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THE 19TH NATIONAL SYMPOSIUM OF THE ROMANIAN ASSOCIATION FOR THE STUDY OF PERSONALITY Borderline personality- between features, symptoms and destiny

6-9 October 2021

Targu Mures, Romania

BOOK OF ABSTRACTS

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SUGGESTIVE THERAPY IN BORDERLINE PERSONALITY DISORDER

Elena Gabor

Suggestive therapy and medical hypnotherapy use positive suggestions in Hypnosis to replace the patient's conscious and subconscious unhealthy programs of thinking.

Many studies have been conducted that show the high success rate of using hypnosis/ hypnotherapy and suggestive therapy.

Hypnotherapy and suggestive therapy are effective in a wide range of pathologies including borderline personality disorder. This paper aims to underline the importance of this therapy as well as to present the structure of a suggestive therapy session for managing borderline personality disorder alongside age regression.

Keywords: borderline personality disorder, hypnosis, hypnotherapy, suggestion, age regression

HOW A BORDERLINE PARENT LOVES HIS CHILD?

Cristina Raluca Bodo¹, Bianca Raluca Turcu¹, Roxana Diana Albert¹, Ioana Morariu¹, Aurel Nireştean^{1,2}

¹ Mureş County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

Raising children is the most difficult job in the world. Parents with borderline personality disorder play their parental role in the context of additional risk factors such as depression, substance abuse, and low levels of support from their family. Interactions between parents with borderline disorder and their children have a low level of sensitivity, these parents have difficulties in correctly identifying the emotional state of their children, may have difficulties loving their children unconditionally. Many parents with borderline disorder will not be able to set healthy limits for themselves or their children and are addressing defensive mechanisms such as withdrawal, blaming, rationalization, control, threats and approaching reality in black and white.

Although there are no generally accepted rules for good parenting or for expression of love, we sought in this paper to outline the challenges of parents suffering from borderline disorder in fulfilling their parental role, starting from ten landmarks, accepted as principles of normality in the process of raising and educating children.

Keywords: personality, borderline, parenting, love

PARTICULARITIES OF THE TOXICOPHILIC BEHAVIOUR IN PATIENTS WITH BORDERLINE PERSONALITY DISORDER

Rareş Păroiu¹, Bucur Beata¹, Aurel Nireştean^{1,2}

¹ Mureş County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

Borderline personality disorder (BPD) is a prevalent and disabling condition characterized by emotion dysregulation and interpersonal instability. This particular personality disorder was thought to be "on the border" between the psychoses and neuroses. Borderline personality disorder co-occurs with other psychiatric disorders like anxiety, depression, binge eating, antisocial personality disorder and frequently substance use disorder (SUD). This strong association with SUD is due to the fact that both are characterized by impulsivity and affective instability, a common neurobiological basis and traumatic history in childhood. The reasons behind the toxicophilic behavior are vast and different for each substance. Some substances contribute to the release of pain such as opioids others induces a state of well-being like alcohol or cocaine and cannabinoid compounds reduce levels of aggression and anger. Also, potential explanations and causal models of co-occurrence are summarized.

Keywords: borderline personality, substance use disorder, comorbidity, cannabinoids

SPECIFICS SEXUALITY IN BORDERLINE PERSONALITIES

Diana - Mihaela Vlad¹, Bianca Stoica¹, Horia Marchean¹, Amani Diana Rusu¹

¹ Mureş County Hospital, Psychiatry Clinic II

Borderline personality disorder, henceforth referred to as BPD, is characterized by emotional and interpersonal instability, extremely intense emotional responses, impulsive behavior, distortions of one's sense of self, self-harming behaviors. It is known to entail problematic issues related to sexuality but relatively little research has been made regarding this issue. However, despite being known traits of BPD, these phenomena are very rarely, if at all discussed in the international medical community, let alone in our country.

Therefore, our presentation aims to provide a description of some sexual particularities in BPD as well as context and possible explanations for the patients' sexual behavior. We intend to focus mostly on BDSM (bondage, discipline, dominance, submission, sadism & masochism) practices and erotomania, as well as introducing a positive psychotherapy approach to the matters at hand.

We theorize that BPD personalities are drawn to BDSM, primarily in a submissive position, due to their incapacity to care for themselves and see themselves in a positive light, thus projecting this responsibility onto the dominant partner, which both assumes control and validates the BPD personality's need to be wanted, accepted, significant and, ultimately, to have identity.

