

## **SELBSTMORD ALS VERHALTENS-PSYCHOLOGISCHES PROBLEM**

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**Zusammenfassung:** Die psychologischen Merkmale suizidalen Verhaltens wurden in diesem Artikel praktisch und wissenschaftlich durch ausländische Forschung untersucht. Die psychologischen Elemente, die zur Manifestation von suizidalem Verhalten führen, werden angegeben. Daher wurden die psychologischen Faktoren des Suizidverhaltens gründlich untersucht.

**Schlüsselwörter:** suizidales Verhalten, Persönlichkeitsmerkmal, psychische Betroffenheit, Alleinstellungsmerkmal, psychischer Faktor, Individuum.

## **SUICIDAL AS A BEHAVIORAL-PSYCHOLOGICAL PROBLEM**

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**Abstract:** The psychological features of suicidal behavior were studied practically and scientifically through foreign research in this article. The psychological elements that lead to the manifestation of suicidal behavior are given. So, the psychological factors of suicidal behavior were studied thoroughly.

**Keywords:** suicidal behavior, personality feature, psychological impact, a unique feature, psychological factor, individual.

**Introduction.** According to the World Health Organization, about one million suicides occur in the world every year, and 10-20 times more suicide attempts are registered. Over the next 15 years, suicide rates have doubled among 13- to 16-year-olds, indicating a steady "rejuvenation" of suicidal behavior.

Such a situation that has arisen causes significant damage to the health of society, social order and economy. Political and economic instability in the world creates conditions for the formation of social-stressful (stressful) changes (disruptions) that differ in the degree of manifestation in most individuals. In the main group of the population, there is an increase in the level of neuroticism, a maladaptive reaction, an increase in the amount of psychosomatic diseases and an identity crisis, which naturally creates the ground for the emergence of microsocial conflicts and increases suicidal activity.

D.D. According to Fedotov and his co-authors, suicide attempts and desires (in the form of hysterical reactions) in adolescents are associated with chronic verbal discrimination, disapproval of their opinion by relatives, limitation of independence, alcohol abuse and other drug abuse, sexual problems characteristic of this age. occurs as a response to situations.

In psychological research, the issue of whether it is possible to recognize suicides as mentally healthy people has been raised at various times. According to some authors, suicidal actions can be committed both by people with mental disorders and by healthy people. Of course, patients who are naturally prone to suicidal actions require the attention of a doctor first. As for mentally healthy individuals with signs of social-psychological maladjustment, they make up 25-30% of suicide attempts.

Some researchers believe that suicidal acts are a manifestation of mental disorders, and up to 90% of people who commit suicide suffer from mental disorders. Of these, affective pathology determines 30-88% of all cases and is difficult to recognize in general medical practice <sup>1</sup>.

According to A.G. Ambrumova, O.E.Kalashnikova, suicide victims often recognize purple color in the first position based on the color test "Method of Color Choices", which reflects the difficulties in social adaptation associated with the individuality of a person, views, interests and actions. The preference for purple in the selection process indicates the relative lability of affect, expressing the primacy of mental stress, guilt, obedience, and hope.

The Republic of Uzbekistan gains independence, occupies a worthy place among the developed countries of the world, and advances with bold steps, the importance of the factors that ensure this independence and its bright prospects will undoubtedly increase more and more. Since the first days of independence, serious attention has been paid to solving the problems of national spirituality, national education and training in order to implement the idea of perfect generation. Our country has a clear and scientifically based state policy in the education system. It is based on humanism and democracy, in which the education and upbringing of every citizen is legalized on the basis of the constitution.

Kovalev V.V., Lichko A.E., Ambrumova A.G., Vrono E.M., Kononchuk N.V. have accumulated significant theoretical and practical experience in studying the problem of suicidal behavior characteristic of the era of individuals in modern psychology. For a long time, suicidal behavior was studied only in the context of mental disorders<sup>2</sup>.

In the 80s of the last century, a group of scientists established an all-Union scientific-methodical suicidological center and developed the concept of suicidal behavior, which occurs as a result of social-psychological disadaptation of a person, which occurs in the conditions of feeling microsocial conflicts. Among the published works on suicidology, those devoted to the study of the manifestation of suicidal actions in individuals with schizophrenia and depressive disorders have taken the main place. Suicide and anti-suicide motivational complex, relationship between suicidal behavior and other forms of deviance have been studied in detail. Also, the question of the family as a small social group and upbringing conditions as a factor of socio-psychological adaptation was studied in detail, but the relationship with suicidal behavior was not taken into account <sup>3</sup>.

As a result, the fact that the problem of suicidal behavior of individuals has become acute and has not been sufficiently studied for a long time creates the need to research this phenomenon. In this process, the development of an effective procedure for psychological diagnosis and correction of suicidal behavior of individuals based on the knowledge of modern principles, methods and tools, aimed at the prevention and correction of disorders of the social, motivational, and personal spheres of the individual, acquires the importance of an actual, logically based task.

