



Research Article

ABOUT CAUSES OF SUICIDAL BEHAVIOR AMONG ADOLESCENTS

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ABSTRACT

The article analyzes the concept of adolescent suicide, deviant forms of behavior, discusses the features and causes of suicidal behavior in adolescence, features of self-esteem and propensity to risky behavior in adolescents, the main characteristics of suicidal behavior. The importance of participation of parents and school psychologist is noted. The article considers the directions of the concept of suicide. In addition, this article discusses ways to prevent suicide of adolescents, notes the importance of the formation of anti-suicidal factors, considered and analyzed approaches to this problem. At the end of the article, a psychological Test "Gorge" Propensity to depression is proposed. This test will help determine the current state of the teenager.

KEYWORDS

Suicide, adolescent suicide, self-esteem, deviation, personality, adolescent, socialization, suicidal behavior, psychopathological concept, depression.

INTRODUCTION

Teenage suicide is a global problem for humanity. The World Health Organization (WHO) has declared suicide

among the three most common causes of death in teenage children.



In 1642, the English physician and philosopher Thomas Browne (1605-1682) in his work *Religio Medici* ("Beliefs of doctors") first introduced the term "suicide", which was formed from the Latin "sui" (self) and "caedere" (to kill). Sigmund Freud also introduced the concept of the "death instinct", since in no other way could he explain what a person is capable of in relation to himself.

In man, apparently, inherent in the nature of the desire for self-destruction - all living things around are fighting for their existence with all their might, some people on the contrary, invest a huge amount of energy in order to finally ruin their lives or part with it. In fact, no other living being has the desire to die, and only man is capable of self-destruction.

The process of preparing the young generation for a role in society is the process of socialization. The main agents of this process should be, first of all, the family and the state represented by various state institutions, but at present there has been an absolute substitution of agents. The media, the Internet, various informal groups, the street, peers - these are the agents of socialization of the present time. It is in these circles that teenagers find their recognition. There are processes of formation of spiritual and moral principles in a sophisticated, new format and propagandize it further to the rising generation. Teenagers develop a dependent psychology, psychological and moral instability, a consumer character for everything and a desire to obtain momentary and everyday pleasure.

Adolescents are very dependent on the opinions of others social category, which has its own subculture, but often and easily amenable to manipulation. They give in to the opinion of their "authoritative" peers, as well as to various social groups, the media, etc. The tendency to deviant forms of behavior, prostitution, drug addiction, alcoholism, illegal acts - and all this, in

most cases, leads to self-destruction, i.e. suicide. When a teenager is in one area of deviance development, he will soon succumb to the development of a second, third, and subsequent form of deviant behavior. Alcoholism is rapidly getting younger, "recently, the average age of initiation to alcohol has decreased from 16 to 13 years"[1]. All forms of deviant behavior among underage adolescents lead to one extreme form of it – suicide. Unfortunately, suicide statistics among teenagers have doubled in the past decade. As sociologists note, this is an area of social pathology along with the listed forms of deviation. Suicide, first of all, its statistics reflect the state of society.

Suicidal behavior in most cases is not the result of a single cause, but simultaneously acting and interacting systems of motives. But, it is necessary to understand that each case of suicide is individual, and it is not necessary to equalize it under any template. Although, it can be noted that General trends still exist. Based on this, a system of causes of suicide in adolescence has been identified: a dysfunctional family; social isolation of the child; the use of drugs, alcohol, etc.

The problem of suicidal behavior was considered by ancient philosophers (Socrates, Aristotle, Plato, L. A. Seneca, Sartre, Kant, etc.), and modern scientists are also interested in the causes of suicide: K. V. Zorin, V. E. Chudnovsky, V. Frankl, A.V. Martynov, V. N. Karandyshev, G. Chkhartishvili, F. Arses, etc. The main reason for suicidal behavior, from a philosophical point of view, is the problem of losing the meaning of life [1].

It is necessary to note the work of domestic researchers, who at the turn of the 19-20 centuries expressed the "axial" preventive idea of joint efforts of the state, the public, the family, and the school in the fight against the "epidemic of school suicides" [2]. They noted the role of school problems in the emergence of suicidal tendencies (N. K. Krupskaya, B.



