EMOTIONAL CLARITY, ADULT ATTACHMENT AND EMOTIONAL EATING

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PLAGIARISM

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ABSTRACT

Emotional eating is one of the most studied topics recently and has been the subject of many medical and psychological studies. This research examined the relationship among emotional eating, emotional clarity, and adult attachment and was conducted during the Coronavirus pandemic, in two periods (self- quarantine and new normal periods) with and without governmental restrictions. The study was conducted with a total of 194 participants; 69 in the self- quarantine period and 125 in the new normal period; between the ages of 20-45. To measure emotional eating scores, eating with positive and negative emotions subscale of "Emotional Appetite Questionnaire" (Demirel et. al., 2014) was used. Emotional clarity subscale of "Difficulties in Emotion Regulation Strategies" (Rugancı & Gençöz, 2010) was used to measure emotional clarity. Additionally, to measure attachment dimensions, "Experiences in Close Relationships- Revised" (Selçuk et. al., 2005) scale was used.

As a result, a positive correlation between attachment anxiety and emotional clarity scores, as well as attachment avoidance and emotional clarity scores were found in the new-normal period. In this period, no significant relationship was found between emotional eating and attachment dimensions and emotional clarity scores. In self-quarantine period, positive relationships between attachment anxiety and eating with positive emotions scores, as well as attachment anxiety and emotional clarity scores were found. However, no significant differences were found between avoidant attachment dimension and emotional eating and emotional clarity scores during this period. The findings were evaluated in the light of the literature and suggestions for future studies were presented.

Keywords: emotional eating, eating with positive emotions, eating with negative emotions, emotional clarity, attachment, attachment anxiety, attachment avoidance

ÖZET

Duygusal yeme, son zamanlarda en çok araştırılan konulardan biri haline gelmiştir ve pek çok medikal ve psikolojik araştırma tarafından konu edilmiştir. Bu araştırmanın amacı duygusal yeme, duygusal açıklık ve yetişkin bağlanması arasındaki ilişkileri incelemektir. Araştırma, Coronavirüs salgını döneminde, yönetimsel kısıtlamaların olduğu ve olmadığı iki dönemde (karantina ve yeni normal dönemleri) gerçekleştirilmiştir. Araştırma, 20-45 yaş aralığında, karantina döneminde 69, yeni normal dönemde 125 olmak üzere toplamda 194 katılımcı ile gerçekleştirilmiştir. Katılımcıların duygusal yeme puanlarını ölçmek için "Duygusal İştah Anketi"'nin pozitif ve negatif duygularla yeme alt ölçeği (Demirel ve ark., 2014); duygusal açıklık puanlarını ölçmek için "Duygu Düzenlemede Güçlükler Anketi"'nin duygusal açıklık alt ölçeği (Rugancı & Gençöz, 2010) ve bağlanma boyutlarını ölçmek için "Yakın İlişkilerde Yaşantılar Envanteri" ölçeği (Selçuk ve ark., 2005) kullanılmıştır.

Araştırma sonucunda, yeni normal dönemde kaygılı ve kaçıngan bağlanma boyutları ile duygusal açıklık arasında pozitif yönde anlamlı bir ilişki bulunmuştur. Bu dönemde duygusal yeme ile bağlanma boyutları ve duygusal açıklık arasında anlamlı ilişkiler saptanmamıştır. Karantina döneminde ise kaygılı bağlanma boyutu ile duygusal açıklık arasında ve kaygılı bağlanma boyutu ile pozitif duygularla yeme arasında pozitif yönde anlamlı bir ilişki bulunmuştur. Kaçıngan bağlanma boyutu ile duygusal yeme ve duygusal açıklık arasında anlamlı bir sonuç bulunmamıştır. Bulgular, literatür ışığında değerlendirilmiş ve ileriki çalışmalar için öneriler sunulmuştur.

Anahtar kelimeler: pozitif duygularla yeme, negatif duygularla yeme, duygusal açıklık, kaçıngan bağlanma boyutu, kaygılı bağlanma boyutu.

To My Family,

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1. INTRODUCTION

1.1. Background

This study aims at investigating the role of emotions on disordered eating, in particular regulation of the emotions and attachment is studied in relation to emotional eating. In this study, emotional clarity is the focus of attention as an emotion regulation strategy.

Eating habits were subject to many studies throughout years, especially to medical and psychological ones (Ganley, 1989; Bruch, 1964). Today, eating habits are still studied by many researchers with one of the most significant topics under investigation being eating disorders (Kaplan & Kaplan, 1957).

When past studies are examined, we see that until the mid-19th century, research on eating disorders was mostly based on physiological explanations (Kaplan & Kaplan, 1957). As Bruch (1964) mentioned, in latter part of the 19th century, mental factors are added into physiological explanations. Researchers started to reveal different aspects of eating disorders with the help of psychological explanations. For instance, the definition of anorexia nervosa began to take its current form (Bruch, 1964). In addition, during the first years of 20th century, the link between overeating in obesity and emotional disturbances started to be investigated (Kaplan & Kaplan, 1957).

Within years, many studies focused on understanding the sociocultural factors of eating disorders. For example, Stice, et. al. (1994) investigated the conditions of thin –ideal media body images influencing women to develop eating disorders. Similarly, Hawkins, et. al. (2004) found that culturally imposed body image increases body dissatisfaction and negative affect and decreases self-esteem in female population. Besides sociocultural factors, there are also gender related differences in

eating pathology. Many researchers pointed out that females are at more risk compared to males (Hoiberg et. al., 1980; Seven, 2013). In fact, Neumark-Sztainer et.al., (2011) stated that adolescent girls are more likely to continue their disordered eating patterns in adulthood in comparison to adolescent boys.

When it comes to understanding the nature of eating disorders, emotions are also found to be an important element. In several studies, the results showed that both positive and negative emotions elicit changes in eating behavior-- also defined as "emotional eating" (Macht, 2008; Ouwens et. al., 2009). Disordered eating patterns can be characterized by a lack of ability to differentiate emotions (Vajda & Lang, 2014; Macht & Simons, 2010). Additionally, several studies showed that individual's emotional development, as well as eating patterns are strongly affected by the early relationship between the infant and the primary caregiver (Darling & Steinberg, 1993; Birch & Fisher, 1998). Parallel with these overall findings, this study investigates the relationship of adult attachment dimensions, and one emotion regulation strategy, i.e., emotional clarity with emotional eating in two different Coronavirus pandemic groups.

2. LITERATURE REVIEW

2.1. Emotional Eating

Eating habits are influenced by negative and positive beliefs, thoughts, and emotions about nutrition (Alvarenga et. al., 2012). Research results suggest that changes in emotional states can affect the frequency, amount, and quality of the food intake. Emotional changes can cause increased eating up to 43% or decreased eating down to 39% in normal-weight population (Macht, 2008). This means that emotions not only cause overeating but also cause restrictions in food consumption. It also influences food preference. For example, Konttinen et.al. (2010) found that people mostly prefer sweets and energy-dense foods during emotional eating.

In general, there are several explanations for how emotions change eating behavior in terms of food choice, amount of food consumed, and frequency of food consumed. The first conceptualization of emotional eating was within the framework of psychosomatic theory. Psychosomatic theory generally defines emotional eating as "overeating that is evoked by distressing emotions probably because of early learned experiences" (Kaplan & Kaplan, 1957, p.190). Kaplan & Kaplan (1957) also pointed out overeating's reductive function on anxiety and emotional distress. Later, Bruch (1964) stated that because of their lack of abilities on clarifying emotions, obese individuals confuse their emotional needs with physical hunger and to fulfill their emotional needs, they eat. Although definitions first came out studies with obese individuals, it was later accepted also for the general population.

Emotional eating is furthermore referred to changes in eating behavior as a response to different emotional conditions like anger, anxiety, loneliness, joy…etc. (Timmerman & Acton, 2001; Macht & Simons, 2000). Ouwens et. al. (2009) included

emotional and relational problems like anxiety, depression, and intimate relationship problems…etc. into the definition of emotional eating. In summary, the occurance of emotional eating does not depend on physical hunger but is only related to emotional alterations.

Emotional eating can occur as a response to both negative and positive emotions. Ganley (1989) stated that negative emotions like stress, anger, anxiety, depression, and loneliness trigger eating and result in overeating. In their experimental study, Chua et. al. (2004) found that negative mood-induced experimental group consumed more food than the control group. Further research showed an increase in food consumption during boredom and depression (Mehrabian, 1980). However, the same study also indicated decreased food consumption during fear and tension (Mehrabian, 1980). Robbins and Fray (1980), in a different study, found that people consumed less when faced with highly intense emotions like frustration and horror.

In addition to studies on the relationship between negative emotions and eating habits, several studies on positive emotions and eating habits showed that positive emotions cause an increase, decrease or no change in food consumption. For example, Macht (1999) and Macht and Simons (2000) stated that positive emotions like happiness and joy increase the tendency to eat to enjoy the food. Also, Evers et.al. (2013) found in their experimental study that positive emotions lead to more food consumption. However, there are also studies that show no change or decrease in food intake when positive emotions are induced. Turner et. al. (2010) tested the effects of positive emotions on chocolate chips consumption, and found that in comparison to the control group, positive emotions induced group consumed less chocolate chips. Furthermore, Lowe and Fisher (1983) conducted a study to examine emotional

reactivity and emotional eating in normal and obese groups and found no change in both groups in consumption of food following positive emotions.

