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The psychic disorder is a pathological condition manifested through behavioural, relational, cognitive and affective alterations; this condition is associated with such a level of discomfort as to compromise social and working functioning in the subject (APA, 2013).

The study of these conditions is the focus of the articles presented in Volume 5, Issue 2 of the Journal of Mind and Medical Sciences (JMMS). The researchers examined three very different but equally relevant conditions: Gender Dysphoria, Schizophrenia and Post-partum depression.

The first article, object of analysis, is dedicated to Gender Dysphoria. The authors started from the definition of two concepts: sex and gender, constructs that are still controversial but fundamental to understanding the dysphoric condition.

Biological sex is determined by the genetic, hormonal and anatomical characteristics that define belonging to the male or female sex. The genre is instead on a totally different level because it's linked to psychological and cultural variables. With this construct we mean in fact the subject's adherence to a shared definition of male and female: the inner experience of this construction can be defined as "Gender Identity". The perceived discrepancy between biological sex and such identity may cause clinically significant discomfort in the individual and have an impact on its functioning and overall well-being. The form of condition resulting from this condition is called "Gender Dysphoria".

This article investigates the personality dimensions and attribution styles of individuals with and without dysphoria, in relation to gender, level of education and ethnic origin.

According to the authors, in fact, only a small number of researches dealt with the possible correlation between the above elements: in particular Grant et al. (2011) shown that about 93.8% of transgender people have at least personality issues, as well as suggested Settineri, Merlo, Bruno and Mento (2016), who have found a high correlation between the dysphoric condition and personality related manifestations, particularly paranoia. Duisin et al. (2014), on the other hand, found that the combination of low neuroticism and psychoticism with high pleasantness and extroversion seems to guarantee a more positive post-operative outcome in dysphoric patients who have undergone sex reassignment surgery.

Through a brief excursus, the authors also analysed the possible etiological factors underlying the condition, focusing on biological, psychological and cultural elements. This analysis is functional to the introduction of the research hypothesis since it has been shown that dysphoric individuals encounter numerous psychosocial constraints during the process of sexual maturation. In particular, prejudices and discriminations could affect their personality and attribution styles, especially in the Middle East, where the current culture determines the existence of more deeply rooted stereotypes (Berlin, 2016). For the above reasons, the authors focused on the latter elements, assuming that:

- personality dimensions and attribution styles would differ in individuals with and without dysphoria;
- the above factors could be influenced by gender, educational level and ethnic factors related to biological and socio-cultural development.

The sample examined by the authors is composed of 60 individuals: 30 with Gender Dysphoria and 30 without Gender Dysphoria. Each group also includes 15 male and 15 female individuals, with different levels of education and from the province of Fars, Iran.

Through a questionnaire, the authors collected the demographic information and then each participant completed two test: the NEO Personality Inventory-Revised (NEO PIR; Costa & McCrae, 1992), aimed to describe five personality domains according to the Big Five model (Extroversion, Pleasantness, Conscientiousness, Neuroticism, Mental Openness) and the Attributional Style Questionnaire (ASQ;. Peterson et al, 1982), aimed to analyze the attribution styles.

Regarding the first hypothesis formulated, non-dysphoric subjects obtained higher scores in the "*Pleasantness*" dimension and lower scores in the "*Neuroticism*" dimension; in the other domains no significant differences emerged with the dysphoric group. In addition, subjects without dysphoria showed more positive attribution styles than dysphorics. These results are

in line with the above mentioned research, which underlines how social exclusion, stigma and prejudice can influence a negative attribution style, a high rate of neuroticism and a low level of pleasantness.

The results of the second hypothesis instead shown that gender and ethnicity have significant effects on the personality dimensions of the individual. The males have in fact obtained higher scores in the dimension relative to the neuroticism, the females in that relative to the extroversion. The ethnicity was also relevant because the participants from the province of Fars had high rates of neuroticism compared to individuals of Turkish origin, a result that highlights the influence of socio-cultural factors mentioned above.

This study contributes significantly to understanding the personality and attribution styles of subjects with Gender Dysphoria and can at the same time be useful in the medical and educational field; the research offers professionals the opportunity to evaluate the psychological, social and cultural elements that influence the expression of this condition. The clinician must understand the uniqueness of the subject, his story, his needs and in particular his discomforts, often caused by hostile and discriminatory reactions from others. In this sense, it could be relevant to promote adequate training-information interventions not only for the users' family members but also for the staff of the educational institutions, for the professional figures of the health, social and legal area who perform functions related to this field. This would guarantee an accurate diagnosis and a careful management of the patient's experiences.

