According to the World Health Organization, suicides have come to one of the first places in terms of deaths. In this regard Ukraine is among the top ten countries with the highest suicide rate - more than 20 to 100 thousand people. The problem is compounded by the fact that there is so-called phenomenon of the "iceberg" at which latent part - suicide attempts - greatly overbalance in number the completed acts, and vary in the range from 1:10 to 1:40. Recently a number of studies on problem of suicidal behavior in Ukraine and particularly parasuicide were published in our country.

Authors in the majority point out multidimensional nature of research subject. As determining suicide factors they stand out personal, environmental and pathological factors, stressing the possibility of combining them into a single hierarchical system. One of the most effective approaches that treat this phenomenon, stress-diathesis model, is proposed by D. Wasserman. According to this model, there is a predisposition, a tendency to suicidal behavior, and the circumstances that reduce vulnerability (protective factors) and contributing suicide or suicide attempt (risk factors).

We have studied the personal factors that may cause the behavior of parasuicidal personality (personality, who has made an attempt). Research of post-suicidal behavior was being conducted at Emergency Hospital (BCMIP) of Nikolaev during 2002-2007. Research covered 85 people who had committed suicide attempt. Observation was carried out in the hospital among those who attempted suicide in the first week after its committal. The control group consisted of 108 people. It included people who did not have a history of suicide attempts.

Within the experimental and control groups age structure is as follows: the average age of the experimental group - 24.39 years, the average age of the control
group - 23.58 years, \( t = 0.625 \) (p <0.533), what suggesting no significant statistical differences.

We used psychodiagnostical instruments to assess personality characteristics, emotional status and vitality at the time of the study, namely:

a) Personality Inventory NEO-PI-R (hereinafter - NEO), developed by American psychologists P.T. Costa and R.R. McCrae [8], in its Russian-certified version. [9] The theoretical basis for the establishment served NEO five-factor model of personality, also known as "the concept of the Big Five» (Five Factors Model, FFM), measuring 5 areas or domains of personality, such as: Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. In turn, the field consists of six subfactor or aspects (facets) each. This is, in our opinion, quite completely covers the psychological structure of the individual, its emotional, communicative, active and motivational components; b) Beck Depression Inventory (hereinafter - BDI) is designed to assess the presence of depressive symptoms in the subject at the current period. c) WHO Well-Being Index (hereinafter - WHO) estimates respondent’s being in the current period of five scales, including the state of cheerfulness, serenity, activity, fatigue, degree of interest in life; d) Scale of Hopelessness (hereinafter - Hs) is built on an assessment by the patient of his future; e) The evaluation scale of violence by Plutchik (The PFAV Scale, hereinafter - PFAV) assesses the subject’s ability to the aggressive actions and the tendency to use weapons; f) Trait Anger Scale (hereinafter - TAS) refers to the tools, evaluating the emotion of anger as a personal characteristic, and as a reaction to external stimuli, which can cause anger (stressful situation), respectively, the test consists of two subscales - temperament, hereinafter - T and - reaction, hereinafter - R.

Comparison of personality traits of parasuicidal personalities and the control group of respondents by using the techniques revealed significant differences in a number of factors, in particular, the most significant difference between the groups lie in Neuroticism, Conscientiousness, Hopelessness, and quality of life.
The quality of life according to World Health Organization (WHO) suggests first of all, vitality and activity, that is, active lifestyle. In terms of WHO index we have such results: group of parasuicidal personalities has on the average 10.39, while the control group - 14.24, which corresponds to the significance of differences by Student t at the highest level (p <0.001).

NEO indicators on the correlation characteristics of the index confirmed that Neuroticism of parasuicidal personalities is higher than Extraversion.

We study the personality traits of parasuicidal personalities and the control group in comparison to the comparative method of NEO. Let's start this with one of the most important factors - neuroticism. Between these indicators significance of the difference is at the highest level (p <0.001). According to this factor subscales anxiety, angry hostility, depression, shyness and vulnerability also showed a significant statistical difference. The only subscale of this factor on which there was no statistically significant difference is the scale of impulsivity. Thus, from the seven factors of neuroticism, which characterizes the emotional instability the six ones were significant in comparison with the control group. This fact confirmed our conclusion about the importance of emotional factors in the structure of parasuicidal personality.

