

How Personality Affects the Way Individuals Experience and Interpret Physical Symptoms?

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ABSTRACT

This study aimed to explore how personality traits influence individuals' experiences and interpretations of physical symptoms. This qualitative study employed semi-structured interviews with 29 participants recruited through online platforms. Theoretical saturation guided data collection, ensuring comprehensive exploration of symptom perception variations. Interviews were transcribed verbatim and analyzed using thematic analysis with NVivo software. The study identified key themes related to emotional responses, cognitive interpretations, behavioral tendencies, and the role of personality traits in shaping symptom perception. The results indicated that neuroticism was associated with heightened symptom sensitivity, emotional amplification, and increased health anxiety, whereas conscientious individuals exhibited structured symptom monitoring and proactive health behaviors. Extraverted participants were more likely to express symptoms openly and seek social reassurance, while introverted individuals internalized their distress and engaged in self-directed coping. Cognitive patterns varied, with some individuals engaging in logical symptom analysis while others exhibited anxiety-driven health rumination and negative interpretation biases. Stress and psychological distress reinforced symptom perception, contributing to a bidirectional relationship between emotional states and physical symptoms. Behavioral responses to symptoms included frequent medical reassurance-seeking, avoidance behaviors, and reliance on alternative health approaches, demonstrating the diverse ways personality shapes health-related decision-making. The findings highlight the critical role of personality in shaping symptom experiences and interpretation, underscoring the need for personalized healthcare approaches. Understanding personality-related differences in symptom perception can inform tailored interventions that address cognitive biases, emotional responses, and behavioral tendencies.

Keywords: personality traits, symptom interpretation, neuroticism, health anxiety, cognitive biases, behavioral responses, qualitative research.

1. Introduction

The experience and interpretation of physical symptoms vary widely among individuals, often influenced by psychological factors, personality traits, and cognitive processing styles. While some individuals perceive bodily sensations as benign and transient, others interpret them as indicative of serious health conditions, contributing to heightened distress and maladaptive coping strategies. The role of personality in shaping symptom perception has been an area of increasing interest in psychological and medical research, particularly in understanding how traits such as neuroticism, conscientiousness, and extraversion influence symptom interpretation, health-seeking behaviors, and emotional responses to physical sensations. Individual differences in personality traits not only affect emotional responses but also shape cognitive biases and behavioral tendencies in response to physical symptoms (Cascio & Aguinis, 2019).

Research on individual differences suggests that variations in perception and interpretation of physical symptoms stem from cognitive frameworks shaped by personality characteristics. Neuroticism, for instance, has been consistently linked to heightened sensitivity to bodily sensations and a tendency to catastrophize symptoms, leading to increased health anxiety and somatic complaints (Akhlaq et al., 2016; Luo et al., 2025). Individuals with high levels of neuroticism are more likely to interpret ambiguous bodily sensations negatively, a cognitive bias that can contribute to excessive medical consultations and avoidance behaviors (Elhamiasl et al., 2023). Conversely, conscientiousness has been associated with proactive health management, including symptom monitoring and adherence to medical advice, which may mitigate symptom-related distress and prevent maladaptive health behaviors (Weinberger & Whitbourne, 2010).

Cognitive interpretations of physical symptoms also vary based on personality traits, as certain individuals engage in rationalization and logical analysis, whereas others demonstrate heightened emotional reasoning and anxiety sensitivity (Alkozei et al., 2014). Studies have shown that individuals with higher anxiety sensitivity tend to engage in health-related rumination, reinforcing distress and increasing the likelihood of somatization tendencies (Casto & Lecci, 2012). Moreover, negative interpretation bias—where individuals consistently assign threatening meanings to neutral or ambiguous bodily sensations—has been observed among individuals with depressive symptoms,

further contributing to physical symptom distress (Hindash & Amir, 2011). The cognitive processes underlying symptom interpretation are thus closely tied to broader psychological constructs, including attentional biases, emotional regulation, and individual differences in reasoning styles (Kuckertz et al., 2012).

