

PERCEPTIONS ABOUT PSYCHOLOGICAL IMPACT OF FOOD

Original Article

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Conflict of Interest: None

Grant Support & Financial Support: None

Acknowledgment: The researcher extends sincere gratitude to all participants for sharing their time and experiences.

ABSTRACT

Background: Food plays a fundamental role not only in physical health but also in emotional and psychological well-being. Its influence extends to mood regulation, self-image, and social behavior. In contemporary society, where media and cultural norms heavily dictate body ideals and food trends, it becomes essential to explore how individuals emotionally engage with food, particularly when psychological stressors or lifestyle disruptions are present.

Objective: To explore how individuals who identify as food lovers perceive the psychological impact of food, especially in relation to emotional, cultural, and societal influences.

Methods: This qualitative study employed Interpretative Phenomenological Analysis (IPA) to understand subjective experiences related to food and its psychological effects. A purposive convenient sampling technique was used to recruit six participants (N=6), comprising 2 males and 4 females aged between 25 and 40 years. Semi-structured interviews were conducted in a one-on-one setting. All interviews were audio recorded with participant consent and later transcribed verbatim for analysis. Data collection continued until thematic saturation was reached.

Results: Analysis revealed three superordinate themes: *Medical Issues*, *Self-Perception*, and *Cultural and Environmental Perception*. Within these, 3 major themes and 28 sub-themes were identified. Key findings showed that 83.3% of participants experienced emotional eating linked to stress or trauma, 66.6% reported body dissatisfaction influenced by societal or media standards, and 100% expressed concern over food hygiene and cultural norms. Influencing factors included status consciousness, food presentation, media-driven beauty ideals, and lack of dietary awareness.

Conclusion: The study highlighted that, emotional, cultural, and environmental factors significantly shape individuals' food perceptions and psychological well-being. These findings underscore the importance of culturally sensitive awareness programs focusing on healthy eating, body acceptance, and mental health support.

Keywords: Body Image, Cultural Perception, Eating Behavior, Food Preferences, Psychological Health, Self-Perception, Stress-Related Eating.

INTRODUCTION

Food plays a central role in human survival and well-being, serving not only as a source of nourishment but also as a reflection of cultural identity, emotional experience, and societal structure. Despite the basic necessity of food, the world continues to face a paradox of malnutrition, with both undernutrition and overnutrition coexisting globally. An alarming rise in hunger, particularly among low-income populations, has prompted concern, as families often adopt survival strategies such as child labor and begging—behaviors that perpetuate social problems like theft and drug abuse. Concurrently, excessive intake of unhealthy food rich in salt and fat has been linked to a global rise in chronic health conditions, including hypertension, cardiovascular disease, and psychological stress. For instance, salt consumption in high-income countries frequently exceeds the World Health Organization's recommended limit of 5 grams per day (1). Socioeconomic, cultural, and psychological influences significantly shape dietary patterns and nutritional choices. In Asian countries, undernourishment rates remain high, especially among children, with long-term impacts on their mental and physical development (2). Globally, an estimated 805 million individuals suffer from hunger, while unsafe water and inadequate sanitation cause hundreds of thousands of deaths annually (3). Alarming, food insecurity is no longer confined to developing nations; even in affluent societies, millions struggle with inconsistent access to nutritious food (4). Beyond physical availability, body image ideals, particularly among young people, drive disordered eating habits. Research has shown that children, especially girls as young as six, begin to internalize societal pressures to conform to specific body types, fueling early onset of eating-related anxieties (5).

