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Emotional Eating and Mindful Eating in Accordance with Stakeholder Opinions of Dietitians, Psychologists and Psychological Counselors

Diyetisyen, Psikolog ve Psikolojik Danışmanların Paydaş Görüşleri Doğrultusunda Duygusal Yeme ve Farkındalıkla Yeme

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Objective: This study aims to examine in depth the relationship between emotional eating and mindful eating in light of the views of professionals from different disciplines, including dietitians, psychological counselors, and psychologists.

Materials and Method: The research was designed using the phenomenological design, one of the qualitative research methods. The study group consisted of 32 participants. Data were collected through a semi-structured interview form developed by the researcher, which included 17 open-ended questions.

Results: Participants generally associated emotional eating with factors such as stress, loneliness, and low self-esteem. It was stated that an increase in mindful eating skills helps individuals recognize their emotional responses, reduces impulsivity, and increases awareness of bodily signals. Participants also emphasized that a mindfulness-based intervention program could be effective in achieving sustainable weight control, breaking the cycle of emotional eating, and fostering healthy eating habits.

Conclusion: Mindful eating practices appear to be an important strategy for modifying emotional eating behavior. Participants highlighted the need for the development of such programs in Turkey. This study draws attention to the significance of interdisciplinary collaboration in interventions aimed at addressing emotional eating.

Keywords: Emotional Eating; Mindful Eating; Phenomenological Research; Stakeholder View

Amaç: Bu çalışmanın amacı, farklı disiplinlerden gelen profesyonellerin (diyetisyenler, psikolojik danışmanlar ve psikologlar) görüşleri ışığında duygusal yeme ve bilinçli yeme arasındaki ilişkiyi derinlemesine incelemektir.

Yöntem: Araştırma, nitel araştırma yöntemlerinden fenomenolojik desen ile tasarlanmıştır. Çalışma grubunu 32 katılımcı oluşturmuştur. Veriler, araştırmacı tarafından geliştirilen 17 açık uçlu sorudan oluşan yarı yapılandırılmış görüşme formu aracılığıyla toplanmıştır.

Bulgular: Katılımcılar, duygusal yemeyi genellikle stres, yalnızlık ve düşük benlik saygısı gibi faktörlerle ilişkilendirmiştir. Farkındalıkla yeme becerisinin artmasının, bireylerin duygusal tepkilerini tanımasını, impulsiviteyi azaltmasını ve bedensel sinyalleri fark etmesini sağladığı belirtilmiştir. Katılımcılar, bilinçli farkındalıkla dayalı bir müdahale programının sürdürülebilir kilo kontrolü, duygusal yeme döngüsünden çıkma ve sağlıklı yeme alışkanlıkları kazanma açısından etkili olabileceğini ifade etmişlerdir.

Sonuç: Farkındalıkla yeme uygulamalarının bu davranışı değiştirmede önemli bir strateji olduğu görülmektedir. Katılımcılar, Türkiye’de bu alanda geliştirilecek programlara olan ihtiyacı vurgulamıştır. Bu çalışma, duygusal yemeye yönelik müdahalelerde disiplinler arası iş birliğinin önemine dikkat çekmektedir.

Anahtar Kelimeler: Duygusal Yeme; Farkındalıkla Yeme; Fenomenolojik Araştırma; Paydaş Görüşü

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INTRODUCTION

Nutrition is one of the most vital elements to lead a healthy life, and many studies can be found on its direct correlation to emotions (Christensen and Pettijohn, 2001; Eldredge and Agras, 1996; Macht, 2008; Oliver et al., 2000; Rotenberg and Flood, 1999; Willner et al., 1998). Emotional eating is a way for some individuals to overcome the emotions and problems experienced. The research has revealed that daily emotional states can often impact food consumption (Macht and Simons, 2000; Geliebter and Aversa, 2003). It is apparent that emotional eating has seen an increase after the Covid-19 period in particular (Al-Musharaf, 2020; Moro et al., 2022) and that emotional eating has been one of the leading sources of significant public health issues such as obesity (Nguyen-Rodriguez et al., 2008; Ozier et al., 2008), inconsistent eating time (Danner et al., 2012), and social anxiety disorders (Dalrymple et al., 2017). It is believed that studies on this issue are needed to take precautions against problems caused by emotional eating in the context of health and identify the causality underlying the concept of emotional eating. In connection, the following sections attempt to describe the concept of emotional eating by addressing certain emotional, situational, and psychological determiners of emotional eating.

Determinants of Emotional Eating

Emotional eating is defined as the tendency to eat in response to positive (e.g., happiness, joy, elation) or negative emotional states (e.g., depression, anxiety, stress) in response to physiological needs (Arnou et al., 1995; Heatherton and Baumeister, 1991). The determinants of emotional eating are grouped according to the Determinants of Eating and Nutrition framework, a model developed by Symmank et al. (2017). According to this model, individual determinants of emotional eating are classified as psychological, situational, or biological factors. Psychological determinants refer to fairly long-lasting individual difference characteristics related to

self-regulation, motivation, and strategies to regulate eating. Situational factors describe a given individual's current individual circumstances, which are transient rather than fixed in nature. Finally, biological determinants encompass individual differences in physiological characteristics. The next section presents a synthesis of the most common findings in each of the three categories.

Psychological Determinants

Previous research has identified three important psychological determinants in explaining emotional eating. According to the first determinant, an individual's reward sensitivity influences food choice in response to negative emotional states. According to Gray's theory of reinforcement sensitivity (1987), the behavioral activation system, a central brain system, triggers an approach behavior motivated by reward cues. In emotional eating, reward-sensitive individuals learn that palatable food has a mood-regulating effect when they are in a negative mood (Davis et al., 2004; Franken and Muris, 2005). The underlying neurobiological adaptations are proposed to be similar to those of addictive substances. Accordingly, the existing literature suggests a positive relationship between reward sensitivity and emotional eating (Davis et al., 2007; Davis et al., 2004).

Second, previous research has identified cognitive reappraisal as a psychological determinant of emotional eating (Evers et al., 2010; Kemp and Kopp, 2011). According to this, emotional eating, as assessed by the mood manipulation-eating behavior link, is triggered by a lack of cognitive reappraisal (Evers et al., 2010; Kemp and Kopp, 2011). The underlying assumption is that when in a negative mood, individuals with low levels of cognitive reappraisal prefer food to regulate mood as an unhealthy defense mechanism (Kemp and Kopp, 2011).

Finally, previous research considers an individual's impulsivity as a psychological determinant of emotional eating. While impulsivity has traditionally been understood as

a pleasure-oriented behavior, recent research suggests a relationship with different cognitive control subsystems and thus describes it as “a product of impaired cognitive control” (Dalley et al., 2011; Huang et al., 2017). Impulsivity is known to stimulate emotional eating more. Thus, high impulsivity triggers unhealthy food choices and overeating in response to negative moods. Impulsive individuals are generally thought to be prone to tasty and unhealthy food choices based on taste preferences rather than healthy choices (Jasinska et al., 2012).