Personality not only influences cognitive and emotional responses to physical symptoms but also shapes behavioral tendencies in response to bodily discomfort. For instance, some individuals exhibit a strong inclination toward seeking medical reassurance, frequently consulting healthcare professionals, and conducting excessive online searches for medical information (Morrison et al., 2016). This behavior, often observed among individuals high in health anxiety, can reinforce distress and perpetuate maladaptive cycles of symptom monitoring and worry (Luo et al., 2025). Others, however, demonstrate avoidance and suppression behaviors, deliberately ignoring physical sensations or avoiding medical evaluations out of fear of receiving a distressing diagnosis (Pfaltz et al., 2019). Such tendencies highlight the spectrum of health-related behaviors influenced by personality traits, with some individuals actively engaging in symptom management and adaptation, while others rely on avoidance or alternative health beliefs (Gujrathi, 2021).

The influence of personality on symptom perception is further evident in the social domain, where individuals vary in how they communicate their health concerns. Extraverted individuals are more likely to express their symptoms openly, seek validation from social networks, and engage in discussions about their health, which may provide emotional relief and facilitate coping (Korpai & Mellinger, 2024). In contrast, introverted individuals tend to internalize their distress, limit discussions about their symptoms, and rely on self-directed coping mechanisms (Marcotte, 2016). These behavioral differences underscore the importance of considering personality factors when assessing how individuals manage and interpret physical symptoms, as social support and interpersonal interactions can significantly influence symptom-related distress and coping outcomes (Grounds & Joslyn, 2013).

Negative interpretation bias, particularly among individuals with heightened sensitivity to ambiguity, plays a crucial role in symptom perception and psychological distress. Studies have demonstrated that individuals with obsessive-compulsive tendencies are more likely to misinterpret bodily sensations as indicators of severe health conditions, a cognitive distortion that contributes to increased symptom-related distress and compulsive

checking behaviors (Kuckertz et al., 2012). Similarly, individuals with a history of childhood maltreatment have been found to exhibit negative interpretations of neutral facial expressions, suggesting that early life experiences shape cognitive biases that extend to symptom interpretation and health anxiety (Pfaltz et al., 2019). These findings align with broader research on individual differences in cognitive processing, highlighting the role of developmental and psychological factors in shaping symptom perception (Elhamiasl et al., 2023).

Moreover, the interaction between stress processes, psychological distress, and physical symptoms further illustrates the complexity of symptom interpretation. A bidirectional relationship exists between stress and symptom perception, where psychological distress exacerbates physical sensations, and bodily discomfort reinforces emotional distress (Luo et al., 2025). Individuals with high neuroticism are particularly susceptible to this feedback loop, as their heightened stress reactivity amplifies both emotional and somatic experiences, leading to chronic symptom monitoring and increased medical consultations (Gower et al., 2022). Understanding these dynamics is essential for developing targeted interventions that address both psychological and physiological aspects of symptom interpretation, particularly among individuals prone to health anxiety and somatic distress (Schaaf et al., 2024).

The present study aims to explore how personality influences individuals' experiences and interpretations of physical symptoms using a qualitative research approach. By analyzing the perspectives of individuals with diverse personality traits, this study seeks to uncover the cognitive, emotional, and behavioral mechanisms that shape symptom perception. Through semi-structured interviews and thematic analysis, the study will provide insights into the interplay between personality, symptom interpretation, and health behaviors, offering valuable implications for psychological and medical interventions. Understanding these individual differences can contribute to personalized healthcare strategies that address the cognitive biases, emotional responses, and behavioral tendencies associated with symptom perception, ultimately improving patient outcomes and reducing unnecessary medical consultations (Başer & Aral, 2024).

In conclusion, personality plays a critical role in shaping the way individuals experience and interpret physical symptoms. Differences in neuroticism, conscientiousness, extraversion, and other personality traits influence emotional responses, cognitive biases, and health-related behaviors,

ultimately affecting symptom-related distress and coping mechanisms. The interplay between personality and symptom perception highlights the need for a comprehensive understanding of psychological and behavioral factors in healthcare. By examining these relationships through qualitative inquiry, the present study aims to provide a nuanced perspective on the role of personality in symptom interpretation, contributing to the development of personalized approaches to health management and psychological intervention.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design to explore how personality influences individuals' experiences and interpretations of physical symptoms. A phenomenological approach was chosen to capture the subjective experiences of participants and to gain a deeper understanding of the role of personality traits in shaping these experiences. The study followed a purposive sampling strategy, with participants recruited through online platforms. A total of 29 individuals participated in the study, and data collection continued until theoretical saturation was reached, ensuring that no new themes emerged from subsequent interviews.