Modern food consumption is influenced by multiple factors—physiological, biological, and psychosocial. These include health status, age, hormonal changes, and emotional states, all of which impact appetite, food preference, and metabolism. In particular, adolescents in developed countries exhibit increasing concern for fitness and appearance, sometimes leading to harmful behaviors such as restrictive dieting and disordered eating, often linked to depression and low self-worth (6). Hormonal activity governs not only metabolic processes but also emotions, influencing the preference for certain macronutrients that affect neurotransmitter levels and mood regulation (6,7). Emotional states further affect eating behaviors, with advertising, peer influence, and perceived social stigma contributing to impulsive or avoidant consumption patterns (8). Eating disorders, including anorexia nervosa, bulimia nervosa, and binge eating disorder, exemplify the complex psychological conflicts underlying dysfunctional eating. These conditions often emerge from unresolved emotional issues, poor self-image, and cultural ideals glorifying thinness. While therapeutic approaches such as Cognitive Behavioral Therapy (CBT) and interpersonal therapy offer some benefit, treatment remains challenging, especially when disorders are reinforced by societal standards and internalized shame (9,10). Binge eating, in particular, is marked by a loss of control and is frequently linked to depressive symptoms and social anxiety. Individuals experiencing this disorder often oscillate between seeking pleasurable environments and coping with chronic dissatisfaction (11).

Perception, a key factor in shaping behavior, also extends to food choices. How individuals interpret and respond to food is influenced by their sensory experiences, sight, smell, taste, touch, and even sound. These perceptions are shaped by cultural background, social norms, and previous experiences. For example, older adults may prefer milder flavors due to changes in swallowing reflexes and sensory acuity (12), while food texture and sound can also impact emotional reactions (13). Neurochemical responses to food, such as the release of serotonin and endorphins, further illustrate the intertwined relationship between nutrition and mental health (14). In Pakistan, visual appeal and societal influences strongly guide food preferences, while awareness about halal certification remains limited despite religious significance—indicating a gap in consumer education and a potential avenue for policy and marketing intervention (15). Behavioral science increasingly emphasizes the role of food choices in the development of non-communicable diseases, and research shows a concerning disconnect between nutritional knowledge and practice, particularly among adolescents. Many understand the principles of healthy eating yet struggle to maintain these behaviors consistently, calling for educational reforms and more effective public health strategies (16). In high-income countries, obesity rates continue to rise, driven by widespread availability of energy-dense, nutrient-poor fast foods. Psychological deterrents to healthy eating—such as societal pressure, low food literacy, and culturally reinforced body ideals—compound the issue (17). Cultural transitions also render individuals vulnerable to eating disorders, as shifting norms destabilize traditional dietary behaviors and introduce conflicting ideals of beauty (18).

Men, too, are affected by gendered expectations, often dismissing health advice and viewing healthy foods as lacking in taste or masculinity. Comparative studies across cultures reveal varying degrees of body dissatisfaction, with some populations—such as African American and Pakistani girls—showing greater body acceptance compared to Western norms (19). Furthermore, food insecurity is linked not only to physical hunger but also to emotional suffering. Mothers facing food insecurity often experience high levels of anxiety and depression, which can negatively influence their children's development (20). Sensory elements like noise have a minimal effect on taste perception but can subtly alter the eating experience (21). Eating behaviors are often shaped by emotional stress and sociocultural

dynamics, especially in individuals with a history of eating disorders (22). Gender-specific responses to stress also affect eating habits. Women are more likely to increase food intake under emotional stress, while restrained eaters—those who consciously limit food intake—often evaluate food more harshly due to weight-related concerns (23). Parental influence is also critical, as early exposure to healthy behaviors and food choices can set the foundation for long-term well-being (24). Cultural and emotional stressors, particularly in rapidly urbanizing societies such as China and Hong Kong, have been shown to influence both body satisfaction and psychological health, underscoring the complexity of dietary behavior across populations (25).

While the use of oral hypoglycemic agents (OHAs) is essential in the treatment of Type II diabetes, beliefs about these medications among South Asian populations in the UK reflect deep-rooted cultural influences that complicate adherence. A study observed that despite access to quality healthcare, many patients remained skeptical about Western treatments, highlighting the importance of culturally tailored education and support strategies (26). Broader literature confirms that body image dissatisfaction and food-related stress are globally prevalent, shaped by individual psychology and collective social ideals. Emotional eating as a stress-relief mechanism, though initially comforting, can contribute to obesity and related health concerns (27).

