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PSYCHOSOMATIC SYMPTOMS IN ADULTS: PSYCHOLOGICAL AND SOCIAL DETERMINANTS

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ABSTRACT

Psychosomatic symptoms constitute a significant health concern in contemporary society and are increasingly examined in the context of mental health and social functioning. The aim of this study was to present the psychological and social determinants of psychosomatic symptoms in adults based on current scientific literature. The article discusses the relationships between chronic stress, anxiety disorders, depression, and emotional difficulties and the occurrence of somatic symptoms without a clear organic basis. Particular attention was paid to the role of social factors, including occupational pressure, financial difficulties, social isolation, interpersonal conflicts, and the impact of modern lifestyles on the development of psychosomatic complaints.

The analysis of available studies indicates that psychosomatic symptoms may include headaches, gastrointestinal complaints, palpitations, muscle tension, chronic fatigue, and sleep disturbances. Numerous studies have emphasized a strong association between the severity of psychosomatic symptoms and levels of anxiety, stress, and reduced psychological well-being. Mechanisms related to emotion regulation and individual psychological resilience were also found to play an important role. The findings of the literature review highlight the need for a holistic approach to the diagnosis and treatment of psychosomatic symptoms that considers both psychological and social aspects. The importance of mental health promotion, stress reduction strategies, and interventions aimed at improving quality of life among adults was also emphasized.

KEYWORDS

Psychosomatic Symptoms, Somatic Symptom Disorder, Emotional Regulation, Social Determinants, Stress, Depression

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Introduction

Psychosomatic symptoms constitute a significant issue in contemporary medicine, psychology, and social sciences. In recent years, growing attention has been paid to the relationship between an individual's psychological state and physical functioning, contributing to the rapid development of research in psychosomatic medicine. Increasingly, it is emphasized that human health should not be analyzed solely from a biological perspective but rather as the result of interactions among psychological, social, and physical factors. Contemporary approaches to health adopt a holistic perspective, according to which emotions, stress, social relationships, and life experiences can significantly influence the occurrence of somatic symptoms and the course of many diseases.

Psychosomatic symptoms are defined as physical complaints that are closely associated with psychological, emotional, or social factors. These symptoms may occur despite the absence of clear organic pathology or may be disproportionately severe in relation to existing medical conditions. The most commonly reported psychosomatic symptoms include headaches, muscle pain, gastrointestinal disturbances, palpitations, shortness of breath, chronic fatigue, dizziness, and sleep disorders. In clinical practice, these symptoms often result in a substantial reduction in quality of life, impair daily functioning, and lead to numerous medical consultations and diagnostic investigations [1],[5].

Psychosomatic medicine has gradually developed as a scientific field alongside growing interest in the influence of emotions on the human body. As early as antiquity, it was recognized that intense emotional experiences could affect physical health. Contemporary research confirms the existence of complex biological and psychological mechanisms underlying the development of psychosomatic symptoms. Particular attention has been given to chronic stress, which contributes to excessive activation of the autonomic nervous system and the hypothalamic–pituitary–adrenal (HPA) axis. Prolonged psychological tension may lead to increased secretion of stress hormones, such as cortisol and adrenaline, thereby affecting the functioning of the cardiovascular, immune, and gastrointestinal systems [25].

Modern lifestyles contribute to the increasing prevalence of psychosomatic problems. Rapid pace of life, excessive responsibilities, occupational pressure, and the constant need to achieve success result in chronic psychological overload among many adults. High levels of stress associated with economic uncertainty, work-related challenges, and difficulties maintaining a balance between professional and personal life are increasingly common. Furthermore, the development of technology and social media has contributed to greater social pressure, increased social comparison, and dissatisfaction with one's own life, all of which may negatively affect psychological well-being [40].

