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Feeling the body politic: Interoception as a mechanism of political stress resilience

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Abstract

Politics can substantially harm physical and mental health, especially in polarized contexts, making political polarization a major non-medical cause of disease and suffering. We examined whether citizens can protect their health without undermining civic engagement. Across three studies with over 2000 participants during the 2022 U.S. midterms and 2024 presidential election, we show that interoceptive sensibility, that is, the ability to perceive and trust one's internal bodily signals, protects against politics' adverse health effects. Higher interoceptive sensibility consistently predicted lower emotional, physical, behavioral, and social health costs, controlling for political identity, demographics, and emotion regulation. During the charged 2024 election, it further predicted fewer negative emotions, more hope for the future, and less fear, particularly when their candidate lost. Interoceptive sensibility also correlated with political engagement and efficacy, suggesting it enhances rather than inhibits participation. Our findings highlight it as a promising trait for mitigating political stress without reducing civic involvement.

KEYWORDS

elections, health, interoception, interoceptive sensibility, politics

INTRODUCTION

Politics is first and foremost about the safety, health, and well-being of the people. As Thomas Jefferson, founding father and third president of the United States, noted, “*the care of human life and happiness, and not their destruction, is the first and only legitimate object of good government.*” Since the 20th century, democratic governance has been linked to improvements in public health and well-being worldwide. For example, the Electoral Democracy Index, which measures

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the quality of elections, civil liberties, and political participation, explains more variance in life satisfaction across 57 countries than key indicators of a country's economic growth, such as the Gross Domestic Product (GDP) (Paleologou, 2022). Similarly, it is good democratic governance, rather than GDP, that best explains global declines in mortality from major causes. And in countries that transitioned to democracy between 1980 and 2016, life expectancy rose by an average of 3% within a decade (Bollyky et al., 2019). Despite these major improvements in public health and well-being worldwide, politics can also make us sick, not just metaphorically, but also literally.

In the United States, politics is now associated with substantial health harms, making political polarization substantial *nonmedical* cause of disease and suffering (Van Bavel et al., 2024). Nationally representative surveys conducted between 2019 and 2020 found that perceived polarization was linked to poorer mental health outcomes, including emotional distress and sleep disturbances (Nayak et al., 2021), while other studies report physical symptoms such as cortisol spikes (Hoyt et al., 2018), arrhythmia risk (Rosman et al., 2021), and adverse birth outcomes during periods of sociopolitical stress (Krieger et al., 2018). As many as 30% of U.S. adults report that politics causes them fatigue, lost sleep, or difficulties in emotion regulation, with nearly 40% identifying politics as a significant source of stress (Smith et al., 2019). The prevalence of reported stress and these health effects appears remarkably stable across time (Neely et al., 2026) being especially pronounced among Democrats, younger adults, the politically engaged, and those who view their political opponents as close-minded (Smith, 2022). In the APA's 2024 *Stress in America*TM poll, 77% of U.S. adults cited the nation's future as a major source of stress. There is virtually no area of citizens' health untouched by today's politics, and similar patterns are emerging in democracies across Europe and Asia (Ni, Kim, et al., 2020; Ni, Yao, et al., 2020; Vondoros et al., 2019).

Understanding how people can cope with political stress is a pressing question for public health, behavioral science, and policy making. We draw attention to a previously overlooked but critical mechanism that underpins people's well-being and health, their social cognition and emotions (Khalsa et al., 2018; Quadt et al., 2018; Tsakiris & Critchley, 2016). Interoception refers to the sensing, interpretation, and regulation of signals originating from within the body. At the physiological level, interoception supports our brain's capacity to anticipate and prepare for physiological demands before they arise (Sennesh et al., 2022), a process known as allostasis. Allostasis involves preparing for anticipated disturbances in homeostasis before they occur so that physiological stability can be maintained (Sterling & Eyer, 1988). For example, a person anticipating a long hike may eat an apple before becoming intensely hungry, preparing for the expected increase in energy demand rather than waiting for an energy deficit to occur. Although the allostatic-interoceptive system often enables effective adaptation to stress and everyday demands, repeated or chronic demands can produce allostatic overload, which is associated with adverse physical and mental health outcomes, including mood, anxiety, and trauma-related disorders (Guidi et al., 2020).

Beyond these largely automatic and non-conscious regulatory processes, people can also become consciously aware of their internal states and use this information to understand how they feel. At the psychological level, awareness of interoceptive signals helps regulate our emotions and is linked to better mental and physical health (Füstös et al., 2013; Khalsa et al., 2018; Quadt et al., 2018). Importantly, individuals differ in interoceptive sensibility, the self-reported tendency to notice, be aware of, and respond to bodily signals (Garfinkel et al., 2015). Higher interoceptive sensibility is associated with better emotional regulation, lower anxiety, and greater psychological resilience (Critchley & Garfinkel, 2017; Schuette et al., 2021). The Multidimensional Assessment of Interoceptive Awareness (MAIA) captures multiple dimensions of adaptive interoceptive sensibility (Desmedt et al., 2022), that is, how people attend to, interpret, and use bodily signals in everyday life. Individuals scoring higher are more likely to notice changes in tension, breathing, or bodily comfort; maintain attention to these sensations without habitually ignoring them or becoming excessively worried by

discomfort; recognize their connection to emotional states; use bodily attention to regulate distress; and experience the body as safe and trustworthy. Lower scores can reflect a greater tendency to overlook or avoid bodily discomfort, become worried or preoccupied by unpleasant bodily sensations, or have difficulty using bodily information for emotional regulation (Mehling, 2016; Mehling et al., 2012, 2018). MAIA-2 scores are interpreted continuously, so higher and lower scores indicate relative differences in these tendencies. Interoceptive sensibility using the MAIA-2 shows trait-like stability, as demonstrated in prior research (Bornemann et al., 2015; Chapman & Stewart, 2024), making it well-suited for examining relatively enduring individual variation in responses to political stress.

Here, we test whether interoceptive sensibility, as measured by MAIA, can provide resilience and mitigate against the health costs of politics. Political stress may be particularly relevant to interoception because contemporary politics generates strong and recurrent emotional and physiological demands, while offering individuals limited control over the events producing them. Interoceptive processes help regulate bodily resources in response to current and anticipated environmental demands, allowing the body to prepare before dysregulation occurs (Sennesh et al., 2022). Individuals who are better able to consciously attend to their bodily states may therefore respond more adaptively to social and political stressors. In particular, at a conscious level, interoception may allow individuals to notice early signs of bodily arousal, interpret bodily discomfort without excessive worry, and use this information to adjust their responses before distress intensifies or accumulates. In this way, interoceptive sensibility may help limit the escalation of repeated stress responses and the development of allostatic overload.

Across three studies conducted across two election cycles in the USA, we assessed whether individuals with higher interoceptive sensibility report lower health costs due to politics, fewer negative emotions following political loss, and greater political participation and efficacy.

In Study 1, conducted right after the outcome of the 2022 U.S. midterm elections, we tested 632 participants (311 Republicans and 321 Democrats) to examine whether interoceptive sensibility predicted lower health costs due to politics.