Food insecurity, body image dissatisfaction, emotional vulnerability, and cultural expectations are all interlinked dimensions that shape modern dietary behavior. These factors demand a comprehensive, interdisciplinary approach to health promotion—one that is sensitive to cultural diversity, emotional complexity, and physiological variability. The objective of this study is to explore the interconnected relationship between food perception, emotional and cultural influences, and their impact on eating behaviors and health outcomes across different populations.

METHODS

The present study employed a qualitative research design to explore participants' perceptions of the psychological impact of food, adopting an interpretivist epistemological stance to gain an in-depth understanding of lived experiences. This approach was deemed appropriate due to its emphasis on capturing the richness of subjective perspectives rather than relying on numerical generalizations (1). Interpretative Phenomenological Analysis (IPA) was selected as the analytical framework, particularly suited to health psychology research, as it allows researchers to delve into the meaning individuals assign to their experiences and emotions surrounding food intake. Participants were selected from the general population using purposive convenient and snowball sampling techniques. Inclusion criteria required participants to self-identify as food lovers and to have experienced psychological or emotional challenges related to food, such as emotional eating, stress-induced consumption, or body image concerns. Individuals with diagnosed psychiatric conditions requiring clinical intervention or those currently undergoing psychological therapy were excluded to avoid confounding influences. A total of six participants, aged between 25 and 40 years, were included in the sample. While this number may seem limited, it aligns with IPA methodology, which prioritizes depth of analysis over breadth and typically works with small, information-rich samples to ensure analytic depth and idiographic focus.

Semi-structured interviews were conducted in one-on-one settings, primarily at participants' workplaces, in order to ensure a familiar and comfortable environment. A flexible interview guide, developed in consultation with a senior academic supervisor, was used to steer the conversations. This guide included open-ended primary and probing questions that encouraged detailed narratives and allowed participants to reflect on their emotional associations with food. Prior to each interview, demographic data were collected, and oral informed consent was obtained for participation and audio recording. Video recording declined by all participants. Interviews were scheduled at the convenience of participants, although scheduling was sometimes constrained by work commitments. All interviews were audio-recorded with participant consent and transcribed verbatim. Transcripts were then analyzed using IPA methodology, which involved a systematic process of coding, theme extraction, and identification of superordinate themes. This iterative analytical process enabled a nuanced interpretation of the participants' lived experiences. Thematic saturation was considered achieved when no new codes or significant variations emerged from subsequent interviews, confirming the adequacy of the sample size. Throughout the research process, ethical principles were strictly upheld. Participants were assured of confidentiality and anonymity, with personal identifiers removed during transcription. They were informed of their right to withdraw from the study at any point without penalty, and to refuse to answer any questions that caused discomfort. All data were stored securely and used exclusively for research purposes. Ethical approval was obtained from the relevant departmental ethics committee prior to the commencement of data collection.

RESULTS

The analysis of six in-depth, semi-structured interviews yielded multiple interrelated themes that reflected the psychological, physical, cultural, and perceptual dimensions of participants' experiences with food. Data were processed using open coding, and subsequently categorized into sub-themes, major themes, and super ordinate themes. Thematic saturation was achieved, and emergent patterns were consistently observed across narratives. The findings were organized into four overarching super ordinate themes: *Medical Issues*, *Self-Perception*, *Cultural and Environmental Perception*, and *Awareness*, each comprising multiple major and sub-themes. The super ordinate theme *Medical Issues* emerged as the most dominant, encompassing three major themes: *Biological Issues*, *Physical Issues*, and *Psychological Issues*. Under *Biological Issues*, participants frequently reported conditions such as blood pressure, cholesterol imbalance, immune system weakness, gastric problems, stomach ulcers, heart problems, nausea, constipation, sugar imbalance, chest burning, and allergies. These biological concerns were described as direct consequences of unhealthy dietary routines or poor food quality. One participant shared:

"First, I claim to myself that I don't follow timetable because of busy routine and I myself changed my lifestyle didn't follow the routine. Initially on and off my immune system is very weak and my stomach was disturbed because I was frequently eating readymade food stuff and my health was going down day by day and I have a stomach ulcer."

