2009). Possible pathways between depression, emotional and external eating. A structural equation model. *Appetite*, 53(2), 245-248. <https://doi.org/10.1016/j.appet.2009.06.001>
- Özer, S., & Okat, Ç. (2021). Yeni koronavirüs (Covid-19) günlerinde bireylerin yeme tutumlarının incelenmesi. *Türk Turizm Araştırmaları Dergisi*, 5(1), 84-102. <https://doi.org/10.26677/TR1010.2021.653>
- Papageorgiou, C., & Wells, A. (2004). *Depressive rumination: Nature, theory and treatment*. 1<sup>st</sup> Edition. John Wiley & Sons.
- Pinaquy, S., Chabrol, H., Simon, C., Louvet, J. P., & Barbe, P. (2003). Emotional eating, alexithymia, and binge-eating disorder in obese women. *Obesity research*, 11(2), 195-201. <https://doi.org/10.1038/oby.2003.31>
- Rassart, J., Luyckx, K., Verdyck, L., Mijster, T., & Mark, R. E. (2019, 14-15<sup>th</sup> May). Adjusting to refractory epilepsy in young adulthood: The importance of patients' personality [Poster]. Annual Meeting of the Belgian Association for Psychological Sciences (BAPS), Liège, Belgium.
- Rawana, J. S., McPhie, M. L., & Hassibi, B. (2016). Eating-and weight-related factors associated with depressive symptoms in emerging adulthood. *Eating behaviors*, 22, 101-108. <https://doi.org/10.1016/j.eatbeh.2016.04.002>
- Roohafza, H. R., Afshar, H., Keshteli, A. H., Mohammadi, N., Feizi, A., Taslimi, M., & Adibi, P. (2014). What's the role of perceived social support and coping styles in depression and anxiety? *Journal of Research in Medical Sciences*, 19(10), 944-949.
- Sahin, N. H., & Durak, A. (1994). Kisa Semptom Envanteri (Brief Symptom Inventory-BSI): Turk Gencleri Icin Uyarlanmasi [A study of the Brief Symptom Inventory in Turkish Youth]. *Türk Psikoloji Dergisi*, 9(31), 44-56.

