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Understanding Emotional Eating through the lens of Alexithymia and Psychological Distress among Young Adults

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Abstract: Emerging adulthood is a pivotal developmental stage wherein unresolved emotional difficulties often manifest in maladaptive behaviour patterns. Emotional eating has emerged as an ill-adjusted coping mechanism frequently associated with elevated psychological distress and deficits in emotional processing. Alexithymia, defined as the inability to identify and articulate emotions has been strongly implicated in such behavioural patterns. Psychological distress, a state of physical, mental, or emotional suffering experienced by an individual further exacerbates vulnerability to emotional eating. The present study aimed to investigate the effects of alexithymia and psychological distress on emotional eating among young adults. A sample of 50 young adults was collected in the age range of 18-27 years. Standardised tools were used to measure emotional eating, alexithymia and psychological distress. The results revealed a significant positive correlation between alexithymia and emotional eating. The results also state a significant positive correlation between psychological distress and emotional eating. Moreover, a positive correlation is also observed between alexithymia and psychological distress among young adults.

Keywords: *Emotional Eating, Alexithymia, Psychological Distress, Young Adults*

1. Introduction

“Life is never made unbearable by circumstances, only by lack of meaning and purpose.”

Viktor Frankl

The transitional phase from adolescence to young adulthood typically holds promise and possibility, but is increasingly marked by emotional strain and vulnerability. During this period, individuals encounter significant changes in identity formation, academic and career

pursuits, social relationships, and independence. While these years can be filled with opportunity and growth, they also present heightened vulnerability to emotional and psychological challenges.

Emotional eating usually occurs when one is attempting to satisfy their hedonic drive, or the drive to eat palatable food to obtain pleasure in the absence of an energy deficit but can also occur when one is seeking food as a reward, eating for social reasons (such as eating at a party), eating to conform (which involves eating because friends or family wants the individual to), or eating to regulate inner emotional states. In some cases, emotional eating can lead to something called "mindless eating" during which the individual is eating without being mindful of what or how much they are consuming, this can occur during both positive and negative settings.

We've all been there, finishing a whole bag of chips out of boredom or downing cookie after cookie while cramming for a big test. But when done a lot, especially without realizing, emotional eating can affect weight, health and overall wellbeing. People often turn to food when they are stressed out, lonely, sad, anxious or bored. Little daily stresses can cause someone to seek comfort or distraction in food. However, emotional eating can also be linked to positive feelings too, like the romance of sharing dessert on Valentine's Day or the celebration of a holiday feast.

Geliebter and Aversa (2003) conducted a study comparing individuals of three weight groups: underweight, normal weight and overweight. Both positive and negative emotions were evaluated. When individuals were experiencing positive emotional states or situations, the underweight group reported eating more than the other two groups. As an explanation, the typical nature of underweight individuals is to eat less and during times of stress to eat even less. However, when positive emotional states or situations arise, individuals are more likely to indulge themselves with food.

Alexithymia, meaning "no words for emotions" in Greek, was first coined in 1970s by American psychiatrists to describe a set of emotion processing deficits they often observed in their patients (Sifneos, 1973). Since this time, a large body of empirical work has supported the status of alexithymia as a multidimensional trait with three core facets: a) difficulties identifying one's own feelings (DIF), b) difficulties describing one's own feelings (DDF), c) and externally orientated thinking style (EOT) characterized by limited attention to emotions (Bagby et al., 2020; Nemiah et al., 1976; Taylor et al., 1991). It is a subclinical condition characterized by a low degree of emotional self-awareness (Taylor et al., 1991).

In later years, Sifneos divided alexithymia into two types i.e. primary and secondary alexithymia. Primary alexithymia was linked to a neurological basis; associated with neural abnormality and disturbed organic development while Secondary alexithymia is the consequence of psychosocial conditions and is considered more temporary than primary alexithymia.

Alexithymia is considered both a cognitive and a personality trait, although it has not been classified as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) (APA, 2013; De Gennaro et al., 2002). Individuals with alexithymia struggle to identify and articulate their feelings, often leading to confusion about their emotional states (Timoney & Holder, 2013). This difficulty can manifest as a limited vocabulary for emotions, impacting interpersonal relationships and emotional wellbeing (Schroeders et al., 2021).

In the scientific literature, the prevalence of alexithymia is reported across a number of different populations. A recent review indicates that approximately 10% of the general population has alexithymia (Ricciardi et al., 2015). However, some evidence indicates that people have a potentially higher risk of developing alexithymia if they are males, older, poorly educated, or have a low socioeconomic status (Franz et al., 2008). A high prevalence of alexithymia has been observed among populations with psychosomatic disorders and autism spectrum disorders (40–60 %), eating disorders (24–77 %), addictive disorders (30–50 %), obsessive-compulsive disorder (11–36 %), and mental disorders such as anxiety (13–58 %) (Ricciardi et al., 2015).

