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THE ROLE OF COMFORT FOOD IN EMOTIONAL REGULATION: A NARRATIVE REVIEW OF EATING BEHAVIOURS AND PSYCHOLOGICAL OUTCOMES

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The aim of this narrative review is to review all peer-reviewed evidence regarding psychological, behavioural and neurobiological consequences of eating comfort food and emotional eating, and examine the effectiveness of psychological interventions focused on comfort food and emotional eating.

Inclusion criteria: English-language, peer-reviewed systematic reviews, meta-analyses, and empirical studies that investigated emotional eating, stress-related eating or comfort food consumption in human populations, published through mid-2024. Studies that did not include emotional eating, animal studies and non-peer-reviewed publications were excluded.

Data sources: PubMed, PsycINFO, Scopus, Web of Science, EMBASE, Cochrane Library, and Google Scholar. Manual reference screening was used to identify additional records, as well as citation tracking.

Synthesis methods: there was significant variation in the research designs, populations and outcome measures used, and thus a narrative synthesis approach was chosen. Findings were organized around the five different emotional regulation mechanisms, the five different neurobiological pathways, the three different demographic moderators, the three different physical health outcomes, and the efficacy of four intervention types.

Results: twenty peer-reviewed studies were included in the final synthesis. Emotional eating was significantly more common in females, adolescents, and individuals with higher BMI. It has been repeatedly linked to depression, anxiety, binge eating, and eating ultra-processed foods. The activation of the dopaminergic reward pathway and HPA axis dysregulation were identified as key neurobiological mechanisms. Overall, cognitive behavioural therapy (CBT) had the highest level of evidence for intervention, followed by mindfulness and Acceptance and Commitment Therapy (ACT).

Conclusions: emotional eating is a biopsychosocial phenomenon that needs multi-level interventions, such as changing emotional regulation, stress management and cognitive restructuring. Longitudinal, neurobiological studies, and standardized measurement systems are needed in future research.

Keywords: *comfort foods, emotional eating, stress eating, emotion regulation, psychological distress.*

1. INTRODUCTION

Due to its association with emotional regulation and psychological health, consumption of comfort food is an area of growing research interest in psychology, behavioural research, nutrition and neuroscience. Comfort foods tend to be high in sugar, fat, salt, and/or refined carbohydrates, and are eaten mainly when the internal state of mind is heightened, including in response to emotional triggers like stress, sadness, anxiety, loneliness, or boredom, while providing pleasure, nostalgia, and temporary emotional relief (Evers et al., 2018). The availability of highly processed and rewarding food in the food environment has led to an increase in emotional eating habits. Today's stressors, such as work, school, sleep deprivation, and social media use, have also contributed significantly to emotional eating, particularly among teenagers and young adults (Chew et al., 2025). Women are more likely than men to indulge in emotional eating, and those with higher BMIs and poor emotion regulation abilities are examples of this biopsychosocial phenomenon (Durukan et al., 2021).

There are several theories that explain emotional eating, such as the affect regulation model (ARM) which posits that food serves as a coping mechanism to provide short-term emotional relief, the escape theory (ET) which speculates that overeating acts as a mechanism for escaping negative self-awareness, the reward sensitivity theory (RST), which suggests that palatable foods activate the dopaminergic system, and the dual-process models, which proposes that weakened reflective self-regulatory control leads to the activation of impulsive reward-driven systems. On the neurobiological level, highly palatable foods stimulate dopaminergic reward pathways in the nucleus accumbens, amygdala and orbitofrontal cortex, and stress activates the hypothalamic-pituitary-adrenal (HPA) axis, increasing cortisol levels, which increases appetite and preference for calorie-dense food items; at the same time, decreased prefrontal cortical activity during emotional distress further impairs inhibitory control thus creating a neurocognitive vulnerability to habitual emotional eating (Gibson, 2006; Tomiyama et al., 2011).

PROBLEM STATEMENT

Although there is increasing interest in the literature concerning emotional eating and comfort food consumption, the literature is fragmented and spans the psychological and behavioural, nutritional and neurobiological fields. Due to differing conceptual definitions, research designs and measurement tools, the development of a coherent conceptualization of emotional eating behaviors and the mechanisms that underlie them has been constrained. Many of the existing studies are cross-sectional and self-report, limiting the opportunities to infer causal links between emotional distress and eating behaviours. In view of the growing prevalence of obesity, psychological disorders underpinned by emotional and psychological stress, binge eating patterns, and maladaptive coping mechanisms, the need for a better understanding of emotional eating in a biopsychosocial perspective has become apparent. To increase the clarity of psychological, behavioural, and neurobiological processes related to emotional eating and comfort food consumption, a thorough synthesis of existing evidence is needed, which will guide the development of effective evidence-based interventions.

