5. **Anne Kjersti** (2016). Supporting links between universities and industry, The Research Council of Norway, <u>www.forskningsradet.no/en/</u>

6. European Universities achievements since 2005 in implementing the Salzburg principles, European University Association, Salzburg II Recommendations

7. Thomas Ekman Jorgensen: Codoc – Cooperation on Doctoral Education Between Africa, Asia, Latin America and Europe, 2008, p.114

8. <u>http://www.ehea.info/page-ministerial-conference-Leuven-Louvain-la-Neuve-2009</u>

9. **Atom Mkhitaryan, Nonna Khachatryan** (2019). Effective Teaching Strategy in Doctoral Programs; Review of Armenian Studies, N1, p.198-208

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COGNITIVE FUNCTIONS IMPACT ON SELF-REFLECTION OF PATIENTS WITH SCHIZOPHRENIA

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Abstract

The article represents the results of the study of cognitive functions with the help of Repeatable Battery for the Assessment of Neuropsychological Status (RBANS; Randolph, 1998), with extensive normative data capable of distinguishing between different cognitive domains such as Immediate and Delayed Memory, Visuospatial/Constructional, Attention, Language. Self-reflection enables to estimate a person's qualities and resources, so we studied the relationship between cognitive functions of schizophrenic patients and their self-reflection. The study of self-reflection of patients with schizophrenia (n1=46) shows that only 24% of participants have high scores in contrast to the control group (n2=46) - 74%, 35% of the main group have low scores in contrast to the healthy controls (4%). Thus, we can conclude that the self-knowledge of patients with schizophrenia is rather weak or impaired; they find it difficult to recognize their characteristics. Correlation analysis by Pearson and Spearman shows that low level of self-reflection is connected with low levels of Immediate (r=-.357, p<0.01) and Delayed Memory (r=-.428, p<0.005), Attention (r=-.426, p<0.005), Language (r=-.422, p<0.005). Poor self-reflection of schizophrenic patients is connected with memory, attention and language impairment.

Keywords and phrases

Paranoid schizophrenia, cognitive impairment, self-reflection.

ՇԻՉՈՖՐԵՆԻԱՅՈՎ ՀԻՎԱՆԴՆԵՐԻ ԿՈԳՆԻՏԻՎ ՖՈՒՆԿՑԻԱՆԵՐԻ ԱՉԴԵՑՈՒԹՅՈՒՆԸ ԻՆՔՆԱՌԵՖԼԵՔՍԻԱՅԻ ՎՐԱ

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հոգեբանական գիտությունների թեկնածու Երևանի Մ. Հերացու անվան պետական բժշկական համալսարան <u>anahitterstepanyan@gmail.com</u>

Համառոտագիր

Հոդվածում ներկայացված են ձանաչողական գործառույթների ուսումնասիրության արդյունքները՝ Նյարդահոգեբանական կարգավիձակի գնահատման կրկնվող թեստի օգնությամբ (RBANS; Randolph, 1998), որն ունի ընդարձակ նորմատիվային տվյայներ, և որի միջոցով հնարավոր է ուսումնասիրել Ճանաչողական այնպիսի գործընթացներ, ինչպիսիք են անմիջական և հետաձգված հիշողությունը, տեսա-տարածական րնկալումը, ուշադրությունը, լեզվական ձկունությունը։ Ինքնառեֆլեքսիան հնարավորություն է տալիս գնահատել մարդու որակներն ու ռեսուրսները, ուստի՝ մենք ուսումնասիրել ենք շիզոֆրենիա ունեցող հիվանդների Ճանաչողական գործընթացների և ինքնառեֆլեքսիայի միջև կապը։ Շիզոֆրենիա ունեզող հիվանդների (n1=46) ինքնառեֆլեքսիայի ուսումնասիրությունը ցույց է տալիս, որ մասնակիցների միայն 24%-ն ունի բարձր ցուցանիշներ, ի տարբերություն ստուգիչ խմբի (n2=46)՝ 74%, հիմնական խմբի 35%-ը ցածր ցուցանիշներ ունի՝ ի տարբերություն առողջ մասնակիցների (4%)։ Մենք կարող ենք եզրակացնել, որ շիզոֆրենիա ունեցող հիվանդների ինքնաձանաչումը բավական թույլ է կամ խաթարված, նրանք դժվարանում են ձանաչել իրենց անձնային որակները։ Փիրսոնի և Մփիրմանի կորելյացիոն վերլուծությունը ցույց է տալիս, որ ինքնառեֆլեքսիայի ցածր մակարդակը կապված է անմիջական հիշողության (r=-.357, p<0.01) և հետաձգված հիշողության (r=-.428, p<0.005), ուշադրության (r=-.426, p<0.005), լեզվական ձկունության (r=-.422), p<0.005) ցածր մակարդակի հետ։ Շիզոֆրենիկ հիվանդների վատթարացած ինքնառեֆլեքսիան կապված է հիշողության, ուշադրության և խոսքի վատթարացումների հետ։

