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VISUAL LOSS IN THE CONTEXT OF PSYCHOSOMATIC DISORDERS: A CLINICAL AND PSYCHOLOGICAL ANALYSIS

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Abstract: This article analyzes the phenomenon of visual loss within the framework of psychosomatic disorders, specifically focusing on psychogenic (non-organic) blindness. Such conditions typically arise due to severe emotional stress, traumatic experiences, or unresolved internal psychological conflicts. The paper examines the key clinical manifestations, diagnostic challenges, and the psychological underpinnings of psychogenic visual impairment. Emphasis is placed on the importance of early detection and a multidisciplinary treatment approach that incorporates both clinical and psychological interventions. The findings underscore the relevance of integrative therapeutic strategies in managing functional visual disturbances caused by psychosomatic factors.

Keywords: psychosomatics, visual impairment, psychogenic blindness, functional blindness, psychological trauma, clinical psychology, psychotherapy

Introduction

Psychosomatic disorders are characterized by physical symptoms that arise due to psychological factors, without identifiable organic causes. While these disorders often affect the cardiovascular, gastrointestinal, and musculoskeletal systems, they can also impact sensory and motor functions. Among such conditions, visual impairment—specifically non-organic vision loss—holds a significant place in clinical practice. This type of impairment, often referred to as psychogenic blindness or functional visual loss, involves partial or complete loss of vision in the absence of any detectable ophthalmologic or neurological damage.

Psychogenic blindness typically emerges in response to intense psychological stress, unresolved trauma, or intrapsychic conflict. In many cases, patients are unaware of the underlying psychological cause of their symptoms, as the visual impairment may serve as a subconscious defense mechanism aimed at avoiding emotional distress. Standard medical examinations often fail to reveal any structural abnormalities, which complicates the diagnostic process and necessitates a psychological evaluation.

This paper explores the clinical features and psychological mechanisms of psychogenic visual loss, drawing on current research and diagnostic frameworks. Furthermore, it reviews the efficacy of various psychotherapeutic approaches in addressing this condition and highlights the challenges faced by healthcare providers. The study advocates for a collaborative approach between medical and mental health professionals in the diagnosis and treatment of psychosomatic visual disorders.

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Methods

This study employed a qualitative-quantitative mixed-methods approach to analyze psychogenic visual loss as a form of psychosomatic dysfunction. The research included both clinical observation and structured psychological assessment of a sample group composed of 25 individuals (14 females and 11 males) aged 18 to 50, who presented with unexplained visual impairment. All participants were referred by ophthalmologists and neurologists after ruling out any identifiable organic causes of vision loss.

Diagnostic procedures included:

- **Comprehensive ophthalmologic and neurologic examinations** to exclude structural abnormalities;
- **Structured Clinical Interview for DSM-5 Disorders (SCID-5)** to assess psychological background;
- **Beck Depression Inventory (BDI-II)** and **State-Trait Anxiety Inventory (STAI)** to measure emotional state;
- **Rorschach Inkblot Test** and **Thematic Apperception Test (TAT)** for in-depth personality and conflict analysis.

In addition, patient case histories were reviewed to identify past traumatic events, unresolved psychological conflict, and psychosocial stressors that might contribute to functional visual loss. Psychotherapeutic response was evaluated in a subgroup of 10 patients undergoing 8–12 sessions of cognitive-behavioral therapy (CBT), with symptom tracking throughout treatment.

Results

The results revealed that **84% of the participants** had a documented history of psychological trauma, such as childhood abuse, domestic violence, or sudden bereavement. In **72% of cases**, symptom onset followed a major emotional stressor within the preceding three months. All participants showed **normal results on medical examinations**, confirming the absence of organic pathology.

Psychological assessment indicated:

- Moderate to severe levels of **anxiety** in 68% of subjects;
- Clinical-level **depression** in 56% of cases;
- Personality profiles suggesting **avoidant, dependent, or histrionic traits** in over half of the sample.

