


## Destructive Behavior of a Person in Historical Retrospective: Factors, Diagnosis and Prevention

### Comportamiento destructivo de una persona en retrospectiva histórica: factores, diagnóstico y prevención

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## Summary

In conditions of the current development of society which is characterized by mounting social, economic and political crises, the problem of destructive behavior of an individual acquires special significance and topicality. The paper presents the results of a theoretical and methodological analysis of this problem in foreign and domestic literature in several areas: analysis of the attitude of society towards destructive behavior in its historical aspect; philosophical and theological approach; sociological and demographic areas in the study of destructive behavior, biological and biochemical; genetic approaches; psychological and socio-psychological aspects in the study of destructive behavior of a person. In view of the analysis of various approaches and areas in the study of destructive behavior, the conclusions have been drawn that destructive behavior is represented as a complex phenomenon, caused by biological factors (genetic predisposition, constitutional features of the body structure, the use of psychoactive substances, etc.), social (economic and social crises), psychopathological (connection with mental disorders), psychological (especially the system of needs and motives of activity), socio-psychological (the impact of socio-psychological maladaptation and characteristics of the values and meaning sphere of an individual) plans. These factors are interconnected and each of them has its own specific role in the complex of destructive behavior, and therefore it is impossible to obtain a holistic view of the phenomenon under consideration taken separately from the entire system of interconnected components.

**Keywords:** Destructive Behavior of a Person; Deviant Behavior; Phenomenological Analysis Socio-Psychological Properties of a Person; Historical Review.

## Resumen

En las condiciones del desarrollo actual de la sociedad, que se caracteriza por el aumento de las crisis sociales, económicas y políticas, el problema del comportamiento destructivo de un individuo adquiere un significado especial y actualidad. El artículo presenta los resultados de un análisis teórico y metodológico de este problema en la literatura extranjera y nacional en varias áreas: análisis de la actitud de la sociedad hacia el comportamiento destructivo en su aspecto histórico; enfoque filosófico y teológico; áreas sociológicas y demográficas en el estudio del comportamiento destructivo, biológico y bioquímico; enfoques genéticos; Aspectos psicológicos y socio-psicológicos en el estudio del comportamiento destructivo de una persona. En vista del análisis de varios enfoques y áreas en el estudio del comportamiento destructivo, se ha llegado a la conclusión de que el comportamiento destructivo se representa como un fenómeno complejo, causado por factores biológicos (predisposición genética, características constitucionales de la estructura del cuerpo, el uso de sustancias psicoactivas, etc.), sociales (crisis económicas y sociales), psicopatológicas (conexión con trastornos mentales), psicológicas (especialmente el sistema de necesidades y motivos de actividad), sociopsicológicas (el impacto de la mala adaptación sociopsicológica y las características de los valores y la esfera de significado de un individuo) planes. Estos factores están interconectados y cada uno de ellos tiene su propio papel específico en el complejo del comportamiento destructivo y, por lo tanto, es imposible obtener una visión holística del fenómeno en consideración tomado por separado del sistema completo de componentes interconectados.

**Palabras clave:** Comportamiento destructivo de una persona; Comportamiento desviado; Análisis fenomenológico; propiedades sociopsicológicas de una persona; revisión histórica.

## Introduction

Throughout the centuries and even millennia, a person ended his life voluntarily, however, society treated such actions differently, and this attitude can be represented as a scale from an extremely positive point to an extremely negative one. Ending one's life, this is also known as suicide, it is the "worst of sins" (Blessed Augustine), it is the "aristocrat among deaths" (Daniel Stern), it is also "voluntary departure" from life (the newest term), has existed since the time homo sapiens appeared.

The problem of suicide attracts great attention of psychiatrists, psychologists, philosophers, lawyers, writers and public figures to the diverse aspects of its manifestations. At the same time, in a contemporary consciousness suicide continues to be a mystery. Neither medicine, nor philosophy, nor religion finally knows why people end their life of their own free will. Nevertheless, it is also worth mentioning that the multidimensional character of the problem of suicide not only determines its study in various fields of human knowledge, but also contributes to the active development of such a complex discipline as suicidology (Razumovskaya et al., 2018).