2.2. Data Collection

Data were collected through semi-structured interviews, allowing participants to describe their perceptions, interpretations, and experiences of physical symptoms in their own words. The interview guide was designed to explore key aspects of personality-related symptom interpretation, including emotional responses, cognitive processing, and behavioral tendencies. Interviews were conducted via online video calls to facilitate participation from diverse locations. Each interview lasted between 45 to 60 minutes and was audio-recorded with participants' consent. The recordings were transcribed verbatim to ensure accuracy in data analysis.

2.3. Data analysis

Thematic analysis was used to analyze the data, following Braun and Clarke's (2006) framework. NVivo software was employed to assist in organizing, coding, and identifying patterns in the data. The analysis process involved multiple stages, beginning with familiarization with the data through

repeated readings of the transcripts, followed by initial coding to identify relevant themes. Codes were then grouped into broader categories, and relationships between themes were examined to construct a coherent interpretation of how personality influences symptom perception. To enhance the credibility of the findings, peer debriefing and member checking were conducted, ensuring that the identified themes accurately represented participants' experiences.

3. Findings and Results

The demographic characteristics of the 29 participants in this study reflected a diverse range of backgrounds in terms of age, gender, education level, and employment status. The participants' ages ranged from 22 to 61 years, with a mean

age of 38.2 years ($SD = 10.5$). In terms of gender distribution, 17 participants (58.6%) identified as female, while 12 participants (41.4%) identified as male. Regarding educational attainment, the majority held a university degree, with 11 participants (37.9%) having completed a bachelor's degree, 9 participants (31.0%) holding a master's degree, and 5 participants (17.2%) possessing a doctoral degree. The remaining 4 participants (13.8%) had completed high school or vocational training. Employment status varied, with 16 participants (55.2%) being employed full-time, 6 participants (20.7%) employed part-time, and 7 participants (24.1%) being unemployed or retired. Additionally, 12 participants (41.4%) reported having a chronic health condition, while 17 participants (58.6%) did not report any known chronic illnesses.

Table 1

Qualitative Analysis Results

Categories (Themes)	Subcategories (Subthemes)	Concepts (Open Codes)
Emotional Responses to Physical Symptoms	Anxiety and Catastrophizing	Fear of serious illness, Increased heart rate, Panic attacks, Repetitive symptom-checking
	Emotional Resilience and Coping	Acceptance of symptoms, Mindfulness strategies, Self-reassurance, Seeking emotional support
	Depression and Physical Distress	Fatigue association, Hopelessness about recovery, Reduced activity levels, Low energy perception
	Emotional Amplification of Pain	Sensitivity to discomfort, Difficulty distracting from pain, Emotional triggers worsening symptoms
Cognitive Interpretation of Symptoms	Rationalization and Logical Analysis	Attributing symptoms to lifestyle, Seeking medical explanations, Researching symptoms
	Health-Related Rumination	Constantly thinking about symptoms, Obsessing over past health issues, Fear of symptom progression
Behavioral Responses to Symptoms	Somatic Attribution vs. Psychological Attribution	Belief in external physical causes, Recognizing stress as a cause, Differentiating between medical and psychological origins
	Seeking Medical Reassurance	Frequent doctor visits, Online health searches, Seeking second opinions
	Avoidance and Suppression	Ignoring symptoms, Avoiding medical settings, Distracting self with activities
	Active Management and Adaptation	Exercise for symptom relief, Lifestyle modifications, Keeping symptom diaries
Personality Traits and Symptom Experience	Dependency on Alternative Therapies	Use of herbal remedies, Trust in non-medical treatments, Following alternative health influencers
	Social Communication of Symptoms	Expressing distress to others, Seeking validation, Discussing symptoms in social settings
	Neuroticism and Symptom Sensitivity	Heightened awareness of bodily changes, Emotional instability affecting perception, Overinterpretation of minor symptoms
	Conscientiousness and Health Monitoring	Proactive health management, High adherence to medical advice, Structured symptom tracking
	Introversion and Symptom Internalization	Keeping distress private, Limited emotional expression, Reduced communication about health
	Extraversion and Symptom Expression	Expressing discomfort openly, Seeking social reassurance, Using symptoms as conversation topics
	Openness and Alternative Symptom Explanations	Exploring holistic views, Accepting unconventional health beliefs, Trying new symptom management techniques

