



DOI: 10.22363/2313-2272-2023-23-4-839-850

EDN: GIQKGH

Social-cultural features of the suicidal behaviour in Bosnia and Herzegovina*

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Abstract. The paper considers specific factors related to suicide and the influence of general, social-cultural factors on suicide in a typical post-war society — Bosnia and Herzegovina (BH). Many researchers focus on the life history of a person that committed suicide in order to get a better understanding of its social-psychological and other factors. However, the authors consider the social-economic factors of suicide based on the survey on social-cultural characteristics of suicide in BH. Part of the sample consisted of respondents that were friends or neighbours of the suicider. BH is a multicultural society that suffered war events not so long ago, which determined social-economic devastation and misery. The consequences are post-traumatic syndrome, high unemployment, social disorders, and social-pathological phenomena, including suicide. In BH, suicide is largely determined by the social circumstances, while certain social-psychological factors seem to be less important (individual pain and suffering caused by accidents or discomforts). Therefore, to understand the causes of increased suicide rates in certain periods and societies, we need to analyse the very nature of the particular society. The suicide rate in BH was considered through the social-cultural determinants of suicide. The ten-year timeframe does not exclude the impact of the previous turbulent period, including a decade of great political turmoil and economic crisis in the post-war society. Thus, the authors studied the statistical data collected by the relevant public institutions and the survey data collected with three questionnaires. Based on that data, the authors analysed in detail the causes of suicide in BH and the effects of specific social-cultural factors in the society trying to overcome the consequences of war after two decades of interethnic conflicts and strong international involvement. By considering the biography, interpersonal relationships, physical and mental health, lifestyle and other aspects of life of the person that committed suicide, the authors identify the most significant risk factors of suicidal behaviour, which may influence a personal decision to commit suicide (including ‘triggers’ and the level of suicidal intent). The social-cultural aspects of suicide prove that this phenomenon has a historical, cultural, religious and global social dimension, which means the need in its multidisciplinary study.

Key words: suicide; social-cultural factors; social-economic factors; population; Bosnia and Herzegovina (BH); post-war society

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The article was submitted on 13.07.2023. The article was accepted on 16.10.2023.

In BH, over 30 % of the population live below the poverty rate, and developmental traumas and family problems cause disorders lead to suicide. Its rates are similar in BH, Croatia and Serbia, but are the highest in neighbouring countries: Hungary, Slovenia, Italy and Greece. Today Europe has the highest number of suicides in the world. According to the WHO, in 2017, the highest suicide rate was in Europe (14.1 per 100 thousand; in Lithuania — 32.7), and the lowest — in the Eastern Mediterranean region (3.8), i.e., in the region with constant political crises and wars in the last few decades (Lebanon, Syria, Palestine, Israel, Egypt, Turkey, Jordan and Libya). In the mid-1980s, the WHO declared suicide prevention a significant domain of national activities, and many countries have achieved positive results (Sweden, Norway, Finland, Netherlands, New Zealand, Scotland, United Kingdom and Australia). Numerous national suicide prevention strategies were adopted together with specific local, regional and national programs to reduce the number of suicides. The attitude towards suicide is largely determined by cultural and religious norms; however, in many countries, religious and legal sanctions were cancelled in the late 20th century, and suicidal acts are no longer treated as criminal.

