

**SUICIDAL TENDENCIES AMONG PARENTS, UPBRINGING CHILDREN WITH COMPLEX DEVELOPMENTAL DISABILITIES**

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**Abstract**

The birth of a child with developmental disabilities changes the usual way of life of the family. The motives and causes of suicide cannot be reduced to a single classification, because they are largely subjective and depend on different characteristics of a person: gender, age, profession, worldview. manifestation of suicidal tendencies is a complex systemic phenomenon, we consider it necessary to use in the process of research battery techniques. As a result of the analysis of the content, features of application and efficiency of various techniques, we have chosen the following: 1) Beck's Hopelessness Scale (Beck et al. 1974); 2) Methods of diagnosis of subjective feelings of loneliness D. Russell and M. Ferguson; 3) Questionnaire "Risk-C"; 4) The method of incomplete sentences (according to O. Kucher). Spearman's correlation coefficient was also used to determine the relationship between the levels of subjective feelings of loneliness and hopelessness and the level of risk of suicidal ideation.

The purpose of our study is to determine the predominant presence or absence of suicidal ideation and tendencies in the behavior of parents raising children with complex developmental disorders, as well as their relationship with such personal factors as subjective feelings of loneliness and hopelessness. Determining the nature of the relationship between subjective feelings of loneliness and the presence of suicidal tendencies in the subjects showed that the subjects with clear signs of suicidal tendencies of the majority are characterized by a high level of subjective feelings of loneliness. Among the subjects with some signs of suicidal tendencies, the most represented is the average level of subjective feelings of loneliness. Subjects who generally showed no signs of suicidal ideation had a low level of subjective feelings of loneliness. Subjects with a minimal level of suicide show mostly an average level of loneliness. In addition, subjects at high risk of suicide generally showed a high level of subjective loneliness. In subjects with a medium level of risk of suicide, the feeling of loneliness, in most cases, is also manifested at a medium level. If we talk about subjects with a low risk of suicide, the most pronounced is the low level of subjective loneliness.

**Keywords:** suicidal tendencies, subjective feeling of loneliness, hopelessness, child with complex developmental disorders.

**Introduction**

According to the World Health Organization's data, suicide possesses one of the top-3 causes of death amidst population, aging from 15 to 44 years old. Annually almost one million of humans commit suicide worldwide. Nowadays Ukraine complements the group of countries, which represent an intense level of the suicidal activity. In fact, this drift tends to be dominant during social-economic crises in the association, being the result of the person's incapability to adapt to transient conditions of a certain society. Besides, such suicidal tendencies among parents are frequently provoked by the birth of

child with developmental disabilities. According to statistics, presented by the Cabinet of Ministers of Ukraine and UNICEF Foundation, the last decade has revealed an increasing number of children with these developmental deviations. Therefore, we had 154,300 in number here in Ukraine in 2001, while in 2020 it grew to 165,000, among them there were 70,000 of girls and 95,000 of boys. The above-mentioned deviations can be differentiated as follows: 49,200 of children with congenital anomalies, 27,100 of them possess deviations of behaviour and mind, and 25,500 of children get central nervous system's diseases (Senyk, 2020).

As a matter of fact, the birth of a child with some developmental deviations, despite of its dysontogenesis form, essentially changes the lifestyle of a family. Actually, parents are not prepared to such challenges; therefore, they probably may go under great despair: a whole life of the family breaks into moments before and after the moment of the child's appearance. Parents' personal-characterological changes, their feelings and attitude to this child as well as to their deviations play a crucial role in the maintaining an intellectual, psychological and physical health likewise in successful rehabilitation. It also influences on the creation of the favourable intrafamily atmosphere and effective upbringing mode. Thus, the study of personal peculiarities of parents, upbringing children with such deviations, is highly important to the further creation of effective methods and programmes of psychological support of these families (Shevchuk, 2021). Pre-suicidal terms, i.e. periods of suicidal activity formation, have their boundaries in the moment of suicidal intentions' appearance and the moment of suicidal actions commitment. They were ascertained among 72.6% of mothers, according to L. Borodina. Nearly half of them was thinking about suicide in a certain period of life, and almost always with involvement of their child, possessing developmental disabilities. A quarter of respondents revealed the history of contemplating specific suicidal cases, usually in a form of a car crash (Borodina, 2018).

Therefore, the disquisition of a suicide as psychological phenomenon reveals the same value and potential to the research of other aspects of a human's activities. It is worth mentioning though, only a few of domestic analytics venture to pay thorough attention to the problem.