Also, we believe that it may prove significant to employ positive psychotherapy techniques in both the therapy of the personality disorder in itself, as well as in regards to the meaning of BDSM activities for the individual BPD patient.

Lastly, we present a brief overview of hyper-sexuality as a component of BPD due to the prevalence of dichotomic thought. Alongside a connection between BPD and psychological trauma, it is, we believe, warranted, and it rounds out our presentation, which, we hope, will shed some much-needed light upon certain aspects of living with BPD.

Key words: borderline personality disorder, masochism, instability, sexual behavior

NEUROBIOLOGICAL AND PSYCHODYNAMIC PATHWAYS TO THE DEVELOPMENT OF BORDERLINE PERSONALITY DISORDER

Elena Andreea Mănescu¹, Elena Denisa Stoica¹, Octavian - Gabriel Ivanov¹, Aurel Nireştean^{1,2}

¹ Mureş County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

The article builds on the integration of psychodynamics and its neurobiological substrate in borderline pathological personogenesis. Innate and acquired structural vulnerability underlying borderline development takes a unique turn in every patient, which is in effect a painful variation on a common theme. This paper examines the major theories of etiology in relation to the latest available neuroscientific research. Connecting the dots of the main developmental highlights, brings forward a central explanatory mentalization based model with further therapeutic implications. Attachment disruption early in development followed by later traumatic experiences interacts with constitutional vulnerability leading to impaired mentalizing capacity. Bringing together the phenomenological expressions explained by psychodynamic mechanisms and based on neurobiological findings, we provide a roadmap for a clear perspective on the development of borderline personality disorder.

Keywords: borderline personality disorder, pathological personogenesis, mentalization, neurobiology, psychodynamics

MALADAPTATIVE MECHANISMS OF BORDERLINE PERSONALITY DISORDER IN STRESS CONDITION

Paul Amihaesă¹, Mihaela Gavriş¹, Simina Constantin¹, Tudor Nireştean¹, Aurel Nireştean^{1,2}

¹ Mureş County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

Borderline personality disorder is a severe and frequent disorder characterized by a pervasive pattern of instability, affecting self-image, the mood, impulse control and interpersonal relationships. If we search in the personal history of patients, we may find unpleasant experiences or traumatic events. Signs and symptoms of this disorder include both chronic and acute features, but the acute features are mostly revealed in stress condition. Thus, because of unstable sense of self, unpredictable mood swings, weakness of impulse control and disruptive behavior, they are in a very vulnerable position under the stress condition. The people with borderline personality disorder feel a fear of abandonment and they have insecure attachment, so problems like separation, disagreement or rejection represents most common factors with a huge disruptive potential. Accordingly, on a vulnerable field consisting of past trauma and dimensional vulnerability, we have got a weak sense of self and unstable interpersonal relationships leading in stress condition to maladaptive impulsive behaviors expressed by acts of violence, dangerous activities like reckless driving or substance abuse, until to self-harm and suicide.

Keywords: borderline, stress condition, maladaptive impulsive behaviors.

NON-SUICIDAL SELF-INJURY

Zsofia Komuves¹, Elena Pantea¹, Emese Lukacs^{1,2}

¹ Mureş County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

Non-suicidal self-injury (NSSI) is defined as causing intentional body harm without suicidal intent. It is often manifested by cutting, burning or self-hitting in order to relieve painful emotions.

NSSI is associated with borderline personality disorder (BPD), but it also appears in nonclinical samples, producing serious harm and serving as a precursor to suicide attempts.

The most frequent injury is that caused by a knife, blade or other sharp object. The most common injured areas are the anterior area of the thighs and the dorsal face of the forearms.

NSSI neither appears in DSM-4 or ICD 10 as a disorder nor does it constitute a component of any current anxious or depressive syndrome. This lack of nosological recognition coupled with clear psychopathological importance only in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), with NSSI being classified as a syndrome in its own right.

DSM-V proposes it as a separate entity, however there is a growing trend among those who have all the diagnostic criteria for BPD.

The aim of this paper was to describe the diagnosis introduced in the DSM-V and to distinguish it from BPD.

In conclusion, while more research is needed to fully understand the entity of NSSI as it takes part outside the context of BPD, these findings suggest that such self-injury is present. NSSI occurs not only with BPD, but in those who don't have the personality disorder too.

