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Review Article

WHERE THE LIMIT OF NORMALITY AND ABNORMALITY IN THE MIND BEGINS AND ENDS

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ABSTRACT

There are various factors that determine the concepts of normal and abnormal, and these are not constant factors. For this reason, it is debatable whether a definition is always valid for every society, for every person. Human behavior cannot be clearly separated into normal and abnormal. The duration and severity of these concepts also need to be clarified. A behavior can be considered abnormal to the extent that it deviates from the mean, lasts for a long time, and is severe. However, it is difficult to distinguish between normal and abnormal. Since no clear boundary can be drawn between them, it is not easy to answer the questions where normality begins and ends and where abnormality begins.

Keywords: Normality, Abnormality, Psychological trauma, Health, Psychology.

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INTRODUCTION

We often use the words normal and abnormal in daily life. These words have certain meanings for all of us. However, these meanings can vary more or less for everyone. If asked to define these concepts, almost all of us would have difficulty in making an appropriate definition. This is because these concepts do not have precise, objective definitions that are universally accepted. The other reason is that the approaches to these concepts are based on different starting points. To evaluate human behaviors, we need to know whether they are normal or not (Çiçek, 2020). Considering that it is difficult to define normality, it turns out that some objective criteria to demonstrate this are necessary. Determining the criteria related to the concept of normality will also be measures of abnormality in the opposite direction.

Approaches to the concepts of normal and abnormal can be considered in four groups. (1) The traditional approach considers normality and abnormality in terms of being healthy and sick. Accordingly, a healthy person without any disease or disorder is normal. The fact that a person's behavior is normal is considered to be synonymous with no abnormal behavior. However, this approach does not provide a significant benefit in defining the concepts of normal and abnormal. (2) The view that equates normality with the general mean is one of the most common views. The distribution of human behavior in society follows Gauss's bell curve. Accordingly, people's behavior is largely concentrated in the middle part of the curve, and they are considered normal. Behaviors at the two ends of the bell curve are very few. Moreover, they are abnormal. This view regards it as normal for people's general fitness to be around the mean. (3) It is also claimed that adaptive behaviors that are described as normal are a common product of processes related to each other. According to this view, normal behavior of a person is the process of maintaining his functions in harmony as a result of the constant interaction of his physical, mental, and social aspects with each other. Here, it is important for a person to develop adaptive behaviors, to be in harmony with his environment, and to display behaviors for problem solving. (4) For some, the concept of normality is a utopia, there is no absolute normality in real life. Various criteria and features related to the concepts of normal and abnormal are specified. Reviewing them is helpful in showing what these concepts are or are not: Normality varies from person to person.

Normality varies with age. Since the motor and mental development of children is not fully completed, their behavior is different from the behavior of adults. For this reason, this feature of children should be taken into account when evaluating normality or abnormality. Normality varies by gender. Due to the physical differences between men and women, there are some differences in their behavior.

Normality varies with the level of education. For example, spelling is abnormal for a college graduate, while it is normal for 6 years old who is just learning to spell to read.

DETECTION OF NORMALITY

There may not be much difficulty in detecting normality in concrete behaviors and events, but it is difficult to detect this in mental and social behaviors. Normality is evaluated according to the relative degree of deviation from values considered normal for a society and other characteristics. Three norms are used to detect them.

Statistical norm

The most common value related to the behavior or event under investigation constitutes the statistical norm. The arithmetic mean of the values is accepted as the "normal value," and it is decided whether the other values are normal or abnormal according to the distance from this value. The statistical norm fits the bell curve. For example, the distribution of intelligence coefficients in the population fits the bell curve.

Ideal norm

It is mostly used to determine the normality or abnormality in social events. First, a value is taken as the "ideal value" and anomaly evaluation is made according to the deviations of the values. The ideal norm curve is in an inverted J shape.

Functional norm

It is used to distinguish between normal and abnormal in terms of mental health. The functional norm takes into account the personality traits of a person, his harmony, and functional competence. If these are at a sufficient level, that person is said to be normal. If these features are insufficient and disturbing that person and his/her environment, an abnormality (or disorder) is mentioned (https://www.tipfakultesi.org/?pnum=512&pt=PS%C4%B0K%C4%B0YATR%C4%B010%29NORMALL%C4%B0+ANORMALL%C4%B0K).