Situational Determinants

Emotional eating has two main situational determinants. The first is the stress level of individuals (Moschis, 2007). It is known that stressed people are more prone to unhealthy eating behaviors in response to negative affect (Michels et al., 2012; Wallis and Hetherington, 2009). One possible explanation for this relationship is that emotional eaters physiologically perceive stress as hunger in their bodies and use food to cope with this situation (Adam and Epel, 2007; Michels et al., 2012).

The second situational determinant is the individual's current hunger level, which reflects a mix of homeostatic and hedonic hunger. Homeostatic hunger develops after a period of energy deprivation. This metabolic state not only activates cognitive functions for food intake and energy balance but also triggers reward sensitization. This suggests that homeostatic hunger has an impact on sensory pathways and cortico-limbic structures central to the processing of emotions (Leisman and Melillo, 2013; Shin et al., 2009). Hedonic hunger refers to the tendency to have general thoughts, feelings, and urges about food without any biological hunger, which makes people particularly sensitive to the pleasurable properties of food (Witt and Lowe, 2014). Considering these characteristics, a mixture of both hunger states was found to increase unhealthy food choices among individuals in negative moods (Lowe and Butryn, 2007; Lowe and Maycock, 1988).

Biological Determinants

Biological determinants of emotional eating are categorized under two headings. The first is the weight status. Weight has been found to be a determining factor in regulating the negative affect through eating (Evers et al., 2010; Geliebter and Aversa, 2003; Konttinen et al., 2010). It has been reported in the literature that people who are overweight eat more compared to average-weight individuals when feeling negative emotions. (Geliebter and Aversa, 2003). This can be associated with the observation that overweight individuals are more susceptible to emotions in comparison to those with normal weight (Lowe and Fisher, 1983).

The second biological determinant is gender. Research investigating emotional eating shows that women are more likely than men to make unhealthy food choices to reduce negative emotions (Christensen and Pettijohn, 2001; Eddy et al., 2007; Lafay et al., 2001; Christensen and Brooks, 2006). The reasons for this behavioral difference are mostly based on the intensity and frequency of experiencing negative moods related to gender. It is known that women experience negative moods more frequently due to their genetic and biological predispositions (Fujita et al., 1991; Nolen-Hoeksema, 1987). Women experience depression and anxiety disorders at higher rates compared to men. This can be attributed to the hormonal changes they experience during menstrual cycles (World Health Organization, 2002).

Emotional Eating and Mindful Eating

Theories explaining that emotional eating occurs in response to feelings of depression and anxiety hypothesize that emotional eaters choose to consume food to regulate stress and/or negative emotions (Stice et al., 2001). According to models of affect regulation (see Hawkins and Clement, 1984; Telch, 1997), emotional eaters learn that consuming food reduces negative states. Escape theory suggests that emotional eating distracts the person from disturbing stimuli or events (Parkinson and Totterdell, 1999), thus providing an escape

from negative self-awareness and ego-threatening information (Heatherton and Baumeister, 1991; Spoor et al., 2007). Therefore, it can be argued that it is not only the experience of negative emotion that triggers emotional eating. In addition, these individuals also experience difficulties such as the inability to draw attention to, accept, and express the negative emotional experiences at that moment.

The ability to pay attention to one's emotional reactions, perceptual experiences, and bodily sensations points to an important aspect of mindfulness, which includes an attitude of openness and acceptance toward one's emotional or physical experience (Creswell, 2017; Quaglia et al., 2016). Trait mindfulness has been positively associated with better emotion regulation and lower emotional reactivity (Pearson et al., 2015). Consequently, high mindfulness predicts more adaptive physiological and emotional reactivity after negative experiences (Fogarty et al., 2015). Mindfulness improves the ability to observe and accept unpleasant experiences without avoiding them (Arch and Craske, 2006; Bieling et al., 2012; Fogarty et al., 2015). Studies on mindfulness show that mindfulness is negatively associated with weight gain (Mantzios et al., 2015) and overweight and obesity (Camilleri et al., 2015). People with unhealthy eating behaviors were found to rely more on hunger and satiety cues, and their impulsivity decreased after the 6-week mindfulness intervention.

Considering the relationship between mindfulness and emotional eating, the interactions of these two variables with each other are worthy of research. From this point of view, interviews were conducted with dietitians, psychological counselors, and psychologists who know the concepts of emotional eating and mindful eating. Dietitians are a professional group that knows the nutritional histories of emotional eating clients. Therefore, they are in close contact and intertwined with the profile, showing emotional eating behavior. Indeed, 'emotional eating' behavior is among dietitians' most common inhibitors in their clients' weight management (Aboueid et al., 2019). Psychological counselors and psychologists are thought to be

two professional groups that address the underlying causes of the dynamics of emotional eating behavior. Again, the holistic nutrition approach, which has been on the agenda recently, advocates a diet that sees nutrition as a whole of mind, body, and spirit and aims to keep these three elements in balance (Aydeniz-Güneşer and Kahraman, 2023). Therefore, it is thought that the experiential backgrounds of these three professional groups regarding emotionally eating clients are important in elucidating the causes and consequences of this behavior.

This study aims to examine the relationship between emotional eating and mindful eating based on the experiences of dietitians, psychologists, and psychological counselors, providing a more comprehensive understanding of the psychological, biological, and situational factors underlying emotional eating behavior. The limited number of studies in the literature that address the interaction between emotional eating and mindful eating from the perspectives of experts from different disciplines makes this research unique and fills a significant gap in the literature by offering a multidisciplinary perspective on strategies for coping with emotional eating.

MATERIALS AND METHODS

This section presents details regarding the research model, the sample, data collection tools, data collection procedures, and data analysis.

Research Model

This study was designed based on the phenomenological research method, which is one of the qualitative research designs. Phenomenological research design is a method used to illuminate phenomena that we are aware of but do not have an in-depth and detailed understanding (Limberg, 2008). In phenomenological research, data sources consist of individuals or groups who have experienced the phenomenon that the research focuses on and can reflect this phenomenon (Yıldırım and Şimşek, 2018). The phenomenon examined in the study is the stakeholder views

of dietitians on the concepts of emotional eating and mindful eating. Opinions on the nature, advantages and disadvantages, causes and consequences of emotional eating were consulted and tried to be examined in depth. The data collection tool of the research, which was conducted using a phenomenological design, was the interview method. Through the interview method, opinions and thoughts are conveyed verbally within the framework of the phenomenon and recorded by the researcher (Limberg, 2008).