The importance of this latter construct is also highlighted in the second article, focused on the quality of life of schizophrenic subjects from Romania. These factors are analysed according to the sex, the type of schizophrenia, the therapeutic approach adopted and the family history of the patient.

The study is introduced through the definition of "quality of life", a concept linked to self-perceived well-being and directly associated with the socio-cultural system of reference, values, objectives and personal expectations (Bowling, A., 1995). According to the authors, to evaluate this concept, the above elements must be taken into account.

With regard to gender, despite the quality of life of these patients is rather low due to the chronic and disabling consequences of the disease, some research indicates that women have higher scores than men. This difference could be explained by a reduced number of hospital admissions, a lower pharmacological dosage and a generally faster remission (Test, M. A., 1990; Opjordsmoen, S., 1991) even though in the female population, there is an early onset of the disease and a generally unfavourable long-term prognosis (Lieberman, J. et al., 1993).

Further differences are associated with the presence of different comorbidities: males are more exposed to substance abuse and anti-social behaviour (McGlashan, T. H., & Bardenstein, K. K., 1990) while females are more exposed to the manifestation of affective symptoms (Ring, N. et al., 1991). According to the authors, the evaluation of the quality of life of schizophrenic patients should consider these elements without neglecting the pharmacological aspect. The treatment of choice consists in the use of typical and atypical antipsychotics that, by acting on dopaminergic receptors involved in brain reward mechanisms, directly affect the quality of life of these subjects.

In order to investigate all the above elements, the authors carried out a survey on 143 psychiatric patients from Romania, aged between 18 and 65 years and belonging to both sexes. The subjects involved are suffering from paranoid, undifferentiated, residual and ebephrenic schizophrenia, according to the criteria of the DSM IV- TR (10) and the ICD. 86.3% followed a therapy based on atypical neuroleptics, unlike 13.7% treated with typical antipsychotics. Most of the subjects included also didn't have schizophrenic or other psychiatric relatives.

Clinical and psychological parameters of the sample is evaluated using two standardized tools:

- the Subjective Well-being under Neuroleptic Treatment Scale (SWNS) (Naber, D. , 1995) to analyse the patient's subjective experience and perceived well-being during neuroleptic-based treatment. Test evaluates 5 different areas: physical functioning, cognitive functioning, self-control, emotional regulation and social integration.

- The World Health Organization Quality of Life (Whoqol Group., 1998) used to measure satisfaction with quality of life in four areas: physical, psychological, social and living environment.

With reference to five dimensions examined by the SWNS, with regard to gender differences, the data show that the cognitive functioning of men is less affected than that of women, while the other domains are equally affected in both sexes.

As for the different types of schizophrenia are concerned, however, there are significant differences in the subjects affected by the residual form, with reference only to the area of social integration. The results obtained in SWNS also show that patients without a family history of psychiatric disease and with a therapy based on atypical antipsychotic drugs have higher scores in size related to self-control and physical functioning.

With reference to the areas examined by the WHOQoL-BREF, males obtained higher scores in all domains but the significant differences concern only the dimension related to physical and psychological health. Patients with a family history of psychiatric disease and with a

therapy based on atypical antipsychotic also reported lower average scores in all areas examined, except for the social dimension. These results are consistent with those obtained through SWNS.

In summary, data show that cognitive functioning is best preserved in male schizophrenic patients, in those who don't have a family history of psychiatric disease and in those undergoing atypical antipsychotics. Patients treated with this therapy also demonstrated better self-control and higher physical and social functioning, although the latter was only detected in the residual form. The evaluation of the factors listed above is fundamental from the point of view of care because can contribute to improve the quality of life of schizophrenic subjects. In this sense, early intervention with symptom-reducing therapies is a desirable objective through an integrated approach to drug treatment, which must be combined with rehabilitation and social reintegration.

The above mentioned treatment and early intervention constructs are the focus of the last analysed article, focused on post-partum depression. Before proceeding to a careful analysis, the authors introduce the concept of depression, considered one of the most widespread and disabling mental disorders. This mood disorder is characterized by anxiety, feelings of emptiness and irritability, associated with somatic and cognitive changes that significantly affect the ability of the individual to function (APA, 2013).

