

# Examination of a Grotesque Finger Pointing: Duplicity vs. Goodness

Saeed Shoja Shafti

Emeritus Professor of Psychiatry, New York, USA

**\*Corresponding Author:** Saeed Shoja Shafti, Emeritus Professor of Psychiatry, New York – USA.

**Received date:** February 18, 2025; **Accepted date:** March 04, 2025; **Published date:** March 12, 2025

**Citation:** Saeed S. Shafti (2025), Examination of a Grotesque Finger Pointing: Duplicity vs. Goodness, *J. Neuroscience and Neurological Surgery*, 17(3); DOI:10.31579/2578-8868/363

**Copyrights:** © 2025, Saeed Shoja Shafti. This is an open-access article distributed under the terms of The Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Counseling, as one of the simplest methods of psychotherapy and psychological management, may be acknowledged as an infinite ground for immeasurable themes. In this regard, and among different issues, it is not rare that a counselor may meet with couples, who may, simultaneously and reciprocally, accuse each other of various misbehaviors, like boorishness, deceitfulness, fierceness, and cheating. Then again, such accusations may be used, misused, or described by them as whys and wherefores or retaliation. Alternatively, they may be applied by the said confronters, as Machiavellian tricks, crazy maneuvers, or basic characteristics. Indeed, the said challenges, which are usually among the common familial stresses and complaints, may take a considerable amount of time for every counselor, marital analyst, or family therapist. But, among the aforesaid allegations, there is a specific type of blame, which includes an initial claim of infidelity by one of the partners against the other lover, and, then, after exploration and disavowal of the abovementioned finger pointing, a similar blame is being declared by the cleared part against the earlier complainer, which may be confirmed after an appropriate interview and probe. So, the counselor may face a morbid cycle of imperative challenge, which consists of a mixture of false and factual complaints. But why should a cheater instigate or precipitate his or her embarrassment by an unbecoming accusation? From a psychopathological viewpoint (1), such a sequence of events may originate from, for example, a simple self-doubt, low self-esteem, or self-consciousness, which may mediate an instinctive projection (unconsciously), an intended claim (vengefully), a terrible allegation (aggressively), or a nervous finger pointing (neurotically). On the other hand, while a disloyal but sentient partner may prefer, unconsciously, a treacherous companion to decline his or her conscious or unconscious guilt-feeling, a demanding wrongdoer may prefer to be classified, synchronously, with a concurrent unfaithful mate. So, if sometimes an attack may be accounted as the best defense against a forthcoming bout, a groundless complaint, as well, may prevent or defer an imminent real allegation against a devious partner, who may intrigue easier in a confused milieu. Similarly, a paranoid partner, whether as a delusional patient or a person with paranoid traits, who has been involved, fortuitously or knowingly, in an extramarital affair, may approach in the same way, repetitively or compulsively, though they may do that melancholically even without the said engrossment. Likewise, while companions with

narcissistic or antisocial traits may entitle themselves to extracurricular affairs, spouses with borderline traits may do that unthinkingly, and partners with hysterical traits may perform that overdramatically, along with countless rationalizations (2). Surprisingly, the said cluster of patients or persons may allege their partners ruthlessly, while they may authorize themselves effortlessly. Moreover, a partner with borderline intellectual functioning or mild intellectual deficiency may react unfairly to a supposed or real reciprocal disloyalty, which can be due to limited capacity for multidimensional abstraction, analysis, and judgement. Similarly, affective disorders (3), like bipolar disorder, with manic, hypomanic, or mixed episodes, cyclothymia, or even hyperthymia, along with their typical inflated self-esteem or euphoria, may have comparable end-results during their active phases and before remission or turning into depression or a euthymic state, due to an assuming impaired judgement. But, after all, it seems that the most incidents occur due to the miscalculation of a Machiavellian agitator, who thinks that continuation of a hush-hush lifestyle may be possible by precautionary, loafing, or uncertain accusations. Such a disloyal and demanded partner may suppose that controlling a fragile household may be possible by fabrication of a self-made milieu, which may defer or cover secret and real state of affairs. So, they may apply such schemes whenever the final exposition, due to mistakes or indications, seems to be imminent. Otherwise, no smart but disloyal partner may precipitate disclosure of his or her scandal by an ill-timed and untrue indictment. Moreover, it seems that they try to save their extramarital affair, in addition to their current overt relationship, due to any reason, including emotional, erotic, monetary, social, or political motives, instead of a commonsensically discontinuation of the said underground relationship—a selfish wish, which may turn everything upside down after final exposure. Though, according to data, extramarital affairs are not a rare phenomenon among couples, this form of claim in counseling sessions seems to be occasional. On the other hand, although mutual accusation among couples during familial conflicts is a usual occurrence, which may vanish, too, at the same time, after settlement or ceasefire, intended false allegation may not be ignored easily by the victim or prevent final separation due to its burdened distress, unfairness, and, possibly, social stigma, which is not also independent from cultural values, especially in civilizations where adulterous affairs may result in harsh punishments and consequences (4).

