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## SUICIDE AS A SOCIO-PSYCHOLOGICAL PROBLEM: ANALYSES AND THEORIES

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**Annotation:** In today's important and global situation, the scientific conclusions developed by the scientists of the world and our country regarding the problem of suicide and their results are analyzed. Also, the psychological factors that cause suicide and the processes that cause them are given scientific views, prevention, psychocorrection and their results are highlighted.

**Key words:** suicide, society, depression, crisis, affect, psychological impact, juvenile, change, religious beliefs, history of peoples, psychological phenomenon, despair, disease, death.

## **Theoretical Analysis**

For humanity, the problem lies not only in adapting to the accelerated pace of change but also in the ability to adjust to a constantly transforming social life. Indeed, existence and life in society require certain knowledge, and this knowledge is not innate but acquired throughout a person's life. Thus, through the process of learning, a biological individual gradually becomes a social being — a process that scientists call socialization.

However, the changes taking place in all spheres of human life, including the profound transformations in the hierarchy of values in our society, have made the problem of socialization increasingly acute and relevant. The socio-economic crisis has worsened the situation of the most vulnerable groups of the population — primarily the younger generation, particularly adolescents.

Society develops biologically and socially through the younger generation. It is well known that youth represent the future of the country, and in this regard, their moods and behaviors serve as a specific "measure" of the socio-psychological and political climate of a given society.

## I.S. Kon defines youth broadly as follows:

"Youth is a demographic group defined by the combination of age characteristics, social status, and specific socio-psychological traits. Youth, as a stage of the life cycle, is a period of biological maturity, but its social status and socio-psychological characteristics depend on social and historical factors."

## Theoretical Background of Suicidal Behavior

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From a psychological standpoint, the problem of suicidal behavior is not a new term. It has been a subject of discussion, research, and interpretation by scholars since ancient times (Aristotle, Pythagoras, Plato). Suicide, as a human act, has been reflected in all religions and in most cases condemned — though there were exceptions. For example, among some peoples of India, a woman burning herself along with her husband's body was regarded as a sign of loyalty to her spouse.

Although world-famous philosophers have generally condemned suicide, some thinkers of antiquity sought to justify it. The ancient Armenian philosopher E. Daffioz recognized six possible justifications for suicide:

- lack of means for survival;
- painful, incurable disease;
- hopeless situations (captivity, threats, torture);
- deep old age;
- coercion to immoral or degrading acts;
- general misfortune. [1]

The scientific analysis of these empirical findings shows that suicide arises as a result of the individual's specific psychological state, which is strongly influenced by society. S. Bogomlova defines it as follows:

"Suicide is a psychological phenomenon, and to understand it, one must grasp the mental state — the psychology — of the person who decides to take their own life."

She further notes that suicide is, above all, the psychology of hopelessness [2].

#### **Research Overview**

Suicidal behavior and its risk factors have been studied by numerous scholars both in our country and abroad. This topic has been explored in the works of G. Deshais, E. Durkheim, Z. Freud, C.G. Jung, H.S. Sullivan, C. Rogers, V. Frankl, E. Shneidman, M. Farber, N. Farberow, F. Baumeister, S.J. Sher, J. Mann, M. Asberg, and V.I. Braun, among others.

The term suicide derives from the Latin sui (self) and caedere (to kill) — meaning the act of depriving oneself of life. The term suicidal behavior was first introduced by G. Deshais in 1947.

According to E. Durkheim — the author of the first fundamental work on suicide —

"Suicide is any death that results directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result." [3]

Researchers often link the phenomenon of suicide to the notion of a psychological crisis. A crisis is an emotional state arising when an individual encounters obstacles to satisfying vital

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needs — obstacles that cannot be overcome using the person's previous life experiences. Thus, a psychological crisis is viewed as an internal disturbance of emotional stability caused by the influence of threatening external conditions.

In literature, suicidal acts are sometimes compared to autotraumatism (self-harm) and auto-aggressive behavior. If the ultimate goal of auto-aggressive behavior is self-destruction, it can be classified as suicidal behavior. Modern — especially foreign — sources also use the term autodestructive behavior (self-destructive conduct), meaning actions associated with self-harm.