An individual's psychological state is crucial for their overall health and performance. None of us is guaranteed to be protected from accidents that may lead to psychological distress. Studies indicate that in recent years depressive symptoms grew by 28% at a global scale as well as anxiety disorders by about 25%.

Psychological distress (PD) is broadly defined as a state of emotional suffering characterized by symptoms of depression (e.g., loss of interest; unhappiness; desperateness) and anxiety (e.g., restlessness; feeling tense). It is also characterized by other somatic symptoms like; insomnia, headaches, and lack of energy that are likely to vary across different areas. It is a complicated and manifold concern that can have significant consequences for individuals. For many young adults, the experience of distress can manifest in difficulties concentrating, decreased academic performance, social withdrawal, poor coping strategies, and maladaptive behaviours.

Longitudinal analyses among over 1.5 million people across 113 countries reveal that between 2009 and 2021, psychological distress rose from 23% to 30% in individuals under 35 years of age. Post-pandemic data from eight major cities in India indicates that 69.9% students displayed moderate to high anxiety, 59.9% moderate to high depression and 70.3% general distress with only a fraction seeking help due to persistent stigma.

2. Review of Literature

Emotional eating

Emotional eating, also known as stress eating, comfort eating and emotional overeating, is defined as the "propensity to eat in response to positive and negative emotions." While the term commonly refers to eating as a means of coping with negative emotions, it sometimes includes eating for positive emotions, such as overeating when celebrating an event or to enhance an already good mood.

Emotional eating (EE) is a complex behaviour observed in both young children and adults, whereby changes in eating occur in response to subjective emotional states, rather than to physiological hunger or satiety (González et al., 2022).

Affect regulation theory (1990s) posits that individuals engage in emotional eating because they believe overeating alleviates negative feelings. Escape theory builds upon inadequate affect regulation theory by suggesting that people not only overeat to cope with negative emotions, but they find that overeating diverts their attention away from a stimulus that is threatening self-esteem to focus on a pleasurable stimulus like food. Restraint theory suggests that overeating as a result of negative emotions occurs among individuals who already restrain their eating.

A study on Caucasian population stated that obesity and unhealthy eating behaviours are associated with emotional eating. This also leads to the increase in depressive symptoms. Psychological distress is also related with a greater risk for emotional eating.

A study conducted on 1626 Turkish adults aged 18-65 years to evaluate emotional eating tendency during covid-19 pandemic. A total of 32.7% of the participants had an increase in appetite and 34.4% had weight gain. It was found that most of the participants (75.7%) were emotional eaters at different levels. Emotional eating was more common in obese people (43.5%) than normal weight (33.5%) and underweight (18.4%) people. The participants resorted to emotional eating to cope with negative emotions such as depression, anxiety, and stress caused by the pandemic (Berna et al., 2021).

Dalton (2023) conducted a study on 232 young adult college students to investigate the relationships among perceived stress, emotional eating, coping, barriers to and motivators of healthy eating. It was found emotional eating was significantly associated with perceived stress ($r = 0.36, p < .001$), barriers to ($r = 0.31, p < .001$) and motivators of ($r = -0.14, p < .05$) healthy eating, and avoidance coping ($r = 0.37, p < .001$), but not approach coping.

Crockett et al. (2015) conducted a study on a sample of 552 adults aged 18-46 years. The purpose of the study was to determine whether eating in response to negative emotions was a generalized phenomenon or boredom influenced eating behaviour. The results found a general association between disposition to negative emotions and eating in response to a variety of emotions.

Alexithymia

Alexithymia, a term coined by Sifneos in the early 1970s, broadly refers to “a deficit in emotional processing, characterized by specific difficulties in identifying and describing one’s own feelings” (Surber et al., 2024). It is a construct denoting an incapacity to identify and express emotions and feelings, a limitation in imaginary life and a thought characterized by pragmatic contents with a highly descriptive mode of expression (Sifneos, 1972). It comprises both a cognitive and an affective deficit in the way that some individuals recognize and communicate emotional states (Krystal, 1979, 1982; Taylor 1984).

A study conducted by Parker et al. (1989) examined the relationship among Alexithymia and sociodemographic variables such as age, gender, social class and intelligence on English Speaking Canadian sample. The sample consisted 49 females (mean age 37.49 years) and 52 males (mean age 39.25). The results indicated that Alexithymia was found to be unrelated to age, gender, educational level, socioeconomic status, vocabulary skills, and general intellectual ability. However, the negative correlation between those were in low magnitude.

