

## Identifying the Psychological and Somatic Dimensions of Neuroticism: A Qualitative Approach

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### ABSTRACT

This study aimed to explore the psychological and somatic dimensions of neuroticism through a qualitative approach. This qualitative study utilized semi-structured interviews with 24 participants recruited through online platforms. A phenomenological approach was employed to capture the lived experiences of individuals exhibiting neurotic traits, with data collection continuing until theoretical saturation was achieved. The interviews were transcribed and analyzed using NVivo software, following an iterative thematic analysis process involving open, axial, and selective coding to identify core themes related to neuroticism's psychological and somatic dimensions. Thematic analysis revealed three primary themes: psychological dimensions, somatic manifestations, and coping and behavioral adaptations. Participants reported significant emotional dysregulation, including heightened anxiety, excessive worry, and cognitive rumination. They also exhibited somatic symptoms such as chronic physical tension, sleep disturbances, and gastrointestinal complaints. Maladaptive coping strategies, including avoidance behaviors, reassurance-seeking, and emotional eating, were prevalent, although some participants engaged in adaptive techniques such as mindfulness and cognitive reframing. The results underscored the complex interplay between neuroticism's psychological and physiological aspects, contributing to persistent distress and functional impairment. The findings highlight the pervasive impact of neuroticism on emotional, cognitive, and somatic functioning, reinforcing its role as a significant risk factor for psychological distress and health-related concerns. Understanding the lived experiences of individuals with high neurotic traits provides valuable insights for developing targeted interventions focused on emotion regulation, stress management, and adaptive coping mechanisms to mitigate neuroticism's adverse effects.

**Keywords:** Neuroticism, emotional dysregulation, cognitive rumination, somatic symptoms, coping strategies, qualitative research, psychological distress.

## 1. Introduction

Neuroticism is a fundamental personality trait characterized by heightened emotional instability, negative affectivity, and susceptibility to psychological distress. It is associated with increased vulnerability to various psychopathological conditions, including anxiety, depression, and somatic symptom disorders (Watson et al., 2022). Individuals high in neuroticism tend to exhibit excessive worry, rumination, emotional reactivity, and difficulty regulating negative emotions, which, in turn, contribute to maladaptive cognitive and behavioral patterns (Dahl et al., 2020). Furthermore, neuroticism is not merely a psychological construct but also manifests in physiological and somatic symptoms, often leading to chronic health concerns and impaired well-being (Mostafaei et al., 2019).

Research has consistently linked neuroticism to poor mental health outcomes, particularly due to its role in emotional dysregulation and cognitive distortions. Individuals high in neuroticism often exhibit heightened sensitivity to stressors and an increased tendency toward negative cognitive appraisal (Shannon, 2021). This predisposition makes them more likely to experience persistent worry, intrusive thoughts, and excessive self-criticism, all of which contribute to anxiety and depressive symptomatology (Bergh et al., 2020). Additionally, neurotic individuals frequently engage in maladaptive coping mechanisms such as avoidance, reassurance-seeking, and overcompensation, which exacerbate their distress (Hald et al., 2022). For example, research has shown that neurotic individuals are prone to rumination, a repetitive focus on negative experiences and emotions, which prolongs psychological distress and increases the risk of developing mood disorders (Cazan et al., 2023). These cognitive and emotional patterns highlight the need to examine neuroticism not only as a personality trait but as a dynamic psychological construct that influences mental well-being.

