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Diagnosis of suicidal behaviour in adolescents

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Abstract

Relevance. Suicide is a global problem all over the world at the level of cancer. According to the World Health Organisation, humanity commits more than 800,000 suicides every year. Now, the main problem is teenage suicide, as it is considered one of the common causes of death among minors.

Purpose. The purpose of this study was to investigate the essence and types of suicidal behaviour, causes of occurrence and features of manifestation of the first alarm signals, to determine the suicidal tendencies of adolescents at the present stage, to analyse the main preventive methods aimed at the correction of deviations of behaviour and attraction to suicide. This paper is aimed at a detailed investigation of the psychology of adolescents prone to suicidal behaviour at the present stage, to establish relevant and effective methods of detection and prevention of negative consequences, preserving the life of adolescent society.

Methodology. The following methods were used for detailed study of this problem: method of analysis and synthesis, survey method, statistical method, comparative method, interpretive method.

Results. The results of the scientific study theoretically revealed the main determinants of the manifestation of suicide, its nature of occurrence, types and phases, analysed the common motives for committing suicide among adolescents, the main theories of the study of suicidal behaviour, early scientific approaches and achievements, identified the main criteria for recognizing the first disturbing symptoms in behaviour, found methods of prevention and recommendations to prevent adverse consequences.

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Conclusions. Gender differences of inclinations to suicide were investigated, features of emotional aggravations during puberty period were analysed, statistical data on committed suicides in the Republic of Kazakhstan for the last several years were covered.

Keywords: antivital experiences; puberty; character accentuations; alexithymia; cyberbullying.

Introduction

Adolescence is a crisis age and the most vulnerable of all the life periods that an individual lives through. Emotional aggravations occurring in mental activity are not actually regulated, because they depend on internal physiological changes, functioning as a result of hormonal outbursts, which cannot be influenced by external factors.

The World Health Organisation has recorded that for every person who commits suicide, there are many more people who attempt suicide, and this rate has increased several times, also 77% of suicides are recorded in low- and middle-income countries. Among adolescents, suicide ranks fourth among causes of death. Today, it is labelled pubertal suicide because the peak of behavioural disorders aimed at self-inflicted physical harm occurs between the ages of 12–16 [1].

For a long time, talking about suicide was unacceptable among minors, because there was a belief that disclosure of such specific topics would lead to an inner expression of interest, which as a consequence would prompt an attempt to relieve what was heard.

The main purpose of this paper was to investigate the specific features of the manifestation of suicidal behaviour in adolescents and to analyse the tendency to commit suicide in the conditions of modernity, to determine the main preventive methods aimed at preventing and correcting destructive actions that can lead to death.

A. Albéniz and E. Fonseca-Pedrero [2] concluded that adolescents undergo a complex pubertal stage in which physical changes and acceptance, as well as socialisation and assimilation of experiences take place. Puberty is a time of dramatic physiological and emotional changes, which is why adolescents are rarely in an even psycho-emotional state. Depression, anxiety, fear, fear of inadequacy, irritability, or brief euphoria, are characteristic of this period and are most acute. Adolescents have poor emotion control skills and resort to demonstrative outbursts, which are reinforced by alexithymia, resulting in a lack of ability to describe and understand their own emotions [2].

M. Guzmán [3] described suicide as a socially conditioned cause. While researching this problem, the author observed that individuals with a developed and wide range of social ties are less prone to suicide than individuals with low social contacts, the lethal consequences can be caused by disorganisation, which the individual cannot always cope with on their own [3].

R. Runčan [4] investigated suicide as a state of social disorganisation, disorder, and irregularity and as a reaction of “normal people to abnormal conditions” and explored the impact of deviant behaviour as an initial stage that intensifies over time and develops into a more aggressive form of resistance [4].

M. Schechter [5] studied the cause of adolescent suicide based on psychoanalysis, which interpreted suicide as a psychological cause. He explained that suicide is one form of manifestation of the death instinct, the result of the

totality of many motives. The scholar explained suicide as a way of expressing dissatisfaction with the world, aggression directed at the self acts as self-punishment [5].