O. Rovich, A. G. Trachtenberg, M. ya. Phenomenov, V. G. Khlopin); the high potential of the school in their inhibition (I. E. Moisel, P. A. Sorokin); the influence of age characteristics on suicidal aspirations (G. I. Gordon, I. p. Ostrovsky, V. K. Khoroshko); psychological causes of adolescent suicide (A. N. Ostrogorsky).

Very important are the works of the teacher A.V. Bernatsky on pedagogical support for children in crisis and the doctor I. A. Sikorsky, the teacher A. N. Ostrogorsky on the need to educate teachers and parents in the prevention of suicide of children [3].

The most important conceptual models of suicidal behavior that can be used as the basis for creating prevention programs are socio-cultural, medical, and environmental [4].

Emile Durkheim, a representative of sociology, considered suicide in more detail in his book "Suicide. Sociological study" (1912) and gave the definition of "suicide" suicide is any case of death that is directly or indirectly the result of a positive or negative act committed by the victim himself, if the latter knew about the expected results" [5, 6]. The Sociological theory of E. Durkheim refers to suicide as a social pathology and considers suicide as one of the models of deviant behavior. This point of view is also held by modern sociologists.

E. Durkheim called anomie (Greek. A-nomi-lack of law, norms) - the main cause of suicidal behavior and identified four types of suicide: abnormal, fatalistic, egoistic and altruistic. Moreover, he noted that the regulation of social life includes anomalous and fatalistic [5].

The psychological cultural theory of suicide by Maurice Farber is based on a statistical study of the suicide rate in the Scandinavian countries in the 60s of the XX

century. M Farber deduced the law that "the frequency of suicides in a population is directly proportional to the number of individuals with increased vulnerability, and the scale of deprivation characteristic of this population" [4]. It follows that the maximum probability of committing suicide is manifested in a period of social upheaval, in which the level of neuroticism (vulnerability) of the population increases sharply.

The main principles of the socio-cultural theory of suicide K. Horney formulated in the book "Neurotic personality of our time", according to which suicidal behavior is the result of the relationship of socio-cultural factors and personal characteristics. It has shown that modern cultural trends give rise to a high level of anxiety in people, provoking suicidal risk or its equivalents in the form of various addictions [7].

Many medical professionals believe that suicide is a sign or consequence of a disease. Disease, in turn, is the result of the interaction of certain causes (biological, genetic, etc.), human and the environment, such as physical, psychological and social conditions.

The medical model identifies the following areas: the psychopathological concept of suicide, the biological concept of suicidal behavior, the anatomical and anthropological direction, the neurochemical hypothesis, and the genetic hypothesis.

The founder of the psychopathological concept is the French psychiatrist of the XVIII century, Jean-Etienne-Domenic Esquirol. He considers suicide as a manifestation of acute or chronic disorders. The results of his psychiatric work he reflected in the manual "on mental diseases" (1838). In one of the chapters of which we are talking "about suicide". Jean-Etienne-Domenic Esquirol considered the manifestations of suicide as the product of a morbidly altered psyche,



qualifying suicidal manifestations as a symptom of mental illness [4].

This concept was later developed by Esquirol's students and followers. French psychiatrist Bourdoin in the treatise "Suicide as a disease" (1845) identified a special monomania - "suicide mania" [4]. Also representatives of this direction are P. G. Rozganov, German psychiatrists Karl Birnbaum and G. Grule, domestic suicidologists G. I. Gordon and A. G. Abraumova.

The biological concept of suicidal behavior involves the consideration of suicidal behavior as a clinical phenomenon, suggesting the presence of any specific pathological changes in the body of the suicident. Since the second half of the XX century, biological predictors of suicidal behavior have been actively studied.

C. Lombroso, who is the founder of the anatomical and anthropological point of view on suicide, considered various abnormalities in the structure and development of the body to be the cause of suicide. Prerequisites for suicide are explained by anomalies in the structure of the skull, which produce a mechanical effect on the brain, restrict normal mental activity.

English-language authors, based on the speed of development and speed of changes in adolescence, call this age period "developmental stress". L. S. Vygotsky, in turn, believed that the essence of adolescence is a mismatch of three points of maturation - sexual, General organic and socio-cultural. The emergence of introspection, leading to self-analysis, the appearance of a special interest in their experiences, dissatisfaction with the outside world, withdrawal into themselves, the appearance of a sense of exclusivity, the desire for self-assertion, opposition to others, conflicts with them-according To L. S.

