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The Psychosomatic Relationship Between Gut Health, Perceived Stress, And Emotional Regulation: A Qualitative Thematic Analysis

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ABSTRACT

This study examines the psychosomatic relationship between gut health, perceived stress, and emotional regulation from a qualitative perspective. Increasing evidence suggests that psychological stress and physiological functioning are closely interconnected; however, limited qualitative research has explored how everyday stressors manifest as gut-related symptoms through emotional dysregulation. The present study aimed to understand the lived experiences of individuals reporting stress-related gastrointestinal disturbances and associated emotional difficulties. A qualitative research design was adopted using a phenomenological orientation, and data were collected through semi-structured, in-depth interviews with 30 participants aged between 18 and 45 years, including IT professionals and college-going individuals. Participants commonly reported chronic academic pressure, occupational stress, relationship conflicts, financial concerns, and familial expectations as persistent stressors. These stressors were frequently associated with symptoms such as abdominal discomfort, altered bowel movements, appetite disturbances, sleep difficulties, headaches, back pain, and shoulder pain, despite the absence of identifiable organic pathology. Data were analyzed using Braun and Clarke's thematic analysis, which yielded four major themes: perceived stress and emotional overload, emotional dysregulation and somatic awareness, gut health disturbances as psychosomatic expressions, and impact on daily functioning and self-concept. The findings revealed that prolonged, unaddressed stress significantly disrupted emotional regulation, leading to cumulative psychosomatic symptoms affecting gut health and overall well-being. The study highlights the clinical importance of recognizing gut-related complaints as potential psychosomatic indicators of emotional distress. The findings underscore the need for integrative mental health interventions that address emotional regulation and stress management as essential components of psychosomatic and gut-focused care.

Keywords

Psychosomatic health, Gut health, Perceived stress, Emotional regulation, Qualitative research, Thematic analysis, Counseling psychology, Mental health

CHAPTER 1: INTRODUCTION

The relationship between psychological processes and physical health has been a central concern within the field of health psychology for several decades. Increasing empirical and clinical evidence suggests that mental and emotional states do not operate in isolation but are deeply intertwined with physiological functioning. Among the various systems of the body, the gastrointestinal system has received growing attention due to its bidirectional communication with the brain, commonly referred to as the gut–brain axis. This dynamic interaction highlights how psychological factors such as stress, emotional dysregulation, and chronic psychological distress can manifest as somatic symptoms, particularly those related to gut health.

Gut health is no longer understood merely in terms of digestion or nutritional absorption; rather, it is recognized as a complex system influenced by neural, hormonal, immune, and psychological processes. Functional gastrointestinal complaints such as abdominal discomfort, altered bowel movements, bloating, nausea, and unexplained pain are frequently reported in clinical settings, even in the absence of identifiable organic pathology. In many such cases, diagnostic investigations, including imaging and laboratory tests, reveal no structural abnormalities, suggesting a psychosomatic origin of symptoms. This underscores the importance of examining psychological contributors, especially perceived stress and emotional regulation, in understanding gut-related health concerns.

Perceived stress refers to an individual's subjective evaluation of stressors and their perceived ability to cope with environmental demands. Chronic exposure to stress, particularly when inadequately processed or regulated, has been shown to disrupt physiological homeostasis. Stress activates the hypothalamic–pituitary–adrenal (HPA) axis and the autonomic nervous system, leading to prolonged cortisol release and heightened sympathetic activity. Over time, this sustained activation can impair gut motility, alter microbiota composition, increase intestinal permeability, and exacerbate gastrointestinal sensitivity. Thus, perceived stress emerges as a critical psychosocial factor influencing gut functioning.

Closely related to perceived stress is emotional regulation, defined as the ability to identify, understand, modulate, and express emotions in adaptive ways. Difficulties in emotional regulation are associated with heightened physiological arousal, somatic tension, and maladaptive coping strategies such as suppression or avoidance. When emotional experiences remain unprocessed, they may be expressed through the body, a phenomenon commonly observed in psychosomatic presentations. Individuals with poor emotional regulation often report physical symptoms, including headaches, muscle tension, chest discomfort, fatigue, sleep disturbances, and gastrointestinal distress, despite the absence of medical explanations. From a psychosomatic perspective, the body becomes a medium through which unresolved psychological conflicts and emotional distress are communicated. Gut-related symptoms, in particular, appear highly sensitive to emotional states due to the dense network of enteric neurons and their interaction with central nervous system processes. The gut has been described as the "second brain," emphasizing its role in emotional experience and stress responsiveness. Emotional dysregulation and chronic stress can therefore significantly influence gut functioning, leading to a cycle in which physical symptoms further intensify psychological distress.