- Samuel, L., & Cohen, M. (2018). Expressive suppression and emotional eating in older and younger adults: An exploratory study. *Archives of Gerontology and Geriatrics*, 78, 127-131. <https://doi.org/10.1016/j.archger.2018.06.012>
- Şar, V., Öztürk, E., & İkikardeş, E. (2012). Çocukluk çağı ruhsal travma ölçeğinin Türkçe uyarlamasının geçerlilik ve güvenilirliği. *Türkiye Klinikleri Tıp Bilimleri Dergisi*, 32(4), 1054-1063. <https://doi.org/10.5336/medsci.2011-26947>
- Schachter, S. (1968). Obesity and eating: internal and external cues differentially affect the eating behavior of obese and normal subjects. *Science*, 161(3843), 751-756. <https://doi.org/10.1126/science.161.3843.751>
- Schneider, K. L., Appelhans, B. M., Whited, M. C., Oleski, J., & Pagoto, S. L. (2010). Trait anxiety, but not trait anger, predisposes obese individuals to emotional eating. *Appetite*, 55(3), 701-706. <https://doi.org/10.1016/j.appet.2010.10.006>
- Spoor, S. T., Bekker, M. H., Van Strien, T., & van Heck, G. L. (2007). Relations between negative affect, coping, and emotional eating. *Appetite*, 48(3), 368-376. <https://doi.org/10.1016/j.appet.2006.10.005>
- Stice, E. (2002). Risk and maintenance factors for eating pathology: a meta-analytic review. *Psychological bulletin*, 128(5), 825. <https://doi.org/10.1037/0033-2909.128.5.825>
- Tan, C. C., & Chow, C. M. (2014). Stress and emotional eating: The mediating role of eating dysregulation. *Personality and individual differences*, 66, 1-4. <https://doi.org/10.1016/j.paid.2014.02.033>
- Taner, Y., & Gökler, B. (2004). Çocuk istismarı ve ihmali: Psikiyatrik yönleri. *Hacettepe Tıp Dergisi*, 35(2), 82-86.
- Tanofsky, M. B., Wilfley, D. E., Spurrell, E. B., Welch, R., & Brownell, K. D. (1997). Comparison of men and women with binge eating disorder. *International Journal of Eating Disorders*, 21(1), 49-54. [https://doi.org/10.1002/\(SICI\)1098-108X\(199701\)21:1<49::AID-EAT6>3.0.CO;2-3](https://doi.org/10.1002/(SICI)1098-108X(199701)21:1<49::AID-EAT6>3.0.CO;2-3)
- Thompson, S. H. (2015). Gender and racial differences in emotional eating. *Journal of Diabetes and Obesity* 2(2), 93-98. <https://doi.org/10.15436/2376-0494.15.035>
- Troop, N. A., Allan, S., Treasure, J. L., & Katzman, M. (2003). Social comparison and submissive behaviour in eating disorder patients. *Psychology and psychotherapy: theory, research and practice*, 76(3), 237-249. <https://doi.org/10.1348/147608303322362479>
- Truglia, E., Mannucci, E., Lassi, S., Rotella, C. M., Faravelli, C., & Ricca, V. (2006). Aggressiveness, anger and eating disorders: A review. *Psychopathology* 39(2), 55-68. <https://doi.org/10.1159/000090594>
- Turkmen, G., & Kuzgun Bayram, T. (2023). The mediating role of emotional eating in the relationship between aggression and eating attitudes. *Journal of Health Science Medicine*, 6(6), 1405-1410. <https://doi.org/10.32322/jhsm.1361353>
- Wedin, S., Madan, A., Correll, J., Crowley, N., Malcolm, R., Byrne, T. K., & Borckardt, J. J. (2014). Emotional eating, marital status and history of physical abuse predict 2-year weight loss in weight loss surgery patients. *Eating Behaviors*, 15(4), 619-624. <https://doi.org/10.1016/j.eatbeh.2014.08.019>
- Williams, G. J., Chamove, A. S., & Millar, H.R. (1990). Eating disorders, perceived control, assertiveness and hostility. *British Journal of Clinical Psychology*, 29(3), 327-335. <https://doi.org/10.1111/j.2044-8260.1990.tb00889.x>
- Wonderlich, S. A., Crosby, R. D., Mitchell, J. E., Thompson, K. M., Redlin, J., Demuth, G., & Haseltine, B. (2001). Eating disturbance and sexual trauma in childhood and adulthood. *International journal of eating disorders*, 30(4), 401-412. <https://doi.org/10.1002/eat.1101>

Yılmaz, T. S., Gülücü, A., & Demirci, H. (2020). Erişkin obezitesinde çocukluk çağı travmalarının rolü. *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi*, 21(3), 261-268. <https://doi.org/10.5455/apd.58955>

## Duygusal Yemenin Öngörücü Faktörleri Olarak Sosyodemografik Özellikler, Çocukluk Çağı Travması, Kişilik Özellikleri ve Psikolojik Belirti Düzeyinin Değerlendirilmesi

