

*Research Article*

## Eating Behavior in Response to Psychological Distress Emerging Adulthood Women

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**Abstract.** Emerging adulthood is a crucial transitional period prone to psychological distress, during which women are twice as likely to experience emotional mental health disorders that may trigger eating disorders. This study aims to examine the relationship between depression, anxiety, and stress and eight dimensions of eating behavior in young adult women. The study employed a quantitative correlational design with a cross-sectional approach, involving a sample of 127 female respondents (aged 17–25 years; 79.5% rural, 20.5% urban) from Blaru Village (Pati Regency) and Rejoso Village (Jombang Regency). The Depression Anxiety Stress Scales-21 (DASS-21) was used to measure psychological distress, while eating behavior characteristics were assessed using the Adult Eating Behavior Questionnaire (AEBQ). The results of the descriptive analysis showed a very high level of emotional distress among the respondents, with a prevalence of moderate to very severe depression reaching 100%, severe to very severe anxiety at 96.1%, and severe to very severe stress at 73.2%. The Spearman rank correlation test revealed a specific dualism in eating responses, in which depression, anxiety, and stress were found to have highly significant positive correlations ( $\rho < 0.01$ ). The anxiety variable showed the strongest correlation with the tendency to refuse food or undereat due to emotions ( $r_s = 0.359$ ;  $\rho = 0.000$ ). Conversely, psychological distress did not show a significant relationship ( $\rho > 0.05$ ) with the six subscales of biological homeostasis-based eating behaviors (such as Hunger and Satiety Responsiveness). This study concludes that emotional mental disorders do not impair the basic mechanical functions of the digestive system but rather selectively disrupt the regulation of emotional eating control at the higher cortical cognitive level (cognitive override).

**Keywords:** Eating Behaviour; Emerging Adulthood; Females; Psychological Distress; Psychosomatic Theory.

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### 1. Introduction

Emerging adulthood, which spans the ages of 17 to 25, is a crucial transitional period marked by various developmental demands ranging from adapting to college life, searching for one's identity, to preparing to enter the workforce. These pressures place this productive age group at a very high risk of mental health disorders. The World Health Organization (WHO) reports that 1 in 7 adolescents and young adults globally experience emotional and mental disorders, which account for approximately 13% of the global disease burden in this age group (WHO, 2021).

At the national level, this situation is reflected in data from the Basic Health Research (Riskesdas), which shows that the prevalence of emotional mental disorders characterized by symptoms of depression and anxiety among the population aged 15 years and older in Indonesia has shown a significant upward trend, reaching 9.8% (Indonesian Ministry of Health, 2018). At the national level, this situation is reflected in data from the Basic Health Research (Riskesdas), which shows that the prevalence of emotional mental disorders characterized by symptoms of depression and anxiety among the population aged 15 years

and older in Indonesia has shown a significant upward trend, reaching 9.8% (Indonesian Ministry of Health, 2018). Regional distribution patterns also show a linear trend, with the rate of emotional disorders in East Java reaching 6.82% and in Central Java reaching 4.4%, with cases predominantly concentrated among young people in both urban and rural-suburban areas (Indonesian Ministry of Health, 2018).

Vulnerability to this psychological distress is proven to be far more pronounced and widespread among young adult women. Epidemiologically, women face up to twice the risk of experiencing depression, anxiety, and stress compared to men. This is driven by a complex interplay between hormonal fluctuations in the reproductive cycle, differences in brain structure related to emotional processing, and greater sociocultural pressures on women (Albert, 2015). These clinically significant psychological conditions not only affect daily productivity but also disrupt the body's somatic functions in destructive ways, one of which is reflected in food consumption or eating behavior. This relationship can be explained by Psychosomatic Theory, which posits that psychological conflicts and emotional instability can manifest as physical complaints or changes in organ function through the nervous and hormonal systems (Frayn & Knauper, 2018).

Emotional eating in young adult women generally manifests as two extreme and opposing responses. On the one hand, depression and chronic stress trigger activation of the Hypothalamic-Pituitary-Adrenal (HPA) axis, which leads to the persistent release of the hormone cortisol. Elevated cortisol stimulates excessive appetite, particularly for energy-dense foods high in sugar and fat (comfort foods), to trigger the release of dopamine in the brain as an instant calming coping mechanism a phenomenon known as Emotional Over-Eating (Van Strien, 2018). On the other hand, acute anxiety often activates the sympathetic nervous system and the hormone Corticotropin-Releasing Hormone (CRH), which acts as an immediate appetite suppressant and reduces gastrointestinal motility, thereby triggering a somatic food refusal known as Emotional Under-Eating (Kontinen et al., 2019). Without proper treatment, these two extremes of abnormal eating behavior can have serious consequences, including an increased risk of malnutrition, deficiencies in macro- and micronutrients, and a rise in long-term obesity rates among women of reproductive age.

