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SOCIO-DEMOGRAPHIC AND PSYCHOLOGICAL CHARACTERISTICS OF PERSONS WITH SELF-DESTRUCTIVE BEHAVIOR

Introduction: Self-destructive behavior is behavior associated with various forms of self-destruction: from high-risk actions aimed at seeking new sensations to self-harm and suicidal acts. This problem remains the most acute problem of modern Kazakhstan, since according to the Wisevoter report, as of February 20, 2023, our fatherland ranks 19th out of 178 countries in the world in suicide statistics (17.6 per 100 thousand population).

Objective: to study the role of socio-demographic and psychological factors in persons with self-destructive and to improve preventive measures.

Materials and methods: Clinical and experimental psychological methods were used to study and analyze socio-demographic and psychological factors in people who showed self-destructive forms of behavior. This research was an initiative and was carried out on the basis of the agreement on cooperation between the Department of Psychiatry and Narcology of Kazakhstan-Russian Medical University and the Center of Mental Health in Almaty in the period from 01.09.2022 to 01.09.2023. 120 people with various forms of self-destructive behavior who applied for psychological help were included in the study.

Results: Among people with self-destructive behavior, the majority of those who applied were females 81 (67.5%), older adolescents 15-19 years old 52 (43.3%) and young adults 20-24 years old 36 (30%), unmarried 69 (57.5%), not addicted to surfactants and gambling 77 (59.6%), not on dynamic registration and observation in the center of mental health 118 (98.3%). The leading cause of self-destructive behavior was problems in the family 58 (48.3%), undivided love 30 (25%), 16 (13.3%) were bullied in educational institutions and because of debts 7 (5.8%). In the examined persons with self-destructive behavior prevailed behavioral disorders: demonstrativeness, schizoid tendencies, rigidity, jealousy, tendency to risk, impatience, self-destructive tendencies in alcoholism, drug addiction and negative reactions of suicidal tendencies - anxiety, pessimism, seclusion from the real world, depression.

Conclusions.

1. It has been established that females, older teenagers and young people, mainly unmarried (university) students living in Almaty, are more susceptible to destructive behavior.
2. The prevalence of self-destructive behavior represented by fleeting, unobtrusive, controlled thoughts about the "meaning of life" over active suicidal intentions and actions is revealed, which corresponds to the initial stage of formation of suicidal behavior in the structure of which a high rate of this contingent of persons seeking specialized psychological, psychotherapeutic and psychiatric help is revealed.
3. It has been established that in the formation of self-destructive behavior with a suicide attempt, along with the personal characteristics of individuals (demonstrativeness, schizoid tendencies, rigidity), the clinical component in the form of affective spectrum disorders, represented by a depressive mood background, is of dominant importance.

Key words: Suicide, Self-Destructive Behavior, MMPI.

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АУТОДЕСТРУКТИВТІ МІНЕЗ-ҚҰЛЫҚ БАР АДАМДАРДЫҢ ӘЛЕУМЕТТІК-ДЕМОГРАФИЯЛЫҚ ЖӘНЕ ПСИХОЛОГИЯЛЫҚ СИПАТТАРЫ

Кіріспе. Аутодеструктивтік мінез-құлық – өзін-өзі жоюдың әртүрлі формаларымен байланысты мінез-құлық; жаңа сезімдерді іздеуге бағытталған жоғары қауіпті әрекеттерден өзіне зиян келтіру және суицидтік әрекеттерге дейін. Бұл мәселе қазіргі Қазақстанның ең өткір мәселесі болып қала береді, өйткені Wisevoter баяндамасына сәйкес 2023 жылғы

20 ақпандағы жағдай бойынша біздің отанымыз суицид статистикасы бойынша әлемдегі 178 елдің ішінде 19-шы орында (100 мың халыққа 17,6).

Зерттеу мақсаты: аутодеструктивті мінез-құлқы бар тұлғалардың әлеуметтік-демографиялық және психологиялық ерекшеліктерін талдау және алдын алу шараларын жетілдіру.