Vygotsky are characteristic features of a teenager. All these changes that occur in the personality of a teenager can serve as the basis for various deviations in behavior. Behavioral reactions of adolescents can be the result of sharpenings, character accentuations (I. S., A. E. Lichko, A. V. Mudrik, A. A. Rean, etc.). If earlier accentuations were considered an anomaly of personality, now they are included in the norm criterion, since they are typical for 90% of adolescents (Ivanov N. Ya., Lichko A. E., Ivanova T. V.) [8].

Teenagers who have a high suicidal risk exceed adolescents in terms of extreme behavior, they are characterized by impaired adaptability in relationships with others, difficulties in adapting to the conditions of the social environment. It should be noted that the effectiveness of adaptation significantly depends on how well an individual perceives himself and his social connections, a distorted or insufficiently developed idea of which leads to violations of adaptation. Such children perceive the world in a narrow range of their negative, painful experiences. In turn, the inability to cope with any stressful situation often leads to a suicidal attempt. For a suicidal person, it seems that there is no longer a future for him, it is impossible to cope with the burden of problems, and the only way out is complete self-destruction.

A distinctive feature of adolescence is that there are reflections on the meaning of life and increased interest in the topic of death. A. E. Lichko identifies three types of suicidal behavior in adolescents: demonstrative, affective and true.

Demonstrative suicidal behavior does not always Express a conscious desire by a teenager to draw attention to the situation in which he found himself, to evoke sympathy, to avoid the expected unpleasant consequences for any actions, to get out of a difficult situation, and to frighten his enemies (blackmail,



threats, extortion, etc.). Often such a demonstration ends in a completed suicide, due to an underestimation of real circumstances.

Affective suicidal behavior is one of the forms of acute psychogenic reactions that occur against the background of character accentuations, psychopathies or residual phenomena of organic brain damage. In contrast to demonstrative suicidal reactions, suicidal protest reactions occur alone. If the fatal outcome did not occur, then teenagers, as a rule, are ashamed of their act, try to hide it.

In true suicidal behavior, the intention of a teenager to commit suicide is often long nurtured, and measures are taken to ensure that no one interferes with this. The end result is assumed to be death. However, the degree of actual desired death is extremely different, which affects the conditions and ways of implementing suicidal tendencies. True suicidal behavior in adolescents is much more common in depressive States that have different origins [9].

Considering the features of adolescent suicidal behavior as the most significant mediating specifics of the active act, it is necessary to take into account such age-specific manifestations as emotional disorders or depression. It is based on the depression of all mental and physical manifestations of a person, in adolescents it has significant features that distinguish it from depression in adults. Psychologists distinguish several types of adolescent depression.

First of all, this is not an adequate assessment of their actions. The concept of "death" in this period is usually perceived very abstractly, as something temporary, similar to a dream; in adolescents, there are no clear boundaries between a truly suicidal attempt and a demonstratively blackmailing auto-aggressive act.

The second feature is the frivolity, fleetness and insignificance of the motives that adolescent suicides use to explain their motives.

The third feature is that suicidal attempts at this age do not directly depend on the presence and nature of symptoms; an extremely important role is given to the influence of the environment.

And, fourth, suicide in adolescents is primarily associated with certain types of deviant behavior: running away from home, skipping school, early Smoking, conflict relationships with parents, and so on [11].

Also, when dealing with adolescent suicide, it should be taken into account that suicides in this age category are imitative.

In order to develop an effective program for the prevention of suicidal behavior, it is necessary to determine the main characteristics of suicidal behavior. These features were highlighted by E. Schneider and are as follows:

1. The Common goal of all suicides is to find a solution. Suicide is not a random act. It is never undertaken pointlessly or without purpose. It is a way out of difficulties, a crisis, or an intolerable situation.
2. The Common goal of all suicides is to stop the awareness of hopelessness in the current critical situation. A desperate person comes up with the idea of the possibility of ceasing to exist as a way out of the situation. The idea gradually unfolds into an active suicide scenario.
3. The common stimulus for suicide is mental (spiritual) illness. If the cessation of consciousness is what the suicidal person seeks, then the unbearable mental pain is what he runs away from.