The sociological approach to suicide focuses on the importance of its 'environment' — social, economic and cultural factors — based on the assumption that suicide is mainly a consequence of general social disorganization, i.e., a reflection of social-cultural meanings in a certain environment, a result of some social conditions for a certain population group. Most authors refer to the work of Emile Durkheim as the founder of suicidology. His study *Suicide* is “still the best example of not only a study of suicide, but of a social study in general” due to “the consistency and power of his arguments” [17. P. 8]. Durkheim explains suicide as a result of social influences and stresses the relationship between an individual and a society as a key to understanding suicide. Suicide is a reflection of broken social integration and regulation, i.e., of insufficient or excessive degree of social integration and regulation [4]. Similar approach was developed by most authors who consider social risks as the most important factor contributing to an increase in suicide: urbanization and modernization, changes of social status, roles and mobility, effects of social networks and conflicts, unequal access to social capital, changes in economic cycles and so on. Moreover, the social meaning of suicide depends on cultural norms, beliefs and values, customs and patterns of suicidal behaviour and reactions to it; suicidal patterns are also determined by their physical and cultural availability and acceptability (exposure to stress, sensitivity to external influences, behaviour features, etc.). Thus, whether the feeling of hopelessness would lead to suicidal behaviour or not depends on different risk and protective factors. Some risk factors vary depending on sex, age, group, etc.; other risk factors change with time, occur in combination or have different degrees of expression and influence. However, no single factor sufficient for suicide has been identified [25; 26].

In general, the following approaches to suicide can be identified in sociology: positivist, functionalist, structural and humanistic-existential. In the positivist

perspective, it is important to refer to the deviant (and social-pathological) [9]. Thus, collective consciousness consists of norms and values that developed during the evolution of society and ensures socialized behaviour. Modern society attaches great importance to control mechanisms, such as law and moral, because these are supported by institutional sanctions. To understand Durkheim's position on suicide it is important to note two starting points for his concept: differences between the social normal and the social pathological; the concept of anomie. According to Durkheim, suicidal tendencies in a certain social group are determined by two variables: social integration and social regulation, i.e., a specific type/degree of social unity and social standardization, — suicide regularity is inversely proportional to the degree of social integration. Functional approach refers mainly to Durkheim's concept of anomie: society is based on common values as the basis for integration of the social system, socialization is the basic agent of social control that harmonises individual actions with expectations of the social system; anomie questions both these bases [9].

There are three concepts of deviation in the functionalist approach: theory of functionality and dysfunctionality of deviation by Talcott Parsons and Kingsley Davis (deviation as preserving or destructing social order); theory of anomie by Robert Merton, who stressed internal contradictions of the system as a key for explaining deviations; theory of subculture by Albert Cohen, Richard Cloward, Lloyd Ohlin and Walter Miller. For Parsons, the basic characteristic of social system is a normatively regulated social structure; therefore, he focused on maintaining social order, a state of balance, similar to parts of an organism, which perform certain functions for preserving the system as a whole. Merton modified the theory of anomie to show that deviance and suicidality are determined by culture and structure of society: culture consists of norms, standards, values and goals that determine the behaviour of an individual or a group, while social structure consists of the organized social relations and positions. Anomie is a disruption in the cultural structure, in particular, a conflict between goals, culture norms and social structure, which creates social tensions and deviant behaviour. Merton also suggested a typology of individual adaptation to social anomie.

Social theories that explain suicide were developed before social-psychological ones — in opposition to biologically oriented medical models of mental disorders. Parsons' functionalist theory is also known as the theory of roles: it represents one understanding of social disorders (theory of anomie, theory of labelling, theoretical model of the 'career' of the mentally ill, ethno-methodology — phenomenological, anti-psychiatric explanation of mental illness). According to the social roles theory, social role is a key category, since different roles serve to keep balance in the social system, contributing to its functionality. Parsons mentions the following social characteristics of the ill: expects a socially legitimate compassion and help from others; released from all social roles played before (obligations related to work, family); is responsible for making oneself better; has to cooperate with others.

