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Disciplinarian Parenting, Perfectionism, and Emotional Eating: A South Asian Generational and Cultural Perspective

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Abstract **Review Article**

This paper proposes a conceptual framework linking disciplinarian parenting with the development of a harsh inner voice, maladaptive perfectionism, and emotional eating, culminating in weight-related challenges. While existing research highlights these dynamics primarily in Western contexts, this paper situates them within the cultural, generational, and historical realities of South Asian communities. Post-colonial scarcity, socio-economic pressures on first-generation graduates, and intergenerational cycles of food-related guilt have uniquely shaped family dynamics in the region. Cultural practices such as finishing one's plate—rooted in histories of famine, poverty, and survival—have normalised the disconnection from bodily hunger and satiety cues. This paper highlights how these complex intergenerational and cultural factors contribute to emotional dysregulation and eating difficulties, offering a culturally sensitive lens for counseling and cross-cultural psychology.

Background: Disciplinarian Parenting (DP), also referred to as Authoritarian Parenting, is characterised by rigid control, punitive discipline, and limited emotional responsiveness. It has been studied extensively in relation to self-esteem, anxiety, and perfectionism. Parallel research has linked perfectionism, self-criticism, and emotional eating (EE) to concerns around health and well-being. However, these literatures often remain siloed, leaving a limited understanding of how early disciplinarian experiences cascade into adult struggles with food, body image, and weight regulation. This gap is particularly relevant in Indian and South Asian contexts, where historical legacies of colonialism, Partition, generational scarcity, and intergenerational pressure to succeed shape parenting styles and coping mechanisms.

Objective: This article proposes a conceptual framework linking DP with the internalisation of a Harsh Inner Critic (HIC), the development of Maladaptive Perfectionism (MP), and subsequent EE that may contribute to overweight (OW) and obesity-related challenges. The framework situates this pathway within the cultural and sociohistorical realities of Indian and South Asian families, where strict parenting, food-related guilt, and survival-driven values are deeply interwoven.

Approach: Drawing from counselling practice, developmental psychology, and eating behavior research, the model illustrates how DP fosters internalised self-criticism, which in turn fuels MP. Over time, these perfectionistic pressures heighten emotional dysregulation, often managed through EE. This cycle is further reinforced by cultural narratives of food scarcity, generational responsibility (e.g., first-generation graduates striving to support families), and guilt around waste. Together, these influences highlight a cumulative, culturally embedded pathway to weight-related struggles.

Implications: The framework underscores the importance of addressing the inner critic and perfectionistic tendencies within counselling interventions, while simultaneously recognising the cultural and intergenerational narratives that shape them. It further points to the need for parent education and psychoeducation within South Asian contexts to break cycles of punitive self-talk, scarcity-driven control, and maladaptive coping strategies. By conceptualising this pathway, the article invites empirical research to validate and extend the model, informing culturally sensitive interventions targeting EE, self-compassion, and healthier intergenerational parenting practices.

Keywords: disciplinarian parenting, harsh inner voice, maladaptive perfectionism, emotional eating, overweight/obesity, counselling, South Asian families, intergenerational scarcity, colonial legacies.