2.1.1. Mechanisms of emotional eating

Looking further into the relationship between eating and emotions, Stice (2001) pointed out that eating serves either regulation or eschewal function from ungovernable emotions. In line with this, Rommel et. al. (2012) found that obese people eat as an emotion regulation strategy. As an example of this, Pines and Gal (1977) found in their experimental study that students consumed more food in an anxiety evoking test situation and eating food reduced their levels of anxiety.

Emotional clarity as an emotion regulation component is also a factor contributing to emotional eating. In their study, Rommel et. al. (2012) found a link between low emotional clarity and emotional eating. Similarly, Bruch (1964) mentioned in her article that people's inability to clarify emotional states is relational to eating disturbances. Moreover, the results of a study with people in the eating disorder group results showed significantly lower emotional clarity and dysfunctional emotional regulation (Svaldi et. al., 2012).

There is also another factor that directly affects the urge to eat: hedonic eating. Homeostatic or in basic terms physical hunger is a sign of long-term absence of energy intake (Lowe & Butryn, 2007). Hedonic hunger seems to be the opposite of homeostatic hunger; there is no need for energy depletion in hedonic eating. Hedonic eating is more related to consuming comfort foods (Herz, 2017) and palatable foods (Lowe & Butryn, 2007) and the focus is on getting pleasure from the food consumed. However, in emotional eating, food intake increases or decreases according to emotional fluctuations. Therefore, hedonic eating can be considered a contributor to emotional eating (Herz, 2017).

Alongside the psychological factors in the mechanism, there are also contributive physiological factors to emotional eating. Kaplan and Kaplan (1957) highlighted the importance of physiological processes in the urge to eat. Consuming different kinds of nutrients leads to different kind of neurochemical responses. For example, carbohydrate-rich foods cause increases in tryptophan levels and activates the serotonergic system in the brain. Increases in serotonin levels lowers the anxiety levels (Macht & Simons, 2011). In their neuroimaging study Kakeda et. al. (2010) revealed that people who held sugar in their mouth had less emotional agitation and felt more relaxed due to the greater release of endorphins compared to placebo (no sugar) group. In line with this, Thayer (2001) showed that consumption of sweets increases energy levels and decreases feelings of tension and negative mood eventually. Even the food itself changes the mood and it takes some time to do that. Therefore, it is not preferable for emotional eaters to wait for the digestion of the food for relief. (Macht & Simons, 2011).

The Three-Stage Model developed by Macht and Simons (2011, p. 290) explain three levels of emotional eating: the first one is related to hedonic eating in which people can get relief with little amount of palatable foods, in the second step people need to consume a big meal to regulate mood (physiological mechanisms get active), and the third step is related to emotional overeating in which people consume large amounts of food in limited time for the following neurochemical effects.

2.1.2. Theories for emotional eating

There are several approaches explaining the underlying factors of eating related disorders. In the first one, the psychoanalytic approach, instinctual factors play a great role in the emotional, mental, and biological development (Bruch, 1964). Anna Freud pointed out the unconscious conflicts' tension-relieving function of the food

(Freud, 1946). Food is seen as a symbolic representation of "oral mother" (Sperling, 1949, 1968, as cited in Schwartz, 1986, p.1). Binging and vomiting behavior are seen a result of introjection-projection struggles of the infant (Schwartz, 1986). Also, restricted eating and overeating are explained with "fear of oral impregnation" (Bruch, 1964, p.271).

Klein (1952), another psychoanalyst, also suggested that the relationship with the food starts in early infancy. The infant develops a relationship with the external world through her mother's breast and reflects his/her internal world's material (urges, impulses, emotions, etc.) to mother's breast. In normal development, around 2-3 years old the child starts to differentiate herself from the mother and develops an understanding of the self and the other. This process is called the "separation-individuation process" (Mahler, 1972, p. 333-338). According to Mahler (1972), the relationship with the food and eating related disorders starts with a developmental arrest in the separation-individuation process and leads to confusion about one's own bodily needs (Schwartz, 1986). In brief, early relationship with the mother and the mental representations of the mother in the infant's mind influences the relationship with the food in adult life and leads to disturbances in eating behaviors.

Cognitive-behavioral theorists focus on stimuli-cognition-behavior triad and some other contributors in the explanation of different eating disorders. Williamson et. al. (2004) developed a model in which they aimed to collect 30 years of research together in a cognitive-behavioral theory in eating disorders. According to this model, several types of stimuli (e.g., body or food related information) lead to a cognitive bias which then leads to disordered eating behavior. Also, psychological risk factors like fear of being fat, internalization of thin-ideal shapes and perfectionism contribute

to the development of self-perceptions related to body/size/shape/eating which in the end influence disordered eating.

Alongside the theories which try to enlighten underlying factors of eating disorders, psychosomatic theory takes its basics from psychoanalytic theory but focuses on patients' bodily confusions. According to Kaplan and Kaplan (1957) focusing on physiological problems and causes only is not enough to explain obesity. They proposed that obese individuals confuse their bodily urges (hunger) with psychological urges (appetite). Hunger is simply related to body's reaction to food deprivation while appetite is eating based on emotions, learned experiences and psychic forces. They theorized that eating disorders are derived from an inability to properly differentiate bodily sensations, psychological factors, and emotions from each other (Kaplan & Kaplan, 1957; Bruch, 1964).

According to attachment theory, another theory based on psychoanalysis, individual's relationship with food starts with mothers' feeding process of the baby. With breastfeeding, mother helps the baby to develop intimacy and feelings of being attached to someone and satisfy not only physical but also psychological needs. (McWilliams, 2010). This leads to the fact that relationships developed during infancy with primary caregivers influence eating patterns and emotion regulation abilities of an individual. The relationship between the mother and the baby teaches the baby to understand and clarify emotions and gain self-soothing abilities. The quality of the bond (secure or insecure) which the infant develops with the mother influences eating pathology during adulthood (Ty & Francis, 2013; Tasca et.al., 2011).

2.2. Attachment Theory

Originally as a psychoanalytic theorist, John Bowlby, working with institutionalized children and at the same time being affected by ethology, especially

research on birds and mammals about bonding, realized that for a newborn baby bonding with the mother meant survival (Ainsworth, 1979; Bowlby, 1980; Bowlby, 1988; Morsümbül & Çok, 2011). A newborn needs the mother's protection and caregiving and the bonding between the mother and the child occurs in a proximity-seeking behavioral system which provides the infant with a protection from outside dangers and with conditions to discover the world safely, also called a "secure base" (Ainsworth, 1979; Bowlby, 1988; Hazan & Shaver, 1994; Sümer & Güngör, 1999).

Bowlby (1980, p.38), defined attachment behavior as "any form of behavior that results in a person attaining or retaining proximity to some other differentiated and preferred individual.". He especially emphasized the importance of necessity of these attachment behaviors, as much as other instinctual behaviors like sexual or eating behaviors (1980; Bretherton, 1992).

Some of the attachment behaviors like smiling, crying, rooting, sucking, and grasping are present at birth to develop proximity and to remain in contact with the caregiver (Ainsworth, 1979; Bretherton, 1992). Later, a class of specific attachment behaviors occur in response to internal stimuli like illness, pain, hunger and external stimuli like separation, fatigue, strangeness, and frightening situations (Ainsworth, 1979; Bowlby, 1980, 1988). Loss of emotional bonds seems to be a great danger for the child and triggers separation anxiety and most intense attachment behaviors like clinging, crying, anger outbursts (Bowlby, 1980). Robertson and Bowlby (1952; as cited in Bretherton, 1992, p.769) mention that as a response to separation there are feelings of "despair" as a response to grief and mourning and "denial and detachment" behaviors, especially repression as a defense of the self. All these sets of behaviors child developed according to the responses of the caregiver are coded in the child's mind as mental representations of self and others, also called "internal

working models" and influences later responses of the person during later life relationships (Main, Kaplan & Cassidy, 1985, p.68; Morsümbül & Çok, 2011, p.555) and affect regulation abilities (Tasca & Balfour, 2014).

2.2.1. Attachment styles

Positive or negative mental representations of a person directly influence his understanding of trustworthiness of others and of his own likability, the way he sees himself and others, and these understandings determine a personality trait; his attachment style (Sümer & Güngör, 1999; Main et. al., 1985).

Classification of attachment according to individual differences was originally put forward by Ainsworth (1979). In a laboratory setting "Strange Situation" was introduced to children in three levels: in the first one, children were taken into the room with the mother; only the room itself was strange to the child (low intensity); in the second level a stranger came into the room (higher intensity) and at last level the mother left the room and the child stayed alone with the stranger (highest intensity). Mothers' return followed these stages and attachment behavior during the stages and in mothers' return were observed (Ainsworth, 1979).

Ainsworth (1979) categorized three types of individual differences in attachment behavior. In the lab conditions, *securely attached* children displayed proximity and contact seeking behaviors in the reunion episodes with the mother and showed no avoidant nor resistant behavior and mothers of this group were consistently available, responsive, and sensitive. *Anxious-ambivalently attached* children sought proximity and contact with the mother in the reunion but also showed angry and resistant attitudes against her. In home observations, mothers of this group seemed to be inconsistent in her actions, sometimes unavailable and unresponsive but other times intrusive. *Anxious-avoidantly attached* children sought no contact and

proximity with the mother in the lab situation, indeed they showed avoidant behavior against the mother. Mothers of these children avoided close bodily contact and ignored the needs of comfort and proximity (Ainsworth, 1979; Hazan & Shaver, 1994). After several years of this work, Main and Solomon (1986) added a fourth attachment style; *disorganized/disoriented attachment style*, which is a mixture of ambivalent and avoidant attachment styles specific to loss as a certain way of anxiety managing.

