

JEALOUSY MADNESS, A PROBLEM IN THE LEFT HEMISPHERE OF THE BRAIN, AND A LACK OF LOGIC IN EVERYDAY LIFE

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Abstract: Numerous psychological disorders remain undiscovered in the world. The purpose of this study is to substantiate this claim by observing, recording, and documenting the various and unusual symptoms of Jealousy Disorder, given that patients suffering from it may inflict serious harm upon themselves and others. The study was conducted through natural (environmental) observation on 40 individuals, without the use of any specific materials or tools, and all symptoms and observations were documented exactly as they appeared.

Currently in the hypothesis stage and still under review, there is a strong belief that Jealousy Disorder exists in certain individuals. Because those affected may cause harm to themselves or others, early diagnosis and treatment are crucial. It is also possible that this disorder overlaps with other conditions, such as Cinderella Syndrome, Othello Syndrome, or Sadistic Personality Disorder.

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

INTRODUCTION:

This disorder is likely a major condition, potentially composed of smaller or larger disorders such as **paranoia**, **schizophrenia**, **Cinderella Syndrome (in girls)**, **Othello Syndrome**, or possibly other psychological disorders. **Schizophrenia** is a chronic and complex **psychological disorder** that impairs an individual's ability to perceive reality accurately.

- This disorder typically **onsets** between the ages of 16 and 30.

MAIN SYMPTOMS:

1. **Delusions:** False and unrealistic beliefs, such as the idea that someone is trying to **inflict serious harm** on the individual.
2. **Hallucinations:** Hearing voices or seeing things that do not exist.
3. **Disorganized Thoughts and Speech:** Speaking in ways that are incoherent or difficult to understand.
4. **Disorganized or Unusual Behaviors:** Strange movements or unexpected reactions.
5. **Reduced Emotions and Motivation:** Social withdrawal, emotional blunting, or decreased interest in activities.

Cinderella Syndrome is a behavioral or psychological pattern typically observed in female children:

- These individuals feel they must always care for others and carry many responsibilities, while receiving less attention or support themselves.
- Excessive sense of responsibility toward family or parents often leads to **stress**, **fatigue**, and a **perceived sense of injustice**.

The name is derived from the **Cinderella story**, because the character of Cinderella was always working hard and enduring hardships, yet she was treated unfairly. Individuals with **Cinderella Syndrome** tend to **wait for a "prince"** or someone to come and solve all their problems, without making much effort themselves or expressing their own desires and needs.

WHAT IS SADISM?

- **Sadism** refers to deriving pleasure or satisfaction from causing **physical or psychological harm** to others.
- A **sadistic individual** may intentionally inflict pain, suffering, or humiliation on others, which results in their own **gratification or enjoyment**.
- This behavior can manifest in various forms, such as **violence**, **verbal humiliation**, or **exerting control** over others.

WHAT IS OTELLO SYNDROME?

- **Othello Syndrome** is a type of **psychological disorder** in which an individual experiences **pathological**

and obsessive jealousy toward their partner.

- Despite lacking any logical evidence, the individual believes that their spouse or partner is **being unfaithful**.
- These doubts are intense and **irrational**, potentially leading to **controlling, aggressive, or even violent behaviors**.

CHARACTERISTICS:

- It is sometimes referred to as a form of **paranoia (delusional jealousy)**.
- It is **more commonly observed in men**.
- It can result from other **psychological disorders** such as **schizophrenia, bipolar disorder, or brain injuries**.

Othello Syndrome (Jealousy Madness): A patient may exhibit all of the above disorders: generally, they experience two types of delusions—paranoia (distrust) and narcissism (grandiosity). This disorder is also a type of Bipolar Disorder and falls under temporary madness.

Hypothesis: Temporary psychoses exist that can be treated with medication and psychotherapy, and the effects of the disorder can be completely eliminated, allowing the individual to become fully normal. However, if left untreated, it may become permanent and deeply rooted. It is less common in developed societies and more frequently observed in poorer communities, especially among uneducated and culturally underdeveloped individuals. The mood of these patients fluctuates between narcissism (other-destructive) (the mood phases of this disorder) and self-destructiveness (self-harm and suicide from intense jealousy), and in both states, the patient experiences severe jealousy. For this reason, it is probably a type of bipolar disorder. In the narcissistic state, the patient experiences a strong sense of power and attempts to control the lives of others destructively, for example, killing or assaulting a special person (the individual who is the target of their jealousy or pursuit). These patients have illogical thoughts and are always consumed by jealousy. For example: Why does my uncle have blue eyes and I do not? Why is someone else well-built and I am not? Eventually, they reach illogical conclusions, such as: Since my uncle has blue eyes and I do not, he does not deserve them; I should throw acid on his face, or since someone else is both attractive and wealthy, I should slander them at their workplace so that they lose their job and income and cannot enjoy life because God has given them too many blessings. Why is this illogical? Because any rational reason presented to them is rejected; for example, if you say that someone is attractive because they exercise or that someone is wealthy because they work hard, they do not accept it and attribute it to luck and chance. These thoughts and statements are generated by the patient's mind, always accompanied by harassment, which they exploit. They show no respect for generosity, affection, or kindness, and they are most jealous and malicious toward those who have shown them affection, because their extreme paranoia makes them believe everyone intends to harm them and is pretending to get close to them to damage their life. This is because the patients themselves act in this way (deception). Deception is one of the key symptoms of this disorder. By role-playing and presenting themselves well, they get close to others, discover their weaknesses, and harm them. They always try to enlist everyone to their side through crying and emotional displays, and take destructive actions against a special person, harming their financial, educational, physical, or aesthetic life so that the person cannot enjoy life. In general, they consider themselves deserving of everything, and believe others should have nothing; if others possess anything, they attempt to take it unethically. They regard generous and kind people as foolish because they themselves are highly vengeful. They constantly seek excuses to harm beautiful, intelligent, and successful people. They have specific delusions, for example: This person will surely speak ill of me in the future, so I must act first, saying bad things to get ahead of them. Their self-confidence is extremely low; they always consider themselves inferior to others in all aspects of life (such as beauty, intelligence, money, and spouse). They think: I do not have the intelligence for great deeds, so others do not deserve them either. And here is where they spend all their time ruining the lives of successful and competent people or the special person. They are highly vengeful, lie and swear falsely frequently. In front of the special person, they appear strong and highly self-controlled (they perfectly play the role of a "good person"), but after moving away from the target, they begin self-harming and crying from intense jealousy. This occurs due to comparing themselves with others and recognizing their deficiencies, causing uncontrolled jealousy, and their reasoning capacity is completely lost. The difference between self-harm in this disorder and self-harm in bipolar disorder (mania, depression) is that in these patients self-harm arises from intense jealousy, whereas in bipolar disorder self-harm occurs to attract attention or be understood by others. The success, beauty, and intelligence of others act like trauma for these patients, causing brain damage. This disorder exists in acute and hyper-acute phases. Now you may ask: why acute and hyper-acute phases? Why is there no chronic phase?

1. In the acute phase of this disorder, there is always severe harm caused by the individual to themselves and others, and hospitalization is necessary. However, due to their extreme hypocrisy and the awareness that their behavior might be condemned by society and people, they do not reveal their sick and malicious thoughts and act hypocritically toward others. They only show their true thoughts and behave openly in front of those who are also jealous like themselves and understand them (and justify their behavior). In the acute phase, the individual has a little sense and awareness and can think about the consequences of their actions, but still may risk their own honor and reputation just to prevent the person they envy from achieving their goals and enjoying