In Study 2, conducted during the 2024 U.S. presidential election and preregistered at <https://osf.io/thxsz>, we extended this work by tracking 1050 participants (525 Republicans and 525 Democrats) across three time points (2 weeks before, a few days before, and a few days after the election) to test whether interoception protects against health and emotional harms, particularly among those whose preferred candidate lost.

In Study 3, conducted 4 months post-election and preregistered at <https://osf.io/q3bmf>, we followed up with 752 participants from Study 2 (365 Republicans and 387 Democrats) to test whether interoceptive sensibility predicts political engagement, participation, and both internal and external political efficacy.

Together, the findings show that interoception can indeed provide such resilience in politically turbulent times without undermining political participation.

METHODS

Study 1

Participants

We recruited 636 US-based participants (50.79% Democrats, 49.21% Republicans) via Prolific (between November 21st and December 14th 2022). The final sample ($N = 632$) had demographics comparable to the 2022 ANES pilot study. Participants were paid £9/h. The study was approved by the Royal Holloway University of London Ethics Committee.

Procedure

Participants completed online questionnaires via Qualtrics, including the Multidimensional Assessment of Interoceptive Awareness (MAIA-2) (Mehling et al., 2018), the Politics and Health Scale (Smith et al., 2019), and measures of political ideology, party identification, and affective polarization. Questionnaire order was randomized, and attention checks were embedded; two participants were excluded for failing these, and two more for technical issues, yielding a final sample of 632.

Measures

Interoceptive sensibility

We measured interoceptive sensibility using the 37-item MAIA-2 questionnaire (Mehling et al., 2018), which captures eight dimensions (e.g., attention regulation, body trust, emotional awareness) on a 6-point scale. Subscale and total scores were calculated as means of relevant items. The total score showed excellent internal consistency, with high to excellent consistency across subscales. Factor and bifactor analyses support the use of a total score, despite residual subscale variance (See SI Appendix 2.2). Participants' mean total MAIA score was 2.82 ($SD = .69$), with higher scores reflecting more adaptive interoceptive sensibility.

Politics and Health Scale

Perceived political health costs were measured using the 32-item Politics and Health Scale (Smith et al., 2019), which assesses physical, emotional, behavioral, and social domains. This scale has strong psychometric properties and has documented political health harms in the U.S. (Smith, 2022). Participants had scores of 10.92 ($SD = 4.86$) for physical, 16.15 ($SD = 6.53$) for emotional, 16.56 ($SD = 6.85$) for behavioral, and 12.21 ($SD = 4.73$) for social health costs, with all subscales showing high internal consistency. Higher scores reflect greater harm. Compared to (Smith et al., 2019) scores were slightly lower, suggesting fewer self-reported health impacts in our sample (see SI Appendix 2.3).

Political ideology

Participants rated their ideology on a 7-point scale (1 = very liberal; 7 = very conservative), with a mean of 3.73 ($SD = 2.12$).

Affective polarization

Participants rated in- and out-partisans using 0–100 feeling thermometers. Affective polarization was computed as the difference (in-partisans minus out-partisans), with higher scores reflecting greater polarization ($M = 52.32$, $SD = 31.3$, range = -77 to 100).

Party importance

Participants rated how central their party identity was on a 5-point scale (1 = not at all; 5 = extremely). Higher scores reflect greater importance ($M = 3.22$, $SD = 1.21$).

Political engagement

An index was computed by averaging rescaled (0–1) voting intention and self-reported turnout from pre- and post-election surveys. Higher scores indicate greater engagement ($M = .85$, $SD = .30$; see SI Appendix 2.4.1 for details).

Study 2

Participants

As pre-registered, we recruited 525 Democrats and 525 Republicans at T1 (October 21, 2024), targeting 1050 participants based on power simulations ($d = .39$, 80% power) and an expected 10% attrition rate. Participants were quota-sampled to match the profile of the ANES 2022 pilot demographics. After excluding seven who failed attention checks, the final T1 sample was 1043.

At T2 (November 2–4, 2024), 856 of the original participants returned (18.5% attrition). To maintain statistical power, we deviated from our pre-registration and recruited 400 additional participants (50% Democrats, 50% Republicans). Twenty-four failed attention checks, yielding a final T2 sample of 1232.

Of the 1232 T2 participants, 1104 took part in T3 (November 6–7, 2024). After removing 2 who failed attention checks and 6 who misidentified the election winner, 1096 remained. To analyze effects of interoception by election outcome, we focused on those who voted for Harris or Trump ($n = 1036$): 517 Democrats and 13 Republicans voted for Harris; 494 Republicans and 12 Democrats voted for Trump.

See SI [Appendix 2.1](#) for demographic details at T1, T2, and T3.

Procedure

Data were collected at three time points: ~2 weeks before (T1), a few days before (T2), and a few days after the election (T3). At T1, participants completed measures of emotion regulation (ERQ), interoceptive sensibility (MAIA-2), political health impacts, political attitudes, election-related emotions, and demographics. At T2, they again reported on political health impacts, election-related emotions, future national outlook, and social subjective status (MacArthur SSS), including expectations based on election outcomes. New T2 recruits also completed T1 measures. At T3, participants again reported on political health impacts, emotional responses to the election outcome, national outlook, and future social status.

Materials at time 1 (T1)

Emotion regulation

The emotion regulation questionnaire (ERQ); (Gross & John, 2003) is a 10-item measuring cognitive reappraisal and expressive suppression (1 = strongly disagree to 7 = strongly agree). It has strong validity and reliability. Internal consistency in our sample was high ($\alpha = .89$ for reappraisal; $\alpha = .82$ for suppression). Participants averaged 5.17 ($SD = .98$) on reappraisal and 4.01 ($SD = 1.35$) on suppression.

Interoceptive sensibility

Participants completed the MAIA-2 (W. E. Mehling et al., 2018) to measure interoceptive sensibility. Reliability and factor structure are reported in SI [Appendix 2.2](#). Mean total score was 2.78 ($SD = .60$), with higher scores indicating more adaptive self-reported interoception.

Political party

Participants answered: “If you had to choose between only the Democratic and Republican Party, which would you choose?” In total, 527 identified as Democrats and 516 as Republicans.

Party importance

Participants rated how important their party identity was on a 5-point scale (1 = not at all; 5 = extremely). The mean score was 3.29 ($SD = 1.19$).

Political ideology

Participants rated their political orientation on a 7-point scale (1 = very conservative; 7 = very liberal). The average score was 3.95 ($SD = 2.21$).

Political engagement

Engagement was measured using a 3-item scale from Pew Research Center (2023), assessing political interest, discussion frequency, and attention to public affairs. Items were recoded (0 = least to 1 = most engaged), with total scores ranging from 0 to 3 ($M = 2.14$, $SD = .61$). See SI Appendix 2.4.2 for details.