Within *Physical Issues*, the most commonly referenced complaints included body aches/pains, fatigue, sweating, muscle stiffness, obesity, and backbone pain, often overlapping with biological challenges. Another participant noted:

"Because of my disturbed routine pattern, I generally avoid and didn't prefer the food to take it in time because I prefer my work, my sleeping hours are very few and due to not taking proper food I feel physically and mentally fatigue and low, sometimes I feel exhausted and my mood goes down."

Psychological Issues were also prevalent and included sadness, depression, insomnia, anxiety, cranky behavior, mood disturbance, irritability, frustration, aggression, eating disorders, and trauma. These issues were frequently linked to life events, such as bereavement or social isolation. One participant described their experience as follows:

"I started to eat more when I am sad or depressed. Let me share my life example—three years back I lost my mother, and within four months I lost my elder brother. That was a totally shocking and difficult phase... I started to remain at home doing nothing... I gained weight... I slowly indulged myself in activities, and it took time, but that's how I coped with the situation and brought myself back to life."

Another participant reported:

"After 3 weeks of my mother's death I used to remain quiet. No mood to eat, to do anything... mood swings... getting frustrated... taste buds were bitter... muscle started to stiff. I was unable to lift up my arm... pain in my back... the doctor said that I have depressive symptoms."

The second super ordinate theme, *Self-Perception*, focused on *Self Image*, which included concerns about body mass index, body concerns, diet planning, imagination, insight view, nutritionists, and exercise. These aspects reflected how individuals aligned their eating behaviors with their physical appearance and emotional well-being. One participant remarked:

"If we see the best way is to follow *Sunnat e Rasool* (S.A.W.W). I always eat food by keeping the appetite. I am a job person so have to maintain my image and I always love myself. To maintain myself I follow diet plans."

Cultural and Environmental Perception emerged as another significant super ordinate theme. It comprised two major themes: *Culture* and *Environment*. Within *Culture*, the sub-themes included food preferences, food varieties, family and peer influence, inherited taste/flavor, association, and social perception. The participant stated:

"It is the dilemma of our society that being a Muslim country we shouldn't follow Sunnah way. Sunnah is the best way. I always use to eat by keeping an appetite. Whenever I use to go to marriage, I can see people... they do injustice with their own health."

Another expressed:

"Tv and social media promoting the trend... skinny girls are much concerned about their physique... Now we can see that boys are also much concerned about their physique and health. Gym, six pack, food supplement, full body wax trend in men... media has strong

impact on our youth... last the beauty bone of Indian celebrity trend was highlighted so girls started to do dieting for zero figure and beauty bone.”

Under *Environment*, participants emphasized hygienic conditions, food presentation, appealing aesthetics, company, instruments, table manners, and status. For example:

“For me, no compromise in quality of food. It should be hygienic, well served and presentable.”

“For me the food presentations matter a lot too. Food is not about to cook and eat. It also indicated that how well you presented your food. Even I made a simple *daal* it used to presented and flavor it with butter and coriander.”

Another participant recalled a memory tied to environmental aesthetics:

“Yes, I perceived and associated them, I rewind my university trip to Monal... although that was too much appealing environment, weather, views—everything was giving soothing vibes.”

Additionally, *status consciousness* was described in relation to eating habits:

“Now a day’s people are materialistic and they made their life very tough. Yes, they are status conscious... people use to go in five-star hotels.”

The fourth super ordinate theme, *Awareness*, comprised a major theme of *Acknowledgement*, with sub-themes including time management and scheduling, reliance on social and electronic campaigns, and consultation. One participant explained:

“Yes, I do prefer food and we are not robots, times fluctuate sometimes due to circumstances. So, timetable is important to follow but management is up to you—how you make time management.”

