

## SOCIAL PARAMETERS CHARACTERIZING PERSONALITIES OF PATIENTS WITH INCOMPLETE SUICIDES

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DOI: **10.5958/2249-7137.2022.00295.6**

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### ABSTRACT

*The growth of suicides among adolescents in our republic indicates the urgency of this problem and the need for its further study. The purpose of the study was to study the social characteristics (education, profession, marital status, family composition, family microclimate) of the personality of suicides. We studied 210(male 76-36.2%, female 134-63.8%)patients with incomplete suicides. The examination of suicides was carried out by pathopsychological, clinical and psychological, anamnestic and clinical-follow-up methods. As a result of the studies, it was revealed that the common cause of suicide is socially psychological maladaptation, arising under the influence of acute psycho-traumatic situations, impaired interaction of the person with her immediate environment.*

**KEYWORDS:** *suicide, personality, premorbid, character, accentuation.*

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### INTRODUCTION

The problem of suicides remains an urgent problem all over the world, including in Uzbekistan in 2009 it was 7.8 per 100,000 populations. The increase in suicides among adolescents in our republic indicates the relevance of this problem and the need for its further study [1]. Over the past five years, the number of suicides among young people in the Andijan region has increased 3 times. [5] This is a problem not only of psychiatry, but of all medicine in general. This is the most pressing social problem. [2]

Since practically healthy and persons with borderline disorders predominated among suicides, it is of particular interest to study the psychological characteristics of the personality of suicides, as well as their social characteristics [3,8]. This is explained by the fact that suicide is an individual behavioral response, determined not only by social and environmental factors, but also by the psychological and pathopsychological characteristics of a person in extreme life circumstances [6,9].

We conditionally called the complex of biological and social characteristics of the personality of suiciders in premorbid a complex of “social premorbid” personality characteristics [4]. This

complex included: character logical features of the personality, hereditary burden, as well as education, profession, marital status and age of suicides at the time of suicide [7,10].

**Purpose of the study:** to study the social parameters that characterizes the personality of patients with incomplete suicides (education, profession, marital status, family composition, family microclimate).

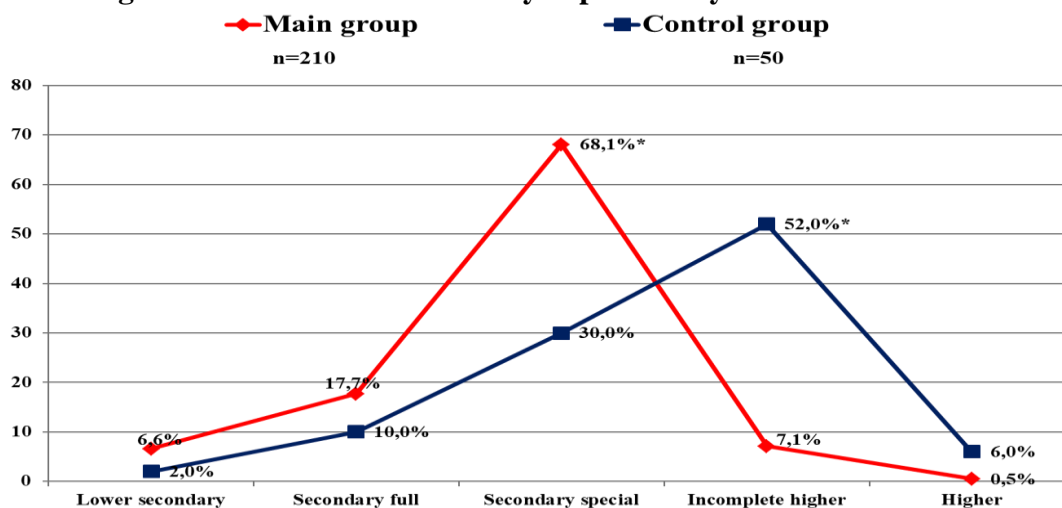
**Materials and methods.** To solve the tasks set, the persons who were after a suicide attempt in the toxicological, burn, neuro-reanimation and surgical departments of the Andijan branch of the RCEM were examined. We studied 210 patients with incomplete suicides. Of these, only 5 repeated a suicide attempt. According to our data, 210 suicides who attempted suicide were not under dispensary observation. The control group consists of 50 persons (healthy people - volunteers, workers, employees, students). Examination of suicides was carried out by pathopsychological, clinical-psychological, anamnestic and clinical-catamnestic methods.

