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Identifying Key Psychological Predictors of Mind–Body Health Discrepancy

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A B S T R A C T

This study aimed to identify the key psychological predictors that contribute to discrepancies between perceived mental well-being and physical health among adults in Singapore. A qualitative research design with an interpretive phenomenological approach was adopted to explore the psychological mechanisms underlying mind–body health incongruence. A total of 21 adult participants (12 females, 9 males; aged 26–54 years) were recruited through purposeful sampling based on self-reported differences between their psychological and physical health experiences. Data were collected through semi-structured, in-depth interviews lasting 60–90 minutes and analyzed using Braun and Clarke's thematic analysis framework with the aid of NVivo 14 software. Theoretical saturation was achieved after the 21st interview. Rigor was ensured through member checking, audit trails, and peer debriefing. The analysis revealed four major psychological domains explaining the mind–body health discrepancy: (1) Emotional dysregulation and somatic sensitivity, reflecting the translation of unprocessed emotions into bodily symptoms; (2) Cognitive appraisal and belief systems, indicating that maladaptive health beliefs, perfectionism, and mind–body dualism contribute to misaligned health perceptions; (3) Behavioral and lifestyle misalignment, showing inconsistent self-care and maladaptive coping strategies that sustain perceptual dissonance; and (4) Interpersonal and sociocultural determinants, encompassing social expectations, family communication patterns, and cultural norms that reinforce emotional suppression and health misperception. Collectively, these themes suggest that subjective health perception is shaped more by cognitive–emotional regulation and social context than by biological status. The study underscores that mind–body health discrepancy arises from the convergence of emotional, cognitive, behavioral, and sociocultural factors. Enhancing emotional regulation, cognitive flexibility, and social support systems may reduce such incongruence and promote holistic well-being. These findings provide a conceptual foundation for integrative psychological and medical interventions.

Keywords: *Mind–body discrepancy; emotional dysregulation; cognitive appraisal; health perception*

1. Introduction

The intricate connection between psychological processes and physical health has long intrigued researchers, giving rise to the expanding field of mind–body health studies. Despite the well-documented interdependence between emotional well-being and physiological function, many individuals experience a mind–body health discrepancy, where subjective perceptions of wellness diverge from objective health indicators. This incongruence—such as feeling emotionally distressed despite normal medical parameters, or reporting mental well-being in the presence of chronic physical ailments—reflects a complex interplay of cognitive, emotional, behavioral, and social factors (Thomas & Johnco, 2025). Understanding the psychological predictors underlying this discrepancy is critical for developing holistic approaches to health promotion, clinical intervention, and patient-centered care (Thapa et al., 2025).

Recent empirical research underscores the importance of cognitive and perceptual biases in shaping subjective interpretations of physiological states. For instance, individuals with anxiety or social evaluative concerns often misperceive their physiological arousal, leading to exaggerated self-assessments of poor health or dysfunction (Thomas & Johnco, 2025). These misperceptions contribute to a disconnect between perceived and actual bodily functioning, a pattern similarly observed in conditions involving stress-related somatic symptoms (Schlechter et al., 2022). Studies in clinical populations, such as patients with multiple sclerosis, reveal discrepancies between self-reported cognitive impairment and objective neurocognitive performance, suggesting that psychological interpretation rather than physiological limitation may drive self-perceived dysfunction (Thomas et al., 2022). Such findings highlight that subjective experience does not always mirror objective biological states, reinforcing the need to identify the psychological mechanisms that influence this divergence.

A growing body of research links emotional dysregulation and affective sensitivity to health incongruence. Longitudinal studies in youth populations have demonstrated that patterns of anxiety symptom trajectories can predict later depressive symptom development, illustrating the compounding effects of early emotional vulnerabilities on perceived well-being (Fjermestad et al., 2024). Emotional regulation strategies, such as suppression or avoidance, have been shown to mediate the relationship between self-compassion and social anxiety, indicating that maladaptive emotion regulation may amplify perceived health distress even when physiological indicators remain stable (McBride et al., 2022). Similarly, research on self-discrepancy theory demonstrates that when individuals experience a mismatch between ideal and actual selves, they are prone to depression and anxiety, both of which distort perceptions of physical health (Schlechter et al., 2022). Thus, the inability to process and integrate emotional information coherently may underlie the subjective overestimation of health problems.

