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A phenomenological inquiry of stressful life events, personality factors and mental illness contributing to suicidality among youth in Khyber Pakhtukhwa, Pakistan

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Abstract. Relevance of the issue of suicidal behaviour among youth had been underscored by its growing prevalence and the lack of comprehensive studies into psychological factors within specific cultural and regional contexts. Particular attention had been needed to explore the subjective experiences of individuals who had encountered suicidal ideation. The aim of this study had been to identify psychological factors contributing to suicidality among youth in Khyber Pakhtunkhwa, Pakistan, through the analysis of personal experience. Using a qualitative phenomenological approach, semi-structured in-depth interviews had been conducted with 19 purposively selected participants. An interview guide had been used for data collection, while thematic analysis had been applied to identify recurring themes within the participants' narratives. It had been found that external stressors – such as romantic failures, poor academic achievement, and job loss – had played a significant role in triggering suicidal tendencies among young individuals. Personality traits including impulsive aggression, neuroticism, and perfectionism had also been identified as influential contributors. The analysis had further revealed the prevalence of symptoms commonly associated with mental health disorders, such as persistent sadness, hopelessness, agitation, and mood instability, which collectively had heightened the risk of suicidality. These findings had reflected the intricate interplay between environmental stressors, individual personality characteristics, and emotional distress in the development of suicidal behaviour. The practical value of the study had lain in its applicability for mental health professionals, social workers, and

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educators in identifying at-risk youth and designing targeted prevention and intervention strategies tailored to their psychological and cultural context

Keywords: personality traits; psychological distress; psychopathology; suicidal behaviour; self-destructive behaviour

INTRODUCTION

Suicide has existed as a social problem throughout human history; however, it is relative in terms of its rates, causes, and consequences. A key dimension of suicidality involves framing it through various perspectives – personal, psychological, and socio-cultural. Sociologically, suicide is seen as a social phenomenon. Researcher J.J. Macionis (2012) argued that suicide should be understood through the lens of sociological imagination. Similarly, scholars N. Khan *et al.* (2017) have highlighted the importance of sociological perspectives in interpreting suicide. Psychological factors also play a critical role in understanding suicidality.

According to psychological literature, major life crises can significantly contribute to the development of mental illnesses, which may lead to suicidal behaviour. Researchers in the United States have found that individuals who attempt suicide often report more stressful life events compared to those who do not. These include events such as the sudden death of a parent or spouse, economic losses, and interpersonal relationship problems. A study conducted under the Canterbury Suicide Project, as reported by N. Khan *et al.* (2017) and A. Anjum *et al.* (2020), concluded that individuals undertaking medically serious suicide attempts had a significantly greater history of stressful life events in the year preceding the attempt, especially in the domain of interpersonal relationships and conflict. In a comprehensive study, L. Osvath *et al.* (2008) determined that 80% of suicide cases were preceded by a recent stressful event, such as job-related issues, family discord, somatic illness, financial problems, unemployment, separation, or the death or illness of a family member.

The same study also found that psychosocial stressors – including financial loss, family and marital conflict, broken engagements, failed romantic relationships, and major illness – were significantly more common among attempters than among controls. Researchers S. Goldsmith *et al.* (2002) identified suicide as the third leading cause of death among young people aged 15-24. More recent estimates by N.A. Anjum *et al.* (2020) reported approximately 800,000 global deaths by suicide annually, according to the World Health Organisation. Researcher S. Shekhani *et al.* (2018), noted that information on suicidal behaviour in Pakistan remains scarce. Importantly, fewer than five peer-reviewed publications and several secondary reports dominate the discourse, contributing to a lack of research. Researcher M. Kiani (2017) argued that Pakistan's prolonged political instability and poor governance have led to persistently weak social and

health indicators since its independence. This study aimed to explain the psychological factors contributing to youth suicide in Khyber Pakhtunkhwa province, Pakistan, based on experience.