Материалдар мен зерттеу әдістері: Зерттеудің дизайны қималық, зерттеу түрі клиникалық. Зерттеуге аутодеструктивті мінез-құлықтың әртүрлі нысандарын анықтаған және 01.09.2022 мен 09.09.2022 аралығында Алматы қаласы Қоғамдық денсаулық сақтау орталығының Психикалық денсаулық орталығы жанындағы Қалалық мемлекеттік мемлекеттік ауруханасына суицидологиялық және психологиялық көмекке жүгінген 120 адам қатысты.

Нәтижелері: Аутодеструктивті мінез-құлықпен жүгінгендердің көпшілігі әйелдер 81 (67,5%), 15-19 жас аралығындағы жасөспірімдер 58 (48,3%) және 20-24 жас аралығындағы жастар 36 (30%), некеге тұрмағандар 69 (57,5%), заттарға және құмар ойындарға тәуелді емес 77 (59,6%), психикалық денсаулық орталығында динамикалық есепте және бақылауда емес 118 (98,3%). Аутодеструктивті мінез-құлықтың негізгі себебі отбасындағы проблемалар 58 (48,3%), жауапсыз махаббат - 30 (25%), 16 (13,3%) білім беру ұйымдарында және қарыздар бойынша қорлауларға ұшыраған 7 (5,8%). Зерттелетін аутодеструктивті мінез-құлқы бар адамдар арасында мінез-құлық бұзылыстары басым болды: демонстративтілік, шизоидтық, ригидтілік, қызғаныш, тәуекелге бару, шыдамсыздық, алкоголизмдегі аутодеструктивті тенденциялар, нашақорлық және суицидтік тенденциялардың жағымсыз реакциялары – мазасыздық, пессимизм, шынайы әлемнен оқшаулану, депрессия.

Қорытындылар.

1. Деструктивті мінез-құлыққа қыз-келіншектер, егде жастағы жасөспірімдер мен жастар, негізінен, Алматы қаласында тұратын некеде тұрмаған (университет) студенттері көбірек бейім екені анықталды.
2. Аутодеструктивті мінез-құлқы бар адамдардан мамандандырылған (психологиялық-психиатриялық) көмекке жүгінулердің көпшілігі суицидтік мінез-құлықтың қалыптасуының бастапқы кезеңінде болғаны анықталды, онда «өмірдің мәні туралы» қысқа, бейтарап, «бақыланатын ойлар» пайда болды, белсенді суицидтік ниеттер мен әрекеттерден басым болды.
3. Суицидтік әрекетпен аутодеструктивті мінез-құлықтың қалыптасуында жеке тұлғалардың жеке ерекшеліктерімен (демонстративтілік, шизоидтық, қаттылық) депрессиялық көңіл-күй фонымен ұсынылатын аффективті спектрдің бұзылыстары түріндегі клиникалық компонент болатыны анықталды.

Түйінді сөздер: суицид, аутодеструктивті мінез-құлық, Мини-СМИЛ.

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СОЦИАЛЬНО-ДЕМОГРАФИЧЕСКАЯ И ПСИХОЛОГИЧЕСКАЯ ХАРАКТЕРИСТИКА ЛИЦ С АУТОДЕСТРУКТИВНЫМ ПОВЕДЕНИЕМ

Введение. Аутодеструктивное поведение — это поведение, связанное с разными формами саморазрушения: от высокорискованных действий, нацеленных на поиск новых ощущений, до самоповреждений и суицидальных актов. Данная проблема остается острой проблемой современного Казахстана, так как по данным отчета Wisevoter на 20 февраля 2023 года наше отечество занимает 19-е место из 178 стран мира по статистике суицида (17,6 на 100 тысяч населения).

Цель исследования: анализ социально-демографической и психологической характеристики лиц с аутодеструктивным поведением и совершенствование мер профилактики.

Материалы и методы исследования: дизайн исследования поперечное, вид исследования -клинический. В исследование включены 120 человек, выявившие различные формы аутодеструктивного поведения и обратившиеся за суицидологической и психологической помощью в КГП на ПХВ «Центр психического здоровья» УОЗ г. Алматы в период с 01.09.2022 г. по 01.09.2023 г.

