

PSYCHOPHYSIOLOGIC DISORDERS (GENERAL)

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Psychophysiological Disorders (General)

Primary Disciplinary Field(s): Psychology, Medicine, Psychiatry

1. Core Definition and Etiology

Psychophysiological disorders represent disturbances in the function or structure of a bodily organ that result from **prolonged emotional stress** or maladaptive psychological responses. These conditions are characterized by physical, or **somatic**, symptoms that are fundamentally physiological in nature but are precipitated or exacerbated by psychological factors. The core mechanism involves a chronic activation of the body's normal stress responses, leading to measurable organic changes over time. Unlike somatoform disorders, where symptoms lack a clear physiological basis, psychophysiological disorders involve definite organic pathology or measurable dysfunction, making them a unique interface between the mind and body.

The prevailing interpretation of these disorders centers on the critical failure of an individual to adapt effectively to challenging life situations or resolve underlying psychological problems. When an individual is subjected to chronic tension or emotional excitement without adequate psychological coping mechanisms, the body is maintained in a persistent state of arousal. This sustained emotional state triggers typical physical changes--such as elevated blood pressure, disturbances in digestion, or rapid respiration--which, if chronic, cease to be temporary stress reactions and instead lead to definitive, enduring organic symptoms. The specific type of disorder that develops often reflects individual constitutional vulnerabilities, meaning different people subjected to similar stress levels may develop disparate disorders, ranging from peptic ulcers to asthma or severe tension headaches.

2. Historical Context and Nomenclature

Historically, these conditions were broadly categorized under the designation of **Psychosomatic Disorders**. However, contemporary classification systems, aiming for greater terminological precision reflecting the interplay between physiological manifestations and psychological precipitants, have refined this terminology. The American Psychiatric Association (APA) previously reclassified these conditions under the more specific heading of "Psychophysiological Autonomic and Visceral Disorders." The term "**psychophysiological**" emphasizes that while the disorders are physiological and involve physical tissue change or dysfunction, their onset and course are significantly precipitated or influenced by psychological dynamics and emotional states. This shift in nomenclature was crucial for distinguishing these disorders, which have a tangible physiological basis, from purely psychological or somatoform conditions.

The evolution of diagnostic language underscores a greater academic recognition of the integrated

nature of human health. By focusing on the autonomic and visceral systems--the primary conduits through which emotional stress translates into organic harm--the classification acknowledges the direct pathway linking psychological distress to organ pathology. This structured approach allows clinicians to group disorders according to the specific body system affected, facilitating clearer diagnosis and targeted treatment strategies that address both the somatic damage and the underlying psychological tension.

3. The Role of the Autonomic Nervous System

The symptoms characteristic of psychophysiologic disorders are produced primarily by the **overactivity of the autonomic nervous system (ANS)**. The ANS is the critical regulatory system that controls involuntary functions, including the visceral and skeletal changes fundamentally associated with intense emotions such as fear, anger, or chronic anxiety. During periods of psychological stress, the sympathetic branch of the ANS initiates the "fight-or-flight" response, preparing the body for immediate action. This preparation involves a cascade of physical reactions: heart rate acceleration (tachycardia), diversion of blood flow, increased muscle tension, and changes in digestive motility.

In a healthy individual, once the perceived threat subsides, the parasympathetic branch restores homeostasis. However, in cases of chronic emotional stress characteristic of psychophysiologic disorders, this sympathetic activation is prolonged and sustained indefinitely. The chronic elevation of blood pressure, the persistent presence of gastric acid due to continuous digestive preparation, and sustained muscle contraction are no longer temporary adjustments but become chronic conditions. This sustained imbalance imposes significant strain on specific organs vulnerable to these regulatory excesses, leading to the development of definitive organic symptoms and structural damage, such as arterial wall damage leading to hypertension or mucosal erosion resulting in peptic ulcers.

4. Categorization by Affected Body System

Psychophysiologic disorders are systematically grouped according to the major body system demonstrating the organic reaction. It is important to note that while emotional factors are precipitating causes in these conditions, this classification does not imply that every instance of the listed physical ailments is primarily emotionally produced. Rather, it highlights the body systems most frequently implicated when emotional factors lead to chronic somatic illness.

The following is a detailed grouping of the major reaction types, reflecting the systematic manner in which prolonged emotional tension translates into specific bodily afflictions:

Skin Reaction: Conditions characterized by dermatological inflammation or eruption, which are frequently exacerbated or initiated by stress. Examples include **neurodermatitis**, hives (urticaria),

acne, and allergic eczema. The skin, being highly responsive to autonomic changes (e.g., flushing or pallor), often manifests deep-seated anxiety or emotional turmoil.