Introduction

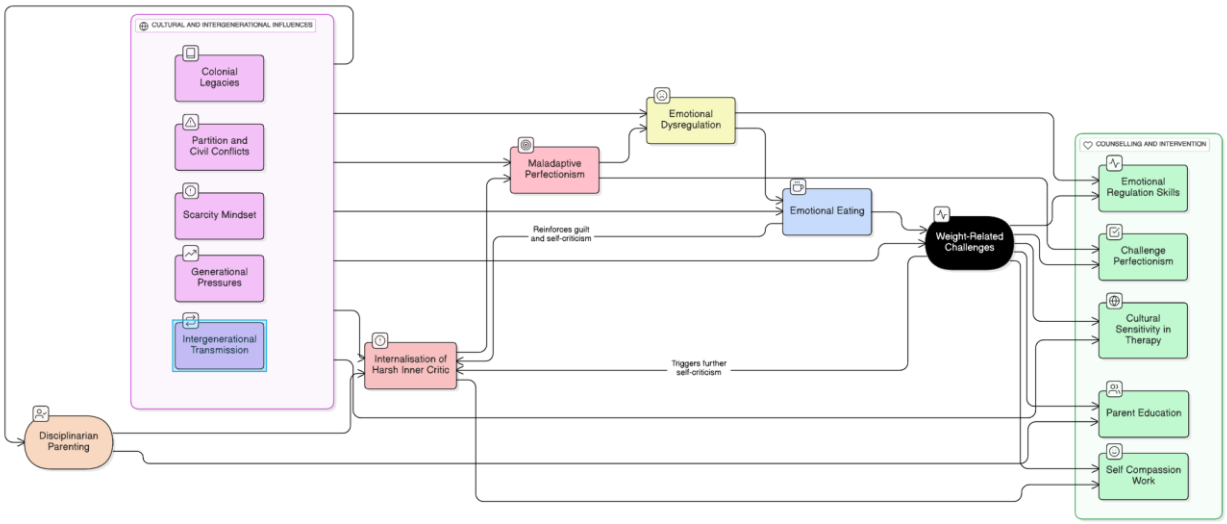
Parenting styles have long been recognized as central influences on children's socio-emotional development. Among these, disciplinarian parenting (DP) — characterized by strict rules, punitive discipline, and limited emotional warmth — has been linked to adverse developmental outcomes, including low self-esteem, heightened anxiety, and perfectionistic tendencies (Soenens et al., 2005; Frost et al., 1990). Parallel lines of research suggest that maladaptive perfectionism (MP) increases vulnerability to disordered eating (Fairburn et al., 2003), while emotional eating (EE) is frequently employed as a coping response to stress and negative affect (Macht, 2008). Despite these insights, these strands of scholarship have often remained siloed, preventing a more comprehensive understanding of how early disciplinary experiences cascade into adult struggles with eating and weight regulation.

The present paper introduces a conceptual framework that integrates findings from developmental psychology, counseling practice, and eating behavior research. The model traces a pathway beginning with DP, leading to the internalization of a harsh inner voice (HIV), fueling MP, and culminating in emotional dysregulation and EE. This progression offers a plausible explanatory mechanism for weight-related difficulties frequently observed among individuals with histories of strict or punitive parenting. Such individuals often report patterns such as plate-clearing habits and guilt around wasting food — behaviors rooted in early parental conditioning to override bodily cues of hunger and satiety.

Importantly, much of the empirical work in this domain has been conducted in Western contexts, with limited attention to South Asian communities. This oversight neglects the historical, cultural, and intergenerational dynamics that shape parenting practices and food-related behaviors in these societies. Historical events such as colonialism, Partition, and systemic poverty introduced generations of scarcity, displacement, and trauma (Butalia, 1998; Das, 2007; Bose, 2023). These legacies contributed to cultural values emphasizing discipline, frugality, and survival, where wasting food was seen not merely as undesirable but morally wrong. For first-generation graduates and families emerging from deprivation, strict parenting often reflected both the urgency of providing for the family and the imperative to instill resilience in children. Over time, these scarcity-driven norms became internalized, reinforcing guilt, rigid discipline, and emotional suppression.

Within this context, DP not only influences external behavior but also leaves a profound internal imprint in the form of HIC and perfectionistic self-demands. These internalized dynamics amplify vulnerability to EE, creating a pathway where intergenerational scarcity values, harsh discipline, and perfectionism converge into weight-related challenges. This conceptualization highlights the need to situate psychological models within broader cultural-historical frameworks, particularly in South Asia, where colonial and economic legacies continue to shape parenting and health behaviors.

- By bridging developmental psychology, eating behavior research, and the sociohistorical realities of South Asian families, this paper contributes a novel conceptual model for understanding the cumulative pathway from DP to EE and overweight/obesity (OW). The model aims to stimulate scholarly inquiry, inform therapeutic practice, and raise awareness of the long-term consequences of rigid parental discipline embedded within cultural and historical legacies.



Theoretical Foundations & Literature Review

Disciplinarian Parenting and Psychological Outcomes

Disciplinarian or authoritarian parenting (DP) emphasizes obedience, respect for authority, and strict behavioral control (Baumrind, 1966). In Indian and South Asian families, such parenting often intersects with cultural norms that prioritize collective reputation, filial duty, and sacrifice over individual expression (Kagitcibasi, 2007). Food practices frequently reflect this dynamic — children are asked to "finish everything on the plate" as a marker of respect for parental labor and as a response to long-standing memories of scarcity from colonial famines and partition displacement. While some discipline can instill resilience and achievement orientation, research shows that excessive authoritarian practices are linked with lower self-esteem, higher anxiety, and perfectionistic striving (Soenens et al., 2005; Barber, 1996). For South Asian children, this may mean internalizing the fear of "never being enough," a legacy amplified by generational survival struggles.