**Results and discussions.** As the analysis of suicidal actions shows, in the suicides we examined, the suicidal behavior of most of them was associated with the impact of real, objectively and subjectively severe psycho-traumatic environmental factors that cause frustration of the vital needs of the individual and its socio-psychological maladaptation.

It should be noted that incomplete suicides are more often committed by people with low educational qualifications. It was revealed that the percentage of people with incomplete secondary education turned out to be the highest - this group is the most dangerous.

According to E. Durkheim (1912), the less a person is limited in his desires, the more difficult any restriction is for him. In his opinion, the higher the level of education, the higher the suicide rate.

**Diagram #1 Distribution of surveyed persons by level of education.**



According to our results, the professional affiliation of persons who have made suicidal attempts showed that they are most often observed in people with secondary education 143 (68.1%). Highly educated people are less likely to commit suicide 1 (0.5%). It should be noted that incomplete suicides are more often committed by people with low educational qualifications. Indicators of higher and incomplete higher among the control group 3 (6.0%) and 26 (52%).

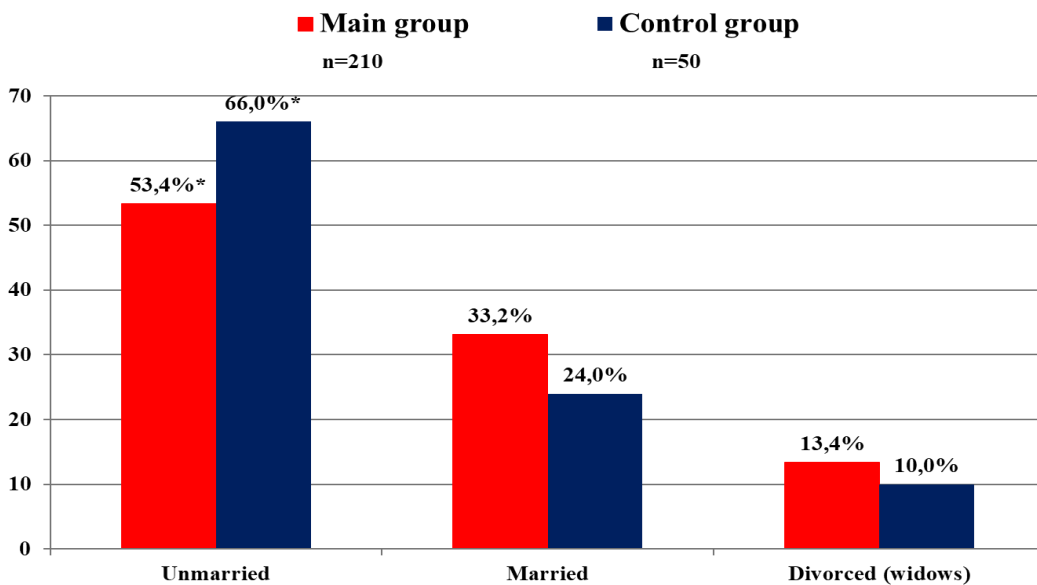
One of the significant factors of suicidal risk is professional status. The probability of suicide among the unemployed is 2-3 times higher than among the employed. It was revealed that the highest percentage was 67.6% who did not have a permanent job - 16.2%, 51.4% were housewives with incomplete secondary education. This group is the most dangerous. The distribution of the examined persons according to the level of profession in the control group showed: teachers 2 (4.0%), nurses and paramedics 6 (12.0%), students 19 (38.0%), students 11 (22.0%), housewives, unemployed 8 (16.0%) and unskilled labor 4 (8.0%).

The study revealed a low level of satisfaction with marriage, a lack of emotional attachment, mutual understanding and support between spouses, uncertainty about the stability of marriage, and a lack of a sense of security in women who commit suicide.

The risk of suicide in married and unmarried people is currently the same, which is explained by conflict in the family. At the same time, divorce and widowhood remain suicidal risk factors. Family breakdown is also a powerful factor associated with suicide. In these individuals, voluntary departures from life are much more common.

