

THEORETICAL AND METHODOLOGICAL APPROACHES OF TEACHING THE SUBJECT “STUDY OF SUICIDAL BEHAVIOR”

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Abstract

Suicide has always been considered one of the most important problems of psychology and psychiatry. However, many aspects of this problem are the subject of discussion, and various manifestations of this psychological phenomenon have not yet been identified. . That is why the professional activities of psychologists, aimed at research and prevention of suicidal behavior, retains its relevance and importance.

In order to identify this problem and represent the research mechanisms, this article analyzes some theoretical and methodological approaches of teaching the subject “Study of Suicidal Behavior”. Both the methodological basis for learning the subject and key research methods and the mechanisms of their application in professional practice are presented.

It should also be added that the discussion of the theoretical and methodological approaches of teaching the subject “Study of Suicidal Behavior” is especially important against the background of the strengthening of psychological factors and the intensity of suicide cases. There is no doubt that the growth of suicidal behavior has a negative impact on the economic, political situation and psychological health of society.

Today, interest in the problem of suicidal behavior has increased for several reasons. First, scientific and pedagogical interest is increasing due to increase in the number of suicides in modern society. According to the World Health Organization (WHO), suicide rates have increased by 60% over the past 45 years, and suicide is now one of the top three causes of death in the 15 to 44 age group [8].

Secondly, the problem of suicide is relevant due to the reasons that become decisive and encourage a person to commit this act. The phenomenon of suicide should be considered as a form of socio-psychological maladaptation of a person [13; 14]. In the past, most psychiatrists believed that almost all suicides occurred with mentally ill people. Currently, the opinion about the mental illness of people who commit suicide is being questioned. WHO declares about 800 causes of suicide, most of which, 41%, remain unknown, and only 18% of suicides are considered mental illness.

The third reason for the interest of representatives of modern science and pedagogy in this problem is the insufficient diagnostics of suicidal intentions and suicidal behavior, as well as the low practical application of preventive programs among the population. It should be noted that theorists mostly disagree on the methodology of diagnosing and preventing suicide. Representatives of different scientific directions, followers of psychological schools consider this issue from different positions. One of the key points of teaching the subject "Study of Suicidal Behavior" is a complex presentation of the above-mentioned issues through the comparison and classification of research methods.

Keywords and phrases: Suicidal behavior, psycho-diagnostics, suicide prevention, risk factor, theoretical and methodological approaches of teaching.

**«ՍՈՒԻՑԻԴԱԼ ՎԱՐՔԻ ՀԵՏԱԶՈՏՈՒԹՅՈՒՆ» ԱՌԱՐԿԱՅԻ
ԴԱՍԱՎԱՆԴՄԱՆ ՏԵՍԱՄԵԹՈՂԱԿԱՆ ՄՈՏԵՑՈՒՄՆԵՐԸ**

ԱՆԺԵԼԻԿԱ ԱՅՎԱԶՅԱՆ

ՀՀ գիտությունների ազգային ակադեմիայի
գիտակրթական միջազգային կենտրոնի
հոգեբանության ամբիոնի, դասախոս
հոգեբանական գիտությունների թեկնածու

Համառոտագիր

Ինքնասպանությունը միշտ համարվել է հոգեբանության և հոգեբու-
ժության կարևորագույն խնդիրներից մեկը: Այնուամենայնիվ, այս խնդրի
շատ դրսևորումներ ենթակա են քննարկման, իսկ հոգեբանական այս
երևույթի տարբեր դրսևորումները դեռևս բացահայտված չեն: Այդ իսկ
պատճառով սուիցիդալ վարքի հետազոտության և կանխարգելմանն
ուղղված հոգեբանների մասնագիտական գործունեությունը պահպանում է
իր արդիականությունը և կարևորությունը:

Հիմնախնդրի բացահայտման և հետազոտման մեխանիզմների ներ-
կայացման նպատակով այս հոդվածում վերլուծվում են «Սուիցիդալ վարքի
հետազոտություն» առարկայի դասավանդման տեսամեթոդական որոշ
մոտեցումներ, ներկայացվում են առարկայի դասավանդման մեթոդաբա-
նական հիմքերը, հիմնախնդրի հետազոտության առանցքային մեթոդները
և մասնագիտական պրակտիկայում դրանց կիրառման մեխանիզմները:

Հավելենք նաև, որ «Սուիցիդալ վարքի հետազոտություն» առարկայի
դասավանդման տեսամեթոդական մոտեցումների քննարկումը հատկապես
կարևոր է ներկայումս սուիցիդալ վարքի հոգեբանական գործոնների
քանակի և ինտենսիվության բարձրացման հետ կապված, որոնք նպաստում
են ինքնասպանության քանակական ցուցանիշների զգալի աճին:
Կասկածից վեր է, որ սուիցիդալ վարքի դրսևորումների աճը բացասաբար է
անդրադառնում հասարակության տնտեսական, քաղաքական իրավիճակի
և հոգեբանական առողջության վրա:

Այսօր սուիցիդալ վարքի հիմնախնդրի նկատմամբ հետաքրքրությունը
մեծացել է մի քանի պատճառներով: Նախ, գիտնականների և մանկավարժ-
ների հետաքրքրությունը մեծանում է ժամանակակից հասարակություն-
ներում կատարված ինքնասպանությունների թվի կտրուկ աճի պատճառով:
Առողջապահության համաշխարհային կազմակերպության (ԱՀԿ) տվյալների
համաձայն՝ վերջին 45 տարիների ընթացքում ինքնասպանությունների մա-
կարդակն աճել է 60%-ով, և մեր ժամանակներում ինքնասպանությունը 15-

ից 44 տարեկան տարիքային կատեգորիայի մահացության երեք հիմնական պատճառներից մեկն է **[8]**:

Երկրորդ, ինքնասպանության խնդիրն արդիական է այն պատճառներով, որոնք որոշիչ են դառնում և դրդում են մարդուն կատարելու այդ արարքը: Ինքնասպանության ֆենոմենը պետք է դիտարկել որպես անձի սոցիալ-հոգեբանական դեզադապտացիայի ձև **[13; 14]**: Անցյալում հոգեբույժների մեծ մասը կարծում էր, որ գրեթե բոլոր ինքնասպանությունները վերաբերում են հոգեպես անառողջ մարդկանց: Ներկայումս կասկածի տակ է դրվում ինքնասպանություն գործած անձանց հոգեկան հիվանդության մասին կարծիքը: ԱՀԿ-ն հայտարարում է ինքնասպանության մոտ 800 պատճառի մասին, որոնց մեծ մասը՝ 41%-ը, մնում է անհայտ, և միայն 18%-ի դեպքում է ինքնասպանության պատճառը դիտվում հոգեկան հիվանդությունը:

Հիմնախնդրի նկատմամբ գիտնականների և մանկավարժների հետաքրքրության աճի երրորդ պատճառն ինքնասպանության մտադրությունների և սուիցիդալ վարքագծի անբավարար ախտորոշումն է, ինչպես նաև կանխարգելիչ ծրագրերի փոքր ծավալով գործնական կիրառումը բնակչության շրջանում: Հարկ է նշել, որ ինքնասպանությունների ախտորոշման և կանխարգելման մեթոդաբանության հարցում տեսաբանները միակարծիք չեն: Տարբեր գիտական ոլորտների ներկայացուցիչներ, հոգեբանական դպրոցների հետևորդներ այդ հարցը դիտարկում են տարբեր տեսանկյուններից: «Սուիցիդալ վարքի հետազոտություն» առարկայի դասավանդման առանցքային կետերից է մեթոդների համադրման և դասակարգման միջոցով վերոնշյալ հարցարդյունների համալիր ներկայացումը:

Բանալի բառեր և բառակապակցություններ. սուիցիդալ վարք, հոգեախտորոշում, ինքնասպանության կանխարգելում, ռիսկի գործոն, դասավանդման տեսամեթոդական մոտեցումներ:

ТЕОРЕТИКО-МЕТОДОЛОГИЧЕСКИЕ ПОДХОДЫ К ПРЕПОДАВАНИЮ ПРЕДМЕТА «ИССЛЕДОВАНИЕ СУИЦИДАЛЬНОГО ПОВЕДЕНИЯ»

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Аннотация

Самоубийство всегда считалось одной из важнейших проблем психологии и психиатрии. Однако многие аспекты этой проблемы являются предметом обсуждения, а различные проявления этого психологического феномена до сих пор не выявлены. Вот почему профессиональная деятельность психологов, направленная на исследование и профилактику суицидального поведения, сохраняет свою актуальность и важность.