In contemporary clinical practice, a growing number of adolescents and adults—especially college students

and working professionals—present with psychosomatic complaints linked to lifestyle stressors. Academic pressure, occupational demands, interpersonal conflicts, financial strain, and maladaptive coping patterns contribute to cumulative stress exposure. These stressors, when unacknowledged or inadequately managed, may gradually disrupt emotional regulation and manifest as somatic symptoms. Gut disturbances often coexist with sleep difficulties, appetite changes, irritability, reduced concentration, and diminished overall well-being, adversely affecting daily functioning and self-concept.

Despite the increasing prevalence of psychosomatic gut-related complaints, there remains a gap in understanding how individuals subjectively experience and interpret the interplay between stress, emotions, and bodily symptoms. Quantitative research has provided valuable correlational insights; however, it often fails to capture the depth, complexity, and lived experiences underlying psychosomatic phenomena. A qualitative approach allows for an in-depth exploration of personal narratives, enabling a richer understanding of how perceived stress and emotional regulation difficulties are embodied and experienced through gut-related symptoms.

Qualitative inquiry is particularly relevant in psychosomatic research, as it prioritizes meaning-making, subjective interpretation, and contextual understanding. Through thematic exploration of lived experiences, researchers can identify recurring patterns, emotional themes, and psychosocial stressors that contribute to physical symptom expression. Such an approach not only enhances clinical insight but also informs holistic intervention strategies that integrate psychological and somatic care. The present study is grounded in this integrative psychosomatic framework and seeks to explore the relationship between gut health, perceived stress, and emotional regulation through a qualitative thematic lens. By focusing on individuals' lived experiences, the study aims to illuminate how chronic stress and emotional dysregulation are perceived, internalized, and expressed through bodily symptoms, particularly those related to gastrointestinal functioning. Understanding this psychosomatic interface is crucial for advancing mental health practice, promoting early psychological intervention, and fostering integrative models of health care that address both mind and body.

CHAPTER II: LITERATURE REVIEW

Mayer, Savidge, and Shulman (2014) conducted an integrative investigation into the role of the gut–brain axis in psychosomatic functioning, with a specific focus on stress responsiveness and emotional regulation. The study adopted a comprehensive review design synthesizing findings from clinical, neurobiological, and gastrointestinal research. The assessment procedures across the reviewed studies included physiological measures of gut permeability, neuroimaging techniques to assess brain activity related to emotion regulation, and standardized psychological stress assessments. The findings indicated that chronic stress significantly alters gastrointestinal functioning through autonomic nervous system dysregulation and hypothalamic–pituitary–adrenal (HPA) axis activation. The authors concluded that disturbances in gut physiology are closely linked to emotional dysregulation, supporting a psychosomatic framework in which psychological stress manifests through gastrointestinal symptoms.

Foster, Rinaman, and Cryan (2017) aimed to examine the influence of gut microbiota on emotional behavior and stress-related psychological outcomes. The study employed a narrative review design focusing on experimental and clinical research involving both animal models and human participants. Assessment procedures across the reviewed studies included microbiome sequencing techniques, behavioral stress

paradigms, cortisol measurement, and validated emotional regulation scales. The final findings revealed that alterations in gut microbiota composition were associated with heightened stress sensitivity, increased anxiety-like behaviors, and impaired emotional regulation. The authors emphasized that gut microbiota play a critical role in modulating emotional and stress responses through neural, immune, and endocrine pathways.

Dinan and Cryan (2017) explored the psychosomatic implications of stress-induced gut microbiota alterations. Using a theoretical and empirical synthesis approach, the study reviewed evidence from psychiatric, gastroenterological, and psychoneuroimmunological research. Assessment procedures reported across studies included perceived stress scales, clinical diagnostic interviews, gastrointestinal symptom checklists, and inflammatory biomarker analysis. The findings demonstrated that prolonged exposure to psychological stress disrupts microbial balance, which in turn contributes to emotional instability and psychosomatic symptom presentation. The authors concluded that emotional dysregulation serves as a mediating factor linking stress and gastrointestinal distress.

Tillisch et al. (2013) investigated the effect of gut microbiota modulation on emotional processing in the brain. The study utilized an experimental design involving healthy adult participants who received probiotic interventions. Assessment procedures included functional magnetic resonance imaging (fMRI) to examine brain activity, emotional functional magnetic resonance imaging (fMRI) to examine brain activity, emotional processing tasks, and self-reported stress and mood measures. The final findings showed significant changes in neural activity within brain regions responsible for emotional regulation following probiotic consumption. The study concluded that gut microbiota directly influence emotional regulation processes, reinforcing the biological basis of psychosomatic interactions.