In the CBT treatment subgroup:

- **7 out of 10 patients (70%)** reported partial or full recovery of visual function by the 10th session;

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- All 10 patients demonstrated significant reduction in anxiety and depressive symptoms (as measured by BDI-II and STAI scores);
- Therapeutic progress was positively correlated with improved insight into emotional conflict and trauma.

These findings support the hypothesis that psychogenic visual loss is primarily associated with unresolved psychological distress and serves as a functional defense mechanism. Early psychological intervention, particularly cognitive-behavioral therapy, appears to be effective in symptom reduction and functional restoration.

Discussion

The findings of this study align with previous research suggesting that psychogenic visual loss is a complex psychosomatic condition rooted in unresolved psychological conflicts and emotional trauma. The absence of identifiable structural abnormalities in all participants reinforces the functional nature of their visual impairment. Consistent with earlier studies (e.g., Spence et al., 2006; Stone et al., 2010), most patients exhibited high levels of anxiety and depressive symptoms, supporting the role of affective disorders as significant contributors to psychosomatic dysfunction.

The prevalence of personality traits such as avoidance, dependency, and emotional dysregulation further suggests that individuals with limited coping mechanisms may be more susceptible to developing conversion symptoms, including vision loss. This aligns with psychodynamic interpretations which posit that somatic symptoms can act as a symbolic resolution of internal conflict or a defense against intolerable emotional content.

The therapeutic effectiveness of cognitive-behavioral therapy (CBT) observed in this study is encouraging. Seventy percent of the treated subgroup showed marked improvement in visual function, which is consistent with outcomes reported by Roelofs et al. (2002) and LaFrance & Friedman (2009). The structured nature of CBT, which helps patients identify and reframe maladaptive thoughts and emotional responses, appears particularly beneficial in restoring functionality. However, the study has limitations. The relatively small sample size restricts generalizability, and the reliance on self-reported trauma history may introduce recall bias. Future studies should incorporate neuroimaging data and longitudinal designs to better understand the neurobiological underpinnings of psychogenic visual loss and the durability of treatment outcomes.

Conclusion

This study provides further evidence that psychogenic visual loss represents a form of conversion disorder within the broader category of psychosomatic illnesses. It is predominantly triggered by psychological trauma, emotional overload, and personality-related vulnerability. Given the absence of organic pathology, interdisciplinary collaboration between ophthalmologists, neurologists, and mental health professionals is essential for timely diagnosis and effective management.

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Psychological assessment tools and structured psychotherapeutic interventions—particularly cognitive-behavioral therapy—play a crucial role in symptom reduction and the restoration of visual function. Early recognition and intervention can significantly improve clinical outcomes and quality of life for affected individuals. Continued research is needed to explore neurobiological mechanisms, refine diagnostic criteria, and optimize treatment protocols for this unique and underrecognized condition.

References:

1. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC: APA Publishing.
2. Roelofs, K., Spinhoven, P., Sandijck, P., Moene, F. C., & Hoogduin, K. A. (2002). Successful treatment of conversion disorder with cognitive behavioral therapy: A case series. Journal of Psychosomatic Research, 53(5), 915–920.
3. Spence, S. A., Crimlisk, H. L., Cope, H., Ron, M. A., & Trimble, M. R. (2006). Disabling somatoform disorders: A follow-up study. Psychological Medicine, 36(6), 917–922.
4. Stone, J., Carson, A., & Sharpe, M. (2010). Functional symptoms and signs in neurology: assessment and diagnosis. Journal of Neurology, Neurosurgery & Psychiatry, 81(1), 14–18.
5. LaFrance, W. C., & Friedman, J. H. (2009). Cognitive behavioral therapy for psychogenic movement disorders. Movement Disorders, 24(12), 1856–1857.
6. Nijenhuis, E. R. S., Spinhoven, P., Van Dyck, R., Van der Hart, O., & Vanderlinden, J. (1998). Degree of somatoform dissociation is related to severity of trauma. The American Journal of Psychiatry, 155(6), 775–781.