2.2.2. Adult attachment

Bowlby (1979) saw attachment as something which lasts "from the cradle to the grave" (as cited in Zeifman & Hazan, 2016, p. 416). This point of Bowlby has been carried in the later works of many theorists. Up to date, a large number of research revealed evidence which shows that mother-child relationships and romantic relationships share similar psychological properties like hormonal, neurobiological and attachment mechanisms (Zeifman & Hazan, 2016).

In their first attempt to explain adult attachment Hazan and Shaver (1987) examined how adult love was experienced differently by people depending on their attachment styles. They hypothesized that romantic relationships as an attachment process were parallel with attachment styles during infancy (Sümer & Güngör, 1999; Feeney, 2016). They evaluated participants' attachment styles by using Ainsworth's classification of three types: secure, anxious-ambivalent and anxious-avoidant (Hazan & Shaver, 1987). They found that securely attached people are more trusting and friendly in their relationships, they have higher levels of closeness, trust and intimacy with people, and they live longer and have happy relationships (Faber et. al., 2018; Hazan & Shaver, 1987). As opposed to securely attached people, ambivalently or avoidantly attached people had shorter relationships; avoidantly attached people

generally experienced fear of intimacy, emotional highs and downs, lower levels of trust to others and higher levels of jealousy (Hazan & Shaver, 1987). Also, they are characterized by more self-reliance (Faber et. al., 2018). Similarly, anxiously attached people showed emotional instability, higher levels of jealousy, fear of abandonment and obsession with the partner (Faber et. al., 2018; Hazan & Shaver, 1987).

The difference of adult attachment from infant attachment is that in romantic relationships, needs and expectations from partners are two-sided; however, in infant-caregiver relationships infants seek care and security, but do not provide them (Hazan & Shaver, 1994). Also, in case of feelings of insecurity, infant can seek more close contact with the caregiver and can relax only with physical contact. However, in adult attachment, the feeling that the attachment figure, the safe heaven, is present is enough for calming down (Hazan & Shaver, 1994). Lastly, in infant attachment, the caregiver is powerful and superior, while in adult attachment the attachment figure is generally a peer, equal in terms of power and caregiving (Hazan & Shaver, 1994).

2.2.3. Measurement of attachment in adulthood

Measuring adult attachment, George et. al. (1985) developed "Adult Attachment Interview", in which interviewees answered questions about their relationships with parents during childhood. Parallel to Ainsworth's classification, participants are categorized as secure (free and autonomous), dismissing (of attachment) and preoccupied (with attachment) (Main et. al., 1985). However, limitations of an interview in experimental studies lead to the development of self-report measures.

Hazan & Shaver (1987, 1990) developed a three-paragraph long questionnaire to assess attachment styles depending on the participants' behavior on close relationships. With this questionnaire, participants were categorized into three

attachment styles, as in line with Ainsworth's classifications. However, later studies revealed that attachment styles can be best described in two-dimensional attachment style space (Bartholomew & Horowitz, 1991; Brennan et. al., 1998; Fraley et al. 2000). Again, in line with Ainsworth's description, participants who scored less in *attachment anxiety* and *attachment avoidance* described to have a *secure style* (Mikulincer & Shaver, 2003). A sense of attachment security, comfort with intimacy and interdependence, and reliance on the primary attachment style in times of need characterize this region (Mikulincer &Shaver, 2003). The *anxiety dimension* refers to the area where anxiety is high, and avoidance is low (Mikulincer &Shaver, 2003). A lack of attachment security, heightened craving for closeness, relational anxieties, and reliance on hyperactivating methods characterize this region (Mikulincer &Shaver, 2003). Lastly, *avoidance dimension* is described with high avoidance in which more self-reliance, emotional distance with others and reliance on deactivating strategies is seen (Mikulincer &Shaver, 2003).

2.3. Emotion Regulation

Emotions bring "…color, depth, and nuance to the life experiences." (Bloch et. al., 2010, p. 89). Emotions are thought to be adaptive outputs of cognitive, behavioral, physiological, experiential, and social demands (Gross, 1998; 1999). They help individuals to efficiently co-ordinate diverse response systems in times of significant challenges and opportunities (Levenson, 1999).

Since emotions are one of the core elements of human beings, disruptions in emotions also play important role among psychopathologies (Bloch et. al., 2009; Gross, 1998). Many researchers believed that regulation problems of emotions lead to psychopathologies in several areas like eating disorders, (Clinton, 2006; Gross, 1998; Steiger & Houle, 1989; Tasca & Balfour, 2014), mood disorders (Joormann &

Siemer, 2014), anxiety disorders (Campbell-Sills et. al., 2014) and so on. In these terms, understanding and defining emotion regulation is very crucial.

Many researchers tried to develop a general definition for emotion regulation. However, since it is a multifaceted concept, there are several explanations in literature which define its aspects. For instance, Gross and Munoz (1995) proposed that, firstly two functions of the phenomena need to be clarified: "…regulation (of something) by emotions or the regulation of emotions themselves." (p. 152). Additionally, some other researchers tried to explain emotion regulation in terms of the ability of emotional expression (Garner & Spears, 2000; Zeman & Garber, 1996), differentiation, clarifying and being aware of emotions (Cole et. al., 1994; Gross & Munoz, 1995; Thompson & Calkins, 1996), and accepting emotional responses (Cole et. al., 1994).

As an attempt to develop a wide-range explanation, Gross (1998) stated emotion regulation as the process of regulating when and in what intensity individuals experience emotions and how they express them. He also pointed out that this process could be conscious or unconscious; automatic or controlled. In addition, Thompson and Calkins (1996) referred to emotion regulation as intrinsic or extrinsic ability of the individual to define, understand and change her emotions to adapt socially and achieve her goals. Gratz and Roomer (2004, p. 42-43) developed a multidimensional definition of emotion regulation which is

> … conceptualized as involving the (a) awareness and understanding of emotions, (b) acceptance of emotions, (c) ability to control impulsive behaviors and behave in accordance with desired goals when experiencing negative emotions, and (d) ability to use situationally appropriate emotion regulation

strategies flexibly to modulate emotional responses as desired in order to meet individual goals and situational demands.

2.3.1. Theoretical baselines of emotion regulation

The concept of emotion regulation was investigated differently by each theoretical approach. One of the first approaches that mentions emotion regulation is psychoanalysis. Psychoanalytic approach focuses on "anxiety" (which is a representative concept for all negative emotions) which occurs as a result of the tension between "id" wishes and "superego" demands and how "ego" manages this (Gross, 1999). When these demands are too overwhelming for the ego and consumes most of the psychic energy, ego represses them by using several techniques (Freud, 1926/1959, as cited in Gross, 1999, p.553). These techniques which are developed by the ego to prevent undesirable creation of anxiety are called "ego defenses" and are seen as part of the self-regulatory system of human beings (Gross, 1999).

Ego defenses were also main interest for object relations theorists and were seen as an output of a malfunctioning self-regulation system (Clinton, 2006; Granieri & Schimmenti, 2014; Steiger & Houle, 1989) According to object relations theory, a person develops mental representations of self and others because of the relationship with the primary caregiver (mother usually) (Clinton, 2006; Steiger & Houle, 1989). Through his/her relationship with others, infant internalizes them or some of their aspects as "inner objects" (Clinton, 2006, p.208, Masterson, 2004). Internalization of the problematic attunement and soothing skills of the mother by the infant inhibits his/her ability to differentiate and regulate appropriately his/her emotional and physical states; the capacity of self-regulation (Clinton, 2006, p. 208; Erbaş, 2015; Granieri & Schimmenti, 2014). Problems in self-regulation ability besides leads to an

unstable sense of self and others and to more psychopathologies and recruitment of more maladaptive (primary) defense mechanisms (Steiger & Houle, 1989).

2.3.2. Attachment theory and emotional clarity as an emotion regulation strategy

Masterson & Lieberman (2004) pointed out the collaborative role of attachment and neurobiological brain studies in the formation of a healthy self. Influenced by the works of Margaret Mahler, Daniel Stern, John Bowlby and Alan Schore, Masterson & Lieberman (2004) suggested focusing on the pre-oedipal phase to understand the emotion regulation capacity of a person. He stated that, infants recognize emotions with the help of the primary caregiver and regulate his/her own emotions with the help of the primary caregiver (generally mother). If the mother is incapable of understanding, clarifying and regulating the emotions of the infant and reflecting them back, infant cannot learn how to understand, clarify and regulate emotions (Masterson & Lieberman, 2004). This role of the mother was explained by Schore (1994; as cited in Masterson & Lieberman, 2004, p. 31) who defined the mother as the infant's auxiliary cortex. As the higher cortical structures are not yet developed, the emotion regulator role of the mother is vital for the infant (Masterson & Lieberman, 2004). This early relationship with the mother influences the attachment responses of the infant (Masterson & Lieberman, 2004). Attachment relationship during especially 10^{th} and 12^{th} and 16^{th} and18th months play vital role on the development of functions of right prefrontal cortex, which is crucial for emotion regulation (Schore, 1994, as cited in Masterson & Lieberman, 2004, p.31).

