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PERSONALITY PSYCHOLOGY. PERSONALITY ACCENTUATIONS, THEIR DEFINITION AND TYPOLOGY. INTERNAL PICTURE OF THE DISEASE.

Personality psychology studies the driving forces and conditions of personality development, the periodization of individual development, personality and individuality, individual personality properties and their role in personality development, personality development in socio- and personogenesis, personality structure and various methodological approaches to its study, personality theories and much more other problems. In modern psychology, the following areas of personality research are distinguished:

- biogenetic,
- sociogenetic,
- person genetic.

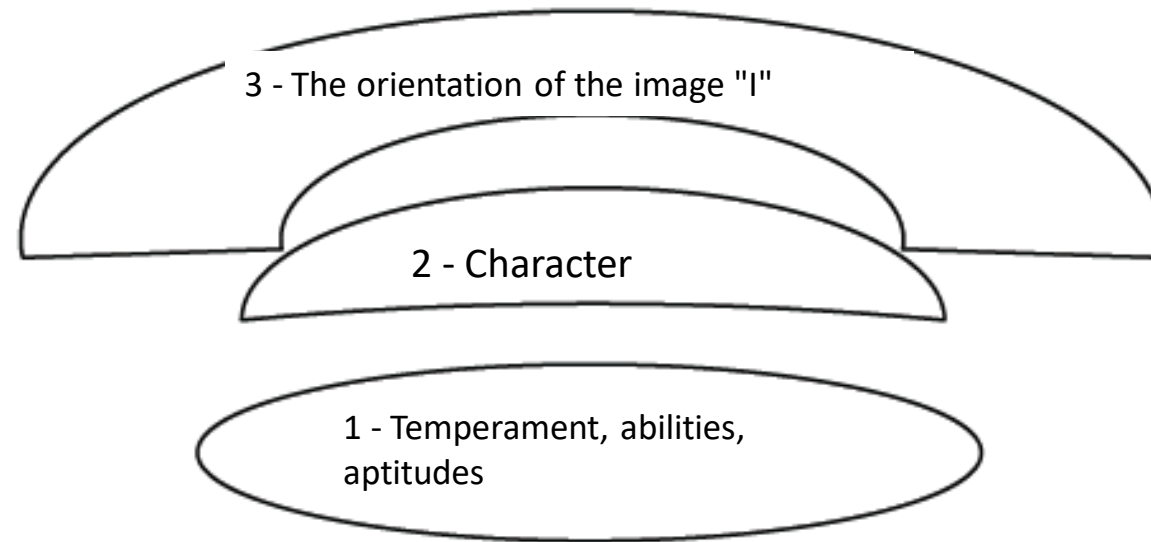
The determination of personality development under the influence of environment and heredity is at the basis of the allocation of these directions.

Personality is realized in the process of communication, this concept loses its meaning in isolation from society. At the same time, personality is a product created by society on the basis of individual qualities embedded in a person.

The following provisions are considered important in defining the concept of personality:

- personality is formed in the process of subject activity and communication;
- personality is revealed in the process of subject activity and communication;
- an idea about a person's personality cannot be obtained by simply listing his properties;
- personality describes not the actual state, but the entire history of a person's life;
- personality cannot be observed directly - ideas about it are formed in the process of dividing socially significant qualities into essential and non-essential and then combining them into a coherent image;
- a person's personality is formed (changes) in the process of its development, while a more mature personality tends more to preserve the immutability of its main qualities.

- **Personality is a collection of different sides of our psyche, which make up the awareness of the unity of "I", which is preserved despite all the variability of time and space conditions and in all types of activity.**



Levels of personality organization: 1 - biological, 2 - behavioral, 3 - spiritual

Temperament properties primarily determine the dynamics of a person's mental life. It can be judged by several of its main properties.

- Sensitivity (sensitivity) - it is judged by the smallest force of external influence necessary for a person to have this or that mental reaction, at what speed this reaction occurs.
- Reactivity is a property manifested in the force and energy with which a person reacts to this or that influence.
- Activity - this property is judged by the energy with which a person affects the surrounding world, by his persistence, concentration, etc.
- Plasticity and the opposite quality - rigidity. They are manifested in how easily and quickly a person adapts to external influences. Plastic instantly rebuilds behavior when circumstances change. Rigid - strongly changes habits and judgments.



Types of temperament

Character is a system of stable relations of an individual to the world, other people and himself, which is formed under the influence of the conditions of life and upbringing and which is manifested in the features of social behavior.