This topic has a strong perspective of a further scientific interest in the field of social psychology since it has been insufficiently disclosed in Ukrainian sources.

Various facets of the mentioned above problem were subjects of deep investigation of foreign researchers, among them are T. E. Joiner, 2008; K. A. Lynam, 2006; T. K. Gordon, 2008; R. C. O'Connor, 2014; M. K. Nock, 2014; Van Orden, M. E., 2006; Hollar, D., 2006; Witte, T.K., 2008; Ovchinnikov, A. A., 2017; Chernaja, M. I., 2016; Holmogorova, A. B., 2016; Sakovich, N. A., 2013; Zubareva, O. V., 2016; Zhuravleva, T. V., 2016; Sultanova, A. N., 2017. etc. Suicide got to the core of the scholastic interest of some Ukrainian scientists; they are O. S. Blynova, 2020; L. V. Boiaryn, 2020; O. V. Kokun, 2019; O. Poleheshko, 2006; Zavatska, N. Ye., 2020; Popovych, I. S., 2020; Piddubniak, S. V., 2020; Kal'nickij Je. A., 2017, etc. Each of them ascertained diverse points of view on causes of the suicide as a phenomenon as well as on its motifs, reasons, factors, and indications.

The **purpose of the investigation** is to ascertain the existence / absence of

suicidal revelations and tendencies among parents, upbringing children with complex developmental disabilities, and to highlight its connection with such an intimate factor as subjective feeling of loneliness and despair.

### **Theoretical background**

The birth of the child with some developmental disabilities totally transforms the usual way of life of a family so much as parents show their unpreparedness to new challenges; they can feel a powerful despair and lose a sense of life.

Je. A. Kal'nickij qualifies a sense of life to be in-depth inner motivation. Due to existential psychoanalysis, one may also reinterpret the question about a sense of life as follows: "What is a sense of my life exactly?" Instead of dipping into cosmic or religious context of the life sense question, this approach opens intimate personal motif of sense-oriented methods' search on the way of solving the question about an overall goals (Kal'nickij, 2017).

N. A. Sakovich marks an unbearable psychological pain as general stimulus of a suicide. She speaks about the item that one can easily understand a suicide via a move towards a cessation of the consciousness flow simultaneously to an escape from psychological pain as follows (Sakovich, 2013).

Narrowing of a cognitive sphere tends to be a general state of mind under the suicide. We have a "tunnel vision" as a synonym of the term "narrowing" here: a rough limitation of the social roles' usage along with behaviour choice's variants, available to human consciousness under usual terms.

K. A. Van Orden, T. K. Witte, K. H. Gordon, T. W. Bender and T. E. Joiner highlight the detail that to commit a suicide or to fulfil a suicidal attempt a person has to meet three simultaneous components as a necessary condition. They are the feeling of their own cumber, social exclusion, and the ability to inflict a fatal injury to themselves. The latter is supposed to grow by the way of multiple endurance of some painful and harmful experiences; it consequently leads to addiction and much higher pain tolerance mixed with a loss of death fear (Van Orden, 2008).

Actually, R. C. O'Connor and M. K. Nock made a brief review of all the comprehensive current theories of the suicidal behaviour motifs, pointing out their diversity, focus on different factors likewise their correspondence to reality. In fact, suicide exposes to be rather complex and multifactor phenomenon, which possesses many variable constituents, e.g. neurobiological factors, intimate and family history, stressful life events and social-cultural environmentt (O'Connor, 2014).

N. Ye. Zavatska, O. Ye. Blynova, I. S. Popovych, L. V. Boiaryn, S. V. Piddubniak ascertain such approaches to the human suicidal conditions' study. The first is presented as psychoanalytical, due to which reasons of the behaviour one can perceive in the negative attitude of a person to the real world, while the defects of the latter provoke aggressive actions, consequently changing its direction from external to internal one. The second one, anatomic-morphological approach, defines that body constitution determines person's traits, whereas the mesomorphs obtain an ultimate inclination to auto-aggression and suicide. The third, humanistic-phenomenological approach combined with psychological autopsy method, focuses the attention of the researcher on a behaviour in the context and from the point of view of phenomenology.

The forth, cognitive one, ascertains cognitive distortions, especially dichotomous thinking, disposition to globalise or existence of rigid cognitive schemes, as a core of person's suicidal states. The fifth, social-psychological approach, frames a suicidal state as a complex intimate phenomenon, functioning on multiple levels, whilst the structure of person's suicidal pattern one can build by character-descriptive, self-estimating, interactive, and social-perceptive sub-patterns. As a result, the differential social-psychological programme of person suicidal states' correction and self-regulation under the terms of interpersonal conflicts in the modern society was elaborated and tested in succession. This programme has been based in principles of equivalence, systematic, prospect, and differentiated forecasting; the essential approaches are existential-humanistic, personality-oriented, cognitive-behavioural, resource, and reflexive one (Zavatska, 2020).