Karl et al. (2018) examined the relationship between perceived stress and gut microbiome diversity in adults. A cross-sectional research design was adopted, involving community-based participants. Assessment procedures included the use of standardized perceived stress questionnaires, gastrointestinal symptom assessments, and stool sample analysis for microbial diversity profiling. The results revealed that individuals reporting higher perceived stress exhibited reduced microbial diversity and increased gastrointestinal complaints. The authors concluded that perceived stress plays a significant role in shaping gut health, thereby contributing to psychosomatic symptom expression.

Barandouzi et al. (2022) aimed to explore the association between emotional distress and gut microbiota composition among individuals experiencing gastrointestinal symptoms. The study employed a correlational research design with adult participants recruited from clinical settings. Assessment procedures included validated anxiety and emotional regulation scales, clinical symptom assessments, and microbiome sequencing techniques. The findings indicated a significant relationship between emotional dysregulation and specific gut microbial patterns. The authors concluded that emotional distress and gut health are reciprocally linked through psychosomatic mechanisms.

Hantsoo et al. (2019) investigated the longitudinal relationship between stress, emotional regulation, and gut microbiome composition. The study utilized a prospective design involving repeated assessments over time. Assessment procedures included standardized perceived stress measures, emotional regulation inventories, and gut microbiota analysis through biological sampling. The findings revealed that sustained stress exposure was associated with progressive emotional regulation difficulties and decreased microbial diversity. The study concluded that emotional dysregulation may act as a pathway through which stress impacts gut health.

Kiecolt-Glaser et al. (2018) examined the psychophysiological pathways linking stress, emotional functioning, and gastrointestinal health. Using a mixed-methods approach, the study assessed psychological stress,

emotional coping strategies, and inflammatory responses. Assessment procedures included self-report stress scales, structured emotional regulation questionnaires, and biomarkers of inflammation. The results indicated that individuals with poor emotional regulation exhibited heightened stress responses and increased gastrointestinal symptom severity. The authors concluded that emotional regulation plays a protective role in mitigating psychosomatic health outcomes. Collectively, the reviewed empirical studies provide strong evidence for the psychosomatic relationship between gut health, perceived stress, and emotional regulation. The assessment procedures across studies consistently incorporated psychological measures of stress and emotion alongside physiological indicators of gut functioning. The final findings across the literature converge on the conclusion that stress and emotional dysregulation significantly influence gastrointestinal health through complex gut–brain interactions. These findings justify the need for qualitative exploration to understand the lived experiences of psychosomatic symptoms, which the present study seeks to address through a thematic analytical approach.

RESEARCH GAP

A critical review of the existing literature reveals substantial empirical evidence supporting the biological and psychological linkage between gut health, stress, and emotional regulation. Numerous quantitative and experimental studies have established associations between perceived stress levels, gut microbiota composition, gastrointestinal symptoms, and emotional dysregulation. However, despite this growing body of evidence, several significant gaps remain in the current research landscape.

First, the majority of existing studies predominantly employ quantitative methodologies, focusing on measurable physiological markers, standardized stress scales, and symptom checklists. While these approaches provide valuable statistical associations, they often fail to capture the subjective, lived experiences of individuals navigating psychosomatic symptoms related to gut health and stress. The nuanced personal meanings, emotional narratives, and coping interpretations remain largely unexplored.

Second, there is a notable lack of qualitative research examining the psychosomatic interface from a holistic, person-centered perspective. Existing studies seldom explore how individuals perceive the interaction between their emotional states, life stressors, and gut-related symptoms in everyday functioning. This limitation restricts the understanding of psychosomatic health to externally observable variables, rather than incorporating the internal psychological processes emphasized in counseling psychology.

Third, limited research has explicitly examined emotional regulation as a mediating experiential construct within the gut–stress relationship using qualitative inquiry. Although emotional regulation is frequently measured quantitatively, few studies investigate how individuals consciously manage, suppress, or express emotions in relation to gastrointestinal distress and stress exposure.

Finally, within the Indian mental health context, there is a pronounced scarcity of qualitative, hospital-applicable research addressing psychosomatic gut health. Cultural factors, stress perceptions, emotional expression norms, and help-seeking behaviors unique to the Indian population remain underrepresented in the literature. This gap highlights the need for contextually grounded qualitative studies that inform integrative mental health care practices.