The findings of this study revealed four main themes regarding how personality affects the way individuals experience and interpret physical symptoms. These themes included emotional responses to physical symptoms,

cognitive interpretation of symptoms, behavioral responses to symptoms, and personality traits influencing symptom experience. Each of these themes was further categorized into subthemes, illustrating various dimensions of

individuals' experiences and interpretations of physical sensations.

One significant theme was the emotional responses to physical symptoms, which encompassed various ways individuals reacted emotionally to their bodily sensations. Some participants reported experiencing anxiety and catastrophizing when faced with physical discomfort. They often feared the worst possible medical outcome, leading to heightened distress. One participant described this experience, stating, "Every time I feel a slight pain, I immediately think it's something serious, like cancer or a heart attack, and I can't stop thinking about it." In contrast, others demonstrated emotional resilience and coping mechanisms, including mindfulness and seeking emotional support. A participant noted, "I remind myself that my body can heal, and I try deep breathing exercises to calm myself." Depression and physical distress were also common, with some individuals linking their symptoms to a sense of hopelessness. "When I'm down, even the smallest pain feels unbearable, and I just don't have the energy to do anything," explained one interviewee. Additionally, emotional amplification of pain was reported, where negative emotions seemed to intensify physical discomfort. As one individual shared, "When I'm anxious, every sensation feels stronger, and I can't seem to distract myself from it."

The second major theme, cognitive interpretation of symptoms, highlighted differences in how individuals processed their bodily sensations. Some individuals engaged in rationalization and logical analysis, attributing their symptoms to lifestyle factors or environmental causes rather than severe medical conditions. "I know if I eat something unhealthy, I'll feel sluggish, so I don't immediately think something is wrong," said one participant. Others, however, engaged in health-related rumination, constantly thinking about their symptoms and obsessing over potential health conditions. One participant admitted, "I spend hours online researching symptoms, trying to figure out what might be wrong with me." Another subtheme was the distinction between somatic and psychological attribution of symptoms. Some individuals believed their symptoms had purely physical origins, while others recognized stress or psychological factors as contributing causes. A participant reflected, "At first, I thought my headaches were from a serious illness, but then I realized they only happened when I was really stressed."

Behavioral responses to symptoms formed the third major theme, reflecting how individuals acted upon their physical sensations. Some participants exhibited a tendency toward

seeking medical reassurance, frequently visiting doctors or searching for health information online. "I've been to multiple doctors for the same issue, just to be sure nothing was missed," one participant shared. Others engaged in avoidance and suppression, attempting to ignore their symptoms or avoiding medical consultations altogether. "I don't like thinking about my symptoms because I fear they might be something serious, so I just try to carry on as if nothing's wrong," explained a respondent. Some individuals adopted an active management and adaptation approach, taking steps to manage their symptoms through lifestyle changes. A participant stated, "Whenever I feel unwell, I adjust my diet, exercise more, and keep a log of how I feel each day." Dependency on alternative therapies was also evident among some interviewees, who preferred non-medical approaches such as herbal remedies or holistic treatments. "I trust natural remedies more than medication. I believe the body can heal itself with the right diet and supplements," one individual remarked. Additionally, social communication of symptoms varied, with some participants openly discussing their symptoms and seeking validation from others. "I always talk to my friends about my health concerns. Their reassurance helps me feel less anxious," a participant noted.

The final theme explored the role of personality traits in symptom experiences. Neuroticism and symptom sensitivity were frequently mentioned, with individuals high in neuroticism describing heightened awareness of bodily changes and emotional instability affecting their symptom perception. "I feel every little change in my body, and it always worries me," admitted one participant. In contrast, conscientiousness and health monitoring were associated with proactive symptom management and adherence to medical advice. A participant explained, "I keep a record of all my symptoms, and I always follow the doctor's instructions carefully." Introversion and symptom internalization were also evident, as introverted individuals tended to keep their distress private. One interviewee stated, "I don't like talking about my health problems because I feel like no one would understand." Conversely, extraversion and symptom expression were linked to individuals who openly discussed their symptoms and sought social support. "Whenever I don't feel well, I tell my family and friends, and it helps me cope," one participant shared. Lastly, openness and alternative symptom explanations were observed among individuals who embraced holistic health perspectives and unconventional explanations for their symptoms. "I believe that energy imbalances in the body can

cause symptoms, and I try to address them through meditation and lifestyle changes,” explained one respondent.