- ❑ Character in the narrow sense of the word is defined as a set of stable properties of an individual, which express the ways of his behavior and ways of emotional response.
- ❑ Character is not a simple set of isolated traits, different properties of character are interconnected and interdependent. Regular connections and relationships between individual character traits express its structurality. The structure of the character allows, knowing this or that trait, to predict the presence of a number of other traits associated with it. The structure of the character is also expressed in a certain hierarchy of its features. This means that among character traits, some are primary, and others are secondary, less essential.

Accentuated personalities are not sick people, they are healthy individuals with their own individual characteristics (Carl Leonhard).

There are accentuations of character traits and accentuations of temperament traits.

Accentuation of character traits:

Demonstrative type. People of this type of accentuation are characterized by a tendency to "suppress" from consciousness those evaluations that are unpleasant for the image of "I"; the desire to always be in the center of attention at any cost; overestimated self-esteem, trying to take "the desired for real".

A pedantic type. This type of accentuation is characterized by the inertia of mental processes, the tendency to "get bogged down" in trifles, and the presence of the problem of the complexity of decision-making. In communication, people of this type are attracted by an even attitude, reliability in business, conscientiousness and neatness.

- *Stuck type*. The main feature of this type of accentuation is a significant stability of affect, "bad memory", the desire to defend one's point of view both in the main and in the little things, without taking into account the position of the group.
- *Excitable type*. Such persons are characterized by a tendency to "explosion" of emotions, as a means of periodic discharge of the nervous system.

- *Hyperthymic type*. People of this type are characterized by a high level of optimism, as well as a desire for activity with a possible tendency to superficial conclusions.
- *Dysthymic type*. This type of accentuation is characterized by a pessimistic personality orientation, a fixation on the gloomy aspects of life.
- *Anxious type*. The main feature is a high level of anxiety, a highly developed "inferiority complex" - as a confirmation of low self-esteem.
- *Cyclothymic type*. The leading feature is a tendency to unmotivated sudden changes in mood within a short time interval: from increased optimism to decreased pessimism and vice versa.

- *Exalted type.* Carriers of this type of accentuation are characterized by a wide range of emotional states, they get excited about something joyful and just as easily fall into despair.
- *Emotional type.* These are sensitive and vulnerable people, marked by the depth of experiences in the field of subtle emotions.
- *Extroverted type.* People of this type are open to any information, ready to listen and provide help to anyone who turns to them, capable of conformity. they are characterized by a high level of sociability, talkativeness, compliance, thoroughness.
- *Introverted type.* Such persons are characterized by low contact, closedness, detachment from reality, and a tendency to philosophize. They are focused on their inner world, on their assessment of the subject or event, and not on the subject as such.

Accentuation of the personality – disharmony of character development, hypertrophied expressiveness of some of its features, which causes increased vulnerability of the personality in relation to certain types of influences and complicates its adaptation in some specific situations (A.E. Lichko).

Hyperthymic type. Adolescents belonging to the hyperthymic type, since childhood, are distinguished by a lot of noise, sociability, excessive independence, even courage, and a tendency to brawl. They have neither shyness nor timidity in front of strangers, but they lack a sense of distance in relation to an adult. They like to command their peers in games. Educators complain about their restlessness.

Cycloid type. In childhood, they do not differ from their peers and give the impression of hyperthymic persons. With the onset of puberty, the first subdepressive phase may occur. In the future, these phases alternate with rising phases and with periods of an even mood. The duration of the phases changes - first days, then 1-2 weeks, with age they can be lengthened or, on the contrary, smoothed out.

