

sexuality scale ($M=49.6$; $SD=10.9$).

"Experienced" chronic patients distinct from initial patients by deficient scales of aggression ($t=2.7512$; $p=0.0034$) and external ego-barrier ($t=3.0013$; $p=0.0016$); destructive scales of fear ($t=2.7136$; $p=0.0037$) and narcissism ($t=2.2843$; $p=0.012$).

Comparing of MOPZ average normalized scores showed that mental health scores for most of the patients are in norm range, but neuro-psychic stress tolerance is quite low. Chronic patients demonstrates higher general destructive ($t=2.7499$; $p=0.0034$) and general deficient scale scores ($t=2.8494$; $p=0.0025$) and lower adaptive resources to psychic activity ratio (index $T\beta$) compared to initial patients (35% and 72.5% respectively).

CONCLUSION: Prevalence of destructive and deficient reactions is typical for cardiac patients and most of them suffer from inability to keep desired social involvement level and pre-morbid social status. Apparently, some patients are giving up attempts to use social experience for interpersonal interaction optimization, and that leads to partial social isolation. It also seems that transition of disease to chronic clinical course causes mentioned dynamics of interpersonal relations and self-perception. Psychopathological manifestations intensity is not rising, but intention to keep social activity on appropriate level leads to exhaustion of adaptive resources among chronic patients.

PP 31: SUBJECTIVE ASSESSMENT OF TIME AS PSYCHODIAGNOSTIC CRITERIA OF DECISION MAKING

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Traditionally in the scientific literature two diagnostic indicators of decision-making (DM) are identified – rationality and risk. The concept of "sense of time" was encountered for the first time in the Prospects theory in the context of uncertainty, which D. Kahneman did not study empirically. Contemporary conception of risk is focused on the thesis of bounded rationality. Thus, human actions can simultaneously be characterized as a rational, and as containing a risk factor [Kahneman D, Tversky A., Kornilova, T., Simon H., Allais M.]. In our opinion, with the rationality and risks, problem of decision making is strictly connected with the factor of perception and subjective evaluation of the time. In real life, when the subject of DM needs to reduce uncertainty and calculates the risks, he is always in a limited time interval (more subjectively evaluated). In widely used

tests of DM, scale of perception and evaluation of time is not included and its correlation with other criteria of DM is not identified. Our studies proved that subject's high results of rationality on the accuracy of time perception were in the range of 70-90%, and high results – in the range from 100% to 115%. On a scale of readiness to take risks subject's high results those who were in the range from 90 to 100% and subject's high results were spread over the entire range of accuracy of time perception. Regarding to the situation of binary choice, all subjects who preferred a rational choice, were in the range of 70-100% for the accuracy of time perception. This means that those subjects who, to some extent overestimate time intervals, more rational in situations of DM, but if the reevaluation exceeds 30%, the relationship disappears. The same pattern applies to the factor of risks, but with the smallest interval less than 10%. If there is an underestimation of time intervals, it is inversely proportional to the factor of rationality, and a risk becomes an independent factor. Our studies proved the importance of providing more detailed psychodiagnostic criteria's of subjective time perception. For example, we propose to expand the traditional psychodiagnostic indicators and measure the four key indicators: Time Estimation, Time Production, Time Pacing, Long-Term Time Estimation. Counting all of these indicators of perception of time will give us more opportunities to study the characteristics of the decision-making by person.

PP 32: SPATIAL NOTIONS DISTORTION WITHIN THE SCHIZOPHRENIA

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Spatial notions belong to the most important concepts, which depict and characterize person's consciousness and determine its thoughts and world images specificity. Spatial notions peculiarities in connection with psychic pathology of the different degree of intensity are scanty explored.

Objective: spatial notions peculiarities specific to individuals who suffer from schizophrenic spectrum disorders of the different degree of intensity.

Sample: schizophrenia (ICD-10, F20) (30 individuals), schizotypal disorder (F21) (30 individuals) and conditionally healthy (60 individuals). Exception criteria: organic affection lesions CNS, epilepsy (G40), mental retardation (F70-F79). The experimental base: Moscow mental hospital №13.