An analysis of foreign and domestic literature allowed us to identify several areas in the study of the problem of suicide: literary and artistic creativity, an analysis of the attitude of society to suicidal behavior in its historical aspect, a philosophical and theological approach, a sociological and demographic direction in the study of suicide, biological and biochemical, genetic approaches to the study of suicide, psychological and socio-psychological aspects in the study of suicidal behavior of a person (Agadzhanova, 2019; Goloshumova et al., 2019; Salakhova et al., 2019; Mitina, 2018; Kalinina et al., 2018; Semenova et al., 2018).

## Method

### **The Attitude of Society towards Suicidal Behavior: a Historical Retrospective**

In the course of history, the views on the essence of voluntary departure from life changed significantly, as did its moral assessment (sin, crime, norm, heroism), depending on the corresponding stage of development of society and the prevailing social, ideological and ethnocultural ideas.

In traditional cultures, death was viewed in a dual way. In some tribes, suicide was more prevalent and revered as one of the permitted stereotypes of behavior, in others it was severely punished, but nevertheless, it was still present in the culture.

For instance, among the ancient Slavs, suicide was perceived as a valiant act, because of this attitude it (suicide) was quite common. Among primitive peoples, suicides were also very common due to objective economic and social reasons. Frequent droughts and famines forced the elderly and patients to choose the path of voluntary departure from life. The society covertly encouraged the suicidal behavior of its feeble members (the so-called community-sanctioned suicide).

Due to cultural and religious beliefs, society could sanction suicide in certain categories of citizens. In ancient India, wives of deceased or killed husbands were ordered to commit suicide during the burial of a husband. In the countries of the Ancient East, not only wives, but also slaves were to commit suicide during the burial of the master.

The statesmen of ancient Greece in some cases recognized the right of citizens to die. An extremely negative attitude to committing suicide was in the Roman Empire: the bodies of

suicides were thrown into a landfill; their wills were considered invalid. For Japanese culture, also suicide, like in no other culture, is ritual in nature and is shrouded in holiness. This is determined by the religious traditions of Shintoism and national customs, regulating situations in which there was no alternative to suicide. In Islam, suicide was the hardest of sins and was strongly forbidden by the Qur'an.

### **Philosophical and Theological Approach to the Study of Suicide**

The problem of suicide has never been secondary to philosophy, since it was directly related to such important issues as the meaning of life, freedom of choice and will, manifestation of individual freedom as a whole. The philosopher Jacques Charon (1972) in "Suicide" reflected the position of leading Western philosophers regarding the issue of death and suicide. Basically, "reasoning about suicide" is not the philosopher's urge to act, but only their thoughts on the idea itself. Here are the names of some philosophers who addressed the problem of suicide in their writings: Pythagoras, Aristotle, Plato, Socrates, Epicurus, Stoics, Seneca, Epicritus, Montaigne, Descartes, Spinoza, Descartes, Montesquieu, Russo, Hume (he was not one of the first to comment on suicide as a sinful act), Kant, Schopenhauer, Nietzsche, Kierkegaard, Camus, Sartre, Heidegger, Jaspers and others.

### **Sociological Approach in the Study of Suicide**

The basic conceptions that explain suicidal behavior can be divided into several areas, among which the sociological one is fundamental. The basis of sociological views is the doctrine of E. Durkheim (1995) about "anomie" - a breach in the system of values and norms of societies. E. Durkheim (1995) noted that the number of suicides in society is determined by "collective representations" as special facts of social life that determine individual visions of the world (values, moral standards). It is known that economic crises have the ability to increase suicidal tendencies.

### **Biological and Biochemical Approaches in the Study of Suicide**

In the framework of the biochemical approach, the study of the influence of psychoactive substances on the "genesis" of suicide is of undoubted interest. Beyond any doubt, alcohol and drug abuse is another psychic component of suicide. Some people believe that it is not related to mental illness, it is only a life problem, although alcoholism is associated with depression, and drug dependence is partially associated with "self-medication", as it calms the psyche and weakens negative social situations. Some drugs, especially LSD, can change mood and sensory perception, and their constant long-term use leads to mental disorders.

Alcohol and drugs deprive of reasoning activity. Medicines that act like alcohol and affect mood stimulate impulsive action, which in certain circumstances can lead to death (Murphy & Wetzel, 1990).

Later suicidal activity is also associated with personality disorder and drug dependence. A.T. Beck et al. (1978), using the internationally recognized Hamilton Scale and Beck Depression List, Suicidal Scale, and Helplessness Scale, have shown that alcoholism is one of the strongest indicators of possible suicide after 5 years of use, especially due to other factors such as unemployment (Beck et al., 1978).