Բանալի բառեր և բառակապակցություններ

Պարանոիդ շիզոֆրենիա, Ճանաչողական խանգարում, ինքնազսպում։

ВЛИЯНИЕ КОГНИТИВНЫХ ФУНКЦИЙ НА САМОРЕФЛЕКСИЮ БОЛЬНЫХ ШИЗОФРЕНИЕЙ

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Аннотация

В статье представлены результаты исследования когнитивных функций с помощью RBANS методики (RBANS; Randolph, 1998), с обширными нормативными данными, позволяющими различать различные когнитивные области, такие как непосредственная и долговременная память, визуально-пространственное восприятие, внимание, речь. Саморефлексия позволяет оценить качества и ресурсы человека, поэтому мы изучили взаимосвязь между когнитивными функциями больных шизофренией и их саморефлексией. Исследование саморефлексии пациентов с шизофренией (n1=46) показывает, что только 24% участников имеют высокие показатели в отличие от контрольной группы (n2=46) - 74%, 35% основной группы имеют низкие баллы в отличие от здоровых (4%). Таким образом, мы можем сделать вывод, что самопознание пациентов с шизофренией является довольно слабым или нарушенным, им трудно распознать свои личные характеристики. Корреляционный анализ Пирсона и Спирмена показывает, что низкий уровень саморефлексии связан с низким уровнем непосредственной (r=-.357,

p<0.01) и долговременной памяти (r =-.428, p<0.005), внимания (r =-.426, p <0.005), языка (r =-.422 p<0.005). Ухудшение саморефлексии пациентов с шизофренией связано с нарушениями памяти, внимания и речи.

Ключевые слова и фразы

Параноидальная шизофрения, когнитивные нарушения, саморефлексия.

Background

Mental disorders are perhaps the most important issues in mental health. In modern clinical psychology and psychiatry, schizophrenia continues to be among mental disorders, a motivated and current picture of which has not yet been clarified. It is still considered to be one of the biggest unsolved problems. Therefore, the relevance of the study of mental disorders today is exceptionally high, both in Armenia and in the world.

Schizophrenia is a chronic disease that has a progressive process, during which main and progressing changes occur, such as a decrease in energy potential, lowering of emotions and deepening autism (Utlhp- Φ u2ujuu, 2012, pp. 134-135). Schizophrenia can be defined as a group of psychotic disorders, which include increased distortions of reality, loss of public relations, disintegration and dissociation of mind and emotions (Carson et al., 1988).

Cognitive impairment is a fundamental feature of many neurological and psychiatric conditions. The disorders of the cognitive functions play an important role in schizophrenia, which result in the patients' incompleteness in social and working fields, disadaptation, real-life functioning (Cohen et al., 1999; Green et al., 2000; Kerns & Berenbaum, 2002; Tyler et al., 2011; Bellack, 1992).

Various authors mention the sense of self-disorders as main clinical manifestations of schizophrenia (Ясперс К., Kraepelin E., Huber and Gross, Klosterkoetter, Schultze-Lutter F., Haug E, Lien L, Nelson B, Parnas J, Raballo A). The processes of selfconsciousness and its system are also disrupted in schizophrenia (Васильева Т.М., Мелешко Т.К., Анпилова Т.С., Березовский А.Э., Бурно М.С., Поляков Ю. Ф., Холмогорова А.Б., Вид В.Д., Роджерс К., Ленг Р., Клайн М., Федерн П., Mads G. Henriksen, Sass L.A, Davidson L.). According to several studies cognitive functions and self-consciousness disorders are interconnected (Чеснокова И.И., Соколова Е.Т., Мейли Р., Flavie Waters, Keefe R, Posada A,Haug E, Øie M, Whitford TJ).