S. Azimova [6] states that adolescent suicides have the following psychological features: vulnerability, aggressiveness, low self-esteem, anxiety, feeling of being unwanted, low activity in solving demanding situations, lack of motivation for anything. Difficult relationships with parents, problems at school, poor academic achievement, damaged relationships with peers, and the emotional experience of a first crush are reasons why teenagers can take their own lives [7; 8]. However, a single exposure factor does not have the powerful force of suicidal manifestation, only a multitude of accumulated stresses can push towards death. A significant part of adolescents wishes to leave the real world to move to another, ideal space created in children’s fantasies [6].

The relevance of this study lies in the primary changes in the mental activity of adolescents, which are difficult to control emotionally, as a result of which there is an internal protest aimed at defending their positions, views, avoidance of feelings and pain, which in the future leads to suicidal intentions, their realisation. The originality of this study is the investigation of topical aspects of psychological features of suicidal behaviour of adolescents, the reasons that cause the desire for death in the modern world, to find effective diagnostic, psychoprophylactic, corrective solutions to counteract internal negative outbursts at an immature age to preserve psycho-emotional health.

Materials and Methods

The basis of the methodological approach in this study included the following methods: the method of analysis and synthesis, which allowed investigating the theoretical provisions and scientific concepts regarding the nature of suicidal behaviour in adolescence, determining its types, causes of occurrence. Through the method of synthesis, the theoretical knowledge gained was formed into an overall structure that combined the elements of analysis into a fundamental theoretical framework to create and generate new practical information in further research.

The empirical component of the study was realised using the social media survey method. Voluntarily, respondents from 13 to 17 years old, 19 boys and 25 girls took part in the survey. The questionnaire was presented in electronic form, by clicking on which the participant automatically entered the form of the methodology “Suicide Risk Questionnaire” A. Shmelev [9]. The purpose of the questionnaire is to make a general diagnosis of suicidal intentions to prevent real suicide attempts. This methodology also helps to identify such antisocial manifestations as excessive demonstrativeness, affectivity, a sense of uniqueness, a sense of unneededness, loneliness, a sense of failure, social pessimism, breaking cultural barriers, maximalism, subjective time perspectives, and anti-suicidal attitudes. The study was conducted online to

maintain strict anonymity in the adolescent space, creating a sense of safety and lack of judgement from the outside [9].

To additionally determine the propensity of adolescents to suicidality, M. Rozhkov and M. Kovalchuk's [10] "Methodology of primary diagnosis and identification of children at risk" was used. This technique includes 74 questions and is oriented towards the study of social interaction between adolescents, current situation in the family, manifestation of aggressiveness and distrust to others, aggravation of accentuation types, determination of insecurity.

Diagnosis of the general picture of the mental state of adolescents was realised behind the method "Depressiveness Scale" T. Balashova [11], which consists of 20 statements. Test takers must cross out the number opposite each sentence, which is responsible for the degree of expression of a state experienced recently (from 1 to 4 points). Thanks to this technique, the levels of expression of depression in adolescents were investigated and their psycho-emotional state was diagnosed [11].

The statistical method in the study was used to assess and analyse the situation of committed suicides by teenagers for the last few years in the Republic of Kazakhstan. Statistical reporting by the World Health Organisation has revealed a general trend of suicide attempts and incidents that describe the criticality and globality of the situation.

The comparative method allowed observing the increased propensity to suicidal behaviour in the gender aspect, finding the degree of expression of destructive psychological manifestations in girls and boys, comparing the features of experiences and transfer of emotional traumas.

The interpretive method combined the elaborated early theoretical concepts and views of the scholars with the obtained contemporary research data, which enhanced the effect and significance of the objectives of this study. This method played a generalising role and established a logical pattern between the facts acquired during the research process.

The study consists of three stages. At the first stage, the theoretical concept and meaning of suicidal behaviour, its types and forms were elaborated. The main common motives that provoke suicide in adolescence were established, and common theories and concepts of the manifestation of suicidal intentions were identified. The influence of puberty period on the formation of adolescents' personality, aggravation of character accentuations, the phenomenon of antivital experiences and cyberbullying were analysed.

At the second stage, statistical indicators of committed suicides for the last several years in the Republic of Kazakhstan were analysed, the main tendencies of destructive spread among teenagers were determined. An empirical study was performed by an online survey based on psychological methodology to determine the propensity to suicide, the key links to the emergence of this behaviour were established, and a comparative analysis of the degree of expression of emotional outbursts at the gender level was performed.

