

Objectives: To study the association of hostility with high and low-active variants of the MAOA gene in an open population of men 45-64 years.

Methods: Under the WHO International Program MONICA-psychosocial and HAPIEE a representative sample of men aged 45-64 years ($n = 781$ men, average age was 56.48 ± 0.2 years) examined in 2003-2005. All respondents independently completed a questionnaire on hostility. From the surveyed sample using the random number method 156 men were selected who were genotyped for MAOA-uVNTR polymorphism.

Results: It was found the level of hostility in the population of men was 60.3%. In persons with low-active alleles of the MAOA-L gene (allele 2 and 3) a high level of hostility was more common - 50.9%. The results of building a logistic regression model showed that the presence of low-active alleles (2; 3) of the MAOA gene increases the likelihood of hostility $OR = 2,103$ (95% CI 1,137-3,889, $p = 0.018$).

Conclusions: Our findings allow us to conclude that the low-active allele of the MAOA-L gene is associated with hostility.

Keywords: population; men; MAOA gene; hostility

EPP0906

Relationship between guilt and shame and depressive symptoms in normal population and patients with personality disorders

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Introduction: Shame and guilt are often discussed in their association with depression. However, there is a need in deeper understanding of relationship between these emotions and depressive symptoms in personality disorders, where affective patterns do not reach the level of clinical depression.

Objectives: To examine the differences in shame and guilt levels in normal subjects and patients with personality disorders and their association with depressive symptoms.

Methods: In total, 28 patients ($M=36.07$, $SD=11.87$) diagnosed with personality disorders and 76 ($M=29.67$, $SD=8.87$) healthy individuals were recruited to take part in this study. Patients and healthy controls had equivalent educational level. Participants were given two standardized tests: Beck Depression Inventory and Test of Self-Conscious Affect (TOSCA) - 3.

Results: There were significant differences in levels of guilt between patients with personality disorders ($M=64.79$, $SD=6.78$) and healthy individuals ($M = 59.92$, $SD = 11.86$), $t(102) = 2.603$, $p = .011$. Patients also demonstrated higher levels of shame ($M=47.86$, $SD=9.70$) than the participants without diagnoses ($M = 43.38$, $SD = 14.96$), however, these differences were not significant $t(102) = 1.47$, $p > .05$. It was found that depressive symptoms in normal population but not in patients significantly correlated with levels of guilt ($r(76) = .124$, $p < .01$) and shame ($r(76)=.188$, $p < .01$).

Conclusions: It might be assumed that shame and guilt play different roles in emotional sphere of healthy individuals and patients with personality disorders, being associated with

depressive symptoms in norm and unrelated to depressive symptoms in personality disorders.

Keywords: Guilt; depressive symptoms; personality disorders; Shame

EPP0907

The relationship between risk, the dark triad traits, and empathy

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Introduction: Empathy is generally viewed as a “positive” trait, while the Dark Triad traits are regarded as a “negative” side of a Dark personality. The perception of Risk is less univocal, as it plays a role in both courage and questionable behavior.

Objectives: We posed the following research questions: 1. Is risk linked to empathy and the Dark Triad traits? 2. Which traits help distinguish between participants with contrasting latent profiles (determined cumulatively for the specified personality variables)?

Methods: Participants ($n=250$) completed three questionnaires: the Dirty Dozen, Personality Factors of Decision-making and the Questionnaire of Cognitive and Affective Empathy (QCAE). Correlation and Latent profile analysis (LPA) were performed.

Results: Risk was linked to Machiavellianism, psychopathy, and deceleration (positively) and to emotion contagion and affective empathy (negatively). Rationality was positively correlated with cognitive empathy. Machiavellianism correlated negatively with rationality and online simulation (a cognitive empathy subscale). Empathy subscales were linked to psychopathy (negatively) and to narcissism (positively). LPA established two latent profiles: the smallest BIC value was obtained for the model with two profiles (log-likelihood: -3204.013, $df=77$, $BIC=-6833$; VEE). Analysis of means revealed that Class 1 was characterized by significantly higher Dark Triad values and higher Risk, whereas Class 2 was characterized by lower Dark Triad traits, lower Risk, and higher Rationality (see Figure 1).

