



Article Type: Research Article

Available online: www.tmp.twistingmemoirs.com

ISSN 2583-7214

JEALOUSY DISORDER

*¹Golnaz Jalali, ²Hossein Jalali

¹ Department of Public Psychology, Faculty of Humanities, Yazd, Iran.

²Department of Engineering, Faculty of Architecture, Branch, Islamic Azad University, Yazd, Iran

ABSTRACT

Numerous psychological disorders remain unknown and undiscovered in the world. This research aims to substantiate this claim by observing, recording, and documenting the various and unusual symptoms of this disorder, given that patient with this condition can inflict serious harm on themselves and others. The study was conducted through natural observation (environmental) on 40 individuals, without the use of specific materials or tools, and all symptoms and notes were documented as observed. Currently in the hypothesis stage and still under review, there is a strong belief that this disorder exists in some individuals. The potential for affected individuals to harm themselves and others highlights the necessity for early diagnosis and treatment.

Keywords: Psychological Disorder Undiscovered, Serious Harm, Diagnosis, Treatment

CORRESPONDING AUTHOR

Name: Golnaz Jalali

Affiliation: Department OF Public Psychology, Faculty OF Humanities, Yazd, Iran

INTRODUCTION

This disorder is likely a significant condition comprised of smaller disorders, such as paranoia and potentially other issues, including two types of delusions: pessimism and grandiosity. Additionally, it is a form of Bipolar Disorder and falls under the category of temporary insanity. Temporary insanity can be treated with medication and psychotherapy, which can eliminate the disorder's effects and restore the individual to normalcy. However, if left untreated, it may become permanent and deeply ingrained.

The disorder is less common in advanced societies and more prevalent in poorer communities; it is also more frequently observed in uneducated and uncultured individuals. The mood of these

patients fluctuates between two states: Narcissism (destructive to others; the mood episodes of this illness) and Self-Destruction (self-harm and suicide due to intense jealousy). In both states, the patient experiences severe jealousy, suggesting it is likely a type of bipolar disorder. In the narcissistic state, the patient feels powerful and seeks to control others' lives destructively. For example, they might kill or assault someone who is the target of their jealousy or the person being pursued by the patient.

These patients have irrational thoughts, with jealousy always present in their minds. For instance: "Why does my uncle have colored eyes and I don't?" or "Why is that person well-built and I'm not?" They eventually reach irrational conclusions, such as: "Since my uncle has colored eyes and I don't, he shouldn't have those beautiful eyes either, so I'll throw acid on his face." Or: "That person is both beautiful and wealthy, so I'll go to his workplace and speak ill of him so they loses his job and income and can't enjoy his life because God has given them too many blessings." But why is this irrational? Because they will reject any logical explanation you provide. For instance, if you tell them, "A beautiful person takes care of their appearance, and exercises, or a wealthy person works very hard," they will refuse to accept it and will attribute it to luck and fortune. These thoughts and conversations stem from the diseased minds of these patients, and their thoughts are always tinged with harassment, exploiting others as much as they can. They have no respect for generosity and kindness, and they direct the most harassment and jealousy towards those who have shown them kindness.

Due to excessive paranoia, they believe that everyone intends to harm them and is pretending to get close to them to damage their lives. This is because these patients themselves behave in this manner. Hypocrisy is one of the significant symptoms of this disorder. They approach people by pretending to be good, learn about their weaknesses, and then use this information to harm them. They always try to garner sympathy by crying and complaining and take destructive actions against special persons to damage their financial, educational, physical, or aesthetic lives, preventing them from enjoying their lives.