Planning to vote

94.6% ($n = 990$) planned to vote in the 2024 election, 3.3% ($n = 34$) were unsure, and 1.8% ($n = 19$) said no. Of likely voters, 48.3% supported Kamala Harris, 48.4% Donald Trump, and 3.3% were undecided.

Politics and Health Scale

Participants completed the Politics and Health Scale (Smith et al., 2019). All subscales showed high internal consistency (see SI Appendix 2.3). Scores were 15.3 ($SD = 5.45$) for physical health, 20.4 ($SD = 6.73$) for emotional health, 22.2 ($SD = 8.14$) for regretted behavior, and 15.5 ($SD = 6.47$) for social costs. Scores were significantly higher than in Study 1, indicating greater reported political health costs in the sample assessed near the 2024 presidential election than in the sample assessed around the 2022 midterm elections (see SI Appendix 2.3).

Emotions towards the upcoming 2024 presidential elections

Participants rated their emotions on a 0–100 visual analogue scale (VAS). Mean scores were: anxiety = 64.7 ($SD = 30.3$), anger = 36.9 ($SD = 29.6$), fear = 54.9 ($SD = 32.3$), joy = 38.5 ($SD = 31.1$), enthusiasm = 48.9 ($SD = 32.0$), and disgust = 42.3 ($SD = 31.0$). See SI Appendix 2.5 for differences by candidate support.

Materials at time 2 (T2)

Planning to vote

95.6% ($n = 1178$) planned to vote, 2.7% ($n = 33$) were unsure, and 1.7% ($n = 21$) said no. Among likely voters, 51.7% supported Kamala Harris, 46.9% supported Donald Trump, and 1.4% were undecided.

Politics and Health Scale

Participants completed the Politics and Health Scale (Smith et al., 2019) to assess health impacts shortly before the 2024 U.S. election. Scores were: physical = 14.3 ($SD = 5.21$), emotional = 19.2 ($SD = 6.85$), behavior = 21.8 ($SD = 8.08$), and social = 14.8 ($SD = 6.06$). See SI Appendix 2.3 for differences by candidate support.

Emotions towards the 2024 upcoming election

Participants rated their emotional responses on 0–100 VAS. Mean scores were: anxiety = 65.2, anger = 36.4, fear = 54.1, joy = 36.6, enthusiasm = 48.3, and disgust = 40.8. See SI Appendix 2.5 for differences by candidate support.

Feelings about the nation's future

Participants rated how fearful they would feel if their candidate lost and how hopeful they would feel if their candidate won (0–100 VAS). Mean fear was 76.2 ($SD=27.4$); mean hope was 79.8 ($SD=22.5$). See [Appendix 2.5](#) for differences by candidate support.

MacArthur Scale of subjective social status

We used the MacArthur SSS Scale (Adler et al., 2000) to measure social status. Participants marked their perceived social standing on a 10-rung ladder (1 = lowest; 10 = highest), based on income, education, and job status. At T2, mean ratings were: current status = 5.06 ($SD=1.75$), future if candidate won = 5.91 ($SD=1.76$), and if candidate lost = 4.25 ($SD=2.13$). Higher scores indicate higher perceived social status. See [Appendix 2.6](#) for details.

Materials at time 3 (T3)*Voted*

At T3, 87.92% of the participants that said at T2 they were planning on voting voted. 51.06% (529) reported having voted for Harris and 48.94% (507) for Trump.

Politics and Health Scale

Participants completed the Politics and Health Scale (Smith et al., 2019) to assess health impacts following the 2024 U.S. election. Scores were: physical health = 15.7 ($SD=6.60$), emotional health = 18.7 ($SD=7.32$), behavior = 21.5 ($SD=8.22$), and social costs = 14.7 ($SD=6.27$). See [Appendix 2.3](#) for differences by candidate support.

Emotions towards the 2024 election outcome

Participants rated their emotional responses using 0–100 VAS. Mean scores were: 49.1 ($SD=41$) for anxiety, 40.2 ($SD=41.6$) for anger, 44.3 ($SD=41.8$) for fear, 45.2 ($SD=44.3$) for joy, 45.4 ($SD=43.3$) for enthusiasm, and 44.5 ($SD=44.1$) for disgust. See [Appendix 2.5](#) for differences by candidate support.

Feelings about the nation's future

Participants rated post-election hope and fear on a 0–100 VAS. Harris voters were more fearful ($M=82.0$, $SD=24.0$) than Trump voters ($M=16.7$, $SD=24.0$), $p < .001$, and less hopeful ($M=15.35$, $SD=20.3$) than Trump voters ($M=87.8$, $SD=14.9$), $p < .001$.

MacArthur Scale of subjective social status

Participants rated their expected future social status in 4 years based on the election outcome. Trump voters predicted higher future status ($M=5.85$, $SD=1.74$) than Harris voters ($M=4.56$, $SD=1.99$), $p < .001$.

Study 3**Participants**

As pre-registered, we re-contacted all T3 completers ($n=1036$) on March 7–14th 2025—4 months after the 2024 U.S. presidential election. Based on an observed effect size ($r=.179$), a sample of 242 would ensure 80% power ($\alpha=.05$); allowing for ~30% attrition, full recontact was deemed sufficient. We obtained responses from 752 participants (365 Republicans, 387 Democrats); see [Appendix 2.1.7](#) for demographics.

Procedure

Participants reported on political participation, engagement, and efficacy. These measures were analyzed in relation to interoceptive sensibility assessed at T1. Out of the 752 participants, 30% of those who completed the MAIA at T1 ($n=322$) completed it again to assess test–retest.

Materials

Political engagement

Political engagement was measured with a 3-item scale assessing interest, attention, and discussion since the election (range: 0–3; higher = greater engagement). Mean score was 2.16 ($SD = .59$). See SI [Appendix 2.4.3](#).

Political participation

Participants answered 8 yes/no items adapted from the ANES 2020 survey about post-election political activities (see SI [Appendix 2.4.4](#)). Responses were summed (range: 0–8); the mean score was 1.40 ($SD = 1.78$).

Political efficacy

Internal and external efficacy were each measured by two items from the ANES 2008 survey (1–5 scale; see SI [Appendix 2.4.5](#)). Higher scores reflect greater efficacy. Mean internal efficacy was 3.87 ($SD = .84$); external efficacy was 2.47 ($SD = 1.11$).

Analytic strategy

All analyses were conducted in RStudio (Version 2023.12.1). Models were specified as pre-registered. Data were screened for normality, and parametric or bootstrap-based approaches (1000 replications, seed = 123) were used accordingly to ensure robust inference. Mixed-effects models and regressions were applied based on the structure of each hypothesis. Full model specifications and results tables are available in the SI [Appendix](#).