Thus, it is worth admitting that motifs and reasons of suicidal actions can't be reduced to one comprehensive grade, so far as they tend to be subjective in major, depending on diverse parameters of a person: their gender, age, occupation, worldview, etc. To classify them into precise groups means to refuse from the point of specificity of each person, their life conditions and individual perception of circumstances for rough scholastic definiteness and order. It is an irrefutable detail that each suicide reveals its unique reasons and motifs. Suicide tends to be a multi-factored phenomenon, being a result of the influence of a whole set of constituents, among them one can find the feeling of their own burdensomeness, social-psychological alienation, multiple experiencing of the traumatic situation, etc.

The **purpose of the investigation** is to ascertain the existence / absence of suicidal revelations and tendencies among parents, upbringing children with complex developmental disabilities, and to highlight its connection with such an intimate factor as subjective feeling of loneliness and despair.

### **Methodology**

To meet the aim of the research, we applied such methods: A. T. Beck's Hopelessness Scale, measuring the level of representation of the negative attitude towards the subjective future. The base of this rule as a theoretical principle is built by cognitive theory of mental processes, especially the depression to be a result of cognitive mistakes. Creating this Scale, the authors adhered to the concept of Stotland, marking the despair as a system of cognitive schemes, generalised by negative colouring of expectations about future as a specific feature. The questionnaire of diagnostics of subjective feeling of loneliness by D. Russell and M. Ferguson was applied to ascertain its high, moderate or low level. The questionnaire "Risk-S" has been implemented to identify persons, inclined to commit suicidal actions, while the method of incomplete sentences by O. Kucher was used to clarify the high, moderate or low level of suicidal intentions' risk (Kokun, 2019). In addition, to define the dependence between levels of subjective feeling of loneliness / despair and the level of suicidal intentions' risk the C. Spearman's correlation coefficient was thoroughly implemented. To acquire the statistical difference between the parameters of despair, loneliness, suicidal inclinations and intentions amongst parents, upbringing children with developmental disabilities and those within regulatory development, it was

Student's coefficient to operate with.

The empirical base of the given disquisition was constituted by 472 families, 152 patterns among them have children with complex speech disorders combined with mental retardation, 136 families upbringing children with musculoskeletal disorders and oligophrenia, and 184 patterns have children with a regulatory development. The study of suicidal tendencies among persons with children, having complex developmental disorders, was being held on the base of Inclusive-resource centre of Poltava City Council, Mykilske training and rehabilitation centre of Poltava District of Poltava Region Council, and Poltava training and rehabilitation centre of Poltava Region Council.

### Results

The specificity of despair revelation's level among the mentioned above adults required the usage of "Hopelessness Scale" methods (by A. T. Beck).

Comparing the parameters of parents, upbringing children with complex developmental disabilities and a regulatory development, one can say that the level of severe ( $t_s=22,10$ ,  $p=0,028787$ ) and moderate ( $t_s=21,09$ ,  $p=0,030169$ ) despair are represented only among adults with children, having musculoskeletal disorders and oligophrenia. These data are of high statistical value, by the Student's coefficient, compared to those parents, upbringing children with complex speech disorders and oligophrenia and parents of children with regulatory development. The level of slight despair is inherent to all the parents of children with complex developmental disabilities. Thus, adults with children, which have complex speech disorders and oligophrenia ( $t_s=19,59$ ,  $p=0,032465$ ) likewise parents, upbringing children with musculoskeletal disorders ( $t_s=24,36$ ,  $p=0,026123$ ) reveal the slight level of despair compared to those parents of children with regulatory development. The different between data is statistically significant. Only 45.7% of all the respondents, upbringing children with complex developmental disabilities have not revealed symptoms of despair (particularly, 5.88% – are parents of children with musculoskeletal disorders and oligophrenia. 38.8% of them have children with complex speech and mental disorders unlike adults of children with regulatory development (100%), tabl.1.

