

SUICIDAL PERSONALITY STATES: RESEARCH AND SCIENTIFIC PERSPECTIVE



Oksana Kovanda

PhD, Private practice (Odesa, Ukraine)

Basic Consultant of PPT

Email:

neiro.psicho.game@gmail.com

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Abstract

This article is written on the basis of dissertation material for the scientific degree of candidate of psychological sciences (PhD), on the basis of handwritten material. The topic of the dissertation is "Social and psychological correction of suicidal conditions in persons of mature age". Theoretical-methodological analysis of approaches to the problem of the suicidal condition in adults, was carried out in a modern, scientific environment. It is substantiated that the suicidal condition means temporary, situational or internally-conditioned disintegration of a personality which arises when one sees it as impossible to overcome obstacles in achievement of vital goals by using methods formed on the basis of previous life experience. It is indicative that the suicidal condition can be manifested by signs of decrease and inflexibility of social integration that leads to violations in interpersonal, social and professional spheres of the personality. The analysis as conducted allowed identifying characteristic features of suicidal conditions at the current stage of development of social and economic relations and identifying characteristic features of such conditions that indicate suicidal intentions. An important point is that in order to determine the real suicide risk in adults, it is necessary to take into account not only factors that contribute to suicide, but also predictors that deter suicidal states and act as protective factors against suicide.

On the basis of the research carried out in the dissertation material marks the connection of actual abilities of the person and ways of processing the conflict, which can lead to the formation and manifestation of behavioral reactions, in consequence of which there can be irreversible consequences in the form of suicide. As a result, the article analyzes the topic of the actual abilities of the person, which help cope with the oppressive situation, seemingly unsolvable. Special attention in the article is paid to the fact that due to actual abilities it is possible to form new views on the conflict leading to suicidal thoughts and to form a new vision of an "intolerable" conflict situation. The characteristic features of the PPT method being conflict-centered are highlighted and described; by applying a positive interpretation of the symptom arising from a highly stressful situation, it becomes possible to change the human condition from "intractable" to "solvable" and deactivate the intensity of suicidal thoughts, consequently lowering the risks and probability of suicidal thoughts to be carried out. Despair and the desire to end one's life recede, which gives hope for a change in the life situation, through newly developed skills.

The principle of hope, is extremely important and is one of the fundamental concepts of PPT. In the article it is traced that through the use of situational encouragement and goal enlargement it becomes possible to identify the individuality and uniqueness of a given person, to clarify the life prospects of the future that will inevitably lead to the discovery of creative potentials inherent in this person, which were displaced or suppressed by situations of acute (macro) or chronic (micro) stress and trauma, resulting in "tunnel thinking", which created a sense of "hopelessness" and no way out of the current situation

On the basis of the study, it was found that the use of the PPT method in work with suicidal people, gives great prospects for changes in the cognitive abilities of the personality, its perception and reaction to stressful situations, as well as the acquisition of new meanings of life and other ideas about its quality.

Keywords: personality, suicidal states, suicidal behavior, suicidokinesis, Positive Psychotherapy

Introduction

Relevance of the research topic. The presence of suicidal conditions and the frequency of completed suicides are among the most objective indicators of poor mental health, social well-being and quality of life. At the same time, research into the problem of suicidal conditions, must be interdisciplinary in nature and becomes possible only if it is recognized that such conditions are the result of a number of socio-cultural and psychological factors that characterize the space called "society - microsociety - person". This means that despite their "individuality", suicidal conditions cannot be disregarded as having been influenced by social factors.

It is noted that only a quarter of people who complete suicide has suffered from mental illness, which means that the share of non-pathological suicides is growing.

In this regard, it is important to optimize the system of socio-psychological support to the personality, aimed at overcoming the factors stimulating its suicidal activity.

It has been noted that the set of empirical studies of socio-psychological factors of suicidal states is mainly focused on studying the peculiarities of the system of close relations between a suicidal person and his sphere of value and meaning.

The socio-psychological stratum of studies of suicidal conditions concerns to a greater extent the microsociety, i.e., the immediate environment of the suicidal person, most often the family. At the same time, psychological analysis of a personality is impossible without analyzing the system of its significant relationships and structural research in the sphere of motivation and need, because the motives for suicidal behavior and suicide attempts largely depend on the state of socio-political and economic processes taking place in society.

Methodology

As the analysis showed, the problem of timely diagnostics of suicidal conditions in adults is extremely topical.