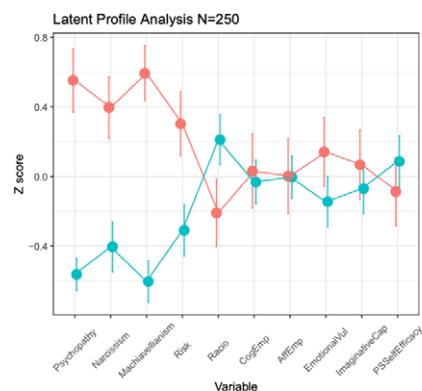


Figure 1. Latent profile analysis

Conclusions: The Dark Triad traits and Risk are the more discriminative variables, while Empathy subscales do not help distinguish between the two classes of participants. The study was supported by the Russian Foundation for Basic Research, project 19-29-07069.

Keywords: Dark Triad Traits; risk; empathy; rationality

EPP0908

Personality disorders and therapist countertransference: A review.

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Introduction: The countertransference of the therapist is crucial in psychotherapy. Although the concept of countertransference arose from psychoanalysis, it is considered a construct that occurs in any type of therapy.

Objectives: The purpose of this review is to examine the relationship between personality disorders and countertransference.

Methods: A systematic literature review was performed on PubMed using the keywords “personality disorder” and “countertransference”. All papers published between 2015 and 2020 were evaluated.

Results: There were significant relationships between and patients’ personality disorders and patterns of countertransference. Criticized countertransference were associated with paranoid and antisocial personality disorders. Borderline personality disorders was related to helpless, overwhelmed, and overinvolved responses. Narcissistic and schizotypal personality disorders were associated with disengaged therapist responses. Helpless countertransference was associated with schizoid personality disorders. Avoidant personality disorders was associated with positive responses. Special/over-involved therapist responses were associated with obsessive-compulsive personality disorders

Conclusions: Several studies suggest that therapists’ emotional responses occur consistently in any kind of therapy. Moreover, specific personality disorders are associated with concrete emotional responses. Therefore, therapists can make therapeutic and diagnostic use of their countertransference.

Keywords: personality disorder; Therapy; countertransference

EPP0910

Moral disengagement and social distancing of people with a personality disorder

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Introduction: People with personality disorders (PD) share some impairments in personality functioning (e.g. identity, intimacy,

empathy) that are also associated with inner or interpersonal conflicts, and sometimes also with different strategies of moral disengagement (MD). It is unclear whether MD strategies are related to individuals with/without PD and their willingness to have social contacts with representatives of otherness (like minorities, physically handicapped, etc.).

Objectives: Comparison of the differences in MD strategies and social distance to the otherness of healthy controls and people with PD, and the influence of personality functioning.

Methods: Moral Disengagement Scale which measures eight MD strategies, the Semi-Structured Interview for Personality Functioning DSM-5 assessing the Self and Interpersonal functioning, and Bogardus Social Distance Scale measuring perceived social distance toward various representatives of otherness are applied in two samples (general population and personality disorders).

Results: People with PD showed a significantly higher propensity to use various MD strategies than healthy controls with moderate effect size (.34–.49). Moral disengagement is facilitated by different aspects of personality functioning in both samples, sharing the impairments in maintaining close relationships. Both samples differed in MD strategies connected with higher social distancing.

Conclusions: People with PD are more prone to moral disengagement than healthy adults. MD appears to be facilitated by different aspects of personality functioning in both samples. Some representatives of otherness are more related to specific MD strategies. We hypothesize that understanding of specific MD strategies used by people with PD can provide insight and explain some of their behavior.

Keywords: social distancing; Moral disengagement; personality disorder; personality functioning

EPP0911

How neuroticism affects prejudicial attitudes and social distance

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Introduction: Previous studies didn’t find any connection between Neuroticism and authoritarian personality or social dominance orientation, but xenophobic attitudes might be hold even apart from these constructs.

Objectives: In our study we compared subjects with high Neuroticism score with controls with a focus on racism and social distance.

Methods: The Bogardus Social Distance Scale (BSDS) is a measure of perceived social distance of a subject towards concrete outgroups. Modern Racism Scale (MRS) and The Blatant and Subtle Prejudice Scales (BSRS) are scales measuring racism. For our study we used the Neuroticism scale of the Eysenck Personality Questionnaire (EPQ). Also, we asked about personal conflicts with outgroup members and how subjects perceived their unpleasantness and importance. We measured the attitudes towards Romani, Vietnamese, foreigners, homeless people, migrants, people with mental disease and people with a physical disability.