Comparing the personality characteristics and health concerns in married people attempting suicide with ordinary married people

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Abstract
The present study analyzes the comparison between personality characteristics and health concerns in married people who attempt suicide and ordinary married people. The statistical group in this study includes two groups of all the people who have attempted suicide during the years 2012 and 2013 in Khouzestan, Lorestan, Ilam and Alborz provinces, and all the students of the Islamic Azad University of Ahvaz as the control group. Among the married people who have attempted suicide, 100 were picked as the sample. The students were selected matching the married people who attempted suicide based on age, gender and being or not being native. The tools used included the Neo personality questionnaire (NEO-FFI) and the Health Concern Questionnaire (HSQ - 54). The results from this study indicated that there is a meaningful difference between the personality characteristics of neuroticism, extroversion and conscientiousness, between mental and social concerns of health among the married people who have attempted suicide and ordinary people. No meaningful difference was found between the physical concerns of the two groups in the personality characteristics of embracing experiences and compromising. In general, the results of the study showed that there is a difference in the personality characteristics and health concerns in the married people who have attempted suicide and ordinary married people.

Keywords: Suicide, personality characteristics, health concerns, married people

Introduction
Impressive changes in some fields such as the everyday growth of the country's population, changes in the social and family costumes and traditions, changes in the urbanism pattern, lack of a proper business in relation with the university fields and shortcomings in the proper job and payment for the country's universities' graduates have caused problems for those who are more vulnerable. Among these problems, we can refer to suicide or attempting suicide. In 2004, the World Health Organization announced that suicide is one of the eight main reasons of death in most countries and each year, one million people commit suicide and were successful. Suicide takes place as a result of several environmental, psychological, social and cultural factors. Among the characteristics of those who attempt suicide are the personality characteristics and health concerns.

The concept of personality can be interpreted from different aspects. Some psychologists use this word only in connection with other behaviors and another group considers it as a single series of thinking, motivation and feelings patterns (Ross, 1992: 9). Psychologists have presented different approaches to understand the complications of the human personality. The important approach in relation to the personality characteristics is the five factor personality pattern. The five factor pattern is based on the notion that each character is formed from five basic features including neuroticism, extroversion, embracing experiences, compromising and conscientiousness (McCrea & Costa, 1992). If we were to recognize the personality as a combination of one's actions and thoughts, emotions and motivation, the personality's forming factors are different in different people. On the
other hand, it is possible that these factors are combined in different relations to create different personality pattern. A great number of researchers believe that the existence of personal differences and personality characteristics differentiates people's reactions to circumstances and pressures (Aqayousefi, 2001).

Changes from the 1980s till now in the definition of health were considered synonymous with the lack of mental sickness and syndromes. But, in modern psychological texts, health is not limited to negative points in human psyche and treating them. As it is mentioned in the World Health Organization's definition, health is discussed and stressed upon from its positive aspect and a person is recognized as healthy when he or she enjoy certain conditions in environmental, psychological, social and spiritual terms (Argil, 2001).

Health is a relative concept and a form of total physical, mental, social and spiritual welfare and it is not only the lack of illnesses and inabilities. Colman (1998) considers the key determiners of health as hereditary factors, environmental factors such as the quality of air, water, land, rays, contagious illnesses, lifestyle factors including diet, smoking, drinking alcohol, exercise and sexual behavior, social and economic factors such as cultural, employment, payment and education fields and proper health care.

A lot of studies showed that the existence of damages, the availability of the conditions for physical, mental and social damages ready the person to attempt harmful and dangerous behaviors such as delinquency, homicide and suicide (Ahmadkhan, 2012; Preville et al, 2005; Agerbo et al, 2002; Monire Razaqian, 2010; Safa, 2003; Kaviani & Rahimi, 2002; Nojoumi et al, 2007; Hosseinpour et al, 2003; Khazaei & Parvizifard, 2003).

Regarding the importance of suicide and its relation with personality factors and health concerns in our country, no study has been done in this area. Although the number of suicide in Iran is much smaller than developed industrial countries, the analyses in the past two decades in Iran have shown that suicide and attempting suicide, especially in Hamedan, Lorestan, Ilam and Kermanshah provinces is increasing (Moradi & Khademi, 2002) and by identifying preventing or underling factors of attempting suicide, fit cases can be identified and treating measures can be taken to decrease the speed of the trend for attempting suicide and committing suicide. With regard to the importance of the subject, the present study is trying to answer the question whether or not there is a meaningful difference in relation with the personality characteristics and health concerns in people attempting suicide and those who have not attempted suicide.

**Concepts' definitions**

**Personality characteristics**

*Conceptual definition*: Psychologists believe that one's each behavior is derived from many factors like environmental, emotional and personality factors. Personality factors are in fact the same personality characteristics that make a person ready for showing some behaviors, while it is possible that this person would not show such behavior with different personality characteristics (Fathi, 2008: 2).