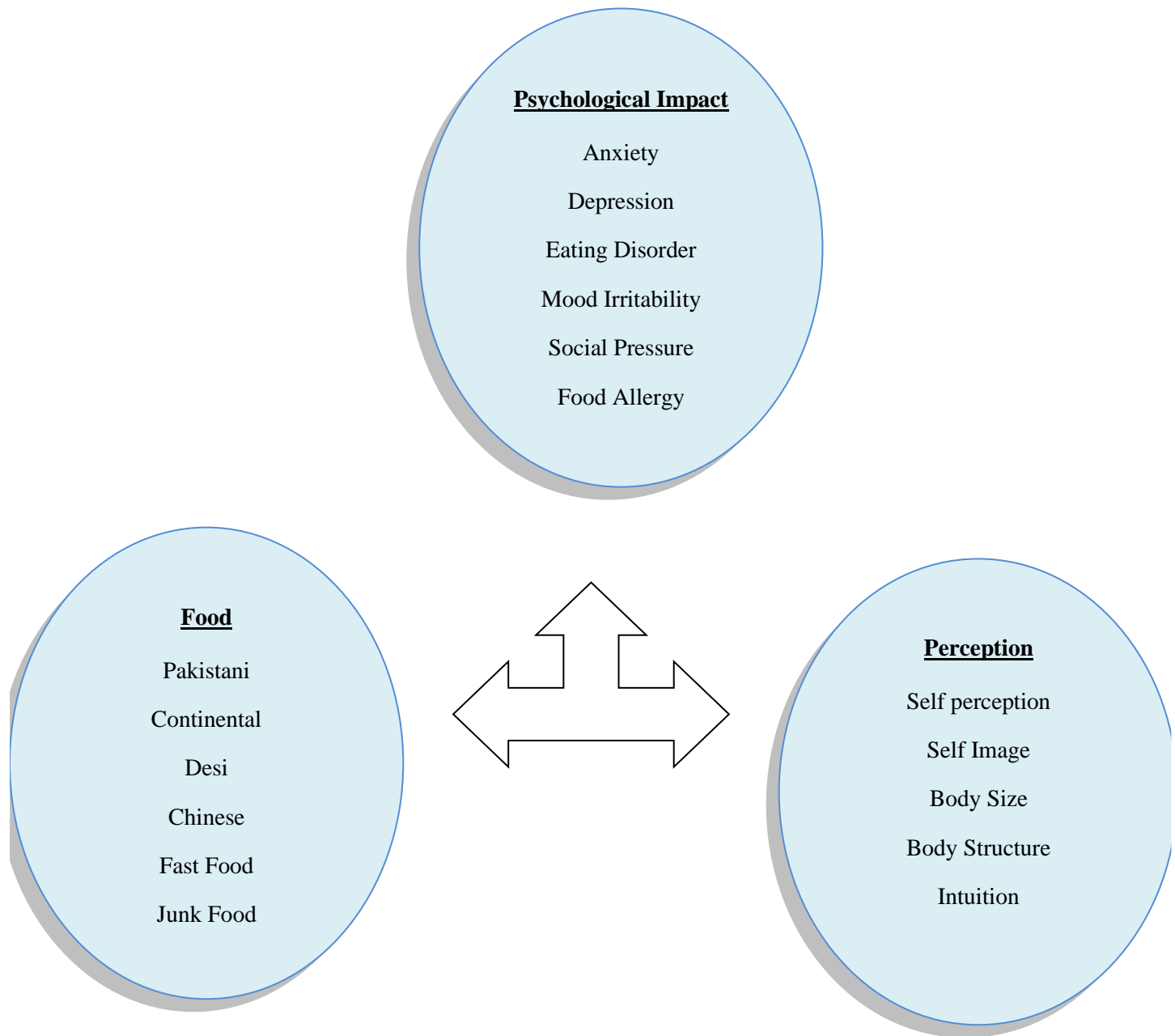
Another added:

“TV and social media promoting the trend... skinny girls are much concerned about their physique... media has strong impact on our youth.”

