Table S1. Risk of Bias Assessment for Included Studies

Study (Author, Year)	Study Design	Risk of Bias Tool Used	Final rating	Risk of Bias Rating
Beijers et al. 2021 [26]	Longitudinal	Newcastle-Ottawa Quality Assessment Form for Cohort Studies	7/9	Low
Maras, 2013 [42]	Cross-sectional	AXIS	16/20	Low
Schmitt et al., 2020 [27]	Cross-sectional	AXIS	13/20	Moderate
Alexander, 2013 (study 1) [40]	Cross-sectional	AXIS	16/20	Low
Alexander, 2013 (study 2) [40]	Cross-sectional	AXIS	13/20	Moderate
Alexander, 2013 (study 3) [40]	Cross-sectional	AXIS	13/20	Moderate
Alexander, 2013 (study 4) [40]	RCT	RoB 2	No numerical rating	Some concerns
Alexander & Siegel, 2013 [43]	Cross-sectional	AXIS	12/20	Moderate
Fallon, 2012 [41]	Cross-sectional	AXIS	13/20	Moderate
Leung et al., 2019 [44]	Longitudinal	Newcastle-Ottawa Quality Assessment Form for Cohort Studies	6/9	Moderate
Stapleton & Mackay, 2014 [47]	Cross-sectional	AXIS	13/20	Moderate
Southern, 2020 [30]	Cross-sectional	AXIS	16/20	Low
Taube-Schiff et al., 2015 [28]	Cross-sectional	AXIS	15/20	Low
Wilkinson et al., 2018 (study 1) [45]	Cross-sectional	AXIS	16/20	Low
Wilkinson et al., 2018 (study 2) [45]	Cross-sectional	AXIS	16/20	Low
Wilkinson et al., 2019 [46]	Cross-sectional	AXIS	17/20	Low
Zakhour et al., 2021 [29]	Cross-sectional	AXIS	16/20	Low
Mamo & Louka, 2022 [48]	Qualitative	CASP	8/9	Low
Hernandez-Hons & Woolley, 2011 [49]	Qualitative	CASP	9/9	Low

Note: AXIS= Appraisal tool for Cross-Sectional Studies, CASP= Critical Appraisal Skills Programme checklist, RCT= Randomized Controlled Trials, RoB 2= Risk of Bias version 2.

Table S2. Table for Quantitative Studies on Adolescents

Authors (year, country)	Study design / Sample	Measures	Results
Beijers et al. (2021), Netherlands [26]	LO; 91 adolescents. Wave 1 at M=12.4 years; Wave 2 at M=16.3 years. Primary caregivers aged 24–47 (M=32.9, SD=4.4).	**EE:** DEBQ **Attachment:** Categorical continuous attachment (SSSP, 15–28 months); Home observation (S-AQS, 15–28 months; attachment to mothers). **Mediators:** Suppression of emotions, Alexithymia.	Association At 12 SA (SSSP) and EE, r=0.1 (not significant) SA (S-AQS) and EE, r=0.07 (not significant) Association At 16 SA (SSSP) and EE, r=0.14 (not significant) SA (S-AQS) and EE, r=0.28, p<0.01 Serial mediation At 12 years old: SA (S-AQS): F (5.98) =6.27, p<0.001; 24.25% of variance in EE. Serial mediation: At 16 years old: SA (SSSP) and EE: F (5.85) =7.15, p<0.001; 29.6% of variance in EE. Serial mediation: At 16 years old: SA (S-AQS) and EE: F (5.85) = 9.37, p<0.001); 35.5% of variance in EE.

Maras, 2013, Canada [42]	CS; *N* = 2,281 adolescents, aged 11.08–20.75 years (*M* = 14.08, *SD* = 1.57); 966 males, 1,315 females.	**EE:** DEBQ. **Attachment:** Categorical, dichotomous, and continuous attachment using ARQ; (global attachment style). **Controls:** Age and SES.	Correlation: SA and EE (r= -0.223), p< 0.001 in the normal sample IA and EE (r= 0.179), p < 0.001 in the normal sample
Schmitt et al. (2020), USA [27]	CS; *N* = 100 adolescents (*M* = 14.35, *SD* = 2.29); all females.	**EE:** DEBQ. **Attachment:** Dimensional attachment using ECR-RS; (global attachment style). **Mediators/Moderators:** Rumination (mediator), Stress (moderator).	Correlation: A-Anx and EE: (r= 0.42), p<0.05 Correlation: A-Avoid and EE: r=0.06 (not significant) Mediation: A-Anx and rumination on EE (B= 0.07, SE= 0.03, p= 0.02, LL= 0.02, UL= 0.16). Mediation: A-Avoid and rumination on EE (B= 0.02, SE= 0.02, p= 0.37, LL= -0.02, UL= 0.07). Moderated mediation: Stress, higher levels of A-Anx through rumination on EE (bindirect = 0.39, SE = 0.17, p