In Britain, K. Hawton (1988) has found that the use of prolonged hypnosis is strongly associated with possible suicide among people previously seen as intentionally harming themselves. The association of drugs and alcohol with suicide and other problems appears in a number of very important studies and is confirmed in later works by the leader of the British "suicidology" K. Hawton (1988).

## **Constitutional, Genetic Approach to the Study of Suicide**

Even in ancient times people tried to explain human behavior by creating various typologies. Burton (2005), in the *Anatomy of Melancholy*, explains the phenomenon of dysphoria using expressions synonymous with “suicide”: to take oneself to another world, to put oneself to death, etc. (the term “suicide” was introduced in 1662).

E. Kretchmer (1982) and W.H. Sheldon (1982) put forward their constitutional theories of temperament. There were also other constitutional and genetic theories with varying degrees of validity. A.A. Roy (1983) in his work “Genetics and Suicidal Behavior” distinguishes various evidence of the relative relationship between genetic factors and suicide, in particular clinical studies, twin studies. These studies are mainly based on statistical differences between suicidal and non-suicidal behavior.

Believing that suicide develops in the family, A.A. Roy (1993) poses a question what exactly is passed down to the next generation. Without any doubt, the influence of psychological factors, but the studies mentioned above indicate the influence of genetics. Manic depression, schizophrenia, alcoholism were genetically transmitted to many victims - those mental illnesses which are closely associated with suicide.

In addition to the purely genetic causes of mental illness associated with suicidal behavior, they point out the mutual influence of congenital tendencies and the environment. Now they are inclined to believe that genetics interacts with the environment, and the latter affects the genetic predisposition. In the same vein, E. Grollman (2001) asserts that human physiology is as important for behavior as the psychosocial stimulus for biopsychological functioning. Therefore, one should get rid of the Cartesian “dualism” and consider a person as a whole, which includes all interactive bio-physical-psychosocial elements.

## **The Psychopathological Approach**

Attempts were made, but they were unsuccessful to separate suicides into a separate nosological unit - suicidomania (Starshenbaum, 2005). A.E. Lichko (1977) takes a similar position on suicidal behavior as a borderline state, who writes: “Suicidal behavior in adolescents is mainly a problem of borderline psychiatry, that is, the field of study of psychopathies and non-psychotic reactive states against the background of character accentuation.” (Lichko, 1977). According to the author’s observation, psychoses account for only 5% of suicides and attempts, while psychopathy 20 - 30%, and all the rest is among the so-called teenage crises.

Although the author does not consider suicide as a direct consequence of the disease, he gives evidence that people with emotional problems and disorders (manic-depressive psychopathy, bipolar depression, unipolar depression, etc.) commit suicide. This is confirmed by statistics: about 90% of suicides can be diagnosed with DSM-III (Guidelines for the statistics and diagnosis of personality disorders). E. Schneidman (2001) says that 100% of suicides are in a state of confusion, frustration, but this does not mean that they are all ill. In addition, 99% of schizophrenics will never commit suicide; most people with depressive illnesses live a rather long, albeit miserable (like their surroundings) life. And finally, it is impossible to die from depression, mania or schizophrenia per se. There are no such diagnoses in the statistics of mortality causes. And “suicide” as a cause of death is recorded in all countries.

Thus, suicide is closely associated with depression, despite the fact that only 1% of all deaths are due to suicide. S.B. Guze and E. Robins (1970) found that the proportion of deaths due to committed suicides to those predicted with affective disorder was 15% (these deaths are prone to occur earlier than from other causes).

A number of studies considered suicide rates in patients with various psychiatric diagnoses. A. Temoche (1964) found that the mortality rate (the number of suicides expected on the basis of age-related suicides, expressed as a percentage of suicides) for people with depressive psychosis was 3610 people. Patients with psychoneurosis in second place – 1840 people. J. Barraclow (1955) investigated 100 cases of suicide and found that 64 had depressive illnesses. Of them, 44 previously had cases of depression, 21 had the criteria with a diagnosis of “recurring affective diseases”. A.T. Beck et al. (1978) and his colleagues investigated the link between suicidal concern and the depth of depression. It turns out that the cognitive components of depression are associated with suicidal tendencies. A.T. Beck named this component hopelessness and developed a special psychological test to determine it. A.T. Beck et al. (1974) found that the initiators of suicide were more depressed than those who attempted suicide. Among the masterminds of suicide, suicidal desires were associated with the cognitive aspect of depression, and A.T. Beck, A. Weissman, D. Lester and L. Trexler (1974) found that this is true for those who attempt suicide (Beck et al., 1974; 1978).

