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Original paper

Coping styles with stress and eating behaviors

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ABSTRACT

Introduction: Stress, understood as the body's response to external stimuli perceived as demanding or threatening, constitutes an inherent element of human life. One of the domains strongly influenced by stress is eating behavior. Stress not only affects food preferences but may also lead to disturbances in dietary patterns, such as excessive overeating, emotional eating, or neglecting regular meals. The objective of this study was to examine the relationship between stress-coping styles and unhealthy eating behaviors among young adults.

Material and methods: The research instrument consisted of a questionnaire composed of two parts: the Coping Inventory for Stressful Situations and an author-designed dietary questionnaire. The study sample included 100 participants aged 18–35 years. Questionnaire data were processed using Microsoft Office Excel. Statistical analyses (chi-square test and ANOVA) were conducted using Statistica 13 (StatSoft), with the level of statistical significance set at $\alpha = 0.05$.

Results: Participants characterized by an emotion-focused coping style demonstrated the highest intensity of unhealthy eating behaviors, including compulsive eating. The avoidant coping style was primarily associated with skipping meals and mindless eating, whereas the task-oriented coping style showed the weakest association with maladaptive eating habits. Furthermore, women more frequently than men exhibited an emotion-focused coping style and experienced greater difficulties in controlling their eating behavior. Younger participants were more prone to unhealthy eating habits compared to older individuals in the study.

Conclusions: The study highlights the role of psychological stress-coping mechanisms in shaping eating behaviors. The findings can inform preventive and educational interventions aimed at promoting healthy coping strategies, particularly among young adults and women.

KEYWORDS

stress, stress-coping styles, eating behaviors

STRESZCZENIE

Wstęp: Stres, jako reakcja organizmu na bodźce zewnętrzne, postrzegane jako wymagające lub zagrażające, stanowi nieodłączny element życia człowieka. Jednym z obszarów, na który silnie wpływa stres, są zachowania żywieniowe. Stres nie tylko wpływa na preferencje pokarmowe, lecz także może prowadzić do zaburzeń w sposobie odżywiania, takich jak nadmierne objadanie się, jedzenie pod wpływem emocji czy zaniedbywanie posiłków. Celem pracy była analiza zależności między stylami radzenia sobie ze stresem a niezdrowymi zachowaniami żywieniowymi u młodych dorosłych.

Material i metody: Narzędzie badawcze stanowiła ankieta składająca się z dwóch części: kwestionariusza CISS oraz autorskiego kwestionariusza żywieniowego. W badaniu wzięło udział

100 osób w wieku od 18 do 35 lat. Wyniki z kwestionariuszy zostały opracowane w programie Microsoft Office Excel 2019. Za pomocą programu Statistica 13 (StatSoft) wykonano analizę statystyczną (test chi-kwadrat, ANOVA), a istotność statystyczną przyjęto na poziomie $\alpha = 0,05$.

Wyniki: Osoby o stylu emocjonalnym charakteryzowały się najwyższym nasileniem niezdrowych zachowań żywieniowych, w tym kompulsywnego jedzenia. Styl unikowy wiązał się głównie z pomijaniem posiłków i nieświadomym jedzeniem. Styl zadaniowy był najmniej powiązany z nieprawidłowymi nawykami. Dodatkowo wykazano, że kobiety częściej niż mężczyźni prezentowały styl emocjonalny oraz miały większe trudności z kontrolą jedzenia. Osoby młodsze były bardziej podatne na niezdrowe nawyki niż starsi uczestnicy badania.

Wnioski: Badanie wykazuje znaczenie psychologicznych mechanizmów radzenia sobie ze stresem w kształtowaniu relacji z jedzeniem. Uzyskane rezultaty mogą znaleźć zastosowanie w działaniach profilaktycznych i edukacyjnych, ukierunkowanych na wspieranie zdrowych strategii radzenia sobie w sytuacjach stresowych, szczególnie u młodych dorosłych i kobiet.

SŁOWA KLUCZOWE

stres, styl radzenia sobie ze stresem, zachowania żywieniowe

INTRODUCTION

Stress constitutes an inherent element of human life, and its presence in everyday functioning may entail diverse consequences for an individual's health and well-being. In the context of the contemporary world, characterized by numerous challenges and a rapid pace of life, the ability to cope effectively with stress has become particularly significant. A stress-coping style encompasses a variety of strategies and mechanisms that enable individuals to adapt to stressful situations while minimizing their negative impact on both physiological and psychological functioning. Each individual adopts a personal approach to stress management, which may be associated with distinct health-related outcomes. Stress, understood as the body's response to external stimuli perceived as demanding or threatening, represents an integral component of human life [1,2].