Thus, the present study addresses these gaps by employing a qualitative thematic approach to explore lived experiences of gut health, perceived stress, and emotional regulation, offering depth, contextual understanding, and clinical relevance absent in prior research.

SIGNIFICANCE OF THE STUDY

The present study holds significant theoretical, clinical, and practical value within the field of counseling psychology and psychosomatic mental health. By adopting a qualitative thematic framework, this research advances understanding beyond symptom measurement to explore the lived psychological experiences underlying gut-related psychosomatic distress. From a theoretical standpoint, the study contributes to psychosomatic and biopsychosocial models by integrating emotional regulation and perceived stress as experiential constructs influencing gut health. The findings are expected to enrich gut–brain axis literature by incorporating subjective narratives, thereby bridging biological research with psychological meaning-making processes. Clinically, the study offers valuable insights for counseling psychologists, psychiatrists, and mental health professionals working in hospital and integrative care settings. Understanding how individuals experience and interpret gut-related symptoms in relation to stress and emotional regulation can inform more empathetic assessment, case formulation, and intervention planning. The findings may support the development of integrative therapeutic approaches addressing both emotional regulation and psychosomatic symptom management.

Practically, this research has implications for psychoeducation, preventive mental health strategies, and holistic wellness interventions. By highlighting stress-related emotional patterns linked to gut health, the study underscores the importance of early psychological intervention and emotional awareness in reducing psychosomatic distress. Furthermore, the study contributes to Indian mental health research by providing culturally relevant qualitative data, thereby supporting the contextualization of psychosomatic care within the Indian healthcare system. Overall, the study emphasizes the importance of integrating psychological insight into physical health concerns, promoting a comprehensive and person-centered approach to mental well-being.

CHAPTER III: RESEARCH METHODOLOGY AND DESIGN

Research Design

The present study employed a qualitative research design to explore the psychosomatic relationship between gut health, perceived stress, and emotional regulation. A qualitative design was chosen to gain an in-depth understanding of participants' lived experiences, subjective meanings, and personal narratives related to stress, emotional processes, and gut-related symptoms. This design is particularly appropriate for psychosomatic research, where psychological and physiological experiences are closely intertwined and best understood through rich, descriptive data rather than numerical measurement. The study utilized a thematic analysis approach, allowing patterns and themes to emerge from participants' narratives. This approach aligns with counseling psychology's emphasis on holistic understanding, meaning-making, and contextual interpretation of human experiences.

Participants and Population

The population for the present study comprised adults experiencing varying levels of perceived stress and associated emotional and gut-related symptoms. Participants were drawn from a non-clinical community population with relevance to psychosomatic functioning and mental health.The study included adults aged between 18 and 45 years, as this age group commonly encounters significant academic, occupational, relational, and lifestyle stressors that may influence emotional regulation and gut health.

Inclusion and Exclusion Criteria Inclusion Criteria

Participants were included in the study if they met the following criteria:

- Adults aged 18–45 years
- Ability to understand and communicate in English
- Self-reported experience of psychological stress
- Willingness to participate in a one-to-one in-depth interview
- Ability to provide informed consent

Exclusion Criteria

Participants were excluded if they met any of the following conditions:

- Diagnosed with severe psychiatric disorders (e.g., psychotic disorders)
- Presence of chronic gastrointestinal medical conditions requiring intensive treatment
- Currently undergoing psychiatric hospitalization
- Unwilling or unable to provide informed consent

Sampling Method and Sample Size

The study adopted a purposive sampling method, which is commonly used in qualitative research to select participants who possess direct and relevant experience of the phenomenon under investigation. This method enabled the selection of individuals who could provide rich, meaningful, and contextually relevant data regarding stress, emotional regulation, and gut health. The sample size was determined based on the principle of data saturation, wherein data collection continued until no new themes or insights emerged from the interviews. This ensured depth and adequacy of qualitative data rather than numerical representativeness.

Aim of the Study

The present study aimed to explore the psychosomatic relationship between gut health, perceived stress, and emotional regulation among adults using a qualitative thematic approach.

Objectives of the Study

The objectives of the study were:

1. To explore individuals' experiences of perceived stress and its impact on emotional regulation.
2. To understand the nature of gut-related symptoms experienced during periods of psychological stress.
3. To examine the perceived relationship between emotional regulation difficulties and gut health.

4. To identify recurring themes that explain the psychosomatic interaction between psychological stress and gut functioning.

