



Analysing Suicide Risk Factors

1. **Mamataliev Avazbek Ruzuvaevich Mamataliev**
2. **Shakirov Sardor Abdusaminovich**
3. **Aminjonov Sardorbek Akmalxonovich**

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¹ Candidate of Medical Sciences,
Associate Professor

Andijan State Medical University

² Candidate of medical sciences
Andijan State Medical University

³ Andijan State Medical University

Abstract: Suicidal thoughts and intentions, according to a number of recent studies, occur in children and adolescents several times more often than actual suicide attempts. In this connection, the problem of diagnostics and identification of factors that can increase the risk of suicidal activity becomes acute. The dichotomy "reactive/proactive aggression" is considered as one of such factors in this article. The concepts of reactive and proactive aggression introduced by K. Dodge and J. Coy. The concepts of reactive and proactive aggression, introduced by C. Dodge and J. Coya in the 1980s, are used to designate patterns of behaviour that arise as a result of frustration (provocation) or are formed in the absence of obvious external causes and are themselves aimed at provocation.

Key words: suicide, suicidal intentions, suicide risk factors, reactive aggression, proactive aggression, adolescents, drug addiction, deviant behaviour.

Introduction

In the course of a study of adolescents with deviant (addictive, delinquent and criminal) behaviour undergoing rehabilitation in a narcological dispensary, the prevalence of reactive aggression over proactive aggression was established. Such personal predictors of self-destructive behaviour as demonstrativeness, affectivity, low self-esteem and feeling of their own inadequacy, social pessimism, lack of stable goals in the future, problems in interpersonal relations, including with close relatives, as well as the presence of signs of social maladaptation were revealed. Positive correlations of reactive aggression with demonstrativeness, affectivity, perception of personal problems as unique, lack of time

perspective, tendency to delinquent, addictive and aggressive behaviour, and health disorders have been established. Proactive aggression is positively correlated with such indicators as affectivity, breaking down cultural barriers, propensity to addictive behaviour and violence, and impaired interpersonal interaction. At the same time, negative correlations were found between proactive aggression and such suicide risk factors as demonstrativeness and tendency to self-destructive behaviour. In general, according to the results of the study, reactive aggression is more likely to increase the risk of suicidal tendencies, while proactive aggression is more common in persons with antisocial orientation.

Suicidology and addictology- the state of reactive depression. The catalyst mechanism of natural approach of death (n=7; 6.6%), was characterised by the fact that the patient actually had an extremely severe somatic disease (oncological, decompensation of cardiac and respiratory activity, etc., associated with living in an environmentally unfavourable region). In case the person realised himself as a "burden" for the nearest microenvironment, suicide developed according to the mechanism of "protection of the society", "sanitation of the society" (n=15; 14,3%). According to the mechanism of recognition of defeat of vital values (n=2; 1,9%) suicide was formed at the moment when all vital foundations, ideals, values collapsed in a person. Suicidal actions on the mechanism of demonstrative protest, argument, argument, blackmail (n=11; 10,5%) were noted under the condition when the person resorted to suicide with the purpose to prove something, to draw attention to himself etc. This type of autoaggression is characteristic of egocentric personalities with developed hysterical radical. In 37 patients (35.3%) suicide was an element of the psychotic picture of the disease [4, 5]. Suicidal thoughts and intentions, according to a number of recent studies, occur in children and adolescents several times more often than actual suicide attempts. In this regard, the problem of diagnosis and identification of factors that can increase the risk of suicidal activity is acute. The dichotomy "reactive/proactive aggression" is considered as one of such factors in this article. The concepts of reactive and proactive aggression introduced by K. Dodge and J. Coy. The concepts of reactive and proactive aggression, introduced by C. Dodge and J. Coya in the 1980s, are used to designate patterns of behaviour that arise as a result of frustration (provocation) or are formed in the absence of obvious external causes and are themselves aimed at provocation. In a study of adolescents with deviant (addictive, delinquent and criminal) behaviour undergoing rehabilitation in a narcological dispensary, the prevalence of reactive aggression over proactive aggression was established.