4. The common stressor in suicide are frustrated psychological needs. Suicide seems logical to a frustrated person, since he sees no other way to meet his important psychological needs and get rid of the state of frustration.
5. Common suicidal emotions are helplessness and hopelessness. When working with a person who is in a mental turmoil with obvious suicidal tendencies, it is not advisable to use exhortations, explanatory conversations, encouragement or pressure.
6. Common internal attitude toward suicide is ambivalence. A person can simultaneously want to die and want to be saved through the intervention of others.
7. The General state of the mind is a narrowing of the cognitive sphere. Consciousness becomes the "tunnel". The choices of behavior that are usually available to the human mind are sharply limited.
8. The common action in suicide is escape (aggression). The person intends to leave the disaster zone. Options for egression include leaving home or family. Suicide is the ultimate escape.
9. The overall communicative act when suicide is a message of intent. In almost every case, people who intend to commit suicide, consciously or unconsciously send distress signals: complain of helplessness, call for support, and look for ways to save themselves.
10. The General pattern of suicide is its compliance with the General style of behavior in life [1].

Among the most typical motives for suicidal behavior in adolescents, most researchers identify such experiences as resentment, loneliness, alienation, loss of parents or leaving the family of one of the parents, unrequited love, guilt, hurt self-esteem, jealousy, fear

of punishment, desire for revenge, sexual excesses and imitation.

Suicidal behavior in adolescence is due to the specifics of the physiological and psychological processes of the emerging personality, as well as the features of psychopathological disorders in the pubertal period. Dynamism, incompleteness, instability of neurologic psychic functions in this period, is the basis for the development of psychopathological reaction and the formation of socio-psychological maladaptation. This is due to the fact that in adolescence, during the period of physiological puberty crisis, exaggerated ways of emotional response prevail, especially affecting the intimate and communicative sphere, which can form a subjectively insoluble conflict and contribute to a suicidal way of responding. a common cause of suicide in adolescence is socio-psychological maladaptation, which occurs under the influence of acute psychological traumatic situations, violations of the interaction of the individual with his immediate environment. However, for children and adolescents, this is most often not a total maladaptation, but a violation of communication with relatives and family.

The main signs that a teenager has suicidal moods:

1. Loss of previously inherent energy-usually manifests as a constant feeling of boredom and fatigue. The teenager increasingly prefers to stay alone, not busy. The predominant mood is dejection, loss of interest in previous Hobbies, or, on the contrary, increased nervousness, which is not caused by anything. Even a slight remark can bring him out of himself.
2. Prolonged sleep and appetite disorders. A person is haunted by terrible dreams, possible pictures of cataclysms, catastrophes, accidents with the death of people or their own death or sinister animals. It

is also possible as a violation of appetite, and its complete absence.

3. Excessive self-criticism or constant guilt. It can also manifest as a pronounced sense of failure, shame, and self-doubt. Girls and boys who suffer from low self-esteem, as a rule, lock themselves in, refuse to make contact even with close relatives. This syndrome can also be disguised as deliberate bravado, defiant behavior, or audacity. Under the slogan "I have nothing to lose", the most stupid, reckless actions are committed, which can harm not only the teenager himself, but also others.
4. Fear, anxiety, and aggression. Depression manifests itself both in melancholy and in previously uncharacteristic anxiety, insomnia, and anxiety. This type of depression often leads to suicide, because the nervous system is constantly strained, and the person is "tired of living". The world loses its once bright colors, and books, socializing with friends, and Hobbies do not bring pleasure. It is dangerous that at this moment a teenager risks losing friends and acquaintances, since it is quite difficult to maintain a conversation with a closed, dissatisfied person.
5. Talk about suicide. A person often talks about this topic, shows too strong and constant interest. At the same time, information about suicides is searched (on the Internet, in books, in the press, in movies). Topics of interest to a person are displayed in what surrounds them, what they are interested in. Older children discuss the human right to control their lives. Songs, poems, and drawings emphasize or praise voluntary death. Take a closer look at what book a teenager reads, what movies they watch, and what websites they visit. This is important to pay attention to if he remains in a state of depression for a long time. However, this is not a reason to unceremoniously interfere in their personal life - everyone's right to

freedom of correspondence and privacy should be respected. It is better to let the child know that he is not alone, and no matter how bad it is, there are always those who will listen to him and help with advice.

6. Death orders. The teenager gives away to friends or divides between relatives their things, including valuable and favorite, tells how he would like to be buried, what should be done if he is not there. Many parents noted that before attempting suicide, the teenager sought to establish relationships with everyone, suddenly, without any reason, spoke about how he values and loves his loved ones, does not accuse them of anything and does not hold a grudge against them.