It varies according to the time period in normality. For example, going to the moon 100 years ago was seen as a dream and considered an

abnormal thought, but today, it is considered normal to say that one can go to more distant planets.

Normality varies according to societies or their cultures. The above features should also be considered from this perspective. What may be normal for one society, may be abnormal for another.

As can be seen, there are various factors that determine the concepts of normal and abnormal, and these are not constant factors. For this reason, it is debatable whether a definition is always valid for every society, for every person. Human behavior cannot be clearly separated into normal and abnormal. The duration and severity of these concepts also need to be clarified. A behavior can be considered abnormal to the extent that it deviates from the mean, lasts for a long time, and is severe. However, it is difficult to distinguish between normal and abnormal. Since a clear boundary cannot be drawn between them, it is not easy to answer the questions where normality begins and ends and where abnormality begins (https://www.tipfakultesi.org/?pnum=512&pt=PS%C4%B0K%C4%B0YATR%C4%B010%29NORMALL%C4%B0+ANORMALL%C4%B0K).

NORMALITY IN HEALTH

In the field of health, the concepts of "being healthy" and "being sick" are opposed to the concepts of normal and abnormal. These are human behaviors in the most general sense. There are no clear boundaries between these two concepts. A healthy person may have some sick aspects, and a sick person may have some healthy aspects. For example, a person who has had a heart attack may be mentally competent; A person with dementia may have no physical problems, while there are significant impairments in mental abilities. There is a wide transition space between being healthy and being sick. It is usually not difficult to make a judgment about physical health or illness. The criteria for this are more precise and more easily measurable. If the value in any of the criteria is outside the normal range and is prolonged, there is a disease. However, there is no objective measurement of symptoms or behavioral disorders in the mental and social domains. It is difficult to determine which or what level of disordered behavior in these areas is a disorder. Many factors such as social value judgments, beliefs, culture, social relations, and lifestyles are important in the evaluation of behaviors in these areas ((https://www.tipfakultesi.org/?pnum=512&pt=PS%C4%B0K%C4%B0YATR%C4%B010%29NORMALL%C4%B0+ANORMALL%C4%B0K).

It is possible to end a sentence that begins with "It's been weird these days, it's not the same as before" in ways that describe a wide variety of psychological disorder symptoms. However, we all sometimes feel and act differently than usual, or witness the strange or unhealthy behavior of our loved ones. What is the border?

The answer to this question cannot be given easily. Deciding that a person is suffering from a psychological disorder that requires professional help or treatment or will be taken within the limits of "abnormal" requires a rigorous and multidimensional assessment.

In addition, normal, which means compliance with the rules, can be in the form of conforming to the behavioral patterns adopted by the majority, or it can be in the form of being in the statistical average based on measurements. Anomaly, on the other hand, is a rare value and expresses an undesirable negative departure from normal. For example, when we say that "Ali's intelligence is normal," we mean that Ali's intelligence is average (100–110) compared to the majority. When the intelligence level is above average (such as 130–150), it is not considered abnormal, while when it is below normal (40–50), it is considered abnormal because it is an undesirable situation. Likewise, being short or tall is not abnormal, but gigantic or dwarfism is abnormal.

In psychology, it is very difficult to define which behaviors are normal and which are abnormal. Behavior that is customary, in accordance with the place, time, situation, and rule is considered normal and abnormal behavior that is not.

Abnormal behaviors such as murder, suicide, and sexual assault, which are seen as extreme deviations from social norms, are symptoms of mental disorders, but not every abnormal behavior is a symptom of mental disorders. For example, abnormal behaviors are also observed in cases of mental retardation, but these behaviors do not match the signs and symptoms of mental illness. Some of the abnormal behaviors have extraordinary qualities, while others only prevent the person from effectively coping with the difficulties he encounters throughout his life (https://www.psikolojibilimi.gen.tr/).

There are some criteria that determine the concept of normal and abnormal behavior, which has the feature of changing from society to society and in the same society over time.

These;

1. In reality, no behavior is abnormal when taken alone. Anomaly gains meaning in a certain social environment. One can sit at home and fall into the world of dreams, recite songs, poems, and somersaults to himself.