В целях выявления этой проблемы и представления механизмов исследования в данной статье анализируются некоторые теоретико-методологические подходы к преподаванию предмета «Исследование суицидального поведения». Представлены как методологическая основа обучения предмету, так и ключевые методы исследования и механизмы их применения в профессиональной практике.

Следует также добавить, что обсуждение теоретико-методологических подходов к преподаванию предмета «Исследование суицидального поведения» особенно важно на фоне усиления психологических факторов и интенсивности случаев самоубийства. Нет сомнений в том, что разрастание суицидального поведения оказывает негативное влияние на экономическую, политическую ситуацию и психологическое здоровье общества.

Сегодня интерес к проблеме суицидального поведения возрос по нескольким причинам. Во-первых, научный и педагогический интерес возрастает из-за резкого увеличения числа самоубийств в современном обществе. По данным Всемирной организации здравоохранения (ВОЗ), уровень самоубийств увеличился на 60% за последние 45 лет, и в настоящее время самоубийство является одной из трех ведущих причин смерти в возрастной группе от 15 до 44 лет [8].

Во-вторых, проблема суицида актуальна в силу тех причин, которые становятся решающими и побуждают человека к совершению этого поступка. Феномен суицида следует рассматривать как форму социально-психологической дезадаптации человека [13;14]. В прошлом большинство психиатров считали, что почти все самоубийства происходят с психически больными людьми. В настоящее время подвергается сомнению мнение о психических заболеваниях людей, покончивших жизнь самоубийством. ВОЗ декларирует около 800 причин самоубийств, значительная часть которых, 41%, остаются неизвестными, и только 18% самоубийств считаются психическими заболеваниями.

Третьей причиной возросшего интереса к данной проблеме среди представителей современной науки и педагогики является недостаточная диагностика суицидальных намерений и суицидального поведения, а также ограниченное практическое применение профилактических программ среди населения. Следует отметить, что теоретики большей частью расходятся в мнениях в вопросах методологии диагностики и профилактики суицидов. Представители разных научных направлений, последователи психологических школ рассматривают этот вопрос с разных позиций. Одним из ключевых подходов к преподаванию предмета «Исследование суицидального поведения» является комплексное представление вышеупомянутых вопросов посредством сравнения и классификации методов исследования.

Ключевые слова и словосочетания: суицидальное поведение, психодиагностика, предотвращение суицида, фактор риска, теоретико-методические подходы к обучению.

Introduction

The issue of suicide has interested thinkers of all times. The mention of suicide, the understanding of this phenomenon can be found in the legends of various nations. The Armenian legends describe the reincarnation of suicide souls into humanoid creatures [12]. We find a similar description of suicide cases in the tales of European peoples.

In China and Japan, ritual suicides took place in order to sacrifice to pagan gods. Buddhism also did not condemn such rituals. And the religious course of Judaism, on the contrary, was sharply negative about suicide.

Suicide is a comprehensive problem, therefore, the study of this appearance began in the field of philosophy, then continued in psychology. A. Camus - the presenter of the school of existentialists - believed that “there is only one truly serious problem - the problem of suicide. It is worth deciding whether it is worthwhile or not to live - it means to answer the fundamental question of philosophy. Everything else - whether the world has three dimensions, whether the mind is guided by nine or twelve categories - is not important” [3].

In the XIX century suicide began to be studied in psychology and medicine. During this period, the works of the French philosopher and sociologist E. Durkheim and Z. Freud appear, which later became fundamental research in this area [4; 11]. In his theory, E. Durkheim identified three types of suicides: selfish, altruistic and anomic suicide [4]. As E. Durkheim believed that the person whose entire activity is aimed at inner thought becomes insensitive to everything that surrounds him. Suicide in this case does not contain any violent impulse or protest, on the contrary, “the last moments of life are painted with calm melancholy,” a person thinks out in advance a plan of imprisonment and calmly moves to a key moment.