Keywords: Non-suicidal self-injury, borderline personality disorder, diagnostic criteria

PROCESS-BASED COGNITIVE-BEHAVIORAL THERAPY IN BORDERLINE PERSONALITY DISORDER

Cosmin Popa¹, Cristiana Cojocaru², Alina Schenk³

¹George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Târgu-Mureș.

²Braun Avitum Dialysis Centre, Sighișoara, Mures County

³Save the Children – Mures Branch

Given the countless comorbidities that are associated in borderline personality disorder, an unilateral therapeutic approach has proven to be not only insufficient, but more than that, even ineffective and not recommended. Besides that this is true for the combination between medical and psychological treatments, research has also shown that effective psychotherapeutic approaches for treating borderline disorder are multimodal and integrative. The gold standard psychological treatments in borderline personality disorder remain cognitive-behavioral psychotherapies, including cognitive therapy, dialectic behavioral therapy, schema therapy and acceptance and commitment therapy. New CBT approaches in borderline are based on the psychotherapeutic process in terms of both content and context. These interventions are effective because they focus on reducing the intensity of negative automatic thoughts, thought suppression and changing cognitive distortions, but also on constructs like psychological flexibility, emotional regulation and problem solving. In other words, the integrative CBT model is a viable and, at the same time, effective therapeutic choice in this personality disorder.

Keywords: CBT, psychological treatments, borderline disorder

BORDERLINE PERSONALITY DISORDER- SPECIFIC FEATURES IN A CLINICAL CASE

Amani-Diana Rusu¹, Iulia Loredana Afloroaei¹, Viorel Grăjdieru¹, Diana- Mihaela Vlad¹, Aurel Nirestean¹

¹Mureș County Hospital, Psychiatry Clinic II

²George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

Borderline personality disorder (BPD) is a severe mental disorder which is characterised by the presence of a pervasive pattern of self image, interpersonal and emotional dysfunctions. The debut of this condition appears to be in the early adulthood and manifests itself in different conditions during their lifetime. This leads to patterns of dysfunction in their behaviour and interpersonal relationships.

BPD affects 1% to 3% of the general population and is the most common personality disorder in clinical settings.

In literature we can find numerous studies which correlate the BPD personality and substance abuse. It is demonstrated that in general women with BPD prefer alcohol and sedatives and men stimulants. Also, substance abuse in this case it appears to lead to poor school performance, unemployment and promiscuity (prostitution).

IMP, 21 year old male, from an urban setting, with a case history of psychiatric dysfunctions from 10 years ago, with multiple psychiatric admissions for substance abuse, with disobeyed treatment it is brought at the II Psychiatry Clinic of Targu-Mures, with the ambulance and the police for hetero-aggressivity towards his girlfriend. When it was admitted in the hospital, the patient presented the following: verbal and physical hetero-aggressivity, anxiety, psychic restlessness, dysphoric tendencies, superficial associations and imaginative exaltation, mixed insomnia. The clinical symptomatology is maintained by a toxicophilic behaviour which is associated with a persistent paraphilic conduct based also on the disobeyed psychiatric treatment.

Keywords: borderline personality, substance abuse, male, promiscuity

SEXUALITY PATTERNS IN BORDERLINE PERSONALITY DISORDER

Ioana Miclutia¹

¹ UMF Cluj-Napoca, department of Clinical Neurosciences, discipline of Psychiatry

As the hallmark of this personality disorder is instability/impulsivity in various domains: self-image, behavior either social or personal, relational and a sense of emptiness. Due to these broad instability and impulsivity patterns, persons engage in turbulent and risky behaviors such as alcohol and other psychoactive substances, collusive relations with blurred sexual orientation, multiple and promiscuous sexual partners, with the temporary idealization and depreciation of the sexual partner, blackmail or self-harm, suicide attempts on the background of lack of empathy, emptiness. Although there could be traced sometimes different early abuses, they might be themselves abusers later on. Pansexuality is possible: among high risk sexual behaviors could be early sexual experiences, STD, multiple partners, mate poaching, sexual orientation vacillation, promiscuity, involvement in coercive sex, being victims of rape, intense, conflictual relations, with often victimization and dissatisfaction, self-destructive actions. Early pregnancies, abortions, less parent responsibilities reflect the modest partner and parent implication.