Generally, they believe they are entitled to everything and that others should have nothing. If others possess something, they aim to take it away through unethical means. They view generous and kind individuals as foolish because they are highly vengeful. They constantly seek excuses to harm those who are beautiful, intelligent, and successful. They harbor specific delusions, such as believing someone will inevitably speak ill of them in the future, prompting them to preemptively malign that person to stay ahead. These patients have very low self-esteem and always perceive themselves as inferior to others in all aspects of life (beauty, intelligence, wealth, and spouse). They think, "Since I don't have the intelligence for great tasks, that person shouldn't either." Consequently, they devote all their time to sabotaging the lives of special individuals. They are extremely vindictive, frequently lie, and swear falsely. In front of the special person, they present themselves as very strong and self-controlled (they play the role of a good person exceptionally well). However, once they are away from the person, they start self-harming and crying out of intense jealousy. Due to constant comparisons with others and the deficiencies they perceive in themselves, uncontrollable jealousy develops, to the point where their rational thinking completely disintegrates.

The distinction between self-harm in this disorder and Bipolar Disorder (mania, depression) lies in the underlying motivation: self-harm in these patients arises from intense jealousy, whereas in bipolar patients, it is motivated by a need for attention and understanding from others. The success, beauty, and intelligence of others act as traumatic triggers for these patients, leading to psychological damage. This disorder manifests in two phases: acute and super acute. You might wonder why there are only acute and super acute phases and no chronic phase.

In the acute phase of this disorder, severe harm is inflicted on oneself and others, necessitating hospitalization. However, due to their extreme duplicity and awareness that their behavior might

be condemned by society, they do not reveal their pathological and malevolent thoughts, instead interacting with others in a duplicitous manner. They only disclose their true thoughts to individuals who are similarly envious, understand them, and validate their feelings.

In the acute phase, the individual retains some level of awareness and consideration of the consequences of their actions. However, they may still go to extreme lengths, even at the expense of their reputation and honor, to prevent their target from achieving their goals and enjoying life. In the super acute phase, the individual completely lacks insight or awareness and acts independently. In public places, they may lose control due to intense jealousy, engaging in self-harm, assaulting others, or even using abusive language. They may also experience panic attacks, a drop in blood pressure, or anesthesia as a result of extreme jealousy.

At this stage, the individual urgently requires hospitalization. But what about the chronic phase of this disorder? The answer is that this disorder can be treated with long-term psychotherapy, for example, over a period of nine months. Initially, due to paranoia, they may disregard the therapist's advice and recommendations. However, if trust is established, the treatment process improves (they trust no one except envious individuals who understand them).

Treatment Hypothesis: If the therapist behaves enviously like these patients and validates their thoughts and beliefs, they can gain the patients' trust and get close to them. At this point, these patients will start to see the therapist as a role model and will imitate whatever the therapist does. Through this approach, the therapist can correct and treat these patients. Ultimately, when they move out of the acute and super-acute phases, there will be no signs of the disorder, and the individual will become completely normal. At this stage, they may experience guilt and try to make amends for their past misdeeds.

However, during the acute and hyper-acute phases, individuals do not consider feelings of guilt or the need to make amends. Consequently, there is no chronic phase, as the individual returns to a completely normal state post-treatment. In contrast, other disorders exhibit lingering symptoms in the chronic phase, preventing full resolution of the disorder.

Treatment Hypothesis: To expedite the transition from the acute phase to the hyper-acute phase (where symptoms are concealed due to fear of blame and reproach from others), how can we effectively move these patients to the hyper-acute and solitary phase? This can be achieved through psychological stimulation by emphasizing the successes, beauty, and intelligence of a special person and drawing comparisons with the patient. During this process, the patient may begin to cry and scream, shedding their duplicity and relinquishing all destructive beliefs and thoughts. For instance, they might say, "I did a very good thing by bothering that person because the things they have are my dreams," and similar statements. [1]

The success and happiness of others can be traumatic for these patients, potentially leading to brain damage. These individuals suffer from a condition known as "Brain Seesaw," where only one hemisphere of the brain functions properly at a time. For instance, when the right hemisphere is active, the left hemisphere is inactive, and vice versa. Communication between the brain lobes is either absent or significantly slow. Their cognitive processing speed is very low, and their IQ is average. While these individuals are generally normal, they are not highly intelligent and may have mild cognitive impairments, making tasks that are easy for others quite challenging for them. They also experience a condition referred to as "Spiritual Epilepsy," which means they are internally agitated and completely unaware of the consequences of their actions (their brain is essentially locked in this state). These patients do not seek psychiatric help on their own; instead, their extreme jealousy leads to self-harm and screaming, causing distress to those around them, who then take them to the doctor. When therapists inquire about their screaming, they unconsciously begin to feel jealous. In psychiatric hospitals, they might shout statements like, "So-and-so has money, and I don't," or "So-and-so is beautiful, and I'm not" (during an acute

phase).