Psychological factors play a significant role in the development of psychosomatic symptoms. Numerous studies have demonstrated a strong association between psychosomatic complaints and anxiety disorders, depression, and chronic stress. Individuals experiencing high levels of anxiety are more likely to focus on bodily sensations and interpret them as signs of serious illness. This may lead to increased emotional distress and the exacerbation of somatic complaints. Similarly, depression affects physical functioning and is commonly associated with chronic fatigue, bodily pain, and disturbances in sleep and appetite. Scientific literature also highlights the importance of difficulties in emotion regulation, emotional suppression, alexithymia, and low psychological resilience as factors increasing vulnerability to psychosomatic symptoms [2], [3], [14], [17].

Particular attention has also been given to traumatic experiences and prolonged emotional burden. Individuals who have experienced abuse, emotional neglect, or chronic stress during childhood are more likely to report psychosomatic complaints in adulthood. Trauma may result in long-term alterations in nervous system functioning and in the body's response to stress [1].

In addition to psychological factors, social determinants play an important role in the development of psychosomatic symptoms. Financial difficulties, job insecurity, family conflicts, and social isolation may significantly affect both mental and physical health. Contemporary societies are increasingly characterized by loneliness and weakened social bonds, which may increase vulnerability to stress and reduce the ability to cope effectively with emotional challenges. Lack of social support has been identified as an important risk factor for psychosomatic disorders, as individuals deprived of emotional support are more likely to experience chronic psychological distress and somatic symptoms [13].

Psychosomatic symptoms have a substantial impact on the quality of life of adults. Persistent physical complaints may lead to reduced occupational and social functioning, impaired interpersonal relationships, and lower self-efficacy. In many cases, individuals experiencing psychosomatic symptoms report frustration resulting from the absence of a clear medical diagnosis. Repeated medical consultations and numerous diagnostic procedures do not always provide an explanation for their symptoms, which may further intensify anxiety and feelings of helplessness. Consequently, psychosomatic symptoms also represent a significant burden on healthcare systems.

Contemporary approaches to the treatment of psychosomatic symptoms emphasize the importance of interventions that address both psychological and physical aspects of health. Increasing attention has been given to psychotherapy, which helps patients better understand the relationship between emotions and somatic symptoms and develop effective stress-management strategies. Research also highlights the benefits of multidimensional therapeutic interventions that combine psychological support with approaches aimed at improving psychosocial functioning and overall well-being [1].

The growing body of research in psychosomatic medicine indicates that psychosomatic symptoms represent a complex health issue requiring an interdisciplinary approach. Examining the psychological and social determinants of these symptoms may contribute to a better understanding of the mechanisms underlying their development and persistence, as well as to the development of more effective prevention and treatment strategies. Understanding the complex relationship between mental health and physical functioning appears particularly important in contemporary society, where stress and emotional burden are becoming increasingly prevalent.

The aim of this study is to present the psychological and social determinants of psychosomatic symptoms in adults based on current scientific literature and to analyze the factors contributing to the development and persistence of these symptoms. The review focuses on the major psychosomatic mechanisms involved, the role of stress and emotional disturbances, and the impact of the social environment on both mental and physical health.

Methodology

This study was designed as a narrative literature review focusing on psychosomatic symptoms in adults and their psychological and social determinants. The aim of the review was to identify, summarize, and synthesize current scientific evidence concerning the relationship between psychosomatic symptoms and factors such as stress, anxiety, depression, emotional regulation, personality traits, trauma, social support, occupational stress, and quality of life.

A literature search was conducted using electronic scientific databases, including PubMed, Scopus, Web of Science, Google Scholar, and ScienceDirect. The search covered publications from 2011 to 2025 in order to include recent and clinically relevant findings. The review included original research articles, systematic reviews, meta-analyses, and narrative reviews published in peer-reviewed journals. Studies were included if they focused on adult populations and examined psychosomatic symptoms, somatic symptom disorder, persistent somatic symptoms, or functional somatic symptoms in relation to psychological or social factors. Articles were excluded if they focused exclusively on children or adolescents, were not available in English, did not address psychosomatic or somatic symptoms, or were not published in peer-reviewed scientific sources.