The third stage summarised the elaborated theoretical and practical data, analysed the achievements obtained

during the study, revealed the main methods and measures to preserve the emotional health of adolescents, identified ways of timely diagnosis of suicidal tendencies to avoid fatal cases.

Results

To avoid difficulties in the real world, teenagers prefer virtual communication. Social media is one of the direct influences on a minor's mental state that cause behavioural aggravations and emotional instability. The Blue Whale game was a strikingly significant example of the impact of the social media phenomenon. In this challenge, teens were encouraged to self-harm and ultimately commit suicide, which ends the game at level 50, task completion was confirmed by participants with photographs.

In 2015, Blue Whale had a massive impact on teenagers, spreading across social media, especially VKontakte. The game was distributed and coordinated by "death groups" and the blue whale was the primary symbol of loneliness, rejection, and is one of the few animals capable of performing the ritual of taking one's own life. Individuals between the ages of 12 and 16 actively took part in this entertainment. According to media reports, the game was widely played in Kazakhstan, Belarus, Russia, and the Baltic States [12].

In 2016, Kazakhstan opened more than 44 criminal cases on suicide attempts, 16 teenagers died, 15 injured themselves, and more than 100 other children were registered in the game. According to investigations, there were about 720 suicides in CIS countries, but this is not a final figure, because in most cases the prosecutors of different regions denied the incidents. Participation in the game was prompted by: bullying, lack of understanding and devaluation by parents or teachers, feeling lonely and unwanted. Meanwhile, "death groups" provided virtual support and relevance, which became tempting for emotionally vulnerable adolescents [12].

According to the World Health Organisation (WHO), Kazakhstan ranks third in the world in terms of suicides among adolescents. In 2004–2009, 25.6% of suicides were recorded among children under 14 years of age and 3.7% of suicides at over 14 years of age. Suicide among adolescents aged 12–14 years was 8.3% in 2010, and 19% among 15–17-year-olds [13].

In 2019, in the first five months, the average age of children who committed suicide in Kazakhstan was between 14 and 17 years old, 52 were boys and 22 were girls. The teenagers who attempted suicide were 167, of whom 131 were girls. Since the beginning of 2021 in Kazakhstan, more than 100 teenagers have committed suicide and approximately 200 have attempted to end their lives. The most frequent incidents were observed in Kzylorda, Turkestan, Almaty, East Kazakhstan oblasts [14].

Timely diagnosis of the presence of suicidal tendencies, a scientific opportunity to prevent in advance the negative situation among adolescents and save their lives. Thanks to properly selected diagnostic methods, specialists will be able to study those destructive features that encourage adolescents to act to their own detriment and thus begin work in the corrective and preventive direction.

In this research paper, an empirical study was conducted using the method of A. Shmelev [9] "Suicidal

Risk Questionnaire”, to track the suicidal tendency of modern youth [9]. The respondents’ task is to state their age, gender, and answer the questions without worrying about anonymity. The purpose of using the methodology is to track the growth dynamics of nine criteria that describe the overall situation and involvement in destructive behaviour, signalling a tendency towards emotional self-destruction. 19 boys and 25 girls from 13 to 17 years of age

took part in the survey, which makes it possible to identify gender differences in the perception of the world and the experience of adolescent crisis, as well as to recognise the developmental features of puberty. Through the nine scales, their resulting maximum scores (5 points), the author determined the individual style of suicidal dynamics (Figure 1, 2).