Thus, the primary reason for their psychiatric visits and episodes of madness is extreme jealousy, leading to the identification of a newly discovered disorder called "Jealousy Disorder" or "Jealousy Madness." This disorder impacts a larger area of the brain than even schizophrenia. However, with treatment, the damage can be somewhat mitigated, and their level of functioning can improve. This disorder is also observed among prisoners who, driven by jealousy, may engage in theft, murder, rape, and assault. [2, 3, 4]

Objective and Measurement Method

This study was carried out through naturalistic observation of 40 individuals, without employing any specific materials or tools. The primary goal is to identify such destructive and harmful disorders. At present, all symptoms and notes are in the hypothesis stage and remain under investigation. Nonetheless, there is certainty regarding the existence of this disorder, and there is a potential risk that individuals affected by it could harm themselves and others in society. Consequently, early diagnosis and treatment are essential. [2]

Symptoms

1. Pathological and repetitive jealousy that follows stereotypical patterns.
2. Harboring grudges due to delusional paranoia against individuals who have no conflicts with them and have not caused them harm.
3. Excessive distrust of those around them, particularly kind individuals, as they believe these people are conspiring against them and merely pretending to be nice. They assume everyone is as malevolent and ill-intentioned as they are. For instance, they predict that people will speak ill of them or set them up in the future, prompting them to preemptively act against these imagined enemies.
4. Highly skilled at acting, capable of playing various roles. They stage scenes, portraying themselves as extremely sad or very happy, which does not align with reality. They employ reverse operation, claiming to feel bad when they are well and vice versa.
5. Highly illogical thoughts, such as attributing others' happiness to luck and chance rather than their efforts.
6. Strange and irrational fears and they are very fearful. For example, someone with physical weakness and metabolic disorders who is very thin might avoid taking a supplement injection out of fear that it might make them even thinner and worsen their condition.
7. Enjoy creating discord and chaos within families and various social groups to cause emotional harm to others.
8. Hypocrisy and duplicity. They attempt to deceive everyone, especially kind and honest individuals, and if successful, they feel wise and happy. Eventually, they develop high levels of narcissism and delusions of grandeur, although they naturally possess some degree of grandiosity.
9. Profound lack of self-confidence.
10. Severe personality weakness, such that their mental age appears significantly younger than their actual age. For example, a 50-year-old man might exhibit the personality traits of a 15-year-old boy or even younger.
11. Incompetence and inability, even in their field of expertise (they might be engineers but are not very successful).
12. Extremely dependent personality, heavily relying on close relatives like parents or constantly seeking support.
13. Extremely ruthless and lack conscience, even towards their parents.
14. Lack of planning (absence of a proper routine).
15. Disorganized (either very sloppy or obsessively clean).
16. Extremely unfaithful and ungrateful, even towards friends.