Research Sample

The research sample comprised 32 participants from three professional groups (dietitian, psychological counselor, and psychologist). While forming the participants, different ways were tried to reach people who are experts and knowledgeable in emotional eating and mindful eating. Firstly, dietitians, psychological counselors, and psychologists who had previously worked on the concepts of emotional eating or mindful eating were reached in the Council of Higher Education (YÖK) Thesis Database. Secondly, articles written on emotional eating and mindful eating were scanned through the Google Scholar search engine, and the authors were examined. The authors identified here were informed about the

content of the subject and requested an interview. Interviews were conducted with those who volunteered, and the sample was expanded through their references. The growth of the sample was ensured by the snowball sampling method which included the people who met the criteria for participation in the study.

Research participation criteria were as follows: having knowledge about the concepts of emotional eating and mindful eating, and distinguishing between emotional eating and physical eating in clinical experiences for clients with emotional eating problems. The snowball sampling method and the criteria set led to some limitations. These limitations are the inability to reach enough participants and the insufficient level of mastery of the concepts by participants with 10 years of experience or more. This was because emotional eating and mindful eating are relatively new concepts developed in relation to the accumulation of knowledge about the effect of emotions on human eating behaviors (Macht, 2008). The level of mastery of 10 years or more of professional experience in these newly developing concepts was accepted as a participant exclusion criterion. Table 1 below provides information about all participants.

Table 1. Demographic Information of Dietitians, Psychological Counselors, and Psychologists

Profession	Variable	Category	n	%
Dietitian	Type of School	Private University	10	66.6
		State University	5	33.3
	Work Experience	0-5 Years	8	53.3
		5-10 Years	7	46.6
	Affiliation	Private	5	33.3
		State	10	66.6
	Degree	Undergraduate	7	46.6
		MA	8	53.3
	Gender	Female	12	80
		Male	3	20
Psychological Counselor	Type of School	Private University	5	55.5
		State University	4	44.4
	Affiliation	Private	2	22.2
		State	7	77.7
	Degree	Undergraduate	1	11.1
		MA	6	66.6
		Doctorate	2	22.2
	Gender	Female	6	66.6
		Male	3	33.3

Psychologist	Type of School	Private University	5	62.5
		State University	3	37.5
	Affiliation	Private	7	87.5
		State	1	12.5
	Degree	Undergraduate	1	12.5
		MA	5	62.5
		Doctorate	2	25
	Gender	Female	4	50
		Male	4	50

When Table 1 is examined for dietitians, 10 (66.6%) of the participants graduated from private university and 5 (33.3%) from public university. The duration of employment was 0-5 years for 8 (53.3%) and 5-10 years for 7 (46.6%). When we look at the institutions where they work, 5 (33.3%) are in the private sector and 10 (66.6%) are in the state. The educational level of 7 (46.6%) were undergraduate and 8 (53.3%) were graduate. Regarding gender, it is known that 12 (80%) are female and 3 (20%) are male.

Regarding psychological counselors, there are 5 (55.5%) graduates from private universities and 4 (44.4%) graduates from state universities. Considering the institution of employment, 2 (22.2%) are private and 7 (77.7%) are public. The level of education is a bachelor's degree for 1 (11.1%), a master's degree for 6 (66.6%), and a doctorate for 2 (22.2%). Gender of 6 (66.6%) were female and 3 (33.3%) were male.

In terms of psychologists, there are 5 (62.5%) graduates from private universities and 3 (37.5%) graduates from state universities. Regarding the institution of employment, 7 (87.5%) were in the private sector and 1 (12.5%) in the public sector. The level of education is the bachelor's degree for 1 (12.5%), master's degree for 5 (62.5%) and doctorate for 2 (25%). 4 (50%) of them are female and 4 (50%) are male.

Data Collection Tools

The research data were collected through a semi-structured interview form consisting of open-ended questions developed by the researcher within the framework of the literature. This form consists of 17 open-ended questions and is divided into two sections. The

first part includes questions about emotional eating and mindful eating and the second includes questions about a mindfulness-based emotional eating reduction program. The opinions of academicians teaching in the departments of dietetics and psychological counseling were consulted for the construct, content, and language validity of the questions in the interview form. Three professional groups were identified for the pilot interviews of the form questions: dietitian, psychologist, and psychological counselor. Pilot interviews were conducted with two members from each of these professional groups. After the pilot interviews, the research data were collected by finalizing the form consisting of the questions that were in consensus.

Collection and Analysis of the Data

The research data were collected by conducting 30-minute interviews via an online connection at the convenience of the sample group. During the interviews, stakeholders were first informed about the research's purpose, importance, scope, and confidentiality. Afterward, the responses were recorded with the permission of the participants. The recordings were transcribed in a computer environment. Content analysis was used to analyze the data. In the content analysis method, a code pool is created for the answers given to the prepared questions, and a thematization/categorization method is used in accordance with these codes (Yıldırım and Şimsek, 2018). Accordingly, stakeholder opinions were read in detail and first divided into codes, themes, and sub-themes. Preliminary themes were reviewed and organized before defining and naming a final list of themes covering the entire data set. Two

researchers (first and second author) reviewed the codes and themes throughout the analytic process to ensure consensus.

The two researchers who conducted the study agreed on 127 of the 157 codes they identified on the same data and disagreed on 30 codes. Since the consistency between the coders is an indicator of the reliability of the data (Baltacı, 2019), the values for consensus and disagreement were used in Miles and Huberman's (1994) reliability analysis formula below:

$$\text{Reliability} = \frac{\text{Number of agreed items}}{(\text{Agreement} + \text{Disagreement})} \times 100$$

$$\text{Reliability} = 127 / (127 + 30) \times 100$$

$$\text{Reliability} = .80$$

The value indicating the internal consistency of coding must be at least .80 (Miles and Huberman, 1994). According to this, it was concluded that the data obtained through interviews were reliable on sufficient levels.

RESULTS

The qualitative findings obtained as a result of the interviews with the Dietitian, Psychological Counselor, and Psychologist stakeholders are given in the tables below. The findings include the direct opinions of the participants. The coding of the participant opinions in the findings is as follows: DK1 (dietician female #1), DE1 (dietician male #1); PD1K (psychological counselor female #1), PD1E (psychological counselor male #1); P1K (psychologist female #1), and P1E (psychologist male #1).

Table 2. Opinions on Clients' Knowledge of Emotional Eating and Mindful Eating.

