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CONFLICTS - AS A CAUSING FACTOR OF ADOLESCENT SUICIDE BEHAVIOR AND THEIR PREVENTION

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Аннотация: Ушбу мақолада ўсмирларнинг ўз жонига қасд қилиш хулқининг пайдо бўлишига сабаб бўлган омиллар сифатида, шахснинг ички низолари ва уларнинг олдини олиш усуллари ҳақида ёритилади.

Калит сўзлар: зиддият, шахс, ўсмир, суицид, ёрдам, хатти-ҳаракатлар

Аннотация: В данной статье освещается о внутриличностных конфликтах личности как о факторах провоцирующие возникновению суицидального поведения подростков и о путях их профилактики.

Ключевые слова: конфликт, личность, подросток, суицид, помощь, поведение

Abstract: This article highlights the intrapersonal conflicts of personality as factors that provoke the emergence of suicidal behavior of adolescents and ways to prevent them.

Keywords: conflict, personality, teenager, suicide, help, behavior

Introduction. Conflict is a form of social interaction between two or more subjects that arises due to a mismatch of desires, interests, values, or concepts. All people will sooner or later become participants in the conflict, in which case they may be the initiator or the victim of the situation. There is a big difference between the concepts of ‘conflict’ and ‘conflict situation’ and we need to be able to distinguish them.

A conflict situation is a mismatch of people’s interests that creates a real conflict between social actors. The main sign is that the subject of the conflict has arisen, but there is currently no open active struggle. That is, in the process of conflict

development, the fact that a conflict situation always occurs before the conflict is its basis.

Conflict is the most acute form of resolving problems that arise in various areas and is usually accompanied by actions that deviate from rules and norms.

An intrapersonal conflict (internal conflict of an individual) is a problematic situation that has the same power, but arises as a result of a conflict between conflicting interests, motives, needs, and is difficult to resolve.

Literature review: Intrapersonal conflict plays an ambiguous role in a person's life: it can act as a source of personal development, and as a cause of the development of neurotic reactions. Overcoming a conflict situation, a person finds opportunities for interiorization and conscious acceptance of moral values, acquisition of new adaptive skills, and self-realization. If there is a conflict Neiden or the use of psychological protection does not remove, minimize feelings of fear or anxiety, this conflict is a source of insecurity personality instability its behavior, inability to consciously achieve your goals. [8]

In psychoanalytic theory, intrapersonal conflict is understood as a struggle between incompatible forces or structures within a person: between the Ego and the Super-Ego (Z. Freud), between a sense of inferiority and the desire to overcome it (A. Adler), between the personal Self and the archetype (K. Jung), between contradictory "neurotic needs" (K. Horney). For behaviorists, intrapersonal conflict is a set of reactions that are the result of mistaken parenting (B. Skinner) . Levin writes that conflict is a situation caused by the need to choose between forces of equal magnitude acting on the individual. Cognitive psychology considers internal conflict as a negative state that occurs in a situation of inconsistency of personal constructs or as a mismatch of knowledge and behavior (J. Kelly, L. Festinger). In humanistic psychology, internal conflict is a contradiction that arises between the Self-concept and the experience of a person. Rogers), between the desire for self-actualization and the real result (A. Maslow). In existential psychology, intrapersonal conflict is understood as a situation where a person loses the meaning of life (V. Frankl). [8]

The concept of intrapersonal conflict by one of the leading representatives of humanistic psychology, American psychologist Abraham Maslow, is widely known. According to Maslow, the motivational structure of a person is formed by a number of hierarchically organized needs: 1) physiological needs; 2) the need for security; 3) the need for love; 4) the need for respect; 5) the need for self-actualization. The highest-the need for self-actualization, that is, the realization of human abilities and talents. It is expressed in the fact that a person strives to be what he can become. But it does not always succeed. Self-actualization as an ability may be present in most people, but only in a minority is it realized. This gap between the desire for self actualization and the actual result is the basis of intrapersonal conflict. [9].

