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Features of Reflection of Persons With Suicidal Behavior

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This article presents the results of an empirical study of the reflection features of individuals with suicidal behavior. The cognitive-emotive test of Y. M. Orlov and S. N. Morozyuk (CET) was used as a method of studying the features of reflection of persons with this disorder. The study involved 38 respondents—men (21 people) and women (17 people) aged 18-40 years with suicidal behavior. All patients were in remission.

Keywords: reflection, defensive reflection, sanogenic reflection, depressive episode, suicide

Introduction

Suicide, literally translated from Latin, is suicide (from Latin. suis—to kill oneself, caedo—to kill). Suicides are studied by a special branch of psychiatry—suicidology.

However, in the International Classification of Diseases (ICD-10) there is no term «suicide» but the first and second are interpreted as a depressive episode (F32) or intentional self-harm (X60-X84). In the classifications of psychiatric knowledge, suicides are classified as pathologies of drives. Attraction in psychiatry is an unconscious or insufficiently realized urge that acquires the character of a motive for action (eating, drinking, sexual intercourse) and an act (searching for food, drink, sexual partner). There are four main drives—food, sexual (libido), parental feeling, and attraction associated with the instinct of self-preservation. The problem of suicide refers to the violation of the latter.

For the first time, suicides were talked about in Antiquity. In many tribes and nationalities, it was customary to commit suicide in order not to die of disease or old age. For example, in Japan, the infirm and sick old men went to the mountains to die there and not burden their children, the samurai were obliged to take their own lives by hara-kiri, which was considered an honorable duty.

Orthodoxy has always maintained a negative attitude towards suicide, taking one's own life was considered a grave sin. People who committed suicide were always buried outside cemeteries. It is still believed that the souls of the dead will never find peace in this way.

The scientific study of suicide began only in the 1820s. With the advent of the concept of J. Esquirola, suicide began to be considered as a manifestation of a painfully altered psyche, as a consequence of a mental

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disorder. According to E. Durkheim's (1994) sociological theory, the causes of suicide are weakened ties between people, which make a person extremely unstable to the problems and difficulties of life.

Literature Review

By the beginning of the XX century, psychoanalytic models of the causes of suicide appeared, developed by Z. Freud, C. G. Jung, and A. Adler (2023). Suicide seemed to be an aggression directed not at the outside world, but at oneself, a desire to return to a carefree time in the womb of the mother, a departure from the problems of an inferior personality.

N. Farberow formulated the concepts of self-destructive behavior and indirect suicide in 1958. By these terms, he understood a more prolonged withdrawal from life through the abuse of narcotic substances, alcohol, a tendency to risk and excitement, violation of doctors' recommendations regarding health.

A. G. Ambrumova (1978) made a huge contribution to Russian suicidology. She criticized the principle of biological reductionism, which reduced suicide to physiological bases, and considered suicidal behavior taking into account the interaction of three risk factors: psychopathological, individual-personal, and situational-environmental. She described suicides as a violation of human adaptation due to conflict and identified the types of situational reactions, suicides motivated by their commission.

The research of E. Schneidman (2001) is interesting in terms of describing the precursors of possible suicide, identifying a special personality type predisposed to suicide. He distinguished three types of suicides (Smoleva, 2010):

(1) Based on the conflict of parts of the personality;

(2) Unrealized desires;

(3) Lack of connection with society.

One of the most common causes of suicide among people who do not suffer from severe mental illness is problems in their personal lives. Among the events that can push a person to suicide are the death of a loved one, a serious illness of a family member, divorce, separation, problems in a relationship with a partner, unrequited or unhappy love, loneliness, difficulties in relationships with parents. Along with problems in their personal lives, patients are often driven to suicide by failures in their attempts at professional realization and difficulties associated with social relations.

Suicide can be provoked by bankruptcy, dismissal, large monetary losses, the inability to professionally realize, a change in habitual life stereotypes, social isolation, falling out of a familiar social group, or public disclosure of information with high personal significance.