*Operative definition*: Personality characteristics are the grades reached through the Neo personality test (NEO-FFI).

**Health concerns**

*Conceptual definition*: Health concerns points to the personal evaluation of people from their health in terms of the full function of body, mind and social correlation (Delavar, 2012: 1).

*Operative definition*: Health concerns are the grades reached through the Health Concerns Questionnaire HSQ.
Suicide

Conceptual definition: In his famous book, entitled Suicide, Emile Durkheim calls suicide a social phenomenon and defines it in the following way: suicide is considered as any kind of death that is the direct or indirect result of the victim's negative or positive behavior that should lead to that result (Durkheim, 2009:6).

Achille Delmas also considers suicide as the act that is done by one to annihilate one's self, while the choice of death and life is in one's hand and one is not morally obliged to do that act (Eslaminasab, 1992: 74).

Operative definition: It is the action that the sample members have done to annihilate themselves.

Attempting suicide: Suicide is the conscious act of damaging one's self and it can be considered as a disorder with multiple aspects in a needing person for whose specific problem this is the best imaginable solution (Aq, 2011: 9).

Theoretical framework

According to the goal of the study, it is needed to pay attention to the presented theories in relation with the impacts of personality characteristics and health concerns on the suicide phenomenon; but with regard to the needs of this research, it is the focus on the common items of these subjects that the theory of claiming the effectiveness of these factors on suicide can be analyzed and then operatively discussed.

Suicide

Suicide is an act that is normally done consciously to kill one's self in a way that the death is the aim or means (Raeisdana, 2011: 172). Achille Delmas considers suicide as the act that is done by one to end one's life, while the choice of life and death is in one's hands and one is not morally obliged to do that (Eslaminasab, 1992: 74).

Suicide can be defined as the conscious attempt to damage one's self that leads to death (Hatami et al, 2006). Edwin Sneidman defines suicide as the conscious act of termination by one's own hands, which in its best form can be known as a disorder with multiple aspects that are determined for that person, and this is the best imaginable solution. Suicide is not an accidental meaningless act; quite the opposite, it is a way to be free from a crisis that without exception, torments that person (Kaplan & Sadok, 2000: 620).

Cave Bondi et al (2001) state that successful suicide is the act of taking one's life by one's own hands. In case the damage leaded to the death of that person, the suicide is considered successful, if not, it is called a suicide attempt. In fact, attempting suicide means that the act that ends with the death of the person, which is his or her wish to be free of the problems, has been done, but death has not been reached. For instance, in cases were suicides are attempted in hospitals or at home, that person is given access to immediate aid and the impact of the mortal factor is prevented (Anjom Shoa, 1997). It is said that the real statistics of suicide, including the suicide attempts and other suicidal acts is ten to twenty times this amount (Robins et al, 1974). In spite of that, analyses show that only a small group of those who attempt suicide have intended to kill themselves and most of them state other reasons for their act. Suicide is related to unfulfilled needs, feelings of despair and misery, intense mental challenges and pressures, the limitedness of the options in that person's view and the need to run away from the problems, all of which are parts of health concerns (Sadok & Sadok, 2003).

Theorists have presented different categorization from different types of suicide. The most famous one is that of Durkheim. Durkheim's theory of suicide is in fact a psychological-social theory. He aimed to discover the relations between the group organization of social life and the
personal experience of suicide. Durkheim in studying suicide, did not only study the amount of suicides and the social factors like family structure and religious tendencies, but to determine these relations, also paid attention to real social factors that are not tangible such as selfishness trends, abnormalities and love for others (Tyler, 1997: 14). Durkheim has categorized suicide into four groups:

**Selfish suicide**
Durkheim recognizes this type of suicide as unique to the societies that have individualist philosophy and tradition, people's independence, self reliance and self sufficiency. In such societies, because of the amount of social control and very low group pressure, weakening the collective spirit, the neutrality of the social organizations in personal responsibilities, the victory of secondary and formal interactions and relations over the primary relations and lack of a deep sense of belonging to the group in the person, the shortage or intense disorder in simulating social groups and lack of social support and emotional and mental supervision of the organizations from the person causes the increase in that person's tendency for suicide in critical conditions.

**Suicide for others**
Suicide for others mostly takes place in primary societies and in the form of a social duty, like the Sati Hindus tradition or men's suicide in the threshold of oldness and sick people in Fiji and Manga tribes (same sources). In this type of societies, the amount of control and group pressure is so much, the sense of belonging to the group is very deep and sympathy with the group is very intense, to the point that the individual's existence is considered independent from the abstract group existence.

**Suicide caused by the loss of values (anomic)**
Anomic suicide is a result of lack of balance, structural transformation, sudden stoppage or deep and quick changes in social organizations and systems, which in their turn, are the results of the recession in the economic organization, the disintegration of the traditional values, inflation, changