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PERSONOLOGICAL INTERFERENCES IN THE DYNAMICS OF PSYCHIATRIC THERAPEUTIC STRATEGIES

12th – 13th May 2022

Târgu Mureș, Romania

BOOK OF ABSTRACTS

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- ROUND TABLE -

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PERSONOLOGICAL INTERFERENCES IN THE DYNAMICS OF PSYCHIATRIC THERAPEUTIC STRATEGIES - ROUND TABLE

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PERSONALITY TRAITS AND UNDERLYING VULNERABILITY IN PSYCHOPATHOLOGY

Aurel Nireștean[1,2]

[1] Mureș County Hospital, Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Psychopathological diversity requires special attention to be paid to the concept of vulnerability. Its variants condition the onset, evolution, prognosis as well as compliance and therapeutic responsiveness in the case of various episodes and mental illness. Along with the conjunctural vulnerability usually dominated by the attribute of unpredictability, the underlying vulnerability is the one that coalesces the psychopathological favoring factors that are mostly determinants for the psychopathological dynamics. In this context, the genetic field, biological, biographical and socio-cultural factors have a variable but always coalition contribution. Personality dimensions and their facets are the most important individual identity structures that on the one hand make the transition from normal to psychopathological disorders and on the other hand explain both the conjunctural vulnerability and the components of basal vulnerability that give seriousness and persistence to mental suffering.

Keywords: personality, dimensions, vulnerability

PERSONALITY DISORDERS, FIRST PRIMARY CARE AND THERAPEUTIC ROLE

Alexandra Haj Osman[1] , Andra Oltean[1], Attila Racz[1]

[1] Mureș County Hospital, Psychiatry Clinic II

Personality disorders are described as extreme manifestations of personality traits that interfere with the daily life of the individual and contribute to the occurrence of major suffering and difficulties in its functioning. They are characterized by inflexible and stable patterns of thinking, affection, behavior, and in relationships with other people cause suffering and dysfunction in the interpersonal and professional fields.

Several studies suggest that personality disorders are actually related to the difficulties of relationships with other individuals. They also investigated the associations between personality disorders and the functioning of individuals in certain types of interpersonal relationships.

Because the fundamental problems of these disorders are the difficulties of interpersonal relationships, a stable and structured relationship between patient and clinician is the best predictor of therapeutic success. The most difficult obstacle for the clinician is to achieve this goal. The stronger the relationship between the patient and the clinician, the more we manage to obtain more information about the patient's history, his problems but also to motivate him to adhere to the treatment.

Keywords: personality disorders, interpersonal functioning; personality traits; psychotherapy

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SCHIZOTYPAL PERSONALITY DISORDER AND THERAPEUTIC COMPLIANCE

Simina Constantin[1], Mihaela Gavriș[1], Paul Amihăesă[1], Tudor Nireștean[1], Emese Lukacs[1,2]

[1] Mureș County Hospital, Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Schizotypal personality disorder is dominated by phenomena of derealization and depersonalization which mark the structure of the ego. Eccentric behavior is dominated by bizarre and distorted perceptions of oneself and the environment, from the spectrum of derealization and depersonalization that maintain a quasiconstant relational and adaptive deficit.

Certain situations, circumstances or events trigger or activate the response of maladaptive characteristics of schizotypal personality disorder, being the most visible in behavior, interpersonal, cognitive and emotional relationships. The psychiatric interview of patients with schizotypal personality disorders can often include surprising statements and ideas with unusual attitudes. Empathetic listening along with communication facilitation techniques are usually enough to encourage them to explain their experiences leading to good therapeutic compliance. On the other side, doubtful questions or confrontations with their opinions will cause them to avoid or mystify communication.

People diagnosed with this disorder are categorized as a difficult category of patients because it is difficult for them to get involved and remain in a psychotherapeutic relationship. The therapeutic approach to these structures should include a combination of medication and psychotherapeutic techniques. The real purpose of therapeutic strategies in the case of schizotypal personality disorder is not to try to restructure the personality but to increase the functional capacity and relational abilities of the individual in the roles of life even if in a marginalized condition.

Keywords: schizotypal personality disorder, compliance, psychotherapeutic techniques, medication.

