

Features of the motivational sphere and coping strategies of mature suicides in the context of their existential crisis

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Abstract—The purpose of the study is a comparative analysis of the characteristics of the motivational, semantic areas of personality and coping strategies of persons of mature age with suicidal behavior and their peers with normative behavior, as well as the study of the mutual influence of these features within both samples. Mature age suicides have a high level of suicidal motivation, a combination of adaptive and maladaptive coping strategies and an existential crisis. Risk factors for the development of suicidal motivation that determines suicidal behavior include loss of life meaning, coping strategies of distancing and self-control. Distancing also contributes to the development of an existential crisis in people with suicidal behavior. The protective factors of suicide and the development of an existential crisis in maturity include the meaningfulness of life, existential fulfillment, coping strategies for a positive reassessment of the situation, planning for solving a problem, and seeking social support.

Keywords—*coping strategies, existential crisis, existential fulfillment, mature age, meaningfulness of life, suicides, suicidal motivation*

I. INTRODUCTION

A. The urgency of the research problem

Suicide and parasuicide are one of the most pressing problems of world importance. Every year, 936,500 suicides are committed on average in the world, and the number of suicidal attempts is 10-20 times more. According to WHO, suicide ranks 13th among the causes of death and 6th among the causes of disability in the world [1, 2].

Various aspects of suicidal behavior are studied in Russian and foreign psychology: age, gender, motivational. However, most of the works are devoted to suicides and parasuicides of adolescents and college students [3-6], or the elderly [7-9]. Suicidal behavior in maturity remains little studied in modern psychology, this determines the relevance of the chosen research topic.

B. Basic theories and approaches

The problem of suicide is interdisciplinary and is located at the intersection of philosophy, sociology, medicine and psychology. There are many concepts and approaches to the problem of suicide. The medical approach connects suicidal behavior with the following mental disorders: borderline, affective, narcissistic, adaptive, post-traumatic stressful, associated with substance abuse, eating disorders, etc. attempts and completed suicide. Determining the mechanisms of suicidal behavior are the reduction of ego-defenses, narrowing the sphere of interpersonal relationships, increasing passivity and rigidity, suppressed aggression, death fantasies [10]. The sociological approach based on the concept of E. Durkheim [11] identifies three types of suicide due to social structure: anomic suicide, the factors of which are socio-political and economic crises; selfish suicide, determined by excessive individualization; altruistic suicide, caused by a lack of individuality, absorption of an individual by a group. The psychological concepts of suicidal behavior include motivational models of suicide of K. Menninger and E. Schneidman; clinical and psychological concept of A.G. Ambrumova, the key concept of which is micro-social conflict; A. Beck's cognitive model of suicidal behavior; a diathesis-stress model, suggesting that a suicide has a congenital or acquired deficiency of certain abilities that determine suicidal behavior [10].

The lower limit of maturity in this study is determined by the age of 36 years, the upper limit is 60 years [12]. The final personal maturity is achieved at a mature or middle age. From the development of society and social roles, a mature person should move to the development of his inner world [13]. This stage of ontogenetic development should be a period of self-realization, the peak of the intellectual and creative development of the personality, the highest level of professionalization. The values of the culture of consumption and material success that are increasingly

embedded in the ideology of modern Russian society have an impact on the development of the individual in maturity. Material well-being, property acquisition, and career growth determine the level of life satisfaction among middle-aged men and women [15]. The midlife crisis, one of the normative age crises of adulthood, falls on this period. This crisis is considered existential and is a fairly long transitional period, lasting from about 39 to 45 years [15]. The severity of the midlife crisis depends on the success of the realization of a person's life plan, which was formed in his youth.

C. Purpose and hypotheses of the study

The purpose of the study is a comparative analysis of the individual psychological characteristics of suicides of mature age and their peers with the normative behavior, as well as the study of the mutual influence of these features. The subject of the research is the peculiarities of the motivational, semantic and behavioral sphere of suicides of a mature age. To achieve this goal, the following research hypotheses were formulated:

- The individual-psychological characteristics of suicides of a mature age include the disharmonious structure of coping strategies, a high level of suicidal motivation, a violation of the semantic sphere of a personality.

- The risk factors of suicide in maturity include maladaptive coping strategies and such components of the existential crisis as loss of life meaning, dissatisfaction with yourself and life, problems of freedom and responsibility, and hard feelings.

- The protective factors of suicidal motivation that determine suicidal behavior in adulthood are adaptive types of coping, meaningfulness of life and existential fulfillment.

II. METHODOLOGY

A. Base and sample research

An empirical study of the individual psychological characteristics of suicides of mature age in their comparison with the normal group was conducted in Moscow from 2016 to 2018. The study involved 108 respondents aged from 36 to 59 years. A group of suicides (main group), 63 respondents, 31 men and 32 women, were examined at the bases of the National Medical Research Center of Psychiatry and Addictions named after V.P. Serbsky of the Ministry of Health of the Russian Federation, Psychiatric Clinical Hospital No. 4 named P.P. Gannushkin of the Moscow Department of Health, Psychiatric Hospital named after V.A. Gilyarovskiy of the Moscow Department of Health, Evgeny Polyakov Center for Psychological Aid (Moscow). Among the respondents of the main group, 39 people have a secondary education, 23 have a higher education, 1 have two higher educations, 16 are married, 5 are in a civil marriage, 12 are widowed, two of them have tragically lost their spouse and children, 23 are divorced, one has married his son, 7 are single (unmarried) and have never been married before. 48 respondents have children, 15 have no children. Among suicides there are no persons registered in

psycho-neurological or drug treatment clinics. A prior psychopsychological study conducted by medical psychologists of these institutions revealed the absence of endogenous symptoms in the tested suicides. According to preliminary interviews with respondents from the main group, 15 (27%) of them regularly consumed alcohol during the last three years, four (4.32%) had experience of drug use.

Healthy respondents (a control group or a group of norms), 45 people, 21 men and 24 women, were surveyed at the bases of the departments of additional professional education at a number of Moscow universities. The group of norms included trainees of professional retraining and advanced training courses, their relatives and friends. Among the respondents of the control group, 24 people have secondary education, 2 have incomplete higher education and 19 higher education, 28 are married, 3 are widows, 12 are divorced, 2 have never been married. 43 healthy respondents out of 45 have children.

B. Research methods

The following techniques were used in this study:

- Test "Suicidal Motivation" (SM) of Yu.R. Vagin [16], which includes seven motivational scales: altruistic motivation (the driving force for suicidal behavior is death for the sake of others, the conviction that death will bring relief to relatives and friends), an anomic motivation (the determinant of suicide is loss of the meaning of life), anesthetic motivation (suicidal thoughts and actions are due to the intolerable suffering, despair, hopelessness), instrumental motivation (suicidal attempt is aimed at manipulating significant others), autopunitive motivation (suicidal behavior is determined by feelings of guilt and shame, suicide acts as self-punishment), heteropunitive motivation (suicidal acts as punishment of others perceived as offenders and persecutors), post-vital motivation (expectations of something better after death act as an incentive).

- "The test of meaningful of life orientations" (MLO) is D.A. Leontiev's version of Purpose-in-Life Test (PIL) of D. Crumbaugh, L. Maholick [17]. The test includes five subscales: focus on strategically significant goals in life (Goals); a subscale of life orientation, implying involvement and interest in life (Process); a subscale of life-oriented orientation — an indicator of productivity and successful self-realization (Result); "I" subscale of the locus of control - an indicator of personal competence (LC "I"); "Life" subscale of the locus of control - an indicator of the ability to control life, confidence in the possibility of life choices (LC "Life"). These five indicators constitute the overall measure of life meaningfulness (LM).

- "Existence scale" (ES) is S.V. The Krivtsov's version of Existenzskala of A. Längle, C. Orgler [18]. ES includes four subscales: self-distancing (SD) - an indicator of the ability to mentally and emotionally move away from the situation, change the position of the participant in the events to the position of an objective observer; self-transcendence (ST) - an

indicator of the ability to focus on life's meanings and values, and not only on goals; freedom (F) is an indicator of creativity, spontaneity, decisiveness; Responsibility (V) - an indicator of internality, readiness to fulfill obligations. In sum, the two subscales SD and ST constitute the personality factor (P) - an indicator of the productive use of basic personal abilities, openness to people and the world. The sum of two other subscales - F and V means the existence factor (E) - an indicator of the ability to constructively navigate in the external world and in specific life situations, to successfully cope with the difficulties that arise in the life course of the individual. The sum of P and E is the general indicator of existential value (G-WERT), which determines the level of saturation of life with existential meaning.