Ways to prevent adolescent suicide:

Preventing teen suicide is easier than helping a suicidal teen. Especially since children who have tried to commit suicide once are highly likely to try again.

The most important thing is that the child has trusted people, people with whom he can talk openly, and counts on their support and understanding. These are teachers in the Studio, teachers, coaches, family friends, godparents. Let the teenager know that he always has someone to turn to with his problems. You can endlessly say that the father and mother should devote enough time to their child, treat his problems with due respect. But now, with the help of more specific practical advice, a certain line of behavior will be given, aimed at preventing the appearance of thoughts of suicide in the adolescent. First of all, it is necessary to master and use the psychological techniques of "active listening". That is, learn to listen and not interrupt the child, even if it is the tenth time he says, as it seems to you, the same nonsense about what happened at school or at friends. Talk to them more often during difficult times in your life. Talk to

your son or daughter about the problem of suicide, explain that all teenagers from time to time dream, and even try to take their own lives. Mention the unfortunate people who survive suicide but become disabled. If you have a personal experience, share it with your child. Many people may think that it is almost cruel to talk about this. But what is worse-to remain indifferent or to present the child with cold facts and evidence?

In addition, it is worth taking care of the absence of items with which a teenager can take his own life. This does not mean that you need to remove all knives and sharp objects from the field of view. It is enough not to keep medicines, especially strong ones, and firearms in the public domain. In a fit of anger or rage, nothing is easier than to get the cherished box of drugs - everything happens quickly, quickly. Accordingly, by removing the most dangerous items, you can significantly reduce the risk of a desire to try them out on yourself.

If the condition of a teenager is alarming - do not leave him alone, try to change the situation, take off the load, give him new impressions, find an interesting hobby. Go on a hike, show that the world around you is beautiful, amazing, and problems are temporary and solvable. Try listening to positive, cheerful music together, and reading inspiring works of literature. If you can, visit psychological training sessions with your family to ensure that you find an approach to the teenager. It is worth remembering that his personality is still in the process of becoming, and the help of relatives is necessary for him as an additional support.

If signs of preparation for suicide are obvious, you found a suicide note, etc. - be sure to contact psychologists, do not leave the teenager alone. If there is a suicide attempt, it is better to hospitalize the child in order to save his life and prevent new attacks of

suicidal moods. Unfortunately, there is still an opinion that people who have attempted suicide are mentally ill, so they should be separated from members of society. This is only partially true, since among suicides there are absolutely sane and adequate. Unfortunately, life is developing in such a way that not everyone, and especially teenagers, are able to withstand the pressure of external conditions.

And now, after considering ways to prevent adolescent suicide by parents, let's turn to teachers and their role in the life of an emerging personality. It is no secret that teenagers spend a lot of time at school, so the atmosphere in the team and the teacher's adequate assessment of the state of each individual in many ways help the child cope with their problems.

School is a place where teenagers spend a third of the day, it seems an ideal medium for carrying out a program of suicide prevention. Many people will be right if they say that such children need the help of specialists. Loading an inexperienced teacher with work with suicides means putting him in a difficult situation: you need to help, but you do not have the necessary knowledge. Let's start with the fact that we will assign the teacher a role in working with such teenagers. This role can be defined as: assistance in the timely identification of such children and primary prevention.

The teacher's help in identifying such children in advance can be expressed in the fact that often communicating with the child, he can see signs of a problem state: tension, apathy, aggression, etc.

The teacher can draw the attention of the school doctor, parents, and school administration to this teenager. The older teenager can offer an explanatory conversation, in which he explains that he sees his

condition and advises to contact a psychologist, psychotherapist, as it requires the work of a specialist.

Even this role of a teacher bears fruit. It is only important for the teacher to put a little sincere sympathy and warmth into such work. Recognizing a suicidal threat and talking to a suicidal person about their intentions is first aid. Below are the basic rules that a teacher should follow to prevent suicide in a teenager.

Don't push them away if they decide to share their problems with you, even if you are shaken by the situation. Remember that teenagers with suicidal tendencies rarely seek professional help.

Trust your intuition if you feel suicidal tendencies in this teenager. Do not ignore the warning signs - it may help save more than one life.

Don't offer anything you can't guarantee. For example, "of course your family will help you." Unfortunately, not all teenagers have a warm relationship with their relatives. The atmosphere within a family can be very cold. Therefore, let us know that you want to help him, but you do not see the need to keep everything secret if some information may affect his safety.