SCHIZOID PERSONALITY AND AXIS I COMORBIDITIES

Adrienn Erőss[1], Edinda Jakab[1]

[1] Mureș County Hospital, Psychiatry Clinic II

Schizoid personality disorder is categorized in cluster A and affects 3-5% of the average population. Patients with schizoid personality disorder are often characterized by flat affect, difficulty expressing emotions, aloofness, and eccentricity in social relationships. They often remain unmarried all their lives and all their activities or hobbies are characterized by loneliness. Their behavior is restrained and seemingly hyper-colored, out of a desire to avoid contact with others. They also have a monotonous quality to their behavior, solitarily and without spontaneity, with minimal interest in their surroundings. The most famous known artist diagnosed with schizoid personality disorder is Michelangelo Buonarroti - a painter and sculptor from the Italian Renaissance period. In this context, his diagnoses of Asperger's Syndrome and Bipolar Affective Disorder Type II appear as comorbidities of his personality traits.

Keywords: schizoid personality disorder, comorbidities

BORDERLINE PERSONALITY DISORDER – PATHOLOGICAL ATTACHMENT WITHIN THE FRAME OF THERAPEUTIC RELATIONSHIP

Ioana Morariu[1], Emese Lukacs[1,2], Aurel Nireștean[1,2]

[1] Mureș County Hospital, Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Borderline personality represents still a therapeutical challenge from the point of view of the ways to approach this pathology, especially when talking about the traits that are affecting interpersonal relationships – that being the frame inside which BPD shows a great attachment imbalance with an early development and maintained by defective copings secondary to major inability to recognize and accept their own emotions.

Considering the pattern of relationship in BPD, a great challenge to the therapist remains that of maintaining and constantly analyzing their own emotional balance and the relationship with themselves during therapy, of keeping the openness to self knowledge and awareness and also to their own growth – considering that the therapist representing a hallmark to the patient.

In other personality disorders with difficulties in recognizing and maintaining limits (to others and also to themselves) the attachment issues can be managed within the frame of the therapeutic relationship yet, when considering the BPD the same issues may represent also a starting point to help the borderline patient to the possibility of building of an authentic relationship they were deprived in the past and one that could become the model of future relationships, of development and of finding their inner balance.

Keywords: borderline personality, pathological attachment, therapeutic relationship

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BORDERLINE PERSONALITY DISORDER - EMOTIONAL PATHOLOGY AND SUICIDE BORDERLINE

Ioana Madalina Brustur[1], Denisa Arina Maxim[1]

[1] Mureș County Hospital, Psychiatry Clinic II

Recurrent suicidal behavior, threats, gestures, or self-mutilating behavior are specific to borderline personality disorder. This personality disorder is characterized and associated with very intense negative experiences that a person feels. They are so intense and painful that many people suffering from this personality disorder would like to find a way or would do anything to get over with, regardless of the consequences.

The impulsiveness or tendency to act quickly without analyzing things too much are also associated with borderline personality disorder. Due to these characteristics, suicidal behavior is very common in times of intense emotional pain. Drugs and alcohol use, occurs frequently in borderline people, and the combination of impulsivity and drug use, characteristic of their behavior is a lethal combination because its risk of overdose.

In conclusion, suicide among patients with BPD is a major problem, the number of suicides is disturbingly high and requires special attention, and emotional disorders and substance abuse are widespread.

Keywords: borderline personality disorder, suicidal behavior

BORDERLINE PERSONALITY DISORDER AND ADDICTIVE BEHAVIOUR

Eduard Barbu[1], Horatiu-Adrian Palcou[1], Beata Bucur[1]

[1] Mureș County Hospital, Psychiatry Clinic II

Patients with borderline personality disorder stand on the border between neurosis and psychosis, and they are characterized by an extreme lability of mood and affect, unstable interpersonal relationships and self-image, chronic feelings of emptiness, as well as marked impulsivity and inappropriate, intense anger bouts, often directed at the loved ones. Persons with the disorder almost always appear to be in a state of crisis.

Borderline personality disorder affects 2,7% of adults. The overall lifetime prevalence for comorbid substance-related disorders is 78%. But psychoactive substances are not the only manifestation of the addictive behaviour of these people: the prevalence of porn, tobacco, social media or food addiction is also high among these patients.

Alcohol and substance use is caused by multiple factors: as a substitute for healthy relationships, to avoid emotions perceives as overwhelmingly negative, as a familiar and easy way of stabilizing the affect or as a way of creating a sense of identity. The most troublesome thing about this is that remissions in patients without comorbid addictions are 4 times more likely to occur compared with patients with such comorbidity. Addiction is, as it appears, associated with an unfavorable prognosis.