In modern times, dominated by a fast pace of life, occupational and personal pressures, and changing social and economic conditions, stress has become one of the key factors influencing physical and mental health. Stress responses may take various forms, both physiological and psychological, and their consequences depend on individual predispositions, previous experiences, and the strategies used to cope with difficult situations. The concept of stress-coping style (coping) refers to a broad range of defense mechanisms and adaptive strategies employed by individuals when facing stress in order to reduce its negative impact on health and well-being [1,3,4,5,6,7,8].

Within the field of stress psychology, both classical and contemporary approaches to this phenomenon can be distinguished. Classical stress theories, such as Hans Selye's theory, define stress as a nonspecific response of the organism to any type of demand that disrupts homeostatic

balance. Selye [1] identified three stages of stress—alarm, resistance, and exhaustion—emphasizing that prolonged and uncontrolled stress may lead to serious health problems.

In contrast, Lazarus and Folkman [3] proposed the transactional model of stress, in which stress is conceptualized as the result of an individual's appraisal of a given situation, and stress responses depend on the perceived level of threat and the availability of coping resources. According to this approach, stress-coping styles may include both problem-focused and emotion-focused strategies, with different individuals preferring different mechanisms depending on their personality traits, experiences, and life circumstances.

According to Algorani and Gupta [4], coping strategies involve the voluntary mobilization of actions, whereas defense mechanisms represent subconscious or unconscious reactions aimed at stress reduction. They define coping mechanisms as thoughts and behaviors used to manage stressors and classify them into four main types: problem-focused coping (problem solving), emotion-focused coping (emotion regulation), meaning-focused coping (reinterpretation of the situation), and social coping (seeking social support). The authors emphasize that coping strategies may be adaptive (healthy, e.g., positive reframing) or maladaptive (unhealthy, e.g., denial) and are crucial for psychological well-being; consequently, their framework is widely cited in discussions of mental health.

One of the domains strongly affected by stress is eating behavior. Stress not only influences food preferences but may also lead to disturbances in dietary patterns, such as excessive overeating, emotional eating, or neglecting meals. Understanding the relationship between stress-coping styles and eating behaviors constitutes an important starting point for the analysis of broadly defined psychophysical health [9,10,11,12,13,14,15,16,17,18].

One of the most frequently examined phenomena in this context is emotional eating, defined as the tendency to consume food in response to emotions—such as sadness, anxiety, frustration, or anger—rather than in response to physiological hunger. Emotional eating may take various forms, including the consumption of high-calorie foods with low nutritional value (comfort foods), which may provide short-term relief from coping with difficult emotions. However, long-term reliance on this coping strategy may lead to disturbances in eating behavior, such as overweight, obesity, or even eating disorders, including bulimia or orthorexia. This phenomenon has become particularly relevant in the context of contemporary health challenges, where emotional eating increasingly accompanies psychological stress.

The literature provides numerous studies indicating that individuals who employ less effective stress-coping strategies are more susceptible to disturbances in eating behavior [9,10,11,12,13,14,15,16,17,18]. For example, individuals who use so-called emotional coping—characterized by avoidance of problem solving and a focus on reducing emotional tension—are more likely to turn to food in stressful situations. In contrast, individuals who prefer more

constructive strategies, such as problem-focused coping, tend to demonstrate greater control over their eating behaviors and make healthier dietary choices even under conditions of high stress. The aim of the study was to examine the relationship between stress-coping styles and eating behaviors, with particular emphasis on the role of emotional eating. This analysis was intended to provide a better understanding of the mechanisms linking stress with dietary habits and to identify how different strategies for coping with difficult emotions may influence individuals' food choices. In order to address the research assumptions outlined above, the following hypotheses were formulated:

H1. Individuals who employ an emotion-focused coping style are more likely to exhibit unhealthy eating habits compared to those who prefer other stress-coping styles.

H2. Individuals who prefer an avoidant coping style toward stressful situations or confrontation tend to engage in mindless eating or to skip meals under conditions of stress.

H3. An emotion-focused coping style influences the frequency of eating disorders, such as emotional eating and compulsive binge eating.