Only when he tries to do such behaviors in the classroom, in the movie theater, or in crowded places, his name may turn out to be "crazy" and "crazy." The problem is that these behaviors are done in the wrong place.

2. The same rules apply to different behaviors in different cultures. What is normal, expected, and approved behavior for one culture may be inappropriate and unacceptable behavior for another. It is difficult to define what is "abnormal" because value judgments vary greatly from age to age, from society to society.

For example, when a respectable person dies in a house in ancient Egypt, all the women of the house put mud on their heads and faces; while it is considered normal behavior to leave the dead at home and take to the streets, lifting their skirts up to their waists and beating them, it is defined as an abnormal behavior today.

3. The quantity and quality of the behavior is also important in the distinction between normal and abnormal. It is also an abnormality for an individual to constantly do something that is done by everyone (such as washing hands every 10 min) or not to do it at all (such as never laughing or not sleeping at all).

For example, psychiatrist Nevzat Tarhan for selfie, which is a means of showing himself on social media and proving his own existence and identity: "If a person takes a photo of himself in private situations several times a day, this disease is not accepted.

If that person records his every act, every practice, or every place he goes, this becomes a situation that encourages egocentrism. This turns into a weakness of personality" and emphasizes that the measure should not be missed while taking selfies, and that missing the measure is a weakness of personality.

"People's views, attitudes, value judgments, and behaviors change for a variety of reasons; some psychologists, who act from the view that a person who acts normally today will not behave in an abnormal manner tomorrow," some psychologists distinguish between normal and abnormal with "sometimes and mostly" markers. For example, while the normal person's relations and communication with other people sometimes deteriorate, the abnormal person mostly;

- Behaviors, attitudes, and thoughts are unrealistic.
- Their behavior exceeds the tolerance limit of the people around them.
- He has bad relationships and communication with people.
- He cannot show the skills and success expected from him (https://www.lojibilimi.gen.tr/).

Finally, abnormal behavior is a general name given to psychological problems in clinical psychology. Interestingly, there is still no definition for a psychological disorder or abnormal behavior (abnormal behavior)

that mental health professionals agree on. When we look at the reasons that make the definition difficult, we see that a single criterion is not sufficient to define this concept, since there is no common feature shared by abnormal behaviors (Trull and Prinstein, 2013). Furthermore, since behavior that is normal in one culture or environment may not be in another, it cannot be said that there is a clear line between normal and abnormal behavior. Finally, the approach of psychology theories that try to explain human behavior to abnormal behavior from different perspectives makes the definition difficult. Despite all this, if we need to make a general definition, abnormal behavior; it is a psychological dysfunction that does not comply with the typical expectations of the culture in which it is located, is relatively rare, causes the person to feel distressed, and disrupts his home, work (school), and social life (Trull and Prinstein, 2013) (Barlow and Durand, 2015).

How to understand that a person has a psychological problem?

Let's take a look at the following example to answer this question:

You woke up one morning. Before getting out of bed, you clicked your hand on the nightstand at your bedside 3 times to prevent negative events that may happen to you during the day, as every morning. While getting dressed and having your breakfast, you repeated the tasks you need to do during the day in order, as you do every morning. As you were about to walk out the door, your phone rang, and you saw that your manager was calling. You suddenly realized with great fear that your heart started beating fast, you were trembling, and you were short of breath. Thinking that your manager might say something negative, you did not pick up the phone and thought, "Should I not go to work?" You forced yourself out of the house and went to the bus stop. Although there were two buses going in the direction of your workplace, you did not get on, thinking that if you got on them, something bad might happen to you at your workplace, and you waited for the bus numbered 111 every morning. You got to the office 15 min late because you spent too much time waiting for the bus, and you came to your desk, avoiding meeting your manager. You started working. First, you tried to make sure there was no mistake by checking what you did the day before, although you might have checked repeatedly. Then, you felt distressed and nervous, thinking that you had to start the report you've been putting off for quite some time. You lingered until noon. You ate lunch alone at your desk, as usual, avoiding eating with your coworkers because you were worried about people watching you and thinking negatively about you. During the day, you avoided drinking coffee and tea so that your heartbeat would not accelerate and you would not feel discomfort. Not consuming tea, coffee, and other liquids in this way is a habit you have adopted for a long time, as it prevents you from using the toilet that everyone uses unnecessarily and from meeting people while going to the toilet. At the end of the working hours, you came home with the bus number 111, as usual, and after you ate you went in front of the TV. You got bored thinking about how lonely you were and spent the night feeling sad.