RESULTS

Study 1: Interoception and the health costs of politics after the 2022 mid-term US elections

Following the 2022 U.S. midterm elections, multiple regressions conducted on each health dimension showed that individuals with greater interoceptive sensibility reported lower self-perceived harm to physical ($b = -1.34$, 95% CI $[-1.85, -.82]$, $p < .001$), emotional ($b = -2.55$, 95% CI $[-3.25, -1.88]$, $p < .001$), behavioral health ($b = -1.18$, 95% CI $[-1.91, -.51]$, $p < .001$), and social ($b = -1.30$, 95% CI $[-1.78, -.78]$, $p < .001$) health. These associations held after controlling for party affiliation, affective polarization, political engagement, and key demographics ([Figure 1](#); SI [Appendix 1.1 Table S1](#)). Because party affiliation and ideology were highly correlated ($r = .90$), we retained party affiliation for consistency across studies. Results were substantively unchanged when ideology replaced party affiliation or when both were included (see SI [Appendix 1.1 Table S1A](#)). Further analyses showed that specific interoceptive traits, particularly a reduced tendency to worry about bodily sensations (p 's $< .006$) and a greater sense of bodily trust (p 's $< .008$), were most protective across health domains (see SI [Appendix 1.2 Table S2](#) for full model results).

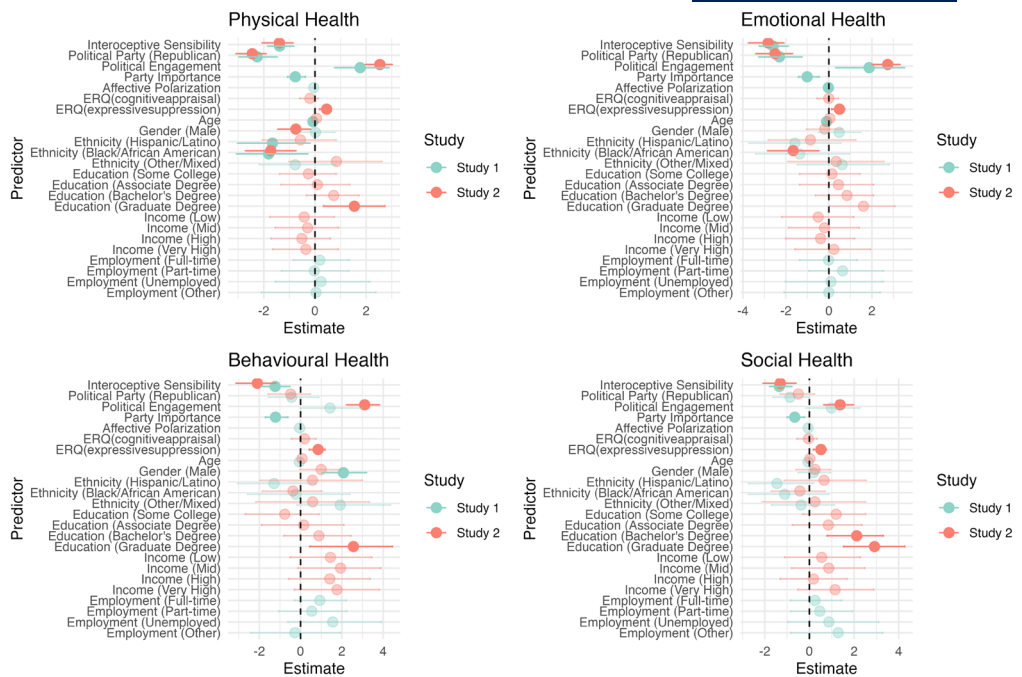


FIGURE 1 Coefficient plots from Study 1 (conducted after the 2022 U.S. midterm election) and Study 2 (conducted during the 2024 U.S. presidential election), showing the effects of interoceptive sensibility and covariates on political health outcomes. Each panel displays bootstrapped estimates and 95% confidence intervals for predictors of self-reported health costs in four domains: Physical, emotional, behavioral, and social health. Results indicate that higher interoceptive sensibility was consistently associated with fewer health costs across all domains in both studies. Non-significant predictors are shown with partial transparency. Models controlled for political, demographic, and psychological covariates; Study 2 additionally accounted for repeated measures using mixed-effects modeling. Estimates are plotted separately for Study 1 (turquoise) and Study 2 (coral).

Attentional aspects of interoception also showed more modest effects on physical ($b = -.34$, 95% CI $[-.70, -.02]$, $p = .038$) and emotional health ($b = -.84$, 95% CI $[-1.63, -.02]$, $p = .044$).

In line with past studies, greater political engagement was the strongest predictor for severe health effects. Could it be that people with higher interoceptive sensibility are less politically engaged and that is why they do not present with adverse health costs caused by politics? To rule this out, we tested the correlation between interoception and political engagement (Figure 2A) and found that, on the contrary, people with higher interoceptive sensibility were more likely to be politically engaged ($b = .09$, $SE = .04$, $p = .042$). It is therefore unlikely that those with higher interoception have lower health costs simply because they are not politically engaged.

Study 2: Interoception and the health costs of politics during the 2024 US presidential election

Building on Study 1, we used a pre-registered multi-wave design (T1: 2 weeks before the election, T2: a few days before the election, T3: a few days after the election) to further test the role of interoception during the highly polarizing and consequential 2024 U.S. presidential election. Separate mixed effects models for each of the four health subscales showed that across T1 and T2, higher interoceptive sensibility was again associated with lower self-reported harm to physical ($b = -1.42$, $SE = .27$, 95% CI $[-1.97, -.92]$, $p < .001$), emotional ($b = -2.62$, $SE = .34$, 95% CI $[-3.32, -2.00]$, $p < .001$), behavioral ($b = -1.28$, $SE = .42$, 95% CI $[-2.11, -.53]$, $p = .002$), and social health

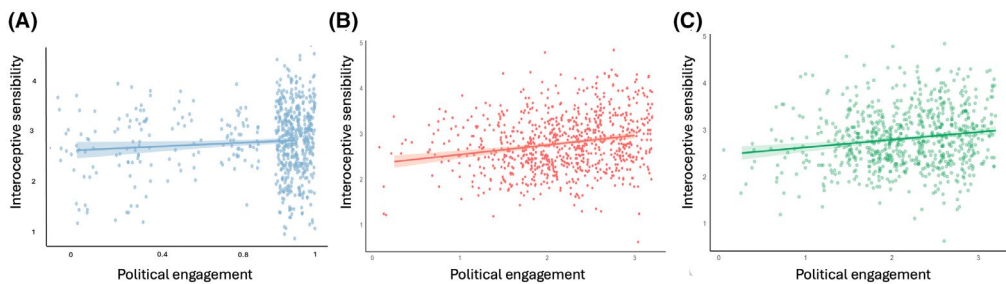


FIGURE 2 Interoceptive sensibility positively correlates with political engagement across 3 U.S. election studies. (A) Study 1 ($N=632$), conducted after the 2022 midterms, shows that individuals with higher interoceptive sensibility reported greater political engagement based on intention and self-reported turnout. (B) Study 2 ($N=1050$) conducted 2 weeks before the 2024 presidential election, and (C) Study 3 ($N=752$), conducted 4 months after the election, replicate this finding using a standardized political engagement scale (Pew Research Center, 2023), reflecting interest in politics, frequency of political discussion, and attention to government affairs. Each panel shows jittered raw data and linear fits.