There are certain indicators of intrapersonal conflict, which are:

1. In the cognitive sphere: a decrease in self-esteem, perception of one's state as a psychological deadlock, a delay in decision-making, deep doubts about the validity of the principles you have previously followed;
2. In the emotional sphere: psycho-emotional tension, frequent and marked nervousness;
3. In the field of behavior: a decrease in the quality and intensity of activities, a decrease in job satisfaction, the appearance of negative emotions in communication;
4. Integral indicators: deterioration of the adaptation mechanism, increased stress.

An internal conflict is one of the most complex psychological conflicts that occurs in a person's inner world. It's hard to imagine a person who has never experienced an internal conflict in their life. Moreover, man is constantly confronted with such contradictions in his life. A person's constructive inner conflict is an integral part of his or her psyche development. [10].

A person's destructive internal conflict can lead to serious consequences, from severe internal experiences that cause stress to an extreme form of resolving it - suicide. It should be noted that the situation of internal conflict is always present in each of us, and we should not be afraid of it. For a mentally healthy person, this level of internal conflict is an absolutely natural state of the psyche.

According to the analysis of data from some sources, suicides among juveniles occur for the following reasons:

- as a result of conflicts (conflicts) and inconveniences;
- as a result of severe fear of persecution by adults (parents);
- as a result of inappropriate behavior, conflicts and indifference of others, committed by teachers, classmates, friends;

Those who choose this path are children with a spiritually sensitive character who lose the meaning of life and suffer from the fact that no one in this world needs them and is left alone.

In psychological experiments, it has been shown more than once that in some people, any failure causes involuntary thoughts of death. The death drive, Freud's Thanatos, is nothing more than an attempt to resolve life's difficulties by withdrawing from life itself. This is especially true for young people. Of the 200 authors of adolescent autobiographies and diaries studied by Norman Keel (1964), over a third more or less seriously discussed the possibility of suicide, and some attempted it. Among them are such different people as Goethe and Romain Rolland, Napoleon and Benjamin Constant, Jacob Wasserman and John Stuart Mill, Anthony Trollope and Beatrice Webb, Thomas Mann and Gandhi, and others.

Before we talk about suicide, we need to clarify this concept.

Suicide is the deliberate taking of one's own life. It is the result of the interaction of biological, genetic, ethnocultural, psychological, social and environmental factors. Joyner's interpersonal theory of suicide (IPTS) is one of the most common theories of suicide (Joiner, 2005). The desire to die, according to the author, occurs in the presence of two factors: abandonment (thwarted belonging) and perception of yourself as a burden.

Abandonment (frustrated belonging, loneliness). Social isolation, according to a large number of studies, is one of the most significant and reliable predictors of suicidal intentions, attempted and completed suicides on throughout your life.

The need for belonging is so strong, says T. Joyner, that it manifests itself even at the threshold of death. So, one of the farewell notes reads: "I am walking on the bridge. If at least one person will smile at me, I won't jump» [7].

Over the past two years, many prospective models and suicidal behavior courses have been developed to answer empirical questions about etiology (Barzilay and Apter, 2014b). [6]

In everyday life, the concepts of “suicide” and “suicidal person” are used to define a person’s self-directed, self-chosen behavior. However, these words are not inspired by all types of attached behaviors, and many of them are motivated by a desire to die or commit suicide. “Suicide” means death that is a direct or indirect result and is committed by the victim himself. [3].

According to A.G. Ambrumova and other well-known scholars, suicide is a phenomenon of socio-psychological inability of a person to commit suicide by people who cannot control their actions and are not accountable to them.

Most suicidal actions are aimed at re-establishing broken social ties with those around you, rather than deliberately depriving oneself of life. This is primarily due to suicidal behaviors among adolescents, as they tend to focus on those around them rather than on their own. [2].

We observe a slightly different view of suicidal behaviors during adolescence. Suicides are more common among adolescents than among children, and only a small proportion of them achieve their goals. Adolescent suicide rates do not exceed 1% of all suicide attempts [2]. The suicidal behavior at this age is demonstrative, including blackmail.