As Bowlby clarifies, infants are born with a biological predisposition to seek physical and emotional "safety" from the mother (Shaver & Mikulincer, 2014). Caregivers' way of responding to the infants' needs determines infants' attachment.

Ainsworth and Wittig (1969) stated the significance of mothers' *emphatic reading and responding capacity* (understanding and clarifying the emotional states and responding according to that) to infant's changing emotional states in the determination of attachment dimensions (Kobak et.al., 2016). Mother's capacity to clarify the emotional signals that come from the infant, interpret them appropriately as attachment or exploration needs and respond accordingly, leads infant to recognize mother as "secure base" (Ainsworth & Wittig, 1969) and attachment security.

Shaver and Mikulincer (2016), in parallel, highlighted the importance of caregivers' emotional attunement with infant in their "Three-Phase Model of Attachment System" in where they directly linked the development of emotion regulation capacity with attachment. In the first step they mentioned biological and "survival" function of attachment system as Bowlby (1969) simply stated. In the second step, they focused on the availability and responsiveness of the attachment figure (Shaver & Mikulincer, 2016). As the third step of the model, they identified hyperactivating or deactivating responses of infants' whose caregivers' responses are not appropriate and compatible with the infants' signals and lead to disruptions in emotion regulations (Shaver & Mikulincer, 2016).

Hyperactivating responses are considered to derive from the inability of an anxious and inattentive caregiver to clarify emotions and attune with the infant. In the case of attachment anxiety, behaviors of the infant like crying, clinging, and seeking contact are because of emotional needs are not clarified and are met up in an unpredictable way (sometimes met and sometimes are not met) (Shaver & Mikulincer, 2016). This attachment relationship between mother and infant causes disruptions in the development of the infant's capacity to understand and clarify emotions (Shaver & Mikulincer, 2016). Supporting this theory, Elibol and Tok (2019) found that people

with attachment anxiety and attachment avoidance show more emotion regulation difficulties. Also, Goodall et. al. (2012) showed in their study that people with attachment anxiety and attachment avoidance are less clear about their emotions. In the case of attachment avoidance, distant, cool, and rejecting caregivers respond to infants' emotional needs with a lack of attunement and soothing, which then leads to dysregulations in emotion regulation abilities of the infant and depend on deactivating responses like detachment (Shaver & Mikulincer, 2016). Additionally, in a study conducted with young adults with anxious or avoidant attachment dimensions are less clear about their emotions and have more emotion regulation difficulties (Sarıbal, 2017).

2.3.3. Attachment theory, emotional clarity and emotional eating

Supporting the theories, research showed that difficulties in emotional clarity is related to attachment anxiety and avoidance and related to emotional eating. For example, in a study conducted with participants with eating disorders the results showed that lack of emotional clarity is related to eating less (Merwin et.al., 2010). Results of a study which is conducted with undergraduate students also showed that binge eating increases as the emotional clarity and access to emotion regulation strategies decreases (Whiteside et al., 2007). Similarly, Monell et.al. (2018) found that, in comparison to the control group, the group with eating disorders showed more difficulties in emotional awareness and emotional clarity. Another study found that difficulties in emotional awareness and clarity increase emotional eating in women (Moon & Berenbaum, 2009).

In their study, Taube-Schiff et.al. (2015) found that attachment anxiety and avoidance was related to emotional eating in bariatric surgery candidates. Orzolek-Kronner (2002) also found that, insecurely attached adolescent females develop eating

disorders more than the securely attached group. In another study, participants with low levels of support-seeking behavior (which is a key feature for avoidant attachment) showed more emotional eating and used it as coping mechanism (Mamo & Louka, 2022). In line with this, another study showed that subjects do more emotional eating to overcome the pain associated with their insecure attachment (Hernandez-Hons & Woolley, 2011).

This study is conducted during Coronavirus pandemic, which has been described as a worldwide pandemic and seriously threatens all humanity (Gümüşgül & Aydoğan, 2020). Conditions of living has changed with governmental restrictions; people started to self-isolate themselves in their homes (Cecchetto et. al., 2021; Serin & Koç, 2020). Several studies reported having eaten more during lockdown and having consumed more unhealthy foods (Robinson et al., 2020; Scarmozzino & Visioli, 2020). Crucially, some of the studies attributed changes in eating behavior to higher levels of stress (Ammar et. al., 2020; Scharmer et. al., 2020). Additionally, it is known that stress may lead changes in behaviors of people with insecure attachment (Cassidy & Shaver, 2016). In the light of these knowledge, the following research questions and hypotheses are developed and compared in terms of differences between two phases; self- quarantine and new normal.

Research Question 1: **Is there a relationship between attachment and emotional eating?**

H1: There is a positive correlation between attachment anxiety dimension scores and eating with positive emotions scores of the scale.

H2: There is a positive correlation between attachment anxiety dimension scores and eating with negative emotions scores of the scale.

H3: There is a positive correlation between attachment avoidance dimension scores and eating with positive emotions scores of the scale.

H4: There is a positive correlation between attachment avoidance dimension scores and eating with negative emotions scores of the scale.

Research Question 2: **Is there a relationship between emotion clarity and emotional eating?**

H5: There is a positive correlation between difficulties in emotional clarity scores and eating with positive emotions scores of the scale.

H6: There is a positive correlation between difficulties in emotional clarity scores and eating with negative emotions scores of the scale.

Research Question 3: **Is there a relationship between emotional clarity and attachment?**

H7: There is a positive correlation between difficulties in emotional clarity and attachment anxiety dimension scores.

H8: There is a positive correlation between difficulties in emotional clarity subscale and attachment avoidance dimension scores.

3. METHOD

3.1. Participants

A total of 280 participants answered the online questionnaire. Data were collected in two different time sections to see if there is a difference deriving from the effects of Coronavirus pandemic on the study; the first section was collected during the beginning of the pandemic (March-May 2020) in which the participants were in "self-quarantine". A total of 100 participants attended this part of the study. In the "new normal" section (June – September 2020), data were collected from a total of 180 participants. Due to age criteria (between 20-45), 11 participants from the "self-quarantine" section and 6 participants from the "new normal" section were excluded from the study. Additionally, 69 participants who reported a psychiatric medicine use were also excluded from the study. The final included 194 participants, ages 20-45 years (M = 26.43; SD = 5.17), 69 participants in the "self-quarantine" section (M = 25.56; SD= 4.4) and 125 participants in the "new normal" section (M = 26.84; SD = 5.4).

Table 1 shows the demographic characteristics of the participants both during "new normal" and self-quarantine" periods.

Table 1

Demographic Characteristics of Participants

Variable	Group	Self-quarantine		New normal	
		n	%	*n*	%
Gender	Female	41	59.4	79	61.7
	Male	28	40.6	46	35.9
Marital Status	Single	61	88.4	96	75.0
	Divorced	1	1.4	3	2.3
	Married	7	10.1	26	20.3
Education Level	Primary			4	3.1

Variable	Group	Self-quarantine		New normal	
		n	%	*n*	%
	Secondary			9	7.0
	Bachelor	49	71.0	88	68.8
	Masters/Doctorate	19	27.5	24	18.8
With Whom They Live	Friend	12	17.4	4	3.1
	Other			3	2.3
	Parents and/or siblings	42	60.9	68	53.1
	Spouse and/or children	7	10.1	27	21.1
	Romantic partner			4	3.1
	Alone	8	11.6	19	14.8
Health Problem	Yes	7	10.1	6	4.7
	No	62	89.9	119	93.0
Time Mostly Spent In	Home	68	98.6	95	74.2
	Outside	1	1.4	29	22.7

3.2. Procedure

Due to Coronavirus pandemic, data were collected by convenience sampling via Google Forms-which is the one of the most used online data collection tools. The age range was announced as 20-45 years. Data were collected in two different time periods to see if there is a difference between the periods of being self-isolated and not. The first set of data were collected during "self-quarantine period" in which people self-isolated themselves and which was between 10th of March and 31st of May, 2020. The second set of data were collected during the normalization process in which people were no longer in self-quarantine; this section is named as "new normal" during the study. The period of "new normal" were between the dates of 1st of June and 1st of September 2020.

During the online data collection participants started answering the questions after they have read the Informed Consent (Appendix A) and have accepted attending the study voluntarily. Afterwards, participants completed the sociodemographic form (Appendix B), Emotional Appetite Questionnaire (EMAQ) (Appendix C), Difficulties in Emotion Regulation Scale (DERS) (Appendix D) and Experiences in Close Relationships-Revised Questionnaire (ECR-R) (Appendix E). Lastly participants were informed about the purpose of the study with Debriefing Form (Appendix F). The whole study took between 5-10 minutes to complete. At the end of the study, participants were informed about the variables and the aims of the study. Participants were given a contact email address in case they wanted to reach out and know the results of the study.

3.3. Instruments

3.3.1. Socio-demographic form

In the sociodemographic form (see Appendix B) questions included participants' age, gender, marital status, educational status, recent eating situation, past and present psychiatric and psychological treatment, past and present psychiatric medicine usage, and physical health. The date participants attended the study was also recorded to know which section they belonged to (self-quarantine vs. new normal).