OBJECTIVES

1. To compare the distribution of emotional eating behaviours and their prevalence across populations.
2. To Investigate Psychological /Behavioural Effects of Eating for Comfort and Emotions.
3. Be able to describe how emotional eating happens from a neuro-biological, cognitive and behavioural perspective.
4. To evaluate psychological therapies, such as cognitive-behavioural therapy (CBT), mindfulness-based interventions and ACT for their effectiveness in decreasing emotional eating.
5. To see if there are differences in emotional eating tendencies due to gender, age, and BMI.

6. To make a contribution to the understanding of emotional eating from a biopsychosocial perspective to help inform clinical practice and future research.

2. METHODS

RESEARCH DESIGN

In order to maintain methodological transparency, consistency and reproducibility during the review process, the present narrative review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) (Page et al., 2021). To ensure the identification, screening, evaluation and synthesis of the existing evidence, PRISMA guidelines were used. A systematic evidence-synthesis approach was used to integrate results across various research fields, such as psychology, behavioural science, nutrition, psychiatry and neuroscience. The interdisciplinary approach was deemed to be necessary due to the growing understanding of emotional eating as a complex biopsychosocial phenomenon involving emotional regulation processes, cognitive functioning, activation of reward mechanisms, stress physiology and environmental influences. This review was not prospectively registered with PROSPERO or any equivalent registry; this is acknowledged as a limitation of the current work.

INFORMATION SOURCES AND LITERATURE SEARCH

A systematic literature review was carried out in a number of important electronic databases used in psychological, medical and behavioural sciences research. The databases searched were PubMed, PsycINFO, Scopus, Web of Science, EMBASE, Cochrane Library and Google Scholar. The databases were chosen in order to provide as wide a multidisciplinary coverage as possible for the areas of psychology, psychiatry, neuroscience, nutrition science and public health. To increase comprehensiveness, a manual screening of the reference lists of selected articles, review papers and meta-analyses was performed to identify additional studies. To find relevant studies that were not located in the first database searches, citation tracking methods were used. The literature search comprised studies published until mid-2024 to capture more recent studies and findings within the field of emotional eating.

SEARCH STRATEGY

The search strategy consisted of combinations of keywords and the controlled vocabulary terms relating to emotional eating and comfort food consumption. Key search terms used were "comfort food," "emotional eating," "stress eating," "food cravings," "hedonic eating," "overeating," "emotion regulation" and "binge eating. Further similar terms and other conceptual variations were added to reflect differences in nomenclature found in the literature of the psychological, nutritional and behavioural sciences. Boolean operators – AND, OR, NOT – were used to adjust the combinations of searches and to increase specificity. For instance, the topics “emotional eating AND stress” and “comfort food OR hedonic eating” and “food cravings AND emotion regulation” were used to find relevant literature. The final search strategy was applied consistently across all databases using the combinations described above.

ELIGIBILITY CRITERIA

To ensure methodological consistency and minimize selection bias, predefined inclusion/exclusion criteria were set out prior to the screening process. Studies were included if they focused on emotional/stress eating as the primary focus of the study; psychological, behavioural, or neurobiological outcomes were as primary outcome; and the studies were peer-reviewed, systematic reviews, meta-analyses, or empirical studies, and the studies were published in English, up to the middle of 2024.

Inclusion criteria included: (a) peer-reviewed systematic reviews, meta-analyses or empirical investigations; (b) studies that examined emotional eating, stress-related eating, comfort food consumption or related psychological and behavioural constructs; (c) studies that were conducted in human populations; (d) studies examining emotional regulation or reward processing, obesity-related eating behaviours, binge eating tendencies or stress-induced eating; (e) English language publications.

Exclusion criteria: Studies only included clinical eating disorders (e.g. anorexia nervosa and bulimia nervosa) and did not include the variables of emotional eating. Other publications such as non-peer-reviewed dissertations, editorials, commentaries, and those with non-scientific intent, were also excluded. During eligibility assessment, studies that were not methodological or were not directly relevant to the issues of emotional eating and comfort food behaviours were excluded. As this synthesis combines systematic reviews and meta-analyses with primary empirical studies, it is acknowledged that some primary studies may be represented both as standalone papers and within included reviews; readers should interpret convergent findings with this potential overlap in mind.

STUDY SELECTION PROCESS

The study identification, screening, eligibility assessment and study inclusion process adhered to four stages of the PRISMA framework. As a first step, numerous possible relevant records were located via electronic database searching and reference screening. Systematic removal of duplicate records was done before screening. In the screening stage, titles and abstracts were screened and studies that were obviously unrelated were excluded. The studies that seemed to be relevant were then evaluated in full text to decide whether they were included in the study based on the inclusion criteria that had been established. The methodological quality of the studies, theoretical relevance, sample characteristics, and clarity of the emotional eating measures were given special consideration. After systematic screening and quality assessment, twenty studies meeting the inclusion criteria were retained in the final review synthesis.

Data were extracted from each of the included studies using a structured data extraction process. Information retrieved encompassed author information, publication year, study design, population description, emotional eating measures, psychological results, neurobiological results, intervention type and inferences. Further attention was given to the detection of the theoretical frameworks, behavioural mechanisms, and methodological advantages or disadvantages that were repeated. However, since there was significant variation in the research design, sample characteristics, measurement instruments, and outcome measures across studies, a statistical meta-analysis was deemed inappropriate. Rather, a narrative synthesis method was used for synthesizing findings from the various studies. Findings were synthesized into domains of emotional regulation mechanisms, stress-related eating behaviours, psychological outcomes, neurobiological pathways, demographic influences, physical health consequences, and intervention effectiveness.

QUALITY CONSIDERATIONS

In order to gain methodological rigor, the review focused on the results of systematic reviews and meta-analysis due to their greater population representation cultural and higher levels of evidence. To capture more up-to-date information on neurobiological pathways, factors and outcomes of interventions not covered in review literature, however, relevant empirical studies were also included. In the absence of a formally applied appraisal instrument, quality was assessed narratively: included systematic reviews and meta-analyses were evaluated against AMSTAR-2 criteria, and primary empirical studies were appraised using Newcastle–Ottawa Scale indicators covering sample selection, comparability, and outcome assessment. Studies with clear methodological limitations are noted where relevant in the synthesis. Several methodological weaknesses were found and were common across studies, such as the use of self-

report assessments, cross-sectional designs, different definitions of emotional eating, and differing tools. These restrictions were taken into consideration in interpretation and synthesis of results.

3. RESULTS

STUDY SELECTION

The search strategy retrieved a high number of possible relevant records in the 7 electronic databases. After eliminating duplicate records, titles and abstracts were analyzed against the pre-established eligibility criteria. The remaining studies were then evaluated using full-text. After these steps of systematic screening and quality evaluation, twenty studies were selected for the final narrative synthesis. The selection process of the studies is summarized below following the PRISMA 2020 reporting standards.

