



Role of Yoga in the Management of Emotional Eating

*Radhika Sharma¹

¹Assistant Professor, Department of Psychology, Government Degree College, Lengri Gular, Shravasti, Uttar Pradesh-271835. Email ID: s.radhika1b@gmail.com

DOI : <https://doi.org/10.5281/zenodo.21393514>

ARTICLE DETAILS

Research Paper

Received: 14-05-2026

Accepted: 29-06-2026

Published: 15-07-2026

Keywords:

Ashtanga Yoga, emotional eating, indigenous knowledge.

ABSTRACT

Emotional eating refers to the tendency of having an increased intake of energy-dense food in order to cope with negative emotions, including stress, anxiety, boredom, and loneliness etc. This explains that food serves not only bodily needs but also many psychological needs, including acting as a coping strategy, and emotion regulation strategy. This theoretical paper aims at exploring the meaning of emotional eating, how it is different from binge eating, the underlying mechanism of emotional eating by identifying the correlates of emotional eating. Next, an attempt has been made to propose the ancient and indigenous knowledge of Ashtanga Yoga propounded by Sage Patanjali as a potential intervention for dealing emotional eating. As yoga has been found an effective mechanism to deal with the correlates of emotional eating, it can be safely proposed that emotional eating can be managed with the practise of Yoga.

Introduction: What is Emotional Eating?

Obesity is emerging as a primary health condition across globe, especially in adolescent and adult population. In fact, obesity has almost tripled worldwide since 1975 (World Health Organisation, 2021). Obesity is associated with increased vulnerability for noncommunicable diseases such as hypertension, cardiovascular diseases (primarily heart disease and stroke), musculoskeletal disorders, and some cancers etc. (World Health Organisation, 2021). Various research supports the idea that apart from a bodily need,

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eating acts as a psychological mechanism too. People tend to eat more under stressful and anxious situations (Ekim & Ocakci, 2021a). Thus, eating serves many psychological functions, including coping, and emotional regulation.

Moreover, our emotions deeply influence and determine our food intake. In some cases, food intake is reduced in response to the negative emotions, and in others, it is increased. Negative emotions with high arousal and intensity generally lower the need to food intake, whereas those with low arousal and intensity increase the need of food intake. Food intake is also affected by positive emotions. However, the term emotional eating is used in the context of increased intake of energy-dense food to cope up with negative emotions. These foods are most likely high in fat and sugars. In fact, emotional eating acts as a maladaptive emotional coping strategy that provides immediate and temporary relief from overpowering negative emotions. According to the psychosomatic theory (Kaplan & Kaplan, 1957), it is used as a coping strategy in response to the negative feelings, such as anxiety, stress, dejection, being left out etc. Further, it is used as an emotion regulation strategy (Macht et al., 2005; Macht & Simons, 2000).

How does Emotional Eating differ from Binge Eating?

Binge eating is recognised as an eating disorder in the Diagnostic and Statistical Manual of Mental Disorders DSM-V) by American Psychiatric Association (APA). It is characterised by rapid and excessive eating during binge episodes, even when they are not hungry. It differs from emotional eating in the following ways; First, binge eating takes place when a person overeats during a short span of time, whereas time duration is not a consideration in emotional eating. Second, emotional eating is preceded by any stressor, including negative emotions of stress and anxiety, which is not the case with binge eating. Third, binge eating is followed by the negative feelings of guilt, and repent whereas emotional eating is used as an emotion regulation strategy. Moreover, one serious concern is that emotional eating is not classified as a disorder under DSM by APA so far, which means there are no criteria available for diagnosing it.

What are the Correlates of Emotional Eating?

Guerrini-Usubini et al. (2023) examined the interrelationship between psychological distress, emotional eating, emotion dysregulation, and weight status. Employing a cross-sectional research design, the data was collected from a total sample of 600 Italian young adults. Results from path analysis showed that emotional dysregulation partially mediated the relationship between psychological distress and emotional eating, and, in turn, leads to higher body mass index.

Carpio-Arias et al. (2022) explored the relationship between perceived stress level and emotional eating. A cross-sectional design with a sample size of 2333 participants was used. Results indicated that the perceived stress level was higher in females more than males. Next, about 64% of the participants showing perceived stress were emotional eaters. The correlation between perceived stress and emotional eating was statistically significant, and perceived stress level emerged as a significant predictor of emotional eating.