Beyond its psychological impact, neuroticism is also closely associated with various somatic symptoms and health-related issues. Individuals high in neuroticism often report heightened bodily awareness, increased sensitivity to pain, and greater susceptibility to functional somatic syndromes (Seiffge-Krenke & Sattel, 2024). Studies suggest that neurotic individuals are more likely to experience conditions such as irritable bowel syndrome, fibromyalgia, chronic fatigue, and cardiovascular dysregulation (Schaefer et al., 2022). The underlying mechanism for these associations is believed to be a combination of heightened

physiological reactivity and maladaptive stress responses, which contribute to chronic inflammation, dysregulated autonomic nervous system activity, and increased cortisol levels (Schmidt et al., 2018). Additionally, research has demonstrated that neurotic individuals often exhibit poor sleep quality, including difficulties in falling asleep, frequent awakenings, and increased occurrence of nightmares, further exacerbating their psychological distress and physical health problems (Zhang et al., 2017). This bidirectional relationship between neuroticism and somatic symptoms underscores the importance of examining both dimensions together to understand the full spectrum of its impact.

Moreover, the role of neuroticism in social and occupational functioning cannot be overlooked. Individuals with high neuroticism often struggle with interpersonal relationships due to their tendency toward heightened emotional reactivity, fear of rejection, and dependency on external validation (McCann, 2022). They may also exhibit difficulties in professional settings, where stress tolerance and emotional resilience are critical for success. Research indicates that neurotic individuals are more prone to experiencing workplace burnout, reduced job satisfaction, and decreased productivity, largely due to their heightened perception of stress and difficulty coping with workplace challenges (Kiswantomo & Theofanny, 2021). Additionally, studies on academic environments suggest that neurotic individuals are more likely to experience maladjustment and academic underperformance, as they struggle with perfectionism, procrastination, and performance anxiety (Cazan et al., 2023). These findings highlight the pervasive influence of neuroticism across multiple life domains, further emphasizing the need for targeted psychological interventions.

Despite its negative implications, some researchers argue that neuroticism may have adaptive aspects, particularly in situations that require heightened vigilance and self-awareness. Some studies suggest that neurotic individuals, due to their heightened sensitivity to potential threats, may exhibit stronger self-preservation instincts and increased motivation for self-improvement (He et al., 2024). In certain contexts, such as competitive sports, neurotic traits may enhance performance by fostering a heightened sense of responsibility and thorough preparation (Amaro & Brandão, 2023). However, these potential benefits are often overshadowed by the overwhelming emotional and physiological burden associated with neuroticism, making it a primary target for psychological interventions aimed at improving overall well-being (Maggino, 2023).

Given the complex interplay between psychological and somatic aspects of neuroticism, there is a growing need for qualitative research to provide a deeper, more nuanced understanding of how individuals experience and manage this trait. While quantitative studies have established strong correlations between neuroticism and various psychological and health outcomes, they often fail to capture the subjective experiences and coping mechanisms employed by neurotic individuals. A qualitative approach allows for an in-depth exploration of these lived experiences, shedding light on the emotional, cognitive, and behavioral adaptations that characterize neuroticism (Bektaş, 2025).

In summary, neuroticism is a multifaceted trait that significantly impacts emotional, cognitive, and physiological functioning. While previous research has highlighted its association with psychological distress, somatic symptoms, and social dysfunction, there remains a need for qualitative investigations to explore the lived experiences of neurotic individuals. This study aims to explore the psychological and somatic dimensions of neuroticism through a qualitative approach, providing an in-depth understanding of how individuals experience and manage these traits in their daily lives.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employed a qualitative research design to explore the psychological and somatic dimensions of neuroticism through in-depth thematic analysis. A phenomenological approach was adopted to capture the lived experiences of individuals exhibiting neurotic traits, providing a rich and comprehensive understanding of their cognitive, emotional, and bodily manifestations. The study aimed to achieve theoretical saturation, ensuring that no new themes emerged beyond the data collected.

Participants were recruited through online platforms, with a total of 24 individuals meeting the study's inclusion criteria. Purposeful sampling was used to ensure diversity in terms of age, gender, and cultural background, allowing for a broader perspective on neuroticism's psychological and somatic dimensions. Theoretical saturation was reached when further interviews no longer yielded novel insights into the research topic.