MATERIALS AND METHODS

This study was a qualitative phenomenological study. The logic behind the choice of a qualitative phenomenological study was that statistical studies have shown a significant correlation between stressful life events, personality factors and mental illness and suicidal intent. However, there was a lack of experience-based research. Therefore, qualitative research was used as a methodological approach to identify and highlight subjective experiences. In accordance with the research design, qualitative open-ended interviews with 19 participants from the Khyber Pakhtunkhwa region of Pakistan were used. The choice of a small sample size was guided by methodological considerations, according to which qualitative research requires an in-depth study of individual experience and, as noted by L. Neumann (2006), does not require a large number of participants. The collected data were analysed using the methods of thematic analysis by V. Braun & V. Clarke (2006). In accordance with the Ethical principles and code of conduct for psychologists (2017), confidentiality was ensured, informed consent was obtained, and harm to participants was avoided. For anonymity of the participants and confidentiality a coding technique has been devised, for example, R-D-13: R represents Respondent; D is the initial of the name of respondent; 13 is the number of interviews.

RESULTS AND DISCUSSION

Stressful life events and suicide. Stressful life events that are important empirical indicators for suicidality. A stressful event simply is a major crisis in an individual's life. It is a well-researched aspect in studies relevant to suicide that individuals with suicidal ideation have a higher number of stressful life events (Turecki & Brent, 2016). Individuals with suicidal ideation have confronted events of broken relationships, failure in love, loss of family members and friends, loss of job, and severe disagreements with family members resulting in fights. Field information shows the role of stressful life events in suicide attempts is significant. In this context, all the participants expounded that they attempted suicide due to stressful life events. However, the type of such events varied from participant to participant. The stressful events were major ones, i.e., love failure, poor

educational achievements and loss of jobs. In addition, the impact of stressful events has similar as well as varied impacts, i.e., quarrelling, family negation and depressive symptoms were common impacts.

Validating failure in love as a major stressful life event in a suicide attempt, an extract from an interview is:

“The main reason due to which I attempted suicide was my engagement without my consent. My parents and family didn’t allow me to engage with a guy whom I loved which created a lot of stress and tension in my life...” (R-D-13).

Further, explaining unemployment and financial problems as stressful events in one’s life, a participant stated that:

“The main reason for my suicide attempt was unemployment. I completed Masters in 2007 and remained unemployed for 5 years which made me depressed due to rude behaviour of my father...” (R-N-10).

In addition, failure in education is one of the important major stressful life events where an extract from an interview is:

“The main reason of attempt to kill myself was getting low marks in F.SC exam due to which my father didn’t talk to me for three month. My mother taunted me a lot that after studying in such expensive college I was not able to get good grades...” (R-A-8).

The role of personality factors in suicide. Individual characteristics such as behavioural, temperamental, emotional and mental characteristics which make the personality play an important role in suicidality. In this regard, impulsive aggression, which is a personality disorder, is correlated with suicidality. Impulsive aggression is noted among one-third of the attempters particularly among the adolescents (Brent *et al.*, 1994), (Kingsbury *et al.*, 1999). Impulsive aggression means how a person responds to frustration, provocation or hostility (Levi *et al.*, 2008) which has been consistently implicated in phenomenology, neurobiology and studies that are related to familial transmission of suicidal behaviour (Mann *et al.*, 1999). Further, research shows that most of the adolescent suicide attempts show lack of planning and timing, which highlights their impulsive aggression (Hawton *et al.*, 2003). In this context, majority of the participants explained that they experienced impulsive aggression since their early adolescence. The method of attempt of most of the participants indicates a lack of proper planning to attempt suicide where their suicide attempt was influenced by impulsive aggression rather than rational thoughts.

Regarding impulsivity and its role in suicidality, an extract from an interview is:

“I really get annoyed and frustrated at various situations where my friends and family members remain normal such as when meal at home is not of my choice. Further, my friends tease me during gossips because they say that I get angry easily, and yes, I get angry easily as compared to my friends...” (R-A-34).

Another participant stated that:

“...I am easily provoked, and I cannot control myself in situations whereby I am frustrated. I believe that my decision to attempt suicide was due to a lack of controlling situation...”

