



SOCIO-PSYCHOLOGICAL FACTORS OF SUICIDAL BEHAVIOUR AMONG ADOLESCENTS

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ABSTRACT: - Psychologists interpret suicide as a reaction of pressure on the personality. There is no single reason why a person takes his/her life. The predisposing factors also vary from person to person and no single causal factor for suicide has been identified. Professionals count a large number of factors that are relevant to suicide attempts. It is impossible to isolate one or more of them which lead to suicide.

KEYWORDS: Food, fun, etc., the fewer people who want to end their life, does not hold true, just like other seemingly reasonable assumptions which show that more people are spiritually refined, intellectuals, or socially depressed - drug addicts, homeless people, etc.

INTRODUCTION

It is always a complex set of causes, circumstances and nuances which are refracted by the personality of the teenage suicidal person. The first seemingly sensible reasoning which comes to mind, that the better the life - more food, fun, etc., the fewer people who want to end their life, does not hold true, just like other seemingly reasonable assumptions which show that more people are spiritually refined, intellectuals, or socially depressed - drug addicts, homeless people, etc., and therefore are at risk of committing suicide.

On this basis, a programme of measures has been adopted to assist and prevent suicide in Uzbekistan, as follows from President Mirziyoyev's decree on measures to radically improve the psychiatric care system.

Sociological studies have been able to establish the influence of factors such as climate, time of year, place of residence, age, gender, religion, level of economic life and political situation on the total number of suicides. Suicides most often occur in springtime, when the days are rising fast. Different months, which have the same day length, have the same percentage of suicides

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(July and May, August and April). At every time of the year, most suicides are committed during the day. This is explained by the fact that the day is the time of greatest revival of human activity, "when human relations cross and cross and social life is most intense". F. Nietzsche, N. V. Gogol, M. M. Prishvin more than once noted the special influence of "blinding noon" on the human psyche. It is midday that makes up the most dangerous time of the day in terms of suicide attempts

Suicide is a young phenomenon, because suicide age without distinction of sex, nationality, place of residence is 19-40 years old, i. e. the period of the highest activity of the man. Death by suicide is the third leading cause of death of young people at the age of 14 and older.

The number of suicides, as it was mentioned earlier, is much higher among urban dwellers than in rural areas. Very often with the help of marriage young people try to solve the problems in the relationship in the family etc., but it does not succeed and the circle closes up.

Suicides decrease with social upswing, political, economic and cultural recovery and increase with social downswing.

Based on this, an act regulating the functioning of the suicidology service under the Ministry of Health of Uzbekistan was drafted by 1 July 2018, according to the document.

What are the main factors contributing to suicide attempts in adolescents and how significant they are in our society today. In first place among the problems characteristic of adolescents with suicidal behaviour are, of course, relations with their parents (in about 70% of cases these problems are directly

related to suicide), in second place are difficulties related to the educational institution, and in third place are problems of relationships with friends, mostly of the opposite sex. Relationships between parents and children are often not built on that foundation of open, completely sincere emotional and warm relationships, which are a reliable protection against many of the sometimes harsh trials that the younger generation faces. It is no coincidence that many suicide attempts among young people are seen by sociologists and psychologists as a desperate last call for help, as a last attempt to draw the attention of parents to their problems, to break through the wall of misunderstanding between the older and younger generations.

The integrity of the family as a whole plays a significant role in suicides - after all, about half of teenagers who attempt suicide have grown up in families where one parent has either died or abandoned the family. When a young person is cornered, it is not uncommon to have the thought of quitting. Research shows that in 90 % of the cases, suicidal behaviour is a distress signal for the teenager. More and more teenagers from asocial families solve their problems by committing suicide.

At the same time, in his speech at the twentieth plenary session of the Senate of the Oliy Majlis on 21 June 2019, President Shavkat Mirziyoyev said, "topics such as prevention of delinquency and crime among teenagers, family breakdown, early marriage and suicide cases should be a constant focus of our attention".

Among the social conditions influencing suicide, certain cultural phenomena play a special role. At all times, a form of suicide in

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which there was a moment of imitation of the suicide's aestheticised example has posed a particular danger. For instance, the appearance in 1774 of Goethe's novel *The Sorrows of Young Werther*, which describes the young Werther's life and death from unhappy love, sparked an epidemic of suicides. The death of the famous Hollywood actress Marilyn Monroe and widespread discussion in the press of the version of the causes of her suicide inspired suicidal ideas and triggered a wave of retaliatory suicides in dozens and even hundreds of teenage Americans. The role models may lie quite close. Imitation is a consequence of the influence on the suicidal person's mind of an example that strikes his or her fancy. But "the effect of the power of imitation is always limited and, moreover, intermittent. If the imitation reaches a certain degree of intensity, it is for a very short time.

The other strongest social factor determining suicide rates and directly linking the past and present in the life of a teenager is religion.

Islam has strictly condemned self-inflicted suicide, a phenomenon that is still virtually non-existent in countries practising the Muslim religion. Judaism also stressed the value of life to God and therefore, in order to preserve life, faithful Jews were allowed to transgress all religious laws except renouncing God, murder and incest.

Christianity, too, after a wave of suicides of the first Christian martyrs, seeking thus to be brought as soon as possible before the Almighty, rather soon imposed a ban on voluntary withdrawal from life. Suicides were denied a Christian burial, they were punished with a shameful burial at crossroads, outside the cemetery, and legally, the family of the

suicidal person was deprived of their rightful inheritance. People who attempted a failed suicide were imprisoned and subjected to hard labour as for murder.

Eastern religions such as Brahmanism and Buddhism, which follow the doctrine that everything that binds a person to life is a cause of suffering, are at ease with renouncing the flesh. And the self-immolation of Buddhist monks as an act of protest against wars and other barbarities of modern civilization is well within the framework of religious norms.