			= 0.03, CI 95 = 0.10 to 0.79). Stress, lower levels of A-Anx through rumination on EE:(bindirect = 0.21, SE = 0.13, p = 0.12, CI95 = − 0.01 to 0.50)

Table S3 Table for Quantitative Studies on Adults

Authors (year, country)	Study design / Sample	Measures	Results
Alexander, 2013, USA [40]	Study 1: CS; N = 97; Age 18–50, M = 20.69 (SD = 4.94); 37 males, 60 females	**EE**: TFEQ; **Attachment**: Dimensional attachment using ECR-R (global attachment); **Mediator**: Perceived hunger	Correlation: A-Anx and EES-Anx (r = .257, p <.05) Correlation: A-Anx and EES-Dep (r = .289, p < .01) Correlation: EE and A-Avoid (not significant) Correlation: Disorganized attachment and EE (r=.14 with p<.05) Mediation: Perceived hunger mediated A-Anx and EES-Dep (β=0.11,p=0.15, R 2=0.54). Mediation:

			Perceived hunger mediated between A-Anx and EES- Anx (β=0.10, p=0.29, R 2=0.37).
	Study 2: CS; N = 72; Age 18–66, M = 21.7 (SD = 7.95); 28 males, 44 females	**EE**: TFEQ; **Attachment**: Dimensional attachment using ECR-R and SAAM (global attachment)	Food consumption was not related to A-Avoid Ostracism did not predict EE or interact with A-Anx
	Study 3: Experimental condition of ostracism; N = 103; Age 17–52, M = 21 (SD = 4.79); 38 males, 65 females	**EE**: TFEQ; Observational measure of eating behavior; **Attachment**: Dimensional attachment using ECR-R and SAAM (global attachment)	Regression analysis: A-Anx did not predict with increased food consumption after ostracism F (2,102) = 0.20, p=.83, R2=.004 → Not significant
	Study 4: RCT; N = 206; Age 18–53, M = 21; 64 males, 142 females; Priming attachment security through journal group (attachment, positive, neutral) (independent); Condition (ostracized, included) (moderator)	**EE**: TFEQ; **Attachment**: Dimensional attachment using ECR-R and SAAM (global attachment)	Moderated multiple regression: No direct effects of the journal interventions or global A-Anx on amount of food eaten
Alexander & Siegel, 2013, USA [43]	CS; N = 97; Age 16–35, M = 20.69 (SD = 4.94); 37 males, 60 females	**EE**: EES; **Attachment**: Dimensional attachment using ECR-R (attachment to romantic	Correlation: A-Anx and EES-Dep (r = .289, p< .01) Correlation: A-Anx and EES-Anx (r = .257, p< .05)

		partners and friends); **Mediator**: Perceived hunger	Correlation: A-Anx and EES-AF (r = .194, p = .068) Correlation: A-Avoid and EES-Dep (r=0.156), EES-Anx (r=.08), EES-AF (r=.059) (not significant) Mediation: Perceived hunger mediated between A-Anx and EES-Dep (β = 0.11, p = 0.15, R^2 = 0.54) Mediation: Perceived hunger mediated between A-Anx and EES-Anx (β = 0.10, p = 0.29, R^2 = 0.37)
Fallon, 2012, Ireland [41]	CS; N = 76; Age 19–59, M = 30; 62 females, 14 males	**EE**: EES; **Attachment**: Categorical attachment continuous using RQ (global attachment)	Correlation: Attachment style and EES-ANX (r = .32, n = 73, p < .05). Hierarchical regression: Attachment style accounted for 9% of variance in the prediction of EES-Anx (F(1,71)= 8.14, p < .05, R^2 = .103, AdjR^2 = .09).