Результаты исследования: Среди обратившихся лиц с аутодеструктивным поведением преобладали лица женского пола 81 (67,5%), лица старшего подросткового 15-19 лет 58 (48,3%) и молодого возраста, 20-24 лет 36 (30%), не состоящие в браке 69 (57,5%), не имеющие зависимость от психоактивных веществ (ПАВ) и азартных игр 77 (59,6%), не состоящие на динамическом учете и наблюдении в центре психического здоровья 118 (98,3%). Ведущей же причиной аутодеструктивного поведения являлись проблемы в семье 58 (48,3%), не разделенная любовь – 30 (25%), 16 (13,3%) подверглись буллингу в учебных заведениях и по причине долгов 7 (5,8%). У обследованных лиц с аутодеструктивным поведением преобладающими являлись поведенческие нарушения: демонстративность, шизоидность, ригидность, ревность, склонность к риску, нетерпеливость, саморазрушительные наклонности в алкоголизме, наркомании и негативные реакции суицидальных тенденций – тревожность, пессимизм, уединение от реального мира, депрессия.

Выводы.

1. Установлено, что деструктивному поведению более подвержены лица женского пола, старшего подросткового и молодого возраста, в основном студенты (ВУЗов), не состоящие в браке, проживающие в г. Алматы.
2. Выявлено, что большинство обращений, лиц с аутодеструктивным поведением за специализированной (психолого-психиатрической) помощью приходилось на начальную стадию формирования суицидоопасного поведения, где преобладали непродолжительные, ненавязчивые, «контролируемые мысли» о «смысле жизни» над активными суицидальными намерениями и действиями.
3. Установлено, что в формировании аутодеструктивного поведения с суицидальной попыткой наряду с личностными особенностями лиц (демонстративность, шизоидность, ригидность) доминирующее значение имеет клиническое составляющее в виде расстройств аффективного спектра, представленного депрессивным фоном настроения.

Ключевые слова: суицид, аутодеструктивное поведение, Мини-СМИЛ

Introduction.

Self-destructive behavior is behavior associated with various forms of self-destruction: from high-risk actions aimed at seeking new sensations to self-harm and suicidal acts [1].

The high increase in suicide and auto-aggressive behavior among children, adolescents and young people in the Republic of Kazakhstan should be highlighted. In particular, in 2020 - 144 (attempts - 307), 2021 - 175 (373), 2022 - 155 (309), 6 months of 2023 - 95 facts (attempts - 207) [2,3,4].

According to the Wisevoter report of 20 February 2023, Kazakhstan ranks 19th out of 178 countries in terms of suicide statistics (17.6 per 100 thousand inhabitants). In the rating of countries on the length and protection of childhood, Kazakhstan ranked 50th out of 180 countries [5]. High growth of suicide by region is observed in Kostanay region (from 6 to 8), Zhambyl region (from 3 to 13), North Kazakhstan region (from 2 to 5) and Almaty city (from 12 to 16), while the high suicide rate remains in Turkestan region (36 cases). And the increase in the number of attempted suicides is noted in the regions of Turkestan (from 30 to 46), Aktobe (from 16 to 21), Atyrau (from 8 to 14) [2,5,6,7]. In general, some social, cultural and psychological factors involved in the suicidal behavior of children, adolescents and young people have been studied [2], but this problem requires a more detailed study of both socio-demographic characteristics and personality traits of all individuals who identify self-destructive forms of behavior in society, regardless of age and ethnicity.

Thus, self-destructive behavior remains the most acute problem of modern Kazakhstan.

Aim of the study: to analyze the socio-demographic and psychological characteristics of people with self-destructive behavior and to improve preventive measures.

Materials and methods. Study design: cross-sectional, type - clinical study. The study was conducted on the basis of the agreement on joint activity №89 from 17 March 2021 between the Department of Psychiatry and Narcology of Kazakhstan-Russian Medical University and the Centre of Mental Health in Almaty. The study included 120 people with various forms of self-destructive behaviour who applied for suicidological and psychological help for the period from 01.09.2022 to 01.09.2023. Voluntary informed consent to participate in the study was obtained from all patients. The only criteria for inclusion in the study group were the presence of self-destructive behaviour and an age not exceeding 65 years.

