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Yaseen's Psychosomatic Integration Theory of Personality Disorders

A Descriptive–Analytical Study

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Abstract (Arabic)

يهدف هذا البحث إلى تقديم معالجة وصفية-تحليلية موسعة لنظرية التكامل النفسي-الجسدي في تفسير اضطرابات الشخصية، بوصفها إطاراً تفسيرياً احتمالياً يدمج البنية الجسدية، صورة الجسد، التغذية الراجعة الاجتماعية، وتنظيم الانفعال ضمن نظام دينامي تفاعلي. اعتمدت الدراسة المنهج الوصفي-التحليلي من خلال مراجعة نقدية موسعة للأدبيات النفسية الكلاسيكية والمعاصرة، وتحليل مقارن مع نماذج تشخيصية وتفسيرية رائدة. تُظهر النتائج التحليلية أن اضطرابات الشخصية لا تنشأ عن عامل واحد منعزل، بل عن خلل تراكمي تدريجي داخل منظومة نفسية-جسدية-اجتماعية متكاملة. وتخلص الدراسة إلى أن النظرية توفر أساساً علمياً قابلاً للتطبيق في التقييم السريري، وبناء البرامج العلاجية، والبحث التجريبي المستقبلي.

الكلمات المفتاحية: التكامل النفسي-الجسدي، اضطرابات الشخصية، صورة الجسد، التنظيم الانفعالي، التغذية الراجعة الاجتماعية، نموذج تفسيري.



Abstract (English)

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This descriptive–analytical study presents an expanded formulation of Yaseen’s Psychosomatic Integration Theory as a probabilistic explanatory framework for personality disorders. The theory integrates body structure, self–body image, social feedback, and emotional regulation within a dynamic interactive system. Using a comprehensive critical review of classical and contemporary psychological literature and a comparative theoretical analysis, the study demonstrates that personality disorders emerge from cumulative dysregulation within an integrated psychosomatic–social system rather than from isolated causal factors. The findings highlight the theoretical, clinical, and research implications of the model, positioning it as a viable framework for assessment, intervention, and future empirical validation.

Keywords: Psychosomatic integration, personality disorders, body image, emotional regulation, social feedback, explanatory model.

1. Introduction

Personality disorders (PDs) constitute enduring and inflexible patterns of inner experience and behavior that deviate markedly from cultural expectations and lead to significant impairment in social and occupational functioning. Despite the extensive body of research devoted to PDs, there remains a persistent theoretical fragmentation in their explanation. Dominant diagnostic systems emphasize descriptive symptom clusters, while many theoretical models privilege either intrapsychic processes or behavioral manifestations, often marginalizing the embodied and social dimensions of personality functioning.

The present study argues that any comprehensive understanding of personality disorders must transcend reductionist explanations and adopt an integrative perspective that accounts for the reciprocal interaction between the body, psychological experience, and social context. From this standpoint, Yaseen’s Psychosomatic Integration Theory is proposed as a framework capable of capturing the complexity and multidimensionality inherent in personality pathology.



This research seeks not merely to introduce a theoretical model, but to elaborate its conceptual foundations, situate it within contemporary psychological discourse, and demonstrate its added explanatory value through systematic analytical comparison.

2. Research Problem

Despite advances in psychopathology, existing models of personality disorders often suffer from three core limitations: (1) fragmentation of explanatory levels, (2) neglect of embodied experience, and (3) insufficient integration of social feedback mechanisms. Diagnostic manuals such as the DSM-5 and DSM-5-TR offer reliable classification systems, yet refrain from proposing etiological explanations. Conversely, theoretical models that address etiology frequently focus on narrow domains, such as temperament, cognition, or defense mechanisms.

Accordingly, the central problem addressed in this study is the absence of a comprehensive, integrative framework capable of explaining how bodily experience, psychological representation, social interaction, and emotional regulation converge in the development and maintenance of personality disorders.

Primary Research Question:

How can Psychosomatic Integration Theory provide a comprehensive, probabilistic, and non-deterministic understanding of personality disorders?

3. Research Objectives

1. To analyze the theoretical and philosophical roots of Psychosomatic Integration Theory.
2. To critically compare the theory with contemporary psychological models of personality and psychopathology.
3. To construct an expanded analytical model illustrating the dynamic interaction between body structure, self-body image, social feedback, and emotional regulation.
4. To derive theoretical results with implications for clinical assessment, intervention, and future research.



4. Research Questions

1. What is the role of body structure in shaping self–body image and emotional regulation?
2. How does social feedback mediate the relationship between embodied experience and personality pathology?
3. In what ways does Psychosomatic Integration Theory offer explanatory advantages over traditional models?

5. Research Methodology

5.1 Research Design

The study employs a descriptive–analytical design grounded in theoretical analysis rather than empirical data collection. This design is appropriate for theory-building research aimed at conceptual clarification and model development.

5.2 Data Sources

The analysis draws upon peer-reviewed books and journal articles published between 1990 and 2025, accessed through major academic databases. Priority was given to literature addressing personality disorders, psychosomatic psychology, body image, emotional regulation, and social cognition.

5.3 Analytical Procedures

The analytical process involved: (1) systematic review of relevant literature, (2) extraction of core constructs, (3) comparative analysis with established models, and (4) synthesis into an integrated conceptual framework.