Studies explain neuroticism as one of the significant factors regarding suicidality in youth. Neuroticism is a personality trait where one experiences prolonged and severe range of negative effects in response to stress (Enns *et al.*, 2003). Further, lower self-esteem is strongly associated with youth suicide attempts however such association may be reduced in strength after controlling depression and hopelessness (Lewinsohn *et al.*, 1994). Furthermore, perfectionism, particularly the perception that others have unrealistically high expectations has been reported as a risk factor for youth suicide attempts (Goldstone & Bantjes, 2017). In this regard, field information concludes similar results in terms of neuroticism and hopelessness as causative factors of suicide attempts.

In this regard, a participant stated that:

“I didn’t saw any other way to get rid of tension and stress besides attempting suicide. I was hopeless and was sure that it is now almost impossible for me to get a job for a long time, I was struggling to get a job, and the stress was increasing day by day...” (R-F-19).

A participant explained that:

“...I want myself to be perfect such as having good job, earning a lot of money, and enjoying good status. However, life situations were different. After completing my education, I was unable to meet my expectations, and I was stressed for long time. I became hopeless...”

Mental illness and suicide. Mental illness is one of the important factors associated with suicidality. It increases the risk of suicide in comparison to physical illness. According to H. Hendin (1998), 95% of suicide attempt survivors have visited doctors for some psychiatric issue; however, these statistics are more valid for individuals over the age of 50. H. Hendin (1998) also noted that individuals with depression develop suicidal ideation due to a lack of familial support. Mental illness, while studying suicide, has its own dimensions and variables. In this respect, depression is the most important one. H.G. Sánchez (2001) reported that 5% of people with major and untreated depression die by suicide, highlighting the crucial role of depression in suicide attempts. Suicidal ideation is quite common in patients with depression and depends upon the severity of the condition. Mood disorders are widely linked with suicide, particularly during mixed states of mania and depression, which are high-risk periods for suicidal behaviour. Concerning schizophrenia, C.B. Caldwell & I.I. Gottesman (1990) found that lifetime suicide rates among patients range from 10% to 13%, with increased risk especially present during the first ten years of the illness and particularly among youth. H.Z. Reinherz *et al.* (1995) suggested that mood disorders increase the suicide risk for both

genders, and P.M. Lewinsohn *et al.* (1995) emphasised the importance of bipolar disorder in suicide attempts.

Substance use disorder also contributes significantly to suicide risk, especially among older adolescent males, as shown in the findings of P. Allebeck & C. Allgulander (1990). Conduct disorder and antisocial behaviour play a vital role in suicide attempts, according to the same study. Anxiety disorders are also associated with suicide attempts, although mood disorder management can partially control anxiety symptoms. Still, D.J. Pilowsky *et al.* (1999) warned that panic attacks remain particularly dangerous in the context of suicide. In a school-based study, H. Reinherz *et al.* (1995) concluded that post-traumatic stress disorder (PTSD) is associated with a lifetime risk of suicide among children under the age of 14, even after depression treatment. D. Brent & J. Mann (2005) found that psychotic individuals are at increased risk of both suicide and attempted suicide, although suicide does not commonly occur in psychotic individuals until young adulthood.

Eating disorders also contribute significantly to suicide risk. According to D. A. Brent *et al.* (1996), children aged 8-14 with eating disorders are eight times more likely to attempt suicide. These researchers also highlighted that psychological autopsy studies have demonstrated that up to 70% of youth who commit suicide have multiple co-morbid disorders. The risk of completed suicide increases with the number of co-occurring mental health conditions. Relevantly, field information shows resemblance to peer-reviewed information where majority of the participants experienced mental health issues, i.e., participants suffered from anxiety and depressive states since long and reached the level of attempting suicide. Information collected through in-depth interviews validates that at the time of attempting suicide, participants were experiencing depressive symptoms. The major symptoms such as headaches, extreme sadness, hopelessness, insomnia, aggression and loss of appetite were evident.