Research methods:

1. Clinical method: conversation, observation, survey.
2. Experimental and psychological method:
 - Minnesota Multidimensional Personality Inventory (Mini MMPI, L.N. Sobchik variant) [8].
 - Portrait Election Method (PEM of the modified Leopold Sondhi methodology) [9].
 - Color Election Method (CEM) [10].

The study was conducted with the patients by a clinical psychologist where 30 minutes were given to complete the methodology response forms.

Statistics absolute numbers and percentages of clinical observations.

Results of the study. The results of the study showed, the prevailing majority of persons with self-destructive behavior were women 81 (67.5%), which is actually 2.5 times more than male persons 39 (32.5%).

Table 1 - Distribution of persons with self-destructive behavior by age

Age range	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	Total
Abs.number	58	36	7	6	4	4	3	2	120
%	48.3	30	5.8	5	3.3	3.3	2.5	1.7	100,0

Table 1 shows that the largest number of those who applied are persons aged 15-19 years 58 (48.3%), followed by persons aged 20-24 years 36 (30%), 25-29 years 7 (5.8%),

0-14 years 6 (5%) and 30-34 years 6 (5%), 35-39 years 4 (3.3%) and 40-44 years 4 (3.3%), 45-49 years 3 (2.5%), 50 - 2 (1.7%) and in a few cases persons older than 50.

Table 2 - Indicators of educational level of persons with self-destructive behavior

Level of education	Incomplete secondary (8-9 grade)	Secondary (10-11 grade)	Vocational secondary medium (college, lyceum, vocational school)	Higher	Multiple higher education	Student (college, higher education institution)	Total
Abs. number	5	8	33	18	2	54	120
%	4,2	6,7	27,4	15	1,7	45	100,0

As indicated in Tab. 2, in the vast majority of cases, persons with destructive behavior were students of colleges and universities 54 (45%), while students of schools and gymnasiums were 19 (15.8%), with higher education 18 (15%), with specialized secondary education 14 (11.7%), 8 (6.7%) - secondary education, 5 (4.2%) incomplete

secondary education and only sporadically - 2 (1.7%) had more than one higher education.

By the time of the survey, the prevailing majority of persons with destructive behavior were unmarried 69 (57.5%), 23 (19.2%) married, 15 (12.5%) divorced and 13 (10.8%) cohabiting (Figure 1).

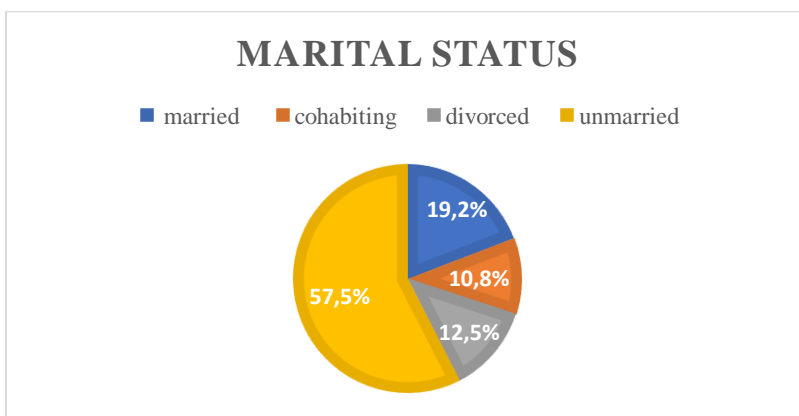


Figure 1 - Indicators of marital status of persons with self-destructive behavior

Of the total number of persons with self-destructive behavior, the vast majority of 82 (68.3%) were persons registered in Almaty, and the remaining 38 (31.7%) were registered in other regions of Kazakhstan and were in Almaty at the time of treatment.