MATERIAL AND METHODS

The study included 100 participants, comprising 63 women (63%) and 37 men (37%), aged between 18 and 35 years. The mean age of the sample was 26 years.

A convenience sampling method was applied; participants were recruited based on availability.

Recruitment was conducted through online advertisements, social media platforms, and via universities and organizations. All participants were informed about the purpose of the study and the principles of voluntary and anonymous participation. Respondents were free to withdraw from the study at any stage without providing a reason. The results were presented in the form of aggregated analyses, and participants' data were protected in accordance with personal data protection regulations.

The inclusion criteria comprised healthy individuals without severe mental or physical disorders who provided informed consent to participate in the study.

Participants completed an online questionnaire consisting of two parts: the Coping Inventory for Stressful Situations (CISS) [19] and an author-developed dietary questionnaire. The average completion time was approximately 10–12 minutes. The use of the CISS questionnaire combined with the proprietary dietary survey enabled a comprehensive examination of the relationship between stress-coping styles and eating habits.

The CISS questionnaire is a psychometric instrument developed by Endler and Parker [20] in 1990s to assess stress-coping styles. It is one of the most widely used tools for evaluating coping strategies in stressful situations within stress psychology. The Polish version was adapted by Strelau et al. [19] to account for cultural and linguistic specificity. The instrument is commonly used in psychological research to assess how individuals respond to stressful situations.

The CISS assesses preferences for three primary stress-coping styles as defined by Endler and Parker [20]:

1. Task-oriented coping – refers to actions undertaken to solve a problem and eliminate the source of stress. Individuals representing this style focus on active problem solving and taking steps to manage the difficulty.
2. Emotion-oriented coping – encompasses coping strategies focused on regulating emotions elicited by stress, such as withdrawal, excessive rumination, or emotional control. Individuals preferring this style attempt to reduce negative emotions associated with stressful situations.
3. Avoidant coping – involves avoiding stressful situations or confrontation with them. Individuals characterized by this style may experience anxiety related to problems and attempt to evade solving them, instead focusing on temporary escape (e.g., distraction or avoidance of stressors).

The CISS questionnaire consists of 48 items measuring stress responses across various situations. Responses are provided on a 5-point Likert scale, where participants indicate how frequently they use a given coping strategy in stressful situations (1 = “never,” 2 = “rarely,” 3 = “sometimes,” 4 = “often,” 5 = “always”). Each item is assigned to one of the three scales: task-oriented, emotion-oriented, or avoidant coping. After completion, scores are summed for each scale, allowing for the identification of the dominant coping style of the respondent; results are presented on a sten scale (1-10). For ethical reasons related to psychological assessment, detailed information regarding the scoring procedure and conversion to sten scores remains confidential. Example items include: task-oriented coping – “I focus on solving the problem to get rid of stress”; emotion-oriented coping – “I feel overwhelmed by my emotions when I am stressed”; avoidant coping – “I try to avoid the problem by ignoring it.” The CISS questionnaire is available in several language versions, including the Polish adaptation, enabling its use across diverse research populations in both clinical and general psychological contexts. The instrument demonstrates high reliability (Cronbach’s $\alpha = 0.80-0.90$), indicating stable and reproducible results. Its construct validity has been confirmed in numerous studies, demonstrating that it effectively measures stress-coping styles in accordance with Endler and Parker’s [20] theoretical framework.

The CISS questionnaire is applied in various areas of psychological research, including the assessment of stress-coping styles in the context of mental health, studies of adaptive and maladaptive stress responses, research on coping with stress in relation to physical and mental health, as well as psychotherapy and counseling, where it supports understanding patients’ reactions to stressors.

The author-developed questionnaire on stress-related eating behaviors consisted of 15 statements concerning behaviors in stressful situations, rated on a five-point Likert scale (1–5). The statements were grouped into three thematic scales:

- a) unhealthy eating habits

- I eat more than usual in stressful situations.
- In stressful situations, I reach for sweets or high-calorie snacks.
- I sometimes eat despite not feeling hungry when I am stressed.
- When experiencing intense stress, I have difficulty controlling the amount of food I consume.
- I eat to improve my mood when I feel overwhelmed.

b) avoidance/lack of awareness of eating

- In stressful situations, my appetite is lower than usual.
- Under stress, I often skip meals.
- During stress, I pay less attention to what I eat.
- In stressful situations, I eat automatically, without reflection.
- In stressful moments, I try to avoid eating.

c) eating disorders – emotional eating and binge eating

- I sometimes eat impulsively, feeling unable to stop.
- I often regret what I have eaten during stress.
- I feel guilty after episodes of excessive eating under stress.
- I have difficulty distinguishing between physical and emotional hunger.
- I believe that stress negatively affects my control over eating.