The humanistic-existential approach to social deviations and suicide is rooted in the philosophical-anthropological and social-theoretical understanding of the classical German idealistic philosophy, Marxist thought, philosophy of existentialism and psychoanalysis [6. P. 3]. The influence of these ideas is most significant in the works of Erich Fromm, who critically interpreted Freud's ideas (unconscious, Oedipus complex, transfer, narcissism, libido, defence mechanism, theory of instincts, and so on) and replaced them with the theory of personal connection to social world [5. P. 62], defining personal normalcy and mental health as a situation when one can satisfy all his specific human needs in a 'positive' manner — through creativity, love, etc. Fromm's categorical apparatus is under the strong influence of existentialism: he talks about the 'curse' of self-esteem, 'unresolved contradictions', experience of death, human as an anomaly of nature or 'freak of the universe', human situation as paradoxical, tragic, filled with suffering and questions on the meaning of life, and so on. In human nature, Fromm identifies three principal existential contradictions a man cannot remove but can respond to in different ways: between life and death; potential life possibilities and shortness of life; human loneliness and need to live with other human beings.

Our search for solution to existential contradictions is not always 'positive' — one can satisfy one's needs in a 'negative' and even destructive manner, frequently finding irrational solutions that lead to aggression, sadism, suicide and other. Starting from the understanding of the social character, Fromm argues that the contemporary society has a two-fold influence on human beings, making them more independent, self-confident and critical, but at the same time more scared, lonely and separated. Many personal goals only seem as personal, while actually one thinks and speaks what other think and speak due to the powerful anonymous authority such as public opinion and common sense. This authority forces a man into conformism, using his existential fears to subjugate him to the needs of some higher power or ideology. According to the existentialistic theory, suicide is a form of behaviour in the moment of life crisis, a response to the realistic existential crisis, an appeal to the 'significant other'. Suicide is an existential act since a man kills himself.

The following data presents the observations of respondents about their close ones who committed suicide, their general social-demographic and social-economic characteristics, the society they lived in (especially close social circle), and ideas whether it is possible to recognize the suicidal behaviour of relatives, friends, acquaintances, neighbours and others before the fatal act of suicide. The basic hypothesis of the research relies on Merton's theory of deviance, which emphasizes that deviances are the result of the impossibility of achieving cultural goals in a legitimate way [8]. The sample consisted of 98 respondents whose relatives or neighbours or acquaintances committed suicide. The suicide victims known to the respondents were mostly males (55 %) living in the city (82 %), with a four-year high school (43 %; less often with a higher education — 16 %, secondary or not-finished higher school — 18 %), unemployed (43 %), permanently (32 %) or occasionally

employed (18 %); divorced (43 %); with debts (12 %), victims of mobbing (9 %), in conflict with family (6 %) or the wider surrounding (6 %), etc. This data indicates that the previous assumptions about the ‘good life’ have largely disappeared: during the so-called ‘period of socialist self-government’ in the former Yugoslav society, there was even a popular workers’ slogan: “*I like this regime, I hardly do any work and still get the salary*” [10].

Correlation tests show to which extent the changes in one variable are related to changes in another variable. We observed two variables: gender as an indicator but also a determinant of the social-economic status, and other variables of social-cultural influence. Concerning gender, men were mainly chronic patients and used medicaments; to a much greater extent men are socially excluded, prone to aggressive outbursts and alcohol consumption; while women who committed suicide were much more indebted with loan (Table 1).

Table 1

Relationship of gender with certain social-cultural factors of suicide

Social-cultural factors/Gender		%	
		Yes	No
Suffered from chronic disease	Male	14	41
	Female	3	38
Consumed medications	Male	17	38
	Female	4	37
Were socially excluded	Male	18	37
	Female	3	38
Were prone to aggressive outbursts	Male	19	36
	Female	6	35
Were indebted with loan	Male	18	37
	Female	35	8
Were alcoholics	Male	18	37
	Female	3	38

Concerning the employment status of suicide victims, several statistically significant links are noticeable: pensioners and unemployed more often think about committing suicide; more often suffer from chronic illness and use medications; unemployed are statistically (by the number of close friends) more socially isolated than other groups and more prone to aggressive outbursts. A loan indebted person with an unstable and insecure income acquires various types of fears and anxiety that puts pressure on one’s daily life (Table 2).