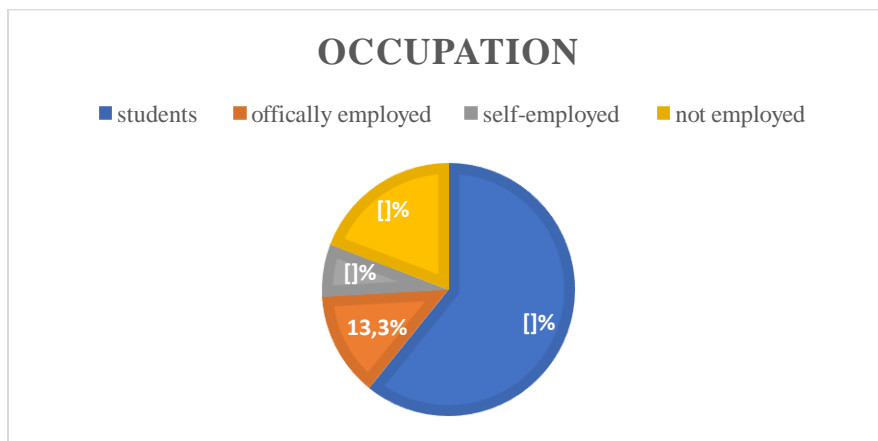


Figure 2 - Distribution of persons with self-destructive behavior depending on occupation

As it appears from Figure 2, the predominant majority of persons with self-destructive behavior were students of schools, colleges and institutes - 73 (60.8%), while those who were not employed (neither working nor studying) were 23 (19.2%), 16 (13.3%) were officially employed and only 8 (6.7%) were self-employed.

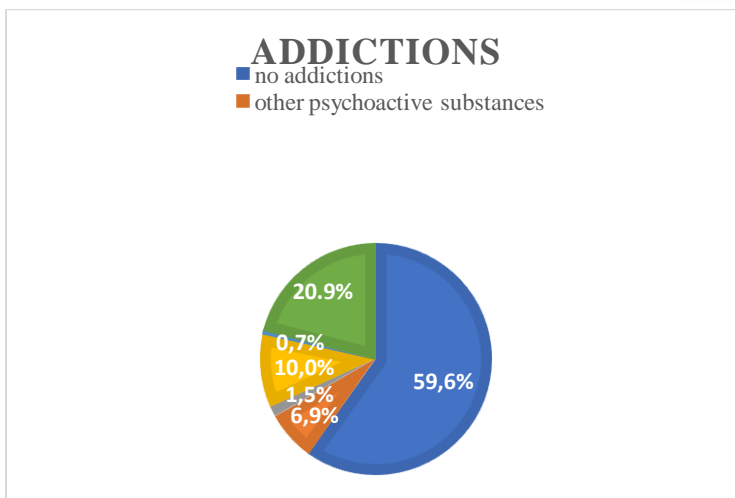


Figure 3 - Distribution of persons with self-destructive behavior depending on the presence of addictions

As indicated in Figure 3, of all the individuals with self-destructive behaviors contacted during this period, 77 (59.6%) - did not identify any substance abuse or gambling addiction, while 27 (20.9%) identified tobacco addiction, 13 (10.0%) alcohol addiction, 9 (6.9%) various other psychoactive substances, 2 (1.5%) gambling addiction, and only 1 (0.7%) toxicomania.

The main number of persons with self-destructive behavior 118 (98.3%) were not on dynamic registration and observation in the Mental Health Center (MHC), and only 2 (1.7%) were on dynamic observation.

The study of ways of treatment of persons with self-destructive behavior showed that 53 (44.2%) applied

independently, 28 (23.3%) applied on the recommendation of psychologists of youth health centers of Almaty, 18 (15%) came forward after a call to the helpline of the MHC of Almaty, 16 (13.3%) were referred by psychiatrists of the MHC, 3 (2.5%) were recommended by psychologists of city polyclinics, and 2 (1.7%) were recommended by school psychologists.

Of the total number of individuals with self-destructive behavior, 65 (54.2%) of those referred had fleeting, unobtrusive, controlled thoughts of suicide, 37 (30,8%) had actions, and 18 (15%) were contemplating various ways of suicide (Figure 4).