Research Problem

Despite growing scientific interest in the gut–brain axis, there is limited qualitative research exploring how individuals subjectively experience the interaction between stress, emotional regulation, and gut health. Most existing studies rely on quantitative measures, which may not fully capture the lived, emotional, and experiential aspects of psychosomatic functioning. Therefore, the present study seeks to address this gap by qualitatively exploring how individuals perceive and make meaning of the psychosomatic relationship between stress, emotional regulation, and gut health.

Research Questions

The study was guided by the following research questions:

1. How do individuals experience and perceive psychological stress in their daily lives?

2. How do individuals describe their emotional regulation in response to stress?

3. How do individuals perceive the relationship between stress, emotional regulation, and gut health symptoms?

Hypotheses

Although qualitative research does not primarily test hypotheses, the following working hypotheses were formulated to guide thematic exploration:

Hypothesis 1

There is a perceived relationship between psychological stress and disturbances in gut health among adults.

Hypothesis 2

Difficulties in emotional regulation are perceived to exacerbate gut-related symptoms during periods of stress.

Hypothesis 3

Individuals perceive an interconnected psychosomatic relationship between stress, emotional regulation, and gut health, reflecting the functioning of the gut–brain axis.

CHAPTER IV: TESTS AND SCORING

Data Collection Method

Semi-Structured In-Depth Interviews

Participants were invited to participate in one-on-one, semi-structured interviews, lasting approximately 30–45 minutes each. The interview guide was designed to explore:

Personal experiences of psychological stress Emotional responses and regulation strategies
Perceived impact of stress on gut health and physiological functioning

- Coping mechanisms and resilience strategies

Interview questions were formulated to elicit detailed responses and reflections while maintaining a safe and supportive environment. Follow-up probes were used to clarify, elaborate, or explore sensitive experiences, such as:

- "Can you describe what that felt like?"
- "Can you give an example of a time when this happened?"
- "How did this affect your daily functioning?"

This approach ensured depth, clarity, and authenticity of the responses while preserving ethical considerations and participants' comfort.

Scoring and Analysis

Since this study is qualitative, traditional numeric scoring was not applicable. Instead, data were systematically analyzed using thematic analysis, following these steps:

1. Familiarization – Transcripts were read multiple times to ensure full immersion and understanding of participant narratives.
2. Coding – Key phrases, statements, and expressions related to stress, emotional regulation, and gut health were coded manually.
3. Theme Development – Codes were grouped into sub-themes and main themes to identify recurring patterns and psychosomatic connections.
4. Verification – Themes were reviewed by the research supervisor to ensure
5. trustworthiness, credibility, and rigor.
6. Phenomenological Interpretation – Where applicable, lived experiences of participants were interpreted to understand the essence of psychosomatic interactions.

This approach allowed comprehensive qualitative interpretation, ensuring that participant experiences were accurately represented and systematically analyzed.

Social Demographic Questionnaire

In addition to interviews, a custom sociodemographic questionnaire was used to gather essential participant information. This included:

- Age
- Gender
- Educational level
- Occupational status
- Marital status
- Other relevant personal or lifestyle factors affecting stress and gut health

CHAPTER V: DATA COLLECTION AND DATA ANALYSIS METHOD

Data Collection

Data for the present study were collected using semi-structured, in-depth individual interviews, a method widely employed in counseling psychology to explore subjective experiences, emotional processes, and psychosomatic manifestations. This approach was selected to facilitate a comprehensive understanding of how individuals perceive and experience the interaction between psychological stress, emotional regulation, and gut health.

The interview format was designed to resemble a clinical counseling interaction, allowing participants to narrate their experiences in a safe, supportive, and non-judgmental environment. Questions progressed gradually from general life context to more sensitive

emotional and bodily experiences, enabling rapport building and minimizing discomfort. Counseling-based probing techniques such as clarification, reflection, and gentle elaboration were used to deepen responses while maintaining ethical sensitivity.

Each interview was conducted on a one-to-one basis and lasted approximately 30–45 minutes. With participants' informed consent, interviews were audio-recorded and later transcribed verbatim. All identifying information was removed, and participant codes were assigned to ensure confidentiality.

Semi-Structured In-Depth Interview Schedule

Section I: Life Context and Perceived Stress

1. Can you describe a typical day in your life currently?
2. What are the major stressors you experience in your daily life?
3. How long have you been dealing with these stressors?
4. How do you usually recognize that you are feeling stressed?

5. What thoughts or concerns tend to arise when stress increases?

Section II: Emotional Experiences and Regulation

6. How would you describe your emotional responses during stressful situations?
7. Are there emotions you find difficult to express or talk about?
8. What usually happens to these emotions when they are not expressed?
9. How do you cope when emotions feel overwhelming?
10. Have you noticed changes in your emotional regulation over time?