Cognitive processes also play a central role in the perception of health status. Beliefs about control, causality, and vulnerability can significantly alter how bodily sensations are interpreted. Individuals with rigid or perfectionistic cognitive styles often interpret minor physiological fluctuations as indicators of poor health, leading to chronic stress and psychosomatic responses (Zad et al., 2022). Moreover, people with a strong external health locus of control—those who attribute health outcomes to luck or medical authority—are more likely to experience a misalignment between their perceived and actual wellness. This cognitive pattern is evident in research on heart failure patients, where perceived social support and self-care behaviors substantially predicted health-related quality of life (Thapa et al., 2025). When individuals lack confidence in their self-regulatory capacity, their subjective sense of health deteriorates, even in the absence of clinical pathology.

Another key factor in mind–body discrepancy involves technological and lifestyle influences that shape modern psychological experiences. The rapid digitalization of daily life has intensified psychological stressors and altered self-perception. Research indicates that excessive or problematic use of technology correlates with higher levels of depression and anxiety, as well as distorted health-related beliefs (Méndez-López et al., 2023). Likewise, smartphone addiction has been directly linked to discrepancies between subjective and objective sleep measures, showing how behavioral dependencies can fragment physiological awareness (Lee et al., 2021). These findings align with broader patterns of cognitive dissonance between health behaviors and psychological perceptions, especially in contexts of high digital engagement.

The psychosocial context further moderates how individuals interpret their internal states. For example, research in veterans and service members with traumatic brain injury (TBI) found that psychosocial variables such as social support, purpose, and self-efficacy were stronger predictors of mental distress than clinical injury severity

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(Benavides et al., 2021). Similarly, studies among individuals with spinal cord injury demonstrated that depression and anxiety significantly influence community reintegration and quality of life, despite physical functioning levels (García-Rudolph et al., 2021). Such findings suggest that psychological well-being may not simply reflect somatic status but rather depend on perceived competence, connection, and meaning.

The interplay of anxiety, depression, and self-efficacy is particularly central to understanding mind–body divergence. Multiple studies have shown that emotional states mediate the relationship between physiological variables and subjective health perceptions (Luiz Antônio Alves de et al., 2024). For example, poorer sleep quality can predict reduced health perception through elevated anxiety and depression levels, illustrating that affective intermediaries distort health appraisal. Cross-sectional and longitudinal research has also confirmed that depressive and anxious symptoms can persist or even worsen independently of physical recovery trajectories, such as following spinal or neurological injuries (Bérard et al., 2022; Toci et al., 2022). In contrast, protective factors like academic self-efficacy have been found to buffer mental health difficulties during crises, as seen in university students adapting to the pandemic (Ampuero-Tello et al., 2022). Collectively, these findings reveal that psychological resources, not physiological recovery alone, determine perceived wellness.

Cultural and situational factors also influence the degree of health discrepancy. During crises such as the COVID-19 pandemic, anxiety and depression levels surged across populations, with variations explained by personality, gender, and contextual vulnerability (Biermann et al., 2021; Salimi et al., 2023). For example, pregnant women with diabetes and individuals experiencing reproductive loss exhibited elevated emotional distress, highlighting how life stage and contextual meaning amplify psychophysiological disparities (Bérard et al., 2022; Sun et al., 2022). Cross-cultural studies further demonstrate that anxiety prevalence and expression differ across sociocultural contexts, as seen in population screening data from Latvia, where factors such as gender, age, and social support predicted anxiety risk (Виноградова et al., 2022). This implies that mind–body incongruence must be interpreted within broader cultural frameworks that shape health meaning systems.

The notion of implicit–explicit congruency has been introduced to better understand perceptual mismatches in health-related cognition. When individuals' implicit (automatic) attitudes toward health conflict with their explicit (conscious) beliefs, psychological strain and behavioral inconsistency emerge (Visser et al., 2024). This dissonance manifests in behaviors that undermine well-being, such as engaging in unhealthy routines despite valuing health. These cognitive conflicts mirror patterns observed in subjective-objective health discrepancies, suggesting that internal incongruence may serve as both a cognitive and emotional mechanism of mind–body disalignment.

Moreover, studies in special populations provide valuable insights into the longitudinal impact of such discrepancies. For example, research among autistic individuals has documented how sustained emotional dysregulation and limited self-awareness contribute to enduring mental health difficulties, even when external support and therapy are provided (Tafolla & Lord, 2024). Likewise, investigations into self-perception among dyslexic adults reveal that perceived negative consequences often outweigh objective impairments due to internalized social comparisons and self-stigma (Bazen et al., 2022). These examples reinforce that the perception of discrepancy, rather than the discrepancy itself, governs emotional outcomes.

