SUICIDAL BEHAVIOR AS A PSYCHOLOGICAL PROBLEM

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Аннотация. В данной статье анализируются психологические факторы суицидального поведения. Всесторонне изучены уровни психологического воздействия суицидального поведения. Также изучались психологические особенности суицидального поведения.

Ключевые слова: суицид, поведение, психологические черты, влияние, личность, индивидуальность.

Annotation. This article provides a scientific and theoretical analysis of the psychological factors of suicidal behavior. Levels of psychological impact of suicidal behavior have been comprehensively studied. Psychological features of suicidal behavior have also been reported through research.

Keywords: suicide, behavior, psychological trait, influence, personality, individuality.

As the Republic of Uzbekistan gains independence, takes a worthy place among the developed countries of the world and moves forward with bold steps, the factors that ensure this independence and its bright future will undoubtedly become increasingly important. From the first days of independence, serious attention has been paid to solving the problems of national spirituality, national education and upbringing in order to implement the idea of the perfection of a harmoniously developed generation. The education system in our country has a clear and scientifically based state policy. It is based on humanity and democracy, in which the education and upbringing of every citizen is legitimized on the basis of the constitution.
Kovalev V.V, Lichko A.YE., Ambrumova AG, Vrono YE.M, Kononchuk N.V Suicidal behavior in the field of modern psychology have accumulated significant theoretical and practical experience in the study of the problem of suicidal behavior inherent in the era of individuals. Suicidal behavior has long been studied only in the context of mental illness.
In the 1980s, a group of scientists established the All-Union Scientific-Methodological Suicide Center, which developed the concept of suicidal behavior as a result of socio-psychological maladaptation of the individual in the context of microsocial conflict. Among the published works on suicidology, the ones devoted to the study of the manifestations of suicidal behavior in individuals with schizophrenia and depressive disorders have been the main ones. The complex of suicide and anti-suicide motivation, the relationship of suicidal behavior with other manifestations of deviation, has been studied in more detail. The question of whether the family is a small social group and upbringing conditions as a factor of socio-psychological adaptation has been studied in detail, but without taking into account its connection with suicidal behavior
.
As a result, the problem of suicidal behavior has become so acute that it has not been studied for a long time, which makes it necessary to investigate this phenomenon. In this process, the development of an effective procedure for the psychological diagnosis and correction of suicidal behavior of individuals based on knowledge of modern principles, methods and tools, aimed at the prevention and correction of social, motivational and personal disorders of the individual, is an urgent, logically based task.

The historical trend is that as the state and classes emerge and develop, society begins to take a tougher line on suicides. The interests of the state began to demand private freedom, more precisely, the restriction of individual freedom.

By the time of the Renaissance, the idea of natural human rights began to be expressed in England and France. In the sixteenth century, the French thinker Montaigne revived the views of ancient philosophers on the problem of suicide, trying to justify such actions psychologically and legally.

RF Baumeister, SJ. According to the analysis of various forms of autodestructive behavior, which is often considered in the literature conducted by Scher, they can be mainly included in the second and third types, but none of them is included in the primary autodestructive behavior. The authors conclude that healthy people inflict harm on themselves as a result of inadequate reactions, unintended consequences of ineffective methods, and underestimation of risk and effort expended. There is no conscious attempt to commit suicide .

Suicidal behavior as a variant of universal reactions includes all manifestations of suicidal activity, including the attitude of the individual to all variants of possible death based on personal actions, which include:

- Suicidal thoughts (passive - imagination, fantasy on the subject of self, active - direct confession of death in a voluntary manner);
- Suicidal intent is an active form of suicide, ie the tendency to commit suicide, the deepening of which is manifested in accordance with the level of development of the plan for its implementation, the method, time and place of suicide are considered;
- Suicidal goals - following the decision of the voluntary component;
- Suicide attempts - a deliberate attempt to commit suicide, which does not end in death;
- Suicides (visual, affective and real).

