

Psychological factors of suicidal risk among adolescents with speech disorders

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Abstract

The purpose of this article is to present the main conclusions on the results of the ascertaining experiment and to identify the relationship between the empathy level, the severity of character accentuations, and the tendency to suicidal risk in adolescents with speech disorders. We used a comprehensive methodology during the study. Results of the study showed that there were indicators of the empathy level and suicidal risk propensity in certain groups of subjects. In conclusion, the relationship between a high empathy level and suicidal risk propensity, as well as between cyclical and demonstrative types of accentuations, has been empirically proven.

Key words: auto-aggression, accentuation, suicidal risk, empathy.

Factores psicológicos de riesgo suicida en adolescentes con trastornos del habla

Resumen

El propósito de este artículo es presentar las principales conclusiones sobre los resultados del experimento de determinación e identificar la relación entre el nivel de empatía, la gravedad de las acentuaciones de carácter y la tendencia al riesgo suicida en adolescentes con trastornos del habla. Utilizamos una metodología integral durante el estudio. Los resultados del estudio mostraron que había indicadores del nivel de empatía y la propensión al riesgo suicida en ciertos grupos de sujetos. En conclusión, la relación entre un alto nivel de empatía y la propensión al riesgo suicida, así como entre los tipos de acentuaciones cíclicas y demostrativas, se ha demostrado empíricamente.

Palabras clave: autoagresión, acentuación, riesgo suicida, empatía.

1 Introduction

The problem of suicide remains an urgent problem of modern civilization. The problem of suicide is also reflected in the works of domestic authors. Suicide is a type of auto-aggressive behavior, including actions aimed at causing any damage to one's somatic or mental health. According to the WHO (1982) definition, suicide is an act of suicide with a fatal outcome. Parasuicides require separate isolation - suicidal attempts without a fatal outcome (Abulkhanova, 2014). This position is justified by the fact that persons who have tendencies, attempts, and persons who commit suicide are seriously different from each other (Andronnikova, 2009). Suicidal behavior should be understood as the behavior, the features of which include consciousness, purposefulness, immediate threat to human life and health; which are also characterized by a different range of manifestations, phasing, resulting from the symbiosis of various predisposing factors. Suicidal intentions appear when a volitional component joins the plan - a decision, readiness for a direct transition into external behavior.

2 Methods

There are different approaches to the classification of suicidal behavior. Egupova (2010) highlights: suicides - true suicides, and suicide attempts - incomplete suicides. According to Brushlinskiy (2013), suicidal behavior of adolescents can be divided into demonstrative, affective and true. Dimitrov (2012) proposed a classification based on the features of the socialization process of the individual. Sharov (2013) singles out a demonstratively blackmail suicidal behavior aimed at demonstrating the intention to die; and self-harm, which is not directed at all by the idea of death, but is limited only to damage to a particular organ; and behavior - the result of an accident. It should be noted that the above description of the stages of suicidal behavior is conditional to a certain extent, since the duration of each of the stages and their clinical and psychological features vary significantly among different individuals. The pre-suicidal stage and the stage of suicide implementation are rather long in nature in some suiciders, while they take place in a minimized, reduced form in others. An important component of suicidal behavior is its motivational side, which includes the emotional and cognitive components. There are various motivational complexes that can be both conscious and unconscious. The present study was aimed at identifying the presuicide factors in adolescents with speech disorders. The hypothesis of the study is as follows: the combination of a high empathy level and severity of cyclotypic and demonstrative types of accentuation increases suicidal predisposition in adolescents with speech disorders. The sample consisted of 40 adolescents. The age range of subjects was 13 - 14 years. The following psychodiagnostic methods were selected to confirm or refute the hypothesis.

- Questionnaire Auto and heteroaggression
- Hopelessness Scale, Beck,
- Emotional Response Scale Methodology by Wojciech (2009)
- Diagnosis of Empathy Level Methodology by Shelekhov (2011)
- Diagnosis Methodology of Character Accentuations

3 Results and discussion

There are various psychological theories explaining suicidal behavior. According to the psychodynamic approach, suicidal behavior is the result of the predominance of the death instinct. The representatives of the cognitive-behavioral approach consider the environment as a key factor in human behavior. The existential-humanistic approach Rozanov (2010) emphasizes emotional distress in the origin of suicidal behavior. Kolesnikova and Tserkovnikova (2014) emphasized the role of anxiety and other emotional experiences in the origin of suicidal behavior. According to V. Frankl, a suicider is afraid of life itself. Rudzinskaya and Sharov (2015), having examined a group of adolescents aged 14-18 years old, found that about half of them had suicidal acts against the background of an acute affective reaction that is developed through a short circuit mechanism, when sometimes an unimportant cause plays the role of the last drop and provokes a suicidal act. In this case, the teenager's actions at the time of a suicidal attempt often outwardly seem to be demonstrative. They are committed in front of the injurer, are accompanied by crying or vice versa by a bravado of peace. However, this suicide game often goes too far and may end tragically.