The feed-forward model system dysfunctions can explore Self-recognition problems. It plays the role of the prediction of its own actions and speech repercussions. This system's dysfunction leads to sensory and motor false prediction, and in its turn, causes for thoughts' and actions' self-regulation failure. Memory and thinking processes impairment is directly connected with self-recognition difficulties. According to studies schizophrenic patients with auditory hallucinations and negative symptoms have problems with identification of own actions and thoughts attributing them to external sources, and show self-recognition deficit as a result (Keefe et al., 2002; Posada et al., 2007; Waters, 2012).

According to modern studies, a high degree of "self" disorders are significantly connected with verbal memory impairments. Presumably, verbal memory is connected with the patient's own thought -ability shortage to control, remember and realize, which are the basic self-consciousness processes (Haug et al., 2012).

Nelson B., <u>Whitford T.J.</u> and co-authors, based on the phenomenology and neurocognitive latest studies, consider that self-disturbance in schizophrenia can correlate with memory, feed-forward model system, attention deficit, which cause reflection and social intuitive perception difficulties (<u>Nelson et al., 2014</u>).

Besides the phenomenon of identification, self-esteem, self-regulation, the process of self-reflection is also an essential mechanism of self-consciousness development. Furthermore, there are no empirical studies on whether cognitive impairment can affect the self-reflection process. Self-reflection enables to estimate a person's qualities and resources, so it is important to study the relationship between cognitive functions of schizophrenic patients and their self-reflection. They will explore the potentials of the patient, which, in turn, will improve the life, self-independence and establishment of the interpersonal relationships. So the study of the cognitive functions disorders is highly discussed both in scientific research and mental health services. Understanding and knowledge of these restrictions can be helpful to create various effective recovering and therapeutic approaches.

The goal of the study

The goal of this study was to investigate schizophrenic patients' cognitive functions such as perception, memory, attention, thinking, language, and to reveal the impact of cognitive impairments on the self-reflection of patients.

Method

Participants. All participants were of Armenian heritage; 46 psychiatric patients with an ICD 10 diagnosis of severe mental illness, predominately paranoid schizophrenia, and 46 volunteer healthy controls in the study. Demographic and clinical characteristics of patients and healthy controls are presented in Table 1. The patient group was drawn mostly from inpatient state psychiatric hospitals – "Nork", "Avan", "Nubarashen", INTRA Mental Health Centers in 2011-2018. Healthy control participants were recruited from Yerevan and were comprised of hospital and university-affiliated staff, friends, and relatives. All research participants were volunteers and received no compensation. The study received ethical approval from the Research Ethics Committee of the M.Heratsi Yerevan State Medical University.

Measures. All participants were assessed with a/ the Armenian translated versions of the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), b/ Projective Test "Self-Portrait" adapted by R. Burns, c/ The Twenty Statements Test (TST) by M. Kuhn and McPartland and a brief questionnaire to assess demographic characteristics.

a. Over the years, various comprehensive test batteries have been devised to evaluate cognitive impairment across diverse patient groups. One of the relevant highly portable tests is Repeatable Battery for the Assessment of Neuropsychological Status (RBANS; Randolph, 1998), with extensive normative data capable of distinguishing between different cognitive domains such as Immediate and Delayed Memory, Visuospatial/Constructional, Attention, Language (Duff et al., 2005).

The RBANS has acceptable psychometric properties concerning test-retest stability, internal consistency and concurrent validity (Gold, Iannone, & Buchanan, 1999; Hobart, Goldberg, Bartko, & Gold, 1999; Larson, Kirschner, Bode, Heinemann, & Goodman, 2005). This test is important because it makes it possible to be used as a tool for the assessment of dementia in the elderly (Gontkovsky et al., 2004), to estimate the effectiveness of treatment of patients with mental disorders, especially those with schizophrenia. Its increasing popularity among clinicians has led to the examination of its clinical utility in diverse patient populations (Mooney et al., 2007).