Suicides occur in all age groups—in children, adolescents, adults, and the elderly. It is generally believed that suicides are not predetermined by gender differences between men and women. However, we have suggested that such differences exist. This article presents the results of the verification of our hypothesis.

Difficulties also lie in the timely recognition and prevention of suicides. As a rule, people planning suicide and deciding to end their lives rarely communicate their intentions directly. It is known that suicide can be completed, i.e. end in death, or incomplete and be a suicidal attempt. Based on this, there are key signs and stages of manifestation of a particular type of suicide.

Anti-vital experiences are disturbing thoughts about the low value of existence, statements in the form of: "it's not worth living, there's no need", "everything is in vain", "not life, but a miserable living every day".

Passive suicidal thoughts are fictions, ideas about one's death, but not about taking one's own life: "it would be nice to fall asleep and not wake up," "it would be nice to die at home." Death seems to be something quick, even pleasant and painless. A person vividly fantasizes and comes up with pictures of how his relatives grieve and mourn, which will change after his passing away. Suicidal thoughts are active thinking and preparation for committing suicide: a person is looking for a rope, a powerful medicine, writes suicide notes, chooses a suitable place and time to commit suicide. Suicide is the moment from the appearance of suicidal thoughts to attempts to commit suicide itself. Suicidal intentions—joining the suicidal intentions of the desire to commit suicide.

Parasuicide is causing harm to health, without the desire to end life, in order to get what you want, the reaction of others, loved ones. Parasuicide is committed against the background of an emotional outburst and is inherently demonstrative. This behavior is typical for people with hysteroid character traits, psychopathy.

Extended suicide is when a suicidal person intentionally leaves life and, guided by his painful beliefs and ideas, kills people around him, for example, a family, so that they do not suffer in this world. A striking example is the tragic story of the death of A. Saint-Exepuri and his family.

From all of the above, it follows that the unfolding of the suicidal process is based on thinking aimed at protecting oneself from suffering. It is during the pre-suicidal periods that the idea of leaving life is formed with the help of thinking, before the realization of which is one fatal step.

1. The pre-suicidal period is a kind of precursor to suicidal behavior. It is determined by a change in mental functions, a gradual increase in anhedonia—feelings of apathy, loss of interests and positive aspirations, emotions. The mood background is predepressive, a person sees the environment not in such rosy colors as before, closes himself in.

What used to please and bring pleasure is no longer interesting, it becomes a burden. There are problems at work or at school. Every day feels empty and joyless, the same and bringing nothing but disappointment. It seems that there is no future ahead, all desires are fading away. This period can last from several days to months.

2. The presuicidal period is the time interval between suicidal behavior and the realization of suicide. The change in condition occurs with the appearance of passive suicidal thoughts, thoughts on death, anxiety, mood swings, feelings of guilt, and loneliness. There is a growing conviction that suicide is necessary. A person completely ceases to see other ways out of the current conflict situation.

3. The period of realization of suicidal intentions or suicide itself is characterized by the peculiarities of preparing for retirement: choosing a place, time, method, writing a farewell letter or note. For people suffering from schizophrenia, for example, it is characteristic that suicide is committed in a distorted and pretentious form.

4. The post-suicide period is the time after committing suicide. This period is conditionally divided in time into the nearest (the first week after suicide), early (up to one month), and late (up to six months) intervals. The problem that caused the suicide may lose its relevance, this person defused the emotional impulse. However, it is also possible to maintain a fixation on the situation, and the risk of a repeat attempt remains extremely high.

There are the following criteria that precede suicidal behavior (Fts, 2015; Shneidman, 2001).

Emotional risk indicators:

- signs of depression—anxiety, prolonged mood decline, sleep disorders, appetite, loss of the ability to experience pleasure, weakening of attention, and volitional component, apathy;
- feeling of worthlessness, uselessness, insignificance, guilt;
- Anger, aggression, self-rejection;
- Unnecessary fears, worries, and fears;

- An ambivalent attitude to life;
- Indifference to their future fate and the future.