Keywords: personality, borderline, addictions, substance

THE SUICIDAL RISK IN PERSONALITY DISORDERS

Alex Claudiu Boaca[1], Elena Andreea Mănescu[1,2], Tudor Nireștean[1], Aurel Nirestean[1,2]

[1] Mureș County Hospital Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Suicide is considered to be the main psychiatric emergency. According to the World Health Organization(WHO) suicide is responsible for 1,4% of all deaths, being the second leading cause of death for people aged between 15 and 29 years.

An important proportion of those that commit suicidal or parasuicidal acts are diagnosed with personality disorders, this fact being highlighted especially in the case of borderline personality disorder for which the suicidal behavior is one of the diagnostic criteria. Also, it is estimated that 10% of the people suffering of this personality disorder will die from suicide. Adjustment and socialization difficulties, the impulsivity, the propensity towards disorders like depression and toxicomania and other adverse characteristics of disharmonious personalities are contributing to the increased risk of suicide.

Taken together, the considerations presented above emphasize the need to deepen the understanding of the link between pathological personalities and suicidal risk. The purpose of this article is to present in detail the association between pathological personality traits and suicidal risk, considering also the wider context that leads to the initiation of the suicidal act.

Keywords: personality disorder, suicide

ADDICTIONS AT PATHOLOGICAL PERSONALITIES

Tudor Boghițoiu[1], Elena Denisa Stoica[1]

[1] Mureș County Hospital, Psychiatry Clinic II

This article aims a brief overview of the epidemiology and the particularities of substance abuse disorders (SAD), in the case of patients suffering from personality disorders (PD). SAD often have DSM IV axis I comorbidities, the most common being anxiety disorders and mood disorders. Regarding axis II, PDs characterized by impulsiveness and aggressiveness are strongly correlated with SAD. Concerning Cluster B, in particular antisocial personality disorder and borderline personality disorder were the most commonly associated with toxic substance use. Cluster C and cluster A are also being discussed in the context of SAD. The use of psychoactive substances with the purpose of emotion regulation is often discussed in the scientific literature, concerning pathological personalities. The frequency of drug addiction is much increased among the population diagnosed with PDs, compared to the general population. Likewise, the correlation between the abuse of multiple substances and PDs seems stronger than the correlation between PDs and abuse of a single substance. The increased risk of SAD in patients with PDs is explained by some authors with reference to the common psychopathogenesis elements of both PD and SAD that occur during childhood. In addition to environmental factors discussed, individual differences in the liability to drug use and SAD appear to be linked to genetic risks correlated with PD traits.

Keywords: personality disorder, addiction

THE NEUROBIOLOGY OF ANTISOCIAL PERSONALITY DISORDER AND PSYCHOPATHY

Marius Pața[1], Octavian-Gabriel Ivanov[1], Paul Bute[1]

[1] Mureș County Hospital, Psychiatry Clinic II

Antisocial personality disorder (APD) is one of the 10 types of personality disorder described in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders). It is a cluster B personality disorder, characterized by a persistent pattern of violation or disregard of social norms. Psychopathy is a similar neuropsychiatric disorder, nevertheless, it's not part of any current diagnostic manuals. As advances in neuroscience have improved our understanding of genetics, neural pathways, and neurotrasmitters in the pathogenesis of psychopathology, there has been growing interest in the role of neurobiology in personality disorders. The psychiatric community has addressed the challenge of comprehending the biological basis of APD, thus revealing the existence of cerebral irregularities in various structures. As more neuronal pathways are discovered, the task of clarifying how these neuronal networks interconnect to generate the behavioral patterns observed in APD, is becoming more difficult. The objective of this paper is to provide a comprehensive view of the neurobiology of antisocial personality disorder and its clinical implications.

Keywords: Neurobiology; Antisocial personality disorder; Psychopathy; Neuropsychiatric disorder.

PERSONALITY DISORDERS IN AGE DYNAMICS - STABILITY OVER TIME AND THERAPEUTIC COMPLIANCE

Iulia Afloroaei[1], Maria-Teodora Aldea[1], Aurel Nireștean[1,2]

[1] Mureș County Hospital, Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Personality is a set of dynamic attributes that characterise a person mentally and behaviourally. These traits can change as people pass through different stages of life. Personogenesis takes place in a sequence of ages and begins at the age of 3 and is considered to be completed at the age of 30. When a person's characteristic traits are no longer in balance, integration into the socio-cultural environment becomes deficient, leading to the development of personality disorders. By default, personality disorders are considered to be relatively stable and without significant changes throughout life.