Statistical analyses were conducted using Statistica software version 13.0. The normality of data distribution was assessed using the Shapiro–Wilk test. Differences between stress-coping styles in relation to gender and age were examined using the chi-square (χ^2) test. Data obtained from the questionnaires were analyzed using analysis of variance (ANOVA) across the three stress-coping style groups. Post hoc comparisons were performed using Tukey’s test. The level of statistical significance was set at $p < 0.05$.

RESULTS

Table 1. Stress coping styles by gender and age

Parameters	stress coping style						Test		
	task-oriented		emotion-oriented		avoidance-oriented		χ^2	p	
Total	N	%	N	%	N	%			
	32	32	35	35	33	33			
Gender	women	15	46.9	30	85.7	18	54.5	14.57	<0.001
	men	17	53.1	5	14.3	15	45.5		
Age (years)	18-22	10	31.3	20	57.1	20	60.6	8.95	0.011
	23-35	22	68.7	15	42.9	13	39.4		

Based on the results of the CISS questionnaire, participants were classified into three stress-coping styles. A task-oriented coping style was identified in 32 participants, an emotion-oriented coping style in 35 participants, and an avoidant coping style in 33 participants. The results indicate that the

emotion-oriented coping style was the most prevalent among respondents, followed by the avoidant style, whereas the task-oriented style was the least common.

Among female participants, the emotion-oriented coping style predominated (85.7%), whereas male participants more frequently represented the task-oriented coping style (53.1%). Younger participants (18–22 years) were significantly more likely to exhibit an emotion-oriented (57.1%) or avoidant coping style (60.6%), whereas older participants (23–35 years) more often demonstrated a task-oriented coping style (68.7%) (Table 1).

Table 2. Assessment scale of eating behaviors by coping style

Scale / Coping style	task-oriented	emotion-oriented	avoidance-oriented
Unhealthy eating habits	2.7	4.3	3.5
Avoidance / lack of eating awareness	2.6	3.0	4.2
Eating disorders	2.9	4.6	3.8

Rating scale: 1–5 (higher score indicates greater severity of the phenomenon)

Mean scores obtained from the author-developed questionnaire were compared across stress-coping styles (Table 2). Individuals characterized by an emotion-oriented coping style achieved the highest scores for unhealthy eating habits ($M = 4.3$), suggesting that they most frequently turn to food in response to stress. The task-oriented coping style was associated with the lowest scores ($M = 2.7$), indicating greater resistance to uncontrolled eating.

The highest level of avoidance or lack of awareness of eating was observed among individuals with an avoidant coping style ($M = 4.2$), which may indicate a tendency to ignore nutritional needs under stress. Once again, the task-oriented coping style was associated with the lowest severity of this problem ($M = 2.6$).

The emotion-oriented coping style was also associated with the highest intensity of compulsive eating symptoms ($M = 4.6$), indicating a strong susceptibility to eating disorders. In contrast, the task-oriented style ($M = 2.9$) may exert a protective effect with regard to the risk of binge eating. Considering the characteristics of the study group, including gender, and the obtained results in eating behavior assessment, it may be inferred that women exhibited a higher intensity of emotional eating, more frequent use of an emotion-oriented coping style, and greater difficulties in controlling eating under stress (Tables 1 and 2).

With respect to age, participants aged 18–22 years achieved higher scores for unhealthy eating habits and eating disorders than older participants (23–35 years). Older individuals more frequently represented a task-oriented coping style and obtained lower scores across all assessed scales (Tables 1 and 2).

The results of statistical tests confirmed statistically significant differences between stress-coping styles across all three areas assessed in the questionnaire (Table 3).

Table 3. Analysis of results – hypotheses testing

Hypothesis	Area of analysis	F (df)	p
H1	Unhealthy eating habits	F(2, 97) = 21.9	<0.001
H2	Avoidance / lack of eating awareness	F(2, 97) = 18.4	<0.001
H3	Eating disorders	F(2, 97) = 26.1	<0.001

Note. F — ANOVA test value; df — degrees of freedom; p — significance level.