Modern researchers have established that, in general, in states where the influence of religion is weaker and religious norms, in particular those related to suicide, are milder, the percentage of suicidal acts is higher.

Types of suicide:

Psychotherapist Y. Polyakov has identified three main types of suicidal behaviour on the basis of long-term observation: demonstrative, affective and true.

The demonstrative type. It is characterized by striving to show reality of suicidal intentions, thereby to draw attention to oneself, to cause sympathy. As a rule, such suicide attempts are made openly, loudly and artistically. Nevertheless, this type of behaviour needs to be taken seriously, as it is not uncommon for a suicide attempt, which began as a demonstration, to end in disaster due to an absurd accident.

Affective type. Defined by the fact that a suicide attempt is made at the height of intense distress and suffering. This outburst of emotion is, as a rule, of short duration. There can also be elements of demonstrativeness.

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True type. In the case of true suicidal behaviour, there is a deliberate and sustained desire to commit suicide. Measures are taken to actually and fully implement the plan, and all the necessary preparations are carried out covertly.

It is noteworthy that the significance of the different kinds of problems leading to a tragic end varies. Family and sexual problems are leading in all types of suicidal behaviour. It is worth knowing, however, that teenagers shape their sexual behaviour in the image of what they see on a daily basis and on the basis of the information they are exposed to. Their level of understanding of their own sexuality and their respective expectations depends above all on family attitudes, the tact, culture and intelligence of their parents, in other words, much of the tragic consequences of a teenager's inept handling of their sexual problems must also be prevented in the family.

Suicide Prevention Centre.

There is a long-established International Association for Suicide Prevention, on the recommendation of which suicide prevention services have been established in many cities around the world. This is a new form of medical and psycho-social care for people in need of qualified counselling or medication. The services are aimed at the general public and primarily at people in a state of psychological crisis, people exposed to stressors and those who are potentially suicidal.

One of the main principles of the services is their anonymity. Knowing that personal, distressing issues will not be made public makes the patient more open and makes it easier to make contact with them. Another principle, recommended by international suicide

organisations, is rigorously adhered to: the service unit should not be located on the premises of psychiatric institutions. This removes a barrier that prevents a person from contacting a psychotherapist. Often, the fear of being labelled as mentally ill or of being placed on a psychiatric register prevents one from doing so.

Services can be staffed by volunteers as well as specialist psychotherapists. The main advantage of the service is that its main components do not operate autonomously, but are integrated into a system. The structural subdivisions - the helpline, the social-psychological assistance offices, the crisis hospitals - have a succession of connections and are coordinated by the centre. In order to give potential suicide victims an effective shelter until their destructive impulses have passed, suicide prevention centres have been set up. They are a place where a desperate person can turn to if all else seems lost. In England, as early as 1774, the Royal Humane Society was founded, one of the aims of which was suicide prevention. In the US, the National Life Saving League was established only 133 years later, in 1907. It was founded by a minister, Gerry Warren.

Another priest, Chad Vara, set up a suicide help group in England, calling it Samaritans. The first Samaritan service in the United States was founded in 1974 in Boston. The other branches of this now international association are spread from Brazil to New Zealand and are engaged in suicide prevention, giving people in despair friendly help.

The suicide prevention movement in the USA gained even more publicity when the National Institute of Mental Health established the Centre for Suicide Research and Prevention in

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1966. Subsequently, two clinical psychologists, Edwin Schneidman and Norman Farberow, founded the Centre for Suicide Prevention in Los Angeles, which is today one of the world's best-known institutions.

"Helpline"

The main link in suicide prevention is the anonymous telephone helpline (Helpline) which was started in 1953 in London by the reverend Chad Vara and quickly spread across Europe and America.

The aim of this telephone service is to offer, to a young person in crisis who is contemplating suicide, a telephone contact with an employee who is willing to listen as a friend, able to help the caller to overcome the crisis situation he is facing. Among the principles of the service, special emphasis is placed on confidentiality, absolute secrecy, the prohibition of demanding remuneration for services and the prohibition of any pressure.

The principles of the service workers are "not to judge, criticise or even wonder", but to help the caller come to the right decision on his or her own. People are widely informed about the helpline. Very often one sees posters in buses and on the streets with the slogan "Don't shut yourself away, call us!". Suicide is not mentioned, it is just stated that there is "help for distress, hopelessness and depression".

The French psychologists C. Pomreau, M. Delorme, suggesting ways to prevent suicide believe that any transition to a suicidal act reveals psychic suffering which should be assessed and treated if possible. The hospitalization of young people after a suicide attempt becomes a means to change the disorganizing situation,

a crisis into an organizing mental phase through working on the "crisis".

Russian educators, in particular A. Melikhov, suggest holding conversations with adolescents, discussing elementary information from suicidology. It is necessary "to reveal to teenagers the mechanism of imitation, to deromanticize suicide, so that it loses its attractiveness for young people".

In adolescence and adolescence there are fewer suicides than suicide attempts. "There are between 50-100 suicide attempts for every 1 suicide committed in adolescence and young adulthood, according to researchers." At the moment there are still more suicide attempts than suicides, but the gap between the two is narrowing more and more.

Key words: suicide factor, adolescent, human psyche, psychologists, President Sh. M. Mirziyoyev, Ministry of Health of Uzbekistan, twentieth plenary session of the Senate of the Oliy Majlis of Uzbekistan, suicidological service, imitation, Islam, Christianity, oriental religions, Psychotherapist Yu. Polyakov, suicidal behaviour, adolescent, International Association, helpline, French psychologists C. Pomro, M. Delorme, prevention of suicide, adolescence and adolescence, suicide attempts, social factors, types of suicide, religion.

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