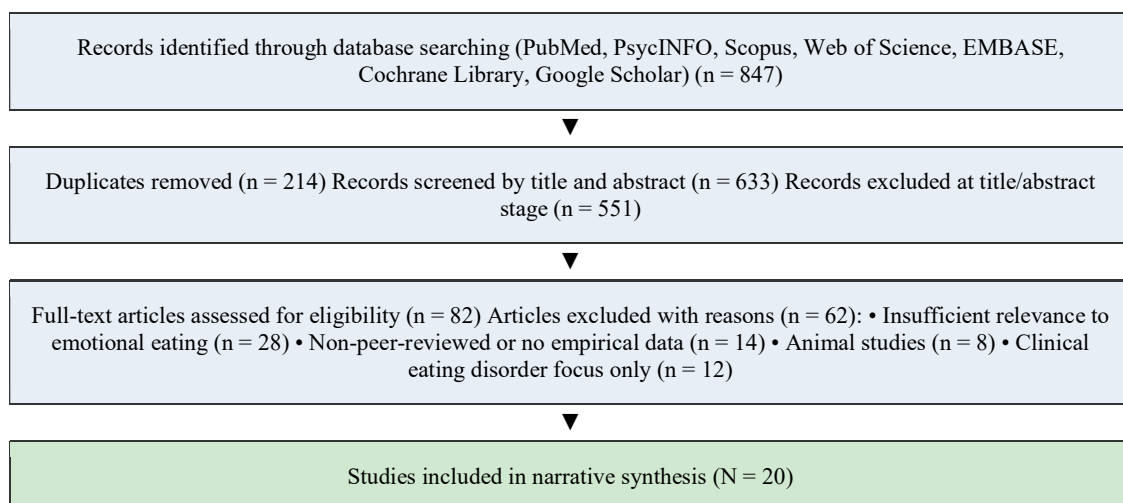


Figure 1. PRISMA 2020 Flow Diagram – Study Selection Process

STUDY CHARACTERISTICS

The summary of characteristics for the twenty studies included in the final synthesis is presented in Table 1. The studies included in the review were of diverse designs including systematic review, meta-analysis, empirical cross-sectional study, ecological momentary assessment study, and longitudinal study. General, overweight and obese adults, adolescents, university students, clinical groups and culturally diverse samples (India, Turkey, South Korea and western samples) were examined.

Author(s)	Year	Design	Population / Focus	Key Findings
Evers et al.	2018	Meta-analytic review	General adult populations	Emotional eating linked to negative affect and emotion regulation deficits
Kontinen	2020	Review	Adults with obesity /	Emotional eating associated

Author(s)	Year	Design	Population / Focus	Key Findings
			depression	with depression, sleep disruption, and genetic risk
Dakanalis et al.	2023	Review	Clinical and community samples	Bidirectional links between emotional distress and emotional eating
Chew et al.	2025	Systematic review & meta-analysis	Overweight adults globally	High prevalence of emotional eating; women and younger adults most vulnerable
Borm et al.	2025	Meta-analysis (EMA studies)	Adults with binge eating	Binge eating frequently serves as emotion regulation; momentary distress triggers binge episodes
Power et al.	2025	Systematic review & meta-analysis	Overweight/obese adults	CBT most effective intervention for emotional eating reduction
Zhou et al.	2025	Empirical study	Adolescents and young adults	Maladaptive emotion regulation (rumination, suppression) predicts disordered eating
Gibson	2006	Review	General populations	Neurobiological and psychological pathways linking emotions to food choice
Tomiyama et al.	2011	Empirical study	High-stress women	HPA axis activation; cortisol elevates comfort food consumption
Durukan et al.	2021	Cross-sectional study	Pandemic-period adults	Cultural differences in comfort food; gender and BMI as moderators
Greeno & Wing	1994	Empirical review	General adults under stress	Stress disrupts eating regulation and promotes maladaptive food coping
Macht	2008	Theoretical review	General populations	Five-way model of emotional influences on eating behaviour
Evers et al.	2010	Empirical study	General adults	Food used as emotion regulation reduces use of healthier coping strategies
Van Strien et al.	2012	Longitudinal study	General adults	Emotional eating predicts long-term weight gain and obesity risk
Khurana & Verma	2023	Cross-sectional study	Indian high school students	Academic stress significantly predicts emotional eating in adolescents
Faizah &	2022	Meta-analysis	College students	Strong link between stress

Author(s)	Year	Design	Population / Focus	Key Findings
Purwandari				exposure and emotional eating in university populations
Panza	2019	Review	General populations	Comfort eating serves cognitive and emotional functions; learned associations reinforce behaviour
Wu et al.	2022	Empirical study	General adults	Expectations about comfort food's mood effects predict emotional eating frequency
Choi et al.	2022	Cross-sectional study	Middle-aged adults	Associations between chronic stress, insomnia, and emotional eating
Verma et al.	2021	Review	General populations	Eating patterns reflect psychological states and influence mood and cognition

Table 1. Characteristics of Included Studies

PSYCHOLOGICAL OUTCOMES AND EMOTIONAL REGULATION MECHANISMS

Across the literature analyzed, one of the strongest relationships indicated was between emotional eating and negative psychological parameters. Early studies by Greeno and Wing (1994) conceptualised stress-induced eating as a behaviour elicited by emotional stress, and came to the conclusion that emotional eating is a unique emotional phenomenon linked to unhelpful coping and self-regulation. Building on these, Gibson (2006) has shown how emotions can directly affect food selection via the sensory and physiological pathways, as well as the psychological pathways, and how highly palatable foods, by virtue of their rewarding sensory properties, can temporarily satisfy emotional needs. Conceptual development continued, too, with a five-way model by Macht (2008) who found that emotions influence eating in several ways: emotional control of food choice, suppression of appetite during high emotional arousal, impaired cognitive restraint, eating to regulate emotions, and emotional congruence effects on food preferences.