BORDERLINE PERSONALITY DISORDER THE “DISCOURAGED” TYPE

Lavinia Duică^{1,2}

¹ “Lucian Blaga” University, Sibiu

² “Dr. Gheorghe Preda” Psychiatric Hospital, Sibiu

Twenty-year-old MM patient, from a rural area, without occupation, was brought by her father to the guard room of the “Dr. Gh. Preda” Psychiatric Hospital in Sibiu for a severe depressive symptomatology with psychotic elements, extremely low functioning. The disease started 5 years ago, the patient appearing in the outpatient psychiatric service where she was diagnosed with “Major depressive episode”. The diagnosis of “Recurrent depressive disorder, major depressive episode with psychotic elements” was established. The evolution of the depressive syndrome was favorable, but the patient’s functionality was lower for a while.

This pathological condition appeared after a difficult period of life marked by tense relationships, physical abuse in the school environment, simultaneously with dysfunctional family relationships and culminating in the installation of an addiction to anime, resulting in school dropout. The lack of a perspective in pursuing this artistic field in which he wanted to work (he wanted to study and work in the field of anime in Japan) determined the installation of the mentioned pathology.

The patient resumed high school studies after 6 months, but at the following examinations there was still a low adaptive capacity, due to emotional instability, disturbed self-image, fear of abandonment, specific features “Borderline personality disorder “. In addition, there was submissiveness, dependence on referents, preoccupied with their own helplessness, with frequent episodes of anger and insolence in the absence of evidence of affectivity, traits that characterize the “discouraged” type of borderline personality disorder that was described by Theodore Millon.

Currently, the patient is receiving treatment with Risperidone 2mg / day and Escitalopram 10 mg / day, her professional integration has not been successful, she is very attached to the family environment, although the relationships are still dysfunctional, she does not yet have the emotional capacity and social skills to build an independent life, although it has great potential to perform in the field of fine arts.

Keywords: dysfunctional family relationships, professional integration, “discouraged” type

BORDERLINE PERSONALITY DISORDER AND EPIDEMIOLOGICAL MEASURES IN THE COVID 19 PANDEMIC - ADAPTABILITY MODEL

Claudia Anghel^{1,2}, Ciprian Bacila^{1,2}

¹ “Lucian Blaga” University, Sibiu

² “Dr. Gheorghe Preda” Psychiatric Hospital, Sibiu

In March 2021, the World Health Organization declared worldwide the appearance of a new virus that causes COVID-19 disease, implicitly the pandemic with SARS-CoV2 virus, which led to changes in the way life flowed, causing the population to adapt to this new *modus vivendi*.

A number of epidemiological measures, designed to prevent the spread of the virus and gain time until the emergence of an effective vaccine, have been implemented, with related consequences.

For people diagnosed with Borderline personality disorder, social distancing with reduced social interactions, increased stress levels, in terms of information about the evolution of the pandemic and insecurity created by this virus, have resulted in changing the level of adaptability, oversizing the consequences and have led to the appearance of decompensations within this pathology.

Keywords: COVID-19 pandemic, Borderline personality disorder, adaptability, epidemiological measures

THERAPEUTIC PERSPECTIVES IN BORDERLINE PERSONALITY DISORDER

Flaviu Bologh¹, Horia Marchean¹

¹ Mureş County Hospital, Psychiatry Clinic II

Known for its difficulties regarding therapeutical approach, borderline personality disorder may, despite its unfortunate reputation, possibly benefit from more such approaches than are commonly known in our "traditional" hospital practice, in lack of a better term. In such usual conditions, it is mainly treated, or rather, its symptoms are mainly kept under control via the use of drugs.

The present work aims to explore, alongside established methods of keeping the more hard-to-manage traits of the personality disorder under control, a few lesser-known methods in our country, but some that have proven themselves to be successful beyond our borders, primarily dialectic-behavioral therapy (DBT).

Originally developed for patients exhibiting suicidal behavior, DBT is an evidence-based form of psychotherapy which takes the foundations of cognitive-behavioral therapy and adds elements from other schools of therapy, such as group therapy or mindfulness, while also paying special attention to emotions and relationships as the crux of what must be worked through.

Using the four skills that DBT aims to teach patients, said patients are expected to develop a tolerance to distress, a capacity for emotional regulation, alongside interpersonal effectiveness. Mindfulness allows the patient to have perspective concerning their conflictual states.