A. E. Lichko points out that only 10 percent of adolescents have a suicidal ideation (suicide attempt), and 90 percent are screaming for help [2]. B. N. Almazov examined a group of 14-18-year-olds who deliberately cut their veins, and found that only 4 percent of them had suicidal thoughts. Suicidal behavior in adolescents is often explained by the fact that young people do not have enough knowledge and life experience to correctly determine the purpose of their life and the ways to achieve it.

E. Sher identifies the following types of suicidal behavior:

- Invincible - characterized by the predominance of a clearly visible autoaggressive component. Autoaggression is a self-directed aggression that occurs in people with

changes in state of mind and psychotic states, as well as in people with organic trauma to the brain;

- Intentional suicide - the time, place and methods of suicide in this form are carefully planned and carried out in a practical manner;
- impulsive - characterized by sudden, unexpected;
- ambivalent - in this case the autoaggressive component and the behavior towards others are involved, as well as the ambivalent method of suicide is used. It is this type of people who commit suicide and say, "Help!" As a result of suicidal attempts. screams are applied.
- demonstrator - this is, as a rule, a reaction to a psychotraumatic situation, often committed in the presence of a suicidal person [2].

Research methodology: E.M. Vrono and A.G. Ambrumova came to the following conclusions by studying the personal characteristics of adolescents with suicidal behavior:

- most of them are characterized by impulsivity (sudden, unexpected);
- inability to analyze the decisions made;
- inability to see the consequences of their actions (inability to predict).

For suicidal adolescents - emotional instability is a characteristic feature that is characterized by causing conflict and often ending in suicidal behavior.

Most of the adolescents who committed suicide were characterized by high exposure, inability to think independently, and submission to the opinions of others, defining their own behavior based on the image of book or movie characters.

There are many motives and reasons that motivate a teenager to commit suicide, often the desire to draw the attention of parents, relatives and teachers to their problems in the foreground. Motives that lead to suicide often include: unbearable mental pain; loneliness, embarrassment for some behavior; feelings of hopelessness and helplessness; is to solve all problems through self-dissatisfaction, serious resentment, and suicide.

Factors that may lead a teen to commit suicide may include:

- Internal conflicts in the family due to excessive demands on the child or neglect of his identity.

- Disruption of the family structure (parental divorce, death of one of its members) plays an important role. Lack of a trusting relationship with parents is one of the strongest stimulants of suicide in adolescents.
- Conflicts at school. Often, a teenager's difficulties at school can lead to a decline in his or her self-confidence and a sense that he or she is insignificant to others.
- Unhappy or unrequited love. This is primarily because it is very difficult for teenagers to find a suitable partner and establish a relationship that satisfies both parties. Second, a deep psychological trauma leads to the emergence of strong emotions that seem unbearable.
- Financial and domestic difficulties. It's hard to tolerate material inequality in today's teens, one has "everything" and the other has "nothing".
- Depressive condition and mental illness (short-term or long-term) resulting from parental conflict or violence in the family
- As a result of aggressive advertising affecting the minds of adolescents in electronic media and on the Internet, which also promotes violence, aggression, murder and suicide.
- Genetic factors - some adolescents are prone to mental illness, which increases their risk of suicide.
- AIDS, cancer, and similar incurable diseases often lead to suicide.

Given the urgency of suicide prevention, many scientists have identified common symptoms for early detection of suicides and prevention of these cases:

- Symptoms of planned suicide: These may include words about dreaming of death and suicide or dying in a car accident, interest in suicidal devices and weapons, talking about losing the meaning of life, saying goodbye, or saying goodbye.
- Existence of suicidal experiences: Existence of suicidal experiences of close relatives, especially parents or friends, maximalism in all matters - intolerance, intolerance in all actions and decisions, making life black and white.

- The severity of living conditions: childhood in a troubled family; poor relations with loved ones at this stage of life; loss of loved ones; denial by society; severe illness, etc.
- Decreased human resilience to adversity: depression, stressful situations, weakness, weakness, illness, immediate pressure, physical and mental exhaustion, lack of knowledge and skills to overcome difficulties.

