

functions. Deficits observed in schizophrenia (SCZ) patients were more consistently found in vsWM than in other WM modalities. Specifically, it is believed that memory encoding and early maintenance are most affected. It was first hypothesized that this deficit is caused by an impairment of attentional processes. However, recent research has found that attention during encoding might actually be preserved in SCZ. Therefore, the mechanisms of reduced vsWM capacity in SCZ remain unclear. Our previous work indicated that the observed behavioral and electrophysiological indices of WM storage deficit are mostly attributable to the patients' inability to exclude taskirrelevant distractors. Since oscillatory alpha activity has been reported as being implicated in the suppression of irrelevant information, in the present follow-up analysis, we investigated whether the observed deficit is reflected in induced alpha oscillatory power.

Methods: 15 schizophrenia patients and 15 age-matched controls completed a visual working memory task with 3 conditions (maintain 2 or 4 items, or maintain 2 items/inhibit 2 distractors) while their EEG was recorded using a 128-channel EEG system. Data were first preprocessed and cleaned using EEGLAB functions and then decomposed into the time-frequency domain by performing Morlet-wavelet convolution. We defined 8 regions of interest (ROIs) covering the left and right frontal, central, parietal and occipital regions. A time-frequency window of interest was defined for statistical analysis, which started at 300ms after the memory set presentation up to 800ms and spanned the frequencies between 7 and 14 Hz. Finally, statistical analysis was performed on these ROIs using RStudio.

Conclusions: The results indicate that SCZ patients have a lesser decrease in induced alpha power during the early maintenance of a memory set. However, this was present equally in all conditions, which might point to a general inhibitory deficit reflected by alpha induced oscillatory activity. The fact that the observed group effect was more prominent in the right hemisphere is in line with previous research showing preferential activation of the right hemisphere during visuospatial attention.

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THE PHENOMENOLOGICAL ANALYSIS OF IMPAIRED AGE SELFCONSCIOUSNESS IN LATENT SCHIZOPHRENIA

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Introduction: The topic of research was phenomenon of impaired age self-consciousness in nonpsychotic latent schizophrenia patients defined. To explore features of impaired age self-identity and to determine syndromic affiliation of the syndrome in comparison with premorbid personality disorders traits.

Methods: The study sample comprised 141 patients with latent schizophrenia (pseudoneurotic (F21.3 - 64.5%, 91 patients), cenesthopathic (F20.8 - 25.5%, 36 patients) and pseudopsychopathic (F21.4, - 9.9%, 14 patients)) aged 16-31 (average 22.1 years old) in 2007-2019. A follow-up, experimental psychological and clinical study was conducted.

Results: The onset of impaired age self-identity was dominated by a radical drop of the subjective age in self-conscious mind of the patients accompanied by a tormented feeling of loss of self-dependence, role autonomy, helplessness, inability of decision making and to be answerable. Patients described this sudden condition as a loss of 'maturity feeling' and return to the juvenile perception of self. In a delusive and unclear manner, phrases such as 'I feel inferior to others as if a helpless child among adults', 'I feel as if my childhood is back' were uttered. Excessive worrying and enlivening of childhood memories were also included. This correlates to occurrence of humble and sometimes dependent/avoidant behavior, feeling of helplessness and fear with respect to caring for one self, rising subordination and suggestibility. Consequently, patients often became victims of fraud and prejudice.

Conclusions: On the level of self-consciousness, sudden age regression was marked by profound internal changes about oneself and in general, to the external world. This phenomenon of regress to earlier ontogenetic level of personal development reported as impaired age self-consciousness can thus be regarded as an obligate form of depersonalization.

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DIFFERENCES IN RESILIENCE, SELF-STIGMA AND MENTAL HEALTH RECOVERY BETWEEN PATIENTS WITH SCHIZOPHRENIA AND DEPRESSION

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Introduction: There is growing evidence that resilience is a key factor for prevention of mental disorder. Low resilience levels were found in individuals at clinical high risk to psychosis and schizophrenia. Higher level of resilience was associated with better functioning, less severe negative, anxiety and depressive symptoms. Low level of self stigma is associated with recovery from schizophrenia. Aim of this paper was to determine whether resilience and self-stigma are significant predictors of mental health recovery in patients diagnosed with schizophrenia and depression treated in a rehabilitation-oriented program.

Subjects and methods: 51 patients diagnosed with psychoses and 53 patients with depression treated in day hospital participated in this study. Internalized Stigma of Mental Illness Scale (ISMI), The Boston University Empowerment Scale (BUES), Perceived Devaluation and Discrimination (PDD) Scale, Mental Health Recovery Measure (MHRM) and Resilience questionnaire were used.

Results: Self-stigma positively correlates with PDD ($r=0.44$; $p=0.000$), and negatively with BUES ($r=-0.78$; $p=0.000$), resilience ($r=-0.51$; $p=0.000$) and with recovery ($r=-0.59$; $p=0.000$) in two groups. In addition, a higher PDD score indicates poorer levels of empowerment ($r=-0.42$; $p=0.000$), resilience ($r=-0.35$; $p=0.000$) and recovery ($r=-0.44$; $p=0.000$). Mental health empowerment, resilience and recovery all correlate significantly and positively with each other. Cross-group comparison results show the best results for patients with schizophrenia. Sociodemographic factors do not affect resilience, self-stigma nor recovery.

Conclusion: Self-stigma and resilience are connected with moderate correlation. Research supports the need for interventions that prevent self-stigma and increase resilience in the treatment of schizophrenia patients.

Key words: resilience - self-stigma - psychiatric illness - schizophrenia - rehabilitation - stress resistance

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UNDERSTANDING THE CULTURAL CONTEXT: VOICE-HEARING EXPERIENCES OF RUSSIAN-SPEAKING PATIENTS

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Introduction: The present project examines how schizophrenia manifests in the Russian cultural context. Specifically, we aim to assess whether patients diagnosed with schizophrenia in Russia present with symptoms that might differ in form and content compared to participants from countries studied by Luhrmann and colleagues. Many persons who meet DSM or ICD criteria for schizophrenia experience what clinicians call “voices”: auditory and semi-auditory experiences, often of an invisible person who speaks.

Methods: This research is currently taking place at the Clinical Psychiatric Hospital in Kazan, Russia. All participants ($n>20$) hear voices and are diagnosed with schizophrenia or schizoaffective disorder. We assessed the patients’ experiences primarily through a Russian translation of the structured clinical interview protocol developed by Luhrmann et. al. Additionally, participants listened to a 45-second audio-track of positive and negative voices meant to represent a wide range of possible experiences of voice-hearing by those with psychosis. In this track, the voices speak in Russian. Participants were asked what they remember after the track played, and what, if anything, of the track was like their own experience of voices. The primary aim of this audio track is to better understand what patients may be experiencing first-hand, as well as to determine whether the positive or negative voice gathers more attention.

Results: At present, data continues to be collected. Exploratory analyses of the interviews will investigate how these hallucinations manifest in the Russian cultural context, and these results will ultimately be compared against previously collected data. Some preliminary questions have emerged. The patients interviewed express less violence to self and others than do the patients in the US that Luhrmann interviewed. They also speak more spontaneously about interrupted sleep. More patients express concerns around alcohol.