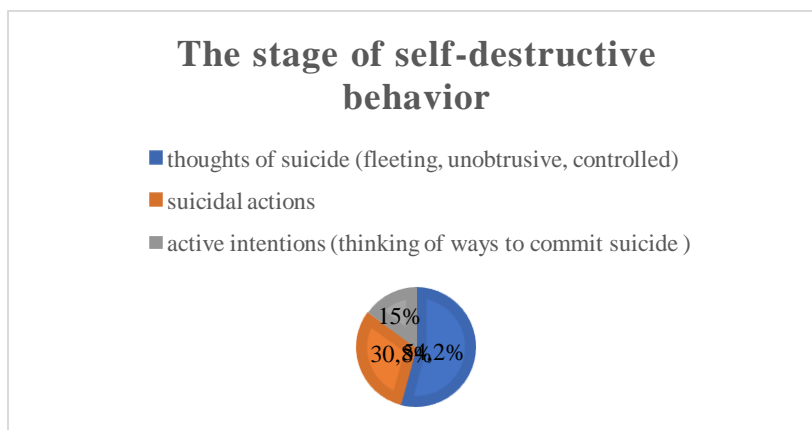


Figure 4 - Distribution of individuals depending on the stage of self-destructive behavior (thoughts, intentions, actions)

The study of the causes of suicidality deserved special attention, and as can be seen from Figure 5, the leading cause of self-destructive behavior was various problems in the family, which amounted to 58 (48.3%), situations of unrequited love - 30 (25%), 16 (13, 3%) were bullied in

educational institutions, 7 (5.8%) due to debts, 3 (2.5%) had various addictions and 3 (2.5%) had health deterioration due to somatic disease, 2 (1.7%) had history of sexual harassment or violence and 1 (0.8%) due to workplace problems.

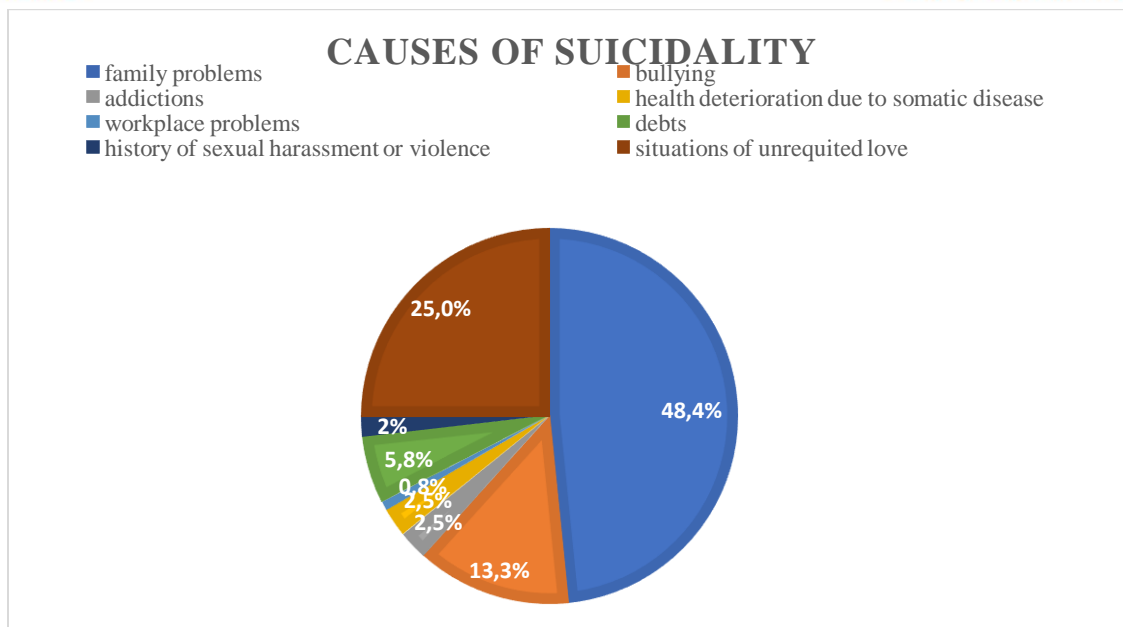


Figure 5 - Distribution of people with self-destructive behavior depending on the cause of suicidality

Considering the fact that the largest number of persons with self-destructive behavior was in the older adolescent age group - 52 (43.3%) - A1 and in the young age group - 36 (30%) - Y1, it was decided to subject this contingent to further experimental psychological investigation according to the methods of the Mini MMPI, portrait election method (PEM), color election method (CEM).

