

Suicide as a Social Problem among Young People and Adolescents in Aktobe City

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Abstract: The purpose of this article is to study the cause-effect relationship leading to suicide based on the results of two questionnaires conducted in Marat Ospanov State Medical University (Aktobe city).

Method: The study involves two questionnaire surveys (2016 and 2017 years) of 1,000 1st-4th year students of the West Kazakhstan Marat Ospanov State Medical University based on the Beck Scale for Suicidal Ideation (aimed at determination of the level of depressive state, the portrait of a suicide) and the second similar questionnaire involved 500 respondents of the same University using the Dembo-Rubinstein method in Prikhozhan's modification, that is aimed at determining the level of self-esteem and aspiration.

Results: The questionnaires conducted in Marat Ospanov State Medical University allowed to determine the levels of suicidal behaviour among young people and adolescents of Aktobe city as well as determine the criteria, levels and reasons of suicidal intentions in percentage and by gender criterion. The results are partially presented in the form of diagrams.

Conclusions: The study may be used for developing the complex methodologies of suicide prevention among young people and adolescents in Aktobe city and everywhere in the world where such a problem arises sharply. Such a kind of study was firstly conducted with usage of declared methods in Aktobe city.

Keywords: Suicide, young people, adolescents, suicide, depression, self-esteem.

INTRODUCTION

Suicide is a difficult subject, which is not discussed openly in our society, especially when it comes to a child or adolescent suicide. Over the past decade, the number of suicides among young people has increased three-fold. According to the American Academy of Child and Adolescent Psychiatry, suicide is the second leading cause of death for children, adolescents, and young adults age 15-to-24-year-olds [1]. Therefore, the problem of suicide among young people continues to be relevant.

J. Bilsen investigates the risk factors in the dilemma of interrelations of suicide and youth: he considers mental disorders, previous suicide attempts, specific personality characteristics, genetic loading and family processes in combination with triggering psychosocial stressors, exposure to inspiring models and availability of means of committing suicide to be the main factors of suicide occurring [2]. Moreover, J. Rosenberg presumes that mental health problems are on the rise among adolescents and young adults because of the destructive influence of social media as a driver behind the increase [3,4]. Different points of view on the

problem of suicide and adolescent mental health are under the researchers' consideration in the works of S.L. Cash [5], R.M. Johnson [6], M.D. Anestis [7].

According to Durkheim, "the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" [8]. He distinguished between four subtypes of suicide:

- a) egoistic;
- b) altruistic;
- c) anomic;
- d) fatalistic.

Suicide is a conscious act of elimination from life under the influence of acute psychotraumatic situations, in which life loses its meaning. It is voluntary self-destruction, carried out in connection with certain moral, social, religious, and philosophical attitudes. Besides, suicide can arise during an existential crisis or be a consequence of a physical illness or circumstances considered to be hopeless by the patient. Suicide is often provoked by mental illness. Mental health professionals view suicide as a way of avoiding an intolerable situation, an auto aggression act and/or a call for help.

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Any external or internal activity directed by the desire to deprive oneself of life can be called suicidal. When internal activities are diagnosed in advance, the act of suicide can be averted and prevented from being manifested in external behaviour [9].

Internal suicidal manifestations include:

- suicidal thoughts; death fantasies ("to fall asleep and never wake up", "if something happened to me, and I would die");
- suicidal ideation: thinking over ways of suicide, choosing its means and time;
- suicidal intentions: the will component is attached to ideation; the person adjusts himself to the action.

External forms of suicidal behaviour include:

- suicidal attempts: targeted acts of behaviour aimed at depriving oneself of life that did not result in death;
- completed suicide: actions that result in the death of a person.