In this context, an extract from an interview says:

"I visited doctor several times to treat exacerbating tension. I had lost interest in spending time with friends, playing cricket and even there was a gradual decrease in my appetite (symptoms of depression). I felt good for few days with medications. However, when medicine finished, the sadness restarted and finally I was so tensed (depressed) that I attempted suicide..." (R-F-19).

A participant stated that:

"...a week before I started to experience fast heart-beat (palpitations) with a sort of fear and then I lost interest in eating and remained sad for 4 days..."

A participant explored that:

"...I had several panic attacks, and I remained agitated for months before attempting a suicide. I did a mistake by starting drugs with a friend to solve my issues..."

Further, participants R-R-5, R-U-2, R-T-12 and R-F-19 visited doctors to treat their tension, stress

and depressive symptoms. Besides, regarding schizophrenia field information do not show any evidence; however, substance use disorder i.e., use of anxiolytics and alcohol was contributed factor where R-R-5, R-U-2, R-D-13, R-N-18, R-T-12, R-F-09 and R-W-16 have used these substances without doctor's prescription. Psychosis and co-morbid disorders also were not observed among the participants.

CONCLUSIONS

The principal findings of the study demonstrated that suicidal behaviour had been shaped by the interaction of stressful life events, individual personality characteristics, and underlying mental health conditions. Participants had reported experiencing events such as romantic rejection, educational failure, unemployment, and conflicts within the family. These experiences had produced considerable psychological strain and had led to common emotional outcomes, including withdrawal from family, persistent arguments, and symptoms of depression. Although the types of stressful experiences had varied, they had shared a consistent emotional burden that had contributed to suicidal ideation. Personality traits had also played a significant role in the emergence of suicidality. A notable number of participants had exhibited impulsive aggression and emotional reactivity from adolescence. These traits had often resulted in unplanned suicide attempts, driven more by immediate emotional responses than by long-term intent. Perfectionism, low self-esteem, and hopelessness had further intensified psychological distress and had made individuals more vulnerable to suicidal behaviour.

Mental health issues had been a central factor across the cases. Participants had frequently experienced symptoms such as anxiety, sadness, insomnia, appetite loss, and panic attacks. Although no evidence of psychosis or schizophrenia had been observed in the sample, the use of substances such as anxiolytics and alcohol without medical prescription had been reported and had contributed to the overall risk. Long-standing emotional suffering had been present in most cases. Future research should investigate the role of social and familial support in reducing suicide risk, as well as examine the potential of early psychological interventions for individuals with impulsive traits or perfectionist tendencies, particularly in socioeconomically vulnerable populations.

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CONFLICT OF INTEREST

None.