Such personal predictors of self-destructive behaviour have been revealed as demonstrativeness, affectivity, low self-esteem and a feeling of failure, social pessimism, lack of stable goals in the future, problems in interpersonal relations, including with close relatives, as well as the presence of signs of social maladjustment. Positive correlations of reactive aggression with demonstrativeness, affectivity, perception of personal problems as unique, lack of time perspective, tendency to delinquent, addictive and aggressive behaviour, and health disorders have been established. Proactive aggression is positively correlated with such indicators as affectivity, breaking down cultural barriers, propensity to addictive behaviour and violence, and impaired interpersonal interaction. At the same time, negative correlations were found between proactive aggression and such suicide risk factors as demonstrativeness and tendency to self-destructive behaviour. In general, according to the results of the study, reactive aggression is more likely to increase the risk of suicidal tendencies, while proactive aggression is more common in persons with antisocial orientation. According to L. Greening et al. (2010), less than 1% of

100000 children aged 5 to 14 years make suicide attempts [10]. The authors note that despite this fact, significantly more children and adolescents think about suicide. Implemented in human behaviour, various forms of aggression can increase the risk of suicidal behaviour, including suicidal thoughts, actions and actual suicide attempts.

In addition to studying the influence of aggression and aggressiveness on suicidal behaviour, the question of the typology of aggressive actions remains important. L. Greening (2010) suggests classifying aggression according to two main criteria: according to the sources of formation (aggression as a reaction to provocation and purposeful aggression) and according to the form of manifestation (direct and indirect) [1,3].

Reactive aggression (caused by provocation or frustration) is presented in the frustration theory of L. Berkowitz (1993) and is defined as an impulsive response to a frustrating situation or threat from others. Proactive aggression is one of the central aspects of A. Bandura's social learning theory and represents deliberate and planned actions that are motivated by external reinforcements. Despite the similarity of the two types of aggressive behaviour, as well as the scepticism of some scientists [6] about the feasibility and practical value of such a typology of aggression, a number of authors [7] stress that there are reliable differences in external behavioural manifestations between reactive and proactive aggression. Thus, it is noted that proactive aggression is positively correlated with pathocharacterological personality traits and antisocial behaviour while reactive aggression is correlated with emotional disorders, victimhood and avoidant behaviour [9].

It has been proven [1,8] that reactive aggression is related to depressive disorders. Obviously, this relationship also affects the likelihood of suicidal manifestations due to the impulsive nature of reactive aggression.

The issue related to gender peculiarities of aggressive and suicidal manifestations also acquires practical significance. It is noted that men are more prone to completed suicide, while women are more characterised by suicide attempts and suicidal ideation [1,6]. Data from a study of British adolescents and young men aged 8 to 18 years showed that depression was a risk factor for suicidal behaviour in both boys and girls, however, it had a greater impact in the male sample [9]. Interestingly, in this study, the propensity for antisocial behaviour served as a risk factor for suicidal behaviour mainly in the girl group and only in combination with high scores on the depression scale. H.Z. Reinherz et al. [5] also showed that aggressive and antisocial behaviour had a significantly greater influence on the occurrence of suicidal manifestations in girls than in boys. However, male adolescents hospitalised for suicide attempts showed higher intensity and severity of behavioural disorders. A number of authors [2] also prove the hypothesis that behavioural disorders (including delinquent behaviour) in the population are more frequent in boys than in girls. Based on the above, the purpose of the present study was to identify the relationship between the manifestations of reactive and proactive aggression and the propensity to suicidal behaviour in deviant adolescents. It is important to emphasise that, according to a number of authors [3, 7], proactive aggression is associated with psychopathy in adolescence. In particular, proactive aggression may be due to certain character traits (cruelty, callousness) or lack of guilt and remorse for misdemeanours, which is often accompanied by a lack of empathy. However, this relationship has yet to be empirically confirmed.

Conclusions. The most frequent cause of suicides in late age is psychopathological symptomatology of psychotic level. The second most important motive of suicidal actions is the mechanism of "saviour". On the third position is the mechanism of "sanitiser of society".

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