Behavioral indicators of suicide:

- Excessive alcohol and drug use;
- Leaving home and family;
- Reduced physical activity;

Completion of business—giving away personal belongings, writing wills, settling relationships, parting with things that are dear and significant to a person;

- untidiness, lack of self-care;
- frequent listening to sad music, reading literature related to death;
- the desire for risky actions;
- decreased interest in work and study, difficulties and problems associated with a drop in the quality of work performed;

Summarizing scientific data, we can say that often the main reason, the "impetus" for the development of suicide is psychosocial distress of the individual, which is understood as psychological discomfort, experiencing internal conflict as a consequence of a mismatch of expectations with the real course of events, feeling unhappy, flawed, helpless, lonely, abandoned, an outcast who rejects himself, others, or the whole world.

In numerous studies carried out in line with the scientific school of Orlov Yu. M., Morozyuk S. N., it is proved that the psychological well-being of a person is determined by the style of her thinking, the quality of reflection, the everyday philosophy that developed under their influence (Adamyan, 2012; Durkheim, 1994; Krainova, 2010; Morozyuk, Morozyuk, & Kuznetsova, 2023; Marchukova, 2005; Pavlyuchenkova, 2001; Rudakov, 2009; Smoleva, 2010).

Repetitive negative thinking destroys cognitive functions (memory deteriorates, attention is impaired, critical thinking decreases, information processing speed decreases, its prognostic function weakens). This prevents a person from planning and carrying out purposeful actions, which is a favorable ground for the appearance of suicidal thoughts and intentions.

Materials and Methods

Since our respondents were people with a depressive episode and people with intentional self-harm, their reflection, as we believed, has its own specific characteristics, including gender.

The study was conducted in February-March 2023, which involved 38 respondents—men (21 people) and women (17 people) aged 18-40 years with suicidal behavior. All patients were in remission. 87% of respondents have higher education, 10% have specialized secondary education, and 3% have incomplete higher education.

The empirical base of the study is the State Budgetary Healthcare Institution of the Moscow region "Psychiatric Hospital No. 5" in Khotkovo, Moscow region.

Results and Discussion

The results of the empirical study were processed using the STATISTIKA 7.0 program using a parametric statistical data processing method for independent samples, the student's *t*-criterion.

Figure 1 shows the results of a study of the protective reflection of individuals with suicidal behavior.