($b = -1.17$, $SE = .32$, 95% CI $[-1.80, -.59]$, $p < .001$) (Figure 1; SI Appendix 1.4 Table S3), even after adjusting for political affiliation, engagement, and demographics (SI Appendix 1.4.1 Table S4).

Crucially, these effects remained significant when controlling for aspects of emotion regulation, such as cognitive appraisal and expressive suppression, suggesting a specific role for interoception in mitigating political stress (SI Appendix 1.4.2 Table S5), rather than an emotion regulation ability. As in Study 1, higher interoceptive sensibility was positively associated with political engagement ($r = .21$, $p < .001$, Figure 2B).

We next examined whether voters whose preferred candidate lost the election experienced greater health costs and whether interoception could buffer against these effects. In our mixed models conducted on each health dimension, Time (T2 vs. T3) and Supporter (Donald Trump vs. Kamala Harris) were categorical predictors, and interoception was a continuous predictor (see Appendix SI for reasons for deviating from pre-registration). Compared to Trump voters, Harris voters reported worse overall health outcomes (all p 's $< .006$, except for social health), regardless of time, and also showed greater deterioration in their health following the election (Figure 3A). Independently of electoral outcome, higher interoceptive sensibility was consistently associated with better physical ($b = -1.88$, $SE = .36$, 95% CI $[-2.61, -1.22]$, $p < .001$), emotional ($b = -3.25$, $SE = .46$, 95% CI $[-4.21, -2.40]$, $p < .001$), behavioral ($b = -2.27$, $SE = .56$, 95% CI $[-3.43, -1.23]$, $p < .001$), and social ($b = -1.48$, $SE = .42$, 95% CI $[-2.35, -.70]$, $p = .002$) health. Interoception did not differentially predict changes in health over time between voter groups (no significant three way interaction), but its protective effects were stronger for Harris voters than for Trump voters (physical: $b = 1.43$, $SE = .53$, 95% CI $[-.41, 2.49]$, $p = .006$, emotional: $b = 1.88$, $SE = .68$, 95% CI $[-.57, 3.23]$, $p = .006$, behavioral: $b = 2.09$, $SE = .82$, 95% CI $[-.50, 3.71]$, $p = .012$, but not social health: $b = .80$, $SE = .62$, 95% CI $[-.39, 2.04]$, $p = .186$) (Figure 3B) (SI Appendix 1.5 Tables S7–S10).

A separate t -test confirmed that interoceptive sensibility did not differ by political party ($t(1034) = -1.92$, $p = .056$, 95% CI $[-.146, .002]$), suggesting that the stronger protective effects for Harris voters were not due to baseline differences in interoception.

Importantly, additional exploratory analyses revealed that Harris voters already showed significantly poorer health at T2, prior to the election (all p 's $< .05$; see SI Appendix 2.3.3), and that even before the outcome was known, higher interoceptive sensibility correlated with lower health costs for these supporters (p 's $< .01$). This pre-existing poorer health may have overshadowed potential differences in health trajectories across voter groups and over time. To directly examine whether interoceptive sensibility provided significant support to those most affected by the election outcome (i.e., the Harris supporters), we restricted our exploratory analyses to these voters and modeled within-person health change using a difference score (T3 – T2), as a function of pre-election health (T2), interoception, and their interaction. As shown in Figure 4, pre-election health costs moderated

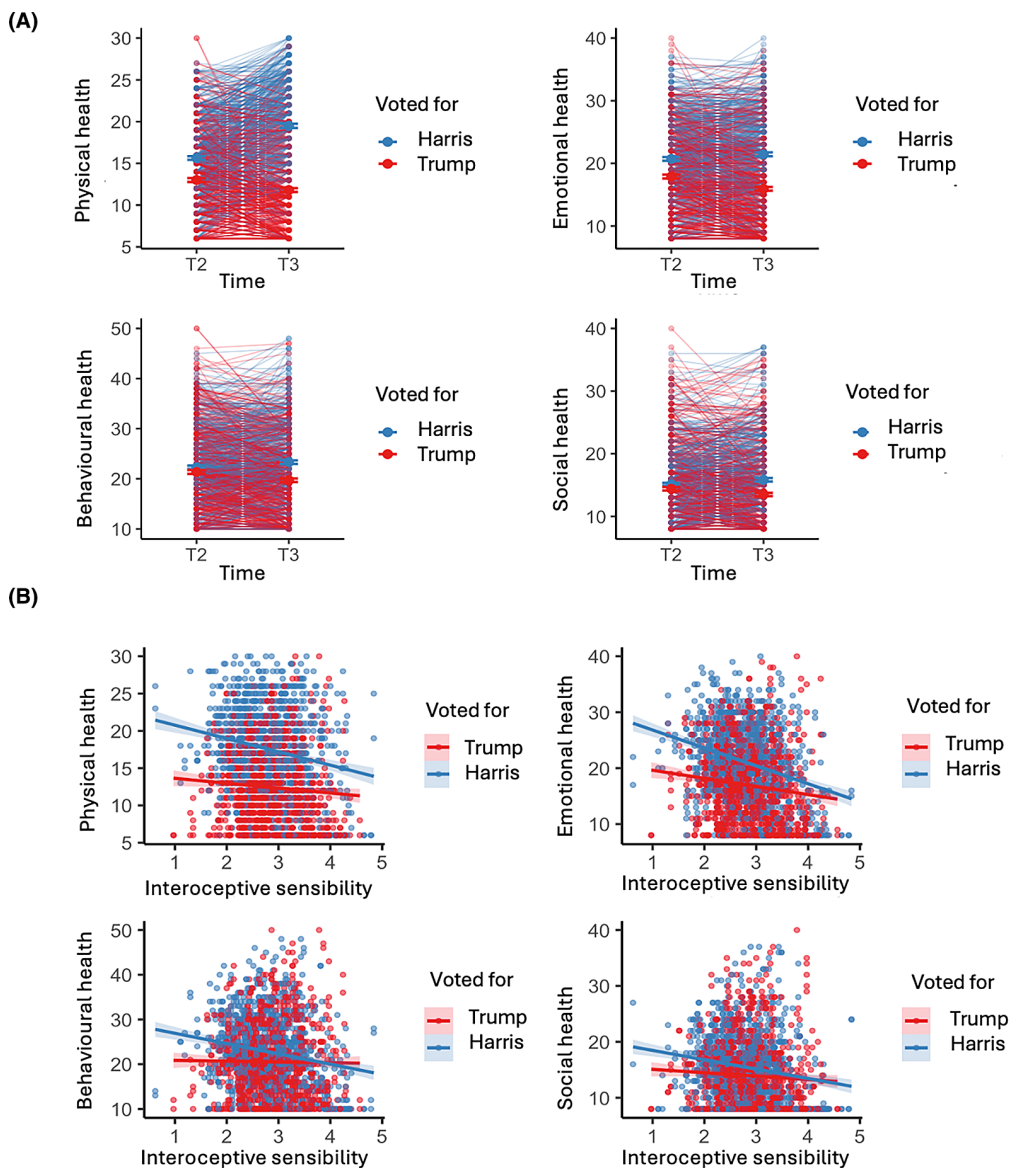


FIGURE 3 Interoceptive sensitivity attenuates the health costs of politics, especially among voters whose candidate lost the 2024 U.S. presidential election. (A) Longitudinal change in self-reported health costs from T2 (pre-election) to T3 (post-election), separated by vote choice. Each line represents an individual participant. Blue indicates Kamala Harris voters (whose candidate lost); red indicates Donald Trump voters (whose candidate won). Mean values $\pm$ SE are overlaid. Across health domains, Harris voters reported greater increases in health costs. (B) Associations between interoceptive sensitivity and average health costs across T2 and T3. Higher interoceptive sensitivity predicted lower reported health harm, independent of time. This effect was more pronounced among Harris voters across physical, emotional, behavioral, and social domains. Lines represent linear fits with 95% confidence intervals.