- Survey of Experiencing Existential Crisis (EEC) of L.V. Senkevich includes 10 scales: "Self-dissatisfaction", "Dissatisfaction with the past", "Dissatisfaction with the present", "Despair, suffering, guilt", "Meaninglessness of social ties", "Meaninglessness of occupation, profession, career", "Human life devaluation", "Loneliness", "Vulnerability", "Freedom and responsibility issues". A detailed description of all EEC scales is given in the article devoted to the phenomenological and dynamic characteristics of the existential personality crisis (Senkevich, 2016).

- The Questionnaire of Coping Methods (QCM) is version of the Ways of Coping Questionnaire (WCQ) of R. Lazarus, S. Folkman [19] adapted by T.L. Kryukova and E.V. Kuftyak. QCM includes 8 scales. Six scales relate to emotional oriented ways of coping with stress and difficult life situations: a confrontation scale characterized by aggressive resistance to stress, frustration, conflict, and crisis; the scale of distancing, aimed at minimizing the importance of a difficult life situation, strive to move away from the problem, to diminish its importance by rationalizing, devaluing, switching attention; self-control scale, characterized by targeted suppression of affects and emotions, a high level of self-control of the individual; scale of escape-avoidance, implying denial of the problem, evasion or transfer of responsibility for what is happening, care in fantasy, alcohol or drug addiction; scale of positive reappraisal of the situation, suggesting a positive understanding of the difficult life situation, conflict or crisis in order to further personal development, taking into account the experience gained. One scale refers to the problem-oriented: coping strategy of planning problem solution, defined as an arbitrary cognitive activity for a productive way out of a crisis, a positive change in the situation or the resolution of a conflict. The last, eighth scale of seeking social support includes an emotional component, manifested in the search for emotional support from the social environment, and an instrumental component, involving the search for informational and effective support, as well as receiving feedback from other people.

Statistical processing of the data was carried out in the IBM SPSS Statistics 22 statistical system. Since the distribution of primary data was close to normal,

parametric Student's t-criterion was chosen as a method for assessing the reliability of differences in group-average values of indicators. The parametric Pearson correlation criterion was also used in statistical calculations.

III. RESULTS

A. Motivational sphere of the tested people

The motivational sphere of the personality of suicides of mature age and their peers from the norm group was studied with the help of the "Suicidal Motivation" Test. As can be seen in Figure 1, all indicators of suicidal motivation in the group of suicides of mature age are significantly higher than in the control group.

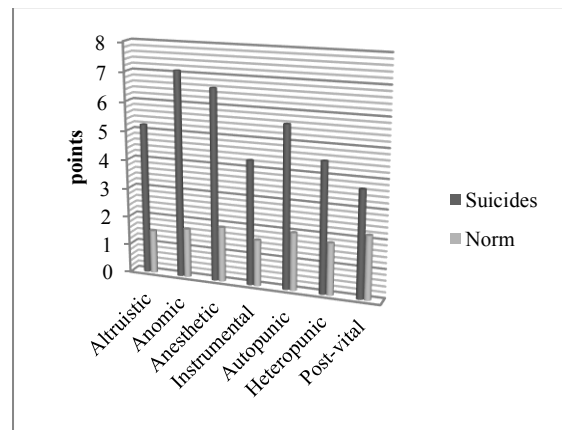


Fig. 1. Comparison of the suicidal motivation scales' data of the core and the control sample test groups.

Statistical analysis of the obtained data determined that the differences between the samples for all average values of suicidal motivation indicators are reliable. Reliability of differences between groups on all scales, except for post - vital motivation, is at a high level of significance ($p < 0.001$). Differences in post - vital motivation indices are significant at the 5% significance level ($p < 0.05$).