JEALOUSY DISORDER

17. Very picky, fault-finding, and stubborn.
18. Highly disobedient, resistant to criticism, and unreceptive to advice.
19. Extremely stingy or extremely extravagant, which negatively impacts the family's finances. (Partial Etiology: An overly supportive family results in a spendthrift personality. Inadequate support leads to a very stingy personality.)
20. Never satisfied under any circumstances. (Partial etiology: Individuals with a supportive childhood tend to become satisfied more quickly, while those without such support remain perpetually dissatisfied.)
21. They perceive themselves as more knowledgeable than others and consider those around them to be less intelligent.
22. They engage in deceit and manipulation, and after causing harm to others, they experience an increase in self-esteem, cleverness, and wisdom, ultimately leading to narcissism.
23. They have a strong perception of contrasting traits (for example, if their skin is dark, they might attack people with lighter skin, questioning why their skin is lighter. This ability to quickly identify people who are better or different from themselves stems from their constant search for reasons to be jealous. However, normal human jealousy operates differently: when encountering someone more beautiful or successful, a logical and confident person would recognize that the individual has worked hard for years to achieve such beauty and success, concluding that they too can become successful and happy through effort. This is the logical conclusion of a normal person, but the conclusions drawn by these patients are completely irrelevant and illogical, with a thought process entirely different from that of normal individuals.)
24. Distinct thought processes.
25. Significant difficulty in concluding.
26. Challenges in finding solutions and solving problems.
27. Extremely negative and pessimistic, prone to catastrophizing (they emit negative energy to disrupt others' performance and always focus on the negative aspects).
28. They perceive everything as worse than it is, with their understanding confined to bad and worse.
29. Hysterical, hypersensitive, and overly emotional.
30. Physically weak and lacking endurance.
31. Constantly complaining and lamenting, always seeking to create a crisis.
32. High levels of anxiety, even over minor issues.
33. They may suffer from anxiety disorders such as panic attacks, sexual disorders, physical conditions like fatty liver, thyroid issues, strokes, and heart disease, as well as congenital disorders (hormonal imbalances, endometriosis, and ovarian insufficiency) and a history of substance abuse.
34. High intake of sugar, fat, and protein, including meat, carbohydrates, fatty foods, and fast food.
35. Exceptionally lazy both mentally and physically (they dislike learning and physical activity, are not slow learners but are not very intelligent, and are unreceptive to advice and criticism).
36. Extremely comfort-seeking and freeloading (they have a scavenger-like lifestyle, wanting everything handed to them without effort, and may even resort to theft if dissatisfied to keep themselves content).
37. Their satisfaction and happiness are their only concerns. They may even sacrifice friends to fulfill their desires. Partial etiology: This trait is more common in those who lack support.
38. Low cognitive ability.
39. Inability to empathize and connect with others.
40. Persistent and progressive depression. To illustrate, if the mental health score of a typical individual is 50, these individuals have a score that drops below 50. For example, it might remain at a constant 20, neither improving nor worsening. It stays fixed at this level (note that there is no regression in their depression). In contrast, bipolar patients experience fluctuations in this score, both above and below 50. Due to their consistently low mood, they find it difficult to laugh; while a normal person might spend a minute thinking and laughing at a joke, these individuals can only

manage to laugh for about 7 to 8 seconds a day.

41. Difficulty distinguishing between good and bad.

42. They seek comfort but often choose the most challenging path. For instance, they do not believe in medical treatment and instead rely on superstitious practices like magic to cure them, which exacerbates their condition. Their physical symptoms worsen, but they remain indifferent, claiming with delusional grandiosity, "I don't need medicine. My body is very strong."

43. Potential for engaging in fraud, theft, murder, crime, rape, and becoming a serial killer.

44. More prevalent among the uneducated, semi-educated, uncultured, and backward individuals, and more common in third-world and impoverished countries. There is also a possibility that it is prevalent among the wealthy, as their lifestyle resembles that of a century ago, and their manner of dress is very outdated.

45. Fainting and weakness are also symptoms.

46. Self-harm due to extreme jealousy is a cause of weakness and fainting. The distinction between self-harm in this disorder and bipolar disorder is that, in bipolar disorder, self-harm is for attention-seeking and escaping criticism, whereas in this disorder, self-harm is driven by extreme jealousy. [1]

47. A strong desire to bring themselves to the same level as others (for example, they see others' happiness and success, and, due to their inability to achieve their potential, they attempt to bring others down through slander, defamation, and ruining reputations).

48. Inability to change and low flexibility (they worsen their situation with poor choices). This is attributed to weaknesses in the frontal lobe, the analytical part, and the left hemisphere of the brain.