If you lived like this, would you think you had a psychological problem? Maybe… Here, the person has a psychological problem, perceiving extreme threat in situations that everyone encounters in their daily life (e.g., the expectation that he will say something bad when he calls the manager; the expectation that a negative event will happen to him at the workplace when he takes a bus other than 111, the expectation that he will think negatively about himself while eating with friends, etc.), experiencing intense anxiety and fear in these situations, experiencing physical symptoms that cause discomfort (e.g., heart palpitations, tremors, shortness of breath, and tension) and taking measures that not everyone will take to prevent negative events that may happen to them (e.g., not getting out of bed without clicking on the nightstand 3 times), not answering the phone when the manager calls, not getting on buses other than 111, checking the previous works repeatedly, not having to use the toilet by not consuming liquids not to eat with people and not meet with them, etc. In addition, difficulties in fulfilling one's responsibilities at work, restriction of social relations and feeling sad by being alone shows that problems cause disruptions in his life. In short, although a person may have negative thoughts, feelings and behaviors developed to cope with them from time to time, we can think that he or she has a psychological problem because their frequency and violence have increased to a degree that disrupts his life (https://datem.com.tr/blog/anormal-davranis-nedir/).

How can abnormal behavior be defined?

What is meant by the phrase "the weather is not going normally this year?" When we hear such a sentence, the weather conditions are not suitable for the conditions required by the season; that this is a rare occurrence; a state of instability is observed in weather events; we think that this situation is unexpected and disturbing. It is clear that more than 1 of these criteria must be consistently present for weather to be truly "abnormal." In fact, it is possible for us to make similar evaluations and even develop criteria for abnormal behaviors.

The word normal is derived from the word "norm" and means "average common occurrence, occurring in many instances." Therefore, when "abnormal" or "abnormal" is used, it refers to situations that "do not represent average situations, are rare, rare." However, statistical infrequency of a feature does not constitute a reason for mental health deterioration. For example, giftedness or high athletic ability is a rare feature, but it is not related to mental illness (Tunaboylu İkiz, 1996).

Violation of social norms can be another criterion. The individual may systematically engage in behaviors that do not conform to group norms or that are destructive to them. Although this is a typical criterion for some disorders, it is clear that it should be handled with extreme care, especially when remembering how group behaviors and norms are formed. In addition, there may be people who pursue behaviors that are out of the norm (such as prostitution and pickpocketing) as a way of life for various reasons, but their mental health is good (Gerrig and Zimbardo, 2012).

A basic criterion that we can use to determine the limit of the abnormal is personal discomfort. In many psychological disorders, the individual experiences severe discomfort, suffering, and/or helplessness. However, in schizophrenia or some mood disorders, the patient does not feel such discomfort. Another is loss of competence or dysfunction. Due to this situation, the individual has difficulty in performing the skills necessary to maintain his daily life, so he becomes inadequate and regresses in life functionality. For example, the individual may have to start/end his business trips at least 1 day before/after, unlike the others, due to the fear of getting on a plane. Someone else does the iron/stove, etc. He is always late or his mind is preoccupied with it all day because he returns home several times each morning, not sure whether he has left it open. A third criterion is unpredictability or inappropriate response to the situation. The individual finds situations threatening/disturbing and/or gives unexpected reactions that are out of proportion to the disturbing level of the situation. During any casual discussion, he may suddenly punch windows or have a panic attack in a confined/congested area. Behavior that disturbs the observers/witnesses is another criterion. The individual gives disturbing reactions that cause others to feel threatened or worried in his environment. Those who pass by someone who is walking by shouting and shouting to himself on the road may be uneasy, or the guest may feel discomfort and anxiety when it is possible to enter in a house where guests are visited, almost sterilized. Irrational thinking can be a criterion. However, do not think of this situation as evaluations that "make sense to you." What is meant by this criterion is a way of reasoning or speaking that cannot be followed, has no connection with reality, and the ties of association are broken. Anyone who talks about his cat waking him up early in the morning because of messages sent by cell towers is detached from objective reality. When it is necessary to decide whether an individual is behaving abnormally, if more than 1 of these criteria is clearly present, the more frequent and severe the symptoms appear, the more confident the assessment can be. However, it is not possible to see all of these criteria in every abnormal behavior. Consider someone with a severe anxiety disorder; does not

disturb the observers, does not violate the norms. However, he has a feeling of discomfort and it is highly likely that he will experience loss of function even if he is not aware of it (Davison and Neale, 2004).