Symptoms of suicide:

1. Staying alone. Of course, every human being sometimes likes to be alone, which is a natural and normal state. But such a process (humanity, poverty, when a person is left to his own devices) takes too long and requires those around him to be vigilant if he avoids yesterday's friend and half-brothers.
2. Perseverance and tenacity. This is the case for everyone, and can be caused by the weather, fatigue or feeling unwell, family or service problems. However, a sudden drop in mood or joy can be a cause for concern. Such emotional instability can lead to death. may be messengers.
3. Depression. B is a state of deep emotional exhaustion that occurs differently in all people. Some people become withdrawn and self-absorbed, but disguise it in such a way that those around them do not notice the changes in their behavior. In such cases, the only way is to have a direct and open conversation with the person.
4. Aggression. Before committing suicide - it is characterized by anger, harsh treatment of others and aggression. Sometimes such behavior is to draw attention to the need to engage others in their behavior and help them, but it has the opposite effect - hatred for him (the suicide bomber) and self-abnegation. Instead of understanding him, he causes her to be discussed by his friends.
5. Appetite disorders. Lack of appetite or, conversely, overeating should be considered as a criterion for potential risk associated with thoughts of self-destruction.



6. Distribute gifts to others. People who have committed suicide are distributing their personal belongings to those around them, to their friends. From experience, we can say that this is a direct harbinger of unforeseen misfortune, in which case it is advisable to talk openly and seriously with the potential suicide to find out the purpose.
7. Mental trauma. Each person has limits to his or her own individual feelings, and his or her disorder can include behaviors, words, information that can cause severe mental trauma (moving away from home, physical and mental stress, new-found circumstances, parental separation, or death. , serious illness, personal problems) can cause him to commit suicide.
8. Behavioral Changes: Such situations require us to be vigilant. We need to pay attention to a poor person who suddenly jokes a lot with others, laughs a lot and talks a lot. Such a change is a deep feeling of loneliness and a mask of laughter. , indifference to life and communication.
9. Intimidation. All words about death must be taken seriously because they are direct warnings about death. In such cases, we should not be indifferent and aggressive towards the suicide bomber, as this may motivate him to achieve his goal faster. On the contrary, it is advisable to be patient with him and offer professional help if necessary.
10. Active preparation: collecting poisonous drugs and substances, leaving cartridges, drawing pictures of cemeteries and expressing them beautifully, thinking of death as a light process and talking about life after death.

There are some methods in the diagnosis of intrapersonal conflict:

1. "Diagnostics of internal conflict" by E. B. Fantalova, which is a set of techniques aimed at identifying the dominant values and conflicts of the individual, as well as ways of their emotional processing, which, in turn, reflects the deep individuality and specificity of the functioning of psychological defenses. The system helps to differentiate psychological individuals by values, conflicts and their emotional processing for various contingents, to analyze internal conflicts for the study of

persons with various kinds of deviations, as well as for all who need competent socio-psychological assistance and adaptation.

2. The existence of a relationship between interpersonal and intrapersonal conflicts can be determined using the method of the type of behavior in a conflict situation. Thomas, where five types of response in a conflict situation are identified. The predominance of one of the strategies indicates that the person focuses mainly on this line of behavior in the conflict. The choice of strategy is determined by personal and social factors. Orientation to a particular strategy depends on the prevailing attitude to others, the level of aggression. The choice of a conflict behavior strategy is influenced by a person's age, type of activity, and propensity to normative or antisocial behavior.

As well as methods for diagnosing suicidal orientation of the individual

1. The questionnaire of suicidal risk (modification of T. N. Razuvaeva)
3. Identification of suicidal risk in children (A. A. Kucher, V. p. Kostyukevich)
4. Determining the level of depression (T. I. Balashova)

Analysis and results: How can suicide be prevented? Studies show that the majority of young people who have attempted suicide or committed suicide have survived. They thought they just wanted to avoid problems because they didn't have the power to solve it the other way around. 75% of such children and adolescents had expressed their intentions in different ways: they were looking for an opportunity to speak and be heard; they pointed it out to their loved ones, acquaintances, but because they often encountered a wall they could not hear, they were not heard, understood, and taken seriously.