All three hypotheses were confirmed. The F-statistic values indicate significant differences between stress-coping style groups across the analyzed domains of eating behavior. The largest differences were observed in the domain of eating disorders (H3), suggesting a particularly strong association between the emotion-oriented coping style and compulsive eating.

Post hoc analyses using Tukey's HSD test revealed that the emotion-oriented coping style differed significantly from both the task-oriented and avoidant styles across all three scales. Individuals with an emotion-oriented coping style demonstrated significantly higher levels of unhealthy eating habits (Hypothesis H1 confirmed: emotion-oriented > task-oriented, $p < 0.001$; emotion-oriented > avoidant, $p = 0.005$; avoidant > task-oriented, $p = 0.04$). Moreover, these individuals more frequently exhibited symptoms of compulsive and emotional eating (Hypothesis H3 confirmed: emotion-oriented > avoidant, $p = 0.01$; emotion-oriented > task-oriented, $p < 0.001$; avoidant > task-oriented, $p = 0.04$).

The avoidant coping style differed significantly from the task-oriented style with regard to avoidance/lack of awareness of eating and eating disorders (Hypothesis H2 confirmed: avoidant > emotion-oriented, $p = 0.002$; avoidant > task-oriented, $p < 0.001$; emotion-oriented \approx task-oriented, $p = 0.09$).

Overall, the emotion-oriented coping style is associated with the highest risk of uncontrolled eating, compulsivity, and stress-related snacking. The avoidant coping style more often leads to meal skipping and mindless eating; although different in nature, these behaviors are not less detrimental. The task-oriented coping style appears to be the most resistant to stress-related eating disturbances.

DISCUSSION

The results of the present study confirmed significant associations between stress-coping styles and eating behaviors. An emotion-oriented coping style was associated with the highest levels of unhealthy eating patterns, including emotional eating, difficulties in controlling the quantity of consumed food, and symptoms of compulsive overeating. These findings align with previous research by Potocka and Mościcka [21], which demonstrated that a focus on emotions and seeking emotional support is strongly related to maladaptive eating behaviors, such as overeating under stress.

Similar observations were reported by Trojanowska et al. [22] in a study of pediatric nurses, where women with lower stress-coping skills more frequently exhibited health-compromising behaviors, including emotional eating.

Emotional eating refers to situations in which food consumption is not a response to physiological hunger but rather serves to alleviate unpleasant emotional states such as tension, anxiety, sadness, or frustration. As noted by Derda and Pawłowska [12], this type of eating behavior constitutes an attempt at self-soothing and coping with emotional discomfort without engaging other coping strategies. This process is also described as “affect regulation through consumption” and is typically associated with a preference for highly processed foods rich in sugars and saturated fats.

Bruch [13] emphasizes that emotional eating may originate in childhood, when food is used by caregivers as a reward or a means of comfort, thereby reinforcing maladaptive patterns of interpreting bodily and emotional signals. In later life, such individuals may experience difficulties distinguishing between biological and emotional hunger, which often leads to the development of uncontrolled binge eating [10,13].

Brytek-Matera [14], examining eating behaviors from a psychological perspective, indicates that individuals with a reduced capacity for introspection and emotional awareness (e.g., those with alexithymic traits) more frequently use food as a means of tension reduction, lacking access to more constructive strategies for coping with difficult emotions.

According to Czepczor and Brytek-Matera [15], the primary predictors of emotional eating include chronic stress, impulsivity, and underdeveloped self-regulation mechanisms. Stress, as a universal psychosomatic factor, weakens the capacity for rational dietary decision-making, while food consumption may temporarily improve mood through activation of the brain’s reward system.

Derda and Pawłowska [16] observe that low self-esteem, lack of social support, feelings of loneliness, and past emotional experiences may significantly increase the likelihood of using food as an “emotional buffer”.

Brytek-Matera [14] further notes that individuals raised in environments in which emotions were suppressed, ignored, or replaced with action (e.g., offering sweets as a reward or comfort) may later experience difficulties in experiencing and understanding emotions, which facilitates the development of emotional eating behaviors.

Long-term engagement in emotional eating may lead to serious metabolic disorders, such as obesity, insulin resistance, hypertension, and type 2 diabetes. As emphasized by Brytek [17], individuals who rely on this mechanism experience greater difficulty maintaining stable body weight, as eating becomes a response to emotional tension rather than physiological hunger.

