

Drives and instincts and their disorders

- ancient, phylogenetically encoded biological mechanisms
 - **instincts** – stereotypes without individual variability
 - **drives** – they have meaning and direction, they have certain individual variability
 - both are constant for particular species
 - they provide basic, permanent attitudes and forms of behavior that ensure the necessary needs of the individual
1. The drive to preserve the family – sexual, caring for offspring
 2. The drive to preserve the individual – sustenance, self-preservation, orientation, curiosity
 3. Associative (social) drive
 4. The drive to make life more pleasant (self-assertion, ownership, decorativeness...)

Subsistence instinct

- very complex reaction of the organism, very strong instinct, little vulnerable
- the necessity of food intake, searching for food
- in an effort to get food, a person also violates social norms
- intensity regulated by feelings of satiety, hunger, taste, and thirst
- **hunger** – the organism lacks food, psychologically – unpleasant sensations, biologically – reduced level of nutrients, control centers of the ventromedial and lateral nuclei of the hypothalamus
 - disorders: increase – **bulimia**, decrease – **anorexia**, in most people the appetite weakens in stressful situations, in 10-20% it is the opposite
 - food compensates for worries, problems, lack of love, induces relaxation...
 - the mentally ill does not eat because he believes the food is poisoned, or the voices forbid him to eat, deep depression – he thinks the foods are not worthy
 - **sitophobia** – refusal of food, especially in paranoid psychoses and psychotic depression
 - **pica** – eating indigestible objects and disgusting substances (coprophagy, cannibalism), mainly in advanced dementia and schizophrenics

Self-preservation instincts

- an innate defensive reaction, the goal is to preserve one's own self, one's own safety, the learned instinct to preserve the whole family, the individual's instinct for self-preservation may be in conflict with the instinct to preserve the family, genus, nation.
- basic reaction – attack, flight, stupor
- disorders lead to self-mutilation (**automutilation**) and suicide (**suicidium**), to the mutilation and destruction of one's own offspring or to the destruction of the last members of the family in order to preserve the offspring.
- self-mutilation or suicide do not necessarily always conflict with the instinct of self-preservation or the instinct of family preservation, and these two instincts can intermingle and strongly collide.
- absence often in severe forms of depression, schizophrenia, masochism, exceptionally in hysteria
- the most common forms of self-mutilation - castration, eye damage and gouging, finger amputation, suicide
- **pathic suicide** – results from psychopathological symptoms
- **balance-suicide** – escape from an unsolvable life situation (incurable disease, old people without finances, fear of prison...), someone claims that the psyche must be disturbed here too, someone that they can be completely healthy

Sexual drive

 For more information see *Psychophysiology of human sexuality*.

- previously, under the influence of Freud, the influence of drives on the psyche was overestimated, today it is rather underestimated
- the sexual drive in humans is more influenced psychosocially, biological influences have less influence
- the sexual drive matures later
- every period has its sexuality
- main components – gender identity, gender role, gender orientation, sexual activity

Gender identity

- whether an individual feels male or female is definitely developed from the 3rd year of the child
- influenced by – karyotype, gonads, hormones, sex-specific education
- gender-specific behavior – gender roles – is created

Sexual orientation

- erotic preference for certain objects
- can also show certain deviations from the norm in “majority-oriented” (e.g. mutual masturbation of boys)

Sexual reactivity

- present from early childhood, erection is common in boys

Defects

Quantitative:

- excessive development with increased appetite —**saferiasis** (men), **nymphomania** (women), usually not considered a mental disorder
- insufficient development - **sexual dysfunction**

Qualitative:

- disorder of identity, orientation, and reactivity - sexual deviation see below

Parental instinct

- closely related to the previous one
- very difficult to find out which part is innate and which is acquired through education
- frequent disorders - neglect of education - ravenous mothers, abuse
- sometimes, on the contrary, excessive attachment - monkey love (parents are often neurotic)

Social drive

- exaggeration - **familiarity**, lack - **solitude**

Links

Sources

- BENEŠ, Jiří. *Study materials* [online]. [cit. 2010]. <<http://jirben.wz.cz>>.