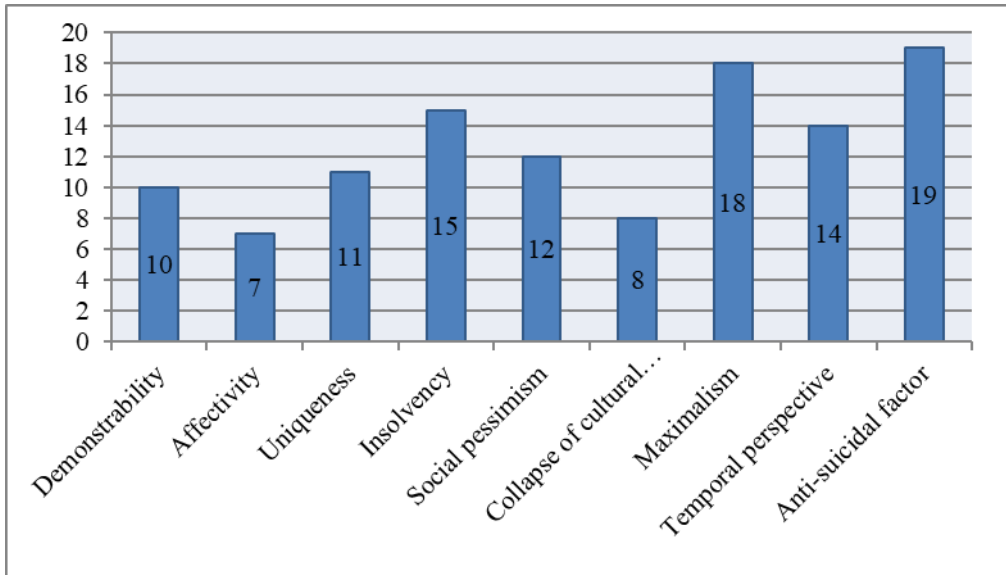


Figure 1. Sub-scale diagnostic coefficient of suicidal tendency indicators (boys)
Source: compiled by the author of this study.

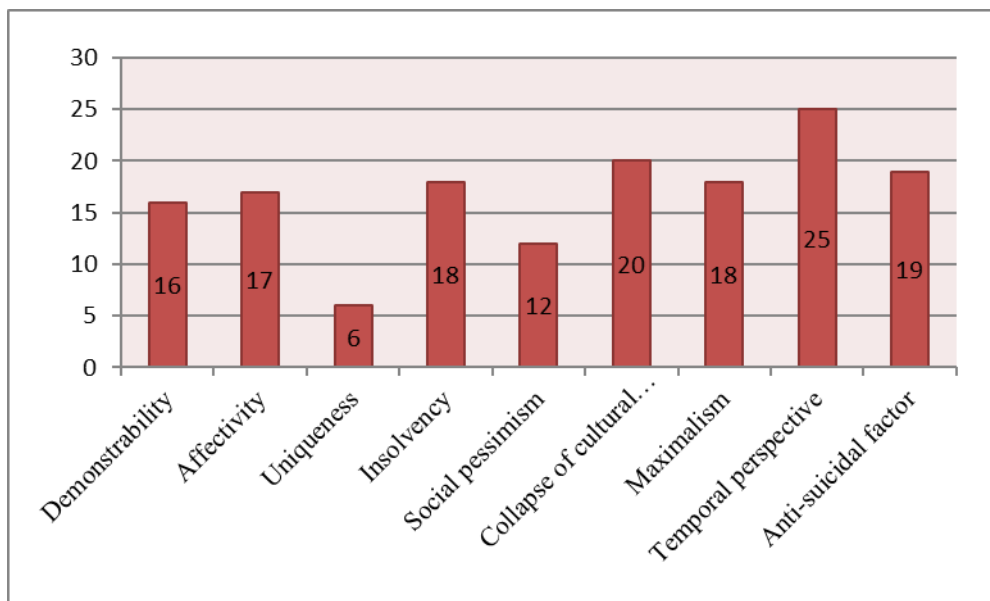


Figure 2. Sub-scale diagnostic coefficient of indicators of suicidal tendency (girls)
Source: compiled by the author of this study.

The results suggest that all 19 boys scored maximum on the anti-suicidal factor scale. This suggests that even with maximum scores on the following items – this criterion simplifies the situation and indicates internal responsibility not only for their own lives, but also for their relatives, such teenagers have a sense of duty, understanding – “I cannot fail”, fear of physical pain, autoaggressiveness is absent in their behaviour. “Maximalism” ranks second among boys (18 respondents). This indicator speaks of poorly formed attitudes, life and its perception in general, at times may be inherent infantilism, as well as affective fixation on failure, the

development of a sense of inferiority, unrealised. This criterion can affect self-esteem and anxiety, inner insecurity, and therefore the task of teachers, psychologists, and parents is to help the teenager find strengths and qualities for future self-fulfilment and the desire to achieve goals. The scale of “failure” in boys also takes the leading position (15 respondents) and indicates that they have developed denial of their own personality, dissatisfaction with the current situation, lack of performance, incompetence, which cause a depressed feeling of irrelevance. This result indicates the possible

formation of “I-concept”, which is the main and obligatory stage of development of a full-fledged personality.