Theoretical advances suggest that emotional awareness and metacognitive insight play essential roles in aligning subjective and objective health experiences. Studies on self-compassion demonstrate that greater emotional openness and self-understanding facilitate more accurate health perceptions (McBride et al., 2022). Conversely, when self-critical or perfectionistic thought patterns dominate, individuals are prone to exaggerate physical symptoms and underappreciate psychological well-being (Zad et al., 2022). Similarly, evidence from pediatric and parental studies shows that emotional climates within families—such as parental anxiety linked to child health conditions—can distort both parties' perceptions of wellness (Aizlewood et al., 2023). Emotional resonance and shared anxiety thus propagate perceptual distortions at both individual and relational levels.

Understanding mind–body discrepancy also benefits from methodological innovations that capture dynamic psychological processes. Polynomial regression models, for instance, have been applied to quantify discrepancies between implicit and explicit beliefs, enabling finer differentiation of congruence effects in health psychology (Visser et al., 2024). In parallel, longitudinal analyses in various health domains have identified temporal fluctuations in subjective well-being that are independent of physiological changes, emphasizing that perceptions evolve

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through psychological adaptation rather than purely biological recovery (Lee et al., 2024; Thomas & Johnco, 2025). These analytical approaches support a multilevel perspective integrating emotional, cognitive, and contextual predictors of discrepancy.

In sum, current evidence reveals that mind–body health discrepancies emerge from the convergence of emotional dysregulation, maladaptive cognitive appraisals, technological lifestyle influences, sociocultural pressures, and limited self-compassion. These factors interact dynamically to shape how individuals interpret, express, and respond to bodily signals. Despite extensive research into psychological distress and physical illness, few studies have systematically mapped the core psychological predictors that underlie these discrepancies across diverse adult populations. Therefore, the present qualitative study aims to identify key psychological predictors of mind–body health discrepancy among adults in Singapore.

2. Methods and Materials

2.1. Study Design and Participants

This study adopted a qualitative research design with an interpretive phenomenological approach to identify and conceptualize the key psychological predictors underlying the discrepancy between mind and body health among adults in Singapore. The aim was to gain in-depth insights into the subjective experiences, beliefs, and emotional patterns that contribute to inconsistencies between perceived psychological well-being and physiological health status. Purposeful sampling was used to recruit participants who could provide rich, relevant, and diverse perspectives on the phenomenon. The inclusion criteria were adults aged between 25 and 55 years who reported noticeable differences between their perceived mental well-being and physical health (e.g., feeling mentally stressed despite good medical indicators or, conversely, feeling emotionally well despite chronic physical conditions). Participants were selected from various occupational, educational, and cultural backgrounds to ensure conceptual diversity and theoretical saturation.

A total of 21 participants (12 females and 9 males) took part in the study. Recruitment occurred through community health centers, mindfulness groups, and online psychological well-being forums across Singapore. Participants were contacted via email or social media invitation letters and were provided with detailed information about the study's purpose, confidentiality protocols, and their right to withdraw at any point. Informed consent was obtained prior to data collection. The sample size was determined based on the principle of theoretical saturation, where no new significant codes or themes emerged after analyzing successive interviews.

2.2. Measures

Data were collected using semi-structured, in-depth interviews conducted in person or via secure video conferencing platforms, depending on participants' availability. Each interview lasted approximately 60–90 minutes. The interview protocol was designed to explore participants' cognitive, emotional, and behavioral experiences concerning their psychological and physical health alignment. Core questions included topics such as: (1) perceptions of mind–body balance and imbalance, (2) emotional regulation patterns during stress, (3) self-awareness of bodily signals, (4) coping mechanisms under psychological strain, and (5) personal definitions of health congruence. Probing questions were used to elicit detailed narratives and uncover latent meanings.

All interviews were audio-recorded with participants' permission and later transcribed verbatim for analysis. Field notes were maintained throughout the process to capture nonverbal cues, emotional tones, and contextual elements that contributed to meaning-making. The interview guide remained flexible to allow iterative refinement as data collection progressed.

2.3. Data Analysis

The qualitative data were analyzed thematically using NVivo software version 14 to manage, code, and interpret the transcribed interviews. The analysis followed Braun and Clarke's six-step framework for thematic analysis: (1) familiarization with the data through repeated reading of transcripts, (2) initial open coding to capture key concepts and meaningful expressions, (3) categorization of similar codes into broader subthemes, (4) development of higher-order themes that reflected core psychological predictors of mind–body health discrepancy, (5) reviewing and refining themes for coherence and representativeness, and (6) defining and naming the final themes.