life. But in the hyper-acute phase (the individual has no insight or sense at all and acts completely openly), they may lose control in public places out of extreme jealousy — for example, starting self-harm, attacking others, shouting insults, or even experiencing panic attacks and panic episodes, or suffering from a drop in blood pressure (due to the intensity of jealousy) and fainting. The person at this stage has an urgent need for hospitalization. Now you may ask: what is the chronic phase of this disorder? The answer is that this disorder is treatable through psychotherapy and counseling, but it requires a long duration (for example, nine months). At the beginning of therapy, due to their distrust of the therapist, they may ignore the therapist's words and recommendations, but if trust is gradually established, the treatment process will begin to improve (they trust no one except those who are jealous like themselves and understand them). Treatment hypothesis: if the therapist behaves in a jealous manner similar to these patients and confirms their thoughts and beliefs, they can gain the trust of these patients and get close to them. At that point, the patient starts to consider the therapist as a role model and imitates everything they do. In this way, the therapist can correct and cure these patients. In the end, when they come out of the acute and hyper-acute phases, there are no remaining signs or symptoms of the disorder, and the individual becomes completely normal (and at this stage, they experience feelings of guilt and try to compensate for their inappropriate actions). However, during the acute and hyper-acute phases, the person does not think at all about guilt or making amends. Therefore, there is no chronic phase, because after treatment, the individual becomes completely normal. But in other disorders, in the chronic phase, some symptoms remain and the disorder is not completely eliminated.

Treatment Hypothesis: Now, if we want the patient to move quickly from the acute phase to the hyper-acute phase (as mentioned, in the acute phase they do not reveal their symptoms because of the fear of being blamed and condemned by others), how can we bring these patients into the hyper-acute (open) phase? We must perform psychological stimulation in such a way that we highlight the successes, beauty, and intelligence of the special person and compare the patient with these individuals. At this moment, the patient begins to cry, scream, and shout, stops pretending, and reveals all their destructive beliefs and thoughts. For example: "I did the right thing by hurting that person; the things they have are my dreams," and so on (Seyed Mohammadi, 2019). It should be noted that the success and happiness of others act as trauma for these patients and may even cause brain damage. Furthermore, these patients have a "seesaw brain," meaning only one hemisphere of their brain functions properly at a time. For example, when the right hemisphere is active, the left one is inactive, and vice versa. The connection between brain loops is either not functioning or is extremely slow. Their mental processing speed is very low. The IQ level of these individuals is average; they are normal but not intelligent (perhaps they have a very mild intellectual delay, as tasks that are very easy for other people are very difficult for them). They also suffer from a kind of "spiritual epilepsy," meaning they are internally convulsive and completely unaware of the consequences of their actions (at this point, their brain is completely locked). The reason these individuals are brought to a psychiatrist is becoming mentally unstable from excessive jealousy, and this referral is not made by the patient themselves but by family members, due to their self-harming, screaming, and shouting behaviors caused by intense jealousy. Their relatives are always complaining about them. When the therapist asks these patients questions such as "Why do you scream?", they unconsciously begin to feel jealousy again. Inside psychiatric hospitals, they shout things like "That person has money; I don't. That person is beautiful; I'm not" (hyper-acute phase). Therefore, the cause of their mental breakdown and madness is excessive jealousy, and for this reason, this newly discovered disorder is called Jealousy Disorder or Madness of Jealousy (Othello Syndrome). They have become psychotic due to extreme jealousy. The brain damage caused by this disorder affects a wider area of the brain (even more than schizophrenia), but if treated, the damage is partially reduced and the level of functioning improves. This disorder is often observed among prisoners; for example, due to jealousy, they steal, kill, or commit sexual assault (Seyed Mohammadi, 2013; Seyed Mohammadi, 2017; Delavar, 1400).

Objective and Measurement Method: This study was conducted as a naturalistic (environmental) observation on 40 individuals, without the use of any substances or special tools. The purpose of this research is to investigate the existence of such destructive and harmful disorders, and all the symptoms and writings are currently at the hypothesis stage and still under investigation. However, there is certainty that this disorder exists and that individuals affected by this disorder are likely to cause harm to themselves and to members of society. Therefore, early diagnosis and treatment are necessary (Delavar, 1400).