The smallest number of adolescents received the maximum score on the affectivity scale (7 respondents). A minimal result indicates a pronounced presence of control over emotions that lend themselves initially to logic and afterwards – to action. Seven boys who still had the maximum affectivity score – reacting emotionally to a traumatic situation, no control in behaviour.

Unlike boys, girls received the most expressed factor “temporal perspective” (25 girls), “collapse of cultural barriers” (20 respondents), “anti-suicidal factor” is expressed in 19 girls, 18 – experience “failure”, 17 – “affectivity”, 16 girls – received the maximum score on the scale “demonstrability”, “uniqueness” manifested in 6 respondents.

The results indicate that girls, as well as boys can experience their adolescence, it concerns the formation of “I-concept”, perception of themselves and their role in society, feelings of inferiority, lack of understanding of the future. The result could have been influenced by dissatisfaction with appearance, as adolescents are in puberty, the activity of which affects physical changes.

“Collapse of cultural barriers” refers to the search for attitudes towards life, cultural values and norms that can justify generally unaccepted forms of behaviour, this can also apply to suicidality. Nevertheless, the “anti-suicidal factor” indicator mitigates the problem of “cultural barriers” and speaks of emotional dependence on a close circle of people, fear of harming oneself despite negative thoughts. Standing up for views most likely indicates a desire to assert oneself, unlike boys, girls are more demonstrative, wanting to draw attention to their personality to gain sympathy, understanding, or admiration. This is evidenced by the maximum result of expression of this scale in 16 respondents, who experience possible emotional rigidity, also they have inherent fundamental tasks of classical feminine nature.

The low indicator of “uniqueness” of most respondents speaks about negative perception of themselves, inability to form their own experience, such individuals can live someone else’s life, e.g., following the life of bloggers in social networks, their daily “rituals”. The six respondents who received the maximum score of “uniqueness” have the ability to independently escape the influence of authority figures, respect their own space, and realise their own value.

The study suggested that girls are much more sensitive and demonstrative, their weak link – self-esteem and the desire to imitate, losing uniqueness, the loss of a true perception of life, affectivity can lead to destructive actions, which as a consequence as a cry for help, pushing to suicide attempts.

According to the data that the author of this study obtained using the methodology of M. Rozhkov and M. Kovalchuk [10], it was found that the level of increased attention to family values and internal home environment is most pronounced in both boys and girls (4 points) (11 boys, 17 girls). Respondents emphasised the tense situation of interaction with parents, the feeling of lack of love from one of the family members, difficulties in mutual understanding with father (mother). Thirteen boys and nine girls received the maximum score on aggressiveness. A

high score indicates excessive hostility, the level of which may increase in response to pubertal outbursts or confrontation with possible bullying.

“Insecurity” is most pronounced in girls (18 respondents), and only 7 boys got the maximum score on this scale. As for accentuations – the most pronounced is the “hysteroid type” of behaviour, which is accompanied in girls (5 respondents), with a previously obtained high level of demonstrativeness. This result speaks of an exaggerated self-love, a desire for attention to the persona. Hyperthymic type is inherent in boys, which is accompanied by high vigour, disregard for discipline, irritability (10 people). The value of “insecurity” has a pronounced number of points in each respondent, this can be explained by the fact that adolescents are at the stage of personal development, they are undergoing a period of transformation both physically and mentally, actively observed changes and modification of the “I-concept”.

Investigating the level of manifestation of depressive state in adolescents according to the diagnostic scale [11], the indicators of depressiveness have a positive character, almost all of the researched have no depression, in the answers there is satisfaction with themselves, there is hope for the future, the respondents indicate that it is easy for them to engage in activities that they are physically capable of. In addition, 6 boys and 9 girls were found to have situational and stress depression according to the results of the study, which can be explained as a superficial mental reaction to a sudden stimulus that will lose its power over time. Respondents indicated that they had altered sleep patterns, worsened appetite, rapid loss of energy, and frequent anxiety. Such emotional and physical changes often signal discord among young people, in terms of first love urges or struggles for leadership, lack of acceptance among their peers. The task of parents or teachers is to prevent situational aggravation in time, not allowing the teenager to enter a deep state of hopelessness.

This study has a brief situational outcome, which in general indicates the ability of adolescents to adequately perceive themselves, to understand their feelings, and indicates a degree of emotional maturity and responsibility, and the ability to reflect.