Based on the results of the Mini- MMPI technique, statistically significant differences were obtained (significance level $p \leq 0.01$): on scale 1 (neurotic overcontrol) for the group of people with self-destructive behavior of young age (Y1) compared to people with destructive behavior of adolescence (A1), which allows us to speak about a painful focus on their well-being; on scale 2 (pessimism), which allows us to speak about depression as an extreme degree of pessimism, avoidance of failure, refusal to realize their intentions; on scale 0 (introversion) for this group, which allows us to speak about hyposthenic manifestations, turning of interest to inner experiences and passive personal position.

For the group of persons of older adolescence (A1), based on the results of the Mini MMPI technique, on scale 8 there is a manifestation of schizoid aspects of the state, positively connected with scale 9 - a decrease in the level of activity, there is a negative dynamic in the assessment of their state on scale 2 - manifestations of signs of depression. On scale 4 there is an increase in excitable traits, rigidity, on scale 6, anxiety on scale 7. The negative correlation between scales 4 and 5 confirms the personality traits of impatience, risk-taking and dependence on immediate needs and impulses, where statements and actions take precedence over thoughtfulness of actions.

According to the results of the Portrait Election Method in the A1 group, the Sch vector of the k factor (schizoid

manifestations) k- reveals danger to one's own personality, with self-destructive tendencies in alcoholism, drug addiction; the k- factor at p- reveals adaptation to the environment with suicidal tendencies; with negative reactions of the p factor - search for false values, idols. In the group of young Y1, the factor k- at $p \pm$ reveals seclusion from the real world, the presence of jealous qualities. Vector C on factor d - suicidal tendencies in both groups Y1 and A1. According to the results of the portrait election method in the A1 group, the Sch vector of the k factor (schizoid manifestations) k- reveals danger to one's own personality, with self-destructive tendencies in alcoholism, drug addiction; the k- factor at p- reveals adaptation to the environment with suicidal tendencies; with negative reactions of the p factor - search for false values, idols. In the group of young Y1, the factor k- at $p \pm$ reveals seclusion from the real world, the presence of jealous qualities. Vector C on factor d - suicidal tendencies in both groups Y1 and A1. Using the color election method, subjective assessments of the state of personalities with self-destructive tendencies were obtained and analyzed, selecting the largest number of functional pairs: +4+3 - demonstrativeness, predilection for amusement and playfulness in activities, desire to dominate, tendency to take risks; +5+1 - emotional instability, difficulties in social adaptation, emotionality and subjectivity of predilections prevail over reasoning; x0x7 - state of stress; x1x2 - need for sympathy, self-esteem, understanding from significant others; =4=0 - presence of insecurity; -0-6 - presence of dissatisfaction in interpersonal communication, full mutual understanding; -4-7 - stress; -7-6 - stress caused by limitations.

Thus, the present study has shown that people with self-destructive behavior have a certain socio-demographic 'portrait': are the most active social stratum of the

population (adolescents and young people), have a gender specificity (female sex), with a certain social status (unmarried), mentally healthy (not revealed addiction to surfactants and gambling, not under pharmacological registration and supervision), who independently applied for help at the initial stage of formation of suicidal behavior, which creates favorable conditions for timely provision of specialized psychological correction and psychotherapeutic assistance for successful suicide prevention.

Conclusions:

1. Females, older adolescents and young adults, mainly students, unmarried and living in Almaty were found to be more prone to destructive behavior.
2. It was found that the majority of applications of persons with self-destructive behavior for specialized (psychological and psychiatric) help fell at the initial stage of formation of suicidal behavior, when short-lived, unobtrusive, "controlled thoughts" about the "meaning of life" prevailed over active suicidal intentions and actions.
3. It was found that in the development of self-destructive behavior with a suicide attempt, in addition to the personal characteristics of the individuals (demonstrativeness, schizoid tendencies, rigidity), the clinical component in the form of a depressive mood background was of dominant importance. Those identified as being at risk of suicide were offered psychotherapeutic and psychological support and, if necessary, medication.

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