TABLE I. SIGNIFICANCE OF THE DIFFERENCES IN THE "SM" TEST INDICATORS (POINTS)

Type of suicidal motivation	Suicides, SSI	Norm, SSI	Student's t-criterion	Significance of the differences (p)
Altruistic	5.2	1.5	-4.681	0.000
Anomic	7.1	1.7	-6.664	0.000
Anesthetic	6.6	1.9	-5.452	0.000
Instrumental	4.3	1.6	-3.938	0.000
Autopunic	5.6	2.0	-5.289	0.000
Heteropunic	4.5	1.8	-3.542	0.001
Post-vital	3.7	2.2	-2.174	0.032

The values of suicidal motivation indicators for suicides are several times higher than the average group indicators of healthy respondents.

B. Behavioral sphere of the tested people

The behavioral sphere of suicides of mature age and their peers from the control group was studied using QCM. Indicators of coping methods such as accepting responsibility, distancing, escape-avoidance, self-control in the group of suicides of mature age are higher than in the group of the norm. The average group value of confrontation indicators, seeking social support, planning solving solution, and a positive reappraisal of the situation in both samples are approximately at the same level (Figure 2).

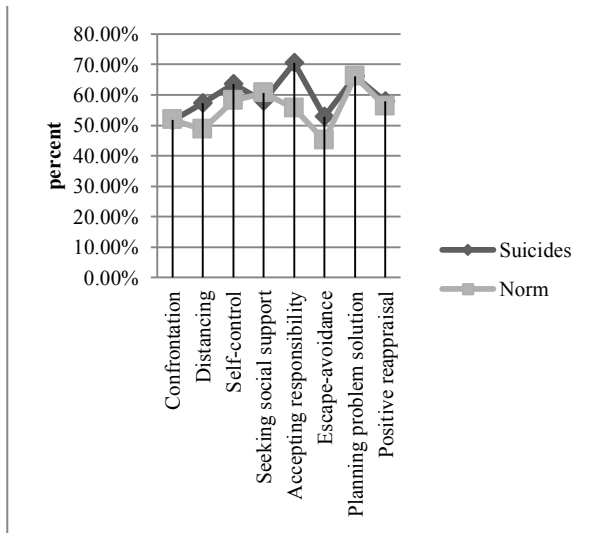


Fig. 2. Comparison of the coping-strategy scales in the core and the control sample test groups.

Significant, at a high level of significance, differences between the samples were identified in the indicators for accepting responsibility ($p < 0.001$). Statistically significant differences were also found in the indices of distancing and escape -avoidance ($p < 0.05$).

TABLE II. SIGNIFICANCE OF THE DIFFERENCES IN THE "QCM" TEST INDICATORS (PERCENT)

Coping-strategy	Suicides, SSI	Norm, SSI	Student's t-criterion	Significance of the differences (p)
Confrontation	51.5%	51.7%	0.069	0.945
Distancing	57.2%	48.7%	-2.319	0.022
Self-control	63.5%	58.2%	-1.589	0.115
Seeking social support	57.8%	60.6%	0.659	0.511
Accepting responsibility	70.6%	55.6%	-3.926	0.000
Escape-avoidance	52.8%	45.1%	-2.402	0.018
Planning problem solution	66.2%	66.1%	-0.031	0.975
Positive reappraisal	57.8%	56.2%	-0.411	0.682

According to other coping strategies, no significant differences were found between mature suicides and their peers from the norm group.

C. Semantic sphere of the tested people

The semantic sphere of the personality of suicides and healthy respondents of mature age was studied using MLO, SE and EEC techniques.

As can be seen in Figure 3, the indicators of all life meaningful orientations, as well as the general indicators of LM, are lower in the group of suicides than in the group of the norm.

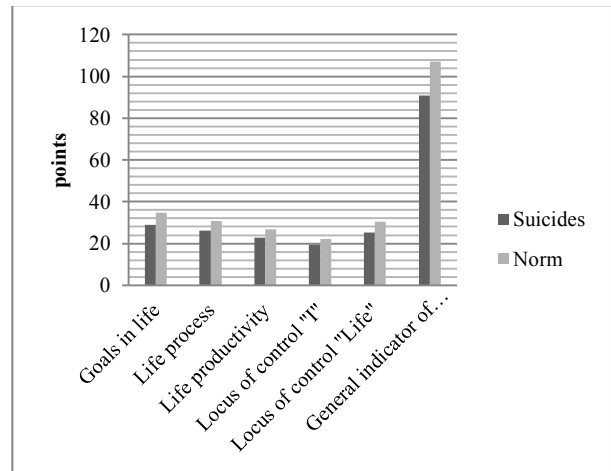


Fig. 3. Comparison of the meaningful life orientation indicators and the general meaningful life ones in the core and the control sample test groups.