the association between interoceptive sensitivity and pre- to post-election health change in physical health ($b = .14$, $SE = .05$, 95% CI [.04, .25], $p = .006$) and social health ($b = .12$, $SE = .05$, 95% CI [.01, .22], $p = .029$), with a similar trend for emotional health ($b = .08$, $SE = .04$, 95% CI [−.01, .16], $p = .077$) but not behavioral health ($b = .01$, $SE = .05$, 95% CI [−.09, .10], $p = .900$), see SI Appendix Tables S11–S12. Specifically, among Harris voters with relatively low pre-election health costs, higher interoceptive sensitivity was associated with less deterioration from pre- to post-election, but this association weakened as pre-election health costs increased.

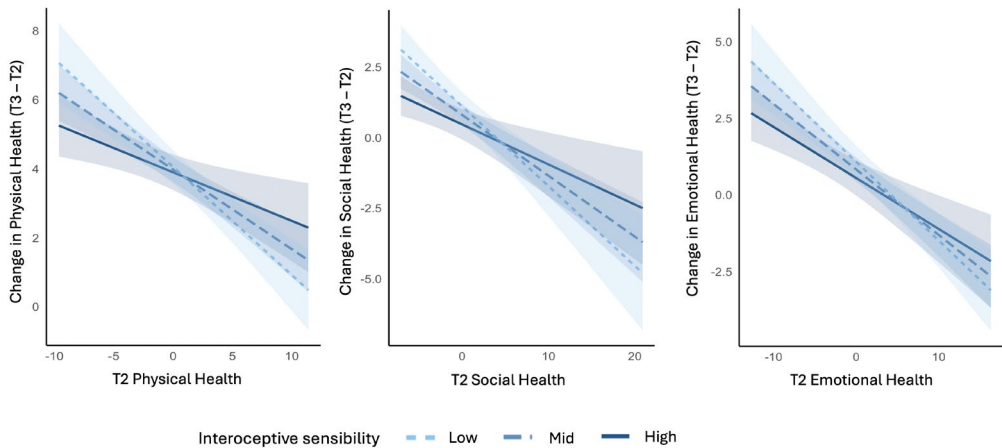


FIGURE 4 Pre-election health and interoceptive sensibility predicting change in health (T3 – T2) among Harris Voters as a function of pre-election health (T2). Each panel shows the interaction between pre-election health and interoceptive sensibility on post-election changes in health symptoms for physical, social, and emotional domains. Values on the y-axis represent change in health from T2 to T3, where positive values indicate worsening symptoms, and negative values indicate fewer symptoms post-election (i.e., improvement). Interoceptive sensibility is shown using three levels based on sample terciles: Low (light blue dashed line) = lower tercile median, Mid (medium blue dot-dashed line) = middle tercile median, High (dark blue solid line) = upper tercile median. Values on the x-axis reflect mean-centred costs to health at T2, positive values indicate higher costs to health. Shaded areas represent 95% confidence intervals. The fitted association between higher interoceptive sensibility and less deterioration weakened as pre-election health costs increased.

We next examined whether interoception was associated with reduced negative emotions toward the election. Results from a mixed model on the average of the 6 negative emotions (positive reversed) suggested that Harris voters reported significantly more negative emotions than Trump voters ($b = -23.35$, $SE = 5.45$, 95% CI $[-33.50, -12.73]$, $p = .001$), especially after the election ($b = -59.82$, $SE = 6.60$, 95% CI $[-72.42, -47.11]$, $p < .001$). However, higher interoceptive sensibility was linked to lower overall negative emotion ratings ($b = -12.01$, $SE = 1.27$, 95% CI $[-14.53, -9.48]$, $p < .001$; [Figure 5A](#)) and these negative emotions were more strongly attenuated by interoception among Harris voters ($b = 4.12$, $SE = 1.88$, 95% CI $[.50, 7.56]$, $p = .014$), see [SI Appendix 1.6 Table S13](#).

Lastly, we looked at whether interoception changes people's outlook about the future of the nation. Among Harris voters, higher interoception was associated with feeling less fearful about the future ($b = -4.36$, $SE = 1.64$, 95% CI $[-7.34, -1.10]$, $p = .006$; [Figure 5C](#)), regardless of whether the response was given before or after the election ($p = .694$; [SI Appendix 1.7 Table S14](#)). Among Trump voters, higher interoception predicted greater hopefulness about the future ($b = 5.43$, $SE = 1.29$, 95% CI $[2.89, 7.96]$, $p < .001$; [Figure 5B](#)), again independent of time ($p = .564$; [Table S15](#)). These effects remained significant after controlling for demographics.

Taken together, these results replicate and extend Study 1 showing that interoception provides health resilience without sacrificing political engagement. Moreover, better interoception attenuates negative emotions and supports a more positive outlook for the future.

Study 3: Interoception and political engagement, participation and efficacy 4 months after the US 2024 presidential election

While elections are a key moment for political participation, sustained political engagement after the polls close and in the period between elections is essential for holding leaders accountable and

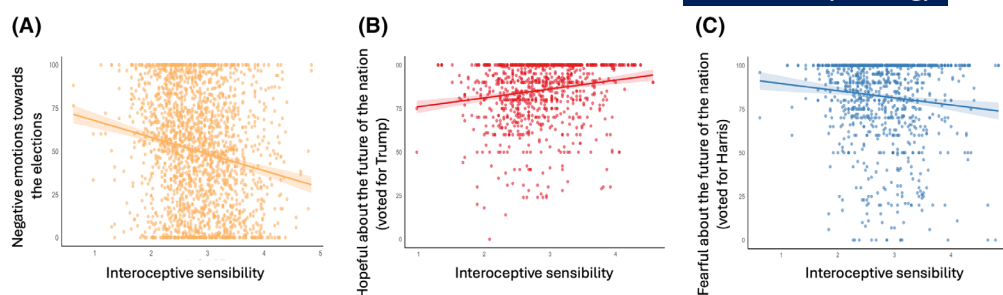


FIGURE 5 Interoceptive sensitivity and its relationship with emotional responses and future-oriented beliefs during the 2024 U.S. presidential election. (A) Higher interoceptive sensitivity is associated with lower average negative emotion across anxiety, anger, fear, disgust, and reversed joy and enthusiasm, pooled across T2 and T3. (B) Among Trump voters, higher interoception predicted greater hopefulness about the future of the nation. (C) Among Harris voters, higher interoception predicted lower fearfulness about the nation's future.