In fact, in most cases, abnormal behavior differs in degree or level from normal behavior. The abnormal person experiences features that many people experience at higher levels, such as inconsistency, excess, behaving inappropriately, or feeling inadequate, or they have lost the ability to control or regulate these reactions. At the same time, it is necessary to observe a situation in which such behaviors are constantly repeated in a person with a psychological disorder, reducing the individual's productivity, and disrupting his interpersonal relationships. Thus, it may be relatively easy to distinguish between extremes, but in intermediate situations, it is clear that a multidimensional and professional assessment is required. To make such decisions more effectively, in other words, to make the correct diagnosis, classifying the disorders and deciding whether they are suitable for classification can be a solution (Gerrig and Zimbardo, 2012).

Today, a categorical approach that treats mental health/mental illness as two qualitatively different classes is not considered sufficient. Rather, a dimensional approach is preferred, which sees mental health and illness as only quantitatively different from abnormal behavior from normal behavior. With this approach, the transition from normal to abnormality (and of course the return) is a matter of degree, and it is necessary to use more than 1 criterion to determine this degree correctly. This is why determining the limit requires a multidimensional and rigorous evaluation (Tunaboylu İkiz, 1996).

Classification and diagnosis

A psychological diagnosis/diagnosis is a characterization made by categorizing observed abnormal behavior patterns within an accepted diagnostic system. This type of diagnosis is in many ways more difficult than a medical diagnosis. In medical applications, blood test, biopsy, etc., can rely on test results. On the other hand, in psychological disorders, diagnosis is the observation, test, etc., of the state and movements of the person. It is based on decisions made through examination and evaluation of techniques. In this regard, establishing a common system of diagnostic criteria is a way to facilitate this decision-making process and ensure its comparability.

The benefit of establishing a system for classifying and diagnosing psychological disorders is, above all, that it provides a common language. In other words, a diagnostic system provides a framework for those working in the field of psychopathology to understand and communicate with each other quickly and clearly. At the same time, such systems allow for comparable treatment of both diagnosis and treatment.

Today, a system known as DSM (Diagnostic and Statistical Manual of Mental Disorders), prepared by the American Psychiatric Association, and is used in many parts of the world, including our country. It is known that diagnostic system attempts in Western countries started in the 19th century. However, the system that was agreed upon and first published in 1952 was the DSM. Today, diagnosis in clinics is made through DSM-IV-TR, which was revised and published in 2000. DSM-V, which includes some changes, was published in 2012 but was subject to severe criticism. In this and the next section, we will examine psychological disorders in accordance with the DSM-IV classification. However, before starting to examine them, it is useful to make some reminders. The term "madness," which is commonly used in everyday language, is too general and superficial to be a diagnosis. Since it is not clear exactly what kind of symptoms this term refers to, it has no place in clinical diagnosis.

Another important issue is the way of classification as neuroses and psychoses. Neurosis is the name given to mental disorders based on the feeling of anxiety that the individual feels so intensely that it causes disruptions in bodily and social functions. The concept of psychosis, on the other hand, is used for individuals whose behavior and thought processes are so severe that they lose their connection with reality and who are so ill that they cannot fulfill their social functions. We can also express the distinction between neurosis and psychosis, depending on whether the individual is disconnected from reality or not, as follows: In neurosis, the patient is aware of his thoughts, feelings, and the external reality, hence, his illness knows that some of his behaviors are not appropriate/healthy; suffers from it; as in anxiety disorders. In psychoses, on the other hand, the patient is not aware of his thoughts, feelings, and reality outside himself, and he tends to perceive the images in his mind as real. He does not see himself as uncomfortable, he is firmly attached to the reality in his own mind; as in schizophrenia. This form of classification was abolished with the DSM-III published in 1980 as very general and is no longer included in clinical diagnosis. However, even if these concepts are not given as a diagnosis, they can be used among clinicians (https://cdn-acikogretim.istanbul.edu.tr/auzefcontent/20_21_Guz/psychology/14/index.html.).