*Table 1*

#### **Peculiarities of representation of despair by parents, upbringing children with complex disabilities and regulatory development (according to the A. T. Beck's Hopelessness Scale)**

Level of despair representation	Parents of children with complex speech disorders and oligophrenia (OPAO)		Parents of children with complex speech and mental disorders (CMIO)		Parents of children with regulatory development		Student's coefficient indicator	Student's coefficient level of significance
	Arithmetic mean	Standard deviation	Arithmetic mean	Standard deviation	Arithmetic mean	Standard deviation		
No symptoms of hopelessness	8,352	2,3	59,58	2,65	184	0,05	60,32 (OPAO)	0,010554
							37,16 (CMIO)	0,017129
Slight hopelessness	22,352	2,56	93,684	2,74	-	-	8,72	0,072596
							34,19	0,018614

Moderate hopelessness	43,648	2,07	-	-	-	-	21,09	0,030169
Severe hopelessness	63,648	2,88	-	-	-	-	22,10	0,028787

To unveil the precise level of subjective feeling of loneliness we chose diagnostics' methods of subjective feeling of loneliness (by D. Russell and M. Ferguson, tabl.2).

Table 2

**Peculiarities of the subjective feeling of loneliness among parents, upbringing children with complex developmental disabilities and those of regulatory development (by the questionnaire of D. Russell and M. Ferguson)**

Levels of subjective feeling of loneliness	Parents of children with complex speech disorders and oligophrenia (OPAO)		Parents of children with complex speech and mental disorders (CMPO)		Parents of children with regulatory development		Student's coefficient indicator	Student's coefficient level of significance
	Arithmetic mean	Standard deviation	Arithmetic mean	Standard deviation	Arithmetic mean	Standard deviation		
Low	10,352	2,3	18,58	2,65	84,34	2,05	24,01 (OPAO)	0,026495
							7,03 (CMPO)	0,090191
Moderate	32,352	2,56	83,684	2,74	-	-	12,64	0,050271
							30,54	0,020837
High	93,648	2,07	50,76	2,07	-	-	45,24	0,014070
							24,52	0,025947

The set of results, got by the questionnaire of D. Russell and M. Ferguson, certify the data of the previous methods. Most of parents, upbringing children with musculoskeletal disorders and oligophrenia, reveal the high level of the subjective feeling of loneliness ( $t_s=45,24$ ,  $p=0,014070$ ), while parents with children, possessing complex speech disorders generally represent the moderate level of the feeling of loneliness ( $t_s=30,54$ ,  $p=0,020837$ ). Majority of persons, upbringing children with regulatory development, does not feel lonely. The further study of suicidal tendencies in behavior embraced the group of adults with children, who have musculoskeletal disorders and oligophrenia, as far such parents demonstrate rather high levels of despair and loneliness.

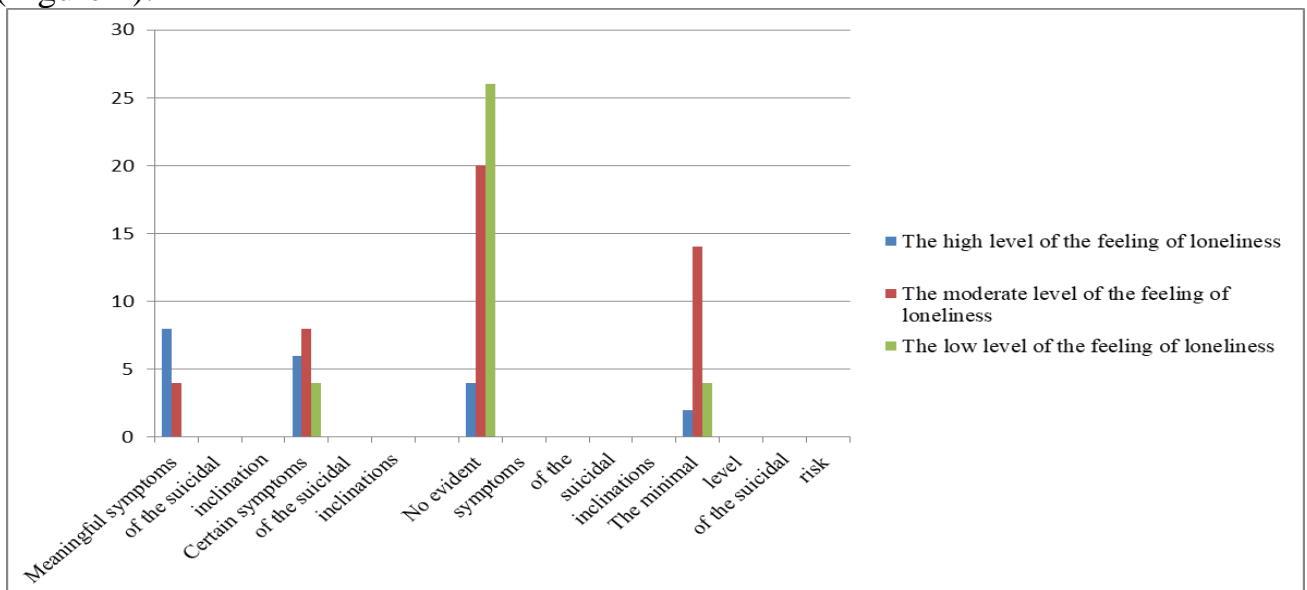
Our aim to range the inclination of these adults towards committing suicidal actions provided the further necessity of the questionnaire "Risk-S", the appliance of which manifested as follows: the major part of adults (50%) attain no vivid symptoms of suicidal inclinations. Primarily, 20% of the amount of subjects possess minimal level of suicidal risk, which is a proof of their staying outside the boundaries of suicidal activity. Sometimes we may confirm certain suicide-provoking factors; still it doesn't lead to persistent lowering of mood and anhedonia. Another 18% of persons uncovered individual symptoms of suicidal inclinations. They may get lowering of mood likewise anhedonia caused by stress-provoking factors' accumulation, be discontent of life or