Beyond these skills, DBT focuses on quality of life, parasuicidal behaviors, skill acquisition, self-respect and post-traumatic stress behaviors in individual therapy, and on group therapy for the training of skills in a safe and effective manner.

Alongside other, less established methods in the international community, which shall be touched upon, DBT is an integral part of the therapeutical arsenal in the worldwide medical community, and its adoption is, we believe, of the utmost importance as concerns the treatment of our BPD patients.

Keywords: DBT, individual therapy, quality of life

PRINCIPLES OF PSYCHOPHARMACOTHERAPY IN BORDERLINE DISORDER

Olivian Stovicek¹, Dragoş Marinescu², Ileana Marinescu³

¹"Titu Maiorescu" University of Bucharest

²Medical Academy of Romania

³University of Medicine and Pharmacy of Craiova

Pharmacological treatment and psychotherapy of borderline personality disorder are currently dominated by the predominantly symptomatic approach to this pathology. The use of pathogenic models allows the individualization and personalization of the case, and the evaluation of neuroimaging and biological markers, in particular cytokine and proinflammatory factors, can highlight the capacity for cognitive resilience of patients. Given that the symptomatic picture of borderline personality disorder has multiple clinical variables, from the type of schizophrenia like-psychosis to major depression, bipolar depression or antisocial behavior, the pharmacological approach requires the use of psychotropic medication with major neuroprotective effect and to maintain neurotransmitter balance, represented by the neurotransmission constant. Symptomatic therapeutic intervention can decompensate this constant, with the cascade triggering of cognitive mechanisms that disrupt the resilience of neurotransmission subsystems. The pharmacological therapeutic approach with antipsychotics that block D2-type dopaminergic receptors, in the case of a schizophrenia-like-psychosis symptomatology, will trigger a marked hypodopaminergy, in the basal ganglia and in the nucleus accumbens. At the level of the basal ganglia, there will be disconnection of the striato-frontal circuits, with the appearance of hypofrontal syndrome, while the damage of the nucleus accumbens will decrease the reward capacity and the installation of addictive phenomena, including sexual, food or criminal addiction. It should be noted that the psychotherapy recommended by the therapeutic guidelines can only be effective if there is a cognitive resilience of the patient. The symptomatic use of medication favors the lack of therapeutic response and potentiates the biological mechanisms that induce antisocial behavior.

Keywords: striato-frontal circuits, neuroimaging, nucleus accumbens

THE NEUROBIOLOGICAL PERSPECTIVE IN THE PATHOGENESIS OF BORDERLINE PERSONALITY DISORDERS

Dragoş Marinescu¹, Olivian Stovicek², Ileana Marinescu³

¹ Medical Academy of Romania

² "Titu Maiorescu" University of Bucharest

³ University of Medicine and Pharmacy of Craiova

Borderline personality disorders are a major point of interest for biological psychiatry, highlighting multiple changes in neuroimaging assessments, which can be correlated with clinical evolution variables, represented by depressive or paranoid psychotic disorders, as well as self-aggressive behavioral changes or heteroaggressive. Borderline personality can be associated with neurodevelopmental abnormalities,

in which case they can be objective, especially in cases with antisocial manifestations, ventriculomegaly and frontal atrophy, especially in the supraorbital cortex. Epigenetic factors may be associated with genetic changes involved in brain development, especially in the harmonization of the neuron-astroglia relationship, similar to what happens in autism, schizophrenia or bipolar disorder. Borderline disorders that are not correlated with neurodevelopmental abnormalities show a disconnecting alteration in the cingulate cortex or in the interhemispheric connections through alterations of the corpus callosum. This disconnective pathology can be correlated in the case of the cingulate cortex with the functional alteration of the limbic and cortico-limbic circuits, while the corpus callosum lesions are associated with the dysfunction of the mirror neurons. borderline personality disorders, which explain the variability of clinical symptoms in this pathology.