Widows and widowers were often suffering from chronic diseases than the married and divorced, while the divorced and widows/widowers were more prone to aggressive outbursts and conflicts with their families and wider social circle (Table 3).

Table 2

The relationship of employment status with certain social-cultural factors (%)

Social-cultural factors/Employment status		Yes	No
Said they would commit suicide	Permanently employed	2	28
	Occasionally employed	8	10
	Unemployed	10	33
	Pensioner	2	2
Suffered from chronic diseases	Permanently employed	2	28
	Occasionally employed	4	14
	Unemployed	9	34
	Pensioner	3	1
Consumed medications	Permanently employed	4	26
	Occasionally employed	4	14
	Unemployed	11	32
	Pensioner	3	1
Were prone to aggressive outbursts	Permanently employed	3	27
	Occasionally employed	7	11
	Unemployed	12	31
	Pensioner	3	1
Were victims of mobbing	Permanently employed	5	25
	Occasionally employed	10	8
	Unemployed	24	19
	Pensioner	1	3
Were indebted with loan	Permanently employed	25	7
	Occasionally employed	12	6
	Unemployed	14	29
	Pensioner	3	1
Were prone to gambling	Permanently employed	2	28
	Occasionally employed	3	15
	Unemployed	7	36
	Pensioner	3	1
Possessed a firearm	Permanently employed	1	29
	Occasionally employed	3	15
	Unemployed	4	39
	Pensioner	4	0

Table 3

The relationship of marital status with certain social-cultural factors (%)

Social-cultural factors/Marital status		Yes	No
Suffering from chronic diseases	Married	6	14
	Divorced	3	38
	Widow/er	7	4
Consumed tranquilizers	Married	6	14
	Divorced	5	36
	Widow/er	7	4
Were in conflict with their family	Married	5	15
	Divorced	7	34
	Widow/er	7	4
Possessed a firearm	Married	4	16
	Divorced	2	39
	Widow/er	4	7

We used the T-test to compare the value of the constant variable in two different groups, and found out differences in the financial factor of suicide and in the type of feelings respondents had. First, the T-test of independent samples showed a significant statistical difference in questions about financial problems as a factor of suicide according to such feelings of respondents as jealousy (0.008), depression (0.045) and hopelessness (0.042). It seems that the general feature of suicide, besides its psycho-pathological nature, is the strong influence of the social-economic situation. Thus, transitional conditions and opportunities in BH are one of the individual suicidal risks. In BH and neighbouring countries, suicide risk factors were analysed by gender, age, climate, migration, and so on, and the importance of transition, inheritance, psychopathology, domestic violence, ethical and religious factors was identified.

Before the war, in the first half of the 1990s, BH had a population of 5.1 million and a suicide rate of 11.5 per 100 thousand; and at around 3.8 million, the rate was the highest in 2001–21.7. Based on the results of our research, we can conclude that the growing number of suicides indicates the personal inability to ‘cope’ with the daily challenges, and these are primarily of a social-economic nature. A large part

of the BH population lives on the edge of existence and, at least for now, do not fight for a better life in a rational way (as evidenced by the enormous gap between the rich and the poor). This society looks like an imitation of a ‘consumer society’ in which, on the one hand, some luxury (expensive cars, houses, entertainment, etc.) is constantly offered by advertisements, while, on the other hand, many people hardly make ends meet. In such a situation — when the man lives in poverty and sees luxury around — one often thinks that he will never provide for himself and his family, which makes him feel that his life is meaningless and opens the road to suicide. First an individual blames society for poverty and helplessness, feels aggressive, but then realizes that changes are beyond his reach, so he transfers aggression to a closer environment and can end up with the so-called ‘retaliatory aggression’ and self-harm.