Emotional eating often correlated with depression, anxiety, chronic stress, emotional regulation difficulties, low levels of self-esteem and poor coping skills (Dakanalis et al., 2023). People with emotional stress indicated that they used eating as a coping mechanism for emotional relief. However, increased use of food for emotional regulation over time was linked to poorer psychological functioning. The study showed that emotional eating led to more negative feelings which were, in turn, associated with eating more comfort foods, which in turn, resulted in greater feelings of guilt, shame, decreased self-control, and body image dissatisfaction, which lead to increased emotional distress (Evers et al., 2018). This cycle will perpetuate a reliance on food coping and limit a person's capacity to learn alternative ways to manage their emotions.

Evers et al. (2010, 2018) found this through meta-analytic evidence that people who had difficulties identifying, expressing, or managing their emotions were much more likely to be engaged in emotional eating. The emotional eaters were especially common among those who used avoidance-based coping,

emotional suppression and rumination. Zhou et al. (2025) more recently found that maladaptive emotional regulation (particularly rumination, suppression, and low distress tolerance) were most strongly associated with disordered eating behaviours among the adolescents and young adults. These results all suggest that emotional eating is not simply a dysfunction of eating behaviours, but a general dysfunction in psychological self-regulation.

STRESS-RELATED EATING AND NEUROBIOLOGICAL MECHANISMS

Stress has been found to be a strong predictor of emotional eating behaviour consistently. The study by Greeno and Wing (1994) showed that stress exposure substantially raises the chances of overeating and favoring highly palatable foods. Later studies confirmed the importance of the hypothalamic-pituitary-adrenal (HPA) axis to this process. During psychological stress, the HPA axis gets activated, which results in an increase of cortisol secretion, which increases the appetite and craving for the food rich in sugar and fat. These types of foods transiently dampen stress responses via reward pathways, reinforcing stress-related eating behaviors (Tomiyama et al., 2011). Choi et al. (2022) studied the relationship between emotional eating tendencies and chronic stress among middle-aged adults and found significant links between emotional eating tendencies and chronic stress; sleep disturbances were also found to be significant. Faizah and Purwandari (2022) studied the relationship between academic stress and emotional eating among college students, and found a strong association between academic stress and emotional eating.

These brain regions heavily involved in reward processing, pleasure perception, and reinforced learning include the nucleus accumbens and the ventral striatum, amygdala, and orbitofrontal cortex. There have been several neuroimaging studies that have consistently shown that these regions are activated by highly tempting foods (Gibson, 2006). These pathways are stimulated by comfort foods to produce the dopamine, which temporarily settles the emotions and encourages future food choices. Reward sensitivity seems to be heightened under emotional stress in the presence of food cues, leading to increased incentive to eat very appetizing meals (Tomiyama et al., 2011). Meanwhile, emotional distress dampens activity in the prefrontal cortex, which is the brain area involved in executive functioning, inhibitory control and decision-making. A heightened sensitivity to reward and reduced cognitive control is a neurocognitive imbalance that is a major driver of emotional eating traits. Further, emerging evidence indicate that episodes of emotional eating can lead to neuroadaptive responses in reward circuits—such as heightened responsiveness to food-related cues over time and the strengthening of conditioned eating—due to the repeated experience.

BEHAVIOURAL OUTCOMES AND COGNITIVE PROCESSES

All the literature reviewed found strong links between emotional eating and maladaptive eating behaviours. People who eat in response to their emotions tend to have a history of binge eating, food cravings, loss-of-control eating and an increased amount of eating highly palatable foods (Borm et al., 2025). In response to emotional distress, frequent eating episodes occurred in which eating was rapid, the hunger-satiety signals were not perceived and food intake was perceived as out of control. These patterns fostered unhealthy eating habits and led to a greater risk of chronic disordered eating.

There are several important explanations of emotional eating using cognitive and behavioural theories. Wu et al. (2022) showed that beliefs play a major role in eating behavior when it comes to food and stress reduction and/or food and mood elevation, and Panza (2019) noted acquired correlations between food consumption and emotional relief. As people gain more experience, they start to link some foods to safety, reward and emotional satisfaction. These learned associations reinforce habit behaviours of eating and enhance automatic eating during stress via behavioural conditioning processes. These results suggest

that both biological cravings and reinforcement learning and cognitive expectations play a role in maintaining emotional eating.