Keep calm and don't judge, no matter what you say, try to do it sincerely. Try to determine how serious the threat is. Know that questions about suicidal thoughts do not always lead to attempts to commit suicide. In fact, the teen may feel relieved to be aware of the problem.

Try to find out if he has a plan of action. A specific plan is a sign of real danger, whether it is a desire to put

things in order before death, writing a suicide note, and so on.

Convince the teenager that there is always a person to whom you can turn for help, even if this person is a teacher himself.

Don't offer simplistic solutions like "All You need now is a good night's sleep, you'll feel better in the morning."

Show the teen that you want to talk about feelings, that you don't judge them for those feelings. Last but not least, help the teen understand how to manage a crisis situation and understand that severe stress makes it difficult to fully understand the situation. Unobtrusively advise you to find a solution. Help find people or places that can reduce the stress you are experiencing. At the slightest opportunity, act so as to reduce the pressure somewhat.

Summing up, it can be noted that the problem of suicidal behavior of adolescents is caused by a complex of factors of an objective and subjective nature, and it can only be solved by combining the efforts and coordinated actions of specialists from different departments providing social, human rights, medical, psychological, informational and other types of assistance. In this regard, prevention of suicidal behavior is a key element in minimizing suicidal tendencies and reducing suicides in adolescents. At the same time, it is extremely important that programs aimed at preventing suicide are based on a specific model of behavior change.

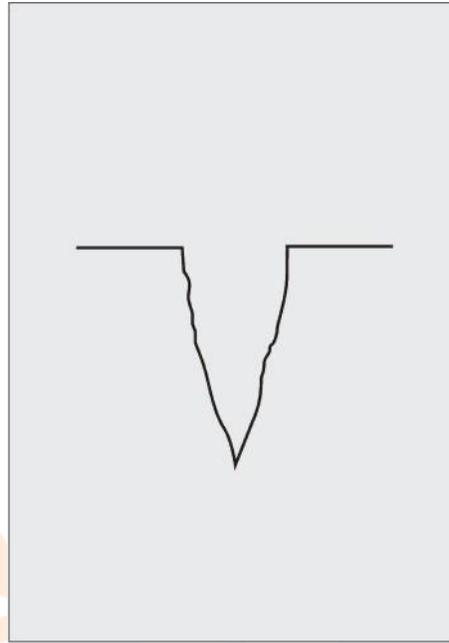


Fig. 1. Psychological Test "Gorge" Tendency to depression

This, at first glance, simple test will help determine the state of a teenager at a given time. The picture shows a gorge. It is suggested to draw a person and finish drawing the background (sky, sun, house, trees, grass, etc.). you need to draw everything that seems to be a necessary addition to this picture.

Key to the test

If the figure with black color of the walls and if the walls of the gorge, circled a few times, completely filled or covered with strokes-it suggests that in the moment, drawing in a bad mood, but it's not confirmed that he has a tendency to depression, perhaps in the moment the teenager is bad and the mood it displays on paper.

But, if the walls of the gorge are covered with cracks, then probably the teenager closes in his troubles and carries a lot in himself, does not share his problems with anyone, and periodically falls into depression. If there are a lot of cracks on the rocks, then you should

be wary: the artist is prone to prolonged and deep depressions, he needs the help of a specialist.

If the drawing shows a person at the bottom of a gorge, it means that the person drawing is in despair and very much needs help, which he can't get from anyone. However, if animals or people are drawn on the rock above, then there may be a person who can help him.

If a person is drawn on a rock and looks down into a gorge, it means that at this moment in life there is a difficult situation. It is necessary to make an important decision, without hesitation or hesitation, without being afraid to take responsibility.

If the drawing shows a person going down a cliff, it means that the person who is drawing does not like himself, is engaged in self-eating and torments himself with criticism for any reason.

If a smile is drawn on the person's face, it means that the person drawing is used to hiding their sad mood from others.

The gorge, which is completely covered with plants, i.e. flowers, grass or trees, indicates that there is no tendency to depression. Also, the presence of the sun high in the sky indicates the absence of depression.

If the gorge is flooded with water, this indicates that the tendency to depression has not yet fully manifested, but it is undoubtedly present, and can manifest itself at any time.

When analyzing the test, you should consider the results of the drawing as information that is worth paying attention to for further development of the strategy.

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