The second of the five major personality factors of methodology NEO is Extraversion. According to this factor there is the most significant difference between the control group and parasuicidal personalities on statistically significant level (p <0.01). In this case, the arithmetic mean of the absolute figures in parasuicidal personalites is low. Of the six subscales of these factors only two ones have statistical differences - parasuicidal personalities are confidentless and have more negative emotions. The latter figure is the highest level of significant difference (p <0.001). And this factor manifests sensibility, which is now associated with uncertainty.

The third factor is the Openness to Experience. On this general factor we have no reliable statistical differences. Among all seven indicators of this factor only two subfactors have significant differences - a fantasy and values
(respectively, \( p < 0.01 \) and \( p < 0.05 \)). These two factors are of particular importance, as are more related to the characteristics of cognitive and volitional personality. Subfactor fantasy shows little development of imagination, and the earthiness and utilitarian motivation. The second subfactor refers to generally accepted standards for rigidity and paranoia, which in this method are considered as a tendency towards conservatism and dogmatism. Overall, these data indicate an inability to think big and promising.

The fourth factor - Cooperation. According to it, there is a statistical difference at the highest level. Three factors from these six subscales have significant differences at a high level (\( p < 0.001 \)). These subscales are - honesty, humility and sensitivity. As for these subfactors parameters of parasuicidal personalities are higher than in the control group. In the method frankness is treated as naivety, modesty - as timidity and shyness with the desire to keep a low profile, sensitivity - as to be moved by the needs of others. These factors indicate the increased emotional sensitivity in relationships with others and the fear of social reality because of insecurity. This factor reaffirms emotional instability and uncertainty.

The last factor - Integrity. As for this factor there are reliable statistical differences at a high level either, parasuicidal personalities were less conscientious that the method is regarded as a low control over impulses. Four of the six subscales have reliable statistical differences. In this case, the competence and the desire for achievement and rigor are at a high level (\( p < 0.001 \)), and the organization - on average (\( p < 0.01 \)). These subfactors are interpreted by methodology as follows. Competence of parasuicidal personalities is characterized by low ratings of their abilities and uncertainty in solving life's problems. The desire for achievements they have evidence of apathy and laziness, and lack of ambition - of a lack of goals. Thinking about the actions testifies to the fact that this group does not think of carefully their actions before their execution. Disorganization parasuicidентов says about their несобранности and not
houses. Disorganization of parasuicidal personalities shows their distraction and methodlessness.

The latter factor, as the factor of Openness to experience, to a greater extent affect the features of the intellectual sphere of the person. As can be seen from the analysis of the latter factor in many aspects of rational activity parasuicidal personality is much inferior to the representatives of the control group, indicating the reasons for the uncertainty.

Thus, of the five factors four ones manifest significant differences between parasuicidal personalities and the control group, and taking into account the subfactors, 20 of 35 indicators have significant differences. While it is indicative, that the most significant factors of emotional relationship - Neuroticism and organization of rational activity - the Integrity of such significant differences have 6 and 5 from 7, respectively.

The revealed dependence between the five factors showed priority problems of parasuicidal personalities. To clarify the features of the person an additional correlation analysis was held. We, first of all, pay attention to the factor of neuroticism. Neuroticism and the pole in the profile - Emotional stability – is an important differentiating feature in the assessment of parasuicidal personalities and the control group. It is an indicator of adaptive capacity of the individual, the ability to adapt to external conditions. Also, it diagnoses the general tendency of the individual to experience negative emotions: fear, anxiety, hostility, vulnerability. Emotionally stable individuals are less vulnerable to stress. They are better able to manage the new situation compared with subjects with high levels of neuroticism, as the latter respond to the unexpected with affect, hesitantly, with fear and etc.

Significant differences are present on all subfactors Neuroticism scale except Impulsiveness, as we have already noted above, although parasuicidal personalities have it higher than in the control group. Impulsiveness in the concept of NEO means a decrease in the ability to manage aspirations. The main emphasis of factors account for the negative emotions. In contrast to the control group,
Neuroticism in people attempted a suicide linked to PFAV = 0,319 and HS = 0,386, i.e., with a tendency to feel anger and feeling of hopelessness.

Except Neuroticism there was the second most important way of rational behavior of parasuicidal personality reflected in the factor of good faith. It is about controlling impulses and volitional control of behavior. People who have high level of factor C (in this case, the control group), are more reliable, committed and effective. They tend to take the lead, their activity is not random, but systematically, they tend to set strategic goals. Statistically significant differences between the two groups in the subfactors: competence (C1), organization (C2), the desire for achievements (C4) and thinking about the actions (C6). The indices of the representatives of the experimental group are lower than in the control group.