GENDER, AGE AND SOCIOCULTURAL MODERATORS

Numerous studies have shown that there are differences in emotional eating patterns among demographic and cultural groups. Emotional eating was higher among women than men and comfort food was more likely to be consumed in stressful situations among younger age groups (Durukan et al., 2021). Emotional eating also has been associated with gender differences in emotional expression, coping patterns, hormonal changes, stress response, and body image and emotional regulation-related stress factors.

Adolescents and young adults are a vulnerable population due to their emotional reactivity, peer influence, developing sense of identity and underdeveloped executive functioning systems. Khurana and Verma (2023) found in their study that academic pressure, examination stress and psychosocial problems significantly affected the eating pattern and indulging in comfort food among the Indian high school students. Emotional eating experiences are also influenced by culture, as there is a sense of comfort and social influences in the experience and meaning of comfort food. Other contributing factors for the cross-cultural variation in emotional eating are socioeconomic conditions, cultural food beliefs and the availability of processed foods. All of these results indicate that developmental, sociocultural, and environmental contexts are important factors in the development of emotional eating.

PHYSICAL HEALTH CONSEQUENCES

All the literature reviewed showed an association between long-term emotional eating and a variety of negative physical health outcomes. Van Strien et al. (2012) reported that people who eat in response to their emotions were more likely to become obese, and over time to have a problem maintaining a healthy body weight. Emotional eating was found to be more common in people with unhealthy eating behaviors, such as those who are overweight or obese, suggesting a strong correlation between emotional control issues and poor eating habits (Chew et al., 2025). Sedentary lifestyle patterns, poor sleep quality and decreased physical activity were also related to emotional eating.

Emotional eating has also been associated with metabolic dysregulation, including indicators of insulin resistance, elevated blood glucose, hypertension, and cardiovascular risk factors, though it should be noted that most of this evidence is cross-sectional and cannot establish causality. High consumption of ultra-processed foods containing high levels of sugar, salt and saturated fat can lead to chronic inflammation and dysfunction of metabolism. The physiological effects make one more susceptible to diabetes, cardiovascular disease, and other chronic diseases. Emotional eating also has been reported to have a negative effect on health-related quality of life such as fatigue, body image dissatisfaction and psychological dysfunction in the literature. The results highlight the psychological and also a huge public health problem of emotional eating.

INTERVENTION OUTCOMES

Emotional eating has received attention in the literature on interventions, and more and more there is an interest in applying psychological methods to diminish emotional eating. The most consistent and strong evidence was found for the effectiveness of Cognitive Behavioural Therapy (CBT) for decreasing emotional eating behaviours (Power et al., 2025). CBT interventions focused on maladaptive thinking, modification of these thoughts, adaptive coping and emotional awareness. CBT proved to be effective in significantly decreasing emotional eating and enhancing psychological well-being of participants. CBT appears to be effective because it addresses underlying cognitive/emotional tendencies to dietary behavior, in addition to addressing dietary behavior directly.

Potential interventions included mindfulness-based interventions where participants were encouraged to be mindful of their internal emotional experience, and hunger cues and eating behaviour without judgement. These strategies led to a decrease in impulsive eating responses and enhancement of physiological hunger and satiety cues. The results of Acceptance and Commitment Therapy (ACT) for emotional eating were moderate; enhancing psychological flexibility and emotional acceptance led to a reduction of emotional eating and increased intolerance of negative feelings without engaging in maladaptive coping. The overall intervention evidence suggests that the primary targets of intervention should be emotional regulation/stress management, rather than dietary restriction, or weight reduction, alone.

4. DISCUSSION

The results of this narrative review indicate that emotional eating is complex and closely tied to emotional regulation processes, and is involved in a complex interaction between psychological, behavioural, social and neurobiological factors. In all the literature reviewed, emotional eating was seen as a negative coping mechanism to deal with negative emotions. While eating comfort food can offer short-term relief for feelings of distress, over time it can result in psychological dysfunction, behavioural dysregulation and negative physical health effects.

The more significant result is that emotional eating is strongly linked with emotional regulation challenges. Those with poor emotional skills are more likely to use highly palatable foods to escape or to temporarily regulate their emotions (Evers et al., 2018). Relief from distress is a common reason behind emotional eating, but the relief is often brief, and can be accompanied by guilt, shame, decreased self-control and eating behaviour dissatisfaction. This is a vicious cycle that leads to more emotional distress, excess eating, and more emotional distress and psychological instability.