3.3.2. Emotional appetite questionnaire (EMAQ)

This scale was developed to measure emotional eating behavior. In the original scale, there are 22 items: 14 of them measure eating with positive/negative emotions and 8 of them measures eating in positive/negative situations. This is a 9-point Likert-type scale and participants rate changes in their eating according to different emotions like "sad, bored, secure, angry, happy…etc." and situations like "under pressure, after

a big fight…etc.”. Participants’ scorings between 1-4 show decreased eating, 5 no change and 6-9 increased eating. Participants can also select “not appropriate for me” and “I do not know the as an answer” choice which is not included in the total score.

This measure which was named as “Appetite Questionnaire” was originally developed by Geliebter and Aversa (2003) to use in their study in which they aimed to measure the role of both positive and negative emotions and situations on overweight and underweight people. They showed in their study that the measure is reliable and internally consistent with the Cronbach alpha value of .78 for negative emotions, .75 for positive emotions, .65 for negative situations and .57 for positive situations and test- retest reliability is between .71 to .95. Later Nolan et.al. (2010) worked further on the reliability and construct validity of the scale and named the current version the “Emotional Appetite Questionnaire”.

Turkish adaptation of the scale was conducted by Demirel et. al. (2014) with a Cronbach alpha value of .73. They conducted a factor analysis of the measure and found a two-way factorial structure which is a total of positive emotions and situations and a total of negative emotions and situations. Also, they found high inter-item correlations in the range of the values of r=.195 ($p<0.05$) – r= 883($p<0.01$). Only the 5th item was not significantly correlated so they excluded that item. Thus, the Turkish version of EMAQ consists of 21 items.

In this study (N=194), Cronbach alpha value is .74 for the total measure. Also, in line with the purpose of the study, scores for positive and negative situations were not included in the analyses. The questionnaire’s positive emotions subscale includes 5 items and negative emotions subscale includes 8 items (See Appendix C).

3.3.3. Experiences in close relationships inventory - revised (ECR-R)

This questionnaire is originally developed by Brennan et. al. (1998) to clarify the basic dimensions of adult attachment. As a result of a factor analysis with 323 items, they clarified two major dimensions of adult attachment which are anxiety and avoidance dimensions.

Revisions of the measure were conducted by Fraley et. al. (2000) by applying "item-response analysis" to the item pool, which was created by Brennan et. al. (1998). They developed the "Experiences in Close Relationships Inventory-Revised" (ECR-R) with higher measurement sensitivity through selecting the most distinctive items. They selected 18 items measuring the attachment anxiety dimension and 18 items measuring the avoidant attachment dimension. It is a 7-point Likert scale with 36 items in total. It consists of items for attachment anxiety subscale like "I'm afraid that I will lose my partner's love." and "I prefer not to show a partner how I feel deep down." for attachment avoidance subscale. Scoring is being conducted through calculating the mean scores for each subscale. Lower scores on both subscales point to attachment security and increases in scores points to anxiety or avoidance attachments. This scale can also be used for categorical measurement of adult attachment and scoring differs accordingly. However, in this study, attachment dimensions were measured in a continuous fashion and were scored as explained above.

The original scale was adapted to Turkish population by Selçuk et. al. (2005) (see Appendix E) with a Cronbach alpha value of .90 for attachment avoidance and .86 for attachment anxiety. In this study (N=194), Cronbach alpha value was .91 for attachment avoidance and .87 for attachment anxiety.

3.3.4. Difficulties in emotion regulation scale (DERS)

This scale was originally developed by Gratz & Roemer (2004) to measure difficulties in emotion regulation. This is a 5-point Likert-type scale which includes 36 items. Higher scores show more difficulties in the regulation of emotions. This scale aims to measure six dimensions of emotion regulation which are *non-acceptance* of emotional responses (NONACCEPTANCE) which consists of items like "When I'm upset, I feel like I'm weak.", lack of *emotional clarity* (CLARITY) which consists of items like " I have a difficulty making sense out of my feelings.", lack of *emotional awareness* (AWARENESS) which consists of items like "I care about what I'm feeling.", limited access to emotion regulation *strategies (STRATEGIES)* which consists of items like " When I'm upset, I believe that I'll end up feeling very depressed.", difficulties engaging in *goal-directed behavior* (GOALS) which consists of items like "When I'm upset, I have difficulty focusing on other things." and lastly *impulse control* difficulties (IMPULSE) which consists of items like "When I'm upset, I become out of control". A total emotion regulation score can be calculated through summing up all subscales or subscales can be used alone to measure the particular aspect of emotion regulation more specifically. In this study, only lack of clarity (CLARITY) subscale was used (see Appendix D). This subscale includes items that reflect the extent to which individuals know and are clear about the emotions they are experiencing.

The scale has an alpha coefficient of .93 and test-retest reliability coefficient is .88. Subscales' alpha coefficients for internal consistency ranges from .80 to .89.

The scales' Turkish adaptation was conducted by Rugancı & Gençöz (2010). The Turkish version of the scale has the same factor structure as the original scale except for one item and that item was excluded from the questionnaire. Thus, the

Turkish version of the questionnaire includes 35 items. The Cronbach alpha coefficient for the Turkish population was .94. The subscales' alpha coefficients for internal consistency ranges from .75 to .90 and test- retest reliability was .83. Also, clarity subscale is found to be internally consistent (.82) and reliable (.69). In this study (N=194), emotional clarity subscale has an alpha coefficient of .77.

4. RESULTS

Statistical analyses were completed using IBM SPSS Statistics Version 22. All the data collected through online were transferred into the program.

First, the frequency and percentage values of the demographic characteristics of the participants were examined. Additionally, descriptive statistics of emotional clarity, attachment dimensions and emotional eating levels of participants were calculated. Also, participants' information such as age, height, and weight, and were calculated.

During normality tests, skewness and kurtosis levels of emotional clarity, attachment and emotional eating were analyzed. Since the normal distribution were protected, data were tested parametrically via independent samples t-test and Pearson's correlation.

4.1. Participant Characteristics

Due to the outbreak of Coronavirus pandemic, data were collected in two different dates and analyzed separately. Both sets of data collected in different dates, are called "self-quarantine" and "new normal" periods.

Table 2 shows the eating characteristics of the participants both during "new normal" and "self-quarantine" periods.

Table 2

Participants' Eating Characteristics during "New normal" and "Self-quarantine" Periods

Variable	Group	Self-quarantine		New normal	
		n	%	*n*	%
Recent Eating Situation	Less	5	7.2	27	21.1
	More	37	53.6	40	31.3
	No Change	27	39.1	58	45.3
Getting Help to Lose Weight	Yes	20	29.0	27	21.1
	No	49	71.0	94	73.4

Variable	Group	Self-quarantine		New normal	
		n	%	*n*	%
Number of Main Meals	0-3	59	85.5	111	86.7
	4-6	4	5.8	12	9.4
	7 and more	5	7.2	1	.8
Number of Snacks	0-3	50	72.5	100	78.1
	4-6	16	23.2	22	17.2
	7 and more	2	2.9	3	2.3

4.2. Emotional Clarity, Attachment and Emotional Eating

Table 3 shows mean, standard variation and range values for emotional clarity, attachment, and emotional eating scores both during "new normal" and "self-quarantine" periods.

Table 3

Mean, Standard Deviation and Range Values for Difficulty in Emotional Clarity, Attachment and Emotional Eating Scores during "New normal" and "Self-quarantine" Periods

Section	Measure	*n*	*Min*	*Max*	*M*	*SD*
SELF-QUARANTINE	DERS-EC	69	5.00	20.00	10.52	3.20
	Attachment Avoidance	69	1.00	5.94	2.74	1.05
	Attachment Anxiety	69	1.11	6.11	3.40	1.16
	Emotional Eating-PE	69	5.00	45.00	27.61	8.62
	Emotional Eating-NE	69	12.00	68.00	36.49	11.04
NEW NORMAL	DERS-EC	121	5.00	25.00	10.48	3.43
	Attachment Avoidance	124	1.00	5.94	2.87	1.08
	Attachment Anxiety	124	1.22	6.83	3.27	1.17
	Emotional Eating-PE	125	6.00	43.00	28.83	7.24
	Emotional Eating-NE	125	10.00	67.00	34.77	11.39

Note: DERS-EC: Difficulties in Emotion Regulation Strategies- Emotional Clarity Subscale
Emotional Eating-PE: Emotional Eating Positive Emotions Subscale
Emotional Eating-NE: Emotional Eating Negative Emotions Subscale

Before correlation analysis, research data is analyzed in terms of normal distribution. Mostly used tests for normality is Shapiro-Wilk Test of Normality and Kolmogorov-Smirnov Test of Normality (Büyüköztürk, 2010). However, in social sciences, it has started to widely used skewness and kurtosis analysis of the data to test normality (Yalçıntaş, 2019). There are different references used for skewness and kurtosis values to meet the assumption of normal distribution. According to Büyüköztürk (2010), values should be between -1 and +1and for George & Mallery (2010) it should be between -2 and +2 to meet the normal distribution.