From our results it can be seen that the largest number of suicides are unmarried and unmarried 112 (53.4%). Only 70 (33.2%) are married. Less commonly, suicidal attempts are noted among divorced 16 (7.6%) and widowed 12 (5.8%). These data reflect the population patterns of mating behavior. The number of surveyed persons, the highest indicator in the control group, is unmarried 33 (66.0%).

**Diagram #2 Distributions of surveyed persons depending on marital status.**



These data reflect the population patterns of mating behavior. Having analyzed the causes of suicide, personal-family conflicts and interpersonal and intrapersonal relationships came out on top.

However, for adolescents, these are most often not total violations, but violations of communication with loved ones, with the family.

It should be noted that the main causes of suicide are family and micro-social factors. Conflicts in the personal and family spheres were the predominant motives for suicidal acts. These include unfair treatment (insult, accusation, humiliation) on the part of relatives and others, lack of attention, care on the part of others. The majority of suicides (53.4%) were not married and lived with their parents. Relations with family members were formal 137 (65.3%) and poor 55 (26.2%), frequent conflicts with parents. The relationship between parents and children has not always been normal. The immediate reasons that pushed them to give up life, as a rule, are closely connected with their immediate environment - the family. The analysis showed that the relationship with family members in the control group was good 35 (70%).

The surveyed suicides made suicide attempts for the following reasons: personal-family conflicts 129 (61.4%), 28 (13.8%) wanted to prove their significance, 27 (12.8%) misunderstanding of their feelings, 12 (5.7%) insult from others, 14 (6.7%) material and domestic difficulties.

All the results obtained were statically processed, which made it possible to check the discovered pattern and compare the main indicators with each other, that is, to determine the reliability of the influence of various factors on the prognosis of the disease, to establish the degree of this influence and to determine the nature and strength of the relationship between prognostic factors and psychopathological conditions after an incomplete suicide. , as well as to compare the indicators of psychotherapy in complex treatment and for suicides after an incomplete suicide.

**CONCLUSIONS:** Our studies have shown that the common cause of suicide is socio-psychological maladaptation that occurs under the influence of acute psycho-traumatic situations, violations of the interaction of the individual with his immediate environment.

## REFERENCES

1. Abdrakhimova RG. Infantilism of adolescents and statistics of adolescent suicides in Russia [Text] . Approbation. 2014;(11): 79-81.
2. Aniskin DB. Socio-psychiatric aspects of the problem of suicides in Russia. Social and forensic psychiatry: history and modernity. Materials of the anniversary conference. Moscow: Publishing house of the SSC SiSP im. V.P. Serbsky, 2016. pp. 13-16
3. Bannikov GS, Pavlova TS, Koshkin KA. Potential and actual risk factors for the development of suicidal behavior in adolescents (literature review) [Text]. Suicidology. 2015;6(4):21-33.
4. Butylina NV, Kadina TI, Pechernikova TP. Suicidal stressful conditions (Based on the materials of full-time and post-mortem forensic psychiatric examinations). Social and forensic psychiatry: history and modernity. Materials of the anniversary conference. Moscow: Publishing house of the SSC SiSPim. V.P. Serbsky, 2016. pp. 330-334
5. Dolgova TA. Psychology of suicidal behavior. Man: crime and punishment. Collection of materials of the scientific-theoretical conference. Ryazan: Acad. law and administration of the Ministry of Justice of Russia, 2014. pp. 168-170
6. Dmitrieva NV, Korolenko TP, Levina LV. Psychological characteristics of the personality of suicidal adolescents [Text]. Bulletin of the Kemerovo State University. 2015;61(1):127-134.

7. Zotov PB. Suicidal behavior: the role of the “external key”, as an element of suicidal dynamics and an object of psychotherapy [Text]. *Russian Medical and Biological Bulletin*. 2015;(4):133-137.
8. Akechi T, Iwasaki M, Uchitomi Y, Tsugane S. Alcohol consumption and suicide among middle-aged man in Japan. *Br. J. Psychiatry*. 2006;188: 231- 236.
9. Bomyea J, Lang AJ, Craske MG, Chavira D, Sherbourne CD. Suicidal ideation and risk factors in primary care patients with anxiety disorders. *Psychiatry Research*. 2013;(4):31- 38.
10. Fergusson DM, Boden JM, Horwood LJ. Unemployment and suicidal behavior in a New Zealand birth cohort: a fixed effects regression analysis. *Crisis*. 2007;28(2): 95- 101.