According to the definition of E. Durkheim, suicide is an intended deprivation of himself life. In cases of completed suicides, this intention is easy to suspect, but it is

very difficult to prove. One of the ways to clarify the intentions of suicides is the so-called psychological autopsy, so the specialist should talk as soon as possible with all close victims and fix their reactions and memories of the departed while they are still fresh. Suicide and attempt on suicide are the object of the interdisciplinary area of knowledge e- suicidality, which in recent years has been intensively developing in many countries of the world.

Suicide is one of the first causes of the mortality of the able-bodied population, and the attempt on suicide often ends with disabilities. For example, only in the United States there is about 30 thousand reports on completed suicides. According to 1988, 24 suicides per 100 thousand people were performed in Russia. However, the true number of suicides is much higher, because the real cause of death is not always reported or it is hidden under the name of "death from an accident." The study of suicide statistics in some countries shows that the number of suicidal attempts is many times higher than the number of registered completed suicides and some American researchers believe that this figure is a row higher- 80-100 attempts [17].

At a meeting of the Vienna Psychoanalytic Society, a discussion was held on the topic "Suicide among children." Then Z. Freud expressed the opinion that suicide is a denial of life because of a passionate desire for death [9]. In his further works, Z. Freud described the provision on the existence of death instinct. He described a great contribution to suicide theory in the work "Sorrow and Melancholy." He defined two types of drives: the instinct of life is Eros and the attraction to death, destruction and aggression - Tanatos. Suicide, according to Z. Freud, is a manifestation of the impulsive and destructive influence of Tanatos. He said that suicide can never be justified, but can be prevented thanks to society and the person himself, his capabilities [11].

A. Menninger as a representative of the psychoanalytic direction studied the deep motives of suicide and identified three components of suicidal behavior. He believed that for suicide, first of all, there should be a desire to kill. He also emphasized the infantilism of most people with suicidal behavior, so such people often simply cannot withstand the difficulties that they face in the way of achieving any goals. At the same time, desire to kill is directed to himself with a person who wants to commit suicide. A. Menninger believed that another condition is necessary for the commission of suicide. The desire to be killed is. Thus, he emphasized the violation of the moral norms of a person who is in a situation of despair, as well as the influence of his conscience on himself. And ultimately, as A. Menninger said, a person will redeem his guilt only by being killed. The desire to die is the third component of suicidal behavior, according to A. Menninger. He described such a desire among people who are inclined to expose their lives to unjustified risk, in his opinion, people whose choice fell on dangerous types of professions. Desire to die, as A. Menninger emphasized, may also be present in people who consider death the only cure for bodily or mental torment [10].

Further developments of the suicide idea are related to Alfred Adler who believed that desire to solve life problems prompts a person to overcome his inferiority. Suicide, according to A. Adler, is a hidden challenge to other people, those who surround a person, thus, the person with suicidal behavior wants to cause attention and sympathy for themselves. A. Adler emphasized that the position of such a person is selfish, since he also seeks to cause guilt and regret in those who, in his opinion, are responsible for their lives [1].

Touching upon the problem of suicide, C. Jung pointed out the unconscious desire of a person for spiritual degeneration, and that is why a person can commit suicide. Thus, C. Jung believed that person not only wants to get rid of difficult living conditions through suicide, but he is also in a hurry with his metaphorical return to the womb of his mother [24].

K. Horney believed that children consider the world as a hostile environment for life, when they are in dangerous conditions. She believed that suicide could arise as a result of rooted feelings of inferiority or what K. Horney called in an “idealized way” that a person has about himself. K. Horney also believed that the cause of suicide could be the emergence of a person’s sense of inconsistency with the standards and expectations of society that exist in any period of the history of mankind. But still, she was of the opinion that suicide is the result of a combination of internal personal characteristics, that is, certain character traits that can be considered as prerequisites for suicide, as well as environmental factors, they can be individual for each person [21].

The representative of the cognitive-behavioral direction A. Beck believed that suicide is associated with depression, it generates a sense of hopelessness, helplessness, loss of faith in itself. A person, according to A. Beck, in a critical situation sees suicide as the only possible solution to a difficult situation. A person considers himself negatively and unrealistic, he distorts the situation, an opinion about himself. The thoughts of such a person become extremely negative, low self-esteem appears, he experiences a feeling of guilt and despair. Thoughts about loneliness, unnecessaryness constantly pursue a person, they become automatic and therefore criticism to them is reduced [2]. Although A. Beck spoke about the distortions of thinking, he did not mean mental disorders, on the contrary, he noted that such features are often characterized by people who experience complex circumstances and unable to independently adapt their behavior to these conditions.