Throughout the process, constant comparative analysis was applied to examine relationships between codes and identify cross-participant patterns. Memos were used to document emerging interpretations and reflexive insights. To enhance trustworthiness, credibility was established

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through member checking, where participants reviewed synthesized summaries of their responses to ensure accuracy. Dependability and confirmability were achieved via audit trails and peer debriefing sessions with two qualitative research experts. Transferability was supported through detailed contextual descriptions of participants and their experiences.

3. Findings and Results

The study sample comprised 21 adult participants (12 females and 9 males) aged between 26 and 54 years (mean age = 39.2 years, SD = 7.8), all residing in various regions of Singapore, including the Central, East, and Northern districts. In terms of occupational background, 8 participants (38%) were professionals working in corporate or managerial positions, 5 (24%) were educators or health-related professionals, 4 (19%) were self-employed or freelancers, and 4 (19%) were graduate students or academic researchers. Regarding marital status, 13 participants (62%) were married, 6 (29%) were single, and 2 (9%) were divorced or separated. Educational levels were generally high: 10 participants (48%) held postgraduate degrees, 9 (43%) had bachelor's degrees, and 2 (9%) had completed diploma-level qualifications. The majority of participants identified as Chinese Singaporeans (14 participants; 67%), followed by Malays (4 participants; 19%) and Indians (3 participants; 14%), reflecting the multicultural composition of the national population. Health self-assessments varied: 9 participants (43%) described their physical health as "generally good," 8 (38%) reported "moderate or fluctuating health," and 4 (19%) rated their physical well-being as "poor." Interestingly, when asked about mental health, 12 participants (57%) reported "good psychological well-being," while 9 (43%) indicated "high stress or emotional imbalance," illustrating the paradoxical contrast central to the study's focus on mind–body health discrepancy.

Table 1

Thematic Structure of Key Psychological Predictors of Mind–Body Health Discrepancy

Main Themes (Categories)	Subthemes	Concepts (Open Codes)
1. Emotional Dysregulation and Somatic Sensitivity	1.1 Chronic Stress Reactivity	Overactivation of stress response; difficulty calming down; frequent headaches or muscle tension; sleep disturbances; emotional exhaustion
	1.2 Suppression of Negative Emotions	Avoidance of anger or sadness; internalizing distress; "I don't show when I'm upset"; emotional numbness; psychosomatic tension
	1.3 Somatic Amplification	Heightened attention to body sensations; interpreting minor symptoms as severe; anxiety about physical health; recurrent doctor visits
	1.4 Affective Incongruence	Feeling mentally well but physically unwell; physical fatigue without psychological cause; contradictory self-assessment of wellness
	1.5 Emotion–Body Disconnect	Inability to link emotions to physical sensations; neglect of bodily cues; intellectualized self-description; delayed recognition of stress symptoms
	1.6 Unresolved Emotional Conflicts	Lingering guilt or resentment; past trauma linked to body pain; recurring dreams or flashbacks; unresolved interpersonal tension
2. Cognitive Appraisal and Belief Systems	2.1 Health Locus of Control	External attribution of health ("doctors know best"); fatalistic thinking; low sense of control; reliance on medication
	2.2 Perfectionism and Overcontrol	Unrealistic self-demands; intolerance of imperfection; rigid self-monitoring; excessive self-criticism; "never enough" mentality
	2.3 Cognitive Dissonance about Health	Belief in being healthy despite symptoms; denial of psychological strain; rationalizing unhealthy routines; selective attention to positive indicators
	2.4 Mind–Body Dualism Beliefs	Viewing body and mind as separate; undervaluing emotional health; preference for biomedical solutions; skepticism toward holistic approaches
	2.5 Catastrophic Thinking	Exaggerating minor issues; fear of illness progression; recurrent worst-case scenarios; helplessness under uncertainty
3. Behavioral and Lifestyle Misalignment	3.1 Neglect of Self-Care	Skipping meals or rest; prioritizing work over health; poor sleep hygiene; ignoring body signals; "no time for recovery" mindset
	3.2 Inconsistent Health Behaviors	Periodic overexercising followed by inactivity; impulsive dieting; inconsistency in medical follow-ups; burnout–recovery cycles
	3.3 Maladaptive Coping Strategies	Emotional eating; overreliance on caffeine or alcohol; digital escapism; procrastination; binge working
	3.4 Overcommitment and Burnout	Taking excessive responsibilities; guilt over resting; chronic fatigue; blurred work–life boundaries; sense of depletion
	3.5 Disrupted Body Awareness Routines	Irregular mindfulness or yoga practice; ignoring relaxation signals; detachment from physical needs; sporadic engagement in wellness activities
	3.6 Lack of Behavioral Consistency	Short-term motivation; abandoning routines; loss of follow-through; low adherence to treatment plans