Especially threatening is the period of the next year, as a result of which persons prone to suicide should be placed in the highest risk group. This requires effective professional supervision and targeted social and psychological correction of suicidal relapses, based on an individual forecast of the crisis. Meanwhile, the results of special psycho-diagnostic studies of this kind are practically absent (Kudryavtsev, 2010).

In this regard, it is of particular importance to identify and assess the features, personal factors, and prognostic signs of suicidal conditions in adults according to

psychodiagnostics-studies to develop psychological markers - predictors of the risk of suicide and effective socio-psychological means to correct such conditions. The main psycho-diagnostic methods of identifying social and psychological markers of suicidal conditions were used:

- motivational interviewing, which revealed the main stimuli and verbalized meanings of suicidal behavior in adulthood, the level of awareness of the motive components, and attitude toward the suicidal trend (Kudryavtsev, 2012);
- methods of determining the level of motivational and personal conflict;
- the scale of depression (Beck, Ward & Mendelson, 1961);
- the scale of anxiety (Beck & Steer, 1993);
- the scale of hopelessness (Beck, 1974; 1975);
- the scale of suicidal thoughts (Beck, 1988);
- suicide risk assessment test (Patterson, 1983);
- methods of diagnostics of coping and protection strategies (Libina, 1998);
- the scale of subjective evaluation of life satisfaction (Libina, 1998);
- the temperament structure questionnaire (Rusalov, 1990);
- the M. Lucher test (1985; 2010);
- the Mass Media technique (Sobchik, 2000).

The purpose of the study was to identify and assess the socio-psychological factors and regularities of suicidal conditions of adults according to the data of a psycho-diagnostic study to determine the socio-psychological factors of suicide risk and measures of socio-psychological correction.

To achieve the goal, the following objectives were set at the stated stage of the research:

- Practical validation and selection of the most effective psychodiagnostic methods that reveal the mechanisms of suicidal conditions of adults and the leading directions of their socio-psychological correction
- Discovering the prognostic value of test results, identifying criteria of increased suicide risk and mechanisms of its implementation in adults with suicidal conditions.

Methods of psychological diagnostics were aimed at obtaining data on features of emotional, motivational and communicative spheres of personality, the presence of which could be important for forming suicidal conditions in respondents.

The research procedure consisted in measuring on one and the same sample of three rows of variables - coping and protective strategies, temperament characteristics, and

subjective assessments of satisfaction with life, self, and relationships with others.

In order to conduct the experimental part of the research, a set of methods was compiled, which were adequate for the purpose of the work - to study the socio-psychological specifics of suicidal conditions of adults and to discover individual differences in strategies of respondents' interaction with complex life situations. Thus, at the research establishment stage, the social psychological specificity of suicidal conditions in adults was determined. Voluntary participation in the study and guaranteed anonymity of the results ensured the most optimal form of psycho-diagnostic experiment and excluded such factors as social pressure and social desirability. Thus, the organization of the conditions of the experiment met the criteria necessary for the validity of the scientific study.

The empirical research was carried out at the Scientific and Practical Center of Medical-Social and Psychotechnologies, Center for Restorative Treatment and Rehabilitation of Veterans of War, Center of Mental Health, Ukrainian Northeast Institute of Applied and Clinical Medicine.

The sample consisted of 132 respondents (72 (54.5%) men and 60 (45.5%) women) aged 35 to 56 years with suicidal conditions (with non-psychotic disorders) that emerged as a reaction to a stressful (psycho, socio - or somatogenic) situation. Participants had different levels of education, family and financial status, length of professional experience.

Given the nature of suicide kinesis and its staged nature, the findings were analyzed within two types (models) of suicidal activity: pre-suicide (suicidal thoughts) and post-suicide (incomplete suicidal attempts).

When using the scale of suicidal thoughts (Beck, 2003), the most informative was to discuss the topic of deterrents (family, religious beliefs, possibility of disability in case of unsuccessful attempt, irreversibility of action, etc.), the descriptors of which reveal the level of control over suicidal tendencies. In discussing it, the significant statements made by most of the suicidal individuals surveyed were assessed as indicating that they have reduced control over suicidal behaviors. The suicide risk marker was a lack of reference to personal values that could deter suicide. Only the actual blocked (frustrating) meanings responsible for the suicide attempt or those that formed serious suicidal intentions were addressed. Some deterrents were assessed as features formally inherent in other people, but not significant to respondents. All this means that semantic barriers to carrying out the suicide were not present in the minds of the subjects (Kudryavtseva, 2016).