The results obtained show the degree of expression of behavioural reactions, the enhanced development of which tends to suicidal intentions. High expression of indicators indicates individuality of perception of the world. However, the data obtained from the conducted study has variable expression rates in both girls and boys. Each of the criteria is individual and gender specific and has its own degree of growth, such an indicator has a positive component in its value but indicates that there are certain “points” in the life of adolescents that need to be worked on in a preventive mode.

To effectively maintain the mental health of adolescents, the main role is played by the introduction of suicide prevention in the education system, the interaction of teachers with adolescents and their parents, the ability to establish trusting contact. A key criterion in working positively with adolescents is the ability to listen and understand their problem, to be on the same level, not to demonstrate one’s position as superior. And also work carefully in diagnostic direction to prevent possible risks, develop acceptable social skills, work with auto-

aggression, depression, conflict, bullying, cyberbullying, alexithymia [14-16].

Communication with parents is important, developing non-judgemental and devaluing skills, being able to build relationships on a friendly level, assuring that secrets and words are kept. The main task of parents is to allow the teenager to make mistakes, to try to make decisions independently, not to forbid communication with particular individuals of their age without important reasons [17; 18]. Respect for space – reinforces the authority of the father or mother in the eyes of the adolescent. The main thing is to fill real life with meaning, to demonstrate the need for help from the teenager.

For teenagers, sports can be an active way to achieve goals and create a harmonious “I-image”. Classes in sections, self-training, will help to cope with emotional pain, fight the desire to cause physical harm to oneself (auto-aggression), let go of negative thoughts and focus on the goal [19-21]. A positive result can influence “self-love”, increase self-esteem, develop inner self-confidence, and form a vision of immediate prospects and plans.

Topics about love should and must be brought up, but only if there are positive experiences that do not carry negativism or create a projection onto teenage perceptions. Topics about death and suicide should not be avoided, because informativeness is the key to success and orientation in an environment that is filled with negativity, such conversations will help to be less conformist. In the school environment, academic performance should not be the highest goal, the main criterion of success for teenagers should not be the evaluation system, but the ability to assimilate information, find ways to solve problems, it is necessary to focus on the personality of the teenager, the value of their life, it is forbidden to punish for grades. Today’s world has become part of virtual reality, so observing what groups a teenager is in, how often they visit social media, what preferences they observe, are key to a parent’s “healthy” monitoring and understanding of what is going on with their child. In addition, it will help to uncover the presence of cyberbullying (virtual bullying and criticism from peers).

Discussion

The behaviours of endangering one’s own life and self-harm have within them a psychological basis that is on the verge of instability and neurosis. Tendency to suicide has no age parameters, it is almost impossible to track age periods regarding emotional aggravations, because each personality, facing life’s troubles or difficulties, has a different threshold of sensitivity and perception of the problem, which eventually leads to the idea of putting oneself out of one’s misery.

Z. Abdu, M. Hajure, D. Desalegn [22] describes suicide as conscious and intentional physical actions, emotional readiness aimed at voluntary desire to deprive oneself of life, which eventually leads to death. Suicidal behaviour is a concept that has a more profound meaning of its existence because it does not have an end result, is manifested by demonstrative actions, sometimes carries a hidden nature and includes suicidal attempts. Attempts include all suicide attempts that did not end in death for reasons beyond the control of the suicidal person, i.e., a rope break, timely resuscitation measures, not clearly

planned actions that could have been revealed earlier, preventing a fatal consequence. Suicidal manifestations include thoughts, fantasies, perceptions that are not physically realised for a certain time and are rather demonstrative in nature [22].

Suicidal behaviour can occur in both healthy adolescents and those with mental illness. Usually, the destructively active process runs with depression. Suicidal attempt and suicide go through two stages: reversal (the subject on their own or with the intervention of specific individuals, can stop the attempt) and irreversible or completed, which eventually guarantees death [23].

R. Morese [23], investigating the nature of suicidal behaviour in adolescents, addressed the anatomical features of the cerebral cortex, explaining the tendency to suicide with a medical approach. Studies of the ventromedial prefrontal cortex revealed the individual’s tendency to control social tasks, moral judgement, social decision making, and emotional intelligence. Lesions of this cortex (VMPFC), demonstrate impaired social relationships, as well as impaired self-regulation [23; 24].