4. Discussion and Conclusion

The findings of this study indicate that personality traits significantly influence how individuals experience and interpret physical symptoms. Participants demonstrated a range of emotional, cognitive, and behavioral responses to bodily sensations, shaped by traits such as neuroticism, conscientiousness, extraversion, and introversion. Specifically, individuals with higher levels of neuroticism exhibited heightened symptom sensitivity, emotional amplification of pain, and increased health anxiety, while those with conscientious traits engaged in structured symptom monitoring and proactive health management. Additionally, personality influenced health-related behaviors, with some participants frequently seeking medical reassurance and others avoiding medical consultations. These findings suggest that individual differences in personality shape not only symptom perception but also coping strategies and health-related decision-making.

A key finding was the role of neuroticism in symptom sensitivity and distress. Participants high in neuroticism reported exaggerated perceptions of bodily sensations, increased emotional responses, and a tendency to catastrophize symptoms. This aligns with previous research highlighting neuroticism as a risk factor for heightened symptom perception and somatization (Akhlaq et al., 2016). Neurotic individuals often engage in repetitive symptom-checking, rumination, and excessive medical consultations, reinforcing their distress (Elhamiasl et al., 2023). The present study supports these findings by demonstrating that neurotic participants were more likely to interpret physical symptoms negatively, contributing to increased psychological distress and health-related concerns. These results also align with the cognitive model of health anxiety, which suggests that individuals high in neuroticism are prone to misinterpreting benign bodily sensations as indicators of serious illness (Kuckertz et al., 2012).

Another significant finding was that conscientious individuals exhibited structured and proactive health behaviors. Participants with high conscientiousness engaged in symptom monitoring, adhered to medical advice, and adopted lifestyle changes to manage their symptoms. These findings are consistent with research showing that conscientious individuals are more likely to engage in

preventive health behaviors and follow medical recommendations (Weinberger & Whitbourne, 2010). Additionally, conscientiousness has been linked to improved health outcomes, as individuals with this trait are more disciplined in managing chronic conditions and adhering to treatment regimens (Cascio & Aguinis, 2019). The present study extends these findings by demonstrating that conscientious individuals also employ structured approaches to symptom interpretation, reducing the likelihood of distress and maladaptive coping mechanisms.

The study also revealed that extraversion and introversion played a significant role in symptom communication and coping strategies. Extraverted participants were more likely to discuss their symptoms openly, seek social reassurance, and engage in collective coping mechanisms. This supports previous research indicating that extraversion is associated with social coping strategies and lower levels of perceived stress in response to physical symptoms (Korpai & Mellinger, 2024). Social support has been shown to buffer stress responses and improve overall well-being, particularly among extraverted individuals who actively seek reassurance from others (Marcotte, 2016). In contrast, introverted participants exhibited symptom internalization, limited emotional expression, and reluctance to seek social support. These findings align with studies suggesting that introverted individuals are more likely to suppress emotional distress, leading to increased vulnerability to stress-related health conditions (Morrison et al., 2016). The present study adds to this literature by highlighting the role of introversion in shaping symptom interpretation and communication patterns, emphasizing the need for tailored intervention strategies for individuals with different personality traits.

Cognitive interpretation of symptoms varied significantly across participants, with some individuals engaging in rationalization and logical analysis while others exhibited anxiety-driven health rumination. Participants with a tendency for rationalization attributed their symptoms to lifestyle or environmental factors rather than serious medical conditions. This aligns with findings suggesting that individuals with lower health anxiety engage in logical symptom appraisal and seek practical solutions rather than catastrophizing their experiences (Alkozei et al., 2014). Conversely, participants who engaged in health rumination reported constant preoccupation with symptoms, fear of symptom progression, and excessive symptom-checking behaviors. These findings are consistent with studies indicating that individuals with higher anxiety sensitivity are more prone to cognitive distortions, leading to increased

health-related worry and somatization tendencies (Casto & Lecci, 2012).

