



# THE CHARACTERISTICS OF PSYCHOLOGICAL DIAGNOSIS AND CORRECTION OF MOTIVATIVE-NEED SECTORS OF SUICIDAL BEHAVIOR SPECIFIC TO ADOLESCENCE

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Article DOI: <https://doi.org/10.36713/epra4935>

## ABSTRACT

*The article analyzes the analysis of psychological diagnostic methods in the field of motivational needs of suicidal behavior, which is typical of adolescence.*

**KEY WORDS:** *Need, motivation, adolescence, suicide, value, clinical interview, emotionality.*

## INTRODUCTION

Suicide is a reality that has been going on since the earliest days of human society. As N.A. Berdyaev writes: "Suicide is a psychological phenomenon and in order to understand it, it is necessary to understand the mental state of a person who decides to end his life [1, p.21]. In recent years, the number of teenagers committing suicide has been particularly high. Adolescence as a stage of ontogenetic development differs sharply from other periods of human development by the peculiarities, possibilities, laws, complexity of expression and formation of behavioral motives of puberty.

Suicidal behavior is a conscious act aimed at depriving oneself of life. The scientific problem is that suicidal behavior or suicide is a person's self-condemnation (*italics G. Tulaganova*). In this case, the person becomes in a situation where at the same time he can not control his actions, can not respond to himself, and as a result, an accident occurs. Suicidal ideation, suicidal attempts, suicidal covenant are specific to adolescence.

## METHODS

According to many researchers, suicidal behavior is rare in children under 13 years of age, with suicidal activity only increasing between the ages of 14 and 15, and peaking at 16 to 19 years of age. Therefore, psychodiagnostic and correctional, psychoprophylactic work with adolescents who constitute such a risk group, the prevention of suicidal attempts among them, allows them to find their place in life later. Adolescence is a period of re-understanding and analysis of life values.

## RESULTS AND DISCUSSIONS

Values determine the value and importance of a person in the social environment that surrounds him in life. The highest value is human life. Values reflect an individual's chosen attitude toward these values based on the needs of the subjectivity of the individual. S.L. Rubinstein emphasized that "values" cannot be bought with money, but determine our purpose in life. Rubinstein classifies the process of formation of a system of values as an important factor in the socialization of the individual [2]. Understanding the vital values of adolescents in this



regard allows them to lend a helping hand when needed. It is during adolescence that the lack of life experience, the lack of logical reasoning skills, and the tendency to draw conclusions based on age-specific emotions often lead to suicidal activity.

One of the relatively perfect and methodologically based areas of research on values is the methodology "Value Orientation" developed in the United States in the 70s of the last century by M. Rokich, as well as research based on it in other countries [6, p.7]. M. Rokich defines value as the existence of a stable belief in an advantage over a particular behavioral appearance or the ultimate goal of existence when taken from a personal or social point of view in relation to the opposite behavioral appearance. Human values are characterized on the basis of the following main features [7, p.14]:

- the amount of common human values is not large in comparison;
- all people have exactly the same values, although they are expressed at different levels;
- values are formed in the system;
- The source of human values is observed in culture, society and its institutions, as well as in the individual;
- The influence of values is seen in almost all social phenomena worthy of study.

The methodology developed by M. Rokich is based on the direct stratification (ranking) of the list of values. He distinguishes two classes of values [3, p.44].

1. Terminal - the belief that the ultimate goal of an individual's existence is worth striving for. The incentive material is described in 18 value sets.

2. Instrumental - any appearance of an action or personality trait is preferred in any situation. The incentive material is also reflected in 18 sets of values.

Such separation is based on the traditional division of values into value-goals and value-means. In the process of analyzing the results of the ranking of values, we focused on grouping them into content blocks according to different bases. In this case, for example, the values of "concrete" and "abstract", the values of self-expression in private life can be distinguished. Instrumental values can be grouped as follows:

- Moral values;
- Communication values;
- Work values;
- Individualistic values;
- Conformal values;
- Altruistic values;
- Values aimed at finding their place;
- Values of acceptance of others.

If it is not possible to determine any correlation based on the results obtained, it can be

assumed that the respondent did not form a value system or did not give sincere answers by him during the research process. The advantage of the methodology is its universality, convenience and cost-effectiveness, flexibility in the process of testing and processing the results - the ability to apply both the incentive material (list of values) and instructions according to the situation. Its significant shortcoming, in our opinion, is the effect of social approval on the answers, the manifestation of insincerity in them. Therefore, in such a situation, diagnostic motivation, voluntary participation in the examination, and the presence of communication between the psychologist and the subject play an important role.

Methodology for diagnosing the degree of satisfaction of basic needs (hierarchy of basic needs) developed by V.Skvortsov in the method of pair wise comparison[8]. The theoretical basis of the methodology was A. Maslow's modified pyramid of needs. In the author's understanding, a person's needs are a state in which a person feels the need for something. Needs activate the person, directing him to search for what he needs at the same time [7]. The methodology allows to determine the level of satisfaction of 15 basic needs and five main needs of the adolescent:

- material needs;
- security needs;
- social (interpersonal) needs;
- recognition needs;
- needs for self-expression.

In the course of the audit, it was proposed to evaluate 15 confirmations in pairs. First, the first approval is evaluated by the second, third, and so on. The same process is then repeated with the second, third, fourth, and other affirmations. The results are evaluated by calculating the sum of points for each of the 5 groups:

- 10 - 15 points - the zone of satisfaction;
- 6 - 9 points - zone of partial satisfaction;
- 1 - 5 points - zone of dissatisfaction.

Many psychologists believe that the optimal way to make a psychological diagnosis of an individual is a clinical interview. In this case, the psychologist has the opportunity to communicate directly with the subject, on the basis of which to observe, evaluate him, and at the same time to collect comprehensive information in a relatively short period of time [3, p.6]. Conducting a clinical interview, on the one hand, allows to obtain diagnostic information, on the other hand, to determine the methods and directions of corrective work during the adolescent ball. The fact that the clinical interview was conducted in an informal form without the participation of strangers in the course of the research, in turn, allows to highlight the following



areas of the personality of a teenager with suicidal behavior[4]:

The main tasks of the first interview should be:

- reduction of emotional tension;
- blocking suicidal emotions;
- to mobilize the adolescent to overcome difficult situations;
- cases of possible psychological trauma in the process of this crisis and preparation for an adequate response to them;
- to strengthen the motivation of the adolescent to receive further psychological help, focusing part of the adolescent's attention from situational problems to internal problems.

In the process of conducting the interview, a simple enough, open character, such as: "Can not you tell me about yourself?" addressing questions in the style of the study also provided an opportunity to explore topics that were important to the adolescent, not planned in advance.

## CONCLUSION

The results of the interviews were recorded and analyzed on paper. In addition to the basic information gathered during the clinical interview, it is advisable to focus on the needs of the adolescent, his or her memories of past events, and so on. The clinical interview allows the adolescent to obtain additional information about suicidal ideation, to study the characteristics of suicidal behavior, suicidal goals (risk), the cause (motive) of suicidal behavior, the psychological description of suicidal behavior.

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