Finally, disregarding the aforesaid psychiatric complications, which demand their usual psychological or psychopharmacological management, what could be the cornerstone of counseling in such a situation, which involves a mixture of a fabricated blame, which has been disapproved actually, and a real duplicity, which has been exposed confidently? Alternatively, how may a target, who has been blamed unethically and cheated ruthlessly, be advised or pacified? Though, sometimes, the involving parameters, like funding or social circumstances, may be so intricate that making a good decision is not an easy task and alternatives are too limited, even for an expert guidance counselor, who is anyhow dependent on his or her insights, experiences, or settings, the final solution, also, may not be independent from the personal traits or status quo of clients (5–14). For example, while a dependent partner may tolerate, under duress, an antisocial, narcissistic, or paranoid companion, a borderline partner or anankastic spouse with obsessive-compulsive traits may not tolerate either of them. So it is not surprising that sometimes a simple counseling method may eventually turn into a more structured psychotherapeutic approach, or an optimistic marital therapist may finally turn into a pessimistic divorce therapist. Sometimes, the distinction between best or worst, or right or wrong, may, inadvertently, become so subjective that neither counselor nor client may reach a purposeful agreement. In such a situation, no counselor may avoid a kind of compromise or selection among a series of complicated options (15).

## References

1. American Psychiatric Association (APA). Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Washington, DC: American Psychiatric Association. 2013.
2. Sadock BJ, Sadock VA, Ruiz P. (2015). Theories of Personality and Psychopathology. Kaplan and Sadock's Synopsis of Psychiatry. 11th edition. Philadelphia: Wolters Kluwer. 179-180.
3. Markowitz JC, Milrod B. (2017). Mood Disorders: Intrapsychic and Interpersonal Aspects. In: Sadock BJ, Sadock VA, Ruiz P, editors. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. 4263–4275.
4. Shoja Shafti S. (2021). Honor Killing: A Review in Developing Societies. American Journal of Humanities and Social Science 12 (48): 1 – 9.
5. Shoja Shafti S. (2020). Evolutionary Psychiatry and Higher Prevalence of Depression in Females: A New Opinion. On J Complement & Alt Med. 4(4): 1-3.
6. Shoja shafti S. (2014). Prevalence of Psychiatric Morbidities in Acute Coronary Heart Disease. Cardiovasc Psychiatry Neurol. 407808.
7. Shoja Shafti S. (2023). 2Character Armor and Magic of Cinema: A Case Vignette. Int J Psychiatr Ment Health 5: 40-45.
8. Shoja Shafti S. (2023). Marital Separation and Antidepressant Medication: A Casual Debate. On J Neur & Br Disord 6(5): 593-595.
9. Shoja Shafti S. (2023). Sex and Radicalism: A Sociobiological Approach. Int J Psychiatr Ment Health 5: 29-34.
10. Shoja Shafti S. (2024). Appraisal of a Nonconforming Childrearing: A Debate in the Field of Developmental Psychology. Biomed J Sci & Tech Res 56(1): 47771-47775.
11. Shoja Shafti S. (2024). A Sweet Dream: Analytic Enquiry of a Disguised Tension, Clinical Research and Clinical Trials 9(5): 1-3.
12. Shoja Shafti S. (2023). Motherland, Immigrant and Clinical Psychiatry: A Reconsideration. On J Neur & Br Disord 6(5): 596-598.
13. Shoja Shafti S. (2024). Environments and Gender Dysphoria: A Case-Based Appraisal, Psychology and Mental Health Care 8(4): 1-5.
14. Shoja Shafti S. (2024). Gender – Specific Sensual Side Effect of Selective Serotonin Reuptake Inhibitors, J Clinical Research Notes 5(1); 1-3.
15. Shoja shafti S. (2023). Breakup and psychiatric evaluation: when & why. Journal of Psychology & Clinical Psychiatry 14(1):24–25.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here:

**Submit Manuscript**

**DOI:10.31579/2578-8868/363**

**Ready to submit your research? Choose Auctores and benefit from:**

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more <https://auctoresonline.org/journals/neuroscience-and-neurological-surgery>