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	3.7 Time Mismanagement and Overload	Multitasking pressure; inadequate time for reflection; continuous performance mode; emotional overload
4. Interpersonal and Sociocultural Determinants	4.1 Social Expectation Pressure	Conformity to cultural norms of success; need to appear "strong"; stigma toward expressing vulnerability; social image management
	4.2 Family Communication Patterns	Emotional invalidation in family; parental overcontrol; intergenerational silence about emotions; health beliefs learned from family
	4.3 Workplace Stress Culture	Competition and comparison; organizational perfectionism; lack of emotional support at work; burnout acceptance as "normal"
	4.4 Cultural Beliefs about Illness	Linking illness to fate or karma; reluctance to discuss mental distress; emphasis on endurance; preference for physical remedies
	4.5 Social Isolation and Lack of Support	Difficulty seeking help; fear of burdening others; limited intimate connections; online overconnection but emotional loneliness

The thematic analysis of 21 semi-structured interviews with Singaporean adults revealed four overarching themes that characterize the psychological predictors of mind–body health discrepancy: *emotional dysregulation and somatic sensitivity*, *cognitive appraisal and belief systems*, *behavioral and lifestyle misalignment*, and *interpersonal and sociocultural determinants*. Each theme encapsulates multiple subthemes and interrelated concepts that highlight the complex psychological, cognitive, and social mechanisms through which individuals experience incongruence between perceived mental well-being and physical health.

1. Emotional Dysregulation and Somatic Sensitivity

Participants commonly described a struggle to regulate emotions effectively, often leading to heightened somatic symptoms such as fatigue, headaches, and muscle tension. This theme encompassed subthemes such as *chronic stress reactivity*, *suppression of negative emotions*, *somatic amplification*, *affective incongruence*, *emotion–body disconnect*, and *unresolved emotional conflicts*. Respondents repeatedly noted that they could "feel fine mentally but still have the body acting like something's wrong," reflecting the phenomenon of affective incongruence. One participant stated, *"Even when I think I'm calm, my heart races for no reason—it's like my body didn't get the message."* Another shared, *"I usually keep things inside because showing emotions isn't my thing, but then I get these stomach pains out of nowhere."* These accounts illustrate how suppressed or poorly processed emotions manifest physiologically. Others described their bodies as "overreacting to small stressors," consistent with somatic amplification tendencies. Several participants also connected their physical symptoms to past unresolved conflicts or trauma, emphasizing how lingering emotional experiences influence bodily well-being. Collectively, this theme suggests that emotional dysregulation and weak emotion–body integration serve as primary psychological predictors of mind–body health discrepancies.

2. Cognitive Appraisal and Belief Systems

The second major theme highlighted the influence of individual belief systems and cognitive interpretations of health experiences. Subthemes included *health locus of control*, *perfectionism and overcontrol*, *cognitive dissonance about health*, *mind–body dualism beliefs*, and *catastrophic thinking*. Participants with an external health locus of control tended to attribute health outcomes to luck, medical professionals, or external factors rather than internal regulation. One respondent remarked, *"If the doctor says I'm fine, then I must be fine—even if I feel off inside."* Others revealed perfectionistic cognitive patterns, equating health with flawless performance or constant productivity: *"If I'm not doing my best, I feel something's wrong with me physically."* Cognitive dissonance was another prevalent pattern—participants often denied or minimized stress despite clear psychosomatic indicators. Furthermore, many adhered to mind–body dualistic thinking, separating psychological and physical health into distinct realms. A participant observed, *"I've always seen mental stress and body illness as unrelated. If I'm sick, it's something physical, not emotional."* Catastrophic thinking amplified the problem, as participants often exaggerated minor bodily sensations into serious conditions, fueling anxiety and perpetuating imbalance. These cognitive distortions collectively shape maladaptive interpretations of bodily experiences, sustaining the gap between perceived and physiological health.