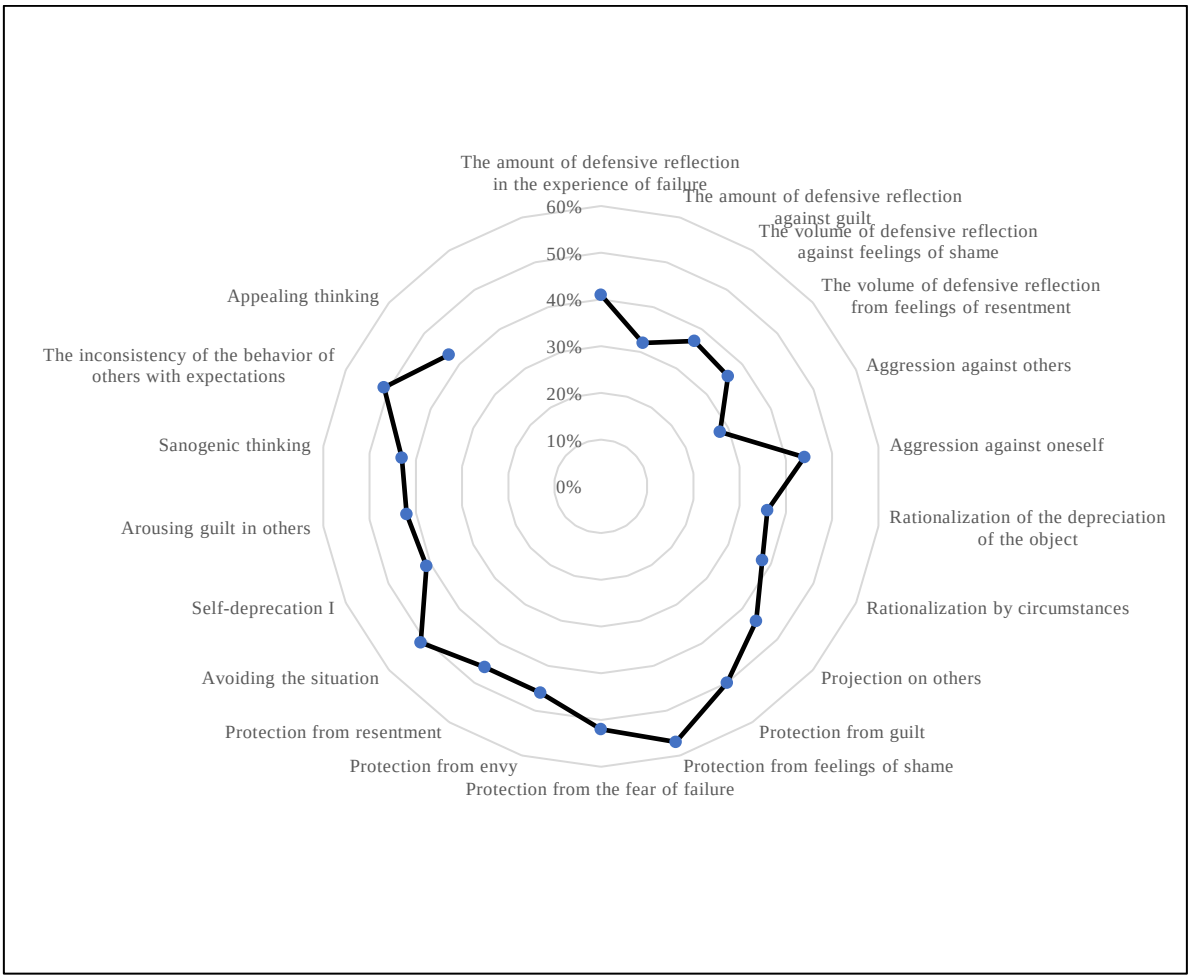

Figure 1. Profile of protective reflection with suicidal behaviour.

The data presented in the diagram demonstrate a peculiar profile of protective reflection in individuals with suicidal behavior.

There is also a high level of defensive reflection when experiencing fear of failure (41%). In our opinion, this suggests that in the patient's life history there were many traumatic personality situations associated with failures in activities, behavior, and relationships, accompanied by feelings of shame and guilt. This is evidenced by pronounced psychological defenses against shame (57%) and guilt (50%). How does a person protect himself from these negative, painful experiences? Our data indicate that a person is aggressive against himself (45%) and withdraws from a traumatic situation (50%). Suicide is the extreme tragic point of withdrawal and aggression against oneself. The world in which the personality lives seems to her cold, hostile, not corresponding to her needs and aspirations. This is evidenced by the pronounced indicator "Non-compliance of the behavior of others with their expectations" (51%). There is nothing to cling to so as not to fall into the abyss. When staying in this world is so unstable, the trigger that triggers a suicidal act may be an insignificant event, from the point of view of a psychologically well-off person, which a person traumatized by past life experiences regards as a force majeure circumstance. The door to the future slammed shut. And then death is the only way to get rid of suffering.

Let us turn to the results of a comparative analysis of the characteristics of reflection of persons with suicidal behavior by gender (Figure 2).