MATERIAL AND METHODS

Suicidal behaviour has increased since the onset of the global recession, a trend that may have long-term health and social implications [10]. World science has long established that the act of suicide accumulates many factors: social, economic, political, philosophical, psychological, and religious [10]. But in general, the level of suicides (their number per 100 thousand population) and their dynamics are the most important indicators of social well-being or unhappiness of a given environment. Ch.B. Cha *et al.* identified key patterns and gaps in knowledge that should guide future work on exploring the suicide factors. Regarding epidemiology, the prevalence of suicidal thoughts and behaviours among youth varies across countries and sociodemographic populations [11]. M. Quinlan-Davidson *et al.* explore multiple subjects of suicide in the American countries and the US territory. Even the most developed countries suffer from suicide activity among young people. The study of the above-mentioned authors was conducted using a time series of suicide mortality data from 19 countries and one territory in the Region of the Americas from 2001 to 2008, comprising 90.3% of the regional population. The analyses included age-adjusted suicide mortality rates,

average annual variation in suicide mortality rates, and relative risks for suicide, by age and sex. The three leading suicide methods in the Americas were hanging, firearms, and poisoning [12].

According to statistics, suicide takes second place among the causes of death of people aged 15-29 years. 30% of patients who attempted suicide sooner or later repeat it and 10% do not give up until they realize their intention. The treatment of severe mental disorders, when there is a threat of another attempt at suicide, is carried out by specialists in the field of psychiatry. Persons without mental illness who have a history of attempted suicide and who need specialized care can be followed up by psychotherapists and clinical psychologists. M. Olfson *et al.* explore the consequences of suicide attempts: after nonfatal self-harm, adolescents and young adults were at markedly elevated risk of suicide. Among these high-risk patients, those who used violent self-harm methods, particularly firearms, were at especially high risk underscoring the importance of follow-up care to help ensure their safety [12].

J.C. Blader tells that "...people overwhelmed with anguish and hopelessness defy that imperative and, with alarming frequency, strongly consider or enact suicidal behaviour". For example, "...in the United States, the most perilous time of life for suicide-related thought, behaviour, and fatality is young adulthood, roughly 18 to 25 years of age" [12].

Recently, suicide has become more frequent among young people. The subject of suicide is most often discussed in the youth environment, and the number of such deaths among young people has increased in recent years. Young people, experiencing the crisis of consciousness in certain years (coinciding with puberty), are prone to be distressed and resort to extreme solutions [13-14].

Based on the findings of different studies, one can present a generalized psychological portrait of suicide. Such a person is characterized by both low self-esteem and a high need for self-realization. This is a sensitive, empathetic person with a reduced ability to endure pain. He is distinguished by high anxiety, pessimism, the tendency towards self-incrimination and black-and-white (dichotomous) thinking. The following features can also be mentioned: the difficulties of strong-willed effort and the tendency to avoid solving problems, the tension of needs and desires, the inability to find ways to satisfy them, the refusal to find a way out of difficult

situations, the low level of self-control, the inability to weaken the neuropsychic tension, emotional instability, impulsiveness, increased suggestibility, uncompromising and the lack of life experience [15-17].

The psychological meaning of adolescent suicide is a cry for help, a desire to draw attention to one's suffering. There is no real desire, but the idea of death is extremely indistinct and infantile. Death is represented as a desirable long sleep, rest from adversity and a way to get into another world. It is seen as a means to punish offenders.

According to WHO and UNICEF, Kazakhstan has been among the top three countries in terms of suicide rates among adolescents for 10 years. Adolescent suicides reached a peak in 2008. During this period, Kazakhstan ranked first in the number of suicides committed by boys and girls aged 15-19. The UNICEF report 2013-2014 says that for several years Kazakhstan has been included in the group of countries in which suicide is one of the main causes of death among adolescents and young people.

For a more thorough and in-depth analysis of the nature of suicide, it is very important to understand the motives behind suicidal actions. In different situations, there may be different motives for suicidal behaviour [18].

The results of obtained in a present article survey are based on two questionnaires conducted in 2016 and 2017 years:

- 1) 2016 – a questionnaire survey that involved 1,000 students of the 1st-4th year studying at the West Kazakhstan Marat Ospanov State Medical University based on the Beck Scale for Suicidal Ideation, which determines the level of depressive state and the portrait of a suicide. Using the Statistika 10 program, Pearson's chi-squared test statistic was calculated, with a significance level of $p=0.05$;
- 2) 2017 – a questionnaire survey for the same sample, which involved 500 respondents of West Kazakhstan Marat Ospanov State Medical University. The questioning was conducted according to the Dembo-Rubinstein methodology in Prikhozhan's modification.

