



## THE STUDY OF SUICIDAL BEHAVIOR BY FOREIGN SCHOLARS

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### ABSTRACT

*This article provides information about the most painful problem in society during adolescence, suicidal cases. Emphasis is mainly placed on the researches carried out by foreign psychologists and how they explained the suicidal state.*

Modern society manifests itself in a state of unprecedented tension of social relations at the global and individual level. The dynamics of social relations, the increase in the pace of life lead to the involvement of people in social structures, and because of this, the pressure on them from society is increasing. This, in turn, causes various forms of stress and mental tension, causing the problem of suicide. We can see from the data published by the World Health Organization that this type of behavior is often observed during adolescence. It is recognized that in 2017, the World Health Organization concluded that suicide is the second leading cause of death among 15-29-year-olds, and also noted that the number of people who died from suicide exceeded the number of deaths caused by war and violence. In the information provided by this organization in 2018, suicide was recognized as the second leading cause of death after traffic accidents.

Therefore, the phenomenon of suicide has existed for as long as human society has existed, and it attracts the attention of many specialists, psychologists, sociologists, philosophers, medicine and other fields. They devoted their work to studying suicidal behavior from different perspectives.

In the book "A cry for help" by N. Faberu and E. Shneidman, it is said that "the first and main task of any in-depth scientific study of suicide is to systematize the manifestations of suicidal behavior and classify the types of suicide."

V. T. Kondrashenko, A. E. Lichko, Yu. According to V. Popovlar, suicidal behavior is considered by researchers as self-destructive (self-condemning) behavior, and its sign is a tendency to consciously destroy one's personality and health.

Suicidologist M. Farber defines suicide as "depriving oneself of life consciously, deliberately and quickly." V. Tikhonenko and A. Ambrumova defined suicide as a state of being fed up with one's life and giving up on it.

E. Shneidman described suicide as a conscious act of self-destruction, a multifaceted disorder of a person who has a problem and considers suicide to be the most acceptable option as a

solution to this problem. According to E. Durand: "Suicide is a voluntary death, which is not only associated with the greatest suffering for the person who decides on it, but also a general protest against the order that forces this action."

A. Meerloo, N. Farberou, N. Tabachnikov introduce the concepts of "indirect self-mutilation", "hidden suicide" related to "suicide". N. Tabachnik defines "self-mutilation" as the performance of any behavior over which a person has real or potential voluntary control, which contributes to the development of a person in the direction of early physical death.

According to K. Osvath, self-destructive behavior is a consequence of failure or inadequacy of individual mechanisms of behavior as a result of accidental or excessive stress.

Based on the theoretical analysis carried out by R.F. Baumeister, S.J. Scher points out three types of self-destructive behavior:

1. Primary self-destruction: the individual tries to harm himself and consciously causes it. Such a behavior is based on a strong negative emotion, and due to the focus on one's own shortcomings, it forms a negative attitude towards oneself.
2. Ineffective strategy as the opposite of self-destructive behavior pattern: people pursue normal goals, but use ineffective strategies to harm themselves.
3. In the third type of autodestructive patterning, a person pursues two mutually exclusive goals. In the situation of several conflicting goals, the choice of the goal, the efforts spent on it are higher than the positive results, and it testifies to errors in thoughts.

R.F. Baumeister, S.J. According to Scher's analysis of various forms of self-destructive behavior, which are considered in many cases in the literature, they can be included mainly in the second and third types, but none of them are included in the primary self-destructive behavior. According to the authors' conclusion, healthy people harm themselves as a result of inadequate reactions, unexpected results of ineffective methods, and incorrect assessment of risk and effort. There is no conscious self-destruction at all.

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