In Armenia, the RBANS was adapted in the Armenian language by A. Azizian and co-authors. The adaptation was made according to the International Test Commission Guidelines for Translating and Adapting Tests. After finishing adaptation A. Azizian and co-authors performed a study of cognitive functions of patients with schizophrenia using RBANS Test. Also, the study of the difference in cognitive functions of patients with schizophrenia and healthy control investigated from the USA and Armenia was made, and the authors interpret the difference in results as a cultural and demographic feature (Azizian et al., 2011).

b. Projective Test "Self-Portrait" adapted by R. Burns, gives a chance to investigate the features and components of self-consciousness such as self-esteem, self-attitude, body image and gender identity. R.Bernes adopted this test in Seattle, USA. For our research, we emphasized self-reflection components. During data analysis, we took as a basis the projective method analysis by K. Machover (*Personality projection in the drawing of the human figure*) and A.L.Venger. The principles of advanced interpretation have been tested repeatedly in clinical practice. Drawings of schizophrenic patients were so poor in content that during the analysis, we relied mainly on the structural, formal aspects (Венгер 2003; Залесская, 2005; MaxoBep, 1996).

c. For studying self-reflection features, we use the Twenty Statements Test (TST) by M.Kuhn and McPartland. TST is an instrument used to measure self-concept. This method was suggested in 1954 by M.Kuhn and McPartland, to find a standardized way to measure assumptions and self-attitudes, and has been created based on the self-concept theory of Manfred Kuhn. The test takes the form of a survey, with respondents asked to give up to twenty responses to the prompts," Who am I?" or "I am...", respondents don't need to give twenty answers. The test usually takes only a few minutes. The test is unusual in utilizing an open-question methodology, making coding non-straightforward. Kuhn (1960) has stated that responses to the twenty

statements test should be grouped into five categories: social groups and classifications; ideological beliefs; interests; ambitions; and self-evaluations.

The test can reveal various properties of self-consciousness and self-identification. It consists of the following scales:

- Self-identity
- Gender role identity
- Self-esteem, self-attitude
- Self-reflection

• Characteristics of "self" such as Social Ego, Physical Ego, Communicative Ego, Perspective Ego, Reflective Ego etc.

The present research focuses on self-reflection scale's result analysis. According to the TST participants with a high level of self-reflection can describe personal characteristics quickly and without difficulties. Three levels of self-reflection - low, average and high are defined (Кун, Макпартленд, 2006, pp. 82-103).

Exclusion Criteria. Determination of the exclusion criteria for this study which compared to those used for the original US normative study. The exclusion criteria are persons with a known or suspected history of neurological illness, psychiatric disturbance, developmental delays, substance abuse or any other condition that could affect cognitive performance.

Data analysis. The analyses proceeded in several phases. The first level of the study consisted of descriptive statistics for demographic characteristics. The second level of analysis of tests was performed using quantitative and qualitative methods. For result processing, was used the method of statistical analysis using SPSS 16.0 for Windows 2007, the correlation analysis by Pearson and Spearman to determine the relationship between RBANS Subscales Scores and Twenty Statements Test Scores, "Self-Portrait" Projective Test quantitative scores of structural aspects. Differences in demographic characteristics between patients and healthy controls were tested using t-tests.

Results

Demographic Characteristics. Table 1 presents the age, sex, education levels, marital status and ethnicity for the total sample. There were no statistically significant differences between patient and healthy groups in age [t (92) =0, p>.05] and sex [χ^2 (92) =0, p>.05]. However, the education level for healthy controls was higher than for the clinical sample, because it's important for us to see the role and impact of higher cognitive functions on self-reflection in the case of higher education, as well as to compare the results with the clinical sample's cognitive impairment and self-reflection correlations results.

Characteristics	Clinical Sample s	Non-clinical Sample ^s
Age (years) M SD Range	42.98 9.354 18-51	27.69 8.294 19-51
Education level School graduated University graduated	20 (42,6%) 26 (55,3 %)	0 46 (100 %)
Gender Male Female	26 (55,3 %) 20 (42,6%)	16 (34 %) 30 (63,8%)
Marital Status Single Married Divorced	26 (55.3 %) 15 (31.9 %) 5 (10.6 %)	28 (59.6 %) 18 (38.3 %) 0
Ethnicity Armenians	46 (100 %)	46 (100 %)

 $\it Note:$ ^ N1=46 patients with schizophrenia ^ N2=46 Healthy controls

RBANS Total and Subscale Scores. The results of the cognitive functions of schizophrenic patients (N1=46) and healthy controls (N2=46) have shown in Table 2.