### Özet

Duygusal yeme (DY), bireylerin stres veya olumsuz duygulara yanıt olarak aşırı gıda tükettiği bir yeme davranışını ifade eder (Tan ve Chow, 2014). Geçtiğimiz birkaç yıl içinde, DY'nin yaygınlığında kayda değer bir artış görülmüştür (Liu ve ark., 2020). Giderek artan önemine rağmen, DSM-V DY'yi geçerli bir tanı kategorisi olarak kabul etmemektedir (APA, 2013). DY tüm yaş demografilerinde gözlemlenebilir olsa da çalışmalar 21-39 yaş aralığının bu davranışa daha yatkın olduğunu göstermektedir (Elran Barak ve ark., 2021). Ağırlıklı olarak kadınlarda görülen çoğu yeme bozukluğunun aksine, araştırmalar DY'nin yaygınlığında belirgin bir cinsiyet farkı olmadığını göstermektedir (Nguyen-Rodriguez ve ark., 2009). Bu çalışma, yetişkin bireylerde çocukluk çağı travmaları, kişilik özellikleri, psikolojik semptomlar ve duygusal yeme arasındaki ilişkiyi incelemektedir. Ayrıca, çalışma sosyo-demografik değişkenlere dayalı olarak duygusal yeme düzeylerindeki potansiyel farklılıkları araştırmayı amaçlamaktadır. Çalışmanın örneklemini yaşları 18 ile 65 arasında değişen 382 katılımcı oluşturmaktadır. Çalışmada katılımcılara Türkçe Duygusal Yeme Ölçeği (TDYÖ), Çocukluk Çağı Travmaları Ölçeği (ÇÇTÖ), Kısa Semptom Envanteri (KSE), Eysenck Kişilik Anketi Gözden Geçirilmiş Kısaltılmış Formu (EKA-GGK) ve Sosyodemografik Bilgi Formu uygulanmıştır. Veriler Spearman korelasyonu ve regresyon analizi kullanılarak analiz edilmiştir. Sonuçlar, fiziksel ihmal alt boyutu hariç, çocukluk çağı travmalarının duygusal yeme ile ilişkili olduğunu göstermiştir. Psikolojik semptomlar ve duygusal yeme davranışı arasındaki ilişki incelendiğinde, anlamlı bir pozitif korelasyon keşfedilmiştir. Kişilik özelliklerinin nevrotiklik alt boyutunun da duygusal yeme davranışı ile pozitif yönde ilişkili olduğu bulunmuştur. Korelasyon analizi duygusal yeme ile cinsiyet, medeni durum, eğitim durumu, gelir durumu, çalışma durumu, benlik algısı ve kilo verme çabası arasında anlamlı bir ilişki olduğunu ortaya koymuştur. Aşamalı yöntem kullanılarak yapılan regresyon analizi sonuçları, birkaç değişkenin istatistiksel olarak anlamlı olduğunu göstermiştir. Bu değişkenler arasında KSE Anksiyetesi ( $\beta= 0.691, p<0.001$ ), beden imajı algısı ( $\beta= 5.748, p=0.002$ ), yaş ( $\beta= -0.480, p<0.001$ ), mesleki durum ( $\beta= -8.127, p<0.001$ ), psikiyatrik bozukluk öyküsü ( $\beta= -9.987, p=0.017$ ), cinsiyet ( $\beta= -11.915, p<0.001$ ), boy ( $\beta= 0.463, p<0.001$ ), ÇÇTÖ Duygusal İstismar ( $\beta= 1.734, p=0.001$ ), ÇÇTÖ Toplam ( $\beta= -0.335, p=0.014$ ) ve KSE Somatizasyon ( $\beta= 0.534, p=0.047$ ) bulunmaktadır. Model üzerinde en yüksek etkiye sahip bağımsız değişken, yordayıcıların standardize edilmiş regresyon katsayıları (*Beta*) değerlendirilerek belirlenmiştir. Boy değişkenininin 0.272 standardize edilmiş regresyon katsayısı ile modele en



yüksek katkıyı sağladığı görülmüştür. Model 11 bağımsız değişken içermekte ve TDYÖ toplam puanındaki varyasyonun %40.40'ını (*Düzeltilmiş R kare=0.404*) açıklamaktadır. Bu çalışma duygusal yeme davranışı ile çocukluk çağı travmaları, kişilik özellikleri, psikolojik semptomlar ve sosyodemografik değişkenler arasındaki ilişkiyi incelemektedir. Çalışmanın mevcut literatüre katkı sağladığını belirtmek önemlidir. Çalışmanın, 18-65 yaş arası katılımcılardan oluşan ve genellenabilirliği sınırlayabilecek bir örneklem dahil olmak üzere bazı sınırlamaları vardır. Hem çevrimiçi hem de kişisel bildirim yoluyla veri toplama ve katılımcı bulma yöntemi, çalışma sonuçlarını etkilemiş olabilir. Katılımcıların katılımı için kullanılan çevrimiçi platform, herkes için eşit çevresel koşulların sağlanmasını imkansız kılmıştır ve bu da bir sınırlılıktır. Bu çalışmada, duygusal yemenin fenomenolojik bir incelemesi yapılmıştır. Bu doğrultuda, duygusal yeme üzerinde etkili olabileceği öngörülen sosyodemografik değişkenler, çocukluk çağı travmaları, kişilik özellikleri ve psikolojik belirti düzeyi incelenmiştir. Psikolojik belirtilerden anksiyete ve somatizasyonun, çocukluk çağı travmalarında duygusal istismarın, psikiyatrik bir hastalığa sahip olmanın, kendi bedenlerini nasıl değerlendirdiklerinin ve kilo verme çabalarının, yaş, cinsiyet, iş durumu ve boy uzunluğunun duygusal yeme üzerinde yordayıcı etkisi olduğu bulunmuştur. Duygusal yeme ve ilişkili faktörlerin klinik öneminin daha fazla aydınlatılması için daha fazla çalışmaya ihtiyaç vardır.