The stability of personality is the result of the relationship between the individual and his/her environment. Depending on the time of life in which the patient finds him/herself and the type of personality disorder, both the stability of traits and the therapeutic compliance undergo major changes. These are important factors in therapeutic success. Trait stability and consequently therapeutic compliance are commented on mainly in young patients, in those with severe personality disorders and in those who have been integrated into therapeutic programmes.

Keywords: personality disorder, age, therapeutic compliance

PERSONALITY DISORDERS AND MANIPULATIVE BEHAVIOR IN THE THERAPEUTIC RELATIONSHIP

Bianca Larisa Abălașei[1], Delia-Alexandra Sterpu[1], Aurel Nireștean[1,2]

[1] Mureș County Hospital, Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Personality disorder is an enduring pattern of behavior, cognition and inner feelings that deviates markedly from the expectations of the individual's culture. Personality disorders manifest in adolescence or young adult, are inflexible and persistent over time and represent a permanent source of suffering for themselves and their entourage. The structural deficit is ego- syntonic, therefore individuals don't perceive themselves as dysfunctional, but attribute relational failures and dysfunctionality in the roles of life to those around them.

Although they are stable conditions and are assigned to individual identity, personality disorders require a therapeutic approach through maladaptive behaviors. In many cases, manipulation appears as a compensatory mechanism for their own periodic or permanent inability to adapt to the norms of the environment in which they live.

The proposed approach aims to describe the manipulative behavior of the subjects with personality disorder from the psychopathological and personological perspective - both categorical and dimensional. It is also targeted the involvement in the quality and duration of the therapeutic relationship. We address especially to personalities of Cluster B: antisocial, histrionic, narcissistic and borderline PD, whose behavior favors a multitude of variants of participation in community life.

Psychotherapy and associated therapies are primarily recommended in the therapeutic approach of this category of patients, whose dominant characteristics often underlie the manipulative behavior.

Keywords: personality disorder, manipulative behavior, therapeutic relationship

AFFECTIVE COMORBIDITIES IN HISTRIONIC PERSONALITY DISORDER

Cristina Rusu[1], Raluca Toma[1], Aurel Nireștean[1,2]

[1] Mureș County Hospital, Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

The personality disorder represents disharmony in personality formation, the result being an individual with rigid, maladaptive characteristics of personality, in the affective, cognitive and interpersonal perspectives. Cluster B consists of dissocial personalities, ruled by emotional symptoms, the lost impulsive person. Histrionic personality disorders represent a group of dramatic patients, with intense emotions, volatile and exaggerated behaviour, also the appearance of this patients is extravagant, out of the ordinary, attention to their looks is at high levels and a main preoccupation of this personality. They have an acting like behaviour, seductive, charming, manipulative ways, but to the careful and professional eye are classified as inauthentic, inconsistent and false acting patterns.

Depression is one of the most common psychiatric pathologies, many times though the histrionic individual can present depression like symptoms, only as a way to get the attention of the entourage. Suicidal ideation, represents the most important comorbidity of depression, 2 out of 3 depressed patients have these thoughts and many plan the termination of their life, but in correlation with histrionic personality the suicidal attempts are maladaptive conduct, mainly a demonstrative suicidal attempt.

Keywords: histrionic personality disorder, depression, suicidal attempt

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PERSONALITY DISORDERS - SHAME AND HUMILIATION IN THE THERAPEUTIC RELATIONSHIP

Bianca Stoica[1], Cristina Raluca Bodo[1], Ioana Morariu[1]

[1] Mureș County Hospital, Psychiatry Clinic II

Shame and humiliation, defined as feelings or emotions, are two key elements in the therapeutic approach to personality disorders, especially related to cluster B and cluster C. Coping reactions and mechanisms, especially defective and repetitive ones, caused by shame and humiliation are some of the most difficult ones, both to recognize and to be aware of, and especially to be therapeutically approached and changed.

If in the non-pathological personalities, these two emotions helps the person to become more self aware by being able to live and feel them, to process and see their proper value as elements of value to its own growth and self development, in the case of a pathological personality they are a way of maintaining a perpetuum mobile of running from itself, from its own self acknowledgement and self development, throughout a vicious circle of pathological coping mechanisms and also by not being able to recognize and accept them as they are.