ensuring they fulfill their commitments. Regardless of the outcome, continued civic involvement empowers citizens to influence policy, advocate for their principles, drive meaningful change, and uphold democratic values between election cycles. Four months after the 2024 U.S. Presidential Election and 2 months after Donald Trump's inauguration, higher interoceptive sensitivity continued to predict greater political engagement in the same participants ($p < .001$) and both internal and external political efficacy (p 's $< .001$), controlling for demographics (SI Appendix 1.10–1.12 Tables S18, S20–S21). While interoception did not significantly predict political participation ($p = .150$), the effect was directionally consistent with our predictions (Table S19). At this last wave of our study, we were also able to extend previous findings on the good test–retest reliability of our measure of interoceptive sensitivity (64–66), confirming its longer-term stability in our study ($ICC = .77$).

Together, these findings suggest that interoceptive sensitivity is positively associated with sustained political engagement and a sense of political efficacy in the post-election period.

DISCUSSION

There is growing concern about the impact that polarizing and emotive politics have on citizens' health and by extension on their political participation. Across two different elections in US, we found that individuals with higher interoceptive sensitivity consistently reported fewer adverse effects of politics on their emotional, physical, behavioral, and social/lifestyle health. This effect was particularly driven by two subscales—the “Not Worrying” and the “Body Trust” subscales—that reflect one's capacity to interpret bodily discomfort without distress and to experience the body as safe and reliable (Mehling et al., 2012). These qualities align with notions of adaptive interoception (Desmedt et al., 2022) and suggest that accepting and trusting bodily responses may shield people from the toll of affectively polarized politics. In the highly consequential 2024 Presidential election, higher interoceptive sensitivity was associated with lower political health costs, especially among Democrat supporters who were the ones reporting more negative emotions. Importantly, these protective effects of interoception were present both before and after the election, a consistent association across time points that is compatible with a buffering role. This effect was not simply due to Democrats having higher interoception compared to Republicans—they did not—but rather because they bore higher health costs, magnifying the role of interoception as a protective factor (Smith, 2022; Smith et al., 2019). Among Democrats, higher interoceptive sensitivity was associated with less deterioration in those with lower pre-election health costs, but this association weakened as pre-election costs increased. One possibility is that electoral loss placed demands beyond the regulatory resources associated with interoceptive sensitivity among those

already most affected by politics. Moreover, better interoception benefited participants' emotions and perspectives on the nation's future across the political aisles.

Resilient and engaged: Interoception and democratic participation

The protective function of interoception did not come at the expense of political engagement. If anything, people with higher interoceptive sensibility were more likely to be politically engaged. Contrary to the idea that bodily inwardness might lead to political disengagement (Arendt, 2019; Tsakiris & Critchley, 2016) by reducing attention to the external world (Ainley et al., 2016), across all three studies we found that interoceptive sensibility was positively associated with political engagement. In Study 1, individuals with higher interoceptive sensibility reported greater political interest and intention to vote. Study 2 replicated this finding in the emotionally charged context of the 2024 U.S. presidential election, demonstrating that interoception predicted higher political engagement before and after the election—independent of party alignment or election outcome. Finally, Study 3 extended this pattern 4 months post-election, showing that interoception predicted not only political engagement but also internal (i.e. belief in one's ability to understand and influence politics) and external (i.e. belief that political institutions are responsive to public input) political efficacy. Internal and external political efficacy are robust predictors of civic participation and democratic stability (Finkel, 1985; Karp & Banducci, 2008), suggesting that interoceptive sensibility supports both health resilience and meaningful democratic engagement.

Mechanisms and implications

Interoception is widely recognized as a psychophysiological system that is critical for sensing and integrating the body's physiological states and needs, and fundamental to motivation, emotion (affective feelings and behaviors), self-awareness, and social cognition (Craig, 2002; Critchley & Garfinkel, 2017; Tsakiris & Critchley, 2016). It also plays a key role in a range of mental and physical health conditions (Khalsa et al., 2018; Quadt et al., 2018). Better interoceptive functioning supports the organism's homeostatic and allostatic processes, while better interoceptive awareness has been linked to better emotional awareness and well-being (Tsakiris & Critchley, 2016). Given how emotive and polarizing today's politics are, political events may evoke strong emotions and be associated with adverse mental and physical health outcomes and strains in social relationships. Interoception may help individuals interpret the significance of their physiological states, ensuring that their body is well regulated and healthy, capable of dealing with environmental and social demands and stressors. As interoceptive processes are geared toward the regulation of bodily resources in response to present or anticipation of future environmental demands (Sennesh et al., 2022), individuals who are better capable to consciously attune to their bodily states can contribute to more resilient emotional, cognitive and behavioral responses to social and, as we show here, political stressors. This interpretation aligns with growing evidence linking interoception to emotion regulation (Critchley & Garfinkel, 2017; Schuette et al., 2021), stress resilience (Schulz & Vögele, 2015), and well-being (Quadt et al., 2018).

Our findings extend this literature by showing that interoceptive sensibility is also relevant within the specific domain of politics. This extension is important because recent evidence suggests that political mental health is distinct from general mental health and has distinct political correlates (Peterson et al., 2025). It therefore cannot be assumed that factors associated with general health and well-being will also be associated with lower politics-related health costs.

Crucially, interoceptive sensibility remained associated with lower political health costs after accounting for cognitive reappraisal and expressive suppression, two established emotion-regulation strategies that shape politics-related emotions (e.g., see (Ford et al., 2019, 2023)). Additional analyses showed that cognitive reappraisal predicted lower health costs when interoceptive sensibility was

omitted, consistent with work on reappraisal and political emotion (Ford & Feinberg, 2020), but these associations were attenuated when both constructs were included, with multicollinearity diagnostics remaining within acceptable limits. This overlap is theoretically plausible, given that higher interoception is associated with greater emotion regulation strategies, including reappraisal (Füstös et al., 2013; Zelič et al., 2025). Nevertheless, interoceptive sensibility remained associated with all four health outcomes after adjustment for reappraisal and suppression, indicating that it captures unique variance beyond these traditional emotion-regulation strategies. This specific contribution highlights a body-based pathway where health, well-being, and emotions coalesce, rather than one fully captured by the more cognitive dimension of emotion regulation. Interoceptive sensibility may therefore broaden prevailing cognitive accounts of political emotion regulation by identifying embodied regulatory capacities that are not fully captured by habitual reappraisal or suppression.