Keywords: neuroimaging, epigenetic factors, biological psychiatry

THE SCENE SUCCESS OF BORDERLINE PERSONALITY DISORDER AT DUSK OF HISTRIONIC PERSONALITY DISORDER

Mircea Lăzărescu

In the commentary area of borderline personality disorder, socio-cultural factors play a major role; fact also proved by the explosion of interest for this field occasioned by the introduction of Axis II of diagnosis in DSM-III. The lifestyle of everyday life also shapes the expressiveness of the manifestation of personality disorder, the fact being highlighted by the declining interest in histrionic personality disorder in the post-modern world, in which interpersonal relationships are increasingly mediated by technology; which no longer supports the attractiveness of spectacular crises. In this context, the case study in cluster B (from outside the antisocial personality disorder) turned more and more towards the manifestation in private areas. In the form of megalomaniacal self-representations of narcissistic personality disorder and constant tense dramatic scenes, from the area of an intimate dual relationship, as in borderline personality disorder. The success of the latter also involves other maintenance factors, such as: - circumstantial instability, also maintained by the contemporary lifestyle; - the successes of various psychological therapies in this direction; - interest in interpersonal psychology, neopschoanalysis, theory of mind. Looking at things from this perspective, the question arises: how will things be in the typology of borderline personality disorder in 30 years?

Keywords: borderline personality, histrionic personality, postmodern life

THE FUNCTIONING OF THE PATIENT WITH BORDERLINE PERSONALITY DISORDER IN THE PROFESSIONAL ROLE.

Mihaela Gavriș¹, Simina Constantin¹, Paul Amihăeșă¹, Tudor Nireștean¹, Aurel Nireștean²

¹ Mureș County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

Borderline personality disorder is a severe mental disorder characterized by a lasting and pervasive pattern of instability in interpersonal relationships, self-image, and affect, marked by impulsivity and suicidal behaviors.

The psychobehavioral manifestations of borderline personality disorder can be exacerbated or nuanced by the values of consciousness. The dimension of consciousness is best characterized by the way in which that person relates to activities, this being low in a maladaptive sense and is manifested by low self-image, absence of professional enthusiasm and no respect for social norms. A person with excessively low values of consciousness has no discipline and perseverance, is unpredictable and doesn't keep his promises and initial plans. Professionally, his achievements are usually below the level of his skills, being a stubborn person, difficult to lead, who makes impulsive decisions finally leading to immoral acts.

Improving of emotions regulation by supportive and drug therapy has been suggested to be useful in employment. Thus, a good collaboration between mental health services, professional rehabilitation and improving of knowledge about people with borderline personality disorder can contribute to increasing the duration of job.

Keywords: borderline, consciousness, professional role.

THE DYNAMICS OF THE OPENNESS TO EXPERIENCE IN BORDERLINE PERSONALITY STRUCTURE

Ioana Morariu¹, Aurel Nireștean^{1,2}, Lukacs Emese^{1,2}

¹ Mureș County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

The traits and their facets comprised in The Big Five model offer us a detailed analysis of the development of pathological personality. Regarding borderline structure, there is an entire literature consisting in studies that are using the Big Five, most conclusions being - quantitative - that high score was found in Neuroticism, a modest correlation with Openness to experience and low scores in Agreeableness, Extroversion and Consciousness, facts that predict a low quality of life and a poor state of well-being. From a phenomenological point of view, openness

to experience with all its facets appears to reveal a different perspective which could not only explain in a special manner the evolution and blockings in borderline structure of personality in becoming an authentic person and the growth of self-awareness but also could help discovering ways of bringing light and even solutions to the patient's needs.

Openness to experience represents a special dimension in a personality structure, completely influenced by all other, yet the one that explains the development and growth of a person. In borderline structure, this dimension is the one that reveals the main role of coping reactions and defence mechanisms in blocking the self from evolving whilst creating them.

Key words: borderline, openness to experience, person

BORDERLINE PERSONALITY DISORDER - DIMENSIONAL APPROACH

Lorena Mihaela Muntean^{1,2}, Andreea Sima-Comaniciu¹, Emese Lukacs^{1,2}, Aurel Nireştean^{1,2}

¹ Mureş County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Târgu-Mureş

Borderline personality disorder is considered one of the most complex but also controversial personality disorders since its inclusion in the DSM due to its increased heterogeneity, comorbidities, lack of reliability, validation and arbitrary limits of criteria.

As is well known there are pros and cons regarding the dimensional and categorial approach in diagnosing personality disorders.

The limitations of the categorial model determined the specialists to develop the dimensional approach in view of a complex, flexible but at the same time non-stigmatizing characterization.

According to the Big Five model, borderline personality disorder is associated with normal openness and extroversion and low levels of conscientiousness, agreeableness, and neuroticism.