Leung et al., 2019, Canada [44]	LO; N = 108; Age 18–65; 84.3% female, 15.7% male	**EE**: EES; **Attachment**: Dimensional attachment using ECR-16 (not specified)	Multivariate linear regression: A-Avoid and EE: r=0.407, p=0.686 (not significant) Multivariate linear regression: A-Anx and EE: r=1.347, p= 0.179 (not significant)
Stapleton & Mackay, 2014, Australia [47]	CS; N = 226 currently in a romantic relationship; Age 18+; 197 females, 29 males	**EE**: TFEQ; **Attachment**: Dimensional attachment using RQ and SAAM (global attachment); **Mediator**: Perceived hunger	Hierarchical Multiple linear regression: A-Anx predicted EE (B= 0.12, p< 0.05). Hierarchical Multiple linear regression: A-Avoid predicted EE (B= -0.09). Hierarchical Multiple linear regression: A-Anx scores 2% of the variability in EE scores (adj R2= 0.02, F(1.224)= 4.79; p= 0.03). Hierarchical Mutiple linear regression: Higher A-Anx scores predicted higher EE scores.

			(B = 0.02, SE B = 0.01, β = 0.15, p = 0.030). Mediation: Perceived hunger mediated the relationship between A-Anx and EE. Sobel test: Z = 2.68, p = 0.007.
Southern, 2020, Australia [30]	CS; N = 216; Age 18–83, M = 30.02 (SD = 14.75); 73.6% females, 26.4% males	**EE**: DEBQ; **Attachment**: Dimensional attachment using RAAS (attachment to parents, platonic, and romantic relationships); **Mediator**: Interoceptive awareness	Correlation: A-Anx and EE: (r= 0.316, p<0.001). Correlation: A-Avoid and EE: (r=0.131, p<0.06). Mediation: Interoceptive awareness did not mediate between A-Anx and A-Avoid on EE
Taube-Schiff et al., 2015, Canada [28]	CS; N = 1393; Age 18+, M = 44.72; 288 males, 1095 females	**EE**: EES; **Attachment**: Dimensional attachment using ECR-16 (Brennan, Clark, & Shaver, 1998) (not specified); **Mediator**: Difficulties in emotion regulation	Path analysis within a structural equation modeling (SEM) A-Anx and EES-AF (B=.08, SE=.03, p<0.01). Path analysis within a structural equation modeling (SEM)

			A-Avoid and EES-Anx (B=.05, SE=.04, p<0.01). Mediation: DER mediator between A-Avoid, A-Anx and EES-AF, EES-Anx, and EES-Dep (ab ranging from .02 to .05, all p-values b .001)
Wilkinson et al., 2018, UK & USA [45]	Study 1: CS; N = 665; Age 18+, M = 28.8 (SD = 13.5); 144 males, 521 females Study 2: CS; N = 548; Age 18+, M = 36 (SD = 11.9); 237 males, 311 females	**Attachment**: Dimensional, continuous using ECR (global attachment) (Lafontaine, 2016, 12 items) **EE**: TFEQ; **Attachment**: Dimensional, continuous using ECR-R (36 items; Fraley, Waller, & Brennan, 2000, attachment to romantic partners); **Mediator**: Difficulties in emotion regulation	Direct effect in a mediational model (ttesting if EE is a mediator between attachment and BMI) A-Anx and EE (b=5.08, SE=0.78, p<.001) Mediation: Non-acceptance, awareness, clarity, strategies, and impulse (all dimensions of dysregulation) did not mediate between A-Anx and stress-induced eating (p-values > .05), Mediation: Goal-directed behaviors mediated between A-Anx and stress-induced eating (β=0.03, p=.004).

			Mediation: SA predicted stress-induced eating (b=0.16, SE= 0.03, p < .001) Direct effect in a mediational model: A-Anx and stress-induced eating (β=0.16, p<.001)
Wilkinson et al., 2019, UK [46]	CS; N = 537; M = 25.5 (SD = 9.9); 126 males, 404 females, 6 others, 1 prefers not to say	**EE**: TFEQ; **Attachment**: Dimensional attachment using ECR (12-item short form, Lafontaine; global attachment), 9-item Disorganized Attachment scale (global attachment)	Correlation: A-Anx and EE (r=.24 with p<.001). Correlation: A-Avoid and EE (r=.07) (not significant). Correlation: Disorganized attachment and EE (r=.14 with p<.05)
Zakhour et al., 2021, Lebanon [29]	CS; N = 811; Age 18+, M = 27.59 (SD = 11.76); 66.5% females, 33.5% males	**EE**: EES; **Attachment**: Dimensional attachment using SAAM (global attachment); **Mediator**: Body dissatisfaction	Correlation: SAAM-Anx and EE (r = 0.130, p < 0.001). Correlation: SAAM-Sec and with EE (r = -0.148, p < 0.001). Correlation: SAAM-Avoid and EE (r=0.036) (not significant).