Although the clinical implications of this emotional distress are significant for women's health, most previous studies in Indonesia still have methodological limitations. Local studies generally treat eating behaviors in a broad and subjective manner, without conducting an in-depth analysis using comprehensive instruments capable of distinguishing eating behaviors based on clear theoretical subscales. The use of the Adult Eating Behavior Questionnaire (AEBQ) in Indonesia remains very limited, particularly in terms of validating whether psychological distress alone disrupts emotional eating control or whether it also interferes with basic human biological drives such as natural hunger and satiety responsiveness.

## 2. Literature Review

Emerging adulthood is a developmental stage spanning approximately 18–25 years of age and is characterized by substantial biological, psychological, and social transitions. During this period, individuals encounter increasing academic, occupational, interpersonal, and identity-related challenges, making them particularly vulnerable to mental health problems. Young women in this age group have been reported to be at greater risk of developing disordered eating than men due to the combined influence of psychological distress, emotional regulation difficulties, and body image concerns (El-Jor et al., 2025).

Psychological distress refers to a state of emotional suffering that encompasses symptoms of depression, anxiety, and stress resulting from prolonged psychological pressure. These conditions may impair an individual's capacity for emotional regulation and decision-making, including decisions related to eating behavior. Recent evidence indicates that higher levels of psychological distress are associated with a greater likelihood of unhealthy eating behaviors, particularly among emerging adult women (Jo et al., 2025).

Eating behavior is determined by the interaction between biological mechanisms regulating hunger and satiety and psychological and environmental influences. Among individuals experiencing emotional distress, eating behavior is more likely to be altered through emotional eating, manifested as either emotional overeating or emotional undereating in response to negative emotions. In contrast, homeostatic mechanisms such as hunger and satiety responsiveness are generally preserved because they are primarily regulated by neurophysiological systems.

These findings support the Psychosomatic Theory, which proposes that psychological disturbances do not necessarily disrupt the body's fundamental physiological functions but instead influence behavior through cognitive and emotional regulatory processes. Consequently, depression, anxiety, and stress are more likely to affect emotional control over eating behavior than the biological regulation of hunger and satiety. Therefore, the present study examines the relationship between psychological distress and multiple dimensions of eating behavior among emerging adult women using the Depression Anxiety Stress Scale-21 (DASS-21) and the Adult Eating Behaviour Questionnaire (AEBQ).

### 3. Materials and Method

This study employed a quantitative correlational design with a cross-sectional approach, in which the independent variables (depression, anxiety, and stress) and the dependent variable (eating behavior) were measured simultaneously at a single point in time. The study was conducted online using the Google Forms platform in 2026, with a geographic scope focused on two specific locations: Blaru Village (Pati Subdistrict, Pati Regency, Central Java Province) to represent urban-suburban characteristics, and Rejoso Village (Peterongan Subdistrict, Jombang Regency, East Java Province) to represent suburban-rural characteristics.

The population for this study consisted of all young adult women residing in these two areas. Sampling was conducted using non-probability sampling with a purposive sampling method. Through strict inclusion criteria namely, being female, falling within the transitional age range of 17–25 years, being a native resident of the study locations, and being willing to participate voluntarily a definitive sample of 127 female respondents was obtained, with complete data and no missing values.

The respondents' psychological condition was measured using the validated Indonesian version of the Depression Anxiety Stress Scales-21 (DASS-21). This instrument measures the severity of emotional distress over the past week through 21 statements evenly distributed across the dimensions of depression, anxiety, and stress. Meanwhile, eating behavior characteristics were evaluated using the Indonesian-adapted version of the Adult Eating Behavior Questionnaire (AEBQ), which consists of 35 items. The AEBQ instrument maps eight theoretical subscales divided into two main traits: food approach traits. Emotional Over-Eating (EOE), Enjoyment of Food (EF), Food Responsiveness (FR), and Hunger (H); and food avoidance traits (Emotional Under-Eating (EUE)), Satiety Responsiveness (R), Food Fussiness (FF), and Slowness in Eating (SE), with measurement values presented as mean scores per subscale.

The data collection procedure began with the development of an integrated digital questionnaire that required respondents to provide digital informed consent on the first page before they could access the main instrument. The questionnaire link was disseminated online through community-based channels, specifically via social media networks for young women in the villages of Blaru and Rejoso. After the data was collected, a data completeness filtering process was conducted to ensure that the sample met the inclusion criteria.