### 2.2. Data Collection

Data collection was conducted through semi-structured interviews, allowing participants to express their thoughts and experiences openly while enabling the researcher to explore key themes in depth. The interview guide consisted of questions designed to elicit responses on emotional regulation, cognitive tendencies, physical symptoms, and coping strategies related to neurotic traits. Each interview was conducted online, recorded with participants' consent, and transcribed verbatim for analysis.

### 2.3. Data analysis

Data analysis followed a thematic approach, facilitated by NVivo software. The analysis involved an iterative process of coding, categorization, and theme development. Initially, open coding was performed to identify emerging concepts, followed by axial coding to establish relationships between categories. Finally, selective coding was used to refine core themes representing the psychological and somatic dimensions of neuroticism. The rigor of the analysis was ensured through continuous comparison, peer debriefing, and participant validation to enhance the credibility and trustworthiness of the findings.

## 3. Findings and Results

The demographic analysis of the participants revealed a diverse sample in terms of age, gender, and educational background. The study included 24 participants, with 14 females (58.3%) and 10 males (41.7%), ranging in age from 22 to 54 years ( $M = 34.2$ ,  $SD = 8.7$ ). Regarding educational attainment, 6 participants (25.0%) held a high school diploma, 10 participants (41.7%) had completed an undergraduate degree, and 8 participants (33.3%) possessed a postgraduate qualification. Participants were recruited from various cultural backgrounds, with 15 individuals (62.5%) identifying as residing in Western countries and 9 individuals (37.5%) from non-Western regions. In terms of employment status, 12 participants (50.0%) were employed full-time, 6 participants (25.0%) worked part-time, and 6 participants (25.0%) were either students or unemployed. The variation in demographic characteristics allowed for a comprehensive exploration of neurotic traits across different life circumstances and social contexts.

**Table 1**

*The Results of Thematic Analysis*

| Categories (Main Themes)                | Subcategories (Subthemes)      | Concepts (Open Codes)   |
|---|--------------------------------|---|
| Psychological Dimensions of Neuroticism | Emotional Dysregulation        | Frequent mood swings, heightened anxiety, excessive worry, emotional instability, difficulty calming down         |
|   | Cognitive Rumination           | Persistent overthinking, negative self-talk, difficulty letting go, intrusive thoughts, self-doubt, perfectionism |
|   | Fear of Failure and Rejection  | Avoidance behaviors, low self-confidence, social withdrawal, excessive need for reassurance, over-preparation     |
|   | Low Distress Tolerance         | Frustration intolerance, avoidance of stress, emotional exhaustion, reliance on external validation               |
|   | Negative Self-Perception       | Self-criticism, feelings of inadequacy, guilt, low self-worth, comparing oneself to others                        |
| Somatic Manifestations of Neuroticism   | Chronic Physical Tension       | Muscle stiffness, headaches, jaw clenching, stomach discomfort, tension-related fatigue                           |
|   | Sleep Disturbances             | Insomnia, difficulty falling asleep, frequent nightmares, restless sleep, waking up tired                         |
|   | Gastrointestinal Complaints    | Nausea, irritable bowel symptoms, appetite changes, stress-induced stomachaches                                   |
|   | Cardiovascular Sensitivity     | Heart palpitations, excessive sweating, dizziness, shortness of breath, stress-related hypertension               |
|   | Somatic Hyperawareness         | Heightened sensitivity to bodily sensations, excessive health concerns, frequent doctor visits                    |
| Coping and Behavioral Adaptations       | Maladaptive Coping Strategies  | Emotional eating, substance use, procrastination, withdrawal, self-isolation                                      |
|   | Adaptive Emotion Regulation    | Mindfulness, cognitive reframing, deep breathing, journaling, seeking social support                              |
|   | Avoidance and Escape Behaviors | Ignoring stressors, escaping through entertainment, excessive sleeping, avoiding responsibilities                 |
|   | Seeking Reassurance            | Excessive validation-seeking, dependence on others' opinions, fear of making independent decisions                |
|   | Perfectionistic Coping         | Overcompensating, meticulous planning, setting unrealistic goals, excessive self-monitoring                       |

The qualitative analysis of the psychological and somatic dimensions of neuroticism, along with coping and behavioral adaptations, led to the identification of three main themes: psychological dimensions of neuroticism, somatic manifestations of neuroticism, and coping and behavioral adaptations. Each theme contained several subcategories, which were further elaborated through participants' experiences.