As can be seen in Table 1, reliable, at a high level of significance, the differences between samples were identified in terms of goals in life, the process of life, life productivity, Locus of control "Life" and general indicators of ML ($p < 0.005$ and $p < 0.01$). Also, statistically significant differences were found in indicators of Locus of control "I" ($p < 0.05$).

TABLE III. SIGNIFICANCE OF THE DIFFERENCES IN THE "MLO" TEST INDICATORS (POINTS)

Test scores MLO	Suicides, SSI	Norm, SSI	Student's t-criterion	Significance of the differences (p)
Goals in life	28.8	34.8	3.464	0.001
Life process	26.3	30.8	2.771	0.007
Life productivity	22.8	26.9	3.004	0.003
Locus of control "I"	19.3	22.3	2.571	0.012
Locus of control "Life"	25.1	30.3	3.517	0.001
General indicator of meaningful life	90.8	107.2	3.588	0.001

Indicators of all subscales ES (self-transcendence (SD), self-distancing (ST), freedom (F), responsibility (V)), personality factor (P), existential factor (E), as well as general indicators of existential execution, mature suicides are lower than in the normal group.

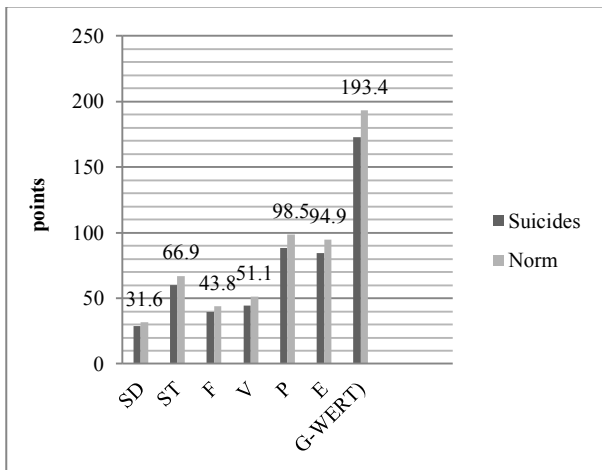


Fig. 4. Comparison of the indicators of the Existence Scale subscales in the core and the control sample test groups.

Statistical analysis of the obtained data revealed significant and quasi-significant ($0.05 < p < 0.1$) differences between samples in all indicators of SE (Table 4). Quasi-significant (at the level of the trend) differences are recorded in the indices of self-distancing. The significance of differences in the performance of all other SE subscales is at a high level of significance ($p < 0.01$).

TABLE IV. SIGNIFICANCE OF THE DIFFERENCES IN THE "ES" INDICATORS (POINTS)

ES Subscales	Suicides	Norm	Student's t-criterion	Significance of the differences (p)
Self-distancing (SD)	28.9	31.6	1.711	0.090
Self-transcendence(ST)	59.8	66.9	2.746	0.007
Freedom (F)	39.3	43.8	2.668	0.009
Responsibility (V)	44.5	51.1	3.059	0.003
Person (P)	88.4	98.5	2.787	0.006
Existence (E)	84.5	94.9	2.797	0.006
General indicator of existential value (G-WERT)	172.9	193.4	3.010	0.003

The severity of the existential crisis in the subjects was determined using the EEC method. Indicators of all ten EEC scales in the group of suicides are significantly higher than in healthy respondents (Figure 5).

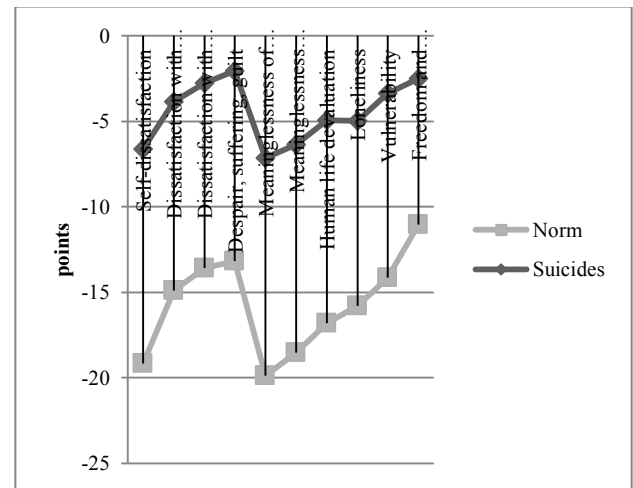


Fig. 5. Comparison of "Experiencing Existential Crisis" methodology indicators in the core and the control sample test groups.