Thus, the emotion-oriented coping style may constitute a risk factor for eating disorders, a conclusion further supported by the findings of Wiatrowska [23], which indicated that among

women with anorexia and bulimia, the severity of depressive symptoms and eating disorder pathology was strongly correlated with low self-esteem and an emotion-focused coping style. Bruch [13] points out that food may then serve as a substitute for other unmet needs, functioning as a form of compensation for emotional deficits, a lack of control, or a sense of security.

Consequently, this may result in the development of behavioral addiction to food, as well as eating disorders such as bulimia, binge eating disorder, or orthorexia [10,13].

From a psychodietetic perspective, as indicated by Czepczor and Brytek-Matera [15], such behavioral patterns may exacerbate depression, guilt, and helplessness, creating a vicious cycle: the greater the emotional tension, the stronger the urge to consume food, which ultimately leads to frustration and decreased self-esteem.

As noted by Brytek-Matera [14], the most important step in reducing emotional eating is the development of emotional awareness and the ability to identify bodily signals. Cognitive-behavioral therapy, based on working with cognitive and emotional schemas, may help disrupt habitual food-based responses to external stressors.

According to Derda and Pawłowska [16], keeping an emotions-and-eating diary may also be effective, as it allows individuals to identify recurring patterns and gain a better understanding of their own needs.

Alternative coping strategies—such as physical activity, mindfulness training, relaxation techniques, or social interaction—may successfully replace habitual emotional eating [18].

The avoidant coping style was also significantly associated with maladaptive eating behaviors, albeit through different mechanisms. Participants endorsing this style reported skipping meals, eating mindlessly, or having irregular eating patterns. Over time, such strategies may contribute to nutritional deficiencies and metabolic disturbances.

Conversely, the task-oriented coping style appeared to be the most adaptive. Individuals exhibiting this style demonstrated the lowest levels of unhealthy eating habits and symptoms of eating disorders. These results are consistent with the findings of Drozdowska et al. [24], who reported that students with higher levels of self-regulation and constructive coping strategies were less likely to display symptoms of eating disorders.

Gender and age differences were also observed. Women in the study were significantly more likely than men to demonstrate unhealthy eating behaviors and symptoms of emotional eating. The emotion-oriented coping style was also more prevalent among women, suggesting greater vulnerability to the effects of stress on eating behaviors. These findings are corroborated by the literature, as Trojanowska et al. [22] and Wiatrowska [23] indicate that women in caregiving professions are particularly exposed to stress and its psychosomatic consequences.

Similarly, younger participants (aged 18–22 years) scored higher on measures of unhealthy eating habits and eating disorder symptoms compared to older individuals. This may reflect lower

emotional maturity and less effective stress-coping skills in this age group, a finding consistent with Wiatrowska [23].

In light of these findings, implementing preventive and educational programs that integrate psychological and dietary components appears essential. Such interventions should focus on developing task-oriented coping strategies, enhancing self-awareness, and providing training in emotional self-regulation and mindfulness. These recommendations align with current trends in psychodietetics and the guidance provided by Wiatrowska [23] and Trojanowska et al. [22].

CONCLUSIONS

1. Stress-coping style significantly influences eating behaviors. Individuals using an emotion-oriented coping style tend to engage in emotional eating, experience difficulties in controlling food intake, and show increased risk of compulsive overeating. The avoidant coping style is associated with irregular or mindless eating, which may disrupt meal patterns and reduce dietary quality. The task-oriented coping style appears protective, promoting constructive coping and supporting healthy eating habits.
2. Gender- and age-related differences are evident. Women more frequently exhibited unhealthy eating behaviors and emotional eating symptoms, likely due to the higher prevalence of the emotion-oriented coping style in this group. Younger individuals (18–22 years) experienced more eating-related difficulties than older participants, possibly reflecting lower emotional maturity and less effective stress regulation skills.
3. The findings highlight the need for comprehensive preventive and educational programs that integrate psychological and nutritional knowledge. Promoting task-oriented coping strategies, developing emotional self-regulation skills, and implementing mindfulness training are particularly valuable. Such interventions may be especially beneficial for young people and women, who appear more vulnerable to the adverse effects of stress on eating behaviors.
4. Future research should expand the sample size and include additional psychological variables, such as anxiety, self-esteem, mindfulness, and impulsivity. This would allow for a more comprehensive understanding of the mechanisms underlying the relationship between stress and eating behaviors, enabling better-targeted preventive and intervention strategies for specific populations.

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