3. Behavioral and Lifestyle Misalignment

This theme captured inconsistencies between participants' daily behaviors and their perceived health goals, revealing a disconnect between intention and practice. Subthemes included *neglect of self-care*, *inconsistent health behaviors*, *maladaptive coping strategies*, *overcommitment and burnout*, *disrupted body awareness routines*, *lack of behavioral consistency*, and *time mismanagement and overload*. Many participants described chronic neglect of rest and nutrition due to professional or familial demands, with one noting, *"I don't have time to eat properly or rest; I just keep pushing until my body breaks down."* Another

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shared, *"I meditate one week and forget the next—it's like I can't stick to what helps me."* Maladaptive coping strategies such as emotional eating, digital escapism, or caffeine overuse were also common. Several participants linked their health issues to overcommitment and unrealistic workloads: *"Taking a break makes me feel guilty, like I'm wasting time."* This behavioral inconsistency perpetuated physical exhaustion despite subjective feelings of motivation or emotional stability. Participants often recognized their own paradoxical behavior patterns but struggled to sustain change, revealing that health discrepancy often arises from an unstable alignment between psychological intentions and lifestyle execution.

4. Interpersonal and Sociocultural Determinants

The final theme emphasized the role of social norms, family communication styles, and cultural attitudes in shaping the perception and expression of health. The subthemes included *social expectation pressure*, *family communication patterns*, *workplace stress culture*, *cultural beliefs about illness*, and *social isolation and lack of support*. Participants described living under strong societal expectations to appear resilient, successful, and emotionally contained. One participant remarked, *"In Singapore, people don't talk about stress; you just keep going because everyone else does."* Family upbringing also played a key role—individuals raised in emotionally restrictive environments often reported difficulty expressing or recognizing internal distress: *"My parents never talked about feelings, so I learned to just keep everything to myself."* Workplace culture further reinforced these pressures, normalizing overwork and emotional suppression. Cultural beliefs often linked illness to fate, karma, or moral weakness, discouraging open discussion of psychological suffering. Some participants also experienced loneliness despite social media connectivity: *"I have hundreds of online friends but no one I can really talk to."* Together, these sociocultural and interpersonal forces create external barriers to emotional expression and internalization of stress, reinforcing the disconnect between subjective well-being and physical health indicators.

4. Discussion and Conclusion

The findings of the present qualitative study revealed four major psychological domains underlying the mind–body health discrepancy among adults in Singapore: *emotional dysregulation and somatic sensitivity*, *cognitive appraisal and belief systems*, *behavioral and lifestyle misalignment*, and *interpersonal and sociocultural determinants*. Together, these themes highlight that subjective perceptions of health are not determined solely by biological or medical parameters but are significantly mediated by emotional awareness, cognitive interpretation, coping patterns, and the social environment. Participants frequently reported physiological distress (e.g., fatigue, headaches, muscle tension) in the absence of identifiable physical illness, or conversely, emotional well-being despite chronic bodily discomfort. These paradoxical patterns suggest that mind–body health discrepancy represents a dynamic psychological phenomenon shaped by internal processes rather than a mere physiological anomaly (Thomas & Johnco, 2025).

A central finding of this study concerns emotional dysregulation and somatic sensitivity, where participants experienced difficulty in identifying, expressing, and managing emotions, leading to the manifestation of psychological distress through bodily symptoms. Similar results have been found in previous research linking emotional suppression and dysregulation to psychosomatic symptoms and subjective health distortions (Schlechter et al., 2022). The inability to integrate emotional experiences coherently often results in heightened physiological arousal and misinterpretation of bodily cues. For instance, individuals with anxiety disorders tend to overestimate or catastrophize physiological sensations, reinforcing perceived illness even when objective indicators are normal (Thomas & Johnco, 2025). This is consistent with findings on biased perceptions of physiological arousal, where social anxiety predicts exaggerated awareness of somatic signals (Thomas & Johnco, 2025). Moreover, emotional suppression, self-criticism, and low self-compassion—identified in this study's narratives—have been previously linked to increased depression and anxiety symptoms, confirming that affective regulation is a critical mediator of mind–body coherence (McBride et al., 2022).

The relationship between anxiety trajectories and later emotional distress further supports the cumulative impact of affective processes on perceived health. Longitudinal evidence shows that early anxiety symptoms predict depressive trajectories over time, indicating that unresolved anxiety may shape maladaptive health interpretations long after initial emotional disturbances (Fjermestad et al., 2024). In this study, participants frequently described heightened bodily tension, fatigue, or palpitations even when they cognitively believed they were "doing fine." Such dissonance parallels self-discrepancy models, where misalignment between self-concept and emotional

experience fosters psychological imbalance and somatic discomfort (Schlechter et al., 2022).