The psychological dimensions of neuroticism were prominently characterized by emotional dysregulation, which included frequent mood swings, heightened anxiety, excessive worry, and emotional instability. Participants reported struggling with an inability to manage emotions effectively, leading to distress. One participant stated, "I feel like my emotions control me instead of the other way around. One moment, I'm calm, and the next, I'm overwhelmed by anxiety." Similarly, cognitive rumination emerged as a common feature, with participants describing persistent overthinking, negative self-talk, and intrusive thoughts. A participant explained, "I keep replaying past mistakes in my head, as if analyzing them will change something, but it only makes me feel worse." Another subcategory, fear of failure and rejection, manifested in

avoidance behaviors, social withdrawal, and an excessive need for reassurance. One participant noted, "I hesitate to take risks because I'm terrified of failing. I'd rather not try at all than deal with the disappointment." Furthermore, low distress tolerance was identified, as individuals reported difficulties handling stress and emotional exhaustion. As one participant described, "Even minor stressors make me feel completely drained, and I have no energy left for the rest of the day." Finally, negative self-perception was a recurring theme, with individuals expressing self-criticism, feelings of inadequacy, and low self-worth. A participant stated, "I constantly feel like I'm not good enough, no matter what I achieve."

The somatic manifestations of neuroticism were also prevalent, with participants frequently reporting chronic physical tension in the form of muscle stiffness, headaches, jaw clenching, and tension-related fatigue. As one interviewee expressed, "I hold so much tension in my shoulders and jaw that I don't even realize it until the pain becomes unbearable." Another common issue was sleep disturbances, where individuals described insomnia, frequent nightmares, and restless sleep patterns. A participant explained, "My mind races at night, making it



nearly impossible to fall asleep. Even when I do, I wake up exhausted." Gastrointestinal complaints were another notable feature, with reports of nausea, irritable bowel symptoms, appetite changes, and stress-induced stomachaches. One participant shared, "Every time I'm stressed, my stomach starts acting up. It's like my anxiety goes straight to my gut." Additionally, cardiovascular sensitivity was observed, with symptoms such as heart palpitations, dizziness, and excessive sweating. "Whenever I get anxious, my heart starts pounding so fast that I feel like I'm having a heart attack," stated one participant. Lastly, somatic hyperawareness was a significant concern, as individuals described heightened sensitivity to bodily sensations and excessive health concerns. A participant remarked, "I'm constantly worried about every little sensation in my body, fearing it could be something serious."

In terms of coping and behavioral adaptations, participants reported both maladaptive and adaptive strategies. Maladaptive coping strategies included emotional eating, substance use, procrastination, and withdrawal. "Whenever I feel overwhelmed, I eat to distract myself. It's like food is the only thing that calms me down," said one participant. However, some individuals engaged in adaptive emotion regulation techniques such as mindfulness, cognitive reframing, deep breathing, and journaling. One participant noted, "I've started practicing mindfulness, and it helps me stay grounded instead of getting lost in my worries." Another subcategory, avoidance and escape behaviors, reflected tendencies to ignore stressors through entertainment, excessive sleeping, and avoiding responsibilities. As one participant admitted, "I binge-watch TV shows for hours just to escape my thoughts." Moreover, seeking reassurance was a common behavioral pattern, where individuals excessively sought validation from others. "I constantly ask people if I'm making the right decisions because I don't trust my own judgment," a participant shared. Lastly, perfectionistic coping was identified, where individuals engaged in meticulous planning, setting unrealistic goals, and excessive self-monitoring. One interviewee explained, "I plan everything down to the last detail because I'm afraid that if I don't, something will go wrong."