ANXIETY DISORDERS

Almost all of us experience anxiety, tension, or worry in the face of threatening or stressful situations. These are human and natural responses. However, some people may experience anxiety so intensely that they cannot continue their daily lives, or the anxiety and the individual's reaction to it are not compatible or proportional to the current situation. Such disorders are called anxiety disorders (Önder and Tural, 2004).

General anxiety disorder

The individual, who has excessive and unrealistic worries about almost everything, is on the alert as if he will receive bad news at any moment. He does not know exactly the object and cause of his fear. Both psychological and physiological symptoms coexist. Easily angered; is restless and restless. Depending on the prevailing sense of anxiety, he may have problems with understanding and learning processes due to lack of attention. We know that the autonomic nervous system is activated, depending on the perceived sense of threat. Changes such as palpitations, muscle tension, pallor or redness of the face, and ingrown hairs are also experienced in general anxiety disorder. However, in general anxiety disorder, the fear felt by the individual who does not know what the danger is and where it comes from is not natural and is exaggerated according to the rate of danger. For at least 6 months, the individual must experience both the psychological and physiological conditions that we have mentioned so far. Below is a simple summary of some of what a patient diagnosed with general anxiety disorder said in therapy:

"I've been feeling relentlessly bad for a few months. I do not know why. It's like I've committed a murder, I'm at the hearing and waiting for the judge to announce his decision. No matter what I do, this feeling doesn't go away. We used to go out with my friends and go out to dinner. Now I'm overwhelmed by this thing I'm feeling and I'm avoiding people" (Önder and Tural, 2004).

Panic disorder

Although panic attacks (colloquially called panic attacks) are a symptom that can be seen in all anxiety disorders, panic disorder is classified as a disease in its own right. There is no obvious disorder in the general attitudes of individuals with this disease, which is characterized by spontaneous panic attacks. However, when the seizure starts, the patient experiences extreme anxiety and panic. When the fear-based panic attack, which dominates all his emotions, is over, the patient's greatest fear is when the seizure will come again. The patient has a severe fear of death or the fear of going crazy and losing self-control. On the other hand, physiological effects, such as palpitations, sweating, and tremors, which indicate that the autonomic nervous system is activated, are also observed. A patient with panic disorder expresses his experience as follows:

"I was walking down the street. Suddenly everything around me seemed foreign to me. Streets, buildings, people. I felt a panic inside me. It was like he was getting stronger with each passing moment. I started shaking and sweating. The safest thing for me was to go home right away. I don't remember how I got home. I started to cry. It seemed to pass a little. Then it started again. I was sure I was going to die. I wanted to go to the hospital. I was afraid to go out alone…… I was unable to go out on my own, my biggest fear was when and how the seizure would occur again" (Önder and Tural, 2004).

Phobias

Fear is a natural and actually protective response to a threat or danger we face. When we feel fear, we produce a purposeful action, such as attacking or defending. However, in phobic situations, the person is constantly and unreasonably afraid of a certain object, activity, or situation that he or she thinks is extremely threatening, and the actions he produces are often not purposeful. There are many different types of phobias. We will review a few of them.

Although agoraphobia was a concept that was used to describe the extreme fear only in open spaces, it is used in a much broader sense today. It is the state of extreme anxiety about being alone and entering crowded places such as airplanes, buses, theaters, and elevators. At the same time, the behavior of avoiding entering crowded places is observed in these individuals who experience intense fear. These patients feel as if they cannot get out of these crowded environments for some reason, as if they would be helpless or helpless if they needed help. They do not put themselves in situations that will create agoraphobia because they are afraid of embarrassing themselves in the event of a panic attack:

"My neighbor suggested that we go to the newly opened mall together. I couldn't tell him that no force could take me to the mall or outside of our neighborhood. I pictured myself lost in the crowd, not knowing where to go. I avoided going to the mall by making up an excuse. But I don't know how long I can go on like this."