		Multivariate analysis of covariance (MANCOVA): Individuals with SAAM-Anx have higher EE (Beta = 4.83, p = 0.018).
		Multivariate analysis of covariance (MANCOVA): SAAM-Sec and body dissatisfaction together predicted EE (Beta = 3.51, 95% BCa, CI: 0.44 to 6.58, t = 2.25, p = 0.024).
		Mediation: Body dissatisfaction mediated between SAAM-Sec and EE, accounting for 12.53% of the effect.

Note: A-Anx= Attachment Anxiety; ARQ= Adolescent Relationship Questionnaire; A-Avoid = Attachment Avoidance; CS = Cross-Sectional; ECR= Experiences in Close Relationships scale; ECR-R: Experiences in Close Relationships scale-Revised; EE = Emotional Eating; EES= Emotional Eating Scale; EES-AF = Angry/Frustrated Eating; EES-Anx = Anxious Eating; EES-Dep = Depressive Eating; EO = Emotional Overeating; EU = Emotional Undereating; IA = Insecure Attachment; LO = Longitudinal; M = Mean; RAAS = The Revised Adult Attachment Scale; RQ= Relationship Questionnaire; SA = Secure Attachment; SAAM = State Attachment Anxiety Model; S-AQS = The Shortened Version of the Attachment Q-Set; SD= Standard Deviation; SES = Socioeconomic Status; SSSP = The Shortened Strange Situation Procedure.

Table S4 Table for qualitative studies

Authors (year, country)	Study design / Sample	Measures & Themes	Results
Mamo & Louka, 2022, Greece [48]	N = 6; Age 18+, M = 22.7 (SD = 3.8); 3 females, 3 males	**EE**: AEBQ; **Attachment**: Dimensional attachment using RQ (attachment to significant others); **Theme**: Coping with emotions	EO as the activation of an IAS and an alternative way of coping and regulating emotion to support-seeking. EU as the transferase of the negative emotions to the body due to the difficulty posed regarding support-seeking. The internalized negative view of self, common in individuals with IA, mediated their EE behaviors. EU as the reenactment of the occasions when the need of being fed remained unfulfilled and the belief that this need will be met by a significant other. EO as the reenactment of the occasions

when the need of being fed was fulfilled and the belief that this need will not be met, so the need for self-reliance in achieving security rises.

EE as a learned behavior stemming from childhood, where food was used as a source of comfort due to lack of emotional support from caregivers.

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Eating comfort food as a reward for happiness or achievement may reflect a need for attachment-related closeness, which could be the missing element for feeling truly happy.

			Participants often ate childhood comfort foods during distress, suggesting these cues trigger emotional eating for solace.
Hernandez-Hons & Woolley, 2011, USA (Southern California) [49]	N = 8; Age 30–62; Females	**EE**: Not specified; **Attachment**: Attachment representations using semi-structured interviews (global attachment, including family, friends, and romantic relationships); **Theme**s: Personal and cultural foundation; Preoccupation with food and eating; Relationship history; Addiction as a coping mechanism for IA;	EE behaviors were tied to childhood events around food, shaped by attachment relationships and cultural norms. Food as a substitute for attachment and a method for evoking positive memories. Several participants reported a fixation on food, describing it as "calling to them" and continuing to eat beyond satiety, with this preoccupation increasing as their emotional needs for support and soothing remained unmet. Histories of physical, sexual,

		Social influences on eating and weight gain; Secretive eating; EE as reminiscent of ambivalent attachment; Emotional hunger.	and psychological abuse with attachment figures led to IA models, persisting into adulthood and resulting in EE as a coping mechanism for failed romantic relationships and lack of support. Participants turned to alcohol, drugs, and EE as unhealthy coping mechanisms to deal with IAs and lack of social support. Rejection in seeking emotional closeness led participants to turn to food for comfort. Societal judgments about their eating increased secretive eating. Participants described secretive eating as both a childhood rebellion and an adult strategy to avoid criticism

and hide their EE, driven by IA.

Food became a source of comfort or distraction from pain and stress mirroring ambivalent childhood attachments where parents were both sources of comfort and despair.

EE as a symptom of IA, a longing for connection, and an attempt to fill emotional voids.