Suicide rates are similar in BH, Croatia and Serbia, and the highest ones are in neighbouring countries — Hungary, Slovenia, Italy and Greece. In the contemporary global conditions, most countries in this region are among nearly fifty leading countries in the world in terms of suicide rates. The countries of the former Eastern Bloc show the highest suicide rates, especially among men. In BH, over 30 % of the population live below the poverty line, which may force adults to commit suicide. The impact of social status on suicide is undisputed for disintegrated families, domestic violence, lack of role models and (mis) use of psychoactive substances. Low social-economic status is associated with suicidal behaviour as well as low level of education. Women more often promise to commit suicide, while men use more violent methods for committing suicide. Compared to women, men are less likely to seek psychological help, but committing suicide is socially stigmatized in both genders.

The society of BH has the essential features of the war-torn society. Historically — both before and after the long Ottoman rule, then during the Austro-Hungarian rule and the Yugoslav community, and until today — BH has been the scene of several wars, which allows to consider the data of our sociological research through Merton’s anomie theory. After the destructive war of 1992–1995, a huge demographic loss caused natural depopulation. In the current post-Dayton period of irrational policies of ethnic nationalism, reforms slow down and various social tensions appear, which further worsens the demographic situation. When this community was stable and effective, it had a positive effect on overall prosperity, and even on demographic opportunities, and vice versa [18. P. 288]. In other words, the social-economic recovery of the post-war society in BH is quite slowly and relies on international assistance, which means that in order to meet their basic existential needs, members of the BH society are rather ‘coping’ than developing their long-term employment and life strategies. The last war events (1990s) as a regressive social change in BH determined a large number of single-parent families, families without both parents, i.e., many children were deprived of parental care, which affects individual susceptibility to mental disorders and stresses that affect suicidal behaviour.

The most significant risk factors of suicidal behaviour (including ‘triggers’ and the level of suicidal intent) are: social exclusion, which is largely due to poor economic policies in general and poor social policies for the most vulnerable groups; high unemployment, poverty and social isolation. Living in poverty creates social difficulties, and poor people have a lower level of psychological stability, tend to deviant behaviours and dissatisfaction, which may lead to self-harm and suicide. In transitional societies, we can talk about cyclical unemployment caused by stagnation and declining production, changing demand and recessive stages of the economic cycle. According to the data from the “World Top 20” project, BH is the third country in the world in terms of unemployment rate (42 %) [12]. 43 % of suicide victims were divorced, 20 % — married and 11 % — widowed; most had children (60 %); only 10 % left a farewell message.

The suicide rates depend on several factors, among which the most significant are social-cultural and temporal variations (wars, economic crises, etc.). In addition to the above-mentioned factors, there are some general characteristics of those prone to suicide. Social-economic factors are the most common trigger for suicide: when a person does not feel safe, socially accepted and important, he chooses isolation and loses social contacts. Different personality structures react differently to this situation: if society is a constant source of frustration and no support, the individual turns to aggression, suffers and commits suicide, which is not only personal but also family and social problem. It is necessary to help people to express aggression in a right way not negatively affecting oneself and one’s social circle in addition to improving the standards of living and the quality of life — by reducing unemployment, poverty and huge social disparities, strengthening respect for the rule of law and for human rights, including the right to work and decent life. Social support networks, including partner and marital ones, are one of the basic factors in maintaining mental health, thus, reducing the risk of suicidal behaviour. In the timeframe taken for research (from 2005 to 2015), we considered the situation in BH in terms of the social-cultural aspects of suicide, which led to the conclusion that BH transitional society is in the state of constant ‘accession to the European Union’, and this ‘delayed’ modernization has largely determined the prolonged high rate of suicide.

The WHO data indicates a general trend of increasing suicide rates in the world in general. Thus, the question is whether the greatest values of human being are lost together with the meaning of life. Sociology (as a profession and not only a science) is to respond to the social call for help, i.e., to help to change the situation with its professional methods. Many suicide studies emphasize the general characteristics of sociology such as that social laws cannot be derived from psychological or biological ones. However, a sociological empirical research of suicide behaviour cannot remain general because it is about social (im) possibilities of achieving the meaning of life in the community. Sociological research should focus on collecting relevant

facts about the current social ‘environment’ and prospects for its development with an emphasis on social challenges, risks and threats that significantly affect negative changes.