Theme	Code	f
Social Media Awareness	Increased knowledge of emotional eating and mindfulness through social media	5
Awareness Depending	Increase in the level of knowledge as the	4

Upon Socioeconomic Level	level of education and economic status increases	
Partial Awareness and Lack of Coping	Being aware of the impact of emotions on eating, but having difficulty coping with this situation	8
Low Awareness	Hardly existing	7

Regarding the information in Table 2, the knowledge levels of the participants about the concepts are mostly in the categories of partial awareness and inability to cope. Some of the participants' views on the level of knowledge about the concepts are as follows:

"...My clients are generally partially aware of why they break their diets. When they come to the interview that week, they usually say that they cannot make the program because they are going through a difficult period. However, it seems that even if they are aware, they cannot manage the process." (D1K)

"I observe that my clients' knowledge of these concepts has increased in the last two years. I attribute this to the pandemic. In this process, people who overeat could not get dietitian support and tried to find solutions to their problematic eating habits through social media." (P1K)

"The level of knowledge about the concepts varies depending on educational and economic level. I can say that people with higher levels of education and economic status have a higher level of knowledge about these concepts than others." (PD2K)

"Some of my clients, they only know of the names of these concepts. I don't think they have any knowledge about their content." (D1E)

Table 3. Opinions Regarding the Characteristics of Emotional Eaters

Theme	Code	f
Personal Determinants	Loneliness	1
	Tendency to blame	2
	Low tolerance of boredom and stressful situations	7
	Negative body image	5
	Negative beliefs toward foods	2
	Feelings of worthlessness-inadequacy	10
	Emotional fluctuations	6
	Lack of control	3
Situational Determinants	Being in the diet cycle	1
	Obsessive addiction to certain foods (carbohydrates)	5

When Table 3 is examined, it is seen that individual determinants of emotional eating behavior are more frequent. Some of the participants' views on the individual determinants of emotional eating are as follows:

"Since these people have a very low tolerance to stress and distress, they have difficulty in complying with their diet in a week when they have a challenging period." (D8K)

"They usually don't like their bodies. They express that they would feel more valuable if their bodies were the way they want them to

be." (P2K)

"They have difficulty in controlling their emotions, I see that their tolerance for emotional fluctuations is low." (PD2E)

Some of the participants' views on the situational determinants of emotional eating are as follows:

"My clients of this type have food that they constantly crave and can't stop eating." (D6K)

"My clients who are emotional eaters, especially the desire to consume carbohydrate foods is obsessive in some periods." (D12K)

Table 4. Recommendations Assumed to Be Effective in Dealing with Emotional Eating.

Theme	Code	f
Expert Support	Referral to a psychologist	10
	Referral to a dietitian	6
Self Help	Taking a walk	3
	Self suggestion	5
	Listening to music	1
	Calling a loved one	3
	Drinking a glass or two of water	1
	Playing with an object to occupy the hand	1
	Taking up a hobby	2
	Regular exercise	1
	Keeping journals (about eating habits)	5
	Teaching portion control	3
	Rating on hunger-satiety exploration	1
	Self-compassion practices	1
	Identifying trigger foods	1

Considering the information in Table 4, the suggestions for emotional eating behavior become more frequent in the self-help suggestions dimension. Some of the participants' views on self-help suggestions are as follows:

"They have emotional fluctuations very often. That's why I constantly give motivational speeches to keep them on the diet and I suggest that they talk to themselves in this way." (D10K)

"Before they engage in emotional eating, I want them to create alternative lists that they can do instead. For example, going for a walk, drinking water, doing sports, listening to music." (D7K)

Some of the participants' views on the recommendations for expert support are as follows:

"It is very difficult to solve weight problems with this type of clients in the long term. They are usually in a cycle of gaining and losing weight. We help them change their physical appearance. However, I think these clients need psychological interventions, so I refer them to a psychologist." (D5K)

"I think the underlying problem in emotionally eating clients is psychological, so I refer them to a psychologist." (D9K)

"I think dietitians are experienced in emotional eating, so I usually refer them to a dietitian and I prefer to work with a dietitian." (PD4K)

Table 5. Opinions Regarding the Advantages and Disadvantages of Emotional Eating.

Theme	Sub-theme	Code	f
Disadvantages	Psychological	Depression	15
		Impaired body image	8
		Decreased self-respect	15
	Biological	Obesity	8
		Gastric sleeve surgery	7
		Rapid feeding	9
		Weight gain	7
		Cyclicity in weight gain	6
		Delayed satiety feeling	5
Advantages	Psychological	Balancing the mood	4

When Table 5 is examined, it is seen that the opinions on the disadvantages of emotional eating are more common. Some of the participants' views on the disadvantages of emotional eating are as follows:

"I think that clients who are emotional eaters are prone to depression. I also think that they are dissatisfied with at least one place in their body." (P3E)

"If these clients are not stopped in terms of emotional eating, the last stop will be obesity for them." (D3E)

"I observe that these people have low self-esteem. They cannot maintain a stable weight. In general, they gain and lose weight very often." (PD6K)

Table 6. Opinions Regarding Feelings and Situations Triggering Emotional Eaters.

Theme	Code	f
Situations	Pressure from others (you can't do it, you can't succeed statements)	7
	Rewarding the self with food when weight is lost	6
	Stress from work life	4
	Following a heated argument	2
	Crowded environments	2
	Lack of social support (loneliness)	1
Emotions	Stress	8
	Sadness	6
	Anxiety	2
	Unhappiness	6
	Anger	6
	Perfectionism	4
	Feeling under pressure	7
	Boredom	7
	Loneliness	8
	Regret	5
	Guilt	4

Reviewing Table 6, the statements that negative emotions trigger emotional eating behavior seem to be frequent. Some of the participants' views on the emotional triggers of emotional eating are as follows:

"I observe that they usually eat more frequently due to stress and sadness." (D4K)

"I can say that these clients are prone to anxiety and consume food because they get anxious at the slightest setback." (P4K)

"It is difficult to say a single triggering emotion for these clients of mine. Because they usually feel negative emotions together. For example,

loneliness, guilt, stress, sadness and anger." (PD5K)

Some of the participants' views on situational triggers of emotional eating are as follows:

"I see that they have no tolerance for the stress and arguments they experience at work. They usually have reasons to break their diets." (D3K)

"Since they are quite impulsive clients, self-rewarding behaviors are quite frequent. For example, they reward themselves unannounced after losing a certain weight." (D2K)

Table 7. Opinions Regarding Traits Required to Cope With Emotional Eating.