Harsh Inner Critic and Emotional Regulation

One lasting psychological imprint of DP is the development of a **Harsh Inner Critic (HIC)** — the internalized voice of parental discipline and cultural expectations. For many South Asians, this inner critic echoes phrases like "don't waste food," "don't bring shame," or "others have it worse," rooted in intergenerational experiences of poverty, colonization, and war. Gilbert et al. (2004) link self-criticism to difficulties in emotional regulation, while Shahar (2015) notes that such internal voices often exacerbate shame and guilt rather than fostering resilience. In South Asian diasporic contexts, the HIC may become even more pronounced, as children juggle collectivist family expectations with Western ideals of autonomy and success, creating a tension that fuels anxiety and emotional dysregulation.

Maladaptive Perfectionism and Disordered Eating

Maladaptive perfectionism (MP) emerges when the HIC drives individuals to pursue unrealistic standards of success and self-control. Frost et al. (1990) define this as a rigid preoccupation with mistakes and conditional self-worth. In South Asian families, perfectionism is often tied to survival narratives: first-generation graduates are expected to uplift entire families, while children of immigrant households frequently carry the pressure of justifying sacrifices made by parents. Within such a context, body image and food intake may become domains where

individuals exert control. Fairburn et al. (2003) and Boone et al. (2014) note strong associations between perfectionism and eating disorders; in South Asian contexts, this is compounded by cultural ideals that equate slimness with modernity and upward mobility, while simultaneously valorizing abundance at the dining table as a symbol of prosperity.

Emotional Eating and Weight-Related Challenges

Emotional eating (EE) — eating in response to stress or emotional distress rather than physical hunger (Macht, 2008) — has strong ties to perfectionism and self-criticism. In Indian and South Asian households, food often carries emotional and cultural symbolism: hospitality, love, and sacrifice are communicated through food, while wasting food may evoke guilt tied to ancestral experiences of famine or scarcity. When individuals experience stress or inadequacy, turning to food becomes both a coping mechanism and a way of soothing the internalized shame instilled by the HIC. Studies link EE to overweight and obesity (OW), particularly in environments with high availability of calorie-dense foods (van Strien et al., 2013). However, within South Asian contexts, weight-related struggles are further stigmatized, often framed as moral failings rather than psychological consequences of intergenerational trauma and parenting styles.

Gaps in Current Research

Although extensive research exists on each construct — DP and self-esteem (Soenens et al., 2005), perfectionism and eating (Fairburn et al., 2003), EE and obesity (Macht, 2008; van Strien et al., 2013) — the fields remain siloed. Developmental psychology rarely integrates cultural-historical perspectives; personality psychology seldom accounts for the colonial and intergenerational roots of self-criticism; and health psychology often neglects the symbolic and cultural meaning of food in South Asian families. Moreover, most studies have been conducted in Western contexts, overlooking the unique legacies of colonial famines, partition-induced displacement, and intergenerational scarcity that continue to shape South Asian parenting, food-related values, and coping mechanisms today (Bhugra & Becker, 2005; Katrak, 2006). This lack of integration leaves counselling practitioners without culturally attuned frameworks to address emotional eating within South Asian communities.

The Proposed Conceptual Framework

DP → HIC

Disciplinarian parenting (DP) conditions the child to equate self-worth with compliance and external evaluation, internalising parental voices into the **Harsh Inner Critic (HIC)**. **Biopsychological overlay** – Chronic exposure to harsh discipline activates the **HPA axis** (hypothalamic-pituitary-adrenal), raising cortisol. Over time, stress hyperactivation reshapes brain regions such as the **amygdala** (threat sensitivity) and **prefrontal cortex** (self-regulation). These changes bias the child toward vigilance, heightened error-monitoring, and self-critical rumination.

In South Asian families, scarcity-driven "finish your plate" injunctions add a **somatic survival script**: cortisol surges around food-related discipline anchor bodily sensations (tight stomach, hypervigilance) to shame, embedding criticism at both cognitive and physiological levels.

HIC → MP

The HIC drives maladaptive perfectionism (MP), where error-avoidance dominates identity. Self-criticism activates the **anterior cingulate cortex** (error detection) and reduces activity in **ventromedial prefrontal areas** (self-compassion). Neuroimaging shows perfectionism is linked with increased **dopaminergic reward prediction errors**, meaning the brain "punishes" itself when outcomes fall short. Stress hormones (cortisol, adrenaline) reinforce hypervigilance.

In contexts where survival hinged on achievement and reputation (colonial competition, Partition migration), perfectionism is both socially adaptive and biologically

reinforced by heightened stress responsivity. Families with scarcity histories may pass down **epigenetic modifications** (e.g., stress reactivity genes) that predispose offspring to stronger perfectionism-stress linkages.