Section III: Gut Health and Physical Symptoms

11. Have you experienced any gut-related or digestive issues during stressful periods?
12. What kind of physical symptoms do you usually notice?
13. When did you first become aware of these symptoms?
14. How do these symptoms affect your eating habits, sleep, or daily routine?
15. Have you sought medical help for these symptoms, and what was the outcome?

Section IV: Psychosomatic Awareness

16. Do you notice physical sensations when you suppress or avoid emotions?
17. Where in your body do you usually experience discomfort during stress?
18. Have you experienced headaches, back pain, shoulder tension, or chest discomfort?
19. How do you interpret your body's reactions during emotional distress?
20. What happens to your physical symptoms when stress reduces?

Section V: Impact on Daily Functioning and Self-Concept

21. How have stress and physical symptoms affected your work or academic functioning?
22. Have these experiences influenced how you view yourself?
23. How have your relationships been affected during stressful periods?
24. Do you notice changes in sleep patterns or appetite during stress?
25. How do these experiences affect your overall sense of well-being?

Section VI: Meaning-Making and Reflection

26. How do you understand the connection between your emotions and physical health?
27. Do you feel emotional awareness could have changed your experience of symptoms?
28. What helps you regain balance during emotionally or physically difficult times?
29. What would you want mental health professionals to understand about experiences like yours?
30. Is there anything else you feel is important to share about your stress, emotions, or physical health?

Data Analysis

The collected data were analyzed using thematic analysis, following a systematic and inductive approach. Interview transcripts were read repeatedly to achieve familiarity with the data. Meaningful units of information related to stress, emotional regulation, and gut health were identified and coded.

Codes were examined for patterns and grouped into sub-themes, which were then organized into broader main themes. The analysis focused on identifying recurring

psychosomatic experiences, emotional regulation patterns, and perceived links between psychological stress and physical symptoms. Themes were reviewed and refined to ensure internal consistency and relevance to the research objectives.

Interpretation of themes was grounded in participants' lived experiences and aligned with psychosomatic and counseling psychology frameworks. This process ensured that findings remained faithful to participant narratives while offering meaningful psychological insight.

Ethical Considerations

Ethical principles were strictly maintained throughout the study. Participation was entirely voluntary, and informed consent was obtained prior to data collection. Participants were informed about the purpose of the study, the nature of the interview, and their right to Withdraw at any time without penalty.

Confidentiality and anonymity were ensured by assigning participant codes and securely storing data. Interviews were conducted with sensitivity to emotional well-being, and participants were allowed to pause or discontinue the interview if they experienced discomfort. All data were used solely for academic and research purposes.

CHAPTER VI RESULTS AND ANALYSIS

Overview of Results

The qualitative thematic analysis yielded four major themes with corresponding sub-themes, reflecting a coherent psychosomatic pattern linking perceived stress, emotional regulation difficulties, and gut health disturbances. Participants' narratives consistently demonstrated how chronic, unprocessed psychological stress manifested through emotional dysregulation and subsequently expressed itself in physical, particularly gastrointestinal, symptoms. The findings underscore the interconnected functioning of psychological and physiological systems, consistent with a psychosomatic framework.

The themes identified were:

1. Chronic Perceived Stress and Emotional Overload
2. Difficulties in Emotional Regulation and Suppression
3. Psychosomatic Manifestations in Gut Health and the Body
4. Impact on Daily Functioning, Self-Concept, and Well-Being

Each theme is presented with sub-themes and verbatim excerpts to illustrate participants' lived experiences.

Theme 1: Chronic Perceived Stress and Emotional Overload

Description

Participants described prolonged exposure to stressors related to academic pressure, occupational demands, interpersonal conflicts, financial concerns, and family expectations. Stress was often described as persistent, cumulative, and normalized, rather than acute or episodic.

Sub-Themes

- Academic and occupational pressure
- Relationship conflicts and interpersonal strain
- Financial and future-related uncertainty Verbatim Excerpts
- "I feel like stress has become my normal state; I don't even realize when I'm relaxed

anymore."

- "There's always something to worry about—work deadlines, family expectations, money."
- "Even when nothing big is happening, my mind is constantly racing."

Interpretation

Participants demonstrated heightened perceived stress that remained unresolved over time, creating a foundation for emotional and physical dysregulation.

Theme 2: Difficulties in Emotional Regulation and Suppression

Description

Participants reported difficulty identifying, expressing, and regulating emotions. Emotional suppression was frequently used as a coping mechanism, particularly in professional and family contexts.