It should be admitted that application of A. Beck's scale (Beck, 2003) markedly shows the denial of suicidal thoughts. Its results make it possible to establish the absence or semantic insufficiency of personal factors deterring suicide, i.e., to objectify the latent threat of relapse into suicidal activity (I. Kudryavtsev 2016). It is shown that application of generally accepted scales of suicide risk A. Beck and W. Patterson has a number of constructive limitations (Kudryavtsev, 2012).

Indicators of subjective risk assessment of such conditions as a state of hopelessness cannot fully and reliably differentiate the high level of suicidal risk.

It should be noted that the methodology of diagnostics of coping and protection strategies (Libina, 1998) is based on the differential and psychological classification of mastering strategies with complex life situations.

For the analysis of quantitative indices of protective and copying behavior, the values of scales measuring the severity of each of 18 protective and 18 copying behavior strategies were used. The expression of strategies was estimated on a five-point scale, where 1 point corresponds to the minimum and 5 points - to the maximum value of the scale.

M. Lucher's test was used in the study as a method to determine the emotional and motivational state of mature individuals with suicidal conditions, their level of activity, determination, dominant needs and attitudes, as well as to determine the stress state. As is known, the Lucher test belongs to a fairly reliable methodological tool that can be used to determine the emotional and motivational states, the level of their activity, determination, and personal attitudes.

Given the nature of adult suicidokinesis and its stages, the data were analyzed within two models of suicidal activity: pre-suicide (suicidal thoughts) and post-suicide (incomplete suicide attempts).

The results of motivational interviewing to identify the main motives for suicidal behaviors and to determine the level of awareness of their components by respondents in both groups were used for meaningful analysis of the psychotraumatic factor.

The use of existential analysis of the content of psychological trauma for scientific consideration also made it possible to reveal the level of violations of unconscious mechanisms of perception and conscious mechanisms of its processing. This, in turn, revealed the system of interaction of protective antistress mechanisms, knowledge of which further defined the content of the program of social-psychological correction and measures of secondary

psychological prophylaxis of suicides of mature persons with suicidal conditions.

It was also found that, with an increase in the severity of depressive disorder, there is a tendency for the number of suicides with a high level of personal anxiety to increase (with severe depression 54.3% with a high level of anxiety) (Tsygankov, 2012), which may indicate its importance in the diagnosis of increased suicide risk.

As it has already been noted, the most important topic of diagnostic interviewing was finding out the possibility of the respondent's awareness of a different, more constructive (non-auto-aggressive) reaction to a psychotraumatic event. The degree and quality of such reflexion is considered a criterion of suicidal risk (Kudryavtsev, 2012). Analysis in this direction showed that 66.7% of individuals in the pre-suicide groups do not see any other opportunity to prolong life, at the time of interviewing. They link the decision to commit suicide to their illness - 28.6%; fear of losing control - 71.4%.

In order to understand the sources and mechanisms of suicidal activity of the mature adults surveyed, significant importance was given to examining the level and sources of psycho-emotional tension and analyzing the characteristics of mature respondents with suicidal conditions.

Higher levels of anxiety with prevalence of somatic components were found in the group of women with somatic non-localized sensations.

The cognitive-behavior markers of increased suicidal risk in the group of pre-suicides also include avoidance of satisfying needs (in severe cases, underdevelopment of the needs formation system); coping strategy of avoidance, which is especially typical for the strategy of behavior in conflict; underdevelopment and/or exhaustion of resources, flexible system of the realization of needs. Autoaggression is based on a rigid system of blocking and freezing in frustrating situations. The leading frustrating need - internal desire for comfortable relations - is not manifested actively; the content of intra-personal conflicts - inability to influence changes in relations that do not satisfy.

The psychogenic-psychotic (deep maladaptation) symptom complex included emotional disorders, psychosomatic fixations, phenomena of mental activity exhaustion, presence of intra-personal conflict, non-adaptive and inadequate reactions to the psychotraumatic situation, severe disorders of the personal system of relations, inadequacy of cognitive and behavioral systems.

Data analysis shows a connection between suicidal activity and conditions of deep depression. Severe depressive episodes were not only the most frequent causes of suicide attempts, but also had the greatest

preponderance in the suicide group, determining the dominance of suicidal thoughts in the minds of adults.