6. Literature Review

6.1 Body Structure and Psychological Functioning

Research in psychosomatic and embodied cognition traditions emphasizes that bodily posture, muscular tension, and movement patterns are not merely physical phenomena but carry psychological meaning. Chronic bodily patterns may reflect enduring emotional and interpersonal strategies, thereby contributing to stable personality traits.

6.2 Self–Body Image

Self–body image represents the subjective psychological representation of the body, encompassing perceptual accuracy, emotional attitudes, and evaluative beliefs. Distorted body image has been linked to low self-esteem, affective instability, and interpersonal sensitivity, all of which are salient features in personality disorders.

6.3 Social Feedback and Identity Formation

Social feedback plays a critical role in shaping self-concept and emotional regulation. Repeated interpersonal responses—whether validating or rejecting—are internalized and contribute to stable personality patterns. Negative or inconsistent feedback can amplify vulnerabilities associated with body image and emotional control.

6.4 Emotional Regulation

Emotional regulation refers to the processes by which individuals monitor, evaluate, and modify emotional reactions. Deficits in emotional regulation are widely recognized as central to personality pathology, particularly in disorders characterized by impulsivity and affective instability.

7. Theoretical Framework: Psychosomatic Integration Theory

7.1 Core Assumptions

Psychosomatic Integration Theory is grounded in the assumption that personality emerges from continuous interaction among bodily, psychological, and social systems. Dysregulation in any component may influence the entire system through reciprocal feedback loops.



7.2 Body Structure

Body structure encompasses physical posture, muscular tone, and somatic awareness. These elements shape emotional experience by influencing physiological arousal and behavioral expression.

7.3 Self–Body Image

Self–body image functions as a mediating construct between bodily experience and psychological meaning. Persistent discrepancies between lived bodily experience and internalized body representations contribute to identity instability.

7.4 Social Feedback

Social feedback includes interpersonal evaluations, cultural norms, and relational expectations. It operates as an external regulatory system that can either stabilize or destabilize self–body image and emotional processes.

7.5 Emotional Regulation

Within the model, emotional regulation is both an outcome and a regulator of psychosomatic integration. Chronic dysregulation increases vulnerability to maladaptive personality patterns.

8. Comparative Analysis with Contemporary Models

Table 1. Comparative Analysis of Psychosomatic Integration Theory and Contemporary Models

Model	Core Focus	Role of Body	Role of Social Context	Limitations	Added Value of Psychosomatic Integration
DSM-5 / DSM-5 / M-	Diagnostic classification	Minimal	Implicit	Descriptive, non-etiological	Provides causal–process framework



Model	Core Focus	Role of Body	Role of Social Context	Limitations	Added Value of Psychosomatic Integration
5-TR					
Cloninger's Model	Temperament & character	Biological emphasis	Limited	Weak embodiment	Integrates somatic experience
Polyvagal Theory	Autonomic regulation	Strong physiological basis	Social engagement focus	Limited symbolic meaning	Links physiology to body image
Vallbo's Model	Defense mechanisms	Indirect	Minimal	Intrapsychic bias	Adds embodied-social loops

Psychosomatic Integration Theory extends these models by integrating embodied, emotional, and social dimensions within a single explanatory system.

9. Analytical Results

Table 2. Interaction Matrix of Core Components

Component	Primary Influence	Secondary Interaction	Pathological Outcome
Body Structure	Arousal regulation	Body image	Chronic tension, rigidity
Self-Body Image	Identity formation	Social feedback	Shame, identity diffusion
Social Feedback	Self-evaluation	Emotional regulation	Interpersonal instability
Emotional Regulation	Affect modulation	Body structure	Impulsivity, affective lability

The analysis indicates that personality disorders are best understood as emergent phenomena resulting from cumulative dysregulation across bodily, psychological, and social domains. No single factor is sufficient; rather, it is the interaction among components that increases vulnerability.

10. Discussion

The findings support a shift from categorical and deterministic explanations toward probabilistic, process-oriented models. Psychosomatic Integration Theory provides a coherent structure for understanding heterogeneity in personality pathology and aligns with contemporary integrative trends in psychology.

11. Limitations

The study is theoretical and requires empirical validation. Future research should test the model using longitudinal and mixed-method designs.



12. Conclusion

This study offers a comprehensive theoretical expansion of Psychosomatic Integration Theory, positioning it as a robust framework for understanding personality disorders. By integrating body structure, self-body image, social feedback, and emotional regulation, the theory addresses critical gaps in existing models and provides a foundation for clinical and research applications.

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14. Appendices

Appendix A: Expanded Conceptual Definitions

(As detailed in psychosomatic, cognitive, and social psychology literature.)

Appendix B: Conceptual Flow Diagram (Textual Description)

Body Structure → Self–Body Image → Social Feedback → Emotional Regulation → Feedback to Body Structure.

Appendix C: Extended Literature Table

Author	Year	Focus	Relevance to Model
Schore	2012	Affect regulation	Emotional regulation
Porges	2019	Autonomic system	Social engagement
Fonagy	2017	Mentalization	Social feedback
Damasio	2018	Embodied emotion	Body–emotion link

Appendix D: Proposed Empirical Research Design

Description of longitudinal and mixed-method designs suitable for testing the theory.

Appendix E: Clinical Assessment Checklist

Somatic patterns, body image evaluation, social history, emotional regulation scales.