Levant et al. (2009) studied gender differences in alexithymia among a total sample of 41. Small differences in mean alexithymia between men and women was found where males exhibited higher levels of alexithymia. Men tend to score higher than women on average in non-clinical samples.

Psychological Distress

Mirowsky and Ross (2002) defined psychological distress “as a state of emotional suffering characterized by symptoms of depression (e.g. loss of interest, sadness and hopelessness) and anxiety (e.g. restlessness, feeling tense). These symptoms may be tied in

with somatic symptoms (e.g., insomnia, headaches; lack of energy) that are likely to vary across cultures” (Kleinman 1991, Kirmayer 1989).

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), psychological distress is defined as “undifferentiated group of symptoms ranging from anxiety and depression symptoms to functional impairment, personality traits (confusing, troubling) and behavioural problems.”

A study conducted by Jackson and Finney (2002) on the negative life events and psychological distress among young adults showed that negative experiences in affiliative opportunities (peer relationships) were most predictor of distress and were vulnerable to negative life events. They were more likely to be angry/hostile (rather than consistently depressed or anxious) which concludes that young adults either lack the psychological resources of maturity or adopt ineffective coping strategies when faced with stressful situations.

A study was conducted by Richwook and d’Espaignet (1996) among older adolescents and young adults in the age range of 16-24 years. A total of 8350 sample was surveyed in Australia. The results stated that high levels of psychological distress were evident among girls with 41% of girls being classified as moderate cases as compared to 26% boys. It was also found that the level of distress peaked at the age of 17 among both genders. However, it further increased with age among girls.

Knapstad et al. (2019) conducted a study to examine trends in self-reported psychological distress among Norwegian college and University students from 2010 to 2018. The study included 6065 students in 2010, 13663 in 2014 and 49321 in 2018 aged 18-34 years. The findings stated a significant increase in self-reported psychological distress over time among students of all age groups. This shows a concerning rise in psychological distress among Norwegian students in higher education. The possible factors for the trend include changes in response style and increase in distress levels

3. Purpose

The purpose is to study the relationship between alexithymia and psychological distress on emotional eating among young adults.

4. Hypothesis

H1: There will be a significant positive relationship between emotional eating and alexithymia among young adults.

H2: There will be a significant positive relationship between alexithymia and psychological distress among young adults.

H3: There will be a significant positive relationship between psychological distress and emotional eating among young adults.

5. Methodology

5.1 Sample

The total sample consisted of 50 young adults between the ages of 18-27 years. The sample was collected from Tri-city (Chandigarh, Mohali, and Panchkula).

5.2 Measures

Perth Alexithymia Questionnaire (PAQ-S): The scale was developed by (Preece et al., 2023) and consisted of 6 items to measure Alexithymia. It covers the difficulty identifying one's own feelings (DIF), difficulties describing one's own feelings (DDF), and externally oriented thinking (EOT) facets of alexithymia across negative and positive emotions. The rating scale included a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (7).

Three-Factor Eating Questionnaire-R18: The TFEQ-R18 scale was developed by (de Lauzon et al., 2004). It consists of 18 items measuring 3 aspects of eating behaviour: cognitive restraint (CR), uncontrolled eating (UE), and emotional eating. The cognitive restraint scale was composed of items 2, 11, 12, 15, 16, and 18. The uncontrolled eating scale was composed of items 1, 4, 5, 7, 8, 9, 13, 14, and 17. The emotional eating scale was composed of items 3, 6, and 10.

Kessler Psychological Distress Scale (K10): The K-10 scale is a 10-item scale developed by Professor Ronald C. Kessler in 1992. The scale is used to measure non-psychological distress focusing on symptoms of anxiety and depression experienced by a person in the recent four-week period. The response choices are based on a 5-point Likert scale ranging from 'All of the time' to 'none of the time' where 50 is the highest score indicating severe distress and 10 is the minimum score reflecting no distress.

5.3 Procedure

The study employed standardised scales compiled into a google form for online data collection. A cover letter and consent form informed participants about the study's purpose, eligibility criteria and data confidentiality. The participants provided informed consent before completing the questionnaire ensuring ethical compliance. Each participant was thanked for their cooperation and valuable time to the study. Responses were securely combined in a google

spreadsheet where data accuracy was verified before statistical analysis. This method facilitated efficient, reliable and ethically sound data collection.