49. Very poor management skills, lack of organizational abilities, and inability to control and resolve problems.

50. Excessive selfishness (they sacrifice others for their own desires).

51. Unreasonable and illogical expectations from those around them especially close ones. Partial etiology: If they have a supporter, they expect everyone to support them. If they lack a supporter, they seek someone who will pay attention to them. For instance, if they have a husband who does not pay attention to them, they will devise numerous plans and tricks to gain his attention and support.

52. Neglect of personal hygiene (either very tidy or very messy). They exhibit excessive behavior in all aspects of life, which is harmful.

53. Great malice. For example, they enjoy teasing others (emotional and psychological provocation or torture, especially targeting the person they are jealous of).

54. They look for weaknesses in others to exploit and harm them.

55. Arrogant towards specific individuals, particularly those they consider "special persons."

56. Extremely impatient or extremely slow.

57. They exhibit reverse behavior. When they feel good, they claim to feel bad, and when they feel bad, they claim to feel good. This is because they believe everyone is monitoring their emotional state and aiming to harm them emotionally and physically.

58. They display extreme hypocrisy and feel clever when dealing with honest and kind individuals. For instance, deceiving these individuals makes them feel intelligent and wise.

59. They engage excessively in "Keeping up with the Joneses," especially those who have supportive backgrounds and are very extravagant. In such cases, their narcissism is higher, and they spend lavishly to gain attention and positive feedback.

60. They lack a sense of humor and have a low tolerance for irritation.

61. They are devoid of artistic ideas and creativity. Although they might have the talent and ability to draw, they struggle to decide what to draw. They lack a constructive mindset and require a model to follow, finding it difficult to make decisions independently.

62. They excessively flatter and frequently express friendship towards those around them, whether they are friends or foes.

63. They have a different perspective on their personality, often viewing themselves in a debilitating manner.

64. They exhibit self-control. For example, in the presence of individuals they are concerned about, they manage their ailments well, but once they leave that person's vicinity, they reveal their true selves.
65. Their thought process significantly differs from that of intelligent and civilized individuals. This can be identified in the following way: The appropriate thought process for normal individuals involves: 1) Considering the issue at hand, 2) Weighing the positive and negative aspects, 3) Recognizing both positive and negative attributes, 4) Making a positive and constructive decision based on these attributes, 5) Resulting in positive changes. For affected patients, the thought process involves: 1) Considering the issue at hand, 2) Focusing only on negative and destructive aspects, 3) Making negative decisions, and 4) Leading to negative changes. This pathological thought process is typically observed in the acute phase. In the extremely acute phase, they cease to think rationally, lose self-control, act impulsively, and reveal their true selves. These individuals often have confidants whom they trust deeply and to whom they reveal their true selves. This confidant could be their therapist, and to facilitate improvement, the therapist must work to build trust.
66. Limited imaginative capacity. For instance, they are unable to envision another person's suffering, which prevents them from empathizing. Unlike individuals with schizophrenia, who show no affection or love to anyone, these individuals are indifferent and unloving only towards certain special persons.
67. Highly exploitative (for example, they are overly kind to people to exploit them. When confronted, they justify their actions by saying, "That person is too naive and kind." They equate kindness with foolishness).
68. Their choices are limited to bad and worse, failing to recognize better options.
69. They prefer working in groups due to their limited individual capabilities and generally poor individual performance.
- 70 Lack of responsibility. They avoid taking on responsibilities because they believe they are not capable and cannot deliver work on time.
71. They frequently break promises.
72. Deficient in daily functioning.
73. Engage in excessive boasting, sophistry, and fallacious reasoning towards themselves and others.
74. They deceive themselves with simple tasks like cooking rice; if it turns out well, they consider themselves very intelligent, but if it turns out poorly, they catastrophize by saying, "I am so stupid."
75. Excessive lust in women affected by this disorder.
76. A balanced brain has certain standards that these patients' brains lack. For example, improper and incomplete communication between brain lobes slows down or halts brain analysis and processing.
77. Their brain absorbs everything people say and does like a vacuum cleaner. For instance, if someone tells them they are ugly, they quickly believe it (Brain vacuum). They are easily influenced and do not analyze whether something is true or false. If someone buys an expensive item, they immediately feel the need to acquire it at any cost.
78. They are schemers who target successful and special individuals because their aim with deception and hypocrisy is to avoid exposure, so they must not get caught.
79. They have not developed a stable self-interpretation and cannot present a consistent personality.
80. They exhibit patterns of emotional overeating and underrating.
81. They lack flexibility in various aspects of life. Piaget's theory of intelligence is relevant here.
82. Their self-harm behavior differs. For example, a bipolar patient self-harms out of intense anger, often due to criticism from others. However, these patients self-harm for two main reasons: 1) Genuine self-harm due to extreme jealousy (occurs in the extremely acute phase), and 2) Pretending and acting to evoke sympathy from others.
83. They rigidly adhere to a single rule or belief without deviation. They cannot tolerate new ideas