Table 1

Presents Comparative Data on the Average Indicators of Protective Reflection of Men and Women With Suicidal Behavior

	The respondents	The average data of a *t*-student	CET indicators (Y. M. Orlov, S. N. Morozyuk)
1	Men	20.0	The volume of defensive reflection in reproducing the fear of failure
	Women	18.6	
	The difference	1.4	
	t-student	2.34**	
2	Men	6.5	Aggression against oneself
	Women	6.7	
	The difference	-0.2	
	t-student	2.78**	
3	Men	8.7	Rationalization by depreciation of the object
	Women	8.9	
	The difference	0.2	
	t-student	2.31**	
4	Men	10.0	Rationalization by circumstances
	Women	9.2	
	The difference	0.8	
	t-student	1.82*	
5	Men	7.4	Protection from the fear of failure
	Women	8.2	
	The difference	-0.8	
	t-student	1.98*	
6	Men	10.1	Protection from resentment
	Women	11.1	
	The difference	-0.1	
	t-student	2.91***	
7	Men	12.8	Avoiding the situation
	Women	12.2	
	The difference	0.6	
	t-student	1.71*	
8	Men	7.3	Self-deprecation I
	Women	8.1	
	The difference	-0.8	
	t-student	2.47**	

Notes: statistically significant differences*** - at the level of $p \leqslant 0.001$; ** - at the level of $p \leqslant 0.01$; * - at the level of $p \leqslant 0.05$.

The data presented in the table indicate that there are statistically significant differences in some indicators of protective reflection of men and women prone to suicidal behavior. Thus, in men, the "Volume of protective reflection in reproducing the fear of failure" (*t*-student—2.34**) is significantly higher than in women. Men are more likely than women to rationalize circumstances (1.82*). Trying to somehow preserve their dignity, their "I" in confrontation with society, their loved ones, and with themselves, men more often than women rationalize

their social inadequacy and personal unrealization by circumstances: “I could, but my parents did not give me a decent education”; “I am capable, but I was born not there and not then.” A man chooses to “Get out of the situation” as a defense against the fear of failure. This indicator is higher for men than for women (1.71*). The validity of our data is confirmed by WHO statistics—among men, the percentage of suicidal cases as a way out of life is higher than among women (73% are men, 27% are women).

If social well-being is very important for men, related to career, financial well-being, success in sports, something for which a man can respect himself, then the triggers that trigger suicidal behavior of women should often be sought in the system of close interpersonal relationships (loss of a child, a loved one, a significant person, betrayal of a loved one, etc.). This is evidenced by our data presented in the table. Women who are prone to suicidal behavior are more touchy than men (*t*-student—2.91**).

Their main defense against resentment is “Self-deprecation of the Self.” This indicator is significantly higher in women than in men (*t*-student—2.47**). “I’ve always done everything wrong. This will be my last mistake,” “I have such a terrible feeling of emptiness inside that it just kills me. I can’t stand him anymore. I must say that I have nothing left but a broken heart, and that’s what pushes me to do this,” “Since I don’t have the love that I need so much, then I have nothing left.”

Women who are suicidal are more aggressive against themselves than men (*t*-student—2.78**), because they consider themselves bad, undeserving of happiness in this world. They are more inclined than men to devalue the circumstances around themselves, close people, and the world as a whole, in which there is no place for personal happiness (*t*-student—2.31**). So there is only one way out—to leave him and not suffer anymore.

Despite the fact that in our study we found gender-specific reflection of men and women prone to suicidal behavior, there are data that allow us to see a peculiar reflexive profile of people prone to suicide regardless of gender (Figure 2).

The figure clearly shows defenses against fear of failure, shame, envy, which manifest themselves in aggression against oneself, rationalization of circumstances, and devaluation of the object of attraction, in avoiding the situation. Suicidal thoughts as a way to escape from suffering, suicide as a means of protection, allow you not to explode from overwhelming negative emotions, but to escape from tension. Such behavior, according to A. Adler, is a manifestation of cowardice (Adler, 2023). In our terminology, it is the fear of failure, the fear of experiencing a sense of shame and guilt. Why go to meet suffering when you can just avoid it? Go to a place where there is no suffering.