The diagnosis of depression is generally three times higher in women and about a quarter of them suffer from this disorder throughout their lives. The level of vulnerability generally increases in child-bearing age and in particular, after childbirth. In fact, after the birth of a child, about 85% of women experience some kind of mood disorder. Most symptoms are mild, short-lived and resolve spontaneously, unlike 15-20% of women who develop more significant symptoms of depression or anxiety (Chung, F. F. et al., 2018). This picture can be traced back to the so-called "post-partum depression", of which there are three types that can be differentiated according to their intensity:

1. Baby blues, which begins in the first two weeks after birth, affects up to 80% of mothers and is manifested through frequent crying crises and symptoms associated with fatigue, worry and anguish that generally tend to disappear within fifteen days.
2. The post-partum depression present a symptomatological picture similar to the previous one but with greater frequency and intensity. It's estimated that among new mothers, 10-20% may experience this psychological distress while 3-6% may develop a major depressive disorder. For diagnostic purposes, at least 5 of the following symptoms must be present, with a duration of at least two weeks (Maleki, A. et al,

2018): depressed mood, sadness, feelings of despair and inner emptiness, associated with a state of severe anxiety; loss of interest in daily activities; changes in appetite and weight (generally decreasing); changes in sleep (usually insomnia); extreme fatigue or lack of energy; feelings of uselessness or guilt; difficulties in maintaining concentration or in decision-making; suicidal thoughts.

3. Puerperal psychosis (Diaconu, C. et al., 2013), the most severe form, occurs with an estimated incidence of around 0.2%. Symptoms appear over 15-20 days and consist of visual and auditory hallucinations associated with a delusional and manic state. In these cases, mothers are totally incapable to deal with everyday life and to care for their child, so that a pharmacological and psychotherapeutic intervention is necessary.

Within this study, the authors focused in particular on post-partum depression and on the elements of physical, psychological and emotional vunerability related to disease (Liana, P. et al., 2018). Physically, depressive symptoms may be associated with hormonal changes due to decreased estrogen and progesterone and high blood cortisol concentrations (Sarna, A. et al., 2018). Psychological and emotional risk factors may instead be linked to a history of previous depression, anxious and depressive symptoms present during pregnancy, poor social support or negative events that occurred during this period such as the death of a family member or marital/financial difficulties (Nagle, U., & Farrelly, M. , 2018). After a brief analysis of the risk factors associated with this condition, the authors also focused on the analysis of some diagnostic tools such as the Depression Scale of the Center for Epidemiological Studies (CES-D), the Beck Depression Inventory Scale and in particular the Edinburgh Postnatal Depression Scale (EPD). This latter tool allows to evaluate the depressive risk during and after pregnancy and to correlate the scores obtained with other equally significant factors such as the effects of birth on the father and breastfeeding. With reference to the first factor, even fathers can feel anguish and anxiety about the birth of a child; with regard to the second factor, a study of 83 patients (Motofei, I. G. et al., 2017) found that post-partum depression can often lead to early cessation of breastfeeding, generating feelings of guilt and self-esteem in the mother. Studies show that post-partum depression also has significant consequences for the child, causing delays in cognitive and behavioural development and early deterioration of the mother-child relationship. This data highlights the need for a multimodal therapeutic approach, which acts on different fronts: the authors focused in particular on cognitive-behavioural therapy, effective after only six sessions (Gallaher, K. G. H. et al., 2018) and on pharmacological therapy. In particular, is recommended the use of serotonin reuptake inhibitors (SSRIs) and antidepressant with no adverse effects on the baby, such as valproic acid and carbamazepine, which make it necessary to stop breastfeeding. The authors also

underline the importance of a healthy lifestyle, a balanced diet, constant physical exercise and techniques such as music therapy and aromatherapy. This article has the merit to highlight the need for health professionals to periodically evaluate women during the pre-postal period, using the tools previously examined such as the EPDS. Women at high risk for the development of post-partum depression must be identified and carefully monitored because it's scientifically proven that the disorder is preventable; it's therefore extremely important to implement integrated actions between different sectors and at different levels to ensure social inclusion, encourage the remission of depressive symptoms and increase the well-being of both mothers and children, contributing to the overall improvement of their quality of life.

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