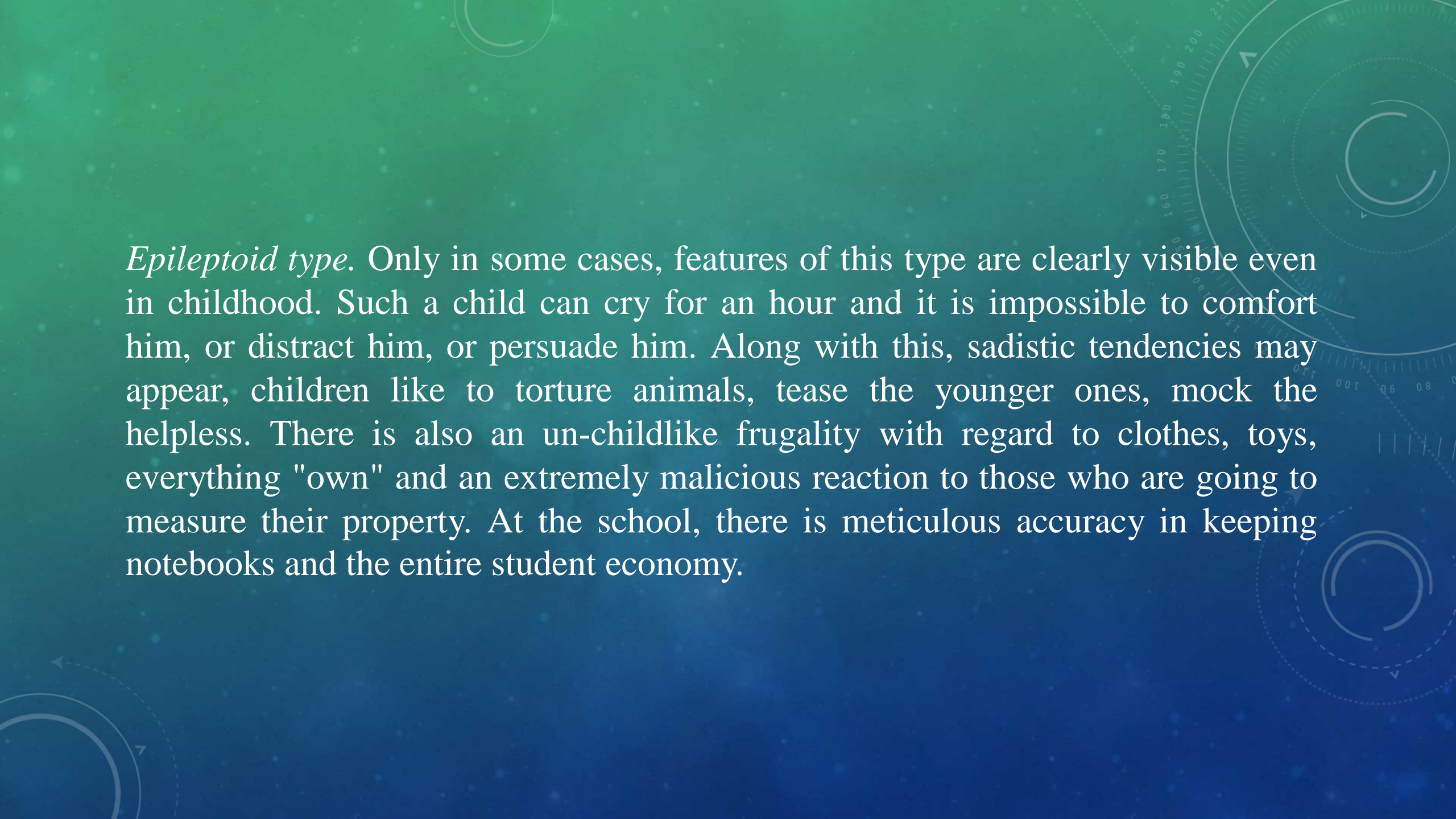
Labile type. In childhood, they do not differ from their peers in showing a tendency to neurotic reactions. The main feature in adolescence is the extreme lability of the mood, which changes too often and excessively sharply for minor and even imperceptible reasons.

Asthenoneurotic type. From childhood, signs of neuropathy often appear: poor sleep and appetite, moodiness, timidity, tearfulness, sometimes night terrors, nocturnal enuresis, stuttering, etc. In other cases, childhood passes well, and the first signs of asthenoneurotic accentuation appear only in adolescence.