In the realities of the modern world, the problem of psychological well-being and protection of mental health of the individual is acute.

Suicide doesn’t just happen. In most cases, suicide is a thoughtful and personal choice of a particular person, of course, not the best. There is always something provoking, predetermining the development of suicide. The “last straw” may be a conflict at work or family turmoil, a feeling of loneliness, or lack of prospects for life.

All age groups of the population and all nationalities, people with higher education and the unemployed, the poor and the rich are susceptible to suicide.

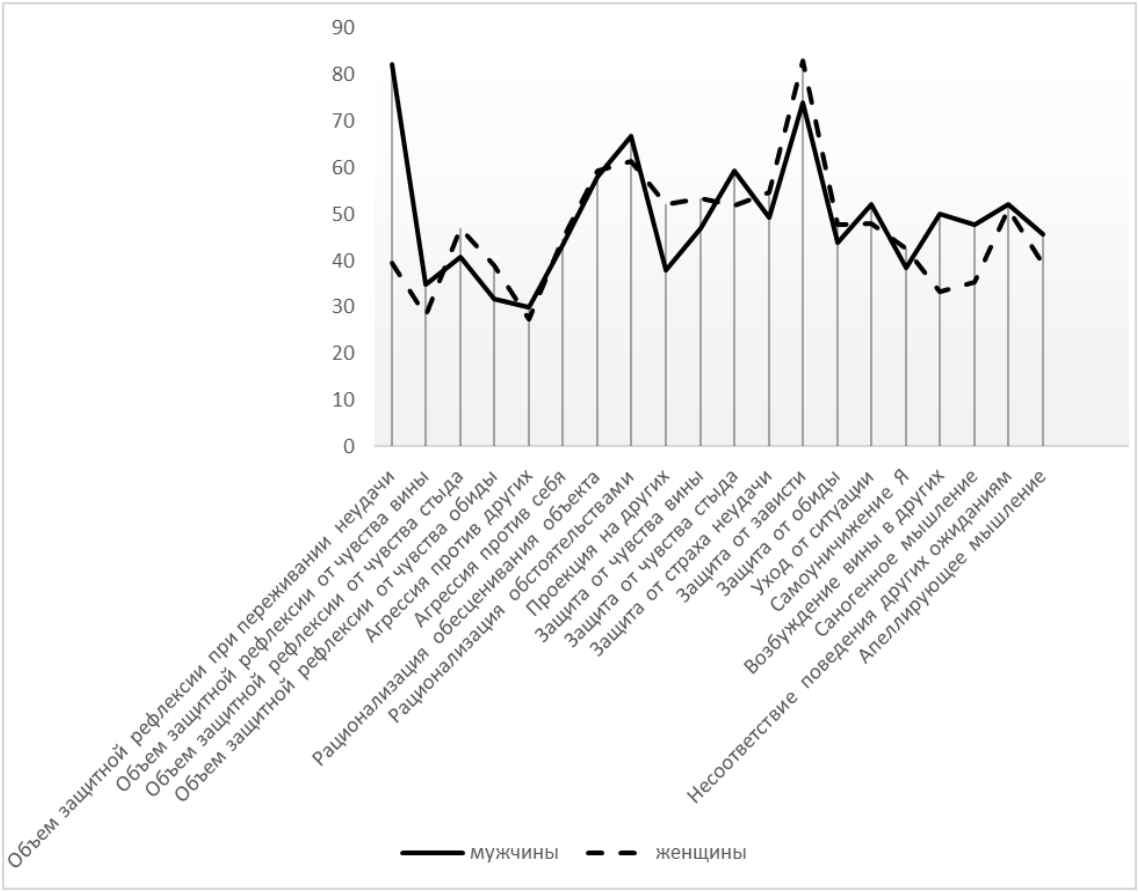

Figure 2. The profile of protective reflection of men and women with suicidal behavior (in % ratio).