All differences between the samples in terms of the scales of the "Experiencing an Existential Crisis" method (see Table 5) are significant at a high level of significance ($p < 0.001$).

TABLE V. SIGNIFICANCE OF THE DIFFERENCES IN "EEC" INDICATORS (POINTS)

Scale EEC	Suicides	Norm	Student's t-criterion	Significance of the differences (p)
Self-dissatisfaction	-6.60	-12.58	-3.827	0.000
Dissatisfaction with the past	-3.84	-11.07	-4.057	0.000
Dissatisfaction with the present	-2.75	-10.84	-4.809	0.000
Despair, suffering, guilt	-2.03	-11.16	-5.689	0.000
Meaninglessness of social ties	-7.14	-12.73	-3.641	0.000
Meaninglessness of occupation, profession, career	-6.35	-12.20	-3.977	0.000
Human life devaluation	-4.95	-11.87	-4.507	0.000
Loneliness	-4.97	-10.82	-3.534	0.001
Vulnerability	-3.37	-10.76	-4.330	0.000
Freedom and responsibility issues	-2.51	-8.53	-4.036	0.000

In the group of suicides, such criteria of existential crisis as despair, suffering, guilt feelings are most pronounced; freedom and responsibility issues; dissatisfaction with their present.

D. Correlation analysis of the data

In the group of suicides, significant positive correlations ($p < 0.005$ and $p < 0.05$) of the coping strategy "distancing" with instrumental, autopic, heteropic and post - vital suicide motivation (SM) were revealed. Self-control (QCM) is positively correlated with post - vital suicidal motivation (p

<0.05). The coping strategy “positive reappraisal of the situation” negatively correlates with altruistic suicidal motivation ($p < 0.05$).

In the norm group, significant negative correlations of autopenic suicidal motivation with coping strategies “seeking social support” and “planning problem solution” were revealed.

Both samples revealed significant and quasi-significant ($p < 0.005$, $p < 0.05$ and $0.05 < p < 0.1$) negative correlations of anomalous and anesthesiological suicide motivation with all indicators of vital orientations, as well as with general indicators of meaningful life; altruistic suicidal motivation with life efficiency and LC “I” ($p < 0.05$); instrumental suicidal motivation with the help of LC “Life” ($p < 0.05$); auto punitive suicidal motivation with indicators “Goals in life”, “Process of life”, LC “I” and ML ($p < 0.01$ and $p < 0.05$). In the suicide sample, significant and quasi-significant ($p < 0.005$, $p < 0.05$ and $0.05 < p < 0.1$) negative correlation links of all indicators of SM and MLO, except for LC “I” with heteropunic and post - vital motivation, were found (negative correlations found are minor). Significant negative ratios of SM indicators with MLO indicators are significantly more than quasi-significant.

In the group of suicides, most indicators of suicidal motivation scales negatively correlate with indicators of subscales of SE at a high level of significance ($p < 0.001$ and $p < 0.005$). In the normal group, such negative connections are significantly less and they are less pronounced ($p < 0.05$): self-transcendence negatively correlates with altruistic, anomic and anesthetic suicidal motivation, personality - with anomic and heteropunic.

In both samples, significant and quasi-significant, with a noticeable predominance of the first, positive correlation links of indicators of suicidal motivation were identified with almost all indicators of the “Experiencing existential crisis” methodology ($p < 0.005$, $p < 0.05$ and $0.05 < p < 0.1$).

In both samples, positive links between the coping strategy “problem solving solution” (QCM) and life-meaning strategies of goals in life, LC “I”, LC “Life” and general indicators of meaningful life, both significant and at the level of a trend, are revealed ($p < 0.01$, $p < 0.05$ and $0.05 < p < 0.1$).