Sub-Themes

- Emotional suppression and avoidance
- Limited emotional awareness

- Inadequate coping strategies Verbatim Excerpts
- "I don't talk about how I feel; I just push it aside and continue."
- "I feel emotions in my body more than in words."
- "I don't know how to deal with emotions, so I distract myself."

Interpretation

Poor emotional regulation emerged as a mediating process through which stress translated into somatic experiences, supporting a psychosomatic interpretation.

Theme 3: Psychosomatic Manifestations in Gut Health and the Body

Description

Participants reported a range of physical symptoms, particularly gastrointestinal disturbances, despite medical investigations showing no organic pathology.

Sub-Themes

- Gut-related symptoms (abdominal pain, bowel irregularity, bloating)
- General somatic complaints (headaches, chest discomfort, shoulder and back pain)
- Stress-related sleep and appetite disturbances Verbatim Excerpts
- "Whenever I'm stressed, my stomach reacts immediately."
- "Doctors say everything is normal, but I still feel constant discomfort."
- "My digestion gets worse when my emotions are heavy."

Interpretation

The body appeared to function as an outlet for unresolved psychological distress, reinforcing the gut–brain connection within a psychosomatic framework.

Theme 4: Impact on Daily Functioning, Self-Concept, and Well-Being

Description

Psychosomatic symptoms significantly interfered with participants' daily lives, affecting productivity, relationships, and self-perception.
Sub-Themes

- Reduced work and academic performance
- Altered self-concept and increased self-criticism

- Emotional exhaustion and reduced quality of life

Verbatim Excerpts

- "I feel drained all the time; it affects how I see myself."
- "I avoid social situations because my body doesn't cooperate."
- It feels like my mind and body are constantly fighting."

Interpretation

The findings highlight the cumulative impact of psychosomatic distress on holistic well-being, emphasizing the need for integrative psychological care.

Results Aligned with Hypotheses

Hypothesis 1

There is a perceived relationship between psychological stress and disturbances in gut health.

Result:

The findings support this hypothesis. Participants consistently reported gut-related symptoms emerging or worsening during periods of heightened stress, indicating a strong perceived psychosomatic link.

Hypothesis 2

Difficulties in emotional regulation exacerbate gut-related symptoms during stress.

Result:

This hypothesis is supported. Emotional suppression and poor regulation were repeatedly linked to increased somatic symptoms, particularly gastrointestinal discomfort.

Hypothesis 3

There exists an interconnected psychosomatic relationship between stress, emotional regulation, and gut health.

Result:

The findings strongly support this hypothesis. Participants' narratives revealed a cyclical

interaction between stress, emotional dysregulation, and physical symptoms, consistent with the gut–brain axis and psychosomatic theory.

Summary of Findings

Overall, the results demonstrate that chronic perceived stress, when combined with emotional regulation difficulties, contributes to psychosomatic manifestations, particularly affecting gut health. The qualitative findings provide in-depth insight into how unaddressed psychological distress accumulates over time and becomes embodied, disrupting emotional balance and physical well-being.

CHAPTER VII: DISCUSSION

The present study aimed to explore the psychosomatic relationship between gut health, perceived stress, and emotional regulation through a qualitative thematic analysis. The findings provide compelling evidence that chronic psychological stress, when inadequately processed or regulated, is experienced and expressed through the body, particularly in the form of gastrointestinal and related somatic symptoms. This discussion integrates the study's findings with existing psychosomatic, counseling psychology, and gut–brain axis literature, highlighting theoretical and clinical implications.The findings revealed that participants commonly experienced chronic, normalized stress, rather than acute stress episodes. Stressors related to academic pressure, occupational demands, interpersonal conflicts, financial insecurity, and familial expectations were repeatedly described as persistent and cumulative. This aligns with psychosomatic models suggesting that prolonged exposure to stress disrupts physiological homeostasis, particularly via the hypothalamic–pituitary–adrenal (HPA) axis and autonomic nervous system functioning. Participants' narratives demonstrated that stress was often internalized and minimized, allowing it to accumulate unnoticed until physical symptoms emerged.

