

SCIENTIFIC STUDY AND RESEARCH DIRECTIONS OF THE ISSUE OF SUICIDE

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Abstract: The article presents the socio-psychological causes of suicide, scientific analyses, and the views of scholars on this issue, illustrated with examples. It reveals specific approaches and also emphasizes the unique influence of cultures and traditions.

Keywords: suicide, stress, depression, threat, personality, disorder, adolescent, development, process, crime

The modern era is an age of information and communication technologies, where the system of factors influencing people psychologically and socially is constantly increasing. With the growing power and potential of human beings, some individuals have reached the point of self-destruction. The testing of various new types of weapons (nuclear, bacteriological, laser, etc.), the continuation of the “Cold War” in the 21st century in the form of an “Ideological War,” as well as other social and economic conditions, continue to affect individuals and their socio-psychological structures.

In the era of globalization, people must absorb and respond to vast amounts of information, solve problems arising from it, and manage daily social challenges. This inevitably influences their psychological state and nervous system. To find a place and role in society, individuals naturally face various difficulties. For example, during periods of serious political change, people tend to reflect more deeply on their identity. Human life, full of ups and downs, is itself a unique test.

Suicide is a unilateral act, and there are also cases where it is not brought to completion. Acts resulting from negligence or unconscious actions are not considered suicide but rather accidents.

The phenomenon of suicide has existed in human society since ancient times. Historical and ethnographic sources provide numerous descriptions of it. For example, among ancient Japanese samurai, suicide was considered an honor preferable to captivity. Cleopatra of Egypt also chose death after the Roman conquest. Similarly, Muqanna, who resisted Arab invaders, and many others can be cited as examples.

The world’s largest institute that records suicide cases is located in Sweden. According to its data, Central European countries lead in suicide statistics.

Research shows that individuals often leave “keys” and warnings before suicide. Eight out of ten people contemplating suicide try to communicate this to others. The majority of suicides occur in a state of severe depression. In such conditions, people often use alcohol or drugs to control the

situation, which distorts their perception of reality.

Although the study of suicidal behavior is complex and multifaceted, numerous scientific studies have been conducted. In most studies, the research subjects have been individuals who attempted suicide due to memory loss or those registered in psychiatric clinics. However, the study of those who successfully committed suicide has been relatively neglected. In particular, suicidal behavior among employees of the Ministry of Internal Affairs of Uzbekistan has not been sufficiently studied.

Our research focuses specifically on examining and analyzing the socio-psychological aspects of suicidal behavior among law enforcement officers, aiming to develop appropriate scientific conclusions.

Both Uzbek and foreign scholars have contributed significantly to the study of suicidal behavior and risk factors. Notable researchers include A.G. Ambrumova, V.F. Voysex, Ye.M. Vrono, É. Durkheim, M. Farber, Yu.G. Kasperovich, K. Menninger, V.A. Tikhonenko, Z. Freud, E. Shneidman, A.V. Boyevoy, D.I. Shustov, R.V. Bisaliev, N.V. Vereshagina, A.R. Korshunova, A.S. Kalashnikova, as well as Uzbek scholars such as E. G'oziev, V. Karimova, N. Safaev, Z. Nishanova, G'. Shoumarov, B. Umarov, R. Samarov, E. Usmonov, and Ye. Agzamova

Research sources indicate that the motivation for suicidal behavior is determined and developed by certain socio-psychological factors. As noted by A.G. Ambrumova (1981, 1989), an individual's personal characteristics and manifestations of socio-psychological maladaptation are reflected in the motives and forms of suicidal behavior. Several factors associated with the social-psychological nature of personality have been identified in scientific research. These include: low tolerance for emotional responsibility, rigidity, aggressiveness, communicative inadequacy, misjudgment of personal abilities, weakened psychological defenses, diminished or lost sense of life's value, perfectionism, cognitive rigidity, and shallow thinking (Ambrumova & Tikhonenko, 1980; Garanyan, Kholmogorova & Yudeyeva, 2001; Neuringer, 1961, 1968; Sisoyev, 2002; Yavorskiy, 1991).

Thus, scholars studying the genesis of suicidal behavior emphasize that individual socio-psychological characteristics of suicide-prone persons (suicidants) must be taken into account.

In forensic psychology, the problem of studying personality determinants of suicidal behavior is considered within the framework of postmortem psychological expertise (Kudryavtsev, 1988; Kochenov, 1991; Yengalichev, 1997; Safuanov, 1998; Mamaychuk, 2002, etc.). However, investigative materials rarely contain information about individuals undergoing psychological diagnostics in suicide cases. Therefore, using psychodiagnostic methods to identify personality factors of suicide risk remains a major challenge.