Suicidal acts have several levels of manifestation:

- true suicide, the task of which is to take one’s own life, which ultimately guarantees inevitable death;
- demonstration, blackmail, the purpose of such behaviour is to achieve the desired result, resistance, opposition to certain circumstances, desire to lose one’s life is absent, the manipulative process is the basis;
- self-punishment, non-fatal injury to certain body parts or organs;
- accidents, dangerous actions that are not purpose-directed, taking one’s own life, but are capable of exposing a similar end result as suicide [25-28].

The main types of suicide are distinguished:

- unconscious suicide, inability to regulate emotions;
- suicide as a risky game, e.g., “Blue Whale”, “Wake Me Up at 4:20.”
- levity, controversial issues among peers;
- manic suicide due to the use of psychotropic substances capable of inducing hallucinations;
- melancholy suicide, arises based on suggestive sadness, grief, remorse;
- ideological suicide;
- impulsive or spontaneous suicide;
- demonstrative suicide, to achieve a goal;
- altruistic suicide, self-sacrifice for the sake of someone, fanatical actions;
- suicide through oversaturation with negative emotions from the media;
- depression-induced suicide [29-31].

There are three main theories in psychology that explain the cause of suicidal behaviour:

- biological theory, according to which, the occurrence of suicidal behaviour is influenced by the genetic component according to the chain reaction, namely, if there was an incident in the family, the attempt can be repeated at modern stages, because it is inherited;
- psychological theory – considers suicide as auto-aggression, lack of critical and inflexible thinking, disorganisation, altered value system, life views, desire to resist and not accept the world;

- social theory – demonstrates loneliness as one of the factors causing feelings of alienation, unwantedness, lack of self-worth, lack of understanding of one's place in society [32-34].

The causes of suicidal behaviour do not have a single root and are caused by both external stimuli and internal changes that are difficult to control or understand unassisted. Adolescence is a stage in which there is cognition of oneself, inner world, conscious interaction with society. Puberty, which provokes physiological changes in the body, can affect mental processes, the course of behavioural reactions, aggravates sensitivity to the external environment [35]. It is such features that strengthen the characterological component, and character accentuations are manifested, prompting antisocial behaviour (hysteroid, hysteroid-unstable, and hyperthymic-hysteroid types).

The classic reasons that drive adolescents to suicide are feelings of resentment, loneliness, alienation, overreactions and experiences of unrequited love, death of a loved one, parental divorce, loss of parental love, imitation of self-harming behaviour from authority figures, by peers, bodily and moral bullying, cyberbullying [36; 37].

Adolescents who are giving the first warning signs about their emotional health require special attention, namely:

- prefer to be alone;
- mood swings, capriciousness;
- aggression;
- low self-esteem, expression of self-hate, dissatisfaction with appearance;
- changes in appetite, especially in the presence of depression;
- sleep disturbance;
- giving up something once cherished (an object);
- talking about death;
- reprimands, blackmail;
- changing values [38].

The World Health Organisation reports that in 10% of cases, adolescents express a genuine desire to commit suicide, and in 90% of adolescents, suicidal behaviour is a rebellion, a cry for help. Typically, 80% of attempts are made at home to gain the attention of witnesses, during the day or evening, most often this behaviour is addressed to the family [39].

A. Orben argues that adolescents are affected by social deprivation, which supplements the pronounced antivital experiences that can increase the risk of suicidal behaviour and frustration. The manifestation of antivital experiences should also be diagnosed in advance because they are detrimental to physical and mental health. Antivitality consists of ideas that are aimed at a negative attitude towards life, there are reflections on the lack of value of life, its hopelessness, quite often adolescents can be heard saying phrases: "life is not worth living", "everyone will be better off without me", "I do not live, I exist", "my life is full of suffering", etc. [40].

A. Ambrumova [41] in her psychological research presented data according to which adolescents occupy the highest percentage of persons susceptible to suicide. Groups of adolescents who can end their lives:

- people who have already attempted suicide, because usually it does not end with one attempt;
- substance-dependent adolescents, resulting in passive consciousness, hallucinations, and depression;
- adolescents whose family has a history of suicide;
- persons suffering from incurable diseases and feeling physically disabled;
- mentally ill teenagers;
- adolescents who have experienced the loss of a parent or witnessed negative events [41-43].

