The Gut-Brain Connection

Digestive health and mental wellbeing can influence one another. The gut and brain communicate through nerves, hormones, immune pathways and the microorganisms living in the digestive tract. This connection is real, but it is complex: no single food, supplement or “gut reset” can explain or cure every symptom.

A two-way conversation

Stress can change gut movement, sensitivity, appetite and digestion. Digestive pain, urgency, constipation or bloating can then increase anxiety, reduce confidence and make leaving home harder. This does not mean symptoms are imagined. Physical and emotional processes can occur together and deserve careful assessment.

Common experiences

- Bloating, wind, abdominal pain or altered bowel habits.
- Nausea, reflux, reduced appetite or feeling full quickly.
- Urgency, constipation, diarrhoea or alternating patterns.
- Worry about symptoms, toilets, eating out or unfamiliar food.
- Fatigue, disrupted sleep, low mood or difficulty concentrating.

Symptoms do not diagnose the cause

Similar symptoms can occur with irritable bowel syndrome, coeliac disease, inflammatory bowel disease, infection, endometriosis, medication effects, food allergy or intolerance and other conditions. A symptom diary can support a clinical conversation, but it cannot confirm a diagnosis by itself.

When medical assessment matters

Speak with a GP about persistent or recurring symptoms, especially bleeding, unexplained weight loss, anaemia, fever, a lump or swelling, difficulty swallowing, night-time symptoms, repeated vomiting, severe pain or a significant change in bowel habit. Sudden severe illness, collapse or vomiting blood needs urgent help.

Food and the gut

Regular nourishment, enough fluid and a range of tolerated foods can support bowel function. Fibre is found in grains, potatoes with skin, beans, vegetables, fruit, nuts and seeds, but increasing it rapidly can worsen bloating or pain. The right amount and type vary, especially with IBS, swallowing needs, allergies, ARFID or a restricted diet.

Add gently rather than remove widely

- Change one thing at a time so patterns remain understandable.
- Increase fibre and fluid gradually where clinically suitable.
- Keep safe foods while exploring additions or alternatives.
- Avoid broad elimination based only on online lists or commercial tests.
- Ask a registered dietitian to protect nutrition when restriction is necessary.

The microbiome

The gut microbiome is the community of microorganisms living mainly in the large bowel. Research is rapidly developing, but consumer microbiome tests do not yet provide a complete personalised prescription for mood or diet. Results can vary, and a “good” microbiome has no single universal definition.

Probiotics and fermented foods

Probiotics are specific live microorganisms, and effects depend on the strain, dose, condition and person. Evidence is not interchangeable across products. Some people notice benefit; others notice no change or more bloating. Fermented foods may be unsuitable with allergies, intolerances, sensory needs or some health conditions. Ask a clinician if immunocompromised or seriously unwell.

Beware of certainty and sales pressure

- “Heal leaky gut”, detox or parasite claims offered without proper assessment.
- Expensive testing sold by the same person who sells the treatment.
- Plans that remove many foods or promise mental-health cures.
- Testimonials presented as proof that everybody needs the same product.
- Advice to stop prescribed treatment or ignore persistent symptoms.

Stress regulation can support digestion

The aim is not to imply that stress caused the problem. Gentle nervous-system support may reduce the intensity of the gut-brain feedback loop: slower breathing before food, predictable eating times, warmth, movement that feels safe, unhurried toilet access and reducing sensory overload. Therapy can help with fear and avoidance alongside medical care.

ARFID and food anxiety

Pain, nausea, choking fears and unpredictable bowel symptoms can narrow eating. For someone with ARFID, pressure to eat “gut healthy” foods may increase distress and reduce intake. Stabilise nourishment and safety first. Work collaboratively with an ARFID-informed dietitian or clinician, and never remove a safe food without a realistic replacement.

A pattern-not-perfection diary

- **Food and drink:** _____
- **Symptoms, timing and intensity:** _____
- **Stress, sleep, medication and menstrual factors:** _____
- **Bowel pattern:** _____
- **What helped or made eating easier:** _____
- **Question for my clinician:** _____

Questions for an appointment

- Which causes need to be ruled out, and do I need tests?
- Should I continue eating gluten before possible coeliac testing?
- Could medicine, supplements or another condition be contributing?
- Would referral to gastroenterology or a registered dietitian help?
- How can I protect nutrition while symptoms are investigated?

A message from Maggie

> *Gut symptoms can affect confidence, routines, relationships and the foods that feel safe. You deserve support that takes the physical symptoms seriously without blaming your emotions or frightening you into restriction. Begin with careful assessment, protect nourishment and make changes gently enough to understand what truly helps.*

Maggie Learoyd MNCPS
Psychotherapist | ADHD, Autism & ARFID Specialist
Founder, Space to Breathe Therapy

Sources and further information

NHS - Irritable bowel syndrome, coeliac disease and digestive symptom guidance: nhs.uk
NICE - Irritable bowel syndrome in adults: diagnosis and management: nice.org.uk
British Dietetic Association - IBS, fibre, probiotics and gut health food facts: bda.uk.com
NCCIH - Probiotics: usefulness and safety: nccih.nih.gov

Current guidance checked September 2026. Educational information only; this guide does not replace individual medical, gastroenterology or dietetic advice.