Informative and significant results were obtained using predictive indicators of the hopelessness scale (Beck, 1961;1988), and the suicide risk scale (Patterson, 1983).

The results obtained did not reveal any significant differences between the groups of pre- and post-suicide on the indicators of subjective risk assessment as a state of hopelessness. This indicates that the indicators of the hopelessness scale cannot reliably differentiate between mature individuals with a real risk of suicide.

Thus, the application of the suicide risk scales has a number of constructive limitations. The application of these scales provides valuable orientation in the suicidal state, allows us to determine its presence and severity, but does not reveal the essence of semantic meaning. Application of the scales is possible only if the respondent agrees to cooperate informally with a psychologist and is suitable mainly for preliminary evaluation orientation of a specialist, both in building a program of socio-psychological correction and in monitoring the resulting psychologically corrective effect.

It should be recognized that the use of A. Beck's scale of suicidal thoughts (Beck, 1961;1988) shows the denial of suicidal thoughts most markedly. Its results allow us to establish the absence or semantic insufficiency of personal factors deterring suicide, i.e., to indirectly objectify the latent threat of recurrence of suicidal activity.

It should be noted that the most informative marker of suicidal conditions in adulthood is the results of the discussion of restraining factors in A. Beck's method. The advantage of this method is the ability to work directly with the semantic value content of intra-personal factors that reduce the risk of suicide.

Thus, the results of the analysis of psycho-diagnostic data on individuals with attempted suicides make it possible to identify and rank psychological markers of the risk of recurrent suicides, to evaluate the most dangerous combinations of these personal symptom complexes, and to reveal the associated significant mechanisms of the genesis of suicide. The data obtained allow us to identify general principles and specific methods (methodological tools) of socio-psychological correction both in the early post-suicide period of the suicidal state and in its remote stages - when monitoring prognostic indicators.

A study of suicidal behavior abroad over the past few years has shown that the risks of suicidal behavior depend on many factors, including gender, age, and racial differences, but there are common factors inherent in the modern development of society.

N. Peseschkian (2016) writes in his book "Psychosomatics and Positive Psychotherapy" in the section "Suicidal Attempts" that the largest number of suicides in the world was registered in 1988 in Hungary, Finland in second place and France in third place. In the United States, about 30,000 people commit suicide every year. There is a high number of suicides in Japan. The lowest rates of suicide are in Greece and Saudi Arabia.

Suicides are not found among indigenous people of Australia and Tierra del Fuego. In India, suicide is found in the form of self-sacrifice in holy places (self-immolation of sati widows). Suicide is often found in Eskimos when they reach old age or have chronic diseases. (Peseschkian, 2016).

Results

If we consider suicidal behavior through the prism of Positive Psychotherapy, the balance model is well embedded here, and we can see what changes in the distribution of energy in the spheres of life and the deficit area of the model itself are found in the meanings mentioned above. Lost or distorted meanings lead to a gradual deformation of the personality in the following areas of activity, contacts and in conclusion, such changes occur in the body, sometimes reversible, that a "suicide plan" is formed as to how to end it all. Using the balance model in the therapeutic process, I see an opportunity to draw a person's attention to the areas of his life from a different perspective, to consider opportunities available in his life, to find a positive interpretation of situations and events that can show resources to improve the quality of life, thus acquiring new visions and meanings in what seems impossible to solve in the moment of the here and now. I also see as an especially important moment the use of current abilities in working with the patient. Most often, a person, not only a suicidal person, is not aware of the potential and resources available, and it is very important to emphasize that by applying their exclusivity and individuality it is possible to change life by adding joys and colors, to acquire new meanings and a more complete content of life.

Positive psychotherapy is a conflict-centered, ability-oriented method of psychotherapy with a humanistic approach to the individual. In this connection, work with suicidal behavior is oriented toward finding the conflict that results in suicidal thoughts, as life becomes unbearable and the client "wants out of it." The individual's disorder is labeled as a conflict with his or her own life, which is his or her reaction to the challenge of the external environment.

In positive psychotherapy, the actual abilities of the person whose conflict has caused the disorder as well as those that help to cope with it are in focus. The symptom which the individual displays while under a severe stress which has led to suicidal thoughts, is his only possible and available reaction to the conflict with his environment and

his experiences. By analyzing the actual abilities that lead to this reaction and the specifics of their emergence in the course of life, it is possible to change these abilities in the therapeutic process by forming new attitudes and skills. As a result, the reactions to the events change and the symptom goes away.