generate anti-vital suffer. Only 12% of adults express vivid symptoms of suicidal inclinations. We reckon it is possible that a person was involved into a situation of a great significance and prolonged duration, interpreted as hopeless, therefore human mind created images of death and suicide. It is also typical sign when they have narrowing of consciousness and transform positive valuable attitude to death.

The other task – to estimate the risk of suicidal inclinations – was solved with a help of incomplete sentences' method by O. Kucher. The all-embracing analysis of the collected material marks the truth that most of the subjects (60%) stand on the moderate level of suicidal intentions' risk. It also gives us rather strong witness of a possibility to generate spontaneous thoughts about burdensomeness of life, which therefore do not transform into specific suicidal intentions. Fewer amount of persons (30%) represents the low level of these intentions' risk. Likely, they tend to be quite content with their life and some further prospects, interpreting current or possible obstacles as those to be overcome. The least quantity of adults (10%) possesses ultimately high level of suicidal intentions' risk as a consequence of unusual reasons connected to devaluation and subjective difficulty of life. Sometimes these can be caused by the absence of resources to overcome up-to-date or even future complexities.

It is vitally crucial to determine the precise type of connection between the subjective feeling of loneliness or despair and suicidal intentions' appearance. To confirm the presence or absence of the connection of the kind we compared results got via the appliance of diagnostics' methods of subjective loneliness feeling by D. Russell and M. Ferguson to those taken from the questionnaire "Risk-S" combined with the method of incomplete sentences by O. Kucher.

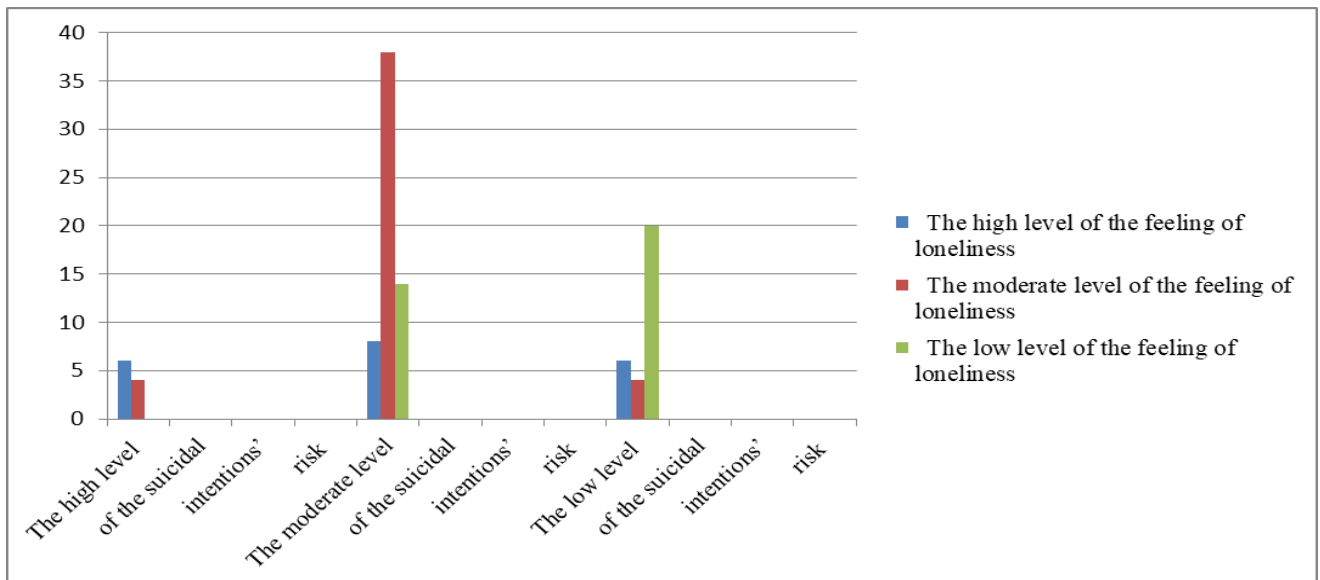
Primarily, we need the clear comparative table of the first two mentioned indicators, i. e. selected from loneliness diagnostics (by D. Russell and M. Ferguson) and the given questionnaire. Summarising up, we have them in such a diagram (Figure 1):