A central contribution of this study is the identification of emotional regulation difficulties as a critical mediating process between stress and somatic expression. Participants frequently reported suppressing emotions, avoiding emotional expression, or lacking awareness of their internal emotional states. These findings are consistent with counseling psychology literature emphasizing that emotional suppression and poor emotional awareness increase physiological arousal and somatic tension. The present study extends this understanding by illustrating how emotional dysregulation is subjectively experienced as bodily discomfort, particularly within the gastrointestinal system.The prominence of gut-related symptoms in participant narratives strongly supports psychosomatic and gut–brain axis frameworks. Participants reported abdominal pain, altered bowel movements, bloating, appetite disturbances, and digestive discomfort, often in the absence of medical explanations. This reflects existing empirical evidence suggesting that emotional stress and dysregulation influence gut motility, sensitivity, and microbiota balance. Importantly, participants' experiences demonstrated that the gut was often the first site of stress manifestation, reinforcing the conceptualization of the gut as a sensitive emotional organ. Beyond gastrointestinal symptoms, participants also reported broader somatic complaints such as headaches, shoulder and back pain, chest discomfort, fatigue, and sleep disturbances. These findings indicate that psychosomatic distress was not isolated to the gut but extended across multiple bodily systems. From a counseling psychology perspective, this supports the view that the body functions as a communicative medium when emotional experiences remain unprocessed or unsupported.

The fourth major theme highlighted the impact of psychosomatic distress on daily functioning, self-concept, and overall well-being. Participants described reduced academic or occupational performance, strained

interpersonal relationships, emotional exhaustion, and increased self-criticism. These outcomes underscore the cyclical nature of psychosomatic distress, wherein physical symptoms exacerbate emotional difficulties, further impairing functioning and quality of life. This finding is particularly relevant for counseling practice, as it emphasizes the need to address not only symptom relief but also emotional meaning, identity, and self-perception.

The alignment of findings with the study's hypotheses further strengthens the interpretive validity of the results. All three hypotheses were supported, demonstrating a perceived relationship between stress and gut health, the exacerbating role of emotional regulation difficulties, and the interconnected psychosomatic functioning of stress, emotion, and physical health. While qualitative research does not aim to establish causality, the consistency and depth of participant narratives provide strong experiential evidence for these relationships.From a clinical standpoint, the findings highlight the importance of integrative and holistic mental health interventions. Counseling psychologists working with clients presenting unexplained physical symptoms—particularly gastrointestinal complaints—must consider emotional regulation patterns, stress histories, and psychosocial contexts. Interventions that enhance emotional awareness, stress management, and mind–body integration may play a critical role in reducing psychosomatic distress.

Furthermore, the study contributes to the Indian mental health context by offering culturally grounded qualitative insights into psychosomatic experiences. In environments where emotional expression may be discouraged or stigmatized, physical symptoms often become a socially acceptable expression of distress. This underscores the relevance of counseling approaches that are culturally sensitive and attuned to somatic expressions of psychological suffering. In summary, the discussion highlights that psychosomatic symptoms related to gut health are not isolated physical phenomena but are deeply embedded in emotional and psychological processes. The findings reinforce the necessity of viewing health through a biopsychosocial lens and integrating psychological care into the assessment and treatment of physical health concerns.

LIMITATIONS

The present study has certain limitations that should be acknowledged. First, the qualitative design and purposive sampling limit the generalizability of findings to broader populations. The results are based on subjective self-reports, which may be influenced by recall bias or personal interpretation. Second, the study relied on a single method of data collection (in-depth interviews), and triangulation with physiological or clinical measures was not undertaken. Additionally, the cross-sectional nature of the study restricts understanding of long-term psychosomatic changes over time. Despite these limitations, the study offers valuable depth and clinical insight into lived psychosomatic experiences.

IMPLICATIONS

The findings of this study have important implications for counseling psychology and integrative mental health practice. Clinically, the results highlight the need for therapists and healthcare professionals to assess emotional regulation patterns and stress histories when clients present with unexplained gut-related or somatic symptoms. The study supports the integration of mind–body approaches, emotional awareness training, and stress regulation interventions in therapeutic settings. Academically, the study contributes qualitative evidence to psychosomatic and gut–brain axis literature, particularly within the Indian mental health context, and encourages further interdisciplinary research combining psychological and physiological perspectives.

CHAPTER VIII: CONCLUSION

The present study explored the psychosomatic relationship between gut health, perceived stress, and emotional regulation using a qualitative thematic approach. The findings reveal that chronic, unprocessed stress and emotional regulation difficulties are deeply interconnected with gut-related and somatic symptoms, often in the absence of identifiable medical pathology. Participants' narratives demonstrated that the body frequently becomes a medium for expressing unresolved emotional distress, particularly through gastrointestinal discomfort, fatigue, pain, and disruptions in daily functioning. The study underscores the importance of adopting a holistic, biopsychosocial framework in understanding health and well-being. By emphasizing lived experiences and meaning-making processes, this research highlights the critical role of emotional awareness and psychological intervention in addressing psychosomatic health concerns.

CHAPTER IX: REFERENCES

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