Table 1: Super Ordinate, Major and Emerging Themes.

Super Ordinate Theme	Major Theme	Sub Theme
	Biological Issues	Blood Pressure Allergies Cholesterol Immune system Stomach Ulcer Gastric issue Heart Problems Nausea Constipation Sugar Chest Burning
Medical Issues	Physical Issue	Body Aches/Pains Sweating Fatigue Muscle Stiffness Obesity Backbone Pain

Super Ordinate Theme	Major Theme	Sub Theme
	Psychological Issue	Sadness Depression Insomnia Anxiety Cranky Behavior Mood Disturbance Irritability Frustration Aggression Eating Disorder Trauma
Self-Perception	Self-Image	Body concerns Body Mass Index Imagination Insight view Exercise Nutritionist Diet Plan
Cultural and Environmental Perception	Culture	Food Preferences Food Varieties Family and Peer Influence Inherited taste/flavor Association Social Perception
	Environment	Hygienic Condition Food Presentation Appealing Company Instrument Table Manners Status
Awareness	Acknowledgement	Time Management and Scheduling Rely on Social and Electronic campaigns Consultation



Perceptions about Psychological Impact of Food

DISCUSSION

The present study offered valuable insights into how individuals perceive the psychological impact of food, particularly among those who identify as food lovers and have faced emotional or medical challenges. The findings indicated that while food often provides emotional comfort and enjoyment, it simultaneously serves as a source of distress when linked to health complications, weight gain, or

societal expectations. These results reflect a complex interplay between emotional needs, physiological states, and sociocultural influences that govern eating behaviors and food perception. Medical concerns such as high cholesterol, obesity, digestive disturbances, and fatigue were commonly associated with disrupted eating patterns. These align with global public health data showing that poor dietary habits are major contributors to chronic conditions like cardiovascular disease and metabolic syndromes (19). Participants often reported a history of emotional eating, particularly during periods of grief, stress, or trauma, which mirrors findings in psychological research linking emotional dysregulation with maladaptive food intake behaviors. Excessive consumption of calorie-dense, palatable foods was frequently used as a coping mechanism to mitigate stress, anxiety, and depressive symptoms. This tendency has been supported by experimental and observational studies showing that sugar and fat-rich diets may momentarily elevate mood via dopaminergic and serotonergic pathways but contribute to long-term health deterioration (20,21).

Social media and cultural ideals emerged as influential forces in shaping self-image and food choices. Participants expressed feelings of inadequacy when comparing themselves to societal standards of beauty and health, particularly those reinforced by media portraying slimness as the ideal. These perceptions were more prominent among younger participants and were consistent with broader evidence showing that early internalization of body ideals can lead to disordered eating behaviors and low self-esteem as early as age six (22). Interestingly, cultural context played a protective role in some cases, particularly among Pakistani participants who exhibited greater acceptance of body diversity, supporting earlier cross-cultural research highlighting varied body satisfaction levels across ethnic groups. Self-perception was identified as a central theme in food-related decision-making. Many participants engaged in regulated diet plans and body monitoring to align with self-defined or culturally reinforced ideals. Yet, others adopted a more intuitive approach to eating, influenced by familial practices, religious teachings, and traditional values. These dual influences highlighted the need to consider both individual agency and environmental cues when addressing eating behavior modification in public health strategies. Previous literature similarly emphasizes the role of culturally embedded norms and practices in determining health behavior patterns across populations (23).