**Fig. 1. Indicators of the degree of suicidal intentions' revelation among adults with various level of representation of subjective loneliness feeling (in %)**

It is worth admitting that 8% of those who manifested the high level of subjective feeling of loneliness disclosed expressive symptoms of suicidal inclinations. Another 4% of respondents revealed the moderate level on the subject. There are no indicators of the low level of the feeling under research. So, all the levels of the diagnosed loneliness among adults with certain symptoms of suicidal intentions function as follows: 6% for high level rank, 8% for moderate one, 4% – for the low level. As for the group of persons with no meaningful symptoms of the kind, we affirm the following data: 4% stand for the high level of loneliness, whereas 20% – for the moderate pattern and 24% – for the low one. Concerning the group of respondents with minimal level of suicidal risk, we should point out 2% of adults revealing the high level of the feeling, 14% – the moderate one, and 4% of them show the low pattern.

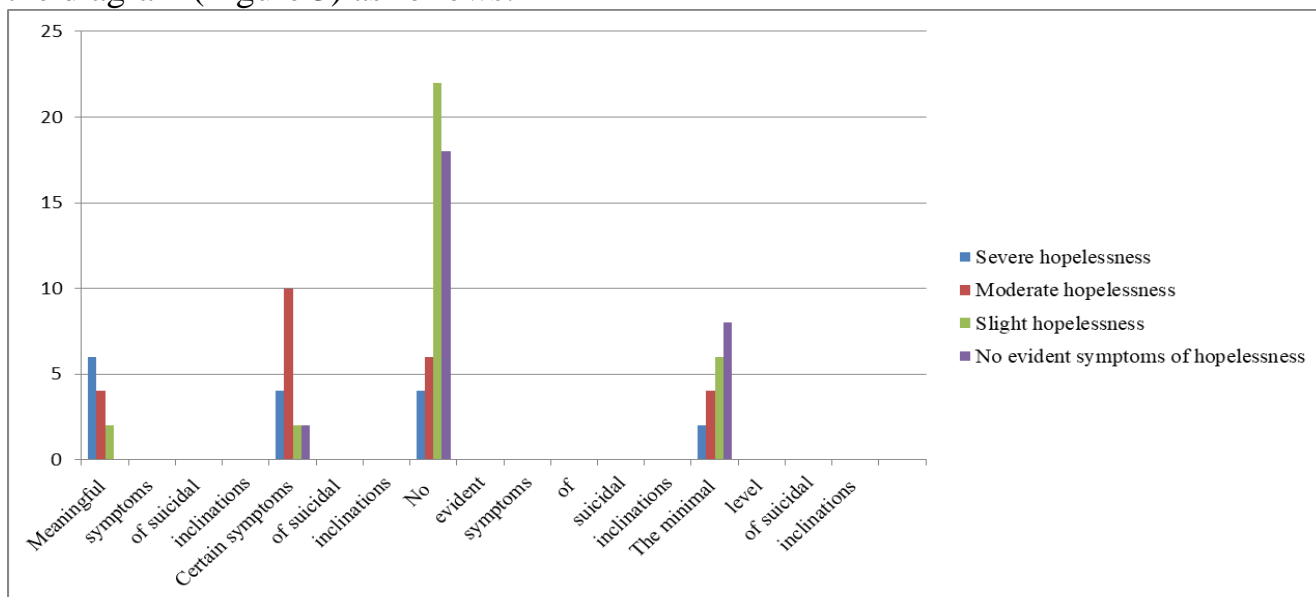
Secondly, we have to check up clinical results, based on the loneliness diagnostics (by D. Russell and M. Ferguson), compared to those, obtained by means of the method of incomplete sentences (by O. Kucher), represented in a diagram (Figure 2) as follows:



**Fig 2. Indicators of the degree of suicidal intentions' risk among adults with various level of subjective loneliness feeling's revelation (in %)**

It is an irrefutable fact that among those persons, who withstand the high level of suicidal intentions' risk, 6% can manifest rather high, 4% – the moderate, and 0% – the low level of loneliness. Persons with the moderate level of suicidal intentions' risk represent the loneliness in such a way: 8% of them demonstrate the high rank, 38% make the moderate pattern, and 14% obtain the low one. Summing up indicators throughout the group of respondents with the low level of suicidal intentions' risk, we have 6% of subjects constituting the high level, 4% – the moderate one, and 20% of persons make the low pattern. Thus, all the collected data signify that indicators of suicidal inclinations, presented in the early adulthood, generally correlate with manifestations of subjective feeling of loneliness. The C. Spearman's correlation coefficient ( $\rho$ ) between the level of suicidal tendencies and indicators of subjective loneliness makes -0.125. The dependence of symptoms is interpreted as statistically significant.

Further we have results of the research according to the application of A. T. Beck's Hopelessness Scale along with the questionnaire "Risk-S", generalised in the diagram (Figure 3) as follows:



**Fig 3. Indicators of the degree of suicidal inclinations revelation among persons with diverse levels of hopelessness manifestations about the future (in %)**

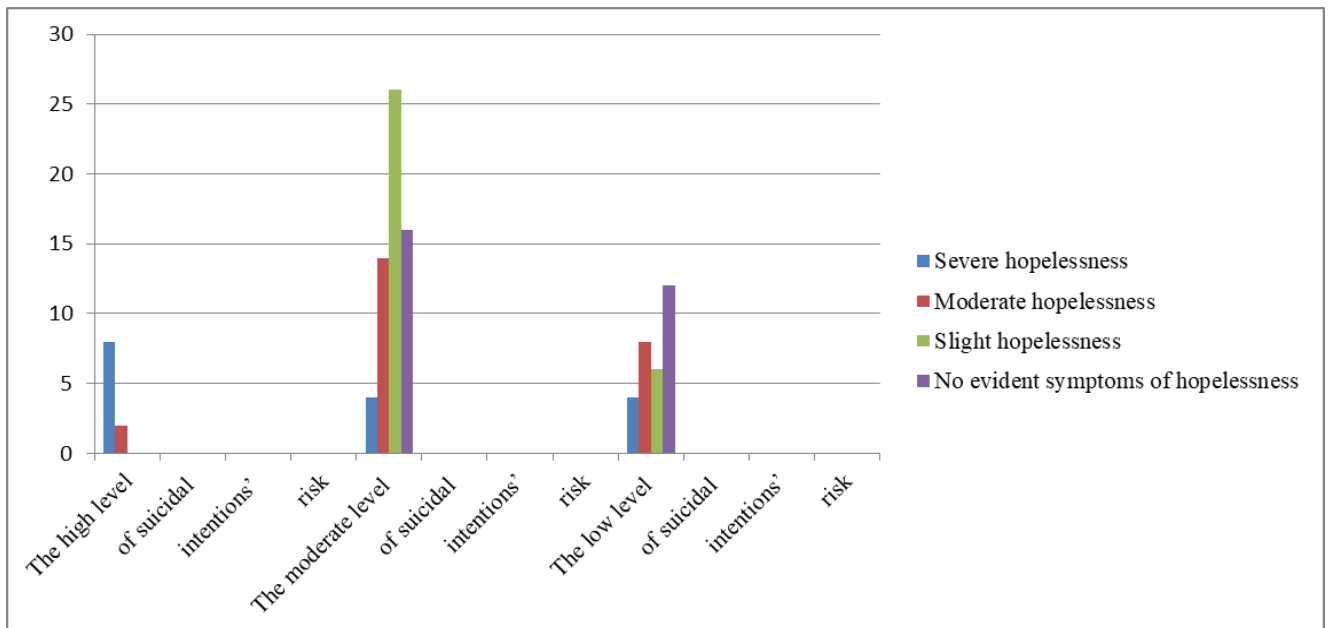
Some adults disclose vivid features of suicidal intentions; among them, one may differentiate 6% of those who has severe hopelessness towards their own future, 4% – of the moderate level, and 2% – shows slight degree of the feeling. There is no mark of persons who reveals no symptoms of hopelessness. Adults with some certain symptoms of suicidal inclinations make such indicators of the feeling towards the future: 4% – severe hopelessness, 10% – the moderate pattern, 2% – the slight one, and the only 2% goes to the absence of the feeling. In fact, persons with no meaningful symptoms of suicidal inclinations actually manifest the slight degree of hopelessness (22%) or its total absence (18%). Less amount of adults disclose some symptoms of the moderate (6%) or severe (4%) degree of the feeling.