This is why children and adolescents in pre-suicide situations need more individual, group and family psychotherapy than ever before.

If a teenager is suspected of suicide:

- Inform the teen's parents or relatives about a possible accident.
- Ensure that the adolescent is monitored regularly, both at school and outside the family.
- Ensure that you receive qualified advice from a psychiatrist or psychotherapist. If necessary, carry out special treatment in a special institution.
- Establish a caring attitude towards the teenager - it is important to talk to him in the first minutes or hours after the suicide intentions are revealed, but the conversation should be in a sincere and friendly tone, not in a "nurturing" way.
- Avoid "cheap" comfort and insults.
- Temporarily protect your teen from stressful situations.
- Listen to him carefully and take any of his complaints seriously.
- Ask directly about his suicidal thoughts, intentions, plans.
- Find out what the teenager wants to change in themselves, in others, in the environment, in situations. Give him hope to return to a normal life by offering a constructive approach to overcoming the situation.

In such circumstances, special responsibility rests with the child's parents or guardians:

It is necessary to restore a trusting relationship with the child, to ensure that he or she speaks the full truth about what happened and the reasons that motivated him or her to take such action.

Suicide treatment. People who talk about suicide or are trying to commit suicide need to be taken seriously and given an immediate medical examination.

The treatment consists of two components:

- The first is: - security. In most cases, hospitalization is necessary, sometimes around the clock. It is necessary to remove all means leading to suicide (knives, weapons, medications, barriers to access to car and upstairs windows) and of course start outpatient treatment.
- The second: - treatment of the underlying disease. Depressive disorder and manic-depressive psychoses are usually treated with a combination of medication and psychotherapy.

Conclusion:

1. Timely diagnosis of conflicts is important for both prevention and constructive resolution;
2. Identification and timely resolution of intrapersonal conflicts among adolescents will help prevent child suicides;
3. An important role in the prevention of intrapersonal conflicts and child suicide is played by parents.
4. Conducting a set of training events (seminars, trainings, master classes) on the formation of positive child-parent relationships will serve as influencing factors for the prevention of suicide among adolescents.
5. The preservation of a child's mental health is achieved by building partnerships between schools and families, as well as by conducting systematic preventive and educational activities for both children and their parents.

Recommendations:

Recommendations for parents to prevent suicidal behavior of a child:

* establish a caring relationship with your child;	* give hope that all problems can be solved constructively;
* always take time to communicate	* help the teen realize their personal

	resources;
* be an attentive listener;	* support the child's successful implementation in the present and help determine the future;
* be sincere in communication, calmly and clearly ask about the disturbing situation;	* listen carefully to the teen!
* help identify the source of mental discomfort;	

Pay as much attention to your children as possible! You need to hear what they want to say, hear their pain, and react, gently and kindly show the way out. A person with such a problem does not see their situation adequately; they perceive reality in a distorted way.

Let's answer some questions that will help describe the picture of the relationship between you and your child.

1. Have you ever dreamed of having a baby?
2. Do you kiss her every day, say kind words, or joke with her?
3. Do you have a heart-to-heart talk with him every night and discuss the past day?
4. Do you spend free time with him once a week (movies, concerts, theater, visits to relatives, etc.)?
5. Do you discuss family problems, situations, and plans with him?
6. Do you argue with him about his style of dress, his appearance, his fashion,?
7. Do you know his friends (who are they? What do they do? Where do they live?)
8. Do you know about his free time, hobbies and activities?
9. Do you know his choice (favorite person) and sympathies?
10. Do you know about his enemies, rivals?
11. Do you know what her favorite subject is at school?
12. Do you know who her best teacher is in school?
13. Do you know what his favorite science is?
14. If you argue with him, are you okay to start talking first?
15. Do you insult or humiliate your child?

If you answered “Yes” to all the questions, it means that you are on the right parenting path, keeping the situation under control and helping your child through



difficult times. And if you have a “No” answer to a lot of questions, then you need to turn to your child and listen to him or her immediately before a disaster strikes!

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