



THE PSYCHOLOGY OF SUICIDAL BEHAVIOR AND ITS ESSENCE

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Annotation: This article deals with psychological foundations and essence of suicidal behavior. It delves into the emotional, cognitive, and behavioral aspects that contribute to suicidal ideation and attempts. By analyzing key theories, risk factors such as mental illness, trauma, and social isolation are discussed. The article also highlights warning signs, psychological patterns, and the role of protective factors in prevention. Special attention is given to therapeutic strategies and the importance of early intervention. Through a comprehensive review of psychological literature, the article aims to deepen the understanding of suicidal behavior and promote effective measures for reducing suicide rates.

Key Words: psychology, suicidal behavior, society, mental, health, challenges.

Introduction. Understanding the psychology of suicidal behavior is crucial in today's society, where mental health challenges are increasingly prevalent. Suicide not only results in the loss of life but also leaves deep psychological scars on families, communities, and societies. Studying the psychological roots, risk factors, and emotional states that lead individuals to suicidal actions is essential for developing effective prevention, intervention, and support strategies. Through a deeper exploration of the essence of suicidal behavior, mental health professionals, educators, policymakers, and society at large can create safer environments, offer timely assistance, and reduce the stigma associated with seeking help.

Literature Review. In the following, we will analyze several psychological theories attempt to explain why individuals engage in suicidal behavior:

Durkheim's Sociological Theory [5]: Emphasizes the role of social integration and regulation. He identified egoistic, altruistic, anomic, and fatalistic suicides based on the individual's relationship with society.

Joiner's Interpersonal Theory of Suicide [6]: Proposes that suicide results when individuals feel a sense of perceived burdensomeness, thwarted belongingness, and acquire the capability for lethal self-harm through habituation to pain and fear.





The Cognitive Model [2]: Focuses on the presence of cognitive distortions, such as hopelessness and negative thought patterns, that drive suicidal ideation.

Escape Theory [1]: Suggests that suicide is seen as a means to escape unbearable self-awareness and emotional pain.

Risk Factors:

Mental Illness: Depression, bipolar disorder, schizophrenia, and personality disorders are strongly correlated with increased suicide risk. Studies show that up to 90% of individuals who die by suicide have a diagnosable psychiatric disorder [4].

Trauma: Experiences such as childhood abuse, sexual assault, military combat, and other traumatic events significantly raise suicide risk. Trauma often leads to PTSD and complex grief, which intensify suicidal thoughts.

Social Isolation: Loneliness, rejection, or a lack of meaningful social connections are profound risk factors. Social disconnectedness, especially among adolescents and the elderly, can lead to feelings of purposelessness and despair [7].

Warning Signs: Verbal cues such as talking about death or wanting to die. Behavioral changes like withdrawal from activities, giving away possessions, or increased substance use. Emotional shifts including heightened irritability, depression, hopelessness, or rage.

Psychological Patterns:

Hopelessness: A strong predictor of suicidal ideation and behavior [3].

Impulsivity and Aggression: Particularly linked to suicide attempts in younger populations.

Perfectionism: Unrealistic self-demands and fear of failure are common traits among individuals at risk.

Protective Factors:

Strong family and community support networks.

Access to mental health care and interventions.

Problem-solving and coping skills training.

Religious and cultural beliefs that discourage suicide.

Sense of purpose and connectedness to others.

Furthermore, the causes behind suicidal behavior remain not fully understood, but it is clear that this behavior stems from the complex interplay of multiple factors. Although various risk factors have been identified, they do not fully explain why individuals attempt to end their lives. This review highlights recent advancements in theoretical, clinical, and empirical psychological





research concerning the origins of suicidal thoughts and actions, placing particular emphasis on the critical role of psychological elements. Factors such as personality traits, cognitive processes, social influences, and adverse life experiences significantly contribute to suicidal behavior. Despite this, the majority of individuals experiencing suicidal ideation or behavior do not receive professional help. While some research indicates that cognitive and behavioral therapies may lower the risk of repeated suicide attempts, there is still very limited knowledge regarding protective factors against suicide. Therefore, there is an urgent need to develop new psychological and psychosocial interventions [8].

DISCUSSION. Suicide remains one of the leading causes of death, yet it is still poorly understood and under-researched. Based on existing findings from both neurobiological and psychological fields, two primary categories of suicide risk emerge: (a) impaired impulse control and (b) heightened susceptibility to intense psychological pain (such as feelings of social isolation or hopelessness), typically occurring within the context of mental illnesses, particularly mood disorders. These risk factors are at least partially influenced by specific genetic and neurobiological mechanisms, although these mechanisms remain insufficiently defined. There is growing agreement, however, that many of these factors are associated with the serotonergic system. The authors advocate for future research that is both conceptually rigorous and broadly scoped, aiming to explain the complex range of suicide-related phenomena from molecular biology to cultural influences [10].

Suicidal behavior remains one of the leading causes of injury and death across the globe. Understanding its epidemiology is critical for shaping effective policies and preventive strategies. In their study, the authors analyzed government statistics on suicide and carried out a systematic review of research published between 1997 and 2007 concerning the epidemiology of suicidal behavior. Suicide rates are higher among men, while nonfatal suicidal behaviors are more common among women, young individuals, unmarried people, and those with psychiatric disorders [11]. Although the number of individuals receiving treatment for suicidal tendencies has risen over the past decade, overall rates of suicidal behavior have remained largely stable. Most existing epidemiological research has concentrated on identifying prevalence patterns and associated factors. Future research should prioritize studying the combined influence of changeable risk and protective factors [11].





Positive psychology plays a significant role in enhancing the understanding and treatment of suicidal behavior. By concentrating on human strengths and virtues, it offers valuable insights into the protective and resilience factors that can help shield individuals from suicidal thoughts and actions. The principles of positive psychology are also crucial in shaping therapeutic approaches for those struggling with suicidality. Positive experiences—such as optimism, good health, hope, creativity, and expansive thinking are essential in both understanding and reducing suicidal tendencies. Research in health psychology further demonstrates that positive emotions contribute to better physical health. Positive psychology may act as a key mechanism in breaking the link between poor health and negative emotions, which are often precursors to suicidal behavior [9].

CONCLUSION. Thus, early intervention plays a critical role in the successful management and treatment of psychological, emotional, and behavioral issues. Addressing problems at their initial stages often prevents them from developing into more severe disorders and promotes healthier long-term outcomes. In this context, the implementation of well-designed therapeutic strategies is essential for effective prevention and correction. Therapeutic approaches such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), family therapy, and mindfulness-based interventions have demonstrated strong effectiveness in mitigating symptoms and promoting resilience. These methods focus on helping individuals develop coping mechanisms, reframe negative thinking patterns, and build emotional regulation skills. Early identification of risk factors — including trauma, social isolation, or early signs of anxiety and depression — allows for timely therapeutic action. School-based programs, regular mental health screenings, and training teachers and caregivers to recognize warning signs are crucial measures. Interventions delivered during the formative years can significantly impact emotional regulation, academic performance, and social integration, fostering positive development.

Thus, therapeutic strategies are most effective when applied early, targeting not only symptom reduction but also the underlying factors contributing to behavioral and emotional difficulties. A proactive and preventative focus is essential for nurturing well-being and supporting lifelong mental health.

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