Table 2.	RBANS	results of	schizop	hrenic	patients	(N1)) and health	<i>y</i> controls	(N2))
					/	· /			· /	

	Immediate Memory	Visuospatial/ Constructio- nal	Language	Attention	Delayed Memory	Total Score
Clinical Sample (N1=46)	67.52 ±19.02	78.43 ±18.78	69.86 ±15.07	61.39 ±12.25	70.63 ±19.52	63.86 ±14.75
Non-Clinical Sample (N2=46)	106.63 ±15.56	105.26 ±14.52	86.47 ±15.29	82.23 ±14.15	101.82 ±10.56	94.97 ±13.04

RBANS Total and the Subscale scores were generalized and analyzed statistically.

Average scores of Immediate Memory of patients with schizophrenia (67.52 \pm 19.02) are lower than in other Subscales. 71.6% of the respondents (33 patients) scored lower than the average, which indicates an impairment of short-term memory. In particular, during the test, it was difficult for them to memorize 10 words from the list which were read 4 times, and also to recall a short story that was heard twice.

The scores received for Visuospatial are higher compared to Subscales scores. 53.5% of the respondents (20 patients) scored average and above-average (80+) points from the Visuospatial Subscale, which suggests that the task results of image duplication and line alignment are higher in comparison with other Subscales' task results (Appendix 1. Image reproduction by a schizophrenic patient).

Average Language scores are relatively low (69.86 ± 15.07). 78.1% of respondents (35 patients) have below-average scores, indicating a low level of language flexibility. They found it difficult to name the showed pictures and to fulfil the task of speech flexibility, during which it is necessary to remember the names of as many fruits and vegetables as possible for 60 seconds. During this task, the memory processes slow down, and the number of repetitions increases.

Attention scores (61.39 ± 12.25) are also relatively low. 91.2% of the respondents (42 patients) scored below average, which indicates an attention impairment. Patients performed the coding task slowly and with errors, showing difficulty in concentration, and filling in a small number of characters which means a relatively small amount of attention.

Low scores are also observed in the Delayed Memory Subscale (70.63 \pm 19.52). 60.8% of the respondents (28 patients) scored below average, which indicates weak storage and reproduction of information. Most of the patients had difficulty in completing the list, memorizing the list, memorizing the story, and memorizing the picture. We assume that the low levels of Delayed memory are due to low levels of Immediate Memory. Correlation analyses also prove it by Pearson Immediate and Delayed Memory Subscales (r=.738[°], p<0.001).

RBANS Total score is 63.86 ± 14.75 .

Thus, in the control group, in contrast to the main group, the Immediate and Delayed Memory scores (106.63 \pm 101.82, respectively), as well as the Visuospatial (105.26 \pm 14.52), are obviously high. Compared to the other Subscale, the points of Language (86.47 \pm 15.29) and Attention (82.23 \pm 14.15) are lower. The Total score is 94.97 \pm 13.04.

Twenty Statements Test (TST) by M.Kuhn and McPartland. As we have already mentioned, Self-reflection is one of the mechanisms of self-consciousness. The ability to explore their personality from different sides, to reveal, evaluate, accept or deny the person's psychological qualities, resources. In order to examine the level of self-reflection development, we used the Twenty Statements Test (TST) by M.Kuhn and McPartland. *Twenty Statements Test* includes 20 questions, and the respondents have to answer them in 12 minutes. According to this test, a person having a high level of reflection development gives more answers to "Who Am I?" questions, finds the answers relating to his personal quality easier and faster. And other respondents who seldom think about their personality and their life, have disturbances with their self-

consciousness; they have some difficulties to answer those questions. It shows a low level of reflection. It means in 12 minutes a person gives 1-2 answers and can't find the other ones. Speaking about high level, we have 15 or more characteristics.