Most important in PPT analysis is:

1 Determining the scope and content of the conflict (the presence and frequency of micro-trauma is important).

2 Positive interpretation of the symptom.

3 Identifying the underlying conflict.

4 Verbalization.

5 Changing the habitual script that recurs in stress response.

6 Building self-help skills for when stress occurs.

The positive interpretation of a symptom in positive psychotherapy describes an attitude toward illness that differs somewhat from the traditional interpretation in medicine and tries to discover in the various symptoms and illnesses a certain meaning and function that they carry. That is, it puts the person, the personality and the individual in the focus, rather than a mechanism that has malfunctioned and needs to be treated according to a certain pattern. (Пилявская, 2016) The main goal of positive psychotherapy is to change the patient's perspective on his illness and to provide new opportunities to find reserves in the fight against the ailment. And since positive psychotherapy is based on the fact that many psychiatric and psychosomatic illnesses are based on conflict, changing the perspective of symptoms or syndromes allows the therapist (and the patient) to approach the conflict in a more differentiated way.

For a more holistic understanding of diseases and ailments, the questions must be answered:

- Why and for what purpose did this or that disorder of functioning appear?

- What is behind the symptom?

- What does the symptom want to tell us?

Fundamental to the PPT method is its focus on the resources, abilities and needs behind a person's suffering.

By analyzing the urge to deprive oneself of life, through the lens of positive interpretation, one can see the person's desire to change his life and outlook on it. Also hypothetically possible are:

1. Searching for an opportunity to cope with the situation that led to suicidal thoughts

2. Finding an opportunity to be noticed and draw attention to oneself.

3. Finding an opportunity to distance oneself from the difficult situation.

4. Finding an opportunity to overcome fear.

5. Finding an opportunity to get rid of distressing physical or mental pain.

6. A way to get rid of loneliness.

Frequent areas of conflict:

1. Health conditions (physical and mental illnesses).
2. Conflicts in professional activities.
3. Family conflicts.
4. Conflicts related to asocial behavior (alcohol, drugs).
5. Material and everyday conflicts (lack of finances, credits).
6. Existential crisis (not understanding the meaning of one's own life and its further perspectives).

These spheres can be distributed according to N. Peseschkian's balance model. The balance model shows an imbalance in the 4 spheres of life and it becomes apparent which spheres are in deficit and which are given special attention, and although the location of the conflict becomes visible, the content of the conflict has not yet been established.

The balance model is a universal tool that can be used to rework a conflict situation. Although everyone is individual, unique, there is a common model of behavior that most people resort to when dealing with conflict.

If there are problems, people are often angry, quarreling, feeling misunderstood, not seeing the meaning in life, all of these difficulties can be expressed in 4 forms of conflict processing, which correspond to the 4 dimensions of people's cognitive abilities. This model can clearly show how the world around us is perceived and in what ways it is mastered. When disharmony arises in any of the vertices of the balance model, all energy from the other positions is withdrawn to restore harmony in it.

A distinctive feature of positive psychotherapy is differential analysis, which regards actual abilities as an effective potential for personal development and conflict resolution (Гончаров). Peseschkian referred to actual abilities as those behavioral norms which are constantly in effect in our daily interpersonal relations and therefore always retain an actual meaning. Although actual abilities begin to form as early as the prenatal period, they are not inborn or hereditary. Actual abilities form and manifest themselves in a person's behavior depending on the influence of three developmental factors: the characteristics of the body, the environment, and the spirit of the times. (Пилявская 2016)

The concept of positive therapy is based on the view that every person has two basic abilities: the ability to cognize and the ability to love. Depending on the inner workings of the individual and his environment, these abilities are differentiated and form a distinct character structure. That is, all actual abilities grow out of these basic abilities and their development, which can be divided into two categories: primary and secondary. Primary actual abilities grow out of the ability to love, they arise on the basis of emotional relations. It is the ability to love, to have patience, to give time to something, to be able to establish contacts, to show and accept tenderness and sexuality, to

be able to trust, to hope, to be able to believe and be able to doubt, to gain confidence. Secondary actual abilities develop from cognitive abilities that relate to the ability to act in the world, such as punctuality, cleanliness, neatness, obedience, courtesy, honesty/openness, loyalty, fairness, diligence, thriftiness, obligation, accuracy, conscientiousness. Actual abilities represent the essence, the content of education. They are taught in accordance with the needs of society. Depending on the family, the environment in which the person grew up, some actual abilities are emphasized, while others are developed less. (Гончаров)

The imbalance of the expected and actually existing, can become a subject of conflict, trauma, contradictions, resulting in irritation, anxiety, aggression, disturbed sleep. The reason for many interpersonal conflicts and, as a consequence, the emergence of possible suicidal thoughts is the difference in the degree of development of different people's actual abilities. It is also possible to predict possible conflicts by understanding the degree of development of actual abilities.