SYMPTOMS:

1. Pathological, repetitive, and stereotyped jealousy.
2. Harboring grudges against individuals who have no problem with the patient and have not harmed them (due to paranoia and distrust delusions).
3. Excessive distrust toward people around them, especially kind individuals (because they feel others have plotted against them and are pretending, so they try to present themselves as better than they really are). They think everyone is as malicious and ill-intentioned as themselves (for example, they predict that people will speak badly or set traps for them in the future, so they act first against the "imaginary enemy" in their mind).
4. Highly professional actors (they can play various roles, stage scenes, present themselves as very sad or very happy, which does not match reality; reverse operation: for example, if they feel good, they claim to feel bad, and vice versa).
5. Very illogical thoughts (for example, they believe others' happiness is due to luck and chance rather than effort and work).
6. Strange, illogical, and excessive fears; extremely timid (for example, a person with physical weakness and

metabolic disorders who is very thin avoids injections of supplements, fearing they might get thinner or that the disease will relapse).

7. Their interests include causing disruption, chaos, and turmoil within families and various social groups to emotionally harm others.
8. Hypocrisy and duplicity (thousand-faced), attempting to deceive everyone, especially very kind and honest individuals, and if successful, they feel clever and happy, ultimately developing high narcissism and delusions of grandeur (though naturally they already have some self-importance).
9. Severe lack of self-confidence.
10. Severe personality weakness (mental age appears lower than actual age; for example, a 50-year-old man may have the personality of a 15-year-old or younger).
11. Incompetent and ineffective even in their own field (for example, an engineer who is not very successful).
12. Highly dependent personality on close relatives such as parents or seeking support.
13. Extremely ruthless and conscienceless, even toward parents.
14. Unstructured (lacking a proper routine).
15. Disorganized (either very messy or obsessively clean).
16. Extremely unfaithful and ungrateful, even toward friends.
17. Very quarrelsome, argumentative, and stubborn (finding excuses for everything).
18. Very obstinate, unwilling to listen, and unreceptive to advice.
19. Extremely stingy or very extravagant, harming family finances; partial cause: overprotective family → extravagant personality, lack of support → stingy personality (oral deprivation).
20. Never satisfied under any circumstances; partial cause: if childhood support existed, they are satisfied sooner; if support was lacking, they are never satisfied.
21. They see themselves as wiser than others and consider those around them as foolish or worthless.
22. They attempt to deceive and manipulate others, and after successfully harming or tricking others, they feel high self-esteem, cleverness, and intelligence, ultimately reaching narcissistic feelings.
23. Strong perception in recognizing contrasts (for example, if their skin is dark, they may attack light-skinned people, saying, "Why is your skin lighter than mine?"). Therefore, they can detect individuals better and different from themselves early; their mind is always looking for excuses to be jealous. However, normal jealousy operates differently: upon seeing a more beautiful or successful person, a normal person reacts logically and confidently—for example, thinking, "This person has worked hard for years and exercised to reach this level of beauty and success; if I try, I can also become successful, happy, and beautiful." The conclusion of a normal person is logical, but the conclusions of these patients are completely irrelevant and illogical; their thought process is entirely different from normal humans.
24. Different thought process.
25. Significant difficulties in reasoning and drawing conclusions.
26. Difficulty in problem-solving and finding solutions.
27. Extremely pessimistic and negative, catastrophizing (they project negative energy onto others to disrupt their performance; they always see the glass as half empty).
28. Perceive everything worse than it is (their perception fluctuates between bad and worse).
29. Hysterical, easily offended, and highly emotional.
30. Physical weakness and low endurance.
31. Complaining, groaning, and wailing (catastrophizing).
32. High anxiety even over minor problems.
33. May have anxiety disorders such as panic, congenital sexual disorders, physical conditions such as fatty liver, thyroid issues, stroke, heart disease, congenital disorders (hormonal disorders, endometriosis, ovarian failure), and history of substance abuse.
34. High consumption of sugar, fat, and protein, such as meat, carbohydrates, fatty foods, and fast food.
35. Extremely lazy mind and body (averse to learning and physical activity; not slow in academic lessons but not very intelligent; resistant to advice and criticism).
36. Very comfort-seeking and freeloading (lifestyle of laziness; they want everything prepared, avoid effort; may steal to satisfy themselves even if they are not content).
37. Only self-satisfaction and gratification matter to them; they may sacrifice friends to fulfill their desires (example: when the bath is hot, the monkey puts its own baby underfoot to avoid burning itself; partial cause: observed more in those without caregivers).
38. Low perception abilities.
39. Inability to empathize or identify with others.
40. Continuous and progressive depression: for reference, if a normal person's psychological score is 50, for these patients it drops below 50, e.g., 20, and remains on a fixed track (does not rise or fall). Unlike bipolar patients, whose scores fluctuate above and below 50, these patients consistently have low mood and limited ability to laugh (may laugh 7–8 seconds per day).
41. Difficulty distinguishing right from wrong.
42. Seek comfort but choose the hardest path; for example, they do not believe in treatment and rely on superstition or magical practices to "heal" themselves, while the disease worsens and physical symptoms become apparent, yet they remain indifferent, often with delusions of grandeur ("I don't need medicine; my body is very strong").