REFERENCES

- [1] Allebeck, P., & Allgulander, C. (1990). Psychiatric diagnoses as predictors of suicide: A comparison of diagnoses at conscription and in psychiatric care in a cohort of 50 465 young men. *British Journal of Psychiatry*, 157(3), 339-344. doi: [10.1192/bjp.157.3.339](https://doi.org/10.1192/bjp.157.3.339).
- [2] American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Retrieved from <https://www.apa.org/ethics/code>.
- [3] Anjum, A., Saeed Ali, T., Akber Pradhan, N., Khan, M., & Karmaliani, R. (2020). Perceptions of stakeholders about the role of health system in suicide prevention in Ghizer, Gilgit-Baltistan, Pakistan. *BMC Public Health*, 20, article number 991. doi: [10.1186/s12889-020-09081-x](https://doi.org/10.1186/s12889-020-09081-x).
- [4] Levi, Y., Horesh, N., Fischel, T., Treves, I., Or, E., & Apter, A. (2008). Mental pain and its communication in medically serious suicide attempts: An "impossible situation". *Journal of Affective Disorders*, 111(2-3), 244-250. doi: [10.1016/j.jad.2008.02.022](https://doi.org/10.1016/j.jad.2008.02.022).
- [5] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa).
- [6] Brent, D.A., & Mann, J.J. (2005). Family genetic studies, suicide, and suicidal behavior. *American Journal of Medical Genetics Part C: Seminars in Medical Genetics*, 133(1), 13-24. doi: [10.1002/ajmg.c.30042](https://doi.org/10.1002/ajmg.c.30042).
- [7] Brent, D.A., Perper, J.A., Moritz, G., Liotus, L., Schweers, J., Balach, L., & Roth, C. (1994). Familial risk factors for adolescent suicide: A case-control study. *Acta Psychiatrica Scandinavica*, 89, 52-58. doi: [10.1111/j.1600-0447.1994.tb01485.x](https://doi.org/10.1111/j.1600-0447.1994.tb01485.x).
- [8] Bridge, J.A., Goldstein, T.R., & Brent, D.A. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 47(3-4), 372-394. doi: [10.1111/j.1469-7610.2006.01615.x](https://doi.org/10.1111/j.1469-7610.2006.01615.x).
- [9] Caldwell, C.B., & Gottesman, I.I. (1990). Schizophrenics kill themselves too: A review of risk factors for suicide. *Schizophrenia bulletin*, 16(4), 571-589. doi: [10.1093/schbul/16.4.571](https://doi.org/10.1093/schbul/16.4.571).
- [10] Sánchez, H.G. (2001). Risk factor model for suicide assessment and intervention. *Professional Psychology: Research and Practice*, 32(4), 351-358. doi: [10.1037/0735-7028.32.4.351](https://doi.org/10.1037/0735-7028.32.4.351).
- [11] Enns, M.W., Cox, B.J., & Inayatulla, M. (2003). Personality predictors of outcome for adolescents hospitalized for suicidal ideation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(6), 720-727. doi: [10.1097/01.CHI.0000046847.56865.B0](https://doi.org/10.1097/01.CHI.0000046847.56865.B0).
- [12] Goldsmith, S.K., Pellmar, T.C., Kleinman, A.M., & Bunney, W.E. (Eds.). (2002). *Reducing suicide: A national imperative*. Washington: National Academies Press. doi: [10.17226/10398](https://doi.org/10.17226/10398).
- [13] Goldstone, D., & Bantjes, J. (2017). Mental health care providers' perceptions of the barriers to suicide prevention amongst people with substance use disorders in South Africa: A qualitative study. *International Journal of Mental Health System*, 11, article number 46. doi: [10.1186/s13033-017-0153-3](https://doi.org/10.1186/s13033-017-0153-3).
- [14] Hawton, K., Zahl, D., & Weatherall, R. (2003). Suicide following deliberate self-harm: Long-term follow-up of patients who presented to a general hospital. *British Journal of Psychiatry*, 182(6), 537-542. doi: [10.1192/bjp.182.6.537](https://doi.org/10.1192/bjp.182.6.537).
- [15] Hendin, H. (1997). *Seduced by death: Doctors, patients, and the Dutch cure*. New York: W.W. Norton & Co.
- [16] Khan, N., Naz, A., Khan, W., & Ahmad, W. (2017). [Family and suicidality: An exploration of relationship of familial problems with suicidality in Pakistan](https://doi.org/10.1186/s13033-017-0153-3). *Suicidology Online*, 8, 41-48.
- [17] Kingsbury, S., Hawton, K., Steinhardt, K., & James, A. (1999). Do adolescents who take overdoses have specific psychological characteristics? A comparative study with psychiatric and community controls. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(9), 1125-1131. doi: [10.1097/00004583-199909000-00016](https://doi.org/10.1097/00004583-199909000-00016).
- [18] Lewinsohn, P.M., Rohde, P., & Seeley, J.R. (1996). Adolescent suicidal ideation and attempts: Prevalence, risk factors, and clinical implications. *Clinical Psychology: Science and Practice*, 3(1), 25-46. doi: [10.1111/j.1468-2850.1996.tb00056.x](https://doi.org/10.1111/j.1468-2850.1996.tb00056.x).
- [19] Macionis, J.J. (2012). *Sociology*. Boston: Pearson Publications.
- [20] Mann, J.J., et al. (2005). Suicide prevention strategies: A systematic review. *Journal of the American Medical Association*, 294(16), 2064-2074. doi: [10.1001/jama.294.16.2064](https://doi.org/10.1001/jama.294.16.2064).
- [21] Neuman, W.L. (2006). *Social research methods: Qualitative and quantitative approaches*. Essex: Pearson Publication.
- [22] Osvath, P., Vörös, V., & Fekete, S. (2004). Life events and psychopathology in a group of suicide attempters. *Psychopathology*, 37(1), 36-40. doi: [10.1159/000077018](https://doi.org/10.1159/000077018).
- [23] Pilowsky, D.J., Wu, L.-T., & Anthony, J.C. (1999). Panic attacks and suicide attempts in mid-adolescence. *American Journal of Psychiatry*, 156(10), 1545-1549. doi: [10.1176/ajp.156.10.1545](https://doi.org/10.1176/ajp.156.10.1545).
- [24] Reinherz, H.Z., Giaconia, R.M., Silverman, A.B., Friedman, A., Pakiz, B., Frost, A.K., & Cohen, E. (1995). Early psychosocial risks for adolescent suicidal ideation and attempts. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(5), 599-611. doi: [10.1097/00004583-199505000-00012](https://doi.org/10.1097/00004583-199505000-00012).