Diagram 1. Twenty Statements Test (TST) results of Self-reflection Level in N1 and N2.

The study of self-reflection of patients with schizophrenia (N1=46) shows that only 24% of participants have high scores and 35% of them have low scores. While 74% of healthy controls (N2=46) have high scores, and only 4% of them have low scores (Diagram 1). Patients with schizophrenia answered the questions very slowly, asking a lot of questions about the assignment; most of them wrote barely 1-2 descriptions which often were repeated. Thus, we can say that the self-knowledge and self-observation of patients with schizophrenia are rather weak or impaired; they find it challenging to recognize their own personal, behavioural characteristics and to evaluate them. During the study, 34 healthy control respondents (74%), a relatively high level of self-reflection development was observed, and only 2 respondents (4%) had a low self-reflection level.

Projective Test "Self-Portrait". Analyzing the results, various elements of selfdetermination are being found, including the level of self-reflection. According to the Test interpretation, we can see some problems with Self-Identity, in particular with the self-reflection of patients. The process of drawing a human image is not as much as a matter of graphic skills as of one's own projection. The researcher in the picture graphically expresses his psychological features. Because of the patients' imagecontent poverty, we focused on the structural and formal aspects of the analysis. To study the elements of self-consciousness, we have paid attention to the following details of the image: symmetry, midline, body shape and proportion, contour, the vertical position of the picture, slips, picture matching with age, image finish and theme.

 Table 3. Analysis of Self-portrait method results in structural and formal aspects and indicators of body image distortions

Details	N1	N.2	
	Frequency		
Expressed Symmetry disturbances	23 (50%)	7 15.2%)	
Excessive emphasis on the middle line	20 (43.5%)	23 (50%)	
Contour disturbances (strongly accentuated, indistinct, blurred line, contour cracks)	18 (39.1%)	15 (32.6%)	
Gross violations of body and body proportions, chaotic features, a vague image	38 (82.6%)	9 (19.6%)	
Deviation of the image from the vertical position, slips	16 (34.8%)	8 (17.4%)	
The discrepancy between the picture and the age, drawing does not correspond to the age norms	27 (58.7%)	9 (19.6%)	
Unfinished picture (i.e. portrait without body, or body without head)	19 (41.3%)	14 (30.4%)	
The subject of the picture is not mentioned, it is an amorphous and schematic image	32 (69.6%)	3 (6.5%)	

According to the results of the "Self-portrait" method data analysis, the indicators of patients' Self-consciousness (self-reflection, self-reflection, gender identity, self-esteem) distortions met with 38 out of 46 patients (82.7%), the rest 17.2% of patients' indicators mostly were not distorted. The choice of the subject reflects a person's identity; for example, a musician or a person with musical preferences can draw a person who plays a musical instrument. In patients drawing, we met very often (69.6%) amorphous, schematic images, where even gender identity is not reflected, in the control group, amorphous images are rarely met (6.5%).

Correlation analyses between RBANS Subscales and Twenty Statements Test's (TST) self-reflection indicators show strong opposite significant correlations between low levels of self-reflexivity and Immediate Memory (r = -.357, p < 0.01), Language (r=-.428, p < 0.005), Attention (r = -.426, p < 0.005), Delayed Memory (r = -.428, p < 0.005). These results suggest that schizophrenic patients with low short-term, long-term memory, attention, and language scores often demonstrate a low level of self-reflection.

The same picture is observed with a high level of self-reflection. Thus, significant correlations between a high level of self-reflection and Immediate Memory (r =.423, p<0.005), Delayed Memory (r =.444, p<0.005), and Total Score (r=.424, p<0.005) are observed. In other words, schizophrenic patients in the case of short-term, long-term memory, and general cognitive high scores often show a high level of self-reflection.

Discussions

Based on national and cultural peculiarities, we have for the first time received new normative data for patients with paranoid schizophrenia relating to cognitive functions (memory, attention, language, visual-spatial) using RBANS methodology after adaptation in Armenian. Such cognitive diversity and heterogeneity in schizophrenia bring us closer to the discovery of the pathogenic mechanisms of schizophrenia.