Table 4

Skewness and Kurtosis Values of the Distribution of Research Data

Section	Data	Skewness	Kurtosis
SELF-QUARANTINE	DERS-EC	0.82	0.57
	Attachment Avoidance	0.61	-0.01
	Attachment Anxiety	0.24	-0.59
	Emotional Eating-PE	-0.53	0.47
	Emotional Eating-NE	0.48	0.27
NEW NORMAL	DERS-EC	0.62	1.51
	Attachment Avoidance	0.27	-0.63
	Attachment Anxiety	0.63	-0.14
	Emotional Eating-PE	-0.20	-0.12
	Emotional Eating-NE	0.27	0.15

Note: DERS-EC: Difficulties in Emotion Regulation Strategies- Emotional Clarity Subscale

Emotional Eating-PE: Emotional Eating Positive Emotions Subscale

Emotional Eating-NE: Emotional Eating Negative Emotions Subscale

According to Table 4, the skewness and kurtosis values of the difficulties in emotional clarity, attachment avoidance, attachment anxiety, emotional eating positive emotion and emotional eating negative emotion dimensions for both in normal and self-quarantine sections are between -2.00 and +2.00. In this context, it can be said that the data of the study are normally distributed.

When the research data are normally distributed, parametric analysis methods are used (Kul, 2014). For this reason, data is analyzed via Pearson's correlation analysis.

4.3. Analyses Testing the Hypotheses

Table 5 and 6 show the analyses for the hypotheses:

Hypothesis 1 that there is a positive correlation between attachment anxiety scores and eating with positive emotions scores was supported for the "self-quarantine" group, but not for the "new normal" group.

Hypothesis 2 that there is a positive correlation between attachment anxiety scores and eating with negative emotions scores was not supported for the "self-quarantine" group, nor for the "new normal" group.

Hypothesis 3 that there is a positive correlation between attachment avoidance scores and eating with positive emotions scores was not supported for the "self-quarantine" group, nor for the "new normal" group.

Hypothesis 4 that there is a positive correlation between attachment avoidance scores and eating with negative emotions scores was not supported for the "self-quarantine" group, nor for the "new normal" group.

Hypothesis 5 that there is a positive correlation between difficulties in emotional clarity scores and eating with positive emotions scores was not supported for the "self-quarantine" group, nor for the "new normal" group.

Hypothesis 6 that there is a positive correlation between difficulties in emotional clarity scores and eating with negative emotions scores was not supported for the "self-quarantine" group, nor for the "new normal" group.

Hypothesis 7 that there is a positive correlation between difficulties in emotional clarity and attachment anxiety scores was supported for both the "self-quarantine" group and for the "new normal" group.

Hypothesis 8 that there is a positive correlation between difficulties in emotional clarity subscale and attachment avoidance scores was not supported for the "self-quarantine" group and was supported for the "new normal" group.

Table 5

The Relationship between *Difficulties in Emotional Clarity, Attachment and Emotional Eating During Self-Quarantine Period*

		DERS-EC	Attachment Avoidance	Attachment Anxiety	Emotional Eating- PE	Emotional Eating-NE
DERS-EC	r	1				
Attachment Avoidance	r	.121	1			
Attachment Anxiety	r	.335**	.403**	1		
Emotional Eating-PE	r	.060	.025	.274*	1	
Emotional Eating- NE	r	.085	-.182	.082	-.122	1

Note: DERS-EC: Difficulties in Emotion Regulation Strategies- Emotional Clarity Subscale

Emotional Eating-PE: Emotional Eating Positive Emotions Subscale

Emotional Eating-NE: Emotional Eating Negative Emotions Subscale

Table 6

The Relationship between Difficulties in Emotional Clarity, Attachment and Emotional Eating During New Normal Period

		DERS-EC	Attachment Avoidance	Attachment Anxiety	Emotional Eating- PE	Emotional Eating- NE
DERS-EC	r	1				
Attachment Avoidance	r	.193*	1			
Attachment Anxiety	r	.340**	.337**	1		
Emotional Eating- PE	r	.104	-.082	.143	1	
Emotional Eating- NE	r	-.008	-.154	.038	-.276**	1

Note: DERS-EC: Difficulties in Emotion Regulation Strategies- Emotional Clarity Subscale

Emotional Eating-PE: Emotional Eating Positive Emotions Subscale

Emotional Eating-NE: Emotional Eating Negative Emotions Subscale

4.4. Post-Hoc Analyses

To look at further details of the data, recent eating situations of participants were tested in order to see the dependency of results on periods.

Table 7

Participants' Recent Eating Situations In Terms of Periods

Variable			Periods		Total	X^2	*P*
			Self-quarantine	New normal			
Recent Eating Situation	Less	Count	5a	27b	32	16,9	.000
		%	7.2	21.6	16.5		
	More	Count	37a	40b	77		
		%	53.6	32	39.7		
	No Change	Count	27a	58a	85		
		%	39.1	46.4	43,8		
Total (100%)			69	125	194		

Note: $p < .05$; ab: Different letters represent the differences between the groups.

Chi-square results showed out a significant difference on recent eating situations of participants between new normal and self-quarantine sections ($x^2(2)= 16,902$, $p<.05$).

Table 8

Intergroup Comparisons of Measures with Regard to Gender in New-Normal Period

	Gender							
	Female			Male				
Measures	n	*M*	*SD*	n	*M*	*SD*	*t*	*p*
Attachment Avoidance	79	2.74	1.09	45	3.10	1.02	-1.79	.07
Attachment Anxiety	79	3.14	1.04	45	3.48	1.35	-1.45	.14
DERS-EC	76	10.28	3.04	45	10.80	4.00	-.79	.30
Emotional Eating-PE	79	28.01	6.92	46	30.23	7.63	-1.66	.43
Emotional Eating –NE	79	35.73	11.63	46	33.10	10.88	1.24	.21

Note: DERS-EC: Difficulties in Emotion Regulation Strategies- Emotional Clarity Subscale

Emotional Eating-PE: Emotional Eating Positive Emotions Subscale

Emotional Eating-NE: Emotional Eating Negative Emotions Subscale

An independent samples t-test analysis revealed that there is no significant difference on measures depending on gender in new normal section.

Table 9

Intergroup Comparisons of Measures with Regard to Gender in Self-Quarantine Period

	Gender							
	Female			Male				
Measures	n	*M*	*SD*	n	*M*	*SD*	*t*	*p*

Attachment Avoidance	41	2.61	1.12	28	2.91	.91	-1.13	.26
Attachment Anxiety	41	3.23	1.11	28	3.43	1.24	.24	.80
DERS-EC	41	3.42	1.24	28	3.35	1.06	1.04	.30
Emotional Eating-PE	41	25.95	9.77	28	30.03	5.92	-2.15	.03
Emotional Eating –NE	41	38.29	11.35	28	33.85	10.18	1.66	.10

Note: DERS-EC: Difficulties in Emotion Regulation Strategies- Emotional Clarity Subscale

Emotional Eating-PE: Emotional Eating Positive Emotions Subscale

Emotional Eating-NE: Emotional Eating Negative Emotions Subscale

An independent samples t-test analysis revealed that there is a significant difference on measures depending on gender in self-quarantine section which is emotional eating with positive emotions (Female M= 25.95, SD= 9.77; Male M= 30.03 SD= 5.92). However, participants' scores on attachment anxiety (t (67) = .24, p= .80), attachment avoidance (t (67) = -1.13, p= .26), difficulties in emotional clarity (t (67) = 1.04, p= .30) and eating with negative emotions (t (67) = 1.66, p= .10), did not differ in terms of gender in self-quarantine section.

5. DISCUSSION

5.1. Overview of the Study

This study was designed to investigate the relationship among attachment dimensions (attachment anxiety and attachment avoidance), emotional clarity as an emotion regulation strategy, and emotional eating. Data were collected in two parts to compare two groups in terms of possible effects of changing conditions of the Coronavirus pandemic on the study: The first part was during the "self-quarantine" period and the second part was during the normalization process. There were three significant findings of the present research. First, there was a positive correlation between attachment anxiety and difficulty in emotional clarity in both periods. Second, there was a positive correlation between attachment avoidance and difficulty in emotional clarity only in the "new normal" group. Lastly, there was a positive correlation between attachment anxiety and eating with positive emotions in the "self-quarantine" group only.

5.2. Attachment and Emotional Clarity

Attachment theory highlighted the importance of the mother-child interaction for the regulation of emotions. When the mother and child bonding develops in an insecure base, the infant could have difficulties in clarifying emotions (Schore, 1994; Siegel & Germer, 2012). In this study, a positive relationship between attachment anxiety and difficulty in emotional clarity, as well as attachment avoidance and difficulty in emotional clarity were found in the "new normal" group. Higher attachment anxiety and avoidance were found to be related with higher difficulty in clarifying emotions during the "new normal" period. In the "self-quarantine" group, a positive relationship between attachment anxiety and difficulty in emotional clarity were found. Only higher attachment anxiety was found to be related to higher

difficulty in emotional clarity in the “self-quarantine” group. No significant relationship between attachment avoidance and difficulty in emotional clarity were found in this group.

The present significant results found in the “new normal” group are consistent with the findings of previous studies (Sarıbal, 2017; Shaver & Mikulincer, 2016; Elibol & Tok, 2019) that people with attachment anxiety and attachment avoidance have more difficulty in clarifying emotions. Similarly, Stevens et. al (2014) found that people with attachment anxiety are more aware of their emotions but have struggle to identify and differentiate their emotions. Also, Kim (2005) found that, attachment avoidance is related to inattention to emotions and lack of emotional clarity.