The historical trend is that as states and classes emerge and develop, society begins to take a more severe view of suicide. The interests of the state began to demand private freedom, more precisely, the limitation of individual freedom <sup>4</sup>.

By the time of the Renaissance, ideas about the natural rights of man began to be expressed in England and France. In the 16th century, the French thinker Montaigne revived the views of ancient philosophers on the problem of suicide and tried to justify such actions psychologically and legally <sup>5</sup>.

According to R.F. Baumeister, S.J. Scher's analysis of various forms of self-destructive behavior, which are considered in many cases in the literature, they can mainly be included in the second and third types, but none of them are included in the primary self-destructive behavior. According to the authors' conclusion, healthy people harm themselves as a result of inadequate reactions, unexpected results of ineffective methods, and incorrect assessment of risk and effort. There is no conscious self-destruction at all <sup>6</sup>.

Suicidal behavior as a variant of universal reactions covers all forms of suicidal activity, the individual's attitude to all options of possible death based on personal actions, and includes:

- suicidal thoughts (passive - imagination, imagination (fantasy) on the subject of one's own death, active - direct recognition of voluntary death);
- suicidal intention - an active form of suicidal manifestation, that is, a tendency to commit suicide, its deepening is manifested in accordance with the level of development of the plan for its implementation, the suicide method, time and place of action are considered;
- suicidal goals - following the decision of the voluntary component;
- suicide attempts - a purposeful attempt to end one's life that did not end in death;
- suicides (visual, affective and real).

The criteria for suicidality syndrome in adolescents can be summarized as follows:

- presence of suicidal thoughts in the anamnesis;
- parts of a dysphoric state (feelings of sadness, frustration, depression);
- disorders such as insomnia, fatigue, vegetative changes;
- clear ideas about the methods of committing suicide are formed.

Suicidoldi is studied by S. Enachescu, A. Retezeanu at the border between clinical psychiatry and the ontological problems of humanity (as the problem of human existence in a critical situation)<sup>7</sup>.

Three stages of suicidality syndrome with prodromal symptoms should be distinguished:

- stage of mental tension;
- stage of marginal situation;
- the stage of easing mental tension.

According to the researchers, about 40% of young people who have committed suicide attempts have attempted suicide one or more times in their anamnesis. Within a year after the first suicide attempt, in 30% of cases, this act was repeated, and 1-2% of people died as a result of suicide. Most people who commit suicide can be persuaded to turn away from their goals <sup>8</sup>.

In the process of scientific research, we studied 78 teenagers aged 24 to 28 years, their average age was 16.1 years. 52 of them had the experience of committing suicidal acts with different lethality (suicide method), and these teenagers were included in the experimental group. Based on this, the control group consisted of 26 teenagers who did not have suicidal experience.

The analysis of the sample according to gender characteristics showed that female adolescents (51.8%) had a slight advantage over male adolescents (48.2%). In contrast, in the indicators of the experimental group, male adolescents (51.1%) were more than female adolescents (Table 1).

Table 1.

Distribution of the selection based on gender characteristics

	Teenagers				Total
	male gender		female gender		
those with experience of suicidal acts	47	51.1%	45	48.9%	92
those who have no experience of suicidal acts	48	45.7%	57	54.3%	105
Total	95	48.2%	102	51.8%	197

According to age indicators, the main part of the total number of teenagers in the sample consists of 18-year-olds (22.8%) and 15-year-olds (22.3%). In the experimental group, the majority of adolescents were 18 years old (23.9%) and 15 years old (21.7%) (Table 2).

Table 2

Distribution of the selection based on age characteristics

	Adolescent age										Total
	14 years old		15 years old		16 years old		17 years old		18 years old		
those with experience of suicidal acts	15	16.3%	20	21.7%	18	19.6%	17	18.5%	22	23.9%	92

those who have no experience of suicidal acts	16	15.2%	24	22.9%	19	18.1%	23	21.9%	23	21.9%	105
Total	31	15.7%	44	22.3%	37	18.8%	40	20.4%	45	22.8%	197

In the social background data, a relatively equal distribution of this indicator was observed both in adolescents who had experience of suicidal acts and in those who did not have experience of suicidal acts (Table 3).

Table 3

Distribution of choice based on social origin

Social background	Teenagers				Total
	Those with experience of suicidal acts		Those who have no experience of suicidal acts		
raised in a peasant family	21	22.8%	22	21%	43
raised in a working family	23	25%	26	24.8%	49
raised in a family of servants	23	25%	24	22.9%	47
brought up in a businessman's family	25	27.2%	33	31.3%	58
Total	92	46.7%	105	53.3%	197

**Conclusion.** When working with a person who is at risk of suicide, it is recommended to use psychological correction as an acceptable form of working with the situation of suicidal risk. The analysis of different forms of psychological correction strategy shows the need to use individual psychological correction of suicidal behavior.

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