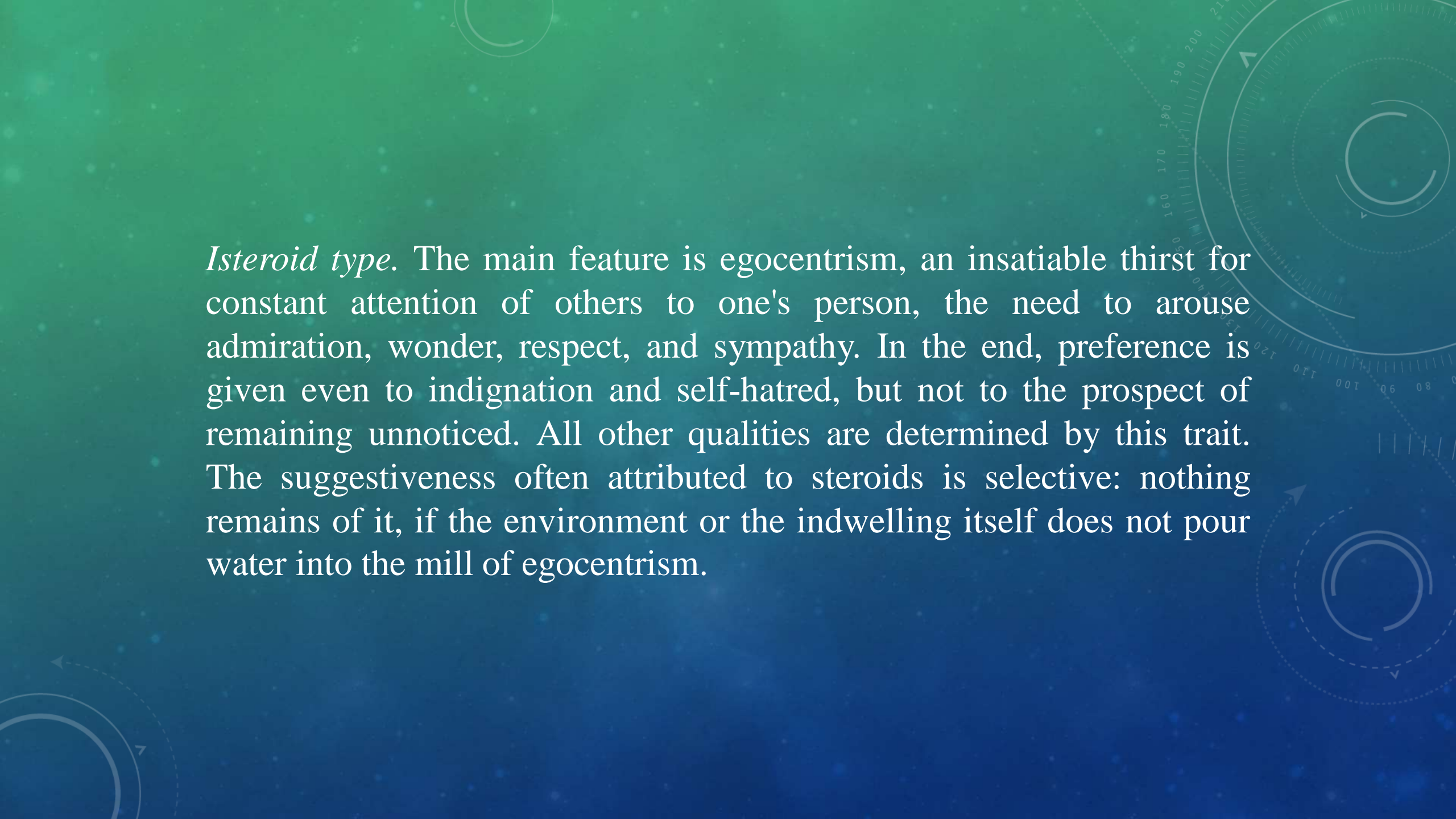
Sensitive type. Timid and timid since childhood. They are often afraid of the dark, shy away from animals, afraid to be alone, to be locked up at home. They shun lively and loud peers. They do not like moving games and brawls. Timid and shy among strangers and in an unusual environment. Not inclined to easy communication with strangers. All this can leave a false impression of isolation and isolation from the environment.

Psychasthenic type. In childhood, along with some timidity and timidity, motor discomfort, a tendency to prudence and "intellectual" interests that are not due to age appear early. Sometimes phobias begin already in childhood, i.e. fear of unfamiliar people and new objects, darkness, fear of being behind closed doors.

Schizoid type. From the first years, such children like to play alone. They do not reach out to their peers, avoid commotion and loud entertainment, prefer the society of adults, listening to their conversations among themselves for a long time in silence. To this can be added some childish restraint and even coldness.



Epileptoid type. Only in some cases, features of this type are clearly visible even in childhood. Such a child can cry for an hour and it is impossible to comfort him, or distract him, or persuade him. Along with this, sadistic tendencies may appear, children like to torture animals, tease the younger ones, mock the helpless. There is also an un-childlike frugality with regard to clothes, toys, everything "own" and an extremely malicious reaction to those who are going to measure their property. At the school, there is meticulous accuracy in keeping notebooks and the entire student economy.