The initial selection of studies was based on titles and abstracts. Full-text articles were then assessed for relevance to the aim of the review. Data extracted from the selected studies included the study design, sample characteristics, type of psychosomatic or somatic symptoms assessed, psychological and social determinants examined, and the main findings. Particular attention was paid to associations between psychosomatic symptoms and stress, anxiety, depression, emotional dysregulation, personality traits, social isolation, family conflict, occupational stress, and social support.

Results

1. General Characteristics of Psychosomatic Symptoms

The analysis of the available scientific literature demonstrated that psychosomatic symptoms constitute a common and multidimensional health problem among adults. The findings indicate that psychosomatic complaints are strongly associated with both psychological and social factors, and their presence significantly affects quality of life, occupational functioning, and interpersonal relationships. Most of the reviewed studies emphasized that psychosomatic symptoms should not be considered solely within a medical framework, but rather as the result of a complex interaction between psychological processes, physiological functioning, and the social environment.

The most frequently reported psychosomatic symptoms included headaches, chronic fatigue, muscle tension, gastrointestinal disturbances, abdominal pain, nausea, palpitations, shortness of breath, dizziness, and sleep disorders. Numerous studies indicated that individuals experiencing high levels of stress and emotional strain were more likely to report somatic symptoms of varying severity. These symptoms often resulted in impaired daily functioning, reduced occupational performance, and increased healthcare utilization [23],[24],[39].

2. Psychological Determinants of Psychosomatic Symptoms

Particular attention in the reviewed studies was given to the relationship between anxiety disorders and psychosomatic symptoms. Individuals with high levels of anxiety were found to focus more intensely on bodily sensations and were more likely to interpret them as signs of serious illness. Increased attention to health-related concerns contributed to heightened psychological distress and the persistence of somatic complaints. Many studies also emphasized the role of health anxiety, which was associated with excessive monitoring of physical symptoms and frequent healthcare-seeking behavior despite the absence of clear organic causes [36], [12].

The findings also highlighted the importance of traumatic experiences and adverse life events. Numerous studies reported that individuals who had experienced abuse, emotional neglect, the loss of a loved one, or other traumatic events were more vulnerable to developing psychosomatic symptoms in adulthood. Trauma was found to affect nervous system functioning and the body's ability to regulate stress, potentially contributing to the persistence of chronic somatic complaints [37],[31].

The reviewed studies further emphasized the role of personality traits and coping strategies in the development of psychosomatic symptoms. Individuals characterized by high levels of neuroticism, perfectionism, and a tendency to suppress emotions were more likely to experience psychosomatic complaints. Difficulties in emotional expression and chronic emotional tension were associated with greater symptom severity. Some studies also highlighted the importance of alexithymia, defined as difficulty identifying and expressing emotions, as a factor increasing vulnerability to psychosomatic symptoms [1], [15].

Research has shown that individuals experiencing prolonged grief symptoms reported somatic complaints more frequently than those without such difficulties. A significant association was observed between grief-related symptoms and physical complaints, with this relationship being partially explained by co-occurring anxiety and depressive symptoms. The findings suggest that negative emotions associated with the loss of a loved one may contribute to the exacerbation of psychosomatic symptoms. This underscores the importance of emotional and psychological factors in shaping somatic experiences among bereaved adults [11].

A meta-analysis including 14 studies and 1,097 participants demonstrated a significant association between somatic symptom disorder (SSD) and lower levels of adaptive emotion regulation. Individuals with SSD exhibited reduced emotional awareness, poorer ability to identify and describe emotions, lower emotional acceptance, and less frequent use of cognitive reappraisal strategies. No significant association was found between SSD severity and maladaptive emotion regulation strategies. These findings suggest that deficits in adaptive emotion regulation constitute an important factor associated with the occurrence and severity of psychosomatic symptoms [19].