43. Possibility of fraud, theft, murder, crime, assault, or becoming serial killers.
44. More prevalent among illiterate, low-literacy, low-culture, and uncultured populations (extremely backward culturally) and in Third World and poor countries; may exist in wealthy individuals, but lifestyle is outdated (dressing style is very old-fashioned).
45. Fainting, weakness, and unconsciousness are also symptoms; self-harm due to extreme jealousy leads to weakness and unconsciousness. Difference from bipolar self-harm: in bipolar disorder, self-harm is for attention or to escape criticism, whereas in this disorder, self-harm stems from intense jealousy (Seyed Mohammadi, 2019).
46. Desire to create equivalence between themselves and others (e.g., seeing others' success and happiness and, unable to achieve their own potential, seeking to bring others' lives down to their level through slander, prostitution, assault, reputation damage, etc.).
47. Inability to change; low flexibility (make poor choices that worsen situations) due to weakness in frontal loops, analytical parts, and left hemisphere logic.
48. Very poor management skills; lack of organizational ability, control, and problem-solving.
49. Extreme selfishness (sacrificing others to satisfy their own desires).
50. Unrealistic and excessive expectations from others, especially close ones; partial cause: if they had caregivers, they expect constant support (unreasonable expectation), but if they did not, they seek someone to provide attention; for example, if married but ignored by the spouse, they devise countless plans and schemes to gain the spouse's attention and support.
51. Neglect of personal hygiene (either extremely tidy or very messy; excessive behaviors are observed in all aspects of life and are harmful).
52. High malevolence, e.g., tendency to tease or torment others psychologically, especially the special person (the person they are jealous of).
53. Seek weaknesses in others to exploit and harm them.
54. Arrogant toward their targets, especially special persons.
55. Either very hasty or very slow/heavy in actions.
56. Use reverse behaviors: if they are in a good mood, they say they are bad; if they are in a bad mood, they say they are good (because they believe everyone monitors their mental state and seeks to harm them physically or psychologically—"assume everyone thinks like you").
57. Extreme duplicity and feeling clever toward honest and kind individuals (if they deceive such people, they feel intelligent and wise).
58. High competitiveness/envy, especially for those who had caregivers and are extravagant (higher narcissism; spend excessively to be noticed and praised).
59. Cannot take a joke (low tolerance for teasing; even minor remarks upset them).
60. Lack artistic ideas or creativity (may have drawing ability but cannot choose what to draw); lack constructive thinking, need models to follow, difficulty identifying solutions.
61. Excessive flattery and declarations of friendship toward people around them (both friends and enemies).
62. Different perspective on self; mostly negative and disempowering view of themselves.
63. Self-controlled: they control their behavior well in front of the person of interest, but reveal their true self once out of that person's presence.
64. Thought process different from intelligent and civilized individuals. Normal thought process: 1) considers the object, 2) weighs positive and negative aspects, 3) recognizes positive and negative traits, 4) makes constructive decisions, 5) creates positive change. Patient thought process: 1) considers the object, 2) only focuses on negative/destructive aspects, 3) makes negative decisions, 4) leads to negative outcomes. This process is likely observed in the acute phase; in the ultra-acute phase, self-control disappears, and they show their true self (they often trust one special confidant who sees their real self; could be the therapist; building trust is essential for recovery).
65. Low imagination: cannot empathize with what others endure; therefore, low ability to empathize. Note: schizophrenic individuals show no affection, while these patients are indifferent only toward certain special persons.
66. Excessive exploitation (e.g., exploiting very kind individuals; when corrected, they respond that the person is "too foolish and kind," equating kindness with stupidity).
67. Choices are limited to bad and worse; they cannot perceive good options.
68. Prefer teamwork due to weak individual ability and poor personal performance.
69. Lack of responsibility: do not accept responsibility because they perceive themselves as incapable and cannot deliver on time.
70. May fail to keep promises.
71. Deficits in daily functioning.
72. Boasting, sophistry, and fallacious reasoning about themselves and others.
73. Self-deception in simple tasks: if they cook rice well, they think they are intelligent; if not, they catastrophize ("how stupid I am").
74. Excessive sexual desire in women with this disorder.
75. Balanced brains have certain criteria; the brains of these patients lack them. For example, improper or incomplete connections between brain loops slow or block analysis and processing.
76. Their brains "vacuum" all words and actions of others; e.g., if someone tells them they are ugly, they