Musculoskeletal Reaction: Disorders involving muscle tension, pain, and structural joint complaints. This category includes conditions like specific forms of **Arthritis**, persistent **Tension Headache** (a common manifestation of chronic muscular contraction in the neck and scalp), backache, muscle cramps, and psychogenic rheumatism.

Respiratory Reaction: A group of disorders affecting the breathing passages and lungs, where hyper-reactivity or structural changes are tied to emotional states. Key examples are **Asthma**, **Breath Holding**, certain forms of the **Common Cold** (related to stress-induced immune suppression), **Hyperventilation Syndrome**, hay fever, sinusitis, and recurring bronchitis.

Cardiovascular Reaction: Some of the most serious psychophysiological disorders fall into this category, reflecting the profound impact of stress on the circulatory system. These include **Hypertension** (chronically elevated blood pressure), **Raynaud's Disease** (vasospasm of peripheral arteries), **Migraine**, tachycardia (excessive heart action), generalized vascular spasm, and certain presentations of coronary disease and anginal syndrome.

Hemic and Lymphatic Reaction: This lesser-known grouping involves disturbances in the blood and lymph systems, potentially including forms of anemia or other systemic alterations related to chronic stress responses and their impact on bone marrow function and immune regulation.

Gastrointestinal Reaction: Highly sensitive to emotional input, the digestive tract manifests a wide array of stress-related symptoms. Significant conditions include **Anorexia Nervosa**, **Colitis**, **Peptic Ulcer** (often linked to chronic hyperacidity), **Bulimia**, persistent constipation, gastritis, generalized hyperacidity, and chronic "heartburn."

Genitourinary Reaction: Disorders affecting sexual and excretory functions. This category encompasses conditions such as **Frigidity**, **Impotence**, various **Menstrual Disorders**, complications associated with **Menopause**, **False Pregnancy** (pseudocyesis), infertility, painful urination (dysuria), vaginismus, and urethritis.

Endocrine Reaction: Conditions involving the hormonal regulatory systems. Examples include certain manifestations of **Diabetic Reactions** (where stress significantly impacts glucose regulation), **Obesity** (often related to stress-eating patterns or metabolic changes), and hyperthyroidism.

Nervous System Reaction (General): While the ANS is involved in all psychophysiological disorders, this category refers to more generalized nervous system complaints influenced by stress, such as **Asthenic Reaction (Neurasthenia)**, **Phantom Reaction**, certain types of **Anxiety**

Reaction, some convulsive disorders, and disturbances in body image.

Organs of Special Sense: Disorders affecting sight, hearing, taste, and smell where emotional factors play a role, including conjunctivitis, glaucoma, photophobia, and specific disorders of hearing, taste, or smell perception.

5. The Psychosomatic Approach and Holistic Care

The recognition that mental and emotional factors can play a major, precipitating role in organic illness gave rise to the **psychosomatic approach**. This approach is not merely a diagnosis but a comprehensive, "**holistic**" point of view regarding patient care. It fundamentally holds that a patient's chronic tensions, specific life situation, personal attitudes, and psychological resilience may be directly and causally related to their specific symptom picture and the overall course of their physical illness.

The core philosophy of the psychosomatic perspective advocates for treating "**the person, not the disease.**" Proponents maintain that it is often "more important to know what kind of patient has the disease than what kind of disease the patient has" (Dunbar, 1943). This perspective mandates a thorough assessment of psychological, social, and environmental stressors alongside standard medical evaluation. The goal is to identify and mitigate the chronic emotional load that is translating into physiological pathology. This integrative view suggests that effective treatment for psychophysiological disorders must involve both medical interventions to manage the organic symptoms (e.g., medication for ulcers) and psychological therapies to address the underlying emotional conflicts and maladaptive coping mechanisms.

Crucially, the psychosomatic approach extends its relevance beyond the specifically classified psychophysiological disorders. It is equally applicable to diseases that are primarily physical, such as pneumonia or tuberculosis. In these cases, emotional distress, fatigue, or chronic tension are understood to influence the body's immune function, resistance, and recuperative capacity, thereby affecting the onset, severity, and prognosis of the illness. Thus, the holistic framework underscores the inseparable link between mental well-being and physical health across the entire spectrum of human disease.

Further Reading

[American Psychiatric Association \(APA\)](#)

[Psychosomatic Medicine and Holistic Approaches](#)