### **Psychodynamic Approach in the Study of Suicide**

While E. Durkheim (1995) developed the sociology of suicide, Z. Freud (1953) in his writings indirectly dealt with the psychological aspects of suicide. For Z. Freud (1953), suicide is a completely internal process. His psychodynamic position is as follows: suicide is unconscious hostility aimed at the introjected object of love. Psychodynamically, suicide is seen as murder.

K. Menninger (2000) in his significant book “The Man Against Himself” depicted the psychodynamics of hostility and suggested that suicide contains 3 components: the desire to kill, the desire to be killed and the desire to die. C.G. Jung (2016), referring to the problem of suicide, pointed to a person's unconscious desire for spiritual rebirth, which could become an important cause of death from his own hands. This desire is due to the actualization of the archetype of the collective unconscious, which takes various forms. K. Horney (1950), in line with the psychodynamic school of thought and egopsychology, believed that when the relationship between people is disturbed, a neurotic conflict arises from the so-called basic anxiety. It appears in childhood due to the feeling of hostility of the environment. In addition to anxiety, in a neurotic situation, a person feels loneliness, helplessness, dependence and hostility. These signs can become the basis of suicidal behavior (for example, a child's dependence on an adult with a deep sense of inferiority and inconsistency with the image of the ideal self or with standards existing in society).

American psychoanalyst G.S. Sullivan (1999) considered suicide in terms of his theory of interpersonal communication. Self-esteem of an individual arises mainly from the attitude of other people to him. Owing to this, three images of the self can be formed in him: “good self” if the attitude of others provides security, “bad self” if the environment gives rise to anxiety or other emotional disturbances. In addition, G.S. Sullivan (1999) asserts that there is a third image of “non-ego” that occurs if a person loses his ego-identity, for example, with a mental disorder or suicidal situation. Life crises or interpersonal conflicts doom the individual to a long existence in the image of a “bad self,” which is a source of torment and mental discomfort. In this case, the cessation of suffering through self-aggression and the transformation of “bad self” into “non-self” may be an acceptable or only possible alternative. But with the same act, a person simultaneously declares his hostility to other people and the world as a whole (Sullivan, 1999).

### **The Contribution of Humanistic Psychology to the Study of Suicide**

The role of anxiety and other emotional experiences in the origin of suicidal behavior was emphasized by representatives of humanistic psychology (May, 2015; Rogers, 1951).

For R. May (2015), anxiety was not only a clinical sign, but also an existential manifestation, the most important constructive force in human life. He considered it an experience



of the “encounter of being with non-being” and the “paradox of freedom and the real existence of man”. K. Rogers (1951) believed that the main tendency of life is the actualization, preservation and strengthening of the self, which is formed in interaction with the environment and other people. If the structure is rigid, then real experience that is not consistent with it, perceived as a threat to the life of an individual, is distorted or rejected. When a person does not recognize it, as if he imprisons himself. Without ceasing to exist, experience is alienated from the I, due to which the contact with reality is lost. Thus, at first not trusting one’s own experience, subsequently the self completely loses confidence in oneself. This leads to the realization of complete loneliness. Belief in oneself is lost, hatred and contempt for life appear, death is idealized, which leads to suicidal tendencies.

The concept of “Cry for help” by E. Schneidman (2001) and N.L. Farberow (1980), to a great extent, is focused on the organization of preventive help to a person than on an explanation of suicidal behavior. A call for society can sound both explicitly and in a latent form, while a “call for help” is more characteristic of non-psychiatric patients. Willing to avoid an intolerable situation, the individual appeals to people around; however, his condition is characterized by an ambivalent (dual) attitude to life and death (both life and death attract and at the same time repel, scare and frighten). This concept served as a methodological platform on the basis of which many centers of suicide prevention in the West sprang up.