In the suicide group, the “positive reassessment of the situation” coping strategy positively correlates with all indicators of MLO and the Existence scale, and the identified links have a high degree of closeness ($p < 0.005$). In the group of norms, there are no significant positive relationships between the indicators of QCM and MLO; Significant positive correlations of a positive reassessment of the situation with the “responsibility” subscale and a general indicator of existential fulfillment of ES ($p < 0.05$), as well as a quasi-significant positive correlation of the positive reassessment of the situation with the ES “freedom” ($p = 0.073$) were revealed.

The norm group revealed significant positive correlations of the “search for social support” coping strategy with a number of indicators of meaningful life orientations and a general measure of meaningful life (MLO), as well as an indicator of the ES responsibility scale ($p < 0.005$ and $p < 0.05$). Also, healthy respondents found a significant negative correlation in the seeking social support and “self-distancing” of ES subscales ($p < 0.05$). In the group of suicides, the seeking social support is positively correlated with self-distancing, as well as with such ES indicators as self-transcendence, personality, and general indicator of existential execution ($p < 0.05$).

In the group of suicides, there are significant ($p < 0.01$ and $p < 0.05$) and quasi-significant ($0.05 < p < 0.1$) negative connections of the “distancing” coping strategy and all indicators of the MLO test and Existence Scale, with the exception of self-distancing (ES), significant positive correlations of the “distancing” strategy with all indicators of the “Experiencing an Existential Crisis” methodology ($p < 0.01$ and $p < 0.05$) and significant negative correlations of the coping strategy all EEC indicators ($p < 0.01$ and $p < 0.05$).

In both samples, significant negative correlations of the “seeking social support” coping strategy and the “loneliness” scale of the EEC questionnaire were found; Significant and quasi-significant negative correlations of the coping strategy “planning problem solution” with such EEC scales as dissatisfaction with oneself, the futility of social connections, loneliness, insecurity ($p < 0.05$ and $0.05 < p < 0.1$). In the group of suicides, problem solving planning is negatively related to the indicators of “despair, suffering, guilt”, “meaninglessness of occupation, profession, career”, “human life devaluation” of the EEC methodology ($p < 0.005$ and $p < 0.05$), and seeking social support - with indicators of the scale “meaninglessness of occupation, profession, career”. In the group of norms, the coping-strategy “accepting responsibility” positively correlates with almost all scales of the “EEC” questionnaire.

In both groups, all indicators of the MLO test and most of the ES indicators are negatively related to the EEC indicators ($p < 0.01$, $p < 0.05$ and $0.05 < p < 0.1$).

IV. DISCUSSIONS

In the study, an attempt was made to study the factors of suicidal behavior of persons of mature age.

The main criterion for the propensity to suicidal behavior in adulthood is a high level of suicidal motivation. Among the seven main motivational aspects of suicidal behavior, suicides of mature age are dominated by anomic and anesthetic suicidal motivation. This suggests that the main motivators of suicide in maturity are sense of meaning in combination with the subjective feelings of insufferable suffering, hopelessness and despair.

The behavioral sphere of mature-age suicides is rather disharmonious: two adaptive coping strategies (taking responsibility, planning problem solving and self-control) dominate it, but two maladaptive coping

patterns are also expressed: distancing and escape-avoidance. Adaptive coping techniques such as problem solving planning, seeking social support, and self-control dominate healthy respondents; maladaptive types of coping occupy depressive positions. The results obtained in the normal group are consistent with data from previous studies of age and gender characteristics of coping, conducted on the example of the Russian population. An analysis of coping methods, carried out on a sample of 1,627 Russians, showed that the leading coping strategies at the age of 31-45 years and 46 -60 years are self-control, planning problem solution, a positive reassessment of the situation, and seeking social support [20].

There are different approaches to the problem of coping behavior. A number of researchers subdivides coping strategies into adaptive, productive, and maladaptive, counterproductive [21, 22]. Adaptive ways of coping with stress, as a rule, include self-control, seeking social support, acceptance of responsibility, planning problem solution, and a positive reappraisal of the situation. Coping strategies of escape-avoidance, confrontation, and distancing [22] are often called maladaptive coping with difficult life situations. Other authors believe that the productivity of any coping strategy depends on the specifics of a particular life situation and personal resources available, therefore, it is incorrect to speak about the adaptability or maladaptation of individual coping behaviors. Proponents of the second approach, describing each coping strategy, analyze both its positive and negative aspects [23]. In the context of these two approaches, we will try to analyze the influence of coping strategies of suicides of a mature age on suicidal motivation and meaning, resulting in an existential crisis.