Vaydich et al. (2022) examined the relationship between parental attachment, disordered eating, and emotion regulation among college students. The sample comprised 167 undergraduate students. Results revealed that difficulty in regulating emotions mediated the relationship between maternal attachment and disordered thinking. However, the paternal attachment-disordered thinking was not mediated. Further, emotional reactivity didn't emerge as a significant mediator.

Ling and Zahry (2021) conducted an investigation to explore the relationship between perceived stress, emotional eating, and eating self-regulation. This cross-sectional study was conducted with a sample size of 523 undergraduate college students. Results revealed a positive correlation between perceived stress and emotional eating, and a negative correlation between perceived stress and eating self-regulation. Further, the relationship between perceived stress and emotional eating was partially mediated by eating self-regulation. Further, sweet intake was positively correlated with emotional eating, and negatively correlated with eating self-regulation. And, the relationship between perceived stress and sweet intake was fully mediated by both emotional eating and eating self-regulation.

Ekim and Ocakci (2021) investigated the predictive role of parenting style and academic self-efficacy in emotional eating behaviours. A cross-sectional design with a sample of 584 adolescents was employed. Results revealed a significant positive association between negligent parenting style and emotional eating, and a negative association between permissive and democratic type of parenting styles and emotional eating. Further, an increase in academic self-efficacy perception resulted in decreased emotional eating behaviours. Moreover, both parenting styles and self-efficacy together accounted for 34% of the explained variance in emotional eating behavior in adolescents.

Braden et al. (2021) examined the relationship between perceived childhood invalidation, emotional dysregulation, emotional reactivity, and emotional eating. A sample of 258 adults was used for the study. Result from statistical analysis revealed the relationship between negative emotional reactivity and emotional eating was mediated by emotion regulation difficulties. The model as a whole accounted for 32% of the explained variance in emotional eating. Next, the perceived maternal childhood invalidation-emotional eating relationship was mediated by emotion regulation difficulties. And, 19% of the variance in

emotional eating was explained by the model. Further, the relationship between perceived paternal childhood invalidation and emotional eating was mediated by emotion regulation strategies. And 15% of the variance in emotional eating was explained by the model.

Zhang et al. (2021) conducted an investigation to examine the underlying mechanism between the fears of compassion (fear of compassion for self and fear of compassion from others) and emotional eating relationship. The mediating role of emotion regulation difficulties and moderating role of gender differences were studied in this model. The data were collected from 673 college students in Fujian Province, China. Results from Structural Equation Modelling showed that in the female sample, there was a positive relationship between fear of compassion for self and fear of compassion from others, and emotion regulation difficulties. Moreover, emotion regulation difficulties were associated with emotional eating and significantly mediated the relationship between fears of compassion and emotional eating. On the other hand, in the male sample, only fear of compassion for self had a positive association with emotion regulation difficulties. Further, the direct as well as indirect effect (mediation effect) of emotion regulation difficulties on emotional eating was not statistically significant.

Hsu and Forestell (2021) investigated the moderating effect of mindfulness on the relationship between internalising distress (depression and anxiety) and emotional eating. Five facets of trait mindfulness were examined (describing, observing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience). A cross-section research design with a sample size of 248 was employed. Moderation analysis from Depression indicated that after controlling for sex and five facets of mindfulness, depression significantly predicted emotional eating in all models. Moreover, one facet of mindfulness (non-judging of inner experience) moderated the relationship between depression and emotional eating. Next, moderation analysis from Anxiety revealed that anxiety is a significant predictor of emotional eating in all models after controlling for sex and all five facets of mindfulness. However, the moderating effect of mindfulness on the relationship between anxiety and emotional eating was not significant.

Um and Lee (2023) investigate the relationship among Premenstrual Syndrome (PMS)/ Premenstrual Dysphoric Disorder (PMDD), negatively perceived stress, and emotional eating. A cross-sectional design with a sample of 409 women was employed for this investigation. The sample was divided into two groups: PMDD ($n = 296$) and non-PMDD ($n = 113$). The Shortened Premenstrual Assessment Form (SPAF) was used for measuring the degree of PMS. The 10-item scale (PMS-10) has 3 factors: water retention, pain, and affective factors (4 items; PMS-4). In PMDD group, the results with PMS-10 revealed that PMS significantly predicted emotional eating. And, this relationship was partially mediated by negative perceived

stress. With PMS-4, the direct effect of PMS on emotional eating was not significant, but indirect effect via negative perceived stress was. Thus, a full mediation effect was observed. In contrast, in non-PMDD group, the direct as well indirect effect on PMS was non-significant, both in PMS-10 and PMS-4. However, negative perceived stress significantly predicted emotional eating in both the cases.