All raw data that passed the selection process were then analyzed using statistical software. Univariate (descriptive) analysis was applied to present the demographic characteristics and the distribution of DASS-21 severity categories in the form of percentages. Next, the Kolmogorov-Smirnov or Shapiro-Wilk normality tests were conducted as a prerequisite for hypothesis testing. Given that the distribution of the total score data for the variables in this study was non-normal ( $q < 0.05$ ), bivariate inferential analysis was performed using Spearman's Rho ( $\rho$ ) non-parametric correlation test at significance levels of  $\alpha = 5\%$  and  $\alpha = 1\%$  to test the strength, direction, and significance of the relationships between variables.

#### 4. Results and Discussion

Based on the results of data screening against the inclusion criteria, a final sample of 127 respondents was obtained.

**Table 1.** Demographic Distribution of Respondents

| Demographic Characteristics | Category                           | Frequency (n) | Percentage (%) |
|-----------------------------|------------------------------------|---------------|----------------|
| Age                         | Ages 17–25<br>(Emerging adulthood) | 127           | 100,0%         |
| Gender                      | Women                              | 127           | 100,0%         |
| Place of Residence          | Rural                              | 101           | 79,5%          |
|                             | Urban                              | 26            | 20,5%          |

The demographic data presented in Table 4.1 show that the subjects were entirely homogeneous in the early adult age group (17–25 years), comprising 100.0% (n = 127) of the sample, and were all female (100.0%). Diversity in the subjects' characteristics was evident in terms of residential location, with the majority of respondents residing in rural areas (79.5%, n = 101), while those living in urban areas accounted for 20.5% (n = 26).

#### Overview of Respondents' Levels of Depression, Anxiety, and Stress (DASS-21)

The respondents' psychological condition was measured using the DASS-21 clinical standard instrument. The distribution of the severity of psychological distress among the female study population is presented in detail in the following table:

**Table 2.** Frequency Distribution of DASS-21 Severity Levels (N = 127).

| Psychological Variables | Severity Level     | Frequency (n) | Percentage (%) |
|-------------------------|--------------------|---------------|----------------|
| Depression              | Normal (0–9)       | 0             | 0%             |
|                         | Mild (10–13)       | 0             | 0%             |
|                         | Moderate (14–20)   | 63            | 49,6%          |
|                         | Severe (21–27)     | 34            | 26,8%          |
|                         | Very Severe (> 28) | 30            | 23,6%          |
| Anxiety                 | Normal (0–9)       | 0             | 0%             |
|                         | Mild (10–13)       | 0             | 0%             |
|                         | Moderate (14–20)   | 5             | 33,9%          |
|                         | Severe (21–27)     | 21            | 16,5%          |
|                         | Very Severe (> 28) | 101           | 79,6%          |
| Stress                  | Normal (0–9)       | 0             | 0%             |
|                         | Mild (10–13)       | 8             | 6,3%           |
|                         | Moderate (14–20)   | 26            | 20,5%          |
|                         | Severe (21–27)     | 47            | 37%            |
|                         | Very Severe (> 28) | 46            | 36,2%          |

The findings indicate a significant prevalence of emotional distress in the study population. On the depression dimension, the data distribution was concentrated in the moderate category, at 49.6% (n = 63). A far more alarming phenomenon was identified in the anxiety dimension, where the absolute majority of respondents were in the "very severe" severity category, accounting for 79.6% (n = 101), followed by the "severe" category at 16.5% (n = 21), and the moderate category at 33.9% (n = 5). Meanwhile, stress complaints among respondents were dominated by severe manifestations at 37.0% (n = 47) and very severe at 36.2% (n = 46), indicating the high level of psychosocial stress experienced by young adult women in this sample.

#### Inferential Analysis: The Relationship Between the DASS-21 and Eating Behavior (AEBQ)

Hypothesis testing was conducted using Spearman's rank correlation. This test calculated the correlation coefficient to determine the strength and direction of the relationship, as well as the p-value to assess the significance of the relationship between variables at the specified significance level.