In order to output normative data for already adapted RBANS in the Armenian context, we intend to do extensive research. The initiative innovation is that for the Armenian context, normative data will be developed for each age group and groups with different educational levels. Moreover, the test is originally intended to be conducted with people aged 20-85; however, this research will include a lower age threshold (16-20) for researched to get normative data for the mentioned age group as well.

It is preferable to conduct this test in Armenia for the reason that there is no adapted test of great clinical significance for the study of cognitive functions yet. From the practical point of view, this test stands out with its usability, it is not timeconsuming, and at the same time, it provides detailed information both about cognitive status and separate cognitive functions. Normative data for each age group and groups with different educational levels will make psychological diagnosis more accurate in educational institutions, forensic, psychiatric and neurological areas, will contribute to the discovery of mental deviations and dementia in the premorbid period, and estimation of treatment effectiveness.

Due to our study, it is possible to develop cognitive functions improvement methods, which can help to increase the self-reflection ability of patients. Next, we plan to enrich the research tools of the self-consciousness elements by adapting valid international assessments for a more in-depth study of the problem.

Study limitations. As we have already mentioned, to study self-reflection, we used projective methods with schizophrenic patients. Two factors condition the choice of projective methods:

1. There are almost no valid methods adapted in the Armenian language, and the projective methods do not require cultural and linguistic adaptation.

2. There are no developed questionnaires that would work effectively with patients with schizophrenia.

The use of questionnaire tests in the mentioned research group is not possible due to their problems of concentration, difficulties with comprehension and meaningful answering to the questions, language deficit. Consequently, complications occur during evidence-based research and statistical analysis because projective tests are mainly intended for qualitative analysis.

Conclusion

Cognitive functions play an essential role in the self-consciousness of patients with paranoid schizophrenia. Therefore, neurocognitive deficits lead to self-identity

dysfunction. In particular, poor self-reflection of schizophrenic patients is connected with memory, attention and language impairment. Long-term memory has a strong effect on the high level of reflection in the control group. The role of memory in self-reflection can be explained by the fact that it allows remembering events for a long time, own reactions to them, emotional and behavioral reactions, which become the subject of analysis. The attention helps to concentrate on themselves, so they can analyze themselves and perform introspection. The role of speech in self-reflection is important because a person's self-analysis, differentiation and awareness about qualities and characteristics can proceed due to the internal or external speech.

REFERENCES

1. **Մելիք-Փաշայան Ա. Է**. (2012). Հոգեբուժություն։ Դասագիրք բժշկական բուհերի ուսանողների համար։ *Եր։ Երևանի Մ. Հերացու անվան պետ. բժշկ. համալս. Հրատ.* (Էջ 134-135).

2. Венгер А.Л. (2003). Психологические рисуночные тесты. *Иллюстрированное руководство. М.: Изд-во ВЛАДОС-ПРЕСС.* (с.160).

3. Залесская О.В. (2005). Особенности образа тела детей с бронхиальной астмой. /Залесская О.В. Даирова Р.А./. Современные технологии диагностики, профилактики и коррекции нарушений развития. *Материалы научно- практической конференции, посвященной 10-летию МГПУ/ Том III М.* (с. 47).

4. Кун М., Макпартленд Т. (2006). Тест «Кто Я?» /Модификация Т.В.Румянцевой/. Психологическое консультирование: диагностика отношений в паре. *СПб.* (с. 82-103).

5. **Маховер К.** (1996). Проективный рисунок человека. (Пер. с англ). *М.: Смысл.* (с.158).

6. Aupperl, R. L., Beatty W. W., Shelton, F., & Gontkovsky, S. T. (2002). Three screening batteries to detect cognitive impairment sclerosis. *Multiple Sclerosis*, *8*(*5*), 382 – 389.

7. Azizian A., Yeghiyan M., Ishkhanyan B., Manukyan Y., & Khandanyan L. (2011). Clinical validity of the Repeatable Battery for the Assessment of Neuropsychological Status among patients with schizophrenia in the Republic of Armenia. *Archives of Clinical Neuropsychology*, *26*(2), 89-97.

8. **Bellack A. S.** (1992). Cognitive rehabilitation for schizophrenia: is it possible? Is it necessary? *Schizophrenia Bulletin, 18(1),* 51-57

9. **Carson R. C., Coleman J. C., Butcher J. N.** (1988). Abnormal Psychology and Modern Life Eighth Edition (Ed.8, 8th). *Published by Scott, Foresman and Company* (pp. 327-337). Glanview, Illinois, Boston, London.