Psychological and emotional pain is a common sign of severe crisis states. The inability to endure such inner pain drives individuals to seek any means to end it, and in a crisis, suicide appears as a way to escape or resolve problems.

## E. Durkheim's Social Theory of Suicide (1994)

Durkheim argued that suicidal thoughts arise primarily from the breakdown of an individual's personal ties and alienation from the social group to which they belong. He identified three main types of suicide:

- 1. **Egoistic suicide** resulting from isolation and loss of connection with family and society;
- 2. **Anomic suicide** caused by the individual's failure to adapt to social changes, especially during economic crises or rapid social transitions;
- 3. **Altruistic suicide** when a person sacrifices their life for a social, religious, or philosophical ideal under the influence of strong group authority [7].

## **Psychoanalytic Perspective**

According to Sigmund Freud, suicidal tendencies are based on two opposing drives: Eros (the life instinct) and Thanatos (the death instinct). Human life is a battlefield between these two forces. As people age, Eros weakens and Thanatos grows stronger, leading to self-destructive impulses. For Freud, suicide represents the manifestation of Thanatos — the destructive aspect of aggression [4].

C.G. Jung, analyzing suicide, viewed it as an unconscious striving for spiritual rebirth, related to the activation of collective archetypes such as:

- Metempsychosis (transmigration of souls);
- Reincarnation as a means of preserving personal continuity;
- Renewal of existence in a "subtle body" after death;
- Transformation of mortal being into immortal form through transcendence. [5]

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## **Psychological Characteristics and Pre-Suicidal Symptoms**

Suicidal attitude refers to a state of mind characterized by self-directed hostility, suicidal thoughts or intentions, and negative emotional experiences (depression, anxiety, guilt), as well as preparation for or execution of suicidal acts. Such attitudes often begin to form at ages 14–15.

According to Michel Lochele (1983), pre-suicidal syndrome in children and adolescents may include:

- persistent suicidal thoughts;
- dysphoric moods (sadness, irritability);
- insomnia, appetite disturbances, fatigue, and psychosomatic symptoms;
- the emergence of clear suicidal ideas.

Enachescu and Retezeanu (1991) distinguish three stages of pre-suicidal syndrome:

- 1. Stage of psychological stress,
- 2. **Borderline situation**,
- 3. Stage of depression.

Failed suicide attempts do not necessarily indicate a person's final intent to die. Research shows that 40% of adolescents who attempt suicide have already made prior attempts, and within a year, 30% repeat the act, with 1–2% resulting in death. Psychotherapy can be effective, since most individuals do not truly wish to die but rather seek to solve their problems [10].

### **Empirical Findings**

K. Menninger's research among 1,621 school students (grades 7–11) revealed that 22% had suicidal thoughts, 8% engaged in demonstrative or manipulative attempts, 5% made impulsive attempts, and 2% attempted actual suicide. Among adolescents, completed suicides are rare—accounting for about 1% of all attempts. Most are demonstrative, expressing emotional protest or seeking attention.

A.E. Lichko identified correlations between suicidal behavior and character accentuations.

A.A. Yavorsky found that genuine suicidal behavior is most typical for asthenic, schizoid, and affective personalities.

V.V. Nicheporenko discovered among soldiers that predominant character types associated with suicide include asthenoneurotic (51%), infantile (22%), sensitive (11%), emotionally dependent (9%), and conformist (7%) types.

G.A. Fastosov (2004) noted that most suicidal individuals display emotional sensitivity, anxiety, pessimism, hidden aggression, and cognitive rigidity [11].

V.V. Logvinenko's studies of soldiers who attempted suicide showed low self-acceptance and

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poor interpersonal communication, combined with high internality (self-blame).

V.F. Voysekh confirmed, through projective testing (Sentence Completion, Szondi, and J. Kagan methods), that suicidal individuals often exhibit dichotomous thinking, emotional intensity, and impulsivity.