Unexpectedly, no significant relationship was found between difficulty in emotional clarity and attachment avoidance in the “self-quarantine” group. One of the possible effects of Coronavirus pandemic was that it was fostering more stress over individuals (Polizzi et.al., 2020). People with avoidant attachment are known to depend on more deactivating strategies which means suppression and denial of worries, needs and vulnerabilities during stressful events (Cassidy & Shaver, 2016). According to Mikulincer and Orbach (1995), avoidant people inhibit cognitive processing of emotions during distress-eliciting inner or outer stimuli. Similarly, Wilkinson et al. (2013) stated that, avoidant people suppress and distance themselves from any internal or environmental distressing cue and since they experience no distress in the first place, they need no need to manage and clarify emotions.

5.3. Attachment and Emotional Eating

In this study, the results showed that, higher attachment anxiety is significantly correlated with eating with positive emotions during the “self-quarantine” period. Studies related to attachment and emotional eating showed that, there is a significant

relationship between attachment anxiety and emotional eating. For example, in a study, to manage feelings of insecurity, anxiously attached people exhibited more emotional eating (Wilkinson et.al. 2013).

Unlike in the "self-quarantine" group, there was no significant relationship between attachment dimensions and emotional eating in the "new normal" group. On the one hand, this can be in line with the findings of Phillips et.al. (2012) who also found that, there was no significant relationship between attachment anxiety and emotional eating and with the findings of Stapleton & Mackay (2014) who found no significant relationship between fearful avoidant and dismissive avoidant attachment styles and emotional eating. On the other hand, one of the possible explanations to this could be the "self-quarantine" effect. Most of the participants of this study spent most of their time at home and with family during the "self-quarantine" period. Since people with higher attachment anxiety need more support and reassurance (Cassidy & Shaver, 2016) and intense and frequent proximity seeking from attachment figures (Ainsworth et.al., 1978; Fraley & Shaver, 1998); spending most of the time with attachment figures could lead to initially experiencing fewer negative emotions (Vowels et.al., 2022). This also could be the explanation to why no relationship was found between attachment anxiety and eating with negative emotions during both periods. Also, Bowlby (1973; 1980) stated that, reunion with attachment figure leads to feelings like love, joy, tenderness. So, spending most of the time close to attachment figures could have led to an increase in positive emotions.

Differently than expected, no significant relationship was found between emotional eating and attachment avoidance. Since the pandemic was a stress evoking situation, deactivating strategies for attachment avoidance might have been triggered. As mentioned before, people with higher attachment avoidance use more deactivating

strategies, such as repression of emotions, depending mostly on the self and ignoring the need for support from an attachment figure (Cassidy & Shaver, 2016). This could be one of the explanations of the pandemic which may have prevented them from feeling emotions openly and led them to withdraw (Vowels et.al., 2022)

5.4. Emotional Clarity and Emotional Eating

In this study, the expected results were that there was a positive correlation between eating with positive and negative emotions and difficulty in emotional clarity. Previous studies in literature, showed that there is a significant relationship between emotional clarity and emotional eating (Gianini et.al., 2013; Rommel et.al., 2012; Svaldi, 2012). Surprisingly, no significant relationship was found between emotional eating and emotional clarity. However, in line with our findings, Braden et.al. (2018) found in their study that, eating in response to positive and negative emotions is not related to difficulties in emotion regulation. Also, Merwin et al. (2010) found in their study with eating disorder patients that there is no significant relationship between lack of clarity and binge eating disorder.

5.5. Discussion of Gender and Period Related Differences

After testing the hypotheses, further analyses were conducted to see if there were other significant results.

One of the findings was that, there was a significant difference between women and men during the “self-quarantine” period, in terms of eating with positive emotions, in favor of men. In line with the present results, Geliebter & Aversa (2003) have found that, men reported more eating during positive emotions.

Secondly, a significant difference was found between the two pandemic groups on participant’s recent eating situation. Results showed that more participants in the “self-quarantine” period (53.6 %) stated that they “eat more” in compared to

participants in the “new normal” period (32 %). Also, more participants in the new normal” group (21.6 %) stated eating less than participants in the “self-quarantine” section (7.2 %). These findings are parallel with the work of Serin & Koç (2020), who found higher external eating scores of the participants who self-isolated themselves during Covid-19 outbreak. Additionally, Cecchetto et. al. (2021) found negative effects of self-isolation on eating during Covid-19 epidemic.

5.6. Limitations and Suggestions for Future Research

Since there are limited studies on eating, attachment and emotional clarity conducted during Covid-19 outbreak, it was a challenge to support the findings of this study. In the future, more studies can be developed related to emotional eating during Covid-19 epidemic.

Despite this limitation, the present study enhanced our understanding of the relationship between attachment dimensions, emotional clarity and emotional eating. It also helped us to discover the difference between two pandemic periods. This study is important since it is one of the limited studies to work with emotional eating, emotional clarity and attachment dimensions during Covid-19 outbreak.

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APPENDIX A

(In Turkish)

BİLGİLENDİRİLMİŞ ONAM FORMU

Araştırmama vakit ayırıp katıldığınız için teşekkür ederim.

Benim adım Ecemnur Torun. Yeditepe Üniversitesi Klinik Psikoloji Yüksek Lisans Programı kapsamındaki tezim için Doç Dr. Alev Yalçınkaya danışmanlığında bir araştırma yürütmekteyim. Bu araştırmada çocukluk dönemi, çeşitli duygular, ilişkiler ve yeme alışkanlıkları incelenecektir ve bunlara yönelik sorular sorulacaktır. Yaklaşık olarak 5-10 dk sürmesi beklenmektedir.

Bu araştırmaya katılım tamamen gönüllüdür ve anketin tamamını doldurmak zorunlu değildir. İstemediğiniz soruya cevap vermeyebilir ya da soruları cevaplamayı istediğiniz yerde bırakabilirsiniz. Ancak ne kadar çok soruyu cevaplandırırsanız, araştırmama o kadar katkı sağlamış olursunuz.

Bu araştırmaya katılımınız öngörülen herhangi bir risk taşımamaktadır. Bu araştırmadan elde edilen bilgileriniz tamamen gizli tutulacak ve sadece araştırma kapsamında kullanılacaktır.

Anketin sonunda araştırmayla ilgili daha ayrıntılı bilgi sizinle paylaşılacaktır.

1) Bu araştırmada ne yapacağım anlatıldı. Bu çalışmaya gönüllü olarak katılmayı kabul ediyorum. Bilgilerimin gizli tutulacağının ve istediğim zaman araştırmadan ayrılabileceğimin farkındayım. Araştırmaya;
   - ☐ Katılmak istiyorum.
   - ☐ Katılmak istemiyorum.

APPENDIX B

(In Turkish)

SOSYODEMOGRAFİK VERİ FORMU

1. Yaşınız:
2. Cinsiyetiniz:
3. Boyunuz (cm):
4. Kilonuz (kg):
5. Bulunduğunuz Şehir:
6. Medeni Durumunuz:
    1. Evli
    2. Bekar
    3. Boşanmış
    4. Dul
7. Eğitim Durumunuz:
    1. İlköğretim
    2. Lise
    3. Üniversite
    4. Yüksek Lisans/ Doktora
8. Mesleğiniz Nedir?
9. Üniversiteye devam etmekte misiniz?
    1. Evet
    2. Hayır

9.1. Cevap EVET ise, hangi üniversitede okumaktasınız?

9.2. Öğrenim gördüğünüz bölüm nedir?

9.3. Kaçıncı sınıftasınız?

10. Kiminle yaşıyorsunuz?

    1. Tek başına
    2. Ebeveyn ve/veya kardeşlerle
    3. Eş ve/veya çocuklar ile
    4. Romantik partner ile
    5. Arkadaş ile birlikte
    6. Diğer:…..

11. Herhangi bir fiziksel sağlık sorununuz varmı?

    1. Evet
    2. Hayır

11.1. Cevap EVET ise lütfen sağlık sorununuzu belirtiniz.

11.2. Düzenli olarak kullandığınız bir ilaç varsa lütfen belirtiniz.

12. Geçmişte ya da şimdi herhangi bir psikiyatrik/ psikolojik yardım aldınız mı?

1. Evet

2. Hayır

12.1. Cevap EVET ise, konulan tanı ne idi?

13. Daha önce psikiyatrik ilaç kullandınız mı?

1. Evet

2. Hayır

13.1. Cevap EVET ise kullandığınız ilacın adını lütfen belirtiniz.

14. Daha önce zayıflama amaçlı bir yardım aldınız mı?

1. Evet

2. Hayır

14.1. Cevap EVET ise lütfen nasıl bir yardım aldığınızı belirtiniz.

15. Lütfen aşağıdaki seçeneklerden size en uygun olanı seçiniz.

1. Son zamanlarda daha çok yemek yiyorum

2. Son zamanlarda daha az yemek yiyorum

3. Son zamanlarda yememde bir değişiklik olmadı

16. Lütfen aşağıdaki seçeneklerden size en uygun olanı seçiniz.

1. Son zamanlarda daha çok evde vakit geçiriyorum

2. Son zamanlarda daha çok ev dışında vakit geçiriyorum

17. Genelde günde kaç ana öğün yersiniz?

1. 0-3

2. 4-6

3. 7 ve daha fazla

18. Genelde günde kaç kere atıştırırsınız?

1. 0-3

2. 4-6

3. 7 ve daha fazla

APPENDIX C

(In Turkish)

DUYGUSAL İŞTAH ANKETİ

Lütfen yemek yeme davranışınızın belirli duygular, durumlar ve şartlar ile nasıl etkilendiğini aşağıdaki tablodan bir numarayı işaretleyerek belirtiniz. Tablo 1 ile 9 arasında değişmektedir, 1 normalden çok daha az yemek yediğinizi, 9 normalden çok daha fazla yemek yediğinizi, 5 ise yemek yemenizde bir değişiklik olmadığını belirtmektedir.