Keywords: borderline personality disorder, dimensional approach, Big Five, instability

BORDERLINE PERSONALITIES - PARTICULARS OF ATTACHMENT TO TWINS

Emese Lukacs^{1,2}, Ioana Morariu¹, Lorena Mihaela Muntean^{1,2}, Andreea Sima-Comaniciu¹, Aurel Nireştean^{1,2}

¹ Mureş County Hospital, Psychiatry Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Târgu-Mureş

The self in borderline personality remains a permanent challenge for psychoanalysis but also for psychopathology. The fragility of a diffuse self - often expressed through dissociative paroxysms - is also found in the attachment relationship. The feeling of uncertainty perceived by the object by the borderline subject maintains a permanent need to confirm the attachment. A particular variant of the attachment relationship is described between the twins. In the case of twin subjects with borderline personality, the stability and intensity of this relationship rejects the intervention of the entourage they are trying to ignore. The attachment relationship is limited to the two subjects and takes place in a crucible fed by the distorted subjectivity of each of them.

BORDERLINE TRAITS AND SYMPTOMS IN DYNAMICS OF AGES

Flavia-Daniela Munteanu¹, Iulia-Loredana Afloroaei², Amani Diana Rusu²

¹Targu Secuiesc Municipal Hospital

²Mures County Hospital Psychiatry Clinic 2

The evolution of the features and symptoms characteristic of the borderline personality, on an axis of time or in the dynamics of ages, begins with their genesis, in early childhood, passing through the diagnostic stage - young adult age - and can continue with several patterns of evolution.

A pattern of further evolution, quite common, is that of Michael Jackson, exemplified by his music and life, as far as it can be seen from the outside, at a highly publicized and controversial personality.

Keywords: borderline, personality, age, dynamic, traits, symptoms

AGGRESSIVE BEHAVIOR AS AN EXPRESSION OF IMPULSIVITY INSIDE OF THE FRAME OF AFFECTIVE INSTABILITY

Ujlaki Alexandru¹, Morariu Ioana¹, Bercea Diana¹

¹Mureş County Hospital Psychiatry Clinic II

Aggressive behavior represents a difficult challenge in the management of patients with borderline personality disorder. Aggressive behavior can be classified into two forms; instrumental aggression, which is externally directed, goal oriented and planned out and reactive aggression which is usually triggered by strong negative emotions, such as shame, fear and anger. Even though some patients with borderline personality disorder can manifest instrumental aggressive behavior, the reactive subtype is the hallmark of this personality disorder. Our objective is to study the difference between these two subtypes and describe how some specific traits such as affective dysregulation, impulsivity, threat hypersensitivity and empathic functioning lead to reactive aggressive behaviors in patients with borderline personality disorder.

Keywords: aggression, borderline, impulsivity

BORDERLINE DISORDERS - BETWEEN STIGMA AND COMPASSION

Aurel Nireştean^{1,2}

¹ Mureş County Hospital, Psychiatric Clinic II

² George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Targu-Mures

The borderline personality represents the personological disharmonious model most marked by the dynamics of contrasts. Appearances of fragility and ingenuity along with the diversity of ways of expressing the need for attachment and authenticity often invoke compassion.

Impulsivity, intolerance, inability to control emotions, self-harming behaviors and suicide attempts as well as promiscuity and immorality can "cause" the binomial pity - tolerance.

The complexity and severity of risk factors for borderline structures - childhood abuse and major depression being the dominant ones - along with negative events and life experiences accompanied by rejection and / or humiliation allow understanding, acceptance and sometimes toleration of pathological behavioral manifestations.

Today, the peculiarities of postmodern society become leading cofactors of borderline features and give new attributes and meanings to the concept of stigma.

Keywords: borderline personality, determinism, complexity, stigma

BIPOLAR DISRUPTIONS. HYPER-PHOTOGRAPHY AND THE IMAGE OF THE „PHANTOMATIC TWIN”

Alexandra Crăciun¹

¹University of Bucharest

The specificity of the hyperphotographic image is related to its capacity to disrupt the represented object. Hyperphotography results from a process of intensification of the image based on tautological addition. „Punctum” - the empty point of the photographic image in Barthes' acception - becomes supersaturated by a strange the assimilation of a „ghostly twin”, which leads to the loss of the contact with the real.