10. **Cohen J.D., Barch D.M., Carter C., Servan-Schreiber D.** (1999). Context-processing deficits in schizophrenia: converging evidence from three theoretically motivated cognitive tasks. *J Abnorm Psychol, 108(1),* 120-133,

11. **Duff K., Schoenberg M.R., Patton D., Mold J., Scott J.G., & Adams R.L.** (2005). Predicting change with the RBANS in a community dwelling elderly sample. *Journal of the International Neuropsychological Society, 10(6),* 828 – 834.

12. **Green M.F., Kern R.S., Braff D.L., Mintz J.** (2000). Review Neurocognitive deficits and functional outcome in schizophrenia: are we measuring the "right stuff"? *Schizophrenia Bulletin, 26(1),* 119-136.

13. **Haug E., Lien L., Raballo A., et al**. (2012). Selective aggregation of self-disorders in first-treatment DSM-IV schizophrenia spectrum disorders. *J Nerv Ment Dis, 200(7)*, 632–636.

14. **Haug E., Øie M., Melle I., Andreassen O.A., Raballo A., Bratlien U., Lien L., Møller P.** (2012). The association between self-disorders and neurocognitive dysfunction in schizophrenia. *Schizophr Res.*, *135*(*1-3*), 79-83.

15. **Keefe R., Arnold M., Bayen U., McEvoy J., Wilson W.** (2002). Source monitoring deficits for self-generated stimuli in schizophrenia: multinomial modeling of data from three sources. *Schizophr Res, 57(1),* 51–67. [PubMed]

16. **Kerns J.G., Berenbaum H.** (2002). Cognitive impairments associated with formal thought disorder in people with schizophrenia. *J Abnorm Psychol*, *111(2)*, 211-224. [PubMed].

17. **Nelson B., Whitford T.J., Lavoie S., Sass L.A.** (2014). What are the neurocognitive correlates of basic self-disturbance in schizophrenia? Integrating phenomenology and neurocognition: Part 2 (aberrant salience). *Schizophr Res, 152(1)*, 20-27.

18. **Posada A., Franck N., Augier S., Georgieff N., Jeannerod M.** (2007). Altered processing of sensorimotor feedback in schizophrenia. *CR Biol, 330(5),* 382–388. [PubMed]

19. **Randolph C.** (1998). Repeatable Battery for the Assessment of Neuropsychological Status manual. San Antonio, TX: Psychological Corporation.

20. Tyler L.K., Marslen-Wilson W.D., Randall B., Wright P., Devereux B.J., Zhuang J., Papoutsi M., et al. (2011). Left inferior frontal cortex and syntax: function, structure and behaviour in patients with left hemisphere damage. *Brain*, *134* (2), 415–431.

21. Waters F., Woodward T., Allen P., Aleman A., Sommer I. (2012). Self-recognition Deficits in Schizophrenia Patients With Auditory Hallucinations: A Meta-analysis of the Literature. *Schizophrenia Bulletin*, *38(4)*, 741-750.

22. Wilk C.M., Gold J.M., Bartko J.J., Dickerson F., Fenton W. S., Knable M., et al. (2002). Test – retest stability of the Repeatable Battery for the Assessment of Neuropsychological Status in schizophrenia. *American Journal of Psychiatry*, *159(5)*, 838 – 844.

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ETHNO-PSYCHOLOGICAL PECULIARITIES OF SOCIAL ANOMIE IN THE PROCESS OF OVERCOMING CONFLICT

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Abstract

The article is devoted to the analytical study of the Ethno-Psychological peculiarities of social anomie in overcoming conflict. Highlighted throughout the article are the issues of overcoming conflict both individual and group-based, the role of the ethnopsychological identity as well as the phenomenon of social anomie and its impact on the society as a whole. The issue is analyzed through the prism of anomie theory, proposed by Émile Durkheim and Robert K. Merton. In 1893 in his book "The Division of Labor in Society" Durkheim indicated that the rules of how individuals interact with one another were disintegrating; therefore