Theme	Code	f
Intrinsic Motivation	Confidence	6
	Awareness of what replaces the food	9
	Saying no	7
	Responsibility	2
	Self-compassion	5
	Respect to body	7
	Coping with impulsivity	6
	Mechanisms to cope with stress	5
	Positive body image	3
	Emotion regulation skill	7
Extrinsic Motivation	Regular Psychotherapy	8
	Social support (spouse, mother, friends, children)	6

When Table 7 is examined, it is seen that intrinsic motivation statements are more frequent among the statements about coping with emotional eating. Some of the participants' views on intrinsic motivation are as follows:

"I think being able to say no would solve most of this problem, because they usually cannot say no to anything they are offered." (D2E)

"Especially their impulsive behavior is quite high. In other words, they can eat food that comes to their mind without thinking about it at that moment. There is almost no gap between their emotions and their eating behaviors." (P3K)

"If their awareness of the connection between them and food had been developed, they could more easily recognize the meanings they attribute to the food they eat." (PD3K)

"I wish they had more than one thing, not just one thing. Each of them will definitely have one feature that stands out more, but if they had respect and compassion for themselves and their bodies, they could cope with this situation more easily." (PD1K)

Some of the participants' views on extrinsic motivation are as follows:

"I think they need a lot of social support because they often experience emotional fluctuations. Especially my clients who are supported by their spouses can cope with this situation more easily." (P1K)

"They often turn to food restrictions to cope on their own. But this makes them eat more. I think it is quite difficult for them to overcome this on their own, so I recommend regular psychotherapy." (D10K)

Table 8. Opinions Regarding Issues Emotional Eaters Struggle with Most Frequently.

Theme	Code	f
Personal Factors	Impulsivity	9
	Emotional Fluctuations	8
	Decrease in Motivation	5
	Telling Lies	3
	Stubbornness	3
Environmental Factors	Pressure of Rapid Feeding	7
	Social Media Body Image	9
	Work Stress	5
	Domestic Conflicts	9

When Table 8 is examined, rashness was expressed as the most difficult individual factor when working with emotionally eating clients. Some of the opinions of the participants regarding the individual factors they had difficulty with are as follows:

"They have very hasty behaviors about losing weight. When they cannot lose weight, they get demoralized very quickly. Therefore, it is quite tiring to try to motivate them all the time." (FDI6K)

"In general, they secretly eat foods that should not be eaten, especially carbohydrates. When they are found out, especially women insist that they don't eat. This creates distrust and this

destroys the relationship." (D11K)

Some of the participants' views on the environmental factors that they had difficulty with are as follows:

"When they come, they come with a body size they want to be. I think social media is effective in these measurements. This situation is quite challenging because most of them are not capable of having that size." (D1K)

"I find it difficult when it comes to work stress and family conflicts because I don't have a magic wand to solve them. In this process, I usually give them motivational speeches to help them succeed." (D2E)

Table 9. Opinions Regarding the Effect of Covid-19 Pandemic on Emotional Eating Behavior.

Theme	Sub-Theme	Code	f
Increase in Emotional Eating	Internal Factors	Stress-induced overeating	8
		Increased eating triggered by mentality of scarcity	6
		Failure to cope with the feeling of emptiness and filling it with food	7
	External Factors	Overeating to fortify the immune system	7
		Social isolation	6

Based on Table 9, it is stated that two factors are effective in the increase in emotional eating during the pandemic period. Some of the opinions on internal and external factors are as follows:

"They experienced extreme stress due to social isolation during the pandemic. So they gave

themselves to food. " (PD3E)

"I saw that they usually overeat during this period to strengthen their immunity. " (D4K)

"Since these people are usually impulsive people with emotional fluctuations, they overeat because they couldn't find things to occupy themselves during this period." (P2E)

Table 10. Opinions Regarding the Effect of Culture on Emotional Eating.

Theme	Code	f
Effect of False Eating Beliefs	Fear of being chased by dogs	2
	Angels holding the plates and failure to finish quickly causing them to get tired	4
	Necessity to eat to avoid getting sick	3
	Mother taking them to hospital if they eat inadequately	1
	Overeating induced by fear of getting shots	3
	Overeating out of fear of vitamin deficiency	1
Internal Effect	Thoughts of waste	7
	Learning to not trust hunger-fullness signals	4
	Discomfort when the plate is not finished	4
External Effect	Catering in weddings, funerals, festivities	6
	Worry that the cook will be offended if the plate is not finished	7
	Maintaining family eating habits	2
	Social pressure (body image on women)	3

When Table 10 is examined, there are three different themes regarding the effect of culture on emotional eating. Some of the participants' views on the effect of culture on false eating beliefs are as follows:

"When I take the stories of my clients, I see that they have some thoughts that they have brought from the past. For example, they need to eat all the time in order not to get sick, or they eat

because they are afraid of being deprived of vitamins. I think that these wrong thoughts have a cultural impact on emotional eating." (D9K)

"...When I look at the feeding stories of my clients, I see that there are some false beliefs from childhood. For example, one of my clients was often told by her mother that 'Angels hold her plate and if she does not finish it as soon as possible, the angels might get tired'. I think my

client may be eating too fast even because of this. " (D2K)

Some of the participants' views on the intrinsic influence of culture are as follows:

"I often talk to my clients and in conversations about nutrition, eating everything with the idea of waste and not leaving food on the plate come to the fore. " (D1E)

"I talk to my clients about their family's eating habits. They especially remember their mothers constantly trying to feed them and making them eat with various games. I think that these people are disconnected from hunger and satiety at an

early age. " (D5K)

Some of the participants' views on the external impact of culture are as follows:

"We are a society that loves treats, treats are the main themes of our cultural ethics from our wedding to our funeral. Growing up this way can be a reason for emotional eating. " (P4E)

"When I talk to my clients about their family stories, I hear sentences that start like this: In our house, everyone eats fast. Everyone loves dessert in our house. These sentences tell me that families have their own eating habits and children have their share of them. " (D8K)

Table 11. Knowledge of Dietitians, Psychologists, and Psychological Counselors Regarding Mindful Eating

Theme	Code	f
Interoceptive Mindfulness	Being connected with the body	8
	Noticing hunger-satiety signals	9
	Eating with awareness of 5 sensory organs	5
	Slowing down while eating	5
Cognitive Mindfulness	Distinguishing physical and emotional eating	4
	Stimulant-free eating	5
	Eating with awareness of feelings	6

When Table 11 is examined, it is seen that interoceptive mindfulness statements are in the majority. Some of the participants' interoceptive mindfulness views on the concept of mindful eating are as follows:

"Mindful eating skill enables people to connect with their bodies and recognize hunger and satiety sensations more easily. " (PD1E)

"Mindful eating is a skill that addresses each of the 5 sensory organs separately. " (PD4K)

Some of the participants' cognitive mindfulness

views on the concept of mindful eating are as follows:

"In mindful eating, people eat by listening to hunger and satiety signals. This makes it easier for them to perceive whether they are physically hungry or emotionally hungry. " (D7K)

"Mindful eating is like a concept that separates emotions from food and can break the influence of emotions on food. "(PD3K)

Table 12. Opinions Regarding Potential Outcomes After Developing Mindful Eating in Individuals Showing Emotional Eating Behaviors.