## Results

The conducted theoretical and methodological analysis of the problem of destructive behavior of a person in historical retrospective allows us to conclude that:

- The historical trend in the development of ideas about self-destructive behavior is as follows: with the emergence and development of classes and the state, society treated suicide more and more strictly. The interests of the state demanded more and more restriction of private freedom; the mechanism of violence against a person inevitably had to encroach on the main area of human freedom - to be or not to be.
- In the framework of the sociological approach, the relationship between suicidal behavior and social conditions is declared: the ratio between the country’s economic condition and the percentage of suicides is a general law (Gilinsky & Yunatskevich, 1999).
- High consumption of alcohol or drugs that change the mood and perception of the world potentially worsens any negative psychosocial situation and, regardless of intent, increases the risk of injury or death for a person.
- Genetic factors occupy a certain place in the “genesis” of suicide, but they do not act directly, but indirectly through socio-psychological factors. Especially, this position manifests itself in cases with mental disorders, which have a greater degree of genetic conditioning in the manifestation of suicide than other forms of suicidal behavior.
- The psychopathological approach, which considers the causes of suicidal behavior in the manifestation of a particular psychopathology, is quite developed at the present stage of development of the science of suicide. It is obvious that many psychological disorders, and especially depression, are very closely associated with suicidal behavior. In this regard, working with depressed clients can prevent many suicides. However, despite this, one should still remember that suicide is primarily a social problem and a social disease, since the initial medicalization of suicide is initially incorrect (Schneidman, 2001).
- Representatives of humanistic psychology considered the role of anxiety and other emotional experiences in the origin of suicidal behavior as existential manifestations, the most important constructive force in human life.
- In addition to the approaches considered, in modern science in the field of research on suicidal behavior, there are many studies of both theoretical and empirical design that do not fit into any of the approaches outlined but are of sufficient scientific interest at least for a brief consideration (Salakhova et al., 2018a; Vikhryan et al., 2015).

In line with the sociological school of thought, there is an analysis of statistical information in historical retrospective, which is considered in the work of K.R. Jamison (2000). D.P. Philips, K. Lesnya and D.J. Paight (1992) consider the biological, social, and economic factors of suicide in their interrelationship.

A comprehensive analysis of the interrelation between suicide and brain lesion was conducted by Lisa Brenner (Ward & Brenner, 2006). The psychological factors associated with suicidal behavior were studied in the work of M. Linehan, H.L. Heard and H.E. Armstrong (1993), a professor at the University of Washington, who asserts that despite the profound elaboration of the problem of the impact of psychological interventions on psychological disorders associated with suicidal behavior, we know little how they have influence on the reduction of suicidal acts themselves. An extensive analysis of the profile of suicide victims in 13 US states was carried out by A.A. Lipsky (1987) and A. Crosby (1997). The work of Y.K. Kim, H.P. Lee and S.D. Won (2007) is devoted to the study of the factors determining suicide commission among cancer patients in a depressed state. The study of such a factor of suicidal behavior as the attitude towards violence, as well as the development of a rating scale for the named social attitude, is considered in the work of S. Stack (2000, 2003, 2005). T.E. Joiner (1999) studies suicide myths and stereotypes. The topic of psychological pain as the main cause of suicide is continued by E. Schneidman (2001).

Specific features of the manifestation of suicide in various age groups are reflected in the following works. The study of the psychological factors of suicide in adolescents, consisting in the relationship of characterological accentuations and attitudes toward interpersonal interaction, was conducted by O.I. Efimova et al. (2018). The study of gender differences in the degree of propensity for suicidal behavior among young people is the subject of the work of J. Guintivano, et al. (2014).

Various forms of diagnosis, prevention, and correction of suicidal behavior are considered in a comparative analysis of methods for studying suicidal behavior, including consideration of the advantages of techniques such as longitudinal studies, laboratory behavioral techniques, pharmacological techniques, and the development of a treatment approach (Mann et al., 2009). The work of D. Lester (1995) is devoted to the issues of social prevention. D.B. Goldston (2003) developed methodological tools for diagnosing suicidal behavior and risk in childhood and adolescence. B.W. Walsh (2012) addresses the issue of practical psychological assistance to suicides. The issues of crisis counseling, and therapy of suicidal behavior are developed by L.H. Meyer, C.A. Peck and L. Brown (1991).

## Conclusion

Thus, the foregoing historical review suggests that the problem of auto-aggressive behavior has recently become one of the most urgent problems of psychology and psychiatry. According to many authors, hetero-aggression and auto-aggression have common pathogenetic mechanisms, and the resulting aggressive behavior can be directed either at other people or at oneself. That is why self-destructive behavior is considered not only as actions aimed at ruining one's own health, but also as a variant of aggressive behavior in which the subject and object of aggression coincide (Ambrumova & Tikhonenko, 1980; Bacherikov & Zgonnikov, 1989; Pilyagina, 1999; Salakhova et al., 2018b).

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