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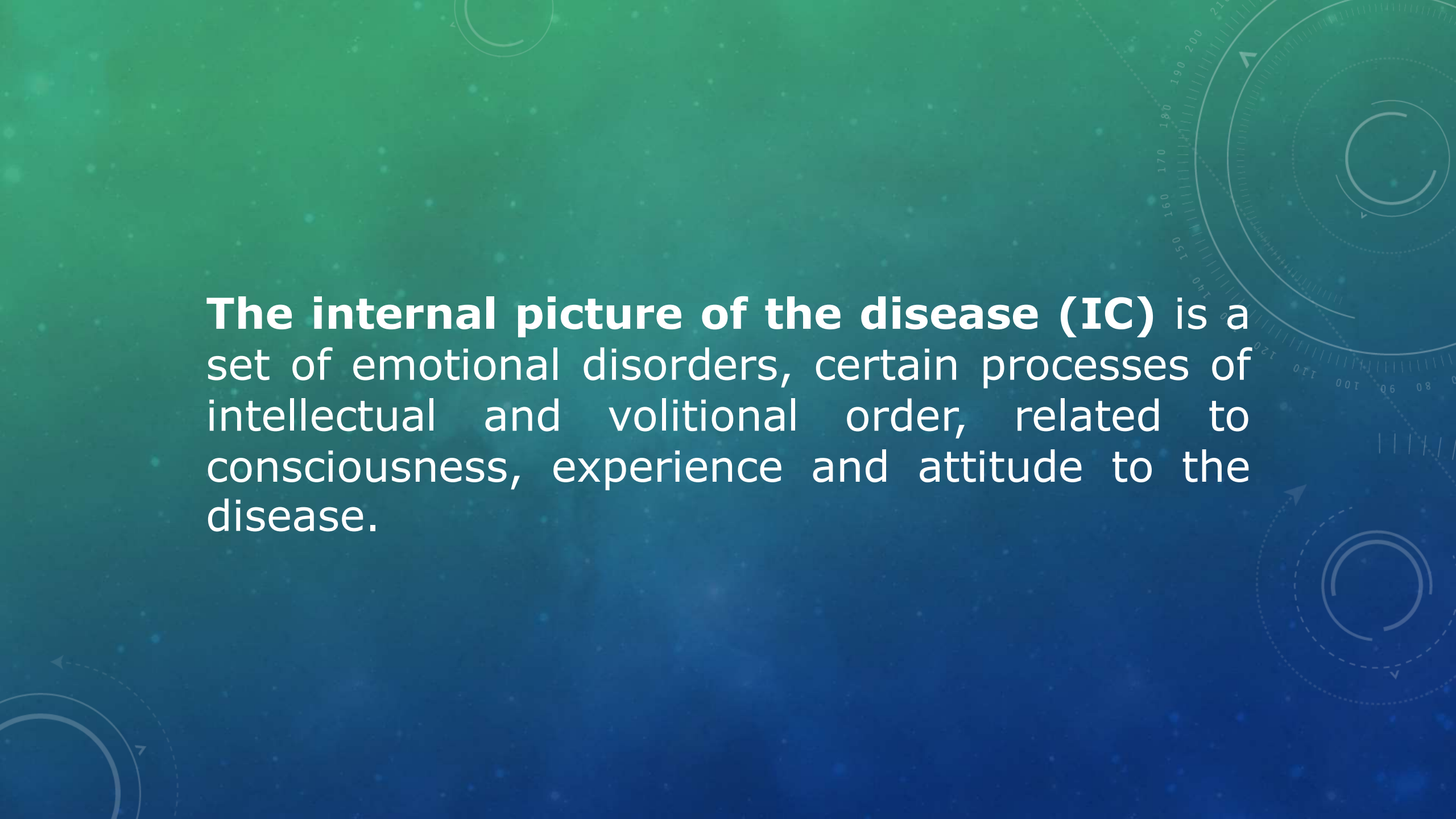
Isteroid type. The main feature is egocentrism, an insatiable thirst for constant attention of others to one's person, the need to arouse admiration, wonder, respect, and sympathy. In the end, preference is given even to indignation and self-hatred, but not to the prospect of remaining unnoticed. All other qualities are determined by this trait. The suggestiveness often attributed to steroids is selective: nothing remains of it, if the environment or the indwelling itself does not pour water into the mill of egocentrism.

A wobbly type. Since childhood, they are disobedient, restless, get into everything and everywhere, but at the same time, they are cowardly, afraid of punishment, and easily obey other children. Elementary rules of behavior are learned with difficulty. You have to watch them all the time. Some have symptoms of neuropathy (nocturnal enuresis, stuttering, etc.).

Conformal type. The main feature is constant and excessive conformity to one's immediate familiar environment. The rule of life is to think "like everyone else", act "like everyone else", try to make everyone "like everyone else" - from clothes and manners to worldview and judgments on life-threatening issues.

Mixed types. These types make up almost half of the cases of explicit accentuations. It is not difficult to present their features on the basis of previous descriptions. The combinations that occur are not accidental. They obey certain laws. Traits of one type combine with each other quite often, and others almost never.