MP → Emotional Dysregulation

Chronic stress from unattainable standards overwhelms coping, leading to poor regulation of shame, anxiety, and sadness. Maladaptive perfectionism keeps the HPA axis chronically active. Sustained cortisol disrupts **hippocampal functioning** (memory consolidation) and reduces **prefrontal inhibition** over limbic reactivity, impairing regulation. **Low heart-rate variability (HRV)** is common, indicating poor autonomic flexibility. Emotional dysregulation becomes both a psychological and physiological vulnerability.

In some South Asian families, emotional suppression is valorized. Children learn to **somaticize distress** (headaches, gastric distress) instead of verbalizing emotions. Stress hormones manifest physically (tight stomach, fatigue), reinforcing avoidance of open expression.

Emotional Dysregulation → EE → OW

Emotional eating (EE) is a maladaptive coping strategy: food regulates affect when other strategies fail. Repeated EE contributes to overweight/obesity (OW). Emotional dysregulation heightens activity in the **mesolimbic dopamine system**, making high-fat, high-sugar foods especially rewarding under stress. Cortisol further increases cravings for energy-dense foods. Over time:

- **Insulin resistance** develops, blunting satiety cues.
- **Leptin resistance** keeps hunger signals "on."
- **Gut-brain axis** disruptions amplify mood-food loops. Physiologically, emotional eating becomes entrenched because it calms the HPA axis temporarily while fueling long-term metabolic imbalance.

Food meanings (love, care, survival, guilt about waste) intersect with stress biology. Diets often combine carb density with emotional rituals, strengthening EE as both a **cultural comfort script** and a **neurochemical habit loop**.

Feedback Loops

Neurobiological cycle – OW contributes to systemic inflammation, which impairs dopamine signaling and worsens mood, strengthening emotional dysregulation.

Epigenetic cycle – Repeated stress and scarcity across generations may leave epigenetic marks on stress-regulation genes (e.g., NR3C1 methylation), making descendants more reactive to stress and food-related cues.

Psychosocial cycle – Weight stigma triggers further self-criticism (HIC), which feeds perfectionism, dysregulation, and renewed emotional eating.

Translational Implications with Biopsychological Lens

- **Assessment** – Alongside self-report scales, assess biological markers: cortisol profiles, HRV, sleep quality, BMI, inflammatory markers.
- **Intervention** –
  - *Mind-body*: yoga, breathwork, and mindfulness target both autonomic regulation (HRV) and HIC deactivation.
  - *Compassion-focused therapy*: strengthens vmPFC pathways, dampens limbic overactivation.
  - *Nutritional psychiatry*: regulate gut-brain axis, stabilize dopamine and serotonin availability.

- *Family psychoeducation*: contextualize scarcity narratives and dismantle inherited food-guilt cycles.

Discussion

Contributions beyond Previous Research

Most existing studies have examined authoritarian parenting, perfectionism, disordered eating, or emotional eating in isolation. The proposed framework contributes by:

- **Integrating silos** – It links authoritarian/disciplinarian parenting, the harsh inner critic, perfectionism, emotional dysregulation, emotional eating, and overweight into one coherent pathway.
- **Biopsychological grounding** – It connects psychological constructs with stress neurobiology (HPA axis, dopamine system, gut-brain axis), showing how cultural scripts become embodied patterns.
- **Cultural-contextual depth** – Unlike Western models, this framework situates eating and body concerns within South Asian histories of scarcity, collectivism, and colonial legacies, illuminating why emotional eating carries layers of guilt, survival logic, and identity negotiation.
- **Intergenerational lens** – By including epigenetic stress transmission and inherited scarcity narratives, it expands the scope beyond individual pathology to family and historical dynamics.

Implications for Counseling and Therapy in Indian/South Asian Communities

This framework shifts therapeutic practice in several ways:

- **De-centering the individual** – Counselors can recognize that food-related struggles are not only about "willpower" but about inherited scarcity narratives and embodied family legacies.
- **Targeting the harsh inner critic** – Compassion-focused therapies, mindfulness, and narrative approaches become central, not peripheral, because self-criticism is the fulcrum linking discipline to perfectionism.
- **Cultural sensitivity** – Counselors can reframe parental discipline not just as pathology but as adaptive within a scarcity or colonial past. This allows more empathetic family dialogues and reduces parental defensiveness.
- **Body-mind integration** – Interventions can combine psychotherapy with stress regulation practices (yoga, pranayama, HRV biofeedback) that align with Indian traditions, making counseling culturally resonant and physiologically restorative.