The Indigenous Knowledge of Yoga: An Intervention

In his *Yoga Sūtra 2*, Sage Patañjali define yoga as “*yogaḥcittavṛtti nirodhaḥ*” (*Samādhi Pāda*). That means “to control the mind-stuff (*citta*) from taking various forms (*vṛtti*) is Yoga”. If we go with the literal definition, the term ‘Yoga’ is rooted in the Sanskrit root ‘*yuj*’, which means the “union”; union of ‘*atma*’ (the lower self) with ‘*paramatma*’ (the higher self). Thus, the practice of Yoga aims at elevating one’s level of consciousness to reach to one’s highest self. The detailed description is also available in various Indian scriptures, including the Bhagwad Gita, and the *Yoga Sūtra* of Patañjali.

The *Aṣṭāṅga Yoga* (Eight-limbed approach) is rooted in the following eight steps (*Yoga Sūtra*, sage Patañjali);

1. *yama* (involves the practise of five social ethics, including *satya* (striving for truthfulness), *ahimsā* (non-violence), *asteya* (non-stealing), *brahmacarya* (practicing celibacy) and *aparigrahaḥ* (not involving in accumulation of wealth unnecessarily),
2. *niyama* (practise of five internal disciplines, including *śauca* (cleanliness of body and mind), *saṁtoṣa* (contentment), *tapah* (austerity and self-discipline), *svādhyāya* (study of self) and *īśvarapraṇidhānā* (surrendering to the almighty),
3. *āsana* (practicing different postures or meditative states),
4. *prāṇāyāma* (includes breath controlling exercises), and progress through
5. *pratyāhāra* (proper regulation of life force (*prana*) through certain breathing techniques) (overpowering one’s senses, moving inward one’s senses),
6. *dhāraṇā* (developing laser-like focus),
7. *dhyāna* (achieving everlasting meditative state), and finally move towards realizing the highest state of
8. *samādhi* (achieving the highest state of consciousness or union or integration with one’s higher self).

How Does Yoga Help Manage Emotional Eating?

Through the review of related and relevant literature, some common correlates of emotional eating have been found. It, inter alia, includes high perceived stress (Carpio-Arias et al., 2022; Ling & Zahry, 2021; Um

& Lee, 2023), psychological distress (Guerrini-Usubini et al., 2023; Hsu & Forestell, 2021), emotional dysregulation (Braden et al., 2021; Guerrini-Usubini et al., 2023; Vaydich et al., 2022; Zhang et al., 2021), emotional reactivity (Braden et al., 2021), parental attachment (Vaydich et al., 2022), parenting style (Ekim & Ocakci, 2021b), perceived childhood invalidation (Braden et al., 2021), eating self-regulation (Ling & Zahry, 2021), and fears of compassion (Zhang et al., 2021).

In this way, the ancient indigenous knowledge of Yoga can go a long way to control the emotional eating. Research suggests that the above eight-limbs together leads to increased mindfulness (Xu et al., 2022), self-awareness (Herbert, 2021), significantly reduced stress level (Sahni et al., 2021; Tong et al., 2021), adaptive coping, healthy and adaptive emotion regulation strategies (Kumar & Britto, 2022) etc. which have shown negative association with emotional eating. Thus, the knowledge of Yoga can be used to indirectly target the factors that leads to emotional eating. In fact, it can be preventive, protective, and promotive factor while managing emotional eating.

Conclusion

Obesity has emerged as a critical health condition in recent times. It, in turn, acts as a vulnerability factor for other non-communicable diseases. The ever-increasing disease burden of non-communicable diseases pose a significant threat to all countries. Apart from other reason behind obesity, one important factor is emotional eating. It acts as a coping mechanism to deal with negative emotions. The current theoretical paper was an attempt to identify the correlates of emotional eating. Various research reveals many factors which primarily includes, perceived psychological stress, emotional dysregulation, emotional reactivity, and emotion management difficulties. Next, a brief description of the eight-fold approach of Yoga (Ashtanga Yoga) was given. It is found to be associated with adaptive coping, and healthy emotion regulation strategies. Thus, it is proposed as a cost-effective intervention against emotional eating.

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