Competence indicates the individual’s readiness to solve his vital problems, and vice versa - individuals with low experience in this subfactor feel frustration when faced with life's difficulties. Orderliness is a witness of ability to carry out organized activities, thoroughness – to think about actions, act carefully and methodically, in turn, low figures show haste, spontaneity, finely, the same impulsiveness.

The competence of the people attempted a suicide positively correlated with subfactor O2 aesthetics, $r = 0,27$, and O5, ideas, $r = 0,332$, in general although the border of them is lower, than in the control group, while in the control group there is no a statistically significant relation with the factor O and its subfactors, but there is a negative correlation with subscales TAS R (reaction): $-0,205$. This confirms once again that the competence diagnoses the ability to stable behaviour, and in this sense the behavior of parasuicidal personalities is less stable than in the group of the «healthy». At the same time the subscale Orderliness in their group negatively correlated with the scale of the TAS: $r = -0,23$ and subscale T (temperament): $r = -0,219$, which testifies to the conflict between the orderliness and personality of the people attempted a suicide.
In the group of "healthy" people subscale Order correlates with altruism (a3): $R = 0.199$ and the age: $R = 0.222$, which can be explained as an indicator of maturity. With the variable "age" in the control group, there is a positive relationship and subfactor c4 - the desire for achievement: $R = 0.235$. In addition, the desire to achieve positively correlated with extraversion and its subscales, except for E5 (search for exciting), with which there is no reliable relation – it seems their desire to achieve them has a rational foundation, and is not associated with the search for thrills. Then, this subfactor positively associates to the outdoor experience ($R = 0.319$) and its subscales, with the exception of fantasy (O1) and feelings (O3). Parasuicidal personalities’ c4 also negatively interacts with neuroticism and its subscales, positively - with extraversion and all subscales, including e5, negatively - with hopelessness, WHO index and depression by A. Beck. Thus, the desire for achievement is related to the extroverted installation, planning for the future, the psychological comfort and high emotional tone. The problem is that the people attempted a suicide have all these indicators significantly reduced.

Meanwhile, we note that aiming for the control group has significant correlation with these subscales, and correlates with integral indicator, as well as aesthetics (O2): $r = 0.271$, actions (O4): $r = 0.228$, and especially with ideas (O5): $r = 0.418$. Most likely, the desire to achieve, in this case say about the operational capabilities of the individual, the person with the "core", which is characterized as persevering and diligent.

Latest scale factor C - thinking actions (c6) - has a significant difference between the groups. The first major difference between the two groups: the people’s attempted a suicide thinking actions positively correlates with extraversion subscales, in particular, heartiness (e1): $r = 0.225$, and persistence (e3): $r = 0.264$, in the control group a significant negative relation - with subfactor activity (e4): $r = -0.202$, and the search for the exciting (e5): $r = -0.262$.

Thus, the "healthy" when planning their actions are more appropriate, since they try to avoid hasty decisions and are not guided in this exciting incentives.
Parasuicidal personalities, on the one hand, are hasty and rigid, because persistence implies peremptory, on the other hand, are less concentrated, focusing more on the emotional parameters of the situation, since this subscale indicates the orientation on interpersonal relationships in the first place.

Hence the second difference is understandable: c6 subfactor of suicides has reliable positive correlation with factor A, Partnership, and its subfactor - trust (a1): $r = 0.288$, altruism (a3): $r = -0.281$, agreeableness (a4): $r = 0.264$. The "healthy" have a significant tie with subfactor A4: $r = 0.307$, flexibility, perhaps, planning takes into consideration the opinions and positions of others. Individuals with a history of suicide are more naive in prediction of the behavior of others, are less able to defend their social interests (as they live their traumatic experiences), timid and keep a low profile.

In addition to these two scales that are important for the individuality of parasuicidal personality, we analyze other scales. As for the factor of Openness, it is a significant relation O2, aesthetics with compulsory (C3): $r = 0.257$, and O5, ideas, with the competence (C1): $r = 0.321$. Openness to experience is considered the least known factor in the structure of the questionnaire NEO. It certain disputed due, most likely, the fact that this area combines enough range of qualities, such as active imagination, the aesthetic sensitivity, attention to the feelings of others, flexibility of mind. Factor O can also be considered as assessment of the capacity for adaptive work: the direct measurement of the level of intelligence, but rather, of interest to the ability of a person to a flexible behavior during a meeting with the new requirements in new situations. Indicators of Openness of the experimental group is lower than that of the «healthy», but statistically significant differences are marked, as we have already mentioned, only in fantasy subfactor (O1) and values (O 6).