Criteria for suicide syndrome in adolescents can be summarized as follows:

- history of suicidal ideation;
- Parts of dysphoric state (sadness, sadness, depression);
- Disorders such as insomnia, fatigue, vegetative changes;
- clear ideas about the methods of suicide.

Suicide syndrome is studied by S. Enachescu, A. Retezeanu, on the line between clinical psychiatry and ontological problems of humanity (as a problem of human existence in a critical situation).

There are three stages of prodromal symptoms of suicidal syndrome:

- stage of mental tension;
- marginal situation stage;
- The stage of relieving mental tension.

According to the researchers, about 40% of young people who have committed suicide have attempted suicide one or more times in their anamnesis. In the year following the first attempt at suicide, this act was repeated in 30% of cases, of which 1-2% of people died as a result of suicide. Most individuals who commit suicide attempts can be persuaded to back away from their goals.

In the course of the research, we studied 78 adolescents aged 24 to 28 years, with an average age of 16.1 years. Of these, 52 had experience of committing suicidal behavior with different lethality (suicide method), and these adolescents were included in the experimental group. As a result, the control group consisted of 26 adolescents with no suicidal experience.

Analysis of the selection by gender characteristics showed a significant advantage of female adolescents (51.8%) over male adolescents (48.2%). In contrast, in the experimental group, male adolescents (51.1%) outnumbered females (Table 1).

Table 1.

Distribution of selection based on gender

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

By age, the majority of the total number of adolescents in the competition were 18-year-olds (22.8%) and 15-year-olds (22.3%). In the experimental group, it was also found that the majority of adolescents were 18 years old (23.9%) and 15 years old (21.7%) (Table 2).

Table 2
Age-based distribution of selection

	Teenage age										total
	14 years old		15 years old		16 years old		17 years old		18 years old		
those with experience of suicidal behavior	15	16.3%	20	21.7%	18	19.6%	17	18.5%	22	23.9%	92
those who have no experience of suicidal behavior	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 data of social origin, a relatively equal distribution of this indicator was observed in both adolescents with experience of suicidal behavior and those without experience of suicidal behavior (Table 3).

Table 3
Distribution of choice based on social origin

Social origin	Teens				total
	Those with experience of suicidal ideation		Those who have no experience of suicidal ideation		
brought up in a peasant family	21	22.8%	22	21%	43
brought up in a working class family	23	25%	26	24.8%	49

brought up in a servant's family	23	25%	24	22.9%	47
brought up in an entrepreneurial family	25	27.2%	33	31.3%	58
total	92	46.7%	105	53.3%	197

Conclusion. When working with a person at risk of suicide, it is recommended to use psychological correction as an acceptable form of work with a person at risk of suicide. An analysis of the various forms of psychological correction strategy suggests the need for individual psychological correction of suicidal behavior.

List of used literature

1. Averin V.A. Psychology of personality: a textbook. SPb .: Publishing House of V.A.Mikhailov, 1999. - 89 p.
2. Akopyan KZ Suicide: the problem of motivation (reflections in
3. connection with the psychological study of Berdyaev "On Suicide" // Psychological Journal Vol 17 No. 3 1996 s. 153-158
4. Gaziyev E. Personality psychology and career choice. - Tashkent:
5. Uzbekistan, 1987. - 30 p.
6. Bakeev VA Psychological problems of improving the effectiveness of
7. managerial decisions of the heads of internal affairs bodies: Textbook. M .: Academy of the Ministry of Internal Affairs of the USSR, 1983. - 90 p.
8. Wojciech V., Kucher A., Kostyukevich V. Metnods of diagnostics of
9. suicidal names in military personnel, combatants. Perm, 2000.
10. Davidov VP, Salnikov VP, Slepov VY Fundamentals of pedagogical
11. psychology of high schools of the Ministry of Internal Affairs of
12. Russia: Textbook. SPb, 2000. 255 p.
13. Kikot V L. Systems of scientific support for vocational training of
14. students of universities of the Ministry of Internal Affairs of Russia
15. Diss. dokg. ped. Sciences. - St. Petersburg: St. Petersburg State
16. University, 1998.