Methodology of Teaching the Subject “Study of Suicidal Behavior”

The methodology of training in the subject “Study of suicidal behavior” is based on the above mentioned review of theoretical approaches. As you can see, the attention of all researchers in this area attracts questions regarding:

- causes of suicide,
- risk factors,
- prevention of suicide.

These are far from all problems, there are problems associated with moral and ethical norms, religion, culture, etc. However, the structure of the subject, which is

based on the successive discussion of these three issues, allows students to illustrate the essence, manifestations and mechanisms of suicidal behavior prevention.

The key point of teaching this subject is that any external or internal activity directed by the desire to take your own life can be called suicide. If you have an opportunity to diagnose internal activity, then the suicide act can be prevented and will not go into the plan of external behavior.

Summarizing up theoretical approaches to this problem we can underline the main forms of internal suicidal activity, which includes:

1. suicidal thoughts; Fantasies on the topic of death;
2. suicidal intentions: thinking out of suicide methods, the choice of its means and time;
3. suicidal intentions: a volitional component joins the plan; a person is afraid of himself.

At the same time there is possible to emphasize the main external forms of suicidal activity:

4. suicidal attempts are targeted acts of behavior aimed at losing their own life that did not end with death;
5. completed suicide: actions end in the death of a person.

Many authors agree that the general cause of suicide is a socio-psychological maladaptation that arises under the influence of acute psycho-traumatic situations, violations of the interaction of the individual with its immediate environment. It is believed that a person is trying to change its circumstances with suicide: to get rid of unbearable experiences, to leave traumatic conditions, to cause thirst and compassion, to achieve assistance and participation, to draw attention to his problems. It is not rare that this act of despair, when the person seems that he has exhausted all his strength and the ability to influence the situation. Currently, suicide is considered as a psychological problem, and not a mental scheme [14; 17; 20; 21].

Suicidal behavior is caused, as a rule, by several simultaneously acting and interacting motives that form a detailed system of motivation for acting and human actions (conscious and unconscious).

Speaking of suicide as a conscious deprivation of our life, we must consider not only external (social) causes of suicides, but also their internal (personal) motions that are manifested in the form of conflicts.

Among the motives explaining the attempts of suicide, psychologists and experts indicate that there are different ways to influence other people: to make it clear to the person in what despair, to force the person who treated his poorly, to show how you love another person, to influence the other so that it changes suicidal decision, to call to help from another.

Suicide is a conscious act of elimination from life under the influence of acute psycho-traumatic situations in which own life loses its meaning.

The cultural and ethno-psychological aspect of the problem of suicide is in fact of the unequal prevalence of auto-aggressive suicidal behavior in various regions of the

world. In particular, it is known that the highest prevalence of self-killing in Hungary, and in some regions of Russia. The representatives of these regions are related by their financial roots. This fact allows you to interpret the choice of suicidal behavior as a sign of the influence of ethno-cultural features [17].

Most people consider suicide a form of human insanity, but this warning is not justified, because 70–85% of all suicides are committed by people who are not suffering from mental illness. There are people who are suicidal personalities, but neither their friends nor relatives recognize this. Their behavior, according to E. Durkheim's opinion, can be aimed at death due to the despair or inability of life obstacles. Later, all types of behavior over which a person has a real or potential volitional control, but which contribute to the advance of an individual in the direction of earlier physical death, began to be defined as self-destructive behavior. Such behavior, which reduces human life, is also defined as "partial", "semi-measured", "hidden" suicide, "unconscious suicidal behavior" or "suicidal equivalent". Self-destructive types of behavior usually include abuse of alcohol or drugs, ignoring serious diseases, excessive work, overeating or smoking. Suicidal equivalent can be camouflaged with the enthusiasm of "deadly" games or "risky" sports, cases of fanatical courage with desire to give their lives for any religious or social ideals [17].

Taking into account the above-mentioned, we highlight the follow psychological characteristics of the personality suicidal behavior:

1. Suicidal factors.

Any stressful situation makes a person more susceptible to suicide. In this sense, something happens both inside them and around them. In crisis circumstances, they lose all prospects and landmarks, their survival as a whole is threatened. The future seems to be gloomy and hopeless [5; 6].