- immediately believe it (do not analyze accuracy; extremely gullible). Similarly, if someone buys an expensive item, they feel compelled to obtain it at any cost.
77. Highly scheming toward successful and special individuals; the purpose of deceit and duplicity is to remain undetected (the plan must not be exposed).
78. Have not reached a fixed self-interpretation; cannot present a coherent personality.
79. Exhibit both binge eating and restrictive eating behaviors.
80. Inflexible across different aspects of life (Piaget's definition of intelligence is relevant here).
81. Self-harm differs from other disorders: for bipolar patients, self-harm is due to anger and criticism; for these patients, self-harm has two main causes: 1) real self-harm from extreme jealousy (ultra-acute phase), 2) acting or showing off to elicit sympathy.
82. Rigid adherence to a law or belief; intolerant of new ideas (extreme religious follower).
83. Fail to learn from experience (e.g., if involved in an accident on a road, they will use the same road repeatedly).
84. Jealousy gives them pleasure: they recognize their weaknesses but enjoy envious actions and harming the special person.
85. Low analytical ability; partial cause: high narcissism increases confidence (but used negatively to harm others). Their analytical ability rises during narcissistic phases but is directed toward negative outcomes.
86. They may sacrifice their own interests to harm others.
87. Preemptively harm others due to distrust, thinking the special person will attack first; they aim to be "smarter" than the target.
88. Envious of intelligence, beauty, social, and financial status (their jealousy factors).
89. Difficulty distinguishing positive from negative traits; only negative aspects are perceived due to logical brain issues, making them unteachable (must be tested via their destructive behaviors).
90. Type 1: self-destructive and destructive toward others.
91. Weak willpower and perseverance (note: they have some will and perseverance, unlike schizophrenic patients who have none).
92. Childhood support affects narcissism: without support and without schizophrenia = lower narcissism, uncultured and stingy; with support = higher narcissism, possible schizophrenia, extravagant, formal parties, and low cultural awareness.
93. Symptoms fluctuate between chronic, acute, and ultra-acute phases; chronic symptoms are progressive.
94. "Psychic epilepsy" (mental disarray); acute phase = less tension, ultra-acute = more attacks and tension.
95. In ultra-acute phase, reckless and thoughtless; in acute phase, lower awareness.
96. Stubbornness across all life areas, even regarding personal thoughts.
97. Happiness affects tension, not energy deficiency or depression. Partial cause: continuous depression links to this mechanism; if happy = less tension = lower heart rate; if unhappy = more tension = higher heart rate.
98. Their destructive tools include their property, money (even small amounts), and spouse; if deprived of support, may experience high depression or suicidal tendencies.
99. Their narcissism, self-harm, fears, and thoughts differ from other disorders.
100. Their goals are destructive.
101. Observers are often astonished by their contradictory behaviors.
102. More common in families lacking ethical norms (Type 1).
103. Defense mechanisms: 1) escape from reality, 2) duplicity, 3) suppression of others, 4) trust-building via deceit and self-presentation.
104. Even if their schemes are exposed, they persist in deception and trust-building.
105. Quick to conclude and decide.
106. Frequently compare themselves with others.
107. Poor cognitive control.
108. Low consumption of fruits and vegetables.
109. Nervous and loud.
110. Display true self when angry (jealousy).
111. Oscillating or "dead/moving dead" brain observed; low conscientious intelligence.
112. Recognize inability to help themselves.
113. Highly attentive to prestige, appearance, cars; therapist must consider this.
114. Interest in watching dancing, desire to dance, but low energy; routine tasks done out of necessity.
115. Have not achieved notable success.
116. Contradictory behaviors (e.g., wearing jackets in summer, exposing to sunlight, layering clothes, or cold showers in winter).
117. Always seek destructive paths to quickly satisfy inner desires.
118. Compare others' outward life with their own internal life excessively and inappropriately.
119. Dependent personality disorder observed in women with this condition.
120. Others' success and happiness act as trauma; may cause brain damage, hormonal disorders, and panic attacks due to resistance to treatment.
121. Risk of suicide or death upon witnessing others' happiness and success.
122. Kidney and thyroid problems observed (phosphorus deficiency, high calcium) (Seyed Mohammadi, 2014; Haeri Rohani, 2021).