RESULTS

The first mentioned questionnaire that involved 1,000 respondents of the 1st-4th-year students of the

West Kazakhstan Marat Ospanov State Medical University demonstrated the results that allowed to build a correlation established between the nature of suicide and the factors leading to it. The Beck Scale for Suicidal Ideation allows determining the following levels of depressive syndromes:

- no depression (0-9);
- mild depression (10-15);
- mild-moderate depression (16-19);
- moderate-severe depression (20-29);
- severe depression (30-63).

The questionnaire results showed that 32.2% of the respondents had no depressive symptoms, 24.6% had mild depression, 11.5% - mild-moderate depression, 26.5% moderate-severe depression, and 5.2% - severe depression (Figure 1).

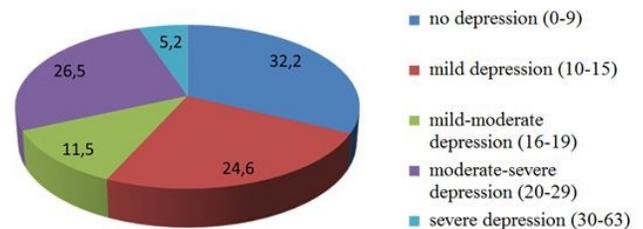


Figure 1: Questionnaire results showing the levels of depressive state.

The questionnaire survey of 2016 within Marat Ospanov State Medical University allowed identifying significant causes of suicide, among which there are following (Figure 2):

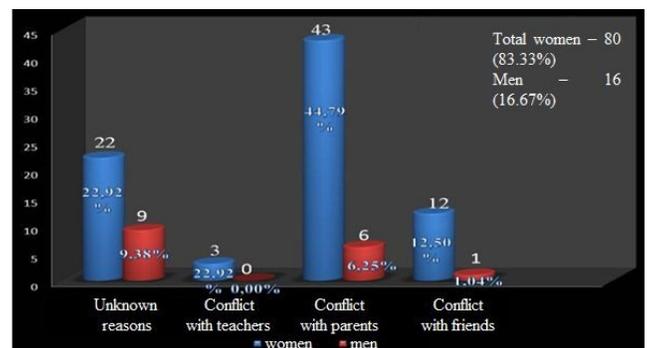


Figure 2: Significant causes of suicide.

- (a) conflict with parents: women – 43 (44.79%), men – 6 (6.25%);
- (b) conflict with friends: women – 12 (12.50%), men – 1 (1.04%);

- (c) conflict with teachers: women – 3 (22.92%), men – 0 (0.00%);
- (d) unknown reasons: women – 22 (22.92%), men – 9 (9.38%).

2017-year questionnaire by Dembo-Rubinstein methodology in Prikhozhan's modification helped to determine two significant factors: the level of aspiration and the level of self-esteem. The level of aspiration showed that 264 (90-100%) respondents had a very high level of aspiration, 203 (60-89%) – a realistic level of aspiration, and 33 (60%) – an understated level of aspiration. The level of self-esteem showed that 216 (75-100%) respondents had inflated self-esteem, 221 (45-74%) – high self-esteem, and 63 (45%) – low self-esteem (self-offence).

DISCUSSION

Studies on the student population conducted by the Department of Clinical Psychology and Psychotherapy of the Moscow State University of Psychology and Education confirm the important role of perfectionism as a factor of suicidal behaviour.

Statistical analysis of the incidence of suicidal ideation in the student population showed that the level of suicidal readiness in a group with a high perfectionism index was significantly higher (43% indicated the presence of suicidal thoughts and desires) than in a group with a low index (10% indicated the presence of such thoughts and desires) ($p=0.012$).