Keywords: hyperphotographic image, tautological addition, phantomatic twin

GENDER-RELATED SUBSTANCE ABUSE PARTICULARITIES IN BPD PATIENTS

Octavian-Gabriel Ivanov¹, Elena Denisa Stoica¹, Elena Andreea Manescu¹

¹ Mureş County Hospital, Psychiatry Clinic II

Borderline personality disorder (BPD) is a personality disorder involving primarily an emotional dysregulation, impulsivity, unstable interpersonal relationships and risky behavior, ranging from self-harm up to suicide.

Being the second most prevalent personality disorder associated with substance abuse, more than 75% of the patients suffering from BPD develop, at some point of their live, a substance use disorder (SUD) in any of its forms.

Although SUD is not the direct cause of BPD, substance use does indeed lead to the aggravation of the personality disorder's progression, it's impact on BPD's development being even greater in the case of substance abuse which start during puberty.

Nonetheless, BPD reverberates differently in men and women, various personality traits and temperamental characteristics specific to each gender, leading to the development of a dissimilar axis I and II comorbidities. Pointing out those differences may lead to a better understanding and guidance in clinicians' assessments and treatment.

Keywords: suicide, substance use disorder, borderline personality

HOW TO LIVE WITH A PERSON WITH BORDERLINE PERSONALITY DISORDER

Ioana Brustur¹, Denisa Negru¹, Tudor Nireştean¹

¹ Mureş County Hospital, Psychiatry Clinic II

Living with a person with borderline personality disorder is like a roller coaster; it is full of: fear, dread, maybe even horror, freedom, adrenaline, happiness, a balloon full of feelings that flips upside down at a speed you may not be able to keep up. Whether you are a family member, friend or partner of a person with borderline personality disorder, maintaining a healthy relationship with such a person can be a challenge. In fact, there may be times when you wonder if you really want to mention such a relationship. An essential part of feelings for a person with borderline personality disorder is the awareness that you can support them, but you can't help them if they change just by looking for specialized treatment options to benefit from therapy. However, any therapeutic strategy must be of maximum flexibility and always long-lasting, its first "victim" having great chances to be the therapist himself.

Keywords: therapeutic strategy, relationship, roller coaster

BORDERLINE PERSONALITY DISORDER AND THE NEED FOR ATTACHMENT

Marius Mogoşan¹

¹ Mureş County Hospital, Psychiatry Clinic II

From the perspective of attachment theory, formulated by British psychiatrist Edward John Bowlby in 1952 and refined by Canadian psychologist Mary Ainsworth and other psychologists in the 1970s, several types of attachment have been described, including secure attachment, insecure avoidant attachment, insecure ambivalent (resilient) attachment and disorganized attachment, which in turn would also be considered a form of insecure attachment.

Several recent studies tend to make a connection between borderline personality disorder and insecure attachment, suggesting that this type of attachment, especially the disorganized one, would contribute to the development of borderline personality, among other factors.

It has also been observed that borderline personality disorder is characterized by affective and interpersonal processes similar to insecure attachment, which opens a door to future exploration through further studies of this possible etiology.

Keywords: Insecure attachment, trauma, borderline personality

UNDERSTANDING BRAIN'S COMPLEX FUNCTIONING THROUGH QUANTUM PHYSICS

Roxana Manda¹, Adela Banga², Monika Moldovan³

¹ CMI Psihiatrie pediatrică Miercurea Ciuc

² CMI Psihiatrie Reghin

³ Spitalul Judeţean de Urgenţă Miercurea Ciuc

Throughout history there have been numerous theories and models explaining brain's normal functioning, respectively altered functioning- in which case mental disorders subscribe. Nowadays, psychiatry and the treatment of mental disorders, are based mostly on the theory of altered neuronal transmission. Recent models emphasize gene-environment conjunction, explaining mental disorders as a result of the interaction between genetic vulnerability in the individual and environmental factors.

Donald Mender proposes, in June 2008, a new point of view over the mechanisms of mental disorders, implying, in this regard, quantum physics. The principles and mechanics of quantum physics fill in the gap created by former theories, between brain and psyche, moreover between consciousness and nervous tissue and some of these principles, such as: the wave/matter duality principle, the uncertainty principle, the entanglement principle, the superposition principle, cast a new light over physiological and pathological mental processes and offer innovative perspective over possible therapeutical interventions.

Keywords: brain function, mechanism, quantum physics

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