Theme	Code	f
Cognitive Mindfulness	Noticing the auto pilot	9
	Decrease in impulsivity	5
Affective Mindfulness	Controlling eating as a result of reduced emotional fluctuations	6
	Reduction of feeding emotions with foods	4

Bodily Mindfulness	Following signals of hunger-satiety	4
	Increasing the connection with body	7
	Noticing the satiety as a result of slowing down	6
Partial Mindfulness	Can reduce emotional eating, but the behavior will not go away until the underlying cause is resolved.	8

Considering Table 12, the results of emotional and bodily awareness are higher among the results of developing mindful eating. Some of the participants' views on emotional and bodily awareness are as follows:

"Since they will gain an awareness of their emotions, there will be a decrease in emotion-based eating behavior." (P4K)

"With mindful eating, they can stop suppressing their emotions with food." (P1E)

"With mindfulness skills, they will connect with their bodies more easily and they can recognize satiety earlier." (D3K)

"It will become easier to recognize when they are really hungry and when they are really full." (D9K)

Table 13. Opinions Regarding the Need for the Mindfulness-Based Program to Intervene Emotional Eating.

Theme	Code	f
Lack of Knowledge	Dietitians not knowing how to intervene emotional eating	4
	Dietitians teaching what to eat but failing to teach how to eat	2
Psychological	An effective methods for impulsivity intervention	5
	Effect of mindfulness on emotional fluctuations	5
Biological	Preventive for diseases	1
	Effective in dealing with obesity	1
	Mindful eating and feeling the fullness	3
Demand	Client demand for a support program during dieting	3
Economic	A functional program for those who cannot access therapy	7

When Table 13 is examined, it is thought that there is a need for a mindfulness-based emotional eating reduction program due to a lack of knowledge and psychological and biological needs. Some of the participants' views on the lack of knowledge and psychological and biological needs are as follows:

"I have a lot of clients who are emotional eaters, but I think their main problems are psychological and I don't have the knowledge

to intervene." (D11K)

"I know that there is a lot of evidence on the control and regulation of emotions by mindfulness, so a program like this could solve this situation in a sustained way."(PD2K)

"Thanks to this program, I think they will be more aware of body signals because most of my clients cannot perceive that they are full. Developing attention to the body will provide a faster acquaintance with the feeling of satiety. " (D12K)

Table 14. Opinions Regarding the Advantages and Disadvantages of Mindfulness-Based Emotional Eating Reduction Program.

Theme	Code	f
Advantage	Breaking the diet cycle chain	4
	Reducing emotion and food pairing	6
	Ensuring a healthier diet	5
	Managing emotional eating behavior	9
	Sustainable solution to the weight problem	4
	Developing awareness of nutrition	5
Disadvantage	Non-existent	22
	Excessive awareness and directing to more eating	3

Regarding Table 14, there are more opinions about the advantages of the program. Some of the participants' views on the advantages of the program are as follows:

"When I look at the stories of my emotional eater clients, I see a history of at least 3 dietitians. These people are usually always in a diet cycle. Thanks to this program, I consider it as an advantage that they can make peace with their feelings and get out of this cycle." (D4K)

"I think that these clients, whose awareness of themselves and their environment is quite low, will realize the connection between emotions and meals more easily with the development of their emotional awareness." (D3E)

"Thanks to this program, I think they will realize the emotion-food patterns in their lives. This may be a step for them to face their problems." (P4E)

Some of the participants' views on the disadvantages of the program are as follows:

"Some of my clients may not be able to cope with the negative emotions they will experience in the mindfulness-based program and may eat more." (D6K)

"Since they will be in touch not only with their bodies but also with their emotions in this program, this may trigger underlying traumas in some people and cause them to eat more." (PD5K)

Table 15. Recommendations for the Activity Content of Mindfulness-Based Emotional Eating Reduction Program.

Theme	Code	f
Bodily Awareness	Experiencing physical hunger and satiety	5
	Sleep awareness	3
	Keeping a journal of feelings	12
Emotional Awareness	Feeling and food combination awareness practices	9
	Self-compassion practices	2
	Investigating food-related triggers	6
Social Awareness	WhatsApp support groups	4
	Psychologist and dietitian cooperation practices	9
	Meditation	5
Cognitive Awareness	Yoga	2
	Breathing awareness exercise	6

When Table 15 is examined, it is seen that most activity suggestions are mostly in the emotional awareness dimension. Some of the participants' suggestions for emotional and physical awareness activities are as follows:

"Within this program, activities can be done where they can feel physically hungry. For example, you can start a session with at least 4-5 hours of hunger once a week." (D10K)

"It may be useful for them to keep a diary about

their feelings to recognize their feelings and patterns.” (PD1K)

“An emotion diary can be kept to reveal which foods they associate their emotions with.” (PD6K)

Some of the participants' suggestions for social and cognitive awareness activities are as follows:

“Within these groups, support can be provided to each other through WhatsApp groups. For example, at certain times of the day, everyone can write their awareness of that day's meal or snack in the group. ” (P2K)

“Regular yoga exercises can be done for clients to feel their bodily sensations better.” (P3K)

Table 16. Suggestions for Homework in Mindfulness-Based Emotional Eating Reduction Program.

Theme	Code	f
Benefit	Breaking the diet cycle chain	3
	Reducing the emotion and food pairing	5
	Ensuring healthy nutrition	2
	Decreasing motivational loss	3
	Developing awareness as a muscle	4
	Increasing the feeling of responsibility	1
	Ensuring rapid development of awareness	5
	Increasing the effectiveness of the program	4
Harm	No harm	6
	Overanxious people having difficulties taking responsibility	2
	Perfectionist clients leaving the group when they fail to complete the homework ideally	3
	Failure to complete the process over difficulties with tolerating negative feelings due to awareness	3

Based on the information in Table 16, there are more opinions about the benefits of homework. Some participants' views on the benefits of homework are as follows:

“Awareness is a muscle. To develop this cognitive muscle, I think it would be useful to have homework assignments that they can repeat outside the sessions.” (PD5K)

“I think they can get out of this cycle more easily through practices where they can recognize the patterns of matching emotions and food. That's why I think homework is needed. ” (P2E)

“I think it is important for them to have experiences on their own so that they can adapt the skills in the program to their daily lives. In

order for this skill to be put into practice, the awareness muscle needs to be developed frequently, and homework is needed for this. ” (D5K)

Some participants' views on the harms of homework are as follows:

“People will have many good or bad realizations in this process. Some may find it difficult to cope with negative realizations and this may make it difficult for them to complete the process. ” (PD1K)

“I don't think there will be any harm. Maybe people with specific anxiety disorders may find it difficult at first to take this much responsibility for themselves. ” (PD2E)

Table 17. Opinions Regarding the Duration of Mindfulness-Based Emotional Eating Reduction Program.