As a result of our study (2013), aimed at identifying the degree of suicide risk in adolescents with speech disorders, it was revealed that the suicidal tendencies are more pronounced in the adolescents with this type of diontogenesis. In a significant proportion of subjects, the risk factors for suicide are as follows: feeling of inferiority, difficulties in family and school relationships. After conducting a psychodiagnostic study procedure, describing and analyzing the results obtained, it is necessary to summarize the data received. The study of the empathy level in adolescents with speech disorders revealed higher empathy levels

— In adolescents with speech disorders. According to the methodology of I.M. Yusupov - 30% higher; and the methodology of A. Mehrabian and N. Epstein - 20% higher than in the normally developing adolescents. Thus, it can be stated that adolescents with speech disorders have a higher empathy level.

— According to the diagnostic results carried out by Beck's methodology, the indicator of the severe hopelessness level is 2 times higher than that of normally developing adolescents (30% and 15%, respectively).

— According to the methodology of E.P. Ilyin, we revealed the predominance of auto-aggression over hetero-aggression (in adolescents with speech disorders, auto-aggressive tendencies are more pronounced than in the normally developing adolescents, 50% and 25%).

4 Summary

Thus, it may be concluded that adolescents with speech disorders are more characterized by auto-aggression and a high hopelessness level.

— The presence of accentuations was revealed in 80% subjects among adolescents with speech disorders. In adolescents with normal development, 65% of respondents had obvious accentuations.

— The severity of cyclothetic and demonstrative types of accentuation also prevails in adolescents with speech disorders (30% of the total number of respondents in the group).

— We also revealed the prevalence of hyperthymic (30%) and demonstrative (15%) types of accentuations in adolescents without speech disorders.

According to the results of all methodologies, it can be stated that 25% of subjects have high empathy levels and suicidal risk tendencies in G1. There is a combination of hopelessness and auto-aggressive tendencies. Tendency to suicide is clearly associated with the presence of pronounced accentuations: demonstrative (15%); cyclothymic (5%) and excitable (5%). A similar trend is observed in G2 (adolescents with speech disorders). 50% of subjects have high empathy and suicidal risk levels, which are clearly associated with accentuations. Of them, 6 subjects (30%) showed a cyclothymic type of accentuation and 4 (20%) had a demonstrative one. The remaining respondents with hyperthymic (15%), pedantic (10%), and exalted (5%) accentuation have a lower empathy level and a lower tendency to suicidal risk.

1. The adolescents both with speech disorders and without speech disorders, with a cyclothymic, demonstrative accentuation, have a tendency to suicidal risk. But the suicidal behavior is not inherent in the adolescents with hyperthymic accentuation. The data obtained do not contradict similar studies, where the same pattern may be traced.

2. The adolescents both with speech disorders and without speech disorders, with a high empathy level, have a higher level of suicidal risk. The data obtained do not contradict the works of other authors. Thus, the study by Zhuravlev (2017) revealed a relationship between a high empathy level and an auto-aggression. To identify the presuicide factors in adolescents with speech disorders, we conducted a correlation analysis. The statistical data processing was carried out by determining the Pearson linear correlation coefficient. Let us consider the results obtained. A significant correlation was found between:

— The indicators of empathy levels by two methods aimed at its measurement ($r = 0.867$ with $p \leq 0.01$). This indicates the reliability of these methods.

— Empathy and hopelessness ($r = 0.867$ with $p \leq 0.01$). The higher is the empathy level, the higher is the hopelessness level. Obviously, people with a high empathy level react more sensitively to what is happening due to the fragility of their psyche, lowering the sensitivity threshold.

— Empathy and auto-aggression ($r = 0.782$ with $p \leq 0.01$), empathy and hetero-aggression ($r = -0.475$ with $p \leq 0.05$). The lower is the empathy level, the greater is the tendency to heteroaggression, and accordingly, the higher is the empathy level, the higher is the tendency to autoaggression.

— Empathy and severity of character accentuations ($r = 0.604$ with $p \leq 0.01$). The more pronounced is the character accentuation, the higher is the propensity to hopelessness, and, accordingly, to suicidal risk.

— Autoaggression and severity of character accentuations ($r = 0.572$ with $p \leq 0.01$). The more pronounced is the character accentuation, the higher is the propensity to auto-aggression, and, accordingly, to suicidal risk.

— Hopelessness and tendency to auto-aggression ($r = 0.907$ with $p \leq 0.01$). The more pronounced is the hopelessness, the higher is the propensity to auto-aggression, and, accordingly, to suicidal risk.

Thus, the correlation analysis showed the relationship between:

— High empathy and suicidal risk.

Cyclothymic and demonstrative types of accentuation with a tendency to suicidal risk.

5 Conclusions

The study hypothesis was fully confirmed: the combination of a high empathy level and severity of cyclothymic and demonstrative types of accentuation increases suicidal predisposition in adolescents with speech disorders. Thus, it is possible to identify the following psychological factors that increase suicidal risk in adolescents with speech disorders: a high empathy level and the presence of pronounced accentuations of cyclothymic and demonstrative types (Sharov, 2014).

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