- [25] Shekhani, S.S., Perveen, S., Hashmi, D.E.S., Akbar, K., Bachani, S., & Khan, M.M. (2018). Suicide and deliberate self-harm in Pakistan: A scoping review. *BMC Psychiatry*, 18(1), article number 44. doi: [10.1186/s12888-017-1586-6](https://doi.org/10.1186/s12888-017-1586-6).
- [26] Turecki, G., & Brent, D.A. (2016). Suicide and suicidal behaviour. *The Lancet*, 387(10024), 1227-1239. doi: [10.1016/S0140-6736\(15\)00234-2](https://doi.org/10.1016/S0140-6736(15)00234-2).

Феноменологічне дослідження стресових життєвих подій, особистісних факторів та психічних захворювань, що сприяють самогубствам серед молоді в провінції Хайбер-Пахтунхва, Пакистан

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Анотація. Актуальність проблеми суїцидальної поведінки серед молоді підкреслюється її зростаючою поширеністю та відсутністю комплексних досліджень психологічних чинників у конкретних культурних та регіональних контекстах. Особливої уваги вимагало вивчення суб'єктивного досвіду осіб, які стикалися з суїцидальними думками. Метою цього дослідження було виявити психологічні чинники, що сприяють самогубствам серед молоді в провінції Хайбер-Пахтунхва, Пакистан, через аналіз особистого досвіду. Використовуючи якісний феноменологічний підхід, було проведено напівструктуровані глибинні інтерв'ю з 19 спеціально відібраними учасниками. Для збору даних було використано посібник для проведення інтерв'ю, а для виявлення повторюваних тем у розповідях учасників було застосовано тематичний аналіз. Було виявлено, що зовнішні стресові фактори – такі як невдачі в романтичних стосунках, погана успішність і втрата роботи – відіграли значну роль у виникненні суїцидальних тенденцій серед молодих людей. Особистісні риси, такі як імпульсивна агресія, невротизм і перфекціонізм, також були визначені як фактори, що впливають на схильність до самогубства. Аналіз також виявив поширеність симптомів, які зазвичай асоціюються з розладами психічного здоров'я, таких як постійний смуток, безнадія, збудження і нестабільність настрою, що в сукупності підвищують ризик суїцидальності. Висновки відобразили складний взаємозв'язок між стресовими факторами навколишнього середовища, індивідуальними особливостями особистості та емоційним дистресом у розвитку суїцидальної поведінки. Практична цінність дослідження в тому, що його результати можуть бути використані фахівцями в галузі психічного здоров'я, соціальними працівниками та педагогами для виявлення молоді з груп ризику та розробки цільових стратегій профілактики та втручання, адаптованих до їхнього психологічного та культурного контексту.

Ключові слова: особистісні риси; психологічний дистрес; психопатологія; суїцидальна поведінка; саморуйнівна поведінка