In the analyzed study, no significant relationship was found between interoception and the severity of somatic symptoms. The results suggest that the accuracy of perceiving internal bodily signals, including cardiac activity, does not play a central role in the etiology of persistent somatic symptoms (PSS). The authors emphasized the need for further research investigating other psychological and social factors that may contribute to the development of these symptoms [10],[16].

3. Social Determinants of Psychosomatic Symptoms.

Many studies have highlighted the impact of occupational factors on the mental and physical health of adults. High job demands, excessive workload, job insecurity, and pressure to achieve success were associated with greater severity of psychosomatic symptoms. Occupational burnout was particularly frequently reported and was linked to chronic fatigue, reduced motivation, sleep disturbances, and elevated stress levels. Individuals working in highly demanding environments more often reported headaches, muscle tension, and gastrointestinal complaints [5].

The literature review also demonstrated a significant influence of social factors on the development and persistence of psychosomatic symptoms. Numerous studies emphasized the role of social isolation, loneliness, and lack of emotional support. Individuals lacking stable social relationships were more likely to experience chronic stress and difficulties coping with emotions, thereby increasing their risk of psychosomatic symptoms. At the same time, social support appeared to serve a protective function by reducing the negative effects of stress on overall well-being [37],[38].

Several studies examined the impact of family conflicts and interpersonal difficulties on mental health and somatic symptoms. Chronic tension within family relationships, a lack of emotional security, and experiences of psychological or physical abuse were found to contribute to increased psychosomatic symptom severity. Individuals living in highly conflictual environments more frequently reported sleep disturbances, chronic pain, and gastrointestinal complaints [35].

Higher levels of anxiety, depressive symptoms, and somatic complaints were observed among men whose partners experienced prenatal depression or required hospitalization during pregnancy. Fathers belonging to these high-risk groups reported greater emotional burden and more frequent anxiety symptoms compared with control groups. These findings suggest that chronic stress, emotional strain, and circumstances related to high-risk pregnancies may constitute important psychological determinants of psychosomatic symptoms [28].

One of the reviewed studies found that patients with persistent somatic symptoms (PSS) frequently encounter stigmatizing attitudes. The most commonly reported forms of stigma included stereotypes, prejudice, and discrimination directed toward individuals with PSS. The findings indicate that social factors, including negative attitudes within healthcare settings, may influence the experiences and functioning of individuals with somatic symptoms [7].

The analyzed studies also revealed significant sex differences in the severity of somatic symptoms and their association with mortality. Women were more likely to report very high levels of somatic symptom burden and tended to seek healthcare earlier, which may have had a protective effect on mortality risk. In contrast, among men, a very high burden of somatic symptoms was associated with an increased risk of death during long-term follow-up. The findings also highlighted the importance of psychosocial and socioeconomic factors, including age, educational attainment, and employment status [34].

4. Biological Mechanisms Associated with Psychosomatic Symptoms.

Neuroimaging studies have revealed significant alterations in brain microstructure among patients with somatic symptom disorder (SSD) compared with healthy controls. Changes were observed in both white matter and multiple cerebellar subregions, suggesting disturbances in the processing of somatic and emotional stimuli. Furthermore, significant associations were identified between brain microstructural alterations and the severity of clinical symptoms. These findings suggest that SSD may be linked not only to psychological factors but also to neurobiological mechanisms involved in emotional regulation and the perception of physical symptoms [32].

Studies have shown that patients with functional somatic disorders and somatic symptom disorder (FSS/SSD) exhibit reduced heart rate variability (HRV) compared with healthy individuals. Reduced autonomic nervous system reactivity and lower levels of parasympathetic activity were also observed. These differences remained evident across specific clinical conditions, including chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome [8]. In addition, patients with FSS/SSD demonstrated increased indicators of autonomic imbalance, which may reflect chronic physiological stress activation. These findings suggest that psychosomatic symptoms may be associated not only with psychological factors but also with dysregulation of the autonomic nervous system [27].