Subfactor fantasy is indicative in the structure of the features of a «healthy» person. It speaks of the work of imagination, on the place of the imagination in the structure of personality traits, of imagination as a way to create an interesting inner world for themselves. Imagination leads to a rich creative life, which people in
crisis, parasuicidal personalities in particular lack of. Openness to the values, in turn, speaks about the ability of the individual to the adoption of the new social and spiritual values, but more broadly, the non-dogmatic thinking in contrast to the conservative settings, preventing changes. The study showed that parasuicidal personalities are less extroverted than the «healthy». The difference relates to the integral index of E, perseverance (E3) and positive emotions (E6). The latter is especially important subfactor, individuals in the control group are more likely to experience a joyful experience, optimistic, cheerful and energetic. Costa & McCrae even argue that this subfactor forecast in regard to happiness. [9]. Confidence also speaks about the initiative, perseverance, activity and aspiration to dominate. In the rest of the subscale differences are unreliable. At the same time, the confidence of the people attempted a suicide is positively correlated with the C6 (thinking of actions): r = 0,267, and it in turn with a heartiness (E1): r = 0,229. The heartiness reflects interpersonal relations, cordiality in them. The dependence of this can be considered as the need for warmth and sincerity in communication and the desire to escape the formalities in social relations in solving social tasks. «Healthy» individuals are more adequate in the planning of activities, which implies a certain introspection and introversion. 

Therefore negative relationship C6 with an Activity (E4): r = - 0,202 and and "adventurist" subfactor search exciting (E5): r = - 0,262 is understandable.

As for the factor A, Cooperation, we have already mentioned earlier that the figures for it are higher among the parasuicidal personalities than those of the control group. In this case, it can be interpreted as a tendency to focus more on the needs of others, than on their needs and interests, the less desire to use the other for the achievement of rational goals (not available in mind manipulation of the neurotic), a certain naivete, timidity, less arrogance. If we consider this area in connection with others, we must mention the heartiness (e1) (r = 0,33) and the reduced need for exciting experiences (E5): r = - 0,245. The need for cooperation among parasuicidal personalities opposed to emotional instability (Neuroticism): r = - 0,269, hostility: r = - 0,353, impulsiveness: r = - 0,417 and vulnerability: r = -
0,241, i.e. that may interfere with the adaptability to the world, and is associated with Integrity: r = 0,249, obedience debt, implying the scrupulous adherence to ethical principles and moral obligations: r = 0,38, mentioned already thinking about behavior and self-discipline, the ability to bring to an end the work: r = 0,258.

In other words, adaptation to external conditions is not by focusing on their own interests, and it is rigid in nature. Parasuicidal personalities are compliant, for them the other’s opinion may be more important than themselves («I got a bad mark, what will my parents say?» «I lost my money, what will my sister say?»). Among the «healthy» individuals factor A positively correlates with n4, increased reflexivity, emotions of shame and confusion: r = 0,233, heartiness: r = 0,343 and persistence: r = 0,326, which speaks of their more active life position, than the parasuicidal personalities have.

Now we can make a conclusion that in addition to the two main factors of this method Neuroticism and Conscientiousness, for the three other factors, there are also significant differences, as shown by correlation analysis. By factor Openness to experience, we can conclude that parasuicidal personalities are characterized by a low indicator of the imagination, which confirms earlier conclusions on their primitive objectives and meaning of life. Indicators on the factor of value points to the rigidity of the personality.

By the factor of extraversion parasuicidal personalities are less extroverted, pessimistic and insecure. By the factor of cooperation parasuicidal personalities are oriented more to the smb’s needs, opinions and evaluations, some naive, timid, less arrogance.

Marked psychological characteristics of parasuicidal personalities may be useful in predictions of suicide, the diagnosis of suicidal risk and in the organization of correctional work in the early period of the post suicide.

References:

1. Как нам уменьшить число самоубийств в Украине. Проект междисциплинарной программы суицидальной превенции. – Одесса, 2007. – 50 с.