Social phobia is a concept used for the situations experienced by individuals who are extremely afraid as a result of their excessive insecurity when speaking in public or doing any action. Their main feeling is the fear of doing something that will humiliate them. In this context, they are terrified at the thought that their anxiety will be revealed by symptoms such as trembling hands, blushing, or trembling of the voice. For this reason, the individual avoids entering the community. The most distinctive feature of social phobia is what someone else will think of them. As the feared situation approaches, anxiety increases and physiological symptoms such as nausea and tremors appear. Even though the person with social phobia knows that the fear is irrational, they cannot overcome this fear and avoiding the situation may seem like the only solution:

"Back in middle school, B. could never speak in front of the class or answer questions. In the days when the teacher knew that he was going to give an oral examination, B. was walking around with a stomachache all day. B. began to be unable to get out of the toilet so as not to take the examination."

What is meant by the term specific phobia is an abnormal fear of certain objects or situations. Spider, cat, dog, dark, storm, closed place, and height phobia are the most common types. The distinctive feature of specific phobia is that the individual reacts excessively only when confronted with the feared situation or object. As in other types of phobia, the individual shows avoidance behavior from these objects or situations. Many of us are afraid of certain situations or objects. However, if it is not very severe clinically and does not affect our level of functioning in life, this condition cannot be called a phobia:

"The woman was so afraid of dogs that she could not visit her daughter because a family with dogs lived in the upper flat of her daughter's apartment. If the dog chased him in any way while he was in the car, he would beg his wife to have the car washed" (Önder and Tural, 2004).

Obsessive compulsive disorder (OCD)

In OCDs, the daily functions of the individual are negatively affected as a result of obsessions and compulsions (not being able to stop his actions despite his willpower). Obsession is the name given to the persistent occupation of the mind by unwanted thoughts, images, or impulses that cause anxiety. Although the individual tries to consciously expel these obsessive thoughts from his mind as irrational, he cannot succeed. Certain actions or rituals performed to banish the obsession from the mind and reduce anxiety are called compulsions. Thanks to the compulsion, the individual initially feels relieved. Eventually, however, this situation reaches an uncontrollable level, and these repeated and unstoppable mandatory actions themselves create trouble. The compulsions can sometimes be an externally observable behavior and sometimes just a mental act. For example, an individual who touches something that he knows is actually clean may think that his hand is dirty (obsession) and therefore wash his hands many times (compulsion) or recite a certain prayer over and over (obsession) because of the curses that come to his mind while making ablution (obsession).

From time to time, we all have repetitive thoughts ("Did I leave the tap on?") or engage in some ritualistic behavior (taking a test with a lucky pen). However, people with **OCD** spend so much time on such thoughts and actions that their daily lives are affected. Even if he checks that the faucet is closed and goes out, the person who goes back to the house repeatedly and checks, cannot go out to the street, cannot go to work or school because of the possibility of the taps remaining open at the last point. These people know that their thoughts are illogical and feel shame, but because they cannot ignore these thoughts, they live a life under the control of their obsessions and compulsive actions:

"M. has control rituals that are triggered by fear of harming someone else. While he's driving, he often pulls over to see if he's driving over people. When M. enters the toilet, he first checks the toilet in case a live insect falls into the toilet. He also repeatedly checks doors, stoves, and lights, preventing his family from encountering incidents such as theft or fire because of his own 'irresponsible' behavior. She does not hold her 10-month-old daughter in her arms because she is afraid that she will drop it when she hugs him. M. devotes half the day to his inspections to make sure everyone is completely safe" (Önder and Tural, 2004).

Post-traumatic stress disorder

The most important symptom of this disease, which occurs late in extraordinary situations such as floods, earthquakes, traffic accidents, terrorism, torture, sexual assault, and war, is the frequent recollection of the event and perceiving it as if it is happening all over again. Images, thoughts, and feelings about the event recur in daily life and sleep. The patient is extremely agitated and fearful and gives a startle response to the slightest stimulus because he is hypersensitive.