An increased number of suicides over time does not necessarily indicate that our efforts became useless or our ability to satisfy reasonable needs decreased — rather that we no longer know where reasonable desires end and what is the point of all our efforts. Today consumer society offers new values that cannot satisfy the deepest requirements of the human spirit, which, according to Fromm, should be a ‘victory of being over having’. Positive values have been devalued, and instead of good interpersonal relationships aggression, violence and crime are becoming increasingly dominant. Thus, a gap between the true human needs and the available opportunities for achieving them in society leads to an increasing number of suicides. For that reason suicide can be defined as a form of communication at the moment of a life crisis, i.e., as a response to a realistic existential crisis and as an appeal to the ‘significant other’ (representing ‘a closer society’).

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DOI: 10.22363/2313-2272-2023-23-4-839-850

EDN: GIQKGN

Социокультурные характеристики суицидального поведения в Боснии и Герцеговине*

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Аннотация. В статье рассмотрены особые факторы, влияющие на характеристики самоубийств в современном обществе, а также общие социокультурные факторы, определяющие уровень самоубийств в типичном поствоенном обществе — на примере Боснии и Герцеговины. Многие исследователи сосредоточивают внимание на истории жизни человека, который совершил самоубийство, чтобы лучше понять социально-психологические и иные мотивы такого шага. Однако авторы рассматривают социально-экономические факторы самоубийства, опираясь на результаты опроса, проведенного в Боснии и Герцеговине. Часть выборочной совокупности составляли респонденты, которые были друзьями или соседями человека, совершившего самоубийство. Босния и Герцеговина — мультикультурное общество, которое не так давно пережило военный конфликт, повлекший серьезные социально-экономические последствия и бедствия. Результатом стал посттравматический синдром у значительной части населения, высокий уровень безработицы, нарушения социального порядка и такие социально-патологические явления, как самоубийства. В Боснии и Герцеговине одной из основных причин самоубийства являются социальные обстоятельства, тогда как общеизвестные социально-психологические факторы представляются менее важными (индивидуальные переживания, обусловленные несчастным случаем или сложностями). Таким образом, чтобы понять причины роста уровня самоубийств в определенные периоды в определенных обществах, необходимо исследовать конкретную социальную систему. Так, за десятилетний период уровень самоубийств в Боснии и Герцеговине вырос, но даже если рассматривать социально-культурные детерминанты суицидов, то нельзя не отметить воздействие на них предшествующего турбулентного периода, в том числе крупных политических потрясений и экономических кризисов, выпавших

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Статья поступила 13.07.2023 г. Статья принята к публикации 16.10.2023 г.

на долю страны в поствоенный период. Авторы опираются на официальные статистические данные и результаты опросов, определяя причины самоубийств, характерные для Боснии и Герцеговины, а также воздействие на них особых социокультурных факторов в обществе, которое пытается преодолеть последствия войны после многолетних межэтнических конфликтов при международном вмешательстве. Авторы считают необходимым сочетать в социологическом изучении самоубийства разнообразных данных — биографических, о межличностных взаимоотношениях, физическом и психологическом здоровье, образе жизни и прочих чертах жизни человека, совершившего самоубийство, чтобы определить наиболее значимые факторы риска суицидального поведения (включая «триггеры» и уровень суицидального намерения). Социокультурные аспекты самоубийства подтверждают, что этот феномен сочетает в себе историческое, культурное, религиозное и глобальное социальное измерения, а потому нуждается в междисциплинарном изучении.

Ключевые слова: самоубийство; социокультурные факторы; социально-экономические факторы; население; Босния и Герцеговина; поствоенное общество