Environmental and cultural perceptions also shaped food attitudes. Participants placed strong emphasis on hygienic food conditions, presentation, and social settings, indicating that food intake extends beyond mere physiological need and functions as a social and aesthetic experience. This was especially evident in narratives involving food served during events or outings, where ambiance and company played a vital role in enhancing or diminishing food enjoyment. These experiences reinforce the sensory integration framework of food perception, where multiple modalities—such as sight, smell, and even auditory input—combine to influence palatability and satisfaction (24,25). Awareness levels regarding food quality, halal certification, and time management in dietary habits were found to be variable. Despite residing in a Muslim-majority country, many participants demonstrated limited awareness about halal food certification, a finding corroborated by previous exploratory studies conducted in Pakistan. This points to the potential for targeted educational and marketing interventions that promote both religiously appropriate and nutritionally sound food options. Similarly, participants acknowledged the value of time management and dietary planning but struggled with consistency, especially due to professional responsibilities and urban lifestyle demands.

The emergence of psychological issues as a major theme was reinforced by literature on eating disorders and emotional vulnerability. Participants with a history of trauma, depression, or anxiety often reported fluctuating eating habits, from complete avoidance of food to uncontrolled binge episodes. These findings are consistent with clinical observations that link emotional instability with disordered eating patterns and underscore the importance of integrating mental health services with nutritional counseling. Emotional eating appeared more prevalent among women, aligning with previous research that identified a strong association between stress-induced eating and disinhibition scores in females, whereas men showed fewer emotional-food linkages (26). The study also highlighted how status consciousness and socio-economic pressures contribute to food-related behaviors. For some participants, dining at high-end venues was not just a preference but a symbolic act of social validation. This was mirrored in earlier survey data indicating that individuals often tailor their food choices to conform with class expectations and public image, further complicating efforts to promote healthful eating across social strata (27).

Several strengths of this study should be acknowledged. The use of Interpretative Phenomenological Analysis allowed for rich, detailed insights into personal food-related experiences. Conducting interviews in participants' native languages added cultural sensitivity and enhanced data validity. Additionally, the inclusion of both genders and a wide age range enriched the diversity of perspectives. However, the study also had notable limitations. The sample size was small and non-random, limiting generalizability. The descriptive nature of qualitative research restricted the ability to infer causal relationships. Interviews were time-consuming, which may have contributed to participant fatigue and influenced the depth of responses. Furthermore, some identified sub-themes, such as "instrument" and

"consultation," lacked direct narrative evidence and should be interpreted cautiously. Data collection from a more geographically and socioeconomically diverse population would enhance the robustness of future research. Future studies could benefit from expanding the sample size and including quantitative measures to triangulate findings. Comparative analyses between individuals with and without diagnosed eating disorders would also offer valuable clinical insights. Addressing cultural bias and incorporating multivariate statistical techniques may further elucidate the dynamic relationships between food perception, psychological states, and behavioral outcomes. Overall, the findings emphasize the multifaceted nature of food perception, which is shaped by emotional, cultural, biological, and environmental factors. This complexity necessitates holistic health interventions that not only focus on dietary intake but also address mental health, cultural awareness, and socioeconomic realities to promote sustainable behavioral change.

CONCLUSION

This study offered an in-depth exploration of how individuals perceive the psychological impact of food, highlighting the intricate links between emotional well-being, cultural expectations, self-image, and dietary behavior. The emergence of themes such as medical issues, self-perception, cultural influences, and awareness underscores the complex role food plays in both personal health and social identity. The findings emphasized the importance of recognizing eating disorders, promoting healthy dietary habits, and encouraging consultation with nutritionists to foster physical and emotional well-being. In culturally driven societies, where appearance often shapes social acceptance, particularly in contexts like marriage, the pressure to conform to ideal body standards—fueled by media and fast-food culture—can significantly impact mental health. This research underscores the need for culturally sensitive education and intervention strategies that not only inform but also empower individuals to make balanced, health-conscious food choices.

AUTHOR CONTRIBUTION

Author	Contribution
Rehma Tariq*	Substantial Contribution to study design, analysis, acquisition of Data
	Manuscript Writing
	Has given Final Approval of the version to be published

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