In psychotherapeutic work with minors, specialists note that adolescents often emotionally and painfully experience the problem of insufferability, intolerance of loneliness, rejection, ridicule. The main area in which to work should be oriented towards improving self-esteem, developing inner self-confidence, and willpower to help combat helplessness, powerlessness, hopelessness, and lack of self-acceptance [44].

Early research has suggested that suicidal behaviour can originate due to the influence of the social world, media, interactions with parents, peers, and changes in internal mental processes. Researchers' work boils down to one thing – suicide, a cry for help and a desire for relief from pain. The emotional outbursts that occur during puberty are difficult to regulate and recognise, which is why adolescence is the most crisis-prone age. It is thanks to early research and theoretical information that today there are clearly developed diagnostic techniques and methods that psychologists or educators use to detect suicidal tendencies to prevent fatalities, saving more than one child's life.

Conclusions

The conduct of this study led to the following conclusions. Adolescents are a sensitive and most distressed age group that is undergoing a difficult journey to forming a complete personality. The impact of negative social factors, internal mental changes during puberty, create emotional instability and depression, tendency to rash actions. The desire to get rid of pain, to organise a revolt, to stand up for one's own rightness or principles – reinforce and explain the essence of suicidal intentions. Thanks to extensive research of scientists today there are actively available programmes and correctional methods for overcoming destructive features in adolescents.

Having analysed statistical data on committed suicides in Kazakhstan, the tendency to destructive actions remains to this day, but has somewhat underestimated indicators. The empirical study has suggested that today's youth have become more stable in their perception of the world, have a tendency to critical thinking, and feel responsible. In terms of gender characteristics, the group of adolescent girls is still more dependent on circumstances and is more emotional. The study showed that suicide is a way of relieving oneself of mental suffering as well as a manipulative method to achieve certain goals. It is important in the initial stages to understand what is going on with the adolescent, to pay attention to accentuations.

Diagnosis of suicidal tendencies is the main criterion for success in preventing and overcoming them. Thanks to diagnostic methods, specialists can assess the situation of a particular adolescent and identify which problem areas need to be addressed. The disadvantage of diagnostics lies

in the possibility of teenagers realising what a certain question in the methodology may say and thus acting out of line by choosing an answer that will satisfy the specialist, hiding the real issue. The main avenues for future research should be new, state-of-the-art experimental methods that will reveal in detail the extent to which suicidal tendencies are expressed, without relying on past experiences, thus avoiding long-standing, possibly committed errors as well as lack of sincerity in respondents' answers.

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Conflict of Interest

None.

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Анотація

Актуальність. Самогубство є глобальною проблемою в усьому світі на рівні з онкологічними захворюваннями. За даними Всесвітньої організації охорони здоров'я, щороку людство здійснює понад 800 000 самогубств. Наразі основною проблемою є підлітковий суїцид, оскільки він вважається однією з найпоширеніших причин смерті серед неповнолітніх.

Мета дослідження. Метою даного дослідження було вивчення сутності та видів суїцидальної поведінки, причин виникнення та особливостей прояву перших тривожних сигналів, визначення суїцидальних тенденцій підлітків на сучасному етапі, аналіз основних профілактичних методів, спрямованих на корекцію відхилень у поведінці та потягу до самогубства. Метою статті є детальне дослідження психології підлітків, схильних до суїцидальної поведінки на сучасному етапі, встановлення актуальних та ефективних методів виявлення та попередження негативних наслідків, збереження життєдіяльності підліткового соціуму.

Методологія дослідження. Для детального вивчення даної проблеми були використані наступні методи: метод аналізу та синтезу, метод опитування, статистичний метод, порівняльний метод, інтерпретаційний метод.

Результати. За результатами наукового дослідження теоретично розкрито основні детермінанти прояву суїциду, його природу виникнення, види та фази, проаналізовано поширені мотиви вчинення суїциду серед підлітків, основні теорії вивчення суїцидальної поведінки, ранні наукові підходи та досягнення, визначено основні критерії розпізнавання перших тривожних симптомів у поведінці, знайдено методи профілактики та рекомендації щодо запобігання негативних наслідків.

Висновки. Досліджено гендерні відмінності схильності до суїциду, проаналізовано особливості емоційних загострень у пубертатному періоді, висвітлено статистичні дані щодо скоєних суїцидів у Республіці Казахстан за останні кілька років.

Ключові слова: антивітальні переживання; пубертатний період; акцентуації характеру; алекситимія; кібербулінг.