The systematization of suicide data and the proposed documentation methods (service investigation reports, psychological conclusions, and incident analysis cards) were formalized by

Joint Resolution No. 74/75 of the General Prosecutor's Office and the Ministry of Internal Affairs of Uzbekistan in 2018. The resolution aimed to improve service investigations into suicides, ensure timely preventive measures, and integrate psychological services into law enforcement practices to reduce such incidents.

For centuries, suicide has been a serious social problem. As A.F. Koni emphasized in the early 20th century, *"Suicide is not just an isolated incident but a comprehensive social phenomenon that requires thorough study and effective countermeasures."*

As a form of auto-aggression, suicide has existed throughout history. However, to this day, there is no unified theory explaining the nature of suicidal behavior. Various explanatory approaches exist—biological, psychopathological, psychological, and social.

Some scholars argue that genetic factors play a role, noting higher suicide rates among relatives of suicidants. In contrast, psychodynamic and clinical-psychological perspectives emphasize the psychogenetic impact of close relatives' suicides, which model suicidal tendencies in family behavior. According to Russian suicidologists Ambrumova and Postovalova, the roots of suicidal behavior should be sought in the social and psychological causes of repeated suicides across generations.

The psychopathological concept within the biological approach suggests that all suicidants suffer from mental disorders. In the late 19th century, suicide was thought possible only in states of insanity. French psychiatrist Esquirol argued for a strong link between mental illness and suicide. Russian psychiatrists such as Bruxansky, Prozorov, and Gvozdev also supported this view.

Yet anatomical studies conducted in the 19th and early 20th centuries (e.g., Gordon, 1912) revealed no direct link between mental illness and suicide. Gordon's autopsies of 371 suicidants found signs of mental illness in only 7.6%, supporting earlier findings by Viennese physician A. Bronza. Nevertheless, the high suicide rate among psychiatric patients led many psychiatrists to equate suicide with mental pathology. Attempts were even made to treat "suicidomania" with physiotherapy and medication.

In practice, suicides are often observed in cases of depression, paranoia, or hallucinatory-paranoid states. High suicide rates are also recorded among individuals with alcoholism, drug addiction, and personality disorders. For example, a study in the United Kingdom showed that of 100 suicidants, 93 were diagnosed with mental disorders. About 50% were alcoholics and 20% had depression. According to Ambrumova and Tikhonenko, suicidants can be grouped into three categories: borderline psychiatric patients, mentally ill individuals, and completely healthy individuals.

Modern literature indicates that 25–30% of suicides are committed by psychiatric patients, while the rest occur among individuals who are either healthy or have borderline psychological issues. Recent studies also show biochemical correlations between suicidal behavior and depression

(Mann, Asberg, Braun, etc.), highlighting that suicide should be viewed as a multifactorial phenomenon influenced by both psychopathological symptoms and socio-environmental factors.

In psychological concepts, it is emphasized that psychological factors play a leading role in the formation of suicidal tendencies. The founder of the psychological approach to explaining suicide is Sigmund Freud. According to Freud, suicide should be analyzed based on the existence of two primary instincts in humans: the life instinct and the death instinct. The function of libido, in this context, is to neutralize the destructive instinct by channeling it toward external objects. Freud noted: *"...in order to destroy ourselves, it seems necessary first to annihilate something or someone outside of us."*

Thus, the instinctive drive toward death manifests itself in aggressive attitudes toward others. In Freud's view, both killing and suicide are expressions of the destructive influence of the death instinct: killing is aggression directed outward, while suicide is aggression directed inward. Freud argued that suicide cannot be justified, as it is essentially inverted homicide. He believed that by committing auto-aggressive acts, individuals symbolically kill the loved objects with whom they experience ambivalent emotions.

Freud identified several clinical features of suicide: feelings of guilt over wishing death upon others, identification with a suicidal parent, loss of libidinal satisfaction, desire for revenge due to dissatisfaction, and a cry for help. He saw the roots of suicide in sadism and masochism.

Freud's follower, Karl Menninger, viewed life and death instincts as constructive and destructive tendencies locked in perpetual conflict. Menninger extended the concept of self-destructive behavior to include asceticism, smoking, high-risk professions, dangerous hobbies, and other activities. In his view, the "chronic suicidant" is governed by an inner compulsion toward self-sacrifice. What may appear to be a pursuit of glory is, upon closer inspection, the manifestation of destructive forces in disguise.