One of the reviewed studies examined the relationship between somatic symptom and related disorders (SSRD) and mild traumatic brain injury (mTBI). The majority of high-quality studies reported a significant association between a history of brain injury and increased severity of somatic symptoms [9].

The reviewed literature also indicated that somatic symptom disorder (SSD) may occur in the early stages of Parkinson's disease, often preceding the onset of classical motor symptoms. The authors suggested that SSD should be considered a non-motor manifestation and a potential prodromal marker of Parkinson's disease [6].

5. Psychosomatic Symptoms in Selected Clinical Populations

A study conducted among patients with ulcerative colitis (UC) and irritable bowel syndrome (IBS) revealed a high prevalence of somatic symptom disorder (SSD), which was diagnosed in 41.5% of participants. The prevalence of SSD was higher among patients with IBS (55.0%) than among those with UC (29.6%). Furthermore, patients with SSD exhibited greater psychological distress and higher levels of psychosocial factors, such as illness-related anxiety and neuroticism [20].

In another study, three levels of somatic symptom disorder (SSD) severity were identified: no symptom burden, moderate symptom burden, and severe symptom burden. Individuals with more severe SSD were more likely to experience comorbid physical conditions, such as diabetes and dyspnea, and reported higher levels of depression and anxiety. Greater psychosomatic symptom severity was also associated with more frequent healthcare utilization and poorer physical quality of life. These findings suggest that both psychological factors and chronic health burden may play important roles in the development and persistence of psychosomatic symptoms in adult patients [26].

Studies have demonstrated a high prevalence of somatic symptom disorder (SSD) among patients with breast cancer. Individuals with SSD reported higher levels of depression, anxiety, and emotional distress related to their cancer diagnosis. They more frequently experienced persistent somatic symptoms, greater limitations in daily functioning, and increased preoccupation with physical complaints. Higher healthcare utilization and greater health anxiety were also observed compared with patients without SSD. These findings suggest that psychological factors play a significant role in the development and maintenance of psychosomatic symptoms among adults with chronic illnesses, including cancer [22], [33].

Psychosomatic symptoms were frequently observed among hospitalized adult patients presenting with abdominal pain. Patients diagnosed with pancreatitis exhibited greater somatic symptom severity and more frequent co-occurring depressive symptoms than patients in other diagnostic groups. The coexistence of chronic physical illness and psychological distress highlights the close relationship between mental health and the perception of physical symptoms. However, no clear association was found between psychological status and non-specific abdominal pain. These findings emphasize that psychosomatic symptoms and coexisting psychological difficulties are common among adults with chronic medical conditions and underline the need for comprehensive psychological assessment and integrated therapeutic support [30].

In a study involving 290 young autistic adults, a high prevalence of burdensome somatic symptoms was reported. Women experienced significantly greater severity of all analyzed symptoms than men. Furthermore, the presence of somatic symptoms was associated with poorer mental health and lower quality of life, highlighting their important role in the overall functioning and well-being of autistic adults [18].

One example of a psychosomatic condition described in the literature is oral dysaesthesia, defined as persistent unpleasant and abnormal sensations within the oral cavity occurring in the absence of visible pathological changes in the oral mucosa. For many years, this condition was classified as a psychosomatic disorder. Although contemporary research suggests possible neuropathic mechanisms involving both peripheral and central pathways, treatment frequently continues to include psychological interventions and psychotropic medications [4].

6. Cognitive and Environmental Factors

Studies have demonstrated a significant association between somatic symptoms and symptom attribution to environmental factors (SAEF), including chemicals, buildings, electromagnetic fields, and sounds. Longitudinal analyses indicated that attributing symptoms to specific environmental factors predicted an increase in SAEF related to chemicals, electromagnetic fields, and sounds. Furthermore, greater severity of somatic symptoms was associated with a subsequent increase in SAEF related to chemicals and sounds [21].