This paper aims to analyze the shame and humiliation from the perspective of similarities and differences between them, their determinism, from the way the patient experience and express them, as well as the coping mechanism across personality disorders included in cluster B and C – inside the frame of the therapeutic relationship.

Keywords: personality disorder, shame, humiliation, therapeutic relationship

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THE ROLE OF THE PSYCHIATRIST'S PERSONALITY IN THE THERAPEUTIC RELATIONSHIP

Emese Lukacs[1,2]

[1] Mureș County Hospital, Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

The medical act is a special phenomenon in which both the diagnostic approach and the therapeutic and rehabilitative approach interfere with the features of the individual personality. Along with the clinical sense and professional experience of the psychiatrist, his personality influences the doctor-patient relationship in all its attributes of complexity and depth. The psychiatrist's self-knowledge and sense of responsibility are the basis of any therapeutic relationship. The phenomenon of mentalization according to which a person can intuit and anticipate the thoughts and emotions of the interlocutor can be cultivated consciously or unconsciously according to professional experience. In the same context, the transfer and counter-transfer processes that underpin effective defense mechanisms, absolutely necessary for a good therapeutic compliance, should be emphasized. They must always complete the process of self-knowledge of the psychiatrist and thus contribute to the capitalization of self-esteem and self-confidence so important for the success of any therapeutic act.

Keywords: psychiatrist, personality, therapeutic relationship

AUTHENTICITY AND INAUTHENTICITY IN THE THERAPEUTIC RELATIONSHIP

Lorena Mihaela Muntean[1,2], Andreea Sima-Comaniciu[2], Emese Lukacs[1,2], Aurel Nireștean[1,2]

[1] Mureș County Hospital Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

The therapeutic relationship is the basis of the therapeutic process, contributing as much to the recovery process as medication or psychotherapy. It is important that a relationship is formed between the doctor/therapist and the patient based on trust, respect, care, empathy, unconditional acceptance but also mutual collaboration.

During the therapeutic process, less pleasant moments may appear for the patient. For this reason, the patient can often be inauthentic to avoid unpleasant situations or to keep up appearances. This also applies to the doctor/therapist who must be authentic to inspire confidence.

Authenticity implies that behavior is consistent with one's thoughts, beliefs, motivations, and feelings and that it is based more on emotional and sensory qualities than on cognitive qualities. The concepts of self-disclosure and awareness were also linked to authenticity. When people act against their own beliefs and become inauthentic, they may experience negative feelings that create discomfort of varying intensity that leads to impairment of subjective well-being.

Keywords: authenticity, in authenticity, therapeutic relationship, therapeutic process

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PSYCHOPHARMACOLOGICAL TREATMENT OF PERSONALITY DISORDERS

Horia Marchean[1], Ion Petrea[1], Rareș Păroiu[1], Aurel Nireștean[1,2]

[1] Mureș County Hospital Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Known for their complexity and plurivalence, personality disorders are a group of pathologies who benefit from various therapeutic strategies

However, the question arises: to what extent do their maladaptive psycho-behavioral traits favor the development and evolution of axis I disorder symptoms? In their spectrum of intensity, there is a subtle, almost insidious transition from simple traits to overt symptoms of personality disorder. The diagnostic tools, both qualitative and quantitative, are eminently subjective, constituting, according to Prof. Peter Tyrer, 'simply expert opinion'.

The present paper aims to evaluate the pharmacotherapy of personality disorders taking into account both the predisposing field as well as the psychopathological symptoms of premorbid personality traits. The reference study aims to evaluate both the possible specific pharmacotherapy of personality disorders as well as that of their highly diverse comorbid conditions.

We also considered the premise offered by the multiple recent psychotherapeutic studies, which confirm the usefulness of some therapeutic techniques in shaping some dimensions of personality.

It is confirmed that the extreme variability of personological traits and psycho-behavioral manifestations through which it is expressed requires complex and long-term psychopharmacological strategies whose effectiveness, however, is conditioned by the quality of compliance with the therapeutic relationship.

Keywords: personality disorders, psychopharmacology, symptoms, comorbidity

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THE ROLE OF PSYCHOTHERAPIES IN THE MANAGEMENT OF PERSONALITY DISORDERS

Diana Vlad[1], David Mureșan[1], Aurel Nirestean[1,2]

[1] Mureș County Hospital Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

Psychotherapies represent complementary therapeutic methods and its purpose is to assure the integration and a good social, professional functionality amongst people with personality disorders. There is a wide range of psychotherapies which includes positive psychotherapy and hypnotherapy.