Theme	Code	f
0-3 months	4-6 weeks	5
	6-8 weeks	9
	8 weeks	7
	10 weeks	1
3-6 months	12-24 weeks	1
6-12 months	24 weeks	1
	52 weeks	1

Upon examining Table 17, it is seen that the opinions on the duration of the program are more common between 0-3 months. Some participants' views on the duration of the 0-3 month program are as follows: *"It takes at least 6-8 weeks for feeding patterns to be recognized."* (D7K) *"An 8-week follow-up will be sufficient for awareness and habits to be established."* (PD3K)

DISCUSSION AND CONCLUSION

The current study can be seen as one of the few studies investigating the phenomenology of emotional eating. Two previous studies have investigated the emotions leading to emotional eating and the relationship between emotional eating and attachment using the phenomenological method. Using open-ended unstructured interview forms, Kemp et al. (2013) investigated the situations and factors leading to emotional eating. They found that individuals eat to obtain short-term satisfaction from their negative emotions and to minimize their negative emotions. Similarly, Hernandez-Hons and Woolley (2012) conducted a study using semi-structured interviews to investigate the phenomenology of attachment relationships and contextual factors affecting emotional eating. They found that individuals use food to cope with insecure attachment patterns, empowerment, and acceptance. In the literature, there has not yet been a study on these concepts within the scope of the views of dietitians, psychologists, and psychological counselors. This study aims to address and further deepen the phenomenology of emotional eating and mindful eating within the framework of stakeholders.

Participants' level of knowledge about emotional eating and mindful eating for their clients was evaluated in four categories (social media awareness, awareness due to socioeconomic level, partial awareness-coping inadequacy, and low awareness). The results showed that social media had an effect on the level of knowledge about the concepts. A study conducted in China during the Covid-19 pandemic reported that exposure to social media led to emotional eating through anxiety and that the concept of emotional eating was among the most frequently searched concepts in the 'Google' search engine (Gao et al., 2022). Another outcome is that the level of awareness of concepts varies depending on socio-economic level. The qualitative study conducted by Fonseca et al. (2019) to reveal the relationship between emotional eating and socio-economic level was found to be consistent with the results of the current study. A study examining whether mindfulness differs depending on socioeconomic level revealed that there is an increase in people's mindfulness levels due to the increase in socioeconomic level (Andrews, 2009). These two studies reveal that the level of awareness of the concepts of emotional eating and mindfulness increases depending on the increase in socioeconomic level. This may be attributed to the increase in the diversity of sources/stimuli depending on the socioeconomic level. A study investigating whether mindfulness is a luxury or not stated that people with poor socioeconomic status have difficulty allocating resources for personal development and, therefore, have difficulty allocating resources for the training they will receive to develop mindfulness (Andrews, 2009). The majority of the participants said that some of their clients

have partial awareness, but their coping skills are inadequate. This may be associated with emotional eating, a relatively new concept developed with the accumulation of knowledge about the effect of emotions on human eating behaviors (Macht, 2008). On the other hand, recognizing a problem does not mean solving it, but it may make the situation more complicated if adequate coping skills are not in place.

The question about the determinants of emotional eaters was evaluated in two categories. The first one is the individual determinants of these people, where the outputs presented are negative emotions or evaluations. In the literature, emotional eating was found to be positively associated with concepts such as inadequacy and low self-perception (Fairburn and Bohn, 2005), low-stress tolerance (Spoor et al., 2007), negative body image and difficulty in emotion regulation (Shriver et al., 2020). The relationship with these concepts is parallel to the definition of emotional eating. Emotional eating is an unhealthy coping mechanism in which food is preferred in response to negative emotional states. The fact that these individuals have a narrow window of tolerance for the emotions they experience may lead them to turn to food to cope with their emotions. Another determinant is situational determinants. It was stated that these individuals were fond of carbohydrate foods and were in a diet cycle. This can be explained according to Gray's (1987) reinforcement sensitivity theory. In the context of emotional eating, reward-sensitive individuals have learned that delicious foods can have a mood-enhancing effect they try to achieve when in a negative mood. Underlying neurobiological adaptations suggest that carbohydrates are similar to addictive substances (Davis et al., 2007). This unbalanced diet may be putting people in a perpetual dieting cycle.

When we look at the coping mechanisms recommended for emotional eating clients, it is seen that there are suggestions concerning getting expert support and self-help. Referral to a psychologist is thought to be one of the mechanisms underlying emotional eating, which is thought to be caused by the inability to stop the desire to eat, that is, impulsive

behavior. Indeed, previous research has considered an individual's impulsivity as a psychological determinant of emotional eating. While impulsivity has traditionally been understood as a pleasure-oriented behavior, recent research suggests a relationship with different cognitive control subsystems and describes it as "a product of impaired cognitive control" (Dalley et al., 2011; Huang et al., 2017). Other coping suggestions are self-help suggestions. It can be said that these suggestions generally provide a break between emotion and food by drawing attention to something other than food.

When we look at the advantages and disadvantages of emotional eating, the most frequently repeated disadvantages are weight gain and the statements that there is a cyclicity in weight gain. A study conducted with 1562 participants found that emotional eating caused weight gain and cyclicity in weight gain (Koenders and van Strein, 2011). This was attributed to people's inability to touch the underlying problem and their low awareness of their emotions. Another outcome reported as an advantage is that food has a rapid sedative effect. However, the extent to which this can be characterized as an advantage is a matter of debate. It was observed that children whose mothers used food to soothe them at the age of 18 months tended to engage in emotional overeating when they were observed again at the age of 30 months (Harris et al., 2020). This can be explained according to Gray's (1987) reinforcement sensitivity theory. These children may have learned about the soothing properties of food when they were introduced to food.

In the outputs related to the emotions and situations that emotional eating clients were most triggered by, it was observed that the most frequently recurring emotion was stress. Many studies reveal the link between emotional eating and stress (Bennett et al., 2013; Torres and Nowson, 2007; Oliver et al., 2000). In addition, some negative emotions have also been reported to trigger emotional eating, which may be related to people's narrow tolerance window for negative emotions and inadequate coping mechanisms. On the other hand, when we look at the triggering situations,

more negative situations stand out. Some studies show that emotional eaters have inadequate coping mechanisms with negative situations (Match and Simsons, 2011; Yönder-Ertem and Karakaş, 2021).

When asked what emotional eaters need to cope with this situation, it was stated that people should have some intrinsic and extrinsic motivation. When we look at intrinsic motivation, it can be said that they are gathered in the self-regulation skills class. Self-regulation motivations ensure that people's sense of choice is based on solid foundations, that they find meaning, and that they feel volitional (i.e., make a conscious decision or choice) (Teixeira et al., 2011). Moreover, it is known that people with a sense of self-regulation have more developed emotion-regulation capacities (Evers et al., 2011). Therefore, it is thought that if these individuals have self-regulation skills, their emotion-regulation capacities will also improve, and they will be able to cope with this situation more easily. Resources expressed as extrinsic motivation are regular psychotherapy and social support. Indeed, seeking social support, which is a common coping strategy, is thought to be a basic buffer (coping resource) to limit the effects of stressful experiences, including mental and physical health consequences (Matheson and Anisman, 2003).