The risk of suicide is high in people with a recently revealed progressive disease. The progression factor of the disease is more significant for suicidal risk than its value or disability. Patients experiencing pain often adapt to their condition, if it is stable. However, a disease that forces a person to constantly adapt to new adverse changes leads to much greater stress. In these conditions, a number of patients decide to commit suicide rather than allowing diseases to put an end to them.

Economic troubles that a person faces - undoubtedly, they give rise to problems associated with food, clothing or financial troubles. They sharply feel like losers whose life failed. The future seems extremely vague to them, and suicide is considered as an acceptable resolution of a situational dilemma.

With the death of a loved one, life will never become the same. The adherent stereotype of family life is destroyed. A possible suicide, as a rule, is preceded by a protracted family grief. For many months after the funeral, there has been a denial of the emerging reinforcement, somatic dysfunctions, panic disorders, more and more covering guilt, idealization of loss, apathy, as well as hostile attitude to ready to help friends and relatives. A person refuses to see loneliness and emptiness in life. Under these conditions, suicide may seem to be released from unbearable mental pain or the

method of union with those who were loved and left forever. He can be considered as a punishment for imaginary and real actions admitted to the deceased.

For many circumstances, divorce and family conflicts can be perceived as more severe than death. If a person dies, then this is rational (“he had cancer”) or religious (“God gave, God took”) reasons. During a divorce, reasonable and super-nasty interpretations seem deprived of the grounds. They do not particularly satisfy if children are involved in the situation and problems arise with their care and upbringing, which is to solve against the backdrop of an unconscious sense of guilt, defeat or revenge. The emerging proceedings have a deep traumatic effect on both parents and children. Serving shows that many people who eventually ending with themselves were brought up in an incomplete family.

2. Family factors.

To understand a suicide, you need to know its family situation, because it reflects emergency violations of family members. It was found that with most suicides, their parents were suppressed in the emergency situations, thought about suicide or already made attempts to suicide. Family members may observe indignation and anger. And in order to express their emotions, they can unconsciously choose one of loved ones by the object of their aggression, which leads a person to suicide.

The family may arise such crisis situations as the death of loved ones, divorce, serious illness or loss of work.

3. Emotional disorders.

Most potential suicides suffer from depression. Depression often comes in gradually, anxiety and despondency appears. People may not even realize its beginning. They only notice that recently it has become suppressed and sad, and the future is dull and it cannot be changed. Often they have thoughts that they are inconspicuously ill. Before suicide, they begin to think about death. It becomes difficult for them to fulfill even simple duties, to make the simplest decision. They complain of lethargy, lack of vital energy and fatigue. A sign of depression and suicidal thoughts due to it can be a decrease in sexual activity. They complain of infertility and impotence.

Summing up the several theories and scientific directions we can form the key methodological approaches of teaching the subject “Study of Suicidal Behavior” by distinguishing the following signs of emotional disorders:

- loss of appetite or impulsive gluttony, insomnia or increased drowsiness for at least the last days;
- frequent complaints about somatic ailments;
- an unusually neglect of their appearance;
- a constant feeling of loneliness, futility, guilt or sadness;
- a feeling of boredom during the time of time in the usual environment or the execution of work, which used to bring pleasure;
- departure from contacts, isolation from friends and family, turning a loner into a person;

- violation of attention with a decrease in the quality of the work performed;
- immersion in thinking about death;
- lack of plans for the future;
- sudden attacks of anger, often arising due to trifles [7].

4. Violation of behavior.

The teenagers have the most obvious hint of suicidal inclinations are excessive drinking and drugs. About half of the suicide took medications prescribed for their parents. In the middle age is the inability to reconcile or control your life situation, which is often manifested in any psychosomatic care. Elderly people have a sign of suicidal thoughts about the “refusal” of something.

Patients suffering from psychotic depression often perform suicidal actions at the beginning and when the psychosis is silent.

Thus, the teaching methodology of the subject “Study of Suicidal Behavior” based on the theoretical approaches discussed above is represented by the following topics:

- causes of suicide,
- risk factors,
- prevention of suicide,
- forms of suicidal activity,
- psychological characteristics of the personality suicidal behavior,
- signs of emotional disorders,
- violation of behavior.