Taking into account persons with minimal level of suicidal risks, the indicators of hopelessness towards the future are ranged as follows: 8% represent no such feeling, 6% – of the slight degree, and 4% – of the moderate one, while 2% possess the severe type.

Comparing results of the investigation due to A. T. Beck's Hopelessness Scale simultaneously to the method of incomplete sentences by O. Kucher, we affirm them in the diagram (Figure 4) as follows.

In is quite necessary to highlight the fact that adults with the high diagnosed level of suicidal intentions' risk are differentiated into subgroups, where 8% accumulate the severe type, whilst 2% has a moderate type. Respondents with the moderate level of suicidal intentions' risk in general show the slight (26%), moderate (14%) hopelessness or its total absence (16%). There are also persons with severe type of the feeling (4%). Those indicators of hopelessness towards the future, expressed by respondents with the low level of suicidal intentions' risk, are ranged as follows: 4% – severe type, 8% – moderate one, 6% – slight pattern, and 12% of total absence of the feeling. The

C. Spearman's correlation coefficient ( $\rho$ ) between the level of suicidal risk and indicators of hopelessness makes  $-0.625$ . The dependence of symptoms is qualified as statistically significant.



**Fig. 4. Indicators of the degree of suicidal intentions' risk manifestations among adults with various levels of hopelessness attitude towards the future (in %)**

### Discussion

Thorough examination of the connection type between subjective feeling of loneliness and suicidal inclinations' revelations testified the fact that persons with some specific symptoms of suicidal inclinations obtain rather high level of the feeling. Those adults with some individual symptoms of suicidal tendencies possess a major moderate level of loneliness as a subjective feeling. Some persons with no obvious evidence of suicidal inclinations get the low level of subjective feeling of loneliness. All the respondents with minimal level of suicidal inclinations' revelations manifest rather moderate level of loneliness.

Moreover, parents with the high level of suicidal intentions' risk exemplify the high level of subjective loneliness. The amount of persons with a moderate level of suicidal intentions' risk simultaneously unveil a correlative moderate level of the subjective loneliness, while the lowest level of suicidal intentions of some adults appropriately responds to the lowest degree of subjective loneliness revelations.

So long as inclinations and intensions are qualified to be a part of suicidal tendencies, we have a further possibility to interconnect the subjective feeling of loneliness among parents, upbringing children with complex developmental disabilities, and suicidal tendencies revelations.

The second part of the given research form a strong witness of the hypothesis that majority of the respondents with vivid symptoms of suicidal inclinations combine them with severe hopelessness towards the future. Parents with some specific symptoms of suicidal inclinations incorporate them with the moderate degree of the feeling, while those who had no symptoms of such inclinations obtain only the slight degree of

hopelessness. In addition, the amount of respondents with minimal level of suicidal inclinations revelations has no hopelessness towards their future.

As long as inclinations and intentions are constituents of suicidal tendencies, it is worth mentioning that the feeling of despair, disclosed by adults, upbringing children with complex developmental disabilities, is closely connected to various representations of suicidal tendencies.

The given analysis on the problem of the representations of suicidal tendencies by persons, upbringing children with developmental disabilities, does not cover upon all the aspects of the issue. The further research is supposed to contain the comparative analysis of diverse representations of suicidal tendencies and intentions amongst adults, upbringing children with complex developmental disabilities and those of regulatory development. And even more so, the all-embracing disquisition of the problem has a powerful potential to become a subject of our further research, the comparison of gender, occupational, and age facets of suicidal tendencies to be specific. The programme of psychological support of those families, upbringing children with diverse complex developmental disabilities, is of high necessity nowadays.

### Conclusion

It is obvious to signify that indicators of suicidal tendencies revelations shown by parents of children with complex developmental disabilities mostly correlate with symptoms of hopelessness about the future. So, the subjective feelings of loneliness and hopelessness among such adults correlate with the presence of suicidal tendencies of various degrees.

Thus, subjective feeling of loneliness and despair amongst parents, upbringing children with musculoskeletal disorders and oligophrenia correlates with the presence of suicidal tendencies. The results of empirical research ascertained the fact that the higher is the level of this subjective feeling of loneliness and despair towards the future amongst parents, upbringing children with complex forms of dysontogenesis, than the higher the indicators of suicidal tendencies, especially suicidal inclinations and intentions, tend to reveal.

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