Amalgam types are also mixed types, but of a different kind. They are formed as a result of layering of devils of one type on the endogenous core of another due to incorrect or upbringing of other chronically acting psychogenic factors. Here, too, far from all, but only some layering of one type on another is possible.



The internal picture of the disease (IC) is a set of emotional disorders, certain processes of intellectual and volitional order, related to consciousness, experience and attitude to the disease.

Levels of the internal picture of the disease:

1. The painful (sensory) side of the disease (level of sensations, sensory level) - localization of pain and other unpleasant sensations, their intensity, etc.
2. The emotional side of the disease is associated with various types of emotional response to individual aspects, symptoms, the disease as a whole and its consequences.
3. The intellectual side of the disease (rational-informational level) is connected with the patient's ideas and knowledge about his disease, reasoning about its causes and consequences.
4. The volitional side of the disease (motivational level) is connected with the determined attitude of the patient to his disease, the need to change behavior and the usual way of life, the actualization of activities for the return and preservation of health.

Types of reaction to the disease:

1. When the patient is in an active position before treatment and examination, they speak of a sthenic reaction to the disease. There is, however, a negative side of this treatment, because the patient may be weakly able to fulfill the necessary limitations of the stereotype of life imposed by the disease.
2. With an asthenic reaction to a disease, patients tend to be pessimistic and thoughtful, but they psychologically adapt to the disease relatively easier than patients with a sthenic reaction.
3. With a rational type of reaction, there is a real assessment of the situation and a rational departure from frustration.

Types of personal reaction to the disease:

1. *Marital reaction.* This reaction is typical for patients with developed intelligence. As if from the first days of the disease, they become the doctor's "assistants", demonstrating not only obedience, but also rare punctuality, attention, and kindness. They have unlimited trust in their attending physician and are grateful to him for his help.
2. *Calm reaction.* Such a reaction is characteristic of faces with stable emotional and volitional processes. They are punctual, adequately respond to all the doctor's instructions, accurately perform medical and health-improving measures. They are not just calm, but even present themselves as "solid" and "stable", they easily come into contact with the medical staff. Sometimes they may not be aware of their illness, which prevents the doctor from detecting the influence of the psyche on the illness.

3. *Unconscious reaction.* Such a reaction, having a pathological basis, performs in a number of cases the role of psychological protection, and this form of protection should not always be eliminated, especially in case of severe diseases with an unfavorable outcome.

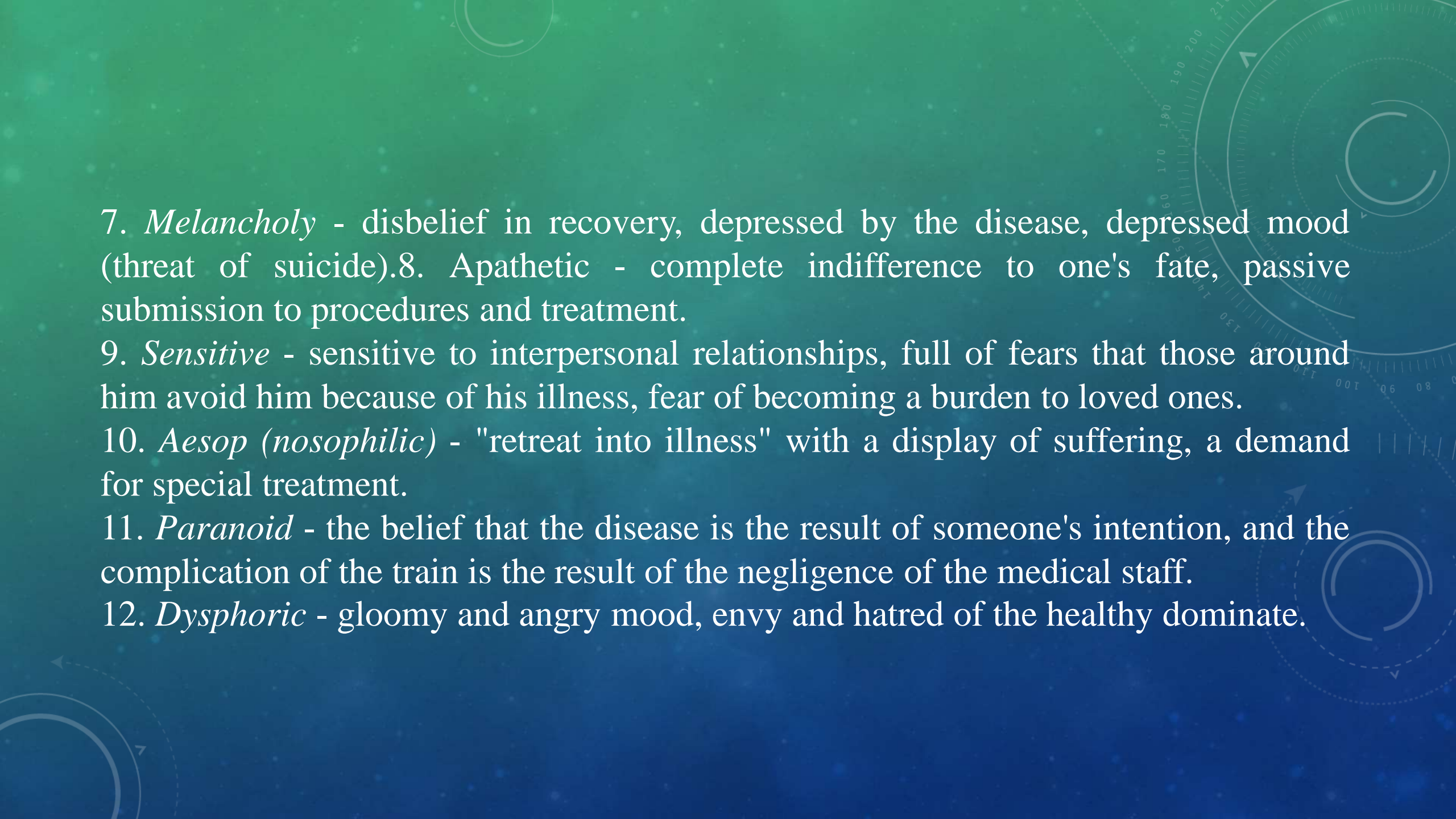
4. *Trace reaction.* Patients are under the power of prejudices and tendencies. They are suspicious. Distrustful They hardly come into contact with the attending physician, they do not attach serious importance to his instructions and advice. They often have a conflict with the medical staff. Despite their mental health, they show what is sometimes called a "double reorientation."