#### 4. Discussion and Conclusion

The findings of this study provide a comprehensive understanding of the psychological and somatic dimensions of neuroticism through the lived experiences of individuals

with high neurotic traits. Participants reported significant difficulties in emotional regulation, including heightened anxiety, mood instability, excessive worry, and persistent cognitive rumination. Many described their experiences of overwhelming emotions, fear of failure, and the inability to disengage from negative thoughts, which contributed to persistent distress and avoidance behaviors. Additionally, the study highlighted the strong connection between neuroticism and somatic complaints, with participants frequently experiencing chronic muscle tension, sleep disturbances, gastrointestinal issues, and cardiovascular sensitivity. The qualitative data also revealed distinct coping mechanisms, with many participants resorting to maladaptive strategies such as emotional eating, reassurance-seeking, and avoidance behaviors, while a smaller subset engaged in adaptive techniques like mindfulness and cognitive reframing. These findings align with existing literature suggesting that neuroticism is not only a psychological construct but also has substantial physiological and behavioral implications (Mostafaei et al., 2019; Watson et al., 2022).

The emotional dysregulation observed among participants is consistent with previous research linking neuroticism to mood instability and maladaptive affect regulation. Studies have shown that individuals high in neuroticism experience heightened sensitivity to negative stimuli, making them more prone to anxiety, depression, and stress-related disorders (Dahl et al., 2020). The tendency for cognitive rumination, reported by many participants, has also been widely documented in psychological research, with evidence suggesting that neurotic individuals engage in excessive self-reflection that exacerbates distress and hinders effective problem-solving (Bergh et al., 2020). Moreover, the reported fear of failure and social rejection among participants aligns with findings that neurotic individuals often struggle with self-doubt, low self-esteem, and increased vulnerability to rejection sensitivity (Hald et al., 2022). This emotional instability can contribute to avoidance behaviors, which were prevalent among participants in this study and have been identified in prior research as a common maladaptive coping mechanism in neurotic individuals (Cazan et al., 2023).

The strong link between neuroticism and somatic complaints observed in this study supports the growing body of research emphasizing the physiological consequences of high neurotic traits. Participants frequently reported experiencing chronic muscle tension, cardiovascular sensitivity, and gastrointestinal issues, all of which have

been previously associated with neuroticism (Seiffge-Krenke & Sattel, 2024). Prior studies indicate that neurotic individuals exhibit heightened physiological reactivity to stress, leading to increased activation of the autonomic nervous system and dysregulated inflammatory responses (Schmidt et al., 2018). This heightened bodily awareness and increased sensitivity to physical sensations may explain why participants reported frequent health concerns and somatic hyperawareness, consistent with findings that neurotic individuals are more likely to develop hypochondriac tendencies and stress-related disorders (Schaefer et al., 2022). Furthermore, participants' reports of sleep disturbances align with previous studies demonstrating that neuroticism is a significant predictor of poor sleep quality, insomnia, and nightmares due to excessive worry and nighttime rumination (Zhang et al., 2017).

The findings regarding coping and behavioral adaptations highlight the dual nature of neurotic individuals' coping strategies. While many participants engaged in maladaptive behaviors such as emotional eating, avoidance, and reassurance-seeking, some reported employing adaptive techniques like mindfulness and cognitive reframing. These findings are supported by prior research indicating that neurotic individuals are more likely to rely on maladaptive coping mechanisms due to their difficulty in regulating emotions effectively (McCann, 2022). Studies have shown that neurotic individuals tend to seek external validation and engage in perfectionistic behaviors to compensate for their self-doubt and fear of failure (Kiswantomu & Theofanny, 2021). However, emerging evidence suggests that interventions promoting mindfulness and cognitive-behavioral strategies can help mitigate the negative impact of neuroticism by enhancing emotional resilience and self-regulation skills (Bektaş, 2025).