The second major finding related to cognitive appraisal and belief systems demonstrates how beliefs about health, control, and vulnerability influence perceived wellness. Participants who exhibited perfectionism, fatalistic attitudes, or external health locus of control often reported greater mind–body inconsistency. This aligns with findings that maladaptive cognitive appraisals can distort self-assessment and amplify distress (Zad et al., 2022). Individuals who attributed health to external factors, such as fate or medical professionals, tended to minimize their role in self-care, thereby perpetuating misalignment between psychological resilience and bodily awareness. The importance of perceived control and self-care has been confirmed in studies of chronic illness and heart failure, where stronger self-regulation and social support predicted better quality of life (Thapa et al., 2025). Similarly, those who lacked confidence in their coping capacity often demonstrated higher stress and poorer perceived health, reinforcing the notion that cognition shapes the subjective embodiment of well-being.

Furthermore, cognitive distortions such as catastrophic thinking and mind–body dualism emerged as recurrent interpretive mechanisms. Participants frequently separated mental and physical health domains, asserting that "stress is mental but sickness is physical." This dualistic thinking echoes previous research showing that individuals who conceptualize body and mind as distinct entities exhibit greater psychological distress and lower health satisfaction (Thomas et al., 2022). Such compartmentalization reduces emotional insight and weakens the feedback loop between somatic and psychological signals. The literature on self-discrepancy also supports these findings, emphasizing that cognitive incongruence generates anxiety and depressive symptoms that further reinforce bodily misperception (Schlechter et al., 2022).

The third thematic domain—behavioral and lifestyle misalignment—illustrates how inconsistent self-care and maladaptive coping strategies maintain health incongruence. Participants described cyclical patterns of overwork and neglect, fluctuating motivation, and reliance on avoidance-based behaviors such as emotional eating, digital escapism, or overuse of stimulants. These behavioral inconsistencies mirror the findings of studies linking problematic technology use and smartphone addiction to anxiety, depressive symptoms, and subjective-objective health discrepancies (Lee et al., 2021; Méndez-López et al., 2023). Such digital habits disrupt sleep quality, attention, and bodily attunement, leading to perceptual distortions of fatigue and somatic stress. Evidence from prior research indicates that individuals with smartphone addiction exhibit significant discrepancies between their subjective and objective sleep measures, reinforcing how behavioral dependency distorts physiological perception (Lee et al., 2021).

Moreover, lifestyle misalignment reflects the tension between internalized social values and health behavior. Several participants described feeling guilty for resting or prioritizing self-care, consistent with prior evidence that perfectionism and overcommitment can amplify the stress response (Zad et al., 2022). Chronic overactivation of the stress system contributes to subjective exhaustion and perceived poor health despite stable physiological indices. Studies on depression following spinal and neurological conditions similarly suggest that maladaptive behavioral responses and negative appraisals, rather than physical injury severity, predict poor recovery perceptions (Bérard et al., 2022; Toci et al., 2022). These parallels underscore that behaviorally induced psychological strain perpetuates perceived bodily dysfunction.

The final theme—interpersonal and sociocultural determinants—emphasizes that cultural expectations, family communication patterns, and social environments play substantial roles in shaping health perceptions. Participants frequently referred to pressures to appear strong, productive, and emotionally stable, even in times of stress. Such social expectation pressure resonates with findings that cultural norms during crises, including the COVID-19 pandemic, significantly influence mental health expression (Biermann et al., 2021; Salimi et al., 2023). For example, research on anxiety screening across Latvia found that cultural beliefs and demographic factors such as gender and age shaped anxiety expression and health perception (Виноградова et al., 2022). Similarly, the belief that emotional distress should remain private or be tolerated as "normal" creates barriers to emotional regulation, fostering psychosomatic disconnection.

Family dynamics also emerged as a key influence. Participants who reported emotionally distant or invalidating family environments often struggled to interpret their emotional experiences accurately. Prior research supports this finding: parental anxiety and emotional climates within families are known to distort both parents' and children's health perceptions, emphasizing the social transmission of psychosomatic patterns (Aizlewood et al., 2023). Moreover, the workplace was frequently identified as a context

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reinforcing imbalance, reflecting broader evidence that occupational cultures emphasizing performance and endurance can undermine emotional authenticity and physiological awareness.

The study's findings also intersect with theoretical and methodological perspectives from recent research. The concept of implicit–explicit congruency provides an explanatory lens for understanding internal inconsistencies in health perception. When individuals' implicit emotional attitudes conflict with their explicit health beliefs, psychological tension arises, promoting behavioral and perceptual inconsistencies (Visser et al., 2024). This duality parallels the participants' descriptions of "knowing I should feel healthy but not actually feeling that way." Similarly, longitudinal analyses of psychological well-being have shown that perceived mental states often fluctuate independently from objective health measures (Lee et al., 2024), suggesting that self-perception may follow distinct cognitive and affective trajectories.