7. Impact on Quality of Life

The literature review also demonstrated that psychosomatic symptoms have a significant impact on the quality of life of adults. Individuals suffering from chronic somatic complaints more frequently reported difficulties in daily functioning, reduced social and occupational activity, and poorer quality of interpersonal relationships. Many studies emphasized that persistent psychosomatic symptoms contribute to diminished psychological well-being, increased feelings of helplessness, and lower life satisfaction [34].

8. Treatment and Assessment of Psychosomatic Symptoms

Results of studies on the treatment of psychosomatic symptoms indicated that multidimensional approaches, addressing both psychological and social aspects, are the most effective. Psychotherapy was the most frequently recommended intervention, helping patients identify the relationships between emotions and somatic symptoms and develop effective stress-management strategies. Some studies also demonstrated positive effects of hypnotherapy and yoga [1].

A meta-analysis confirmed the usefulness of the PHQ-15 and SSS-8 scales in assessing the severity of somatic and psychosomatic symptoms in adult patients. The analysis showed that somatic symptoms are multidimensional in nature and encompass various domains, including pain symptoms, gastrointestinal complaints, cardiorespiratory symptoms, and chronic fatigue. Both scales demonstrated good reliability and significant associations with other measures of somatic symptom burden. These findings highlight the complex nature of psychosomatic symptoms and the importance of standardized diagnostic tools for assessing both psychological and somatic aspects of patient functioning [1],[29].

In summary, the findings of the reviewed studies indicate that psychosomatic symptoms in adults are multifactorial and strongly associated with both psychological and social factors. Chronic stress, anxiety disorders, depression, emotional difficulties, and adverse social conditions may significantly increase the risk of psychosomatic symptoms and negatively affect quality of life in adults. At the same time, appropriate psychological and social support, as well as interventions aimed at stress reduction, may play an important role in the prevention and treatment of these conditions.

Discussion

The findings of this narrative review indicate that psychosomatic symptoms represent a significant and increasingly prevalent health concern among adults. The analyzed studies consistently demonstrated that psychosomatic complaints are strongly associated with psychological and social factors and cannot be fully explained by biological mechanisms alone. Rather, they appear to result from a complex interaction between psychological processes, physiological responses, and environmental influences.

One of the most important findings of the review is the prominent role of chronic stress in the development and maintenance of psychosomatic symptoms. Individuals exposed to prolonged stress were more likely to report fatigue, headaches, gastrointestinal complaints, sleep disturbances, and cardiovascular symptoms. Chronic activation of stress-response systems may contribute to autonomic nervous system dysregulation and neuroendocrine alterations, increasing susceptibility to somatic symptom development. These findings support the biopsychosocial model, which emphasizes the interaction between biological, psychological, and social factors in health and disease.

The review also highlights the significant contribution of anxiety and depression to psychosomatic functioning. Individuals experiencing elevated anxiety levels were more likely to focus on bodily sensations and interpret them as signs of illness, thereby reinforcing symptom perception and health-related concerns. Similarly, depression was frequently associated with chronic fatigue, sleep disturbances, pain, and reduced

physical functioning. The frequent co-occurrence of anxiety, depression, and somatic symptoms suggests that emotional distress plays a central role in the persistence of psychosomatic complaints.

Another important finding concerns emotional regulation and personality characteristics. Individuals with somatic symptom disorder often demonstrated reduced emotional awareness, difficulties identifying and expressing emotions, and lower acceptance of emotional experiences. In addition, personality traits such as neuroticism, perfectionism, and alexithymia were associated with increased vulnerability to psychosomatic symptoms. Difficulties in emotional processing may contribute to the expression of psychological distress through physical complaints.

The findings further emphasize the importance of social determinants in psychosomatic health. Social isolation, loneliness, interpersonal conflicts, and insufficient emotional support were repeatedly associated with increased symptom severity. Conversely, supportive social relationships appeared to reduce the negative impact of stress and improve psychological well-being. Occupational factors, including high job demands, burnout, job insecurity, and difficulties maintaining work–life balance, were also consistently linked to greater psychosomatic burden.