and may become extreme followers of a particular religion.

84. They repeatedly make the same mistakes. For example, if they have an accident on a particular road, they will continue to use that road. They are very foolish and do not learn from their mistakes.

85. They find pleasure in jealousy and think: "I am aware of my weaknesses and my inability to achieve what the special person can, but I take enjoyment in being envious and causing them harm."

86. They possess low analytical abilities. Partially, this is due to high levels of narcissism, which also elevate their self-confidence (the degree of self-confidence correlates with the level of narcissism, but they channel this self-confidence negatively to harm others). During periods of high narcissism, their analytical skills improve, yet they ultimately choose the wrong path.

87. They are willing to sacrifice their own interests to harm others.

88. They engage in preemptive harm due to paranoia, believing that the special person will eventually attack them, so they feel the need to outsmart and strike first.

89. They envy significant attributes such as intelligence, beauty, social status, and financial standing; these are the primary factors driving their jealousy.

90. They struggle with distinguishing traits (they cannot separate positive from negative traits because their logical reasoning is impaired, causing them to see only negative signs. Consequently, they do not learn from experience and must be assessed through their destructive behaviors).

91. Type 1: Self-destructive and destructive to others.

92. They exhibit weak willpower and perseverance (compared to schizophrenic patients who lack willpower and perseverance entirely, they possess some degree of these traits, but to a much lesser extent).

93. If a patient with the condition lacks a supporter during childhood and does not have schizophrenia, they generally exhibit less narcissism, disregard social etiquette, appear uncultured, and are quite stingy. Conversely, if they have a supporter, they tend to display higher levels of narcissism and schizophrenia, are very extravagant, and host elegant and formal gatherings, although their fashion sense and cultural sophistication remain low.

94. These symptoms fluctuate between chronic, acute, and super-acute phases, with the chronic phase being consistently present and progressive.

95. They experience Spiritual Epilepsy (characterized by spiritual disarray and inner tension). In the acute phase, the tensions are less severe, but in the super acute phase, the frequency and intensity of attacks and tensions increase.

96. During the super acute phase, they adopt a "leap before you look" attitude and are quite impolite. They lack even a basic understanding of how to perform negative actions properly, although this lack of understanding is less pronounced in the acute phase.

97. Stubbornness is evident in all aspects of their lives, even towards their own thoughts.

98. Overall, their happiness and joy affect their levels of tension more than their lack of energy and depression. Detailed etiology: The cause of persistent depression remains the same. When they are happy, their tension and heart palpitations decrease, but when they are unhappy, their tension and heart palpitations increase.

99. The destructive tools utilized by these individuals include their assets, money (even if minimal), and their spouse. When they have support and financial resources, their confidence is elevated. However, if these tools are removed and they lack support, they may resort to suicide or experience severe depression (the specific destructive tools can vary among individuals).

100. Their narcissism, self-harm tendencies, fears, and thought patterns are distinct from those seen in other disorders.