Menninger expanded Freud's theory by identifying three fundamental components of suicidal behavior:

1. **The wish to kill** – suicidants, often infantile personalities, express aggression when unable to realize their desires.
2. **The wish to be killed** – suicide becomes the ultimate form of submission, a way to escape unbearable moral suffering caused by breaking social norms.
3. **The wish to die** – individuals expose themselves to unnecessary risks or view death as the only release from physical and psychological pain.

According to Menninger, when all three wishes converge, suicide becomes an inevitable reality. Notably, in the 1930s he introduced the concept of "local suicide," which refers to self-destruction limited to specific body parts or organs, often disguised as accidents or injuries but

unconsciously intentional.

Carl Gustav Jung linked suicidal tendencies to the archetype of psychic rebirth, suggesting that suicide may reflect an unconscious drive toward renewal, often expressed through collective archetypes of transformation.

Karen Horney interpreted suicide as the outcome of internal crises combined with external environmental factors.

American psychoanalyst Harry Stack Sullivan, the founder of interpersonal theory, emphasized that prolonged interpersonal conflicts force individuals to live with the self-concept of “*I am bad.*” In some cases, suicide occurs as an attempt to transform this self-image into “*I am good.*”

Alfred Adler viewed suicide as the result of feelings of inferiority and other negative emotions. In his view, if such emotions dominate, an individual may commit suicidal acts.

Eric Berne considered suicidal behavior to be connected to emotional disturbances and studied its relationship with affective states.

M. Levenson and K. Neiranger highlighted the role of unique personality traits in suicidal behavior. They argued that reducing suicidal tendencies requires strengthening protective factors such as positive media influence, supportive relationships, and cultural norms.

It is worth noting that European culture has long associated suicide with archetypal roles, such as Goethe’s literary hero Werther. In suicidology, this phenomenon is known as the “*Werther Syndrome.*”

According to V. Mann, the primary factor explaining suicidal behavior is coping failure. His psychological autopsy method showed that repeated unsuccessful attempts to cope with stress often lead to self-destructive actions.

Representatives of transactional analysis (V. Bratko, V. Dzhoyns, S. Steiner, L. Stewart) emphasized the importance of negative family experiences, which can result in a “life script” of self-destruction. Bob and Mary Goulding argued that such scripts are typical for suicidants and are often based on parental injunctions such as “*Don’t live!*” This message may originate in various contexts: failed abortions, parental suicides, or traumatic family crises.

The injunction “*Don’t live*” has been studied in connection with alcoholism-related suicidal inheritance (Kovalevskiy, Shustov, Brooksbank, Halsrum, Rosenfield). A.F. Koni (1916) also noted in his book “*Suicide*” that alcoholism was linked to high rates of child mortality and family breakdown. Many studies confirm that the “*Don’t live*” program plays a significant role in the formation of auto-aggressive behavior.

Humanistic psychologist Carl Rogers hypothesized that suicidal tendencies arise from the idealization of death, loss of self-confidence, and hatred toward life. In his view, suicidal acts occur when a rigid self-structure fails to integrate real-life experiences, resulting in disconnection from reality and loss of self-trust.

Logotherapy founder Viktor Frankl (1990) viewed suicide as an existential issue, related to the search for life's meaning and personal freedom. He argued that aggression and suicidal impulses coexist in all people, but the decisive factor is how individuals respond to them. According to Frankl, every person experiences defeat, suffering, and eventual death; the task of life is to endure these with understanding.

Edwin Shneidman identified typologies of individuals consciously approaching death: those who seek death, those who cause death, and those who play with death. He emphasized that suicide is not a purposeless act but often represents the only perceived solution to unbearable psychological pain.

Norman Farberow developed the concept of self-destructive behavior, expanding the scope of suicidology to include alcoholism, addiction, reckless risk-taking, and similar behaviors.

Émile Durkheim is recognized as the founder of the sociological approach to suicide. His classic work "*Suicide: A Study in Sociology*" (1897) analyzed the social and psychological factors influencing suicide. Durkheim argued that suicide rates are determined by the level of social integration and regulation. He identified three main types: **altruistic, egoistic, and anomic suicides**.

According to Durkheim, suicide reflects the weakening of social bonds and should always be understood in the context of an individual's relationship with society. However, while his theory remains highly influential, further studies emphasize that individual psychological factors and cultural contexts must also be considered.

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