The study further supports previous research on negative interpretation bias, particularly among individuals with heightened sensitivity to ambiguity. Participants who exhibited a strong negative interpretation bias were more likely to misinterpret neutral or ambiguous bodily sensations as signs of severe illness. These findings are consistent with research demonstrating that individuals with depressive symptoms often engage in negative interpretation biases, contributing to increased psychological distress (Hindash & Amir, 2011). Similarly, individuals with obsessive-compulsive tendencies have been found to misinterpret bodily sensations as threatening, leading to compulsive checking behaviors and heightened symptom awareness (Kuckertz et al., 2012). The present study extends these findings by providing qualitative insights into the thought processes underlying negative interpretation biases, highlighting the role of personality in shaping these cognitive patterns.

The interaction between stress, psychological distress, and physical symptoms was also evident in the findings, reinforcing the bidirectional nature of stress processes. Participants who reported high levels of stress and psychological distress also exhibited increased symptom perception and distress, supporting the feedback loop model between stressors and physical symptoms (Luo et al., 2025). Stress exacerbates symptom perception by heightening bodily awareness and reinforcing maladaptive coping strategies, particularly among individuals with high neuroticism (Gower et al., 2022). The present study confirms these findings by illustrating how stress contributes to increased symptom sensitivity and reinforces negative cognitive biases, leading to greater psychological and physiological distress.

The findings also revealed differences in behavioral responses to symptoms, with some participants frequently seeking medical reassurance while others avoided medical consultations altogether. Individuals who engaged in medical reassurance-seeking behaviors reported frequent doctor visits, excessive online health searches, and reliance on multiple medical opinions. These findings align with research indicating that health-anxious individuals are more likely to engage in reassurance-seeking behaviors, which paradoxically reinforce anxiety rather than alleviating it (Morrison et al., 2016). In contrast, individuals who engaged in symptom avoidance and suppression tended to ignore their symptoms, delay medical consultations, and distract

themselves from bodily discomfort. This aligns with findings suggesting that avoidance behaviors can lead to delayed diagnoses and poorer health outcomes (Pfaltz et al., 2019). The present study contributes to this literature by exploring the psychological motivations behind these behaviors, highlighting the role of personality in shaping health-related decision-making.

Despite its contributions, this study has several limitations. First, the qualitative nature of the study limits generalizability, as the findings are based on a relatively small sample of 29 participants. While qualitative methods provide in-depth insights into individual experiences, a larger sample size with diverse demographic representation would strengthen the external validity of the findings. Second, self-reported data may be subject to recall bias, as participants' descriptions of their symptoms and interpretations may be influenced by their current psychological state. Additionally, the study relied on semi-structured interviews, which, while effective for exploring subjective experiences, may not capture all dimensions of symptom perception and interpretation. Future research could incorporate mixed-method approaches to enhance the robustness of the findings.

Future studies should explore the relationship between personality traits and symptom interpretation using longitudinal designs to examine how symptom perception evolves over time. Additionally, investigating physiological markers of symptom perception, such as heart rate variability and stress hormone levels, could provide objective measures of symptom sensitivity and distress. Further research could also examine the impact of cultural and contextual factors on symptom interpretation, as personality traits may interact with sociocultural influences in shaping health-related behaviors. Finally, experimental studies manipulating cognitive interpretation biases could offer insights into potential interventions for reducing maladaptive symptom perceptions.

Healthcare providers should consider personality traits when assessing and treating individuals with health-related concerns, as tailored interventions may be more effective in addressing cognitive and behavioral tendencies associated with symptom interpretation. Cognitive-behavioral strategies should be incorporated to help individuals reframe negative symptom interpretations and reduce health-related rumination. Additionally, interventions that promote resilience and adaptive coping strategies could benefit individuals prone to heightened symptom distress. Healthcare professionals should also educate patients on the

role of psychological factors in symptom perception to improve self-awareness and reduce unnecessary medical consultations. Finally, integrating psychological screening into routine medical assessments could help identify individuals at risk for maladaptive symptom interpretation and provide targeted support.

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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