Four directions of behavior in a conflict situation are distinguished, four models to follow, which are described in the form of a basic conflict:

"I" – If from early childhood the needs of the child were not taken into account, ignored, frustrated, then an attitude of "I am not good enough" is formed, there is no formation of the person's own value and significance for the close environment, as a consequence, formation of basic trust is broken.

"You" – The model of behavior of parents and close people, their relations with each other, ideas about marriage, determine stereotypes of behavior of the child who has grown up in this family. Hence, different concepts of life.

"We" – The model of behavior is formed according to the image of the parents' opinion of the people around them.

"Pro-We" – Behavior is determined by the formed worldview, religion, traditions.

The principle of self-help corresponds to the 5-step model used as a strategy of harmonization, adaptation and development of the personality, - first in the process of psychotherapy itself and then in the further process of self-help of the person to himself/herself and his/her surroundings. I want to note that repeated suicidal actions continue to be a problem; therefore, an important step in psychotherapy is the development of self-help skills.

1. Observation.
2. Inventory.
3. Situational reassurance.
4. Verbalization.
5. Extension of purpose.

The final stage of psychotherapy is goal expansion, when the interaction between psychotherapist and patient is directed toward the realization that the energy of life needs to be invested not only in conflicts, but also in other areas of life. "The other person" often brings conflicts, difficulties, problems and crises. At the same time, it also provides a chance for further personal development and adequate resolution of these conflicts.

The advantages of positive psychotherapy are:

1. Conflict-centered therapy (as opposed to symptom-centered therapy).
2. Short-term (10 sessions in counseling and 50 sessions in therapy).
3. Universal application to problems.
4. Transculturality.
5. Treats the individual as a holistic system.
6. Use of metaphors, parables as a tool.
7. Gives the client an active role.
8. Focuses on the future.
9. Deals with the problems of the therapists.
9. Deals with the problems of the therapists in their supervision sessions.

The results of the analysis in my dissertation (which are reflected in the article) showed that the degree of reflection, the depth of understanding of the relationship between the psychologically traumatic event and the subsequent mental and behavioral acts is the most important criterion for suicidal risk at the social and psychological level.

The material in the dissertation draws attention to the fact that one of the marginal variants of neuropsychiatric instability is a propensity for auto-aggression (Zotov, 2002). The complexity of this problem is that suicidal behavior is extremely difficult to diagnose, because the main diagnostic tools are interviews and self-reporting methods (Popov, 2009). At the same time, many individuals carefully conceal their suicidal thoughts and experiences in an effort to escape from life with minimal prior publicity.

In this regard, I would like to note that the main principle of assistance to mature persons who are suicidal should be an individual choice of direction and method of socio-psychological correction with a reasonable combination or step-by-step advantage of its various methods, as well as the consideration of any specific suicidal condition. At the same time, knowledge of peculiarities of the dynamics of suicidal behavior and of the individual psychologically-important elements of suicide kinesis allows us to carry out better-differentiated and effective individual work that is important in prevention of suicidal conditions.

Conclusion

The analysis of conditions and causes of suicidal conditions in adults provided an opportunity to differentiate socio-psychological factors of such conditions by taking into account the level of suicidal risk in the specified age period of ontogenesis. It was established that the most important interindividual factors are: psychosis and borderline psychiatric disorders; suicidal statements, repeated suicidal actions, early post-suicidal period; extreme, especially marginal conditions (in particular, imprisonment), loneliness; loss of social prestige; decrease of social status, level of material well-being; conflict and psychotraumatic situations; loss of loved ones, a reference person; burdened or dependent behavior. Intra-individual factors include: age-related changes in the body with increased suicidal influence of somatic factors; prevalence of epileptoid and cycloid types of character; reduced tolerance for emotional stress, depression, inferiority of communicative contact systems; inadequate self-esteem of personal capabilities; absence or loss of attitudes that determine the values of life; limited life prospects.

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