Statements about how emotional eating was affected during the Covid-19 pandemic increased. Quantitative studies in the literature confirm this finding (Al-Musharaf, 2020; Madalı et al., 2021). Examining the studies on the increase in emotional eating specific to the Covid-19 pandemic, stress (Shen et al., 2020), fear of food deprivation (Al-Musharaf, 2020), feelings of emptiness (Durão, Vaz et al., 2021), overeating to strengthen immunity (Di Renzo et al., 2020), and stress-induced eating due to social isolation (Dos Santos Quaresma et al., 2021) are among the triggering factors. This may explain why people turn to food so much because they are restricted in using the coping resources available in this process.

When asked about the effect of culture on emotional eating, the view that culture affects eating is dominant. According to Tezcan (200),

culture is the main determinant of what and how we eat and forms the basis of eating habits learned at an early age. The shaping feature of culture on food may also cause us to have some false beliefs about eating (Kerkez et al., 2013). Some negative statements about eating, which are formed at a young age when children are taught eating habits, can appear as negative motivations for eating in adult life (Harris et al., 2020). (Harris et al., 2020). It can be said that this situation causes children to learn not to trust hunger and satiety signals at an early age and causes them to become emotional eaters. Serving food on important days (funerals, holidays, weddings, etc.) is a cultural heritage (Çetin, 2020). These ceremonies are emotionally charged social events. The food served here may reinforce the connection between emotions and food. Again, in Turkish culture, even asking the guest, "Are you hungry?" is considered shameful (Çetin, 2020). It can be thought that this situation causes people to feel obliged to eat even if they are not hungry and cannot say no. In Turkish culture, it is frequently emphasized to avoid overeating and waste (Çetin 2020). The fact that this teaching is frequently emphasized from an early age may cause people to eat even though they have reached satiety in order not to leave anything on their plates.

When examining the responses regarding the potential outcomes of enhancing mindful eating skills in individuals exhibiting emotional eating behavior, it is evident that there is a prevailing view suggesting that as individuals move away from automatic eating patterns, their tendency to seek emotional satisfaction through food will diminish. Looking at the literature, it has been reported that as a result of short-term mindfulness interventions to reduce emotional eating, people become aware of their eating behaviors perceived as "automatic", their body awareness increases, they are less prone to reward impulsive behaviors, they are more compatible with internal hunger/satiety signals and experience less stress (Lattimore, 2020; Beccia et al., 2020). It can be said that the participants' views on the effects of mindful eating skills on emotional eating behavior are consistent with the literature.

The opinions on whether there is a need for a

program to reduce emotional eating are that there is such a need. These needs were classified into four different categories (lack of information, biological, demand, and economic). Looking at Europe and America, it is seen that mindfulness-based intervention practices for eating disorders have become quite widespread in the last 20 years (Godfrey et al., 2015; Lattimore, 2020; Dunne, 2018). Especially in the United States, mindfulness practice interventions in eating disorder treatments are included in the category of state-sponsored practices (American Code Lotus Hospital, 2020). The World Health Organization has launched a call for mindfulness-based practices in obesity intervention (WHO, 2022). However, mindfulness-based practices are not widely used in Turkey. Considering the literature and the world press, it is thought that there is a need to put such practices into practice in Turkey.

The statements regarding the advantages and disadvantages of the program were mostly in the direction of advantages. In the literature, it has been reported that mindfulness-based practices to reduce emotional eating help people to choose healthier foods (Lattimore, 2020), reduce dietary restrictions (Smith et al., 2020), and improve motivation, cognitive flexibility, and emotion regulation skills (Beccia et al., 2020). On the other hand, in mindfulness-based weight control interventions, weight gain was observed in people with negative automatic thoughts and high intolerance to uncertainty (Mantzios et al., 2015). This situation can be considered a possible situation when looking at the nature of mindfulness. Mindfulness is defined as looking at whatever happens in the moment, whether positive or negative, without judgment. Negative experiences realized at the moment can challenge coping skills and may also cause people to be in an undesirable mood.

In response to the question of what kind of activities should be included in the program, activity suggestions were given for different areas of mindfulness (physical, emotional, social, and cognitive). When the literature was examined, practices such as keeping an emotional diary to regulate and recognize emotions (Hülshager et al., 2013), meditation

and yoga practices (Kearney et al., 2012), self-compassion practices (Gouveia et al., 2019), physical hunger, and satiety experiential practices (Monreo, 2015), online support group studies (Li et al., 2022) were found in mindfulness practices. Mindfulness-based practices consist of experience-based teachings. It is seen that the majority of the proposed studies and activities have equivalents in the literature.

The majority of the answers to the question about having homework in the mindfulness-based emotional eating program were that it would be useful to have homework. Homework is known to be at the core of mindfulness-based programs (MBSR, MBCT) (Williams et al., 2022). The presence of homework in mindfulness-based programs is explained as follows: The more we practice while playing a musical instrument, the better we learn, and since mindfulness is considered a muscle, it is emphasized that constant practice is needed (Monreo, 2015). In a meta-analysis study investigating the effectiveness of homework in mindfulness-based practices in the literature, it was concluded that home practices were supportive of 80% of the desired behaviors in clinical criteria (Lloyd et al., 2018).

Evaluations regarding the duration of the program vary. When the literature is examined, it is found that mindfulness-based practices for different eating disorders include '6-week interventions (Timmerman and Brown, 2012; Kristeller and Hallet, 1999; Dalen et al., 2010), 8-week interventions (Alberts et al., 2012; Kearney et al.; Miller et al., 2012; Rosenzweig et al., 2007; Smith et al., 2008), 9-week interventions (Kristeller et al., 2014), 10-week interventions (Alberts et al., 2010; Bear et al., 2005; Leahey et al., 2008). In fMRI imaging studies on mindfulness practices, it has been reported that at least 6 weeks of meditation practices are needed to observe an improvement in the anterior cingulate/medial prefrontal cortex (Engström et al., 2022). Therefore, it can be said that mindfulness-based intervention programs need at least 6 weeks of practice.

The current study uses the interview method to focus on the phenomenological research of

emotional eating and mindfulness of eating. Since the research focuses on subjective experience, it is thought to provide ideas for future empirical research. The findings obtained provide a deeper perspective on the issues of mindful eating and emotional eating based on the views of the participants. It also provides new findings that future research can use in their qualitative meta-synthesis and quantitative methods.

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