**Table 3.** Matrix of Spearman's Rank Correlation Values and Significance.

| Eating Behavior Subscale | Depression |                     | Anxiety |                     | Stress |                     |
|--------------------------|------------|---------------------|---------|---------------------|--------|---------------------|
|                          | (rs)       | ( <i>q</i> - value) | (rs)    | ( <i>q</i> - value) | (rs)   | ( <i>q</i> - value) |
| Emotional Over-Eating    | 0,314      | 0,000**             | 0,273   | 0,002**             | 0,311  | 0,000**             |
| Emotional Under-Eating   | 0,321      | 0,000**             | 0,359   | 0,000**             | 0,355  | 0,000**             |
| Hunger                   | 0,021      | 0,816               | -0,071  | 0,428               | -0,040 | 0,655               |
| Food Responsiveness      | 0,110      | 0,218               | 0,085   | 0,342               | 0,101  | 0,259               |
| Satiety Responsiveness   | -0,051     | 0,569               | -0,019  | 0,832               | -0,032 | 0,721               |
| Enjoyment of Food        | -0,085     | 0,342               | -0,111  | 0,214               | -0,091 | 0,309               |
| Food Fussiness           | 0,058      | 0,517               | 0,040   | 0,655               | 0,049  | 0,584               |
| Slowness in Eating       | -0,028     | 0,755               | -0,010  | 0,911               | -0,025 | 0,780               |

The results of the Spearman rank correlation test presented in Table 4.3 show a specific pattern of relationship between the dimensions of psychological distress and the construct of adult eating behavior. Based on hypothesis testing, the dimensions of depression, anxiety, and stress were found to have a statistically highly significant positive relationship ( $q < 0.01$ ) with the two emotion-mediated subscales of eating behavior, namely Emotional Over-Eating (EOE) and Emotional Under-Eating (EUE).

Specifically, depression levels were positively associated with emotional overeating (EOE) ( $rs = 0.314$ ;  $q = 0.000$ ) and emotional undereating (EUE) ( $rs = 0.321$ ;  $q = 0.000$ ). A similar positive relationship was also found for the stress variable, where increased stress correlated with a stronger tendency toward both EOE ( $rs = 0.311$ ;  $q = 0.000$ ) and EUE ( $rs = 0.355$ ;  $q = 0.000$ ). Interestingly, for the anxiety variable, the strongest relationship was actually found in the Emotional Under-Eating subscale, with a correlation coefficient of  $rs = 0.359$  ( $q = 0.000$ ), followed by the relationship with the tendency toward emotional over-eating (Emotional Over-Eating) at  $rs = 0.273$  ( $q = 0.002$ ).

In contrast, statistical tests of the six other eating behavior subscales—which encompass dimensions of basic biological drives (Hunger, Food Responsiveness, Satiety Responsiveness) as well as characteristics of basic eating traits (Enjoyment of Food, Food Fussiness, Slowness in Eating)—revealed very low correlation coefficients with significance levels well above the error tolerance threshold ( $q > 0.05$ ). These findings confirm that psychological disorders such as depression, anxiety, and stress do not interfere with the biological mechanisms of eating control or the respondents' physical homeostasis, but rather selectively disrupt the regulation of emotional eating behavior.

## 5. Discussion

### Eating Behavior Responses to Psychological Distress in Early-Adult Women

The results of inferential analysis using Spearman's rank correlation test revealed a unique phenomenon: a dualistic pattern of eating behavior responses to psychological distress among early-adult female subjects. Symptoms of depression, anxiety, and stress were found to have a highly significant positive relationship ( $q < 0.01$ ) only with two poles of emotional eating behavior: Emotional Over-Eating (EOE) and Emotional Under-Eating (EUE). These findings indicate that emotional stress does not trigger a uniform shift in eating behavior in a single direction but rather divides the subjects' adaptive responses into two extreme and opposing manifestations.

Psychologically, this instability reflects a failure in emotional regulation, in which food loses its biological function and is repurposed as a mechanical coping mechanism. Young adult women are particularly vulnerable to becoming trapped in this cycle because the prefrontal cortex which regulates executive function and cognitive control is still maturing, while the limbic system, which regulates emotions, is highly reactive to environmental stressors (Compas et al., 2017; Reichenberger et al., 2020).

### The Neurobiological Mechanisms of Depression and Stress in Emotional Over-Eating

The significant positive correlation between levels of depression ( $rs = 0.314$ ) and stress ( $rs = 0.311$ ) and emotional over-eating (EOE) can be explained by hormonal mechanisms and the brain's reward system. When individuals experience chronic stress or prolonged depressive affect, the Hypothalamic-Pituitary-Adrenal (HPA) axis is persistently activated, triggering the release of the hormone cortisol into the bloodstream. Chronically elevated

cortisol levels stimulate appetite, particularly for energy-dense foods that are high in sugar and fat (comfort foods) (Yau & Potenza, 2013; van Strien, 2018).