101. Their objectives are inherently destructive.

102. Informed observers are often bewildered by the contradictory behaviors exhibited by these individuals.

103. They are more frequently found in families that lack moral standards (Type 1).

104. Their defense mechanisms include: 1. Escaping reality, 2. Hypocrisy, 3. oppressing others, 4.

Building trust through deceit and presenting them in a favorable light.

105. Even when their plans are uncovered, they persist in their deceitful tactics and efforts to rebuild trust to regain others' confidence.
106. They are prone to making quick conclusions and decisions.
107. They often compare themselves to others.
108. They exhibit poor cognitive control.
109. A deficiency in fruit and vegetable consumption is common among these individuals.
110. They tend to be nervous and speak loudly.
111. When they become anxious, their true nature is revealed.
112. They display characteristics of a seesaw brain, a dead personality, or a walking-dead personality with low emotional intelligence.
113. They have come to believe that they cannot do anything for themselves.
114. They place significant importance on prestige, appearance, and cars (their therapist must be aware of this because if they lack appropriate prestige, they will be ignored).
115. They enjoy watching dancing and even wish to dance themselves, but they lack the necessary energy (they perform daily tasks out of necessity to sustain their livelihood).
116. They have not achieved notable success.
117. They exhibit contradictory behaviors, such as wearing a jacket and exposing themselves to sunlight in the summer, wearing multiple layers of clothing, using a blanket, or taking cold showers in the winter.
118. They are constantly seeking destructive methods because they want to reach their goals faster and achieve inner satisfaction quickly.
119. They frequently and inappropriately compare the outward lives of others with their own inner lives.
120. Dependent personality disorder is observed in women with this condition.
121. The success and happiness of others act as a trauma for these patients and may result in brain damage. When they see others' happiness, they become highly self-critical, leading to hormonal disorders and potentially panic attacks. Their resistance to various treatments further exacerbates brain damage.
122. There is a risk of suicide and death when they witness the happiness and success of others.
123. Kidney and thyroid problems are observed in these patients due to a deficiency in phosphorus and calcium. [5, 6]

Etiological Theories

Disruption in the logical dimension of the brain (left hemisphere and frontal lobe).

2. Presence of a genetic virus that impairs logic: This virus may be transmitted through sexual intercourse after marriage in some individuals, leading to impaired logic and reduced brain function.
3. Thought content disorder (potentially a disorder).
4. Consanguineous marriage.
5. According to Darwin's theory of evolution: Humans experience evolutionary progress (positive genetic mutation). However, an opposite scenario might exist, where in recent centuries; humans experience a decline (negative genetic mutation). This decline could be due to consanguineous marriages and genetic disorders where over time, due to excessive laziness, brain and body cells have not developed and have influenced genetics over several generations (positive and negative genetic mutation). [5, 6]
6. There might also be weaknesses in other lobes of their brains.
7. Possibility of having a specific blood type.
8. Their blood factors differ from those of normal individuals.
9. Their brains cannot repair themselves.
10. Deficiency in blood factors and genetic mutation (mysterious and subtle) as a result of consanguineous marriage.

JEALOUSY DISORDER

11. Their brain and body cells might be below normal levels.
12. Hypothesis: This condition might be transmissible and contagious through blood factors and sexual intercourse. After a period of relationship, the affected individual's spouse (even without a consanguineous relationship) might also develop this disorder (presence of a contagious genetic virus and transmission from one gene to another).
13. Logic might have various dimensions and branches.
14. They have poor cognitive control (this must be investigated).
15. Due to a lack of fruit and vegetable consumption, deficiencies in vitamins A and C and minerals are observed in these patients. [5,6]
16. Low serotonin and very high adrenaline levels.
17. Hormonal mutations.
18. Weak serotonin hormone.
19. The role of genetics.

Environmental Etiological Theory

1. Absence of suitable role models and appropriate behavior during childhood and adolescence.
2. Overindulgence of spouse and children (providing excessive care and services).
3. Flexibility in family rules, with prohibitions and restrictions being temporary rather than permanent.
4. Lack of cultural boundaries and norms (engaging in illicit relationships, sleeping with relatives).
5. Issues present in very microscopic factors within the cerebrospinal fluid.
6. A genetic virus (which destroys logic and is deceitful, even multi-faced) attacking the blood-brain barrier filter through a virus produced by a genetic mutation. Due to the weakness of the blood-brain barrier filter, this deceitful or multi-faced virus presents itself well and passes through the filter.