Positive psychotherapy is based on "positum" meaning that each symptom can have attached a component of the personal resilience. Hypnosis , by administering suggestions to the subconscious mind can create new neuronal circuits due to neuroplasticity.

Studies have emphasized the efficacy of these complementary methods. This paper aims to underline the harmonious intertwining of these therapies in the management of personality disorders , including a brief presentation of a clinical case.

Keywords: psychotherapies, hypnotherapy, personality, subconscious mind, positum

THE ROLE OF THE PSYCHIATRIST IN THE PROFESSIONAL INTEGRATION OF PATIENTS WITH PERSONALITY DISORDER

Elena Pantea[1], Zsofia Komuves[1], Emese Lukacs[1,2]

[1] Mureș County Hospital Psychiatry Clinic II
[2] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures

The psychiatrist, along with the diagnostic and therapeutic approach to mental disorders, has a major role in facilitating and maintaining patients ability to integrate and remain functional in their professional role.

In the case of subjects with accentuated personality traits and personality disorder, the integration in the professional rola is hampered by the fragility of the self-image and by the major difficulties regarding the relationship with those around.

In order to have a good professional integration, we always take into account the personal acquisitions and skills, the subject's motivations, the ability to express his options and to function in an organized and sustained environment.

The matching between personal skills, motivations and their concretization sometimes remains an ideal in the context of a personological normality.

In the case of subjects with personality disorder, there is often a mismatch in this regard.

We propose an approach in which we will emphasize the role of the psychiatrist in the professional integration of patients with personality disorder corresponding both to the categorical classification and from the perspective of personality dimensions.

We consider that the knowledge and confrontation of the patient with certain advantageous or on the contrary maladaptive structural features are useful in facilitating the functioning in the roles of life.

Keywords: psychiatrist, personality disorder, professional integration

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CULTURAL MARKS IN THE THERAPEUTIC COMPLIANCE OF PATIENTS WITH PERSONALITY DISORDER

Andreea Sima-Comaniciu[1], Lorena Mihaela Muntean[1,2], Emese Lukacs[1,2]

[1] George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures
[2] Mureș County Hospital Psychiatry Clinic II

In his practice, the psychiatrist is between two poles, namely, between ethnocentrism and multiculturalism. Culture consists in symbols, values, beliefs and attitudes that are shared by all those who compose the cultural group. It is manifested, in general, through rituals and customs and is perpetuated and reflected in words, rules, literature, gastronomy, sometimes in clothing, in the particularities of educating and raising children.

Much of an individual's culture is unconsciously learned through interaction with other people in the cultural group, particularly in the family, among friends, and at school; it is precisely through this unconscious nature of cultural values that we tend to believe that they are universal, so there is an expectation that all people will behave in the same way as us and have the same beliefs and attitudes. This type of reasoning leads to ethnocentrism, which is defined by the tendency to judge the values of other cultures in relation to one's own culture considered superior.

Ethnocentrism betrays the non-acceptance of cultural diversity, and to the psychiatrist who evaluates only from the perspective of his own experience and from the perspective of his own culture, the practices of other cultures may seem abnormal, or sometimes even deviant.

Medicine, and it can be said that especially psychiatry, is based not only on scientific knowledge, but also on the doctor's understanding of the patient and the practices characteristic of his culture. The assertion that mental illness is universal in terms of onset, expression, course, and outcome is contradicted by the postmodern view that the truth is relative, influenced by culture and traditions, place and context.

Keywords: culture, ethnocentrism, multiculturalism, psychiatry, compliance

RELIGIOUS INTERFERENCES IN THE DESTINY OF PERSONALITY DISORDERS

Octavian-Gabriel Ivanov[1], Marius Pața[1]

[1] Mureș County Hospital Psychiatry Clinic II

The phenomenon of religious psychopathy is a relatively poorly studied area of the psychiatric universe. It is brought to light, in various forms, by the protagonists of literary works, whose creation, existence and destiny gravitate between the parameters of effervescent religiosity and those of the wide and varied disorders under the umbrella of personality psychopathology.

This paper seeks to unite the multitude of approaches of these characters in a comprehensive and explanatory presentation of the dimensionality and characteristics that impact individual and collective psychopathological destiny, viewed from the perspective of implications and interferences with religious life.

Keywords: personality disorder, religion, destiny

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