Notes: —— - men – – - women

1 - The volume of defensive reflection from the fear of failure, 2 - The volume of defensive reflection from guilt, 3 - The volume of defensive reflection from feelings of shame, 4 - The volume of defensive reflection from feelings of resentment, 5 - Aggression against others, 6 - Aggression against oneself, 7 - Rationalization of the depreciation of the object, 8 - Rationalization by circumstances, 9 - Projection on others, 10 - Protection from guilt, 11 - Protection from feelings of shame, 12 - Protection from fear of failure, 13 - Protection from envy, 14 - Protection from resentment, 15 - Avoiding the situation, 16 - Self-Deprecation, 17 - Arousal of guilt in others, 18 - Sanogenic thinking, 19 - The inconsistency of the behavior of others, 20 - Appealing thinking.

Conclusions

Thus, our hypothesis was confirmed that the protective reflection of persons with suicidal behavior has its own specific features:

(1) Suicidal behavior is based on psychological distress and mental disorders caused by situations of interaction in the family and outside the family, in which the most sensitive, easily vulnerable people did not have enough psychophysiological resources to persistently survive them. This may be a single, traumatic case (violence, loss of a loved one, etc.) or situations with a cumulative effect that leads to a breakdown in adaptation.

(2) The most pronounced feature of protective, essentially pathogenic reflection in persons with suicidal behavior, regardless of gender, is protective reflection from fear of failure and envy, which manifest themselves in aggression against themselves, rationalization of circumstances, and devaluation of the object of attraction, in avoiding the situation.

(3) Our assumption was confirmed that there are gender differences in protective reflection in suicidal individuals. Thus, in men, the "Volume of protective reflection in reproducing the fear of failure" is significantly higher than in women. Trying to somehow preserve their dignity, their "I" in confrontation with society, their loved ones, and with themselves, men more often than women rationalize circumstances. A man chooses to "Get out of the situation" as a defense against the fear of failure. This indicator is higher for men than for women.

(4) If social well-being is very important for men, related to career, financial well-being, success in sports, something for which a man can respect himself, then the triggers that trigger suicidal behavior of women should often be sought in the system of close interpersonal relationships (loss of a child, a loved one, a significant person, betrayal of a loved one, etc.). Women those who are prone to suicidal behavior are more touchy than men. Their main defense against experiencing resentment is "Self-deprecation of the Self." This indicator is significantly higher for women than for men. Women who are suicidal are more aggressive against themselves than men, because they consider themselves bad, undeserving of happiness in this world. They are more likely than men to devalue the circumstances around themselves, close people, and the world as a whole, in which there is no place for personal happiness.

(5) The starting point for the formation of suicidal behavior is the idea of the imperfection of the world and oneself in it. The pathogenic understanding of traumatic experience forms the pathogenic philosophy of everyday life, on the basis of which pathogenic worldviews such as readiness for suicidal behavior are formed. This means that the therapy of people with a depressive episode and people with intentional self-harm should be carried out through the development of a special healing reflection (sanogenic) aimed at ensuring psychological stability primarily to the factors of fear of failure, shame, resentment, and envy.

(6) It is necessary to use sanogenic thinking to help a person with these disorders become stronger than their feelings at the stage of the first signs and symptoms of the development of this disorder. For "The power of thought is obvious. She creates reality." And what this reality will be depends on the person himself, who is motivated to make a positive change in himself and his life.

In this we see a promising way of psychological assistance aimed at preventing and solving the problem of mental disorders.

(7) Despite the fact that consulting practice based on the principles of sanogenic thinking and sanogenic reflection shows the effectiveness of this approach to solving problems of overcoming psychological distress, we are aware that the application of sanogenic therapy methods to individuals with suicidal behavior requires fundamental theoretical justification and experimental verification with representative samples.

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