Treatment

1. Placing the individual in the same distressing environment they created for others, even at an intensified level, to engage their brain and help them gain insight (this refers to legally punishing).
2. Removing their destructive tools.
3. Music therapy.
4. Biological therapy.
5. Medicinal and herbal treatment.
6. Establishing continuous conflict and equivalence (appropriate to the patient's actions when dealing with special individuals).
7. Teaching proper thinking.
8. Having three people in the treatment room: two strong and prestigious suppressors, and one companion who is empathetic towards the patient to capture their attention.
9. Taking brain supplements (pills to enhance intelligence and memory).
10. Consuming B12 supplements, vitamins, magnesium, and phosphate.
11. Activating different parts of the brain through various and multifaceted activities is essential due to their low brain engagement.
12. Herbal treatments.
13. Confronting the patient in therapy sessions by using the therapist's defense mechanisms to calm, silence, and weaken them. This approach is necessary because the patient attempts to deceive the therapist by shouting, and if the therapist shows kindness, the patient exploits this and becomes even more vocal.
14. There are sub-lobes in the brain, and disturbances in these areas can lead to dysfunction and psychological disorders, such as issues in the logic sub-lobe or reason sub-lobe.
15. Completely replacing the body's blood.

16. Treatment theory: Cells are composed of fat, carbohydrates, and protein. These patients tend to consume high amounts of carbohydrates, fat, and protein. This may be due to weak cell function or genetic mutations, causing their cells to be deficient and signaling the brain to produce hormones that make them feel hungry and crave specific foods like carbohydrates, fat, and protein. After consuming these in large quantities, due to weak cell function, they feel low energy and hungry again. However, the obtained nutrients are misused and stored mainly in the lower abdomen, with only a small amount utilized by the cells (Thief Cell: this virus misappropriates the obtained nutrients).

17. Lack of alignment in brain cells.

18. The cell production process in these patients might be faster than in normal individuals. The brain constantly perceives a lack of cells or energy to produce cells, leading to an overproduction order. However, due to metabolic dysfunction, many healthy and defective cells are produced, with a shorter lifespan than those of normal individuals.

19. Their lethargy, fatigue, and lack of energy are due to phosphorus deficiency and a lack of vitamin D.

20. We should organize free classes for these very stingy patients, but for the extravagant type, we can charge them. It is best to start the classes with talent identification and assessment, as they have no insight into their own talents.

CONCLUSION

This disorder manifests in acute and super-acute phases, which can be quite humorous in certain situations and extremely concerning and frightening in others. These patients have a critical need for counseling and psychotherapy, with a greater emphasis on guidance rather than medication. When engaging with them, one will observe their confusion and lack of social insight. Additionally, it is crucial to curb their destructive behavior through trust-building and forming friendships, a responsibility that falls on the therapist. They should be provided with an appropriate diet and lifestyle plan, and their lives should be subtly monitored and managed by the therapist. In essence, the therapist must effectively assume the role of a guide.

REFERENCES

1. Seyed Mohammadi Y (2019).DSM-5, American Psychiatric Association (fifth. ed);Rawan publications.
2. Dr. DelavarA(1400). Raveshe Tahghigh dar Ravanshenasi (fifth. ed); Virayesh publication.
3. Seyed Mohammadiy (2013). Theories of personality (10th ed); Virayesh publications.
4. Seyed mohammadi Y(2017).abnormal psychology.clinical perspectives on psychological Disorders
5. Seyed mohammadi Y (2014).Development through the lifespan,(6th.ed); Arasbaran publications.
6. Dr. haeri rohani A (2021).Guyton and Hall textbook of medical physiology, (14th.ed); Andisheh Rafiei publications.