ETIOLOGICAL THEORIES:

1. Dysfunction in the logical dimension of the brain (left hemisphere, prefrontal loop).
2. Presence of a genetic virus that impairs logic: In some cases, this virus may be transmitted through sexual contact after marriage, leading to impaired reasoning and reduced brain function.
3. Disorder of thought content (possibly a distinct cognitive disorder).
4. Consanguineous marriage (marriage between relatives).
5. According to Darwinian evolution theory: Humans evolve through positive genetic mutations. Conversely, a negative genetic mutation may exist, leading to regression in modern humans, possibly exacerbated by consanguineous marriage and genetic disorders. Over time, lack of mental and physical activity may prevent cellular development, affecting genetics across generations.
6. Other brain lobes may also show functional weaknesses.
7. They may have unusual blood types.
8. Their blood factors differ from normal individuals.
9. Their brain lacks self-repair capabilities.
10. Blood factor deficiencies and subtle genetic mutations may result from consanguineous marriage.
11. Brain and body cell count may be lower than normal.
12. Hypothesis: This disorder may be sexually transmissible via blood factors; a spouse may develop similar symptoms after a relationship with an affected individual, even without consanguinity (presence of a transmissible genetic virus).
13. Logic may involve multiple dimensions and branches.
14. They exhibit poor cognitive control, which requires careful evaluation.
15. Due to low intake of fruits and vegetables, they may experience vitamin and mineral deficiencies (notably vitamins A and C).
16. Low serotonin and elevated adrenaline levels.
17. Hormonal mutations.
18. Weak serotonin function.
19. Genetic factors play a significant role.

19. Weak hippocampus (genetically determined):

The **hippocampus** is a central region of the brain that plays a fundamental role in **long-term memory**. Weakness in this area may explain why these individuals are **not capable of learning from past experiences** or taking lessons from events.

ENVIRONMENTAL ETIOLOGICAL THEORIES

1. Lack of appropriate role models and correct work habits during childhood and adolescence.
2. Excessive pampering of spouse and children (over-servicing).
3. Family rules are overly flexible; prohibitions and limits are not stable but temporary.
4. Lack of cultural/religious limits (illicit relations, sexual relations with relatives).
5. Micro-level abnormalities in cerebrospinal fluid factors.
6. A genetic virus (that destroys logic and produces two-faced or multi-faced behavior) may penetrate the blood-brain barrier: this mutated virus presents itself benignly (hypocritically), crosses a weakened blood-brain filter, and impairs reasoning and behavioral filtering.