Not everyone who is exposed to a traumatic event suffers from post-traumatic stress disorder (PTSD) and becomes ill. In such cases, some people do not have any psychological symptoms, while others have short-term adjustment disorders. Therefore, the reason why it actually occurred cannot be attributed to the weight of the strain alone. There must be a certain structure and personality predisposition. It can be considered whether those who work in traumatic environments, such as the police working at the crime scene, experience PTSD. However, as long as they are not involved in or exposed to the event, it has been observed that the situations they encounter do not cause PTSD on their own.

Common features of traumatic events in PTSD include:

1. Too heavy a painful blow
2. Unpredictable, unexpected nature of the event that will cause stress
3. The individual's lack of control or helplessness in the face of the event
4. Experiencing helplessness when help from the environment is not possible.

A soldier diagnosed with PTSD after participating in the Falkslands War between England and Argentina in 1982 says:

"Imagine burnt pork and the smell of plastic as it burns. Today that smell is still in my nose. It tastes good to me. I will never forget the day they came to rescue us by helicopter. When the helicopter door opened, there were many injured people lying on top of each other. It smelled like pork cooked in a plastic bowl. Even talking about it now, it tastes like… When I left the military in 1986, I was like some kind of psychopath. I became very aggressive and could not get along with anyone. I divorced my wife, whom I said I loved very much. One day I decided to renovate the kitchen from top to bottom. I went and bought a bunch of new junk and threw anything old I could get my hands on out the window."

PTSD was found at a rate of 20% in the community surveys made after the August 17, 1999, earthquake. Studies have shown that, as well as the earthquake itself, the delay in aid after the earthquake and the inability of people to receive equal aid cause trauma (Önder and Tural, 2004).

SOMATOFORM DISORDERS

In somatoform disorders, the person has physical ailments and complaints that cannot be explained by the actual state of health. Let us remind you that for a somatoform disorder to be diagnosed, the complaints of individuals must be at a level that interferes with their daily life, in other words, disability or functional regression must be observed (Önder and Tural, 2004).

Conversion disorder

This disease, which used to be called hysteria, is a psychological distressing disorder without any physiological cause. The patient shows false symptoms. There may be hoarseness, deafness, blindness, paralysis, stomachaches, digestive problems such as nausea, or sexual problems such as sexual reluctance. At the same time, the patient may complain of body aches strong enough to cause fainting spells:

"H. He was a patient who had been admitted to the hospital many times due to unstoppable severe pain in his right hand. Many neurological and physiological tests were performed, but the cause of the pain could not be found. During the interview, the patient suddenly began to squirm, saying that his hand was starting to hurt. Evaluating the possibility of a mental pain, the doctor made an experiment. When the doctor placed his hand on H.'s hand, the pain slowed down and went away in a short time. When the patient held his own hand with the other hand, the pain did not subside, and later H.'s husband A. was invited to the hospital. H. was kept under clinical observation for 1 day. When the pain started again, the doctor, who saw that the pain went away when her husband held her hand, called the psychiatrist of the hospital and the reason for the pain was revealed. She expected her sick husband to be a more caring and supportive wife, but since she never expressed it, she had been suffering from this purely psychological hand pain for more than a year" (Önder and Tural, 2004).

Hypochondria (disease of sickness)

Although there is no physical disorder, the person misinterprets these symptoms and assumes that he or she has a physical disorder. The patient constantly touches himself to see if there is a disorder or pain in his body. Their anxiety about being sick is so high that their entire agenda is preoccupied with the illnesses they think they have. They are not interested in other things and spend most of their days in hospitals or emergency rooms. No test, no explanation, that doctors do can convince them that they are not sick. Since they always want to be with the doctors and talk to them, they leave the doctors helpless in the face of their insistence.

"A woman in her 40s was coming to the emergency room every day with a different complaint. She was constantly talking about the diseases she should have. When she was told that she had to go to a psychiatrist, she said, "I have no problem with my mind," and she avoided this possible meeting. Finally, 1 day, she came back in the morning with her face swollen from the beating. After the physical intervention was done, she began to tell what had happened. Her husband does not come home, and when he does, he beats him. While the patient was overwhelmed by the troubles that emerged with this marriage, she gradually began to listen to her body and then to think about it, and even to spend days when she did not think about what her husband did or would do (Önder and Tural, 2004).

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