Consuming these types of foods activates dopaminergic pathways in the brain's mesolimbic system, producing a sense of calm and temporary satisfaction, thereby effectively reducing negative emotions for a brief moment. Over time, this behavior becomes internalized as a maladaptive coping strategy. Among young women, the tendency toward EOE is further exacerbated by hormonal fluctuations during the menstrual cycle, which affect the sensitivity of serotonin and dopamine receptors, increasing their vulnerability to turning to food as an escape when their mood worsens (Lafraire et al., 2022; Rhee et al., 2024).

### **The Dominant Role of Anxiety in Triggering Emotional Under-Eating**

An interesting finding in this study is that the anxiety variable had the strongest correlation with Emotional Under-Eating (EUE) ( $r_s = 0.359$ ;  $p = 0.000$ ). This indicates that manifestations of acute anxiety in young adult women are more likely to trigger food refusal or a drastic decrease in appetite than to trigger overeating. Physiologically, acute anxiety triggers a fight-or-flight response characterized by increased activity of the sympathetic nervous system and the release of Corticotropin-Releasing Hormone (CRH) from the hypothalamus (Appelhans et al., 2016; Kontinen et al., 2019).

Unlike cortisol, CRH acts as a powerful, immediate appetite suppressant. Additionally, increased sympathetic activity causes vasoconstriction in the digestive tract, reduces gastric motility, and triggers uncomfortable sensations in the stomach (somatization), which physically inhibit an individual's desire to eat. The coping mechanisms of anxious individuals tend to focus on hyper-vigilance toward stressors, thereby ignoring or suppressing the hunger signals sent by the body (Hunot-Alexander et al., 2021; Gibson, 2023).

### **Biological Homeostasis Unaffected by Psychological Distress**

In contrast to the emotional dimension, statistical analysis revealed that depression, anxiety, and stress showed no significant association ( $p > 0.05$ ) with the other six eating behavior dimensions on the AEBQ instrument, such as Hunger, Satiety Responsiveness, Food Responsiveness, Enjoyment of Food, Food Fussiness, and Slowness in Eating. This phenomenon reinforces the fact that psychological distress does not disrupt the architecture of biological homeostasis or the mechanical function of the human digestive system. The body's natural hunger signals regulated by the hormone ghrelin (Hunger) and satiety signals regulated by the hormone leptin (Satiety Responsiveness) continue to function normally from a physiological standpoint (Sproesser et al., 2018; Torres et al., 2021).

Psychological disturbances intervene purely in the cognitive-emotional aspects at the higher cortical level, which override these biological signals. This means that young adult women experiencing depression or anxiety do not overeat because they feel physically hungry, nor do they continue eating because their stomachs have lost their sensitivity to fullness; these changes are entirely driven by the need to meet psychological needs to regulate their emotional distress (Macht, 2008; Alexander et al., 2025).

## **6. Conclusion**

This study successfully concluded that there is a unique phenomenon of dualistic eating behavior responses resulting from psychological stress among young adult women in Blaru Village and Rejoso Village. The dimensions of depression, anxiety, and stress were found to have a statistically highly significant positive relationship ( $p < 0.01$ ) with two emotion-mediated eating behavior subscales on the Adult Eating Behavior Questionnaire (AEBQ), namely Emotional Over-Eating (EOE) and Emotional Under-Eating (EUE). Among these three psychological variables, anxiety showed the strongest association with triggering food refusal or a drastic decrease in appetite (Emotional Under-Eating), which is neurobiologically mediated by the dominance of sympathetic nervous system activity and Corticotropin-Releasing Hormone (CRH). Conversely, depressive disorders and chronic stress are more strongly and positively correlated with an increased tendency toward emotional overeating (EOE) as a form of instant calming coping mechanism through persistent cortisol stimulation of the brain's dopaminergic pathways. The absence of a significant association ( $p > 0.05$ ) between psychological distress and the six dimensions of homeostasis-based eating behavior (such as Hunger and Satiety Responsiveness) confirms that emotional stress does not disrupt the biological architecture or mechanical function of the digestive organs, but rather purely interferes with the regulation of eating control at the higher cortical cognitive-emotional level (cognitive override).

Based on these conclusions, several academic and practical recommendations are proposed for future research. From a practical standpoint, health institutions and women's youth community groups at the village level are advised to begin designing preventive mental health screening programs and educational initiatives on emotion regulation strategies to break the cycle of maladaptive eating behaviors. Methodologically, future research is advised to expand the sample size and balance the spatial distribution between rural and urban clusters using probability sampling techniques to strengthen the generalizability of the data. In addition, the integration of direct anthropometric measurements, such as Body Mass Index (BMI), is highly recommended in future studies to validate the actual clinical impact of this duality in emotional eating responses on nutritional status—including both the risk of malnutrition and long-term obesity—among women of reproductive age.

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