Differential Diagnosis

This disorder may overlap with other disorders, such as **Sadistic Personality Disorder**, but there are key differences:

- Individuals with **Sadistic Personality Disorder** tend to deliberately harm or torment everyone around them, including their closest loved ones, such as their spouse.
- In contrast, individuals with **Othello Syndrome** (Pathological Jealousy) are highly protective of their loved ones, despite exhibiting extreme jealousy and other maladaptive behaviors.

TREATMENT:

1. Placing the individual in the same environment they created to torture others, even one degree harsher, so that the person gains insight (increases brain engagement) (meaning legal punishment as a form of correction).
2. Removing their destructive tools.
3. Music therapy.
4. Biological therapy.
5. Pharmacological and herbal treatments.
6. Establishing repeated contrast and equivalence (matched to the patient's actions and behaviors when facing special persons).
7. Teaching correct thinking.
8. Presence of three people in the therapy room: two strong, prestigious suppressors and one companion empathetic with the patient (to attract the patient's attention).
9. Use of brain supplements (pills to increase intelligence and memory).

10. Use of B12 supplements, vitamins, magnesium, and phosphate.
11. Activating different brain regions through engagement in varied activities (multifaceted tasks because their brain engagement is low).
12. Herbal treatments.
13. Publicly exposing/shaming in the therapy session: therapist's defensive mechanism and the effect on the patient — calming and silencing the patient, weakening them (because by shouting and clamoring they try to seduce and deceive the therapist; if the therapist shows kindness they exploit it and shout more).
14. Within lobes, there are sub-lobes whose dysfunction causes performance deficits and psychiatric disorders; for example, the logic lobe or the reasoning lobe, etc.
15. Replacing all the blood in the body.
16. Treatment theory: cells are composed of fat, carbohydrate, and protein; these patients receive excessive carbohydrates, fats, and proteins. The cause may be a dysfunction or genetic mutation in their cells; their cells are weak, so when the brain signals to build, hormones are secreted, the patient feels hungry and craves specific nutrients (carbohydrates, fats, proteins). After consuming large amounts (due to cellular dysfunction they still feel low energy and hunger), they use the acquired materials elsewhere and give only a small amount to cells (a "thief virus": this virus does not use the obtained materials in the correct way).
17. Lack of alignment among brain cells.
18. Perhaps the process of cell production in these patients is faster than in normal people, because the brain constantly assumes the body lacks cells or energy to build cells and therefore issues many cell-building commands; due to metabolic dysfunction, many healthy and defective cells are produced whose lifespans are shorter than those of normal people.
19. Their lethargy, fatigue, and low energy are due to phosphorus deficiency and vitamin D deficiency.
20. Hold free classes for extremely stingy individuals with this disorder, but charge money for the extravagant patients. The classes should begin with talent identification and aptitude assessment, because they have no insight into their own talents.

DIFFERENTIAL DIAGNOSIS:

This disorder may overlap with other disorders, such as sadistic personality disorder, but there is a fundamental difference: individuals with sadistic personality disorder harm everyone, even their dearest loved ones, such as their spouse. In contrast, individuals with **Othello-like jealousy** (pathological jealousy) are very protective of their loved ones.

CONCLUSION

This disorder occurs in acute and hyper-acute phases, and in some situations, it can appear highly comical, while in others, it becomes disturbing and frightening. Patients with this condition have a strong need for counseling and psychotherapy, relying more on guidance and support than on medication.

When interacting with them, one can observe their confusion, disorientation, and lack of social insight. Therefore, it is essential to prevent their destructive behaviors through trust-building and establishing a positive relationship—a responsibility that falls on the therapist.

Additionally, patients should be provided with a structured dietary program, and their daily lives should be monitored under the therapist's supervision. Overall, the therapist must properly fulfill the role of guidance and mentorship for effective treatment.

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