In the group of students with a high level of hostility, the average index of suicidal tendencies was significantly different ($p=0.016$): suicidal thoughts and desires were expressed by 34% of students in the Beck depression questionnaire, while in the group with a low level of hostility – by 10%, i.e. more than three times less. Suicidal thoughts and intentions are found almost twice as often in students with a low level of social support as in students with a high level of social support ($p=0.060$) (27% and 15% of students, respectively). Finally, as mentioned above, suicidal thoughts and intentions occur in 40% of students in the group with a high level of family dysfunction, and in 13% - in the group with a low level ($p=0.015$) [18].

As a result of the questionnaire survey, we found out that 67.8% of respondents had depressive symptoms. These symptoms are characterized by a

sad mood, some decrease in activities and interests, frustration, a decrease in self-esteem, suicidal thoughts, intentions and attempts. According to our data, in 44.79% of women and 6.25% of men, the main cause of suicide was a conflict with parents (family conflicts).

In the Samara State University, a study was conducted, entitled Self-Perception and the Satisfaction of Physical Self in Girls with Eating Disorders [18]. One of the methods used was the Dembo-Rubinstein method in Prikhozhan's modification.

The experimental group consisted of 20 patients aged 16-21 from the Samara psychiatric hospital and psychoneurological dispensaries. The control group consisted of 20 1st-5th year medical university students. All the respondents of the experimental group had a pronounced body mass deficit (mean weight – 48.2 kg). The study was anonymous. According to the results of the self-esteem diagnostic method, the girls of the experimental group, as opposed to the girls of the control group, had significantly lower scores on the scales: health, relationship with parents, relationship with others, appearance, and self-confidence [18].

The results of our study based on the Dembo-Rubinstein method in Prikhozhan's modification show that the majority of respondents have high self-esteem (44.2%) and inflated self-esteem (43.2%). Such inflated self-esteem can indicate personal immaturity and inability to correctly assess the results of one's own activities and compare oneself with others. Besides, inflated self-esteem may indicate significant distortions in the formation of personality – "closedness" for experience, insensitivity to one's own mistakes, failures, remarks and assessments of others.

However, the present study has a range of limitations:

- the current survey is limited by one educational institution;
- surveys/questionnaires were conducted within two years, it is interesting to conduct such a slice of extended cut-diagnostics every year to identify the level of susceptibility to suicidal behaviour and motives for the formation of suicidal character types;
- it is important to involve other forms of diagnostics of the level of suicidal behaviour

- among young people to avoid errors/inaccuracies;
- there is a need for research to implement the social policy line to reduce suicidal attitudes among youth and adolescents;
 - the results of the questionnaire show gender differences in factors affecting the emergence of suicidal behaviour, therefore, the problem of developing different strategies to combat suicidal ideation not only depending on the age, the social role of the respondent, but also gender.

Such limitations cause the perspective of further investigations within the niche in Kazakhstan and worldwide.

CONCLUSION

The Beck scale made it possible to determine that the majority of respondents have no depressive symptoms, or such symptoms are expressed in a mild and moderate form. The other respondents suffer from moderate and severe depression characterized by delusional ideas, the loss of self-esteem, the feeling of worthlessness, or the feeling of guilt.

To achieve the purpose of this study, we identified the following causes of suicide. The main cause is a conflict with parents. Besides, suicide may be caused by conflicts with friends/teachers, or unknown reasons.

The second stage of the study based on the Dembo-Rubinstein method showed that the majority of respondents have a non-critical attitude toward themselves, which indicates immaturity. 40.6% of respondents have a realistic level of aspiration, indicating an optimistic view of their capabilities. A small part of respondents has a lowered level of aspiration, which indicates the unfavourable development of the personality.

Other respondents tend to underestimate themselves. There are very few students with such self-esteem, but all of them constitute a "risk group" by personal development and deserve close attention from the psychologist. As shown by studies, low self-esteem can conceal two completely different psychological phenomena: genuine self-doubt and "protective" self-doubt, when declaring one's own inability by saying "nothing will come out of it" allows to make no efforts or to substitute activity by an attitude towards it.

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