5. *Panic reaction.* Patients are under the power of fear, easily induced, often inconsistent, treated at the same time in different medical institutions, as if checking one doctor with another doctor. They are often treated by healers. Their actions are inadequate, erroneous, affective instability is characteristic.

6. *Destructive reaction.* Patients behave adequately, carelessly, ignoring all the instructions of the attending physician. Such persons do not want to change their usual way of life, professional workload. This is accompanied by refusal to take medication, from inpatient treatment. The consequences of such a reaction are often unfavorable.

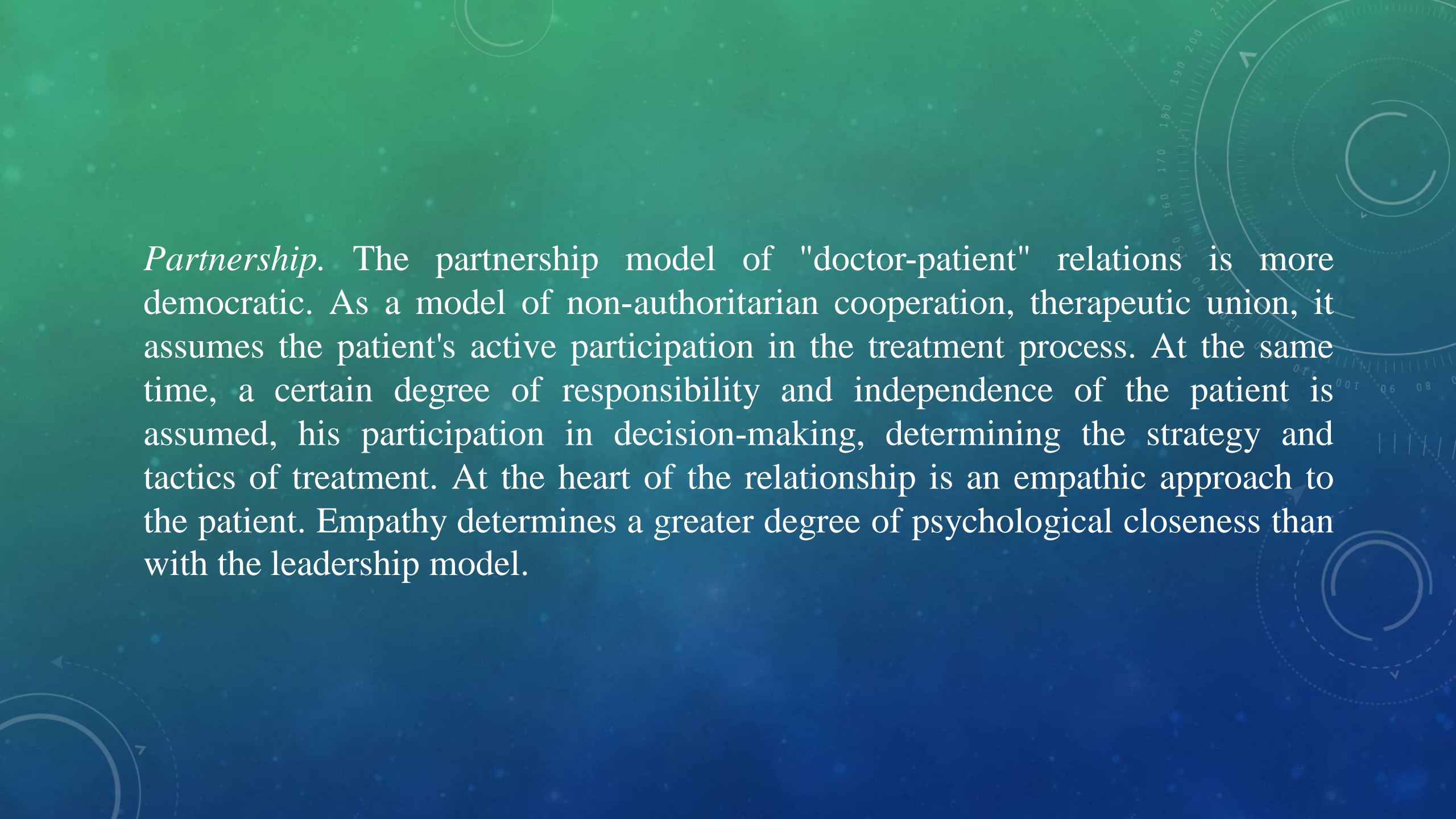
Type of relationship to the disease:

1. *Harmonious* - a correct, sober assessment of the state, unwillingness to burden others with the burdens of leaving behind.
2. *Ergopathic* - "departure from illness to work", the desire to maintain working capacity.
3. *Anosognosic* - active rejection of the thought about the disease, "it will go away".
4. *Anxious* - constant worry and brooding. Belief in omens and rituals.
5. *Hypochondriac* - extreme focus on subjective feelings and exaggeration of their importance, fear of side effects of drugs and procedures.
6. *Neurasthenic* - "irritable weakness" behavior. Impatience and outbursts of irritation at the first encounter (especially with pain), then tears and remorse.

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7. *Melancholy* - disbelief in recovery, depressed by the disease, depressed mood (threat of suicide).
8. *Apathetic* - complete indifference to one's fate, passive submission to procedures and treatment.
9. *Sensitive* - sensitive to interpersonal relationships, full of fears that those around him avoid him because of his illness, fear of becoming a burden to loved ones.
10. *Aesop (nosophilic)* - "retreat into illness" with a display of suffering, a demand for special treatment.
11. *Paranoid* - the belief that the disease is the result of someone's intention, and the complication of the train is the result of the negligence of the medical staff.
12. *Dysphoric* - gloomy and angry mood, envy and hatred of the healthy dominate.

Models of doctor-patient relationships: management, partnership and contract model.

Leadership. The main, basic model of the "doctor-patient" relationship in medicine remains management - a domineering, authoritarian model with a rigid structure with the leading role of the doctor. The doctor dominates these relationships, takes an active leadership position, determines the strategy and tactics of treatment; he makes all decisions on key issues of the treatment and diagnostic process himself and assumes full responsibility: both legal, moral and psychological.



Partnership. The partnership model of "doctor-patient" relations is more democratic. As a model of non-authoritarian cooperation, therapeutic union, it assumes the patient's active participation in the treatment process. At the same time, a certain degree of responsibility and independence of the patient is assumed, his participation in decision-making, determining the strategy and tactics of treatment. At the heart of the relationship is an empathic approach to the patient. Empathy determines a greater degree of psychological closeness than with the leadership model.

Contract model. In the conditions of paid medicine, a contractual (contractual) model of "doctor-patient" relations has developed. It allows both participants to structure and control the treatment process. Within the framework of the contract model, the doctor and the patient begin treatment based on an agreement (contract) regarding the general understanding of the disease, its causes, features of the course and prognosis, treatment strategy. This agreement can be determined already at the first meeting. The doctor, taking into account the needs and capabilities of the patient, as well as the tasks of therapy, predicts with a certain percentage of probability the expressiveness of empathic communication, determines the optimal level of power in relation to the patient, the extent of his responsibility for the course and results of treatment.