## Religious and Socio-Philosophical Perspective

From religious and philosophical standpoints, suicide has been universally condemned. In Islam, for instance, the Hadith states:

"Whoever kills himself has taken his own life before God's decree; therefore, I have forbidden him Paradise."

### Research in Uzbekistan

In Uzbekistan, the issue of suicide has been studied since 1989, when the Psychology Department at Tashkent State Pedagogical Institute (named after Nizami) established a research group and laboratory to study "The Social-Psychological Causes of Self-Immolation among Uzbek Women."

Under the editorship of Prof. M.G. Davletshin, they published the methodological manual "Studying the Socio-Psychological Causes of Self-Immolation among Uzbek Women in the Uzbek SSR", one of the first major works on suicide from a socio-psychological perspective.

Their research highlighted that adolescent crises correspond to certain age stages and that psychological stress, family conflicts, and defects in upbringing play decisive roles in forming suicidal tendencies.

Other Uzbek researchers — E. Usmanov, G. Shoumarov, B. Umarov, N. Soginov, U. Kodirov, and others — examined the socio-psychological characteristics of self-immolation among women, child and adolescent suicide factors, and the epidemiology of suicide in Uzbekistan. I. Mahmudov, B. Botirov, E. Sattorov, and S. Akhundjanova studied its legal aspects in Khorezm and Karakalpakstan [7].

Currently, work with deviant, difficult, and suicide-prone adolescents is conducted by school psychologists, teachers, local community committees (mahalla), and juvenile commissions. According to Prof. B.M. Umarov, most juvenile crimes (ages 13–17) stem from neglect, lack of understanding between parents and children, exposure to negative influences, and substance abuse [7].

Psychological literature describes the 11–15 age range as a period of puberty, rapid physical growth, and personality formation — when character and social attitudes begin to take clear shape.

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Z.D. Paluanova, in her dissertation "Socio-Psychological Problems of Suicide in the Republic of Karakalpakstan and Its Prevention", studied mechanisms for addressing socio-psychological issues and preventive measures, analyzing social, psychological, ethnopsychological, and economic factors.

B.M. Umarov's textbook "Suicidology" examined the social-psychological aspects of adolescent suicide in Uzbekistan, analyzing its dynamics and motives by age and gender [7].

For the first time in Uzbekistan, I.I. Mahmudov, B.M. Botirov, E.N. Sattorov, and S.A. Akhundjanova published the manual "Psychological Approaches to Suicidological Evidence (Based on the Example of Karakalpakstan and Khorezm)", designed for the Prosecutor General's Office trainees.

### Further studies include:

- G.Z. Tojiboyeva on the role of school psychologists in conflict situations among adolescents;
- Y.K. Normetova on organizing psychological services in healthcare and their role in rehabilitation;
- F.F. Rasulova on the psychological traits of aggressive behavior in adolescents and the development of psychocorrectional programs;
- G.I. Sattorova on improving diagnostic and corrective processes of volitional qualities in early adolescence;
- D.R. Abdumajidova on forming assertive behavior in adolescents and the effectiveness of related training programs;
- Kh.Kh. Jabborov on developing ideological immunity through socio-psychological training;
- G.T. Yadgarova on the socio-psychological characteristics of single-parent families and adolescent adaptation;
- D.M. Anvarova on the psychological laws governing the development of adolescent spirituality.

Although significant research has been conducted on suicide in Uzbekistan, there remain few focused studies on the emergence and prevention of suicidal behavior among deviant adolescents.

#### Conclusion

In conclusion, the occurrence of suicidal behavior and its socialization can be linked to the distortion of moral and ethical values, the misinterpretation of vital life concepts, and spontaneous socialization processes. These contribute to the development of deviant behavior and psychological maladaptation.

Among control groups, no significant differences were observed between adequate and

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inadequate responses to these factors. Overall, implementing psychoprophylactic and psychocorrectional programs aimed at preventing suicidal behavior among deviant adolescents plays an essential role in ensuring their socio-psychological development.

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