Additionally, the findings resonate with research emphasizing emotional regulation as a mediator of self-perception accuracy. Studies demonstrate that high self-compassion and adaptive emotional processing improve congruence between subjective and objective well-being (McBride et al., 2022). In contrast, maladaptive regulation, such as suppression or rumination, produces overestimated distress levels, aligning with participants' experiences of "feeling exhausted even when nothing is physically wrong." Emotional dysregulation's centrality to health discrepancy is also evident in longitudinal research linking anxiety to depressive outcomes, illustrating the enduring effect of early affective patterns on health perception (Fjermestad et al., 2024).

Moreover, the current study contributes to a broader understanding of how social and environmental stressors compound mind–body incongruence. For instance, research among autistic individuals revealed persistent mental health challenges due to restricted emotional expression and social misunderstanding (Tafolla & Lord, 2024), paralleling participants' accounts of societal expectations limiting vulnerability. Likewise, dyslexic adults who internalize social stigma often experience greater subjective distress than their objective difficulties warrant (Bazen et al., 2022). Both cases demonstrate that external evaluative pressures—whether societal or interpersonal—intensify perceptual distortions of well-being.

The interplay of psychological and contextual influences identified here aligns with studies emphasizing that perceived health cannot be dissociated from emotional and cognitive processing. Health perception is continuously constructed through feedback between emotional sensitivity, cognitive evaluation, and social reinforcement (Luiz Antônio Alves de et al., 2024). When this feedback loop is disrupted—by suppression, dissonance, or environmental pressure—the result is a persistent gap between the mind's interpretation and the body's condition.

Overall, this study reinforces the multidimensional nature of mind–body health discrepancy, extending prior findings by demonstrating how emotional, cognitive, behavioral, and cultural mechanisms converge to shape health self-perception. The integration of these elements underscores the need for psychotherapeutic and public health approaches that address both the *psychological predictors* and *contextual moderators* of perceived health incongruence.

Despite its theoretical and practical significance, this study is not without limitations. First, the qualitative design, while valuable for depth of understanding, limits generalizability to broader populations. The sample size of 21 participants, although adequate for achieving theoretical saturation, cannot represent all sociocultural subgroups within Singapore. Second, all participants self-reported their experiences, which may introduce recall bias and subjectivity, particularly when describing past emotional or physical states. Third, interviews were conducted in English, which, although widely spoken, may have constrained participants' emotional expressiveness for those more comfortable in other languages. Fourth, while NVivo 14 was used to ensure systematic coding, the interpretive nature of thematic analysis inherently depends on researcher reflexivity, which may influence theme development. Finally, the study's cross-sectional design precludes examination of how mind–body discrepancy evolves over time; longitudinal data would be necessary to trace changes in perception, emotion regulation, and health behavior.

Future research should expand on these findings by employing mixed-methods or longitudinal designs to explore temporal variations in mind–body discrepancy and its predictors. Quantitative validation of the identified themes could be achieved through psychometric modeling or structural equation analysis, linking emotional regulation, cognitive appraisal, and behavioral patterns to health perception outcomes. Additionally, future studies could include physiological measures—such as heart rate variability or cortisol levels—to compare subjective reports with objective biological markers, thereby deepening understanding of the discrepancy mechanisms. Cross-

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cultural comparisons would also enrich insight into how societal values, emotional norms, and healthcare structures shape this phenomenon. Finally, intervention-based studies examining the effectiveness of mindfulness, emotion regulation, or cognitive restructuring programs in reducing health perception gaps would offer applied value to both psychological and medical disciplines.

Practitioners and health professionals can use these insights to adopt more integrative assessment frameworks that consider emotional and cognitive factors alongside physical health indicators. In therapeutic contexts, interventions emphasizing emotional awareness, self-compassion, and metacognitive restructuring may help clients realign their subjective and physiological experiences. Healthcare providers should also prioritize patient education on the psychological dimensions of wellness, encouraging dialogue about emotional states and stress rather than focusing exclusively on biomedical markers. Moreover, workplace and community programs promoting balanced self-care, social support, and psychological resilience can mitigate the societal pressures contributing to mind–body misalignment. Ultimately, fostering holistic awareness across psychological and medical domains may reduce the prevalence and impact of perceived health discrepancies, enhancing overall well-being.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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Declaration of Interest

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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