There are few correlations between suicidal motivation and coping strategies in suicides and in healthy respondents. In the norm group, the protective factors of social support and planning problem solution can be considered as protective factors of suicidal motivation that determine suicidal behavior. In the group of suicides, a protective (anti-suicide) type of coping is a strategy of positive reappraisal of the situation. The self-control strategy, which is considered adaptive in the first approach, is, on the contrary, a factor of suicidal risk in the main group of suicide respondents, as it reinforces post-vital suicide motivation. This is probably due to the fact that, in the context of the second approach, the pronounced dominance of such a method of coping as self-control may indicate excessive isolation, suppression of emotions and needs, mistrust of the social environment, a high level of anxiety and carefully suppressed fears, exactingness towards oneself and perfectionism. According to modern foreign studies, it is one of the leading factors of suicidal thoughts and suicidal attempts at different ages [24-26].

The risk factor for the development of suicidal motivation and subsequent suicidal attempts in the main group is the distancing coping strategy, defined by a number of researchers as maladaptive.

Rationalization, removal and depreciation, which constitute the core of this coping strategy, are used by suicides in order to give themselves indulgences for self-destructive behavior.

The priority place in the structure of ways of coping behavior of suicides of a mature age is occupied by the coping-strategy of taking responsibility. Probably, a high degree of expression of this method of coping in the behavior of suicides leads to excessive self-criticism and self-humiliation, experiencing feelings of guilt and dissatisfaction with yourself and life, which are risk factors for the development of depression and suicidal thoughts [25]. It should be noted that in the group of healthy respondents, this strategy is a risk factor for meaninglessness and existential crisis.

The protective types of coping, which protect against the development of an existential crisis and the loss of vital meanings in maturity, include strategies for positive reassessment of the situation, planning for solving a problem, and seeking social support. The risk factors for the development of an existential crisis in mature suicides include a coping-strategy of distancing. This counterproductive way of coping behavior is both a factor in the loss of meaning and a factor in the development of suicidal thoughts and motives.

A qualitative analysis of the indicators of the semantic sphere of the personality of the respondents of the main group allowed to make the following conclusions. Mature people with suicidal behavior are characterized by the absence of an adequate perspective on the need for the future; dissatisfaction with their present, their lives and self-realization; lack of self-confidence and fatalism; fixing on their unmet needs and affects in combination with dependence on random stimuli; a feeling of emotional emaciation, apathy and indifference; indecision and uncertainty in their actions; fear of difficult life situations and their consequences; feeling irrational guilt for everything that happens.

Meaningfulness of life and existential fulfillment are the main protective factors of suicidal behavior in adulthood. The lack of meaningfulness of life and existential fulfillment observed in suicides of mature age causes the development of an existential crisis. The experience of an existential crisis in maturity is a major risk factor for the formation of suicidal thoughts and suicidal motivational complexes.

V. CONCLUSION

Comparative, intergroup, and correlation, intragroup, analysis of the features of the motivational, behavioral and semantic sphere of suicides and their peers from the norm group partially confirmed the research hypotheses. Mature suicides have all seven motivational aspects of suicide, the coping structure is rather disharmonious, combining both productive and counterproductive ways of coping behavior. The experience of an existential crisis is the main factor of suicidal motivation, and, consequently, the suicidal behavior of middle-aged people. The protective factors of suicide in maturity are the meaningfulness of life

and existential fulfillment. The development of an existential crisis in maturity is counteracted by coping strategies of positively reassessing the situation, planning a solution to the problem, and seeking social support.

Our hypotheses did not find empirical evidence in that part, where we are talking about coping strategies as protective and suicidal factors. An empirical study has shown that both maladaptive and coping behaviors that are considered adaptive can be factors of suicidal risk at maturity. This aspect is a topic for further research, which is planned to be conducted on larger samples.

The results obtained contribute to the theory and practice of suicidology, clinical and age psychology. Based on the data obtained, it is planned to develop a psychocorrectional program of prevention and post-intervention parasuicides, taking into account the age factor.

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