It is strongly concluded that reward processing systems play a central role in emotional eating behaviour. Highly palatable food triggers the dopaminergic reward system, which gives pleasure and emotional comfort (Gibson, 2006). At the same time, emotional distress lowers levels of prefrontal cortex activity, thus impairing the capacity to inhibit behavior and regulate self. The increased reward sensitivity combined with a dysfunctional cognitive control system offers a powerful neurobehavioural account of emotional eating. Cortisol is a hormone whose activity is increased during emotional states and which is associated with food seeking, which therefore provides a physiological basis for the activation of food-seeking behavior during emotional states, one that is largely independent of the conscious decision to eat or drink (Tomiya et al., 2011).

The results also suggest that there is a great deal of person-by-situation variation in emotional eating. Emotional eating scores were higher among women, developmental shifts in emotional reactivity and executive functioning increased adolescents' vulnerability, and culturally diverse groups reported different comfort food preferences and meanings. In addition, the contemporary food environment is highly conducive to all populations' emotional eating, given the high availability of highly processed and rewarding foods.

This literature review also shows a clear association between emotional eating and other disordered eating behaviours, like binge eating, and loss-of-control eating (Borm et al., 2025).

Emotional eating is frequently a precursor to problematic eating and may increase food craving and make the hunger and fullness signals less salient. These behaviours are associated with psychological distress, as well as long-term physical health disease processes, such as obesity, metabolic dysregulation and cardiovascular risk.

CBT had the most consistent and best evidence for decreasing emotional eating (Power et al., 2025), and mindfulness-based approaches and ACT had also beneficial effects. These results suggest that, in addition to the dietary modification, it is necessary to address emotional and cognitive mechanisms to achieve an effective intervention. Although there is increasing evidence, the literature is limited by the use of a self-report approach, cross-sectional designs, inconsistent operational definitions, and heterogeneity in populations and methods. These constraints can hinder causal inference and the ability to compare across studies.

5. CONCLUSION

The current narrative review confirms that eating comfort food and emotional eating are multidimensional biopsychosocial behaviours, and that emotional regulation deficits, stress physiology, cognitive conditioning, environmental factors, and activation of the reward system in the brain all contribute to this behaviour. Emotional eating is consistently identified as a negative coping mechanism resulting in short-term relief and long-term dysfunction in behaviour and health. The reviewed evidence confirms significant associations with depression, anxiety, binge eating and physical health issues such as obesity and metabolic dysfunction. Emotional eating behaviours may become habitual over time, as neurobiologically there is an interplay between increased dopaminergic sensitivity to reward and decreased inhibitory control in the prefrontal cortex.

Psychological interventions especially geared to emotional regulation and cognitive restructuring are supported by evidence. CBT shows the most robust evidence base, and mindfulness-based interventions and ACT also show positive effects. Treatment should focus on integrated approaches to eating behaviour that target emotional, cognitive and behavioural aspects of eating rather than a diet or weight management approach.

Longitudinal and neurobiological studies are needed in the future to further confirm cause and effect. The need for greater conceptual consistency and standardisation of concepts and measurement systems to enhance comparability and methodological consistency. Emotional eating is a mental health as well as public health issue that should be acknowledged as such and addressed through the lens of a public health approach, with an emotionally informed clinical assessment and multidisciplinary treatment strategies.

CONSEQUENCES FOR POLICY AND PRACTICE

The results have multiple clinical, educational and public health policy implications. Emotional eating tendencies should be routinely assessed during clinical evaluations, especially for those who come in with obesity, anxiety, depression or chronic stress. Emotional regulation skills should be focused on in treatment, not just diet, and CBT is the most evidence-supported approach to treatment. Preventive interventions must engage adolescents and young adults through school-based programs that promote emotional literacy and stress management, and healthy coping. Policy level strategies to encourage psychological well-being in the workplace and school environment, as well as to limit access to ultra-processed foods and exposure to aggressive marketing messages for these foods may benefit the prevalence of emotional eating and the associated health consequences. Emotional eating should be seen as part of a broader health promotion and prevention strategy to support and enhance the long-term psychological Physical health and wellbeing of a variety of populations.

CONFLICT OF INTEREST

The author(s) declare no conflict of interest.

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