Research Methods in the Framework of Teaching the Subject “Study of Suicidal Behavior”

The research methods which can be presented in the framework of teaching this subject can be divided according to the three general factors mentioned above:

- causes of suicide,
- risk factors,
- prevention of suicide.

Methods for studying all these three groups of factors include a wide range of tools for psychological and socio-psychological researches. Taking into account the fact that the causes and risk factors of suicidal behavior in many cases remain hidden or unknown, we present a complex of research methods of suicidal behavior study, through which one can identify the dynamics of a person's suicidal thoughts and intentions, as well as personal characteristics and qualities, which are associated with various manifestations of suicidal behavior.

Psycho-Diagnostics of Suicidal Intentions [19]	Identifies autoaggressive tendencies and factors such as: <ul style="list-style-type: none"> ✓ Addictions ✓ Delinquent behavior ✓ Family conflicts ✓ Loss of meaning in life
Suicidal Risk Discovery Questionnaire [22]	The risks of suicidal behavior are assessed by the following suicidal intentions: <ul style="list-style-type: none"> ✓ Demonstraturized character of behavior ✓ Presence of an affection ✓ Social pesimism ✓ Elimination or weakening of cultural norms ✓ Personal non-competence ✓ Uniqueness of a person ✓ Maximalism
Teenage Tendency to Suicidal Behavior [16]	The tendency for suicidal behavior is characterized by the following levels: <ul style="list-style-type: none"> ✓ Anxiety ✓ Frustration ✓ Aggression ✓ Rigidity
Suicidal Motivation [15]	Suicidal behavior is analyzed through the following motivation factors: <ul style="list-style-type: none"> ✓ Altruistic motivation - death for others ✓ Anemic motivation - loss of life's meaning ✓ Anesthetic motivation - unbearable pain or torment ✓ Auto-punishment ✓ Hetero-punishment ✓ Post-vital - hope to have a better future after death
Questionnaire for Detecting Suicidal Inclinations [18]	The suicidal tendencies of the person are revealed through the following factors: <ul style="list-style-type: none"> ✓ Mood ✓ Self-regulation ✓ Suicidal thoughts ✓ Sensitivity level
"Your thoughts about death" Graphic Test [23]	Death deep thoughts such as: <ul style="list-style-type: none"> ✓ Existence of fear of death ✓ Interest in death ✓ Pesimism-optimism for death
Suicide Intent Scale [20]	Suicidal intentions are revealed through the following factors (D. Pierce): <ul style="list-style-type: none"> ✓ The circumstances of the completed suicide ✓ Self-report ✓ Medical risk
Beck Scale for Suicide Ideation [9]	Prediction of both attempted and completed suicide is revealed through several aspects of suicidal ideation.

Undoubtedly, the list of the methods mentioned above can be supplemented with methodological developments of other authors. Nevertheless, the presented methods clearly show that the specific methodical approaches of psychodiagnostics of suicide, which directly diagnose the motives and tendencies of suicide, mainly focus on the causes and risk of suicidal or autoaggressive behavior.

In addition to this group of methods, the group of psychodiagnostic methods of general characteristics of a person should be widely used, aimed at the psychodiagnostics of a person's temperament types, character, anxiety, cognitive processes and emotional disorders. Teaching of this group of methods can deepen students knowledge about social-psychological causes and factors of suicidal behavior.

Conclusion

The theoretical and methodological approaches of teaching of the subject "Study of Suicidal Behavior" presented in this article allow us to conclude about necessity of a comprehensive study of the problem of suicidal behavior and general personality characteristics. Teaching theoretical approaches relating to the only phenomenon of suicide limits the understanding of the problem only as deviant behavior and does not make it possible to consider the problem in the context of personality adaptation in the social environment. Therefore, the idea of teaching this subject is based on the presented approach by teaching students both of the psychodiagnostics of suicidal behavior and personal characteristics. Manifestations of suicidal behavior are considered from the standpoint of the influence of several factors on suicidal behavior, such as suicidal, family and emotional ones. The program of teaching the subject should be compiled in such a way that it takes into account both issues of psychodiagnostics of deviant behavior, and socialization and adaptation of personality in society.

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