These beneficial effects of interoception were also evident both in how people reported coping with an electoral loss in the present and in how they felt about the future. Harris voters experienced more intense negative emotions, but those with higher interoception were less distressed. Higher interoceptive sensibility among Trump supporters predicted greater hopefulness about the nation's future and less fearfulness among Harris supporters. These effects endured regardless of electoral outcomes and party affiliation, pointing to a broad capacity of interoception to promote future-oriented optimism. This aligns with theoretical accounts of interoception as a contributor to adaptive emotional regulation across time (Klamut & Weissenberger, 2023).

Limitations and future directions

Our research examined how interoceptive sensibility relates to the emotional and health consequences of politics across three large studies conducted during two U.S. election cycles. While our initial finding from the 2022 mid-term election was correlational, the multiwave design of Study 2, combined with the naturally occurring 2024 Presidential election outcome, provided a stronger replication and extension of the core results and strengthened temporal inference relative to cross-sectional designs. Importantly, national elections constitute natural experiments in which even though the political events unfold outside the control of the researcher, we can still examine their emotional and health-related consequences with high ecological validity. As with all natural experiments, causal inference is strengthened but not complete, as exposure to electoral outcomes is not randomly assigned and unobserved confounds cannot be fully excluded.

Moreover, interoceptive sensibility was measured rather than manipulated. Although prior research (Bornemann et al., 2015; Chapman & Stewart, 2024) and the four-month test–retest reliability observed in our sample, $ICC = .77$, indicate substantial temporal stability, this should not be taken to imply innateness or immutability. Some dimensions of interoceptive sensibility have been associated with developmental and health-related experiences, including childhood adversity (Benavides & Brindle, 2025), and may vary across major physiological transitions such as pregnancy and puberty (Savoca et al., 2024; von Mohr et al., 2026). We therefore conceptualize interoceptive sensibility as a relatively enduring but potentially malleable individual difference. Importantly, in Study 2 interoceptive sensibility was assessed before the post-election health and emotional outcomes, ruling out the possibility that these later responses shaped participants' baseline scores. Although prior experiences or unmeasured factors may have influenced both interoceptive sensibility and participants' later health and emotional outcomes, the temporal ordering and consistency of the findings across studies support its interpretation as a meaningful prospective marker of political stress resilience.

Although we used well-validated and reliable measures, all assessments of interoception, health, emotions, and political experience were self-reported, and behavioral or physiological methods were not included. Future studies should examine whether other interoceptive dimensions that can be measured behaviorally or physiologically show a similar pattern. Our studies were well powered for detecting main effects, and the consistency of findings across three independent samples strengthens confidence in the results. Analyses involving interactions or subgroup comparisons

were less highly powered and would benefit from replication with larger samples or more sensitive analytic approaches. Because all data were collected in the United States during periods of high political polarization, results may not generalize to less polarized contexts or to other political systems. Finally, our findings apply specifically to interoceptive sensibility as measured by the MAIA-2, and other dimensions of interoception were not assessed.

Despite these limitations, the convergence of evidence across multiple samples and election contexts highlights the relevance of interoceptive sensibility as a factor in political stress resilience. The possibility that interoceptive sensibility is both relatively enduring and potentially modifiable points to two complementary directions for future research. First, future studies should examine how interoceptive sensibility is distributed across demographic and politically relevant characteristics, and whether these differences identify groups that are particularly vulnerable or resilient to political stress. In our exploratory analyses of the combined pre-election sample, interoceptive sensibility was unrelated to party affiliation or political ideology but was lower among less politically engaged participants. It also varied by ethnicity and education, with lower scores among White than Black or African American participants, and among participants with some college but no degree than those with a graduate or professional degree. Because these findings were concentrated in specific group comparisons, they should be interpreted cautiously and replicated before conclusions are drawn about their origins or generality. Second, prior intervention studies (Quadt et al., 2021) suggest that interoceptive traits can be improved through interoception-focused training (e.g., mindfulness, somatic awareness, biofeedback). This raises the possibility that interoception focused interventions could support both public health and civic resilience by helping individuals manage the emotional demands of political life without reducing engagement. Future research could test whether these interventions produce measurable benefits in politically charged environments.

Integrating interoception into political and psychological research

The present findings suggest that interoceptive sensibility may offer more than an additional dispositional predictor: It offers an embodied account of why citizens differ in their vulnerability to political stress. Whereas broad personality traits describe general patterns of thought, emotion, and behavior, interoceptive sensibility concerns how bodily signals are noticed, interpreted, and used when responding to internal and external demands. Political events provide one context in which to examine whether these processes shape vulnerability to adverse health effects. Interoceptive sensibility remained associated with lower political health costs after accounting for cognitive reappraisal and expressive suppression, indicating that it captures variance not explained by these commonly studied emotion-regulation strategies. Moreover, this association did not appear to reflect withdrawal from politics, because greater interoceptive sensibility was also associated with political engagement and efficacy. This pattern is particularly noteworthy in light of evidence that cognitive reappraisal, although effective in reducing negative emotions following political events, may also weaken motivation for political action (Ford et al., 2019; Ford & Feinberg, 2020). Nevertheless, because we did not assess broad personality traits, future research should test whether interoceptive sensibility provides incremental explanatory or predictive value beyond neuroticism, or its inverse emotional stability, and the other Big Five traits. Given limited survey space, this work should determine whether brief measures, particularly the Not-Worrying and Body Trust dimensions implicated in the present findings, provide sufficient added value to justify inclusion in political surveys.

Constraints on generality

The target population for these findings is adult U.S. citizens aligned with one of the two major political parties and embedded in a highly polarized political context. The studies were conducted

during the 2022 U.S. midterm and 2024 presidential elections, periods of heightened political salience, and emotional investment. The overall level of reported political health costs also differed across samples and electoral contexts. Scores in Study 1 were lower than those reported by Smith et al. (2019), whereas scores near the 2024 presidential election in Study 2 were higher than those observed in Study 1. This pattern suggests that political health costs may vary across electoral and historical contexts. However, because the studies differed in sample composition, timing, and election type, these differences cannot be attributed with confidence to presidential versus midterm election cycles. Study 2 and Study 3 nationally representative samples, supporting generalization within this population and historical context. Generalization to other countries, political systems, or less polarized periods should be made cautiously, as political structures, levels of polarization, and the health relevance of politics may differ across contexts.

CONCLUSION

In sum, we show that interoceptive sensibility (i.e., our ability to be cognizant of the body's internal signals) was consistently associated with lower physical and emotional health costs during political stress, in ways that are compatible with a potential buffering role, while promoting engagement and optimism. This view *from within the body* offers a new lens on how citizens experience and respond to the emotional politics of our time.

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AI Use: Generative AI (ChatGPT 5.5, OpenAI, 2026) was used under human supervision for code optimization, proofreading, and minor text editing. All suggested changes were reviewed and revised by the authors, who take full responsibility for the final manuscript and materials.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in OSF at <https://osf.io/qk975>.

TRANSPARENCY STATEMENT

All study materials, data and analysis scripts are publicly available (<https://osf.io/qk975/overview>). The hypotheses and methods for study 2 (<https://osf.io/thxs/overview>) and study 3 (<https://osf.io/q3bmf/overview>) were preregistered prior to data collection.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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