Traumatic experiences and adverse life events emerged as additional risk factors. Exposure to abuse, emotional neglect, significant loss, or other traumatic experiences was associated with an increased likelihood of developing psychosomatic symptoms in adulthood. These findings support the importance of considering patients' life histories when assessing and treating psychosomatic complaints.

The reviewed literature also suggests that cognitive factors may contribute to symptom persistence. Studies examining environmental symptom attribution demonstrated that individuals who strongly associated their symptoms with environmental factors, such as chemicals, electromagnetic fields, or sounds, were more likely to experience persistent symptom burden. This finding highlights the potential influence of illness perceptions and health-related beliefs on psychosomatic functioning.

Importantly, the analyzed studies indicate that psychosomatic symptoms are associated not only with psychological and social processes but also with biological mechanisms. Neuroimaging studies identified structural alterations in brain regions involved in emotional processing and bodily perception among individuals with somatic symptom disorder. Furthermore, reduced heart rate variability and autonomic nervous system dysregulation were observed in several studies, suggesting chronic physiological stress activation. These findings support the view that psychosomatic symptoms involve measurable biological processes and should not be regarded solely as psychological phenomena.

The reviewed evidence additionally demonstrated that psychosomatic symptoms are highly prevalent across diverse clinical populations, including individuals with irritable bowel syndrome, inflammatory bowel disease, cancer, Parkinson's disease, autism spectrum disorder, and persistent somatic symptom disorders. This widespread occurrence suggests that psychosomatic mechanisms may represent a common pathway linking psychological distress with physical health outcomes.

From a clinical perspective, the findings emphasize the importance of a holistic and multidisciplinary approach to patient care. Effective management of psychosomatic symptoms should address psychological distress, emotional regulation difficulties, social functioning, and lifestyle factors in addition to physical symptoms. Psychotherapeutic interventions, psychoeducation, stress-management techniques, and strengthening social support networks appear particularly beneficial. Furthermore, validated assessment tools such as the PHQ-15 and SSS-8 may facilitate early identification of individuals at risk of significant psychosomatic burden.

Several limitations should be considered when interpreting the findings of this review. The included studies differed in methodology, sample characteristics, and assessment tools, which may limit direct comparisons. Furthermore, many studies employed cross-sectional designs, restricting conclusions regarding causality. Future research should focus on longitudinal investigations and further explore the interactions between psychological, social, and biological factors contributing to psychosomatic symptoms.

Conclusions

Psychosomatic symptoms represent a complex health phenomenon that is closely associated with psychological well-being and social functioning. The findings of this narrative review indicate that chronic stress, anxiety, depression, emotional dysregulation, and traumatic experiences are among the most important psychological determinants contributing to the development and persistence of psychosomatic symptoms in adults. Furthermore, social factors, including social isolation, interpersonal conflicts, occupational stress, and inadequate emotional support, appear to increase vulnerability to somatic complaints.

The reviewed evidence supports a biopsychosocial understanding of psychosomatic symptoms, emphasizing the dynamic interaction between psychological, social, and biological processes. These findings highlight the importance of comprehensive assessment and multidisciplinary approaches to the prevention and management of psychosomatic conditions. Recognition of psychosocial risk factors may facilitate earlier identification of vulnerable individuals and contribute to improved treatment outcomes.

The findings also underline the potential value of interventions aimed at stress reduction, mental health promotion, psychoeducation, and the strengthening of social support networks. Such approaches may help reduce symptom burden and improve quality of life among affected individuals.

Further research is required to clarify the mechanisms underlying psychosomatic symptom development and maintenance, particularly in the context of changing social environments and increasing psychosocial stressors. A deeper understanding of these processes may support the development of more effective prevention strategies and evidence-based interventions for adults experiencing psychosomatic symptoms.

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