Eğer o soru sizin için uygun değilse lütfen UD'yi, eğer cevabı bilmiyorsanız lütfen CB'u işaretleyiniz.

Aşağıdakiler sizin **DUYGULARINIZI** ifade ediyor:

Normal ile kıyaslandığınızda, yemek yemeniz:

	Daha Az			**Aynı**			**Daha Fazla**				
Siz:											
-- üzgün (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- sıkılmış (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- güvenli (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- kızgın (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- mutlu (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- yılgın (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- yorgun (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- karamsar (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- korkmuş (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- rahat (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- neşeli (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- yalnız (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB
-- hevesli (olduğunuzda)	1	2	3	4	5	6	7	8	9	UD	CB

Aşağıdakiler sizin içinde bulunduğunuz **ŞARTLARI** ifade ediyor.

Normal ile kıyasladığınızda yemek yemeniz:

	Daha Az				**Aynı**				**Daha Fazla**		
Siz:											
-- Baskı altında iken	1	2	3	4	5	6	7	8	9	UD	CB
-- Hararetli bir tartışmadan sonra	1	2	3	4	5	6	7	8	9	UD	CB
-- Size yakın olan biri felakete uğradıktan sonra	1	2	3	4	5	6	7	8	9	UD	CB
-- Aşık olduğunuzda	1	2	3	4	5	6	7	8	9	UD	CB
-- Bir ilişkiyi bitirdikten sonra	1	2	3	4	5	6	7	8	9	UD	CB
-- Keyif veren bir hobi ile meşgul olduğunuz sırada	1	2	3	4	5	6	7	8	9	UD	CB
-- Para veya bir eşyanızı kaybettikten sonra	1	2	3	4	5	6	7	8	9	UD	CB
-- İyi haberler aldıktan sonra	1	2	3	4	5	6	7	8	9	UD	CB

APPENDIX D

(In Turkish)

DUYGU DÜZENLEMEDE GÜÇLÜKLER ÖLÇEĞİ

Aşağıdaki cümlelerin size ne sıklıkla uyduğunu altlarında belirtilen 5 dereceli ölçek üzerinde değerlendiriniz. Her bir cümlenin yanındaki 5 noktalı ölçekten, size uygunluk yüzdesini de dikkate alarak, yalnızca bir tek rakamın altına X işareti koyarak işaretleyiniz.

	Hiç 1 (%0-%10)	Bazen 2 (%11-%35)	Yarı yarıya 3 (%36-%65)	Çoğu Zaman 4 (%66-%90)	Her Zaman 5 (%91-%100)
1. Ne hissettiğim konusunda netimdir.					
2. Ne hissettiğimi dikkate alırım.					
3. Duygularım bana dayanılmaz ve kontrolsüz gelir.					
4. Ne hissettiğim konusunda hiçbir fikrim yoktur.					
5. Duygularıma bir anlam vermekte zorlanırım.					
6. Ne hissettiğime dikkat ederim.					
7. Ne hissettiğimi tam olarak bilirim.					
8. Ne hissettiğimi önemserim.					
9. Ne hissettiğim konusunda karmaşa yaşarım.					
10. Kendimi kötü hissettiğimde böyle hissettiğim için kendime kızarım.					
11. Kendimi kötü hissettiğim için utanırım.					
12. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.					
13. Kendimi kötü hissettiğimde kontrolden çıkarım.					
14. Kendimi kötü hissettiğimde uzun süre böyle kalacağıma inanırım					
15. Kendimi kötü hissetmemin yoğun depresif duyguyla sonuçlanacağına inanırım.					
16. Kendimi kötü hissettiğimde duygularımın yerinde ve önemli olduğuna inanırım					
17. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.					
18. Kendimi kötü hissederken kontrolden çıktığım duygusu yaşarım.					

19. Kendimi kötü hissediyor olsam da çalışmayı sürdürebilirim.					
20. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım					
21. Kendimi kötü hissettiğimde eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.					
22. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.					
23. Kendimi kötü hissettiğimde de davranışlarım kontrolümün altındadır.					
24. Kendimi kötü hissettiğim için suçluluk duyarım.					
25. Kendimi kötü hissettiğimde konsantre olmakta zorlanırım.					
26. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.					
27. Kendimi kötü hissettiğimde daha iyi hissetmem için yapacağım hiçbir şey olmadığına inanırım.					
28.Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.					
29. Kendimi kötü hissettiğimde, kendimle ilgili çok fazla endişelenmeye başlarım.					
30. Kendimi kötü hissettiğimde kendimi bu duyguya bırakmaktan başka çıkar yol olmadığına inanırım.					
31. Kendimi kötü hissettiğimde davranışlarım üzerindeki kontrolümü kaybederim.					
32. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.					
33. Kendimi kötü hissettiğimde duygumun gerçekte ne olduğunu anlamak için zaman ayırırım.					
34. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır.					
35. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.					

APPENDIX E

(In Turkish)

YAKIN İLİŞKİLERDE YAŞANTILAR ENVANTERİ-II

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. Bu araştırmada sizin ilişkinizde yalnızca şu anda değil, genel olarak neler olduğuyla ya da neler yaşadığınızla ilgilenmekteyiz. Maddelerde sözü geçen "birlikte olduğum kişi" ifadesi ile romantik ilişkide bulunduğunuz kişi kastedilmektedir. Eğer halihazırda bir romantik ilişki içerisinde değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

1----------2----------3----------4----------5----------6----------7
Hiç Kararsızım/ Tamamen katılmıyorum Katılıyorum

1. Birlikte olduğum kişinin sevgisini kaybetmekten korkarım.	1	2	3	4	5	6	7
2. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	1	2	3	4	5	6	7
3. Sıklıkla, birlikte olduğum kişinin artık benimle olmak istemeyeceği korkusuna kapılırım.	1	2	3	4	5	6	7
4. Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissederim.	1	2	3	4	5	6	7
5. Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği kaygısına kapılırım.	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilere güvenip inanmak konusunda kendimi rahat bırakmakta zorlanırım.	1	2	3	4	5	6	7
7. Romantik ilişkide olduğum kişilerin beni, benim onları önemsediğim kadar önemsemeyeceklerinden endişe duyarım.	1	2	3	4	5	6	7
8. Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatımdır.	1	2	3	4	5	6	7
9. Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.	1	2	3	4	5	6	7

10. Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.	1	2	3	4	5	6	7
11. İlişkilerimi kafama çok takarım.	1	2	3	4	5	6	7
12. Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.	1	2	3	4	5	6	7
13. Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım.	1	2	3	4	5	6	7
14. Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.	1	2	3	4	5	6	7
15. Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.	1	2	3	4	5	6	7
16. Birlikte olduğum kişiyle kolayca yakınlaşabilirim.	1	2	3	4	5	6	7
17. Birlikte olduğum kişinin beni terk edeceğinden pek endişe duymam.	1	2	3	4	5	6	7
18. Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.	1	2	3	4	5	6	7
19. Romantik ilişkide olduğum kişi kendimden şüphe etmeme neden olur.	1	2	3	4	5	6	7
20. Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.	1	2	3	4	5	6	7
21. Terk edilmekten pek korkmam.	1	2	3	4	5	6	7
22. Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir.	1	2	3	4	5	6	7
23. Birlikte olduğum kişinin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm.	1	2	3	4	5	6	7
24.Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7
25. Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7

26. Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27. Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7
28. Birlikte olduğum kişiler benimle çok yakınlaştığında gergin hissederim.	1	2	3	4	5	6	7
29. Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça, "gerçek ben"den hoşlanmayacağından korkarım.	1	2	3	4	5	6	7
30. Romantik ilişkide olduğum kişilere güvenip inanma konusunda rahatımdır.	1	2	3	4	5	6	7
31. Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve desteği görememek beni öfkelendirir.	1	2	3	4	5	6	7
32. Romantik ilişkide olduğum kişiye güvenip inanmak benim için kolaydır.	1	2	3	4	5	6	7
33. Başka insanlara denk olamamaktan endişe duyarım	1	2	3	4	5	6	7
34.Birlikte olduğum kişiye şefkat göstermek benim için kolaydır.	1	2	3	4	5	6	7
35.Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
36.Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar.	1	2	3	4	5	6	7

APPENDIX F

(In Turkish)

Araştırma Sonrası Bilgilendirme Formu

Öncelikle araştırmama katıldığınız için teşekkür ederim.

Katıldığınız araştırmada yetişkin bağlanma stilleri ve duygu düzenleme becerileri ile duygusal yeme davranışı incelenmektir. Bu değişkenlerden, araştırmanın başında verilmiş olan Bilgilendirilmiş Onam Formu'nda, araştırmanın verilerini etkilememesi amacıyla çocukluk dönemi, çeşitli duygular, ilişkiler ve yeme alışkanlıkları olarak bahsedilmiştir.

Eğer araştırmayla ilgili sorularınız varsa sorabilir veya adresinden araştırmacıya ulaşabilirsiniz.