6. Analysis of Data

Results

Table 1: *N, Mean and Standard deviation*

	Cognitive Restraint	Uncontrolled Eating	Emotional Eating	Total (emotional eating)	Alexithymia	Psychological Distress
N	50	50	50	50	50	50
Mean	11.0	17.4	6.10	34.5	17.8	21.3
Standard deviation	2.98	4.66	2.27	7.99	9.19	8.20

Table 2: *Correlation between Emotional Eating, Alexithymia & Psychological Distress*

	Cognitive Restraint	Uncontrolled Eating	Emotional Eating	Total (emotional eating)	Alexithymia	Psychological Distress
Cognitive Restraint	—					
Uncontrolled Eating	0.310*	—				
Emotional Eating	0.353*	0.688***	—			
Total (emotional eating)	0.655***	0.896***	0.818***	—		
Alexithymia	0.156	0.338*	0.270	0.332*	—	
Psychological Distress	0.318*	0.379**	0.502***	0.482***	0.511***	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

7. Discussion of Results

The aim of the present study was to investigate the correlations of emotional eating, alexithymia and psychological distress among young adults. On the basis of correlation statistical analysis, the results found out that there is a significant positive relationship between cognitive restraint and uncontrolled eating ($r=0.310$, $p<.05$). Further, there is a significant

positive relationship between cognitive restraint and emotional eating ($r=0.353$, $p<0.5$) and uncontrolled eating and emotional eating ($r=0.688$, $p<.001$). Additionally, there is a significant positive relationship between alexithymia and uncontrolled eating ($r=0.338$, $p<.05$). Alexithymia also had a positive correlation with total emotional eating ($r=0.332$, $p<.05$).

The pattern of results is consistent with the previous literature of Dakanalis et al. (2023) that overeating and unhealthy eating behaviours are associated with emotional eating. The increase in depressive symptoms seems to be related with more emotional eating. Psychological distress is also related with a greater risk for emotional eating.

Further, through the results of this present study it was seen that psychological distress has a significant positive relationship with cognitive restraint ($r=0.318$, $p<.05$) and uncontrolled eating ($r=0.379$, $p<.01$). It is also seen that psychological distress has highly significant positive relationship with emotional eating ($r=0.502$, $p<.001$) and total emotional eating ($r=0.482$, $p<.001$).

Psychological distress and alexithymia also found to have significant positive correlation ($r=0.511$, $p<.001$). Our present study is supported by the previous literature as conducted by Depbolyu et al. (2024) whose findings concluded that alexithymia and psychological distress are positively associated with disordered eating behaviour among adolescents.

8. Conclusion

The present study aimed to investigate the effects of alexithymia and psychological distress on emotional eating among young adults. For this purpose, a sample of 50 young adults was collected in the age range of 18-27 years and standardised tools were used to assess alexithymia, psychological distress and emotional eating. The results found out that there was a significant positive correlation among emotional eating and alexithymia. Similarly, a significant positive correlation was also observed among alexithymia and psychological distress and emotional eating and psychological distress.

The significant positive correlations highlight that maladaptive eating behaviours are not isolated phenomenon but deeply rooted in psychological functioning and emotional regulation. Addressing these underlying psychological factors is crucial for promoting healthier lifestyles and preventing the escalation of disordered eating among young adults. By integrating preventive, therapeutic, and educational strategies, future interventions can more effectively support young adults in developing adaptive coping mechanisms and achieving long term psychological and physical well-being.

To overcome psychological distress, dysregulated emotions and emotional eating among young adults, various intervention programs such as screening and early identification programs, preventive programs such as mental health awareness and stress management programs can be effective.

Recommendations

The significant correlations between alexithymia and both uncontrolled eating and total emotional eating reflect that difficulties in identifying and expressing emotions may contribute directly to maladaptive eating patterns. For young adults, interventions targeting alexithymia should prioritize emotional literacy and expressive skills. Psychoeducational workshops can be effective in this case.

Techniques such as cognitive behavioural therapy (CBT), Dialectical behavioural therapy (DBT), and other Mindfulness based interventions can be particularly effective in helping individuals identify emotional triggers and adopt healthier coping mechanisms.

Addressing psychological distress in young adults should be a primary preventive and therapeutic strategy. University, workplaces, and community organizations should implement comprehensive mental health programs including screening and early identification for depression, stress, and anxiety. Counselling services, peer support groups should be made accessible to young adults. In addition, lifestyle-based strategies such as promoting physical activity, adequate sleep and balanced nutrition can play a critical role in lowering overall stress levels. The interventions shall cater to the stressors faced by young adults such as academic pressure, career uncertainties and relational challenges and tailor programs accordingly.

By creating an environment that validates mental health struggles and provides supportive resources, the risk of psychological distress can be reduced fueling emotional eating and disordered eating patterns.

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