These findings also reinforce the importance of considering neuroticism within a broader social and occupational context. Participants frequently reported difficulties in interpersonal relationships, professional settings, and academic environments due to their heightened emotional reactivity and fear of negative evaluation. Previous research has established that neurotic individuals often struggle with workplace stress, interpersonal conflicts, and academic maladjustment (Cazan et al., 2023). Studies have further demonstrated that neurotic traits contribute to lower job satisfaction, increased risk of burnout, and higher susceptibility to mental health disorders in professional and academic settings (Maggino, 2023). The reported social withdrawal and dependency on reassurance-seeking

behaviors among participants align with existing literature indicating that neurotic individuals are more likely to experience social anxiety, relationship dissatisfaction, and increased reliance on external validation (McCann, 2022).

Additionally, this study's findings contribute to the growing discourse on the interplay between neuroticism and well-being. While neuroticism is generally associated with negative emotional outcomes, some researchers have argued that it may have adaptive benefits in certain contexts. A few participants in this study reported that their heightened vigilance and sensitivity helped them anticipate potential challenges and engage in thorough preparation, which is consistent with studies suggesting that neurotic individuals may exhibit enhanced self-awareness and self-improvement tendencies in structured environments (He et al., 2024). However, the overwhelming distress and physiological burden reported by most participants in this study indicate that the detrimental aspects of neuroticism often outweigh its potential advantages, reinforcing the need for targeted psychological interventions (Fujimura et al., 2023).

Despite its valuable contributions, this study has several limitations. First, the sample size, while adequate for qualitative research, limits the generalizability of the findings to broader populations. The participants were recruited through online platforms, which may have introduced selection bias, as individuals with higher self-awareness of their neurotic traits may have been more inclined to participate. Additionally, the reliance on self-reported data may have led to response bias, as participants may have over- or underreported certain experiences based on social desirability or recall limitations. Another limitation is the lack of longitudinal data, which prevents an examination of how neurotic traits and associated coping mechanisms evolve over time. Future studies may benefit from incorporating longitudinal designs and larger, more diverse samples to strengthen the reliability and applicability of these findings.

Future research should explore neuroticism in diverse cultural contexts to determine whether the psychological and somatic manifestations observed in this study are universally experienced or influenced by sociocultural factors. Additionally, examining the interaction between neuroticism and other personality traits, such as conscientiousness and extraversion, could provide a more nuanced understanding of how different personality profiles influence emotional regulation and somatic experiences. Future studies should also investigate the efficacy of various intervention strategies, such as cognitive-behavioral therapy,

mindfulness-based stress reduction, and emotion-focused therapies, in mitigating the negative effects of neuroticism. Furthermore, integrating physiological assessments, such as heart rate variability and cortisol measurements, could provide more objective data on the link between neuroticism and somatic health outcomes.

Given the significant psychological and physiological impact of neuroticism, mental health practitioners should prioritize interventions aimed at improving emotional regulation and reducing maladaptive coping strategies among individuals high in neurotic traits. Therapy approaches that emphasize cognitive restructuring, mindfulness, and emotion-focused techniques may help individuals develop healthier ways of managing distress. Additionally, workplace and academic settings should implement stress management programs tailored to neurotic individuals, offering resources such as resilience training and social support mechanisms to enhance their well-being. Lastly, healthcare providers should be aware of the strong link between neuroticism and somatic symptoms, ensuring that treatment approaches address both the psychological and physiological aspects of distress to improve overall quality of life for affected individuals.

### 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

Data are available for research purposes upon reasonable request to the corresponding author.

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### Declaration of Interest

The authors report no conflict of interest.

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### Ethical 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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