Broader Implications

- **Family Therapy** – This model suggests family interventions should address food scripts ("finish your plate," "don't waste") as well as emotional communication. Interventions can bridge respect for elders with dismantling harmful scarcity-driven narratives.
- **School Counseling** – School-based counselors can identify perfectionistic and self-critical students early, teaching emotional regulation strategies and fostering self-compassion before disordered eating patterns develop.
- **Parenting Education** – Programs can integrate psychoeducation about the unintended consequences of harsh discipline, offering culturally grounded alternatives that promote resilience without perpetuating shame cycles.

Linking to Global Conversations

The framework resonates with larger scholarly dialogues on:

- **Trauma and intergenerational transmission** – It parallels Holocaust, refugee, and famine-survivor studies

showing how stress legacies shape parenting, biology, and health in descendants.

- **Health psychology** – It bridges cultural psychology with biopsychology, aligning with calls for integrative models that include neuroendocrine, behavioral, and cultural determinants of health.

- **Global South perspectives** – By foregrounding South Asian colonial and scarcity histories, it contributes a non-Western lens to global debates on trauma, perfectionism, and obesity, challenging Universalist assumptions.

Limitations and Future Directions

While this conceptual framework integrates multiple strands of research, several limitations should be acknowledged:

1. **Conceptual rather than empirical** – The model remains a theoretical synthesis, not yet tested through longitudinal or cross-cultural data. Future research should empirically examine each pathway (e.g., disciplinarian parenting → harsh inner critic → maladaptive perfectionism → emotional eating → overweight) in South Asian and other populations.

2. **Cultural heterogeneity** – "Indian" and "South Asian" families are highly diverse, with differences by class, caste, religion, region, and diaspora contexts. The framework risks overgeneralization unless nuanced with subgroup-specific research.

3. **Biopsychological complexity** – While the model highlights HPA axis dysregulation, dopamine pathways, and the gut-brain axis, the biological mechanisms are likely more complex and interactive than represented here. Integrating psychophysiological measures (cortisol, HRV, microbiome studies) will refine the model.

4. **Counselling applicability** – Translating the model into therapeutic settings may require careful cultural adaptation. Some families may resist re-examining disciplinarian practices perceived as normative or protective. Counsellors will need context-sensitive strategies that respect family values while addressing harm.

5. **Global comparisons** – Future scholarship should situate South Asian patterns alongside other postcolonial and trauma-affected communities (e.g., African, Caribbean, Middle Eastern populations) to explore similarities and divergences in how food, perfectionism, and self-criticism are negotiated.

Future research directions include:

- Mixed-method studies integrating surveys, in-depth interviews, and physiological data.
- Longitudinal designs to examine how childhood discipline translates into adult eating behaviors.
- Cross-generational studies to assess how narratives of scarcity, shame, and food are transmitted.
- Intervention trials testing whether reducing harsh inner criticism and perfectionism decreases emotional eating.
- Development of culturally grounded counselling protocols that weave in indigenous practices (e.g., yoga, Ayurveda-informed approaches, family storytelling).

Conclusion

This paper has proposed a conceptual framework linking disciplinarian parenting, the internalization of a harsh inner critic, maladaptive perfectionism, emotional dysregulation, and ultimately, emotional eating

and overweight concerns. By situating this model within South Asian and Indian contexts, the framework highlights how strict parental control and scarcity-driven legacies—shaped by colonialism, partition, and intergenerational financial struggles—can echo into adulthood through food-related guilt, perfectionistic coping, and self-critical inner narratives.

The contribution of this framework lies in moving beyond siloed studies to illuminate how psychological, cultural, and historical factors converge to influence eating behaviors. For counseling and therapeutic practice, it underscores the need to not only address present symptoms such as emotional eating but also to gently unearth the inherited stories of discipline, scarcity, and shame that clients carry. Parent education, school-based interventions, and culturally adapted counseling strategies hold promise for breaking intergenerational cycles of critical self-talk and maladaptive coping.

Ultimately, fostering self-compassion, mindful eating, and relational healing can help individuals and families re-author their relationship with food—transforming patterns rooted in scarcity and control into healthier, more nurturing practices. In doing so, the framework not only informs clinical practice but also invites broader conversations about how collective histories of trauma and survival shape everyday health behaviors.

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Portions of this manuscript were drafted with the assistance of ChatGPT (OpenAI) for phrasing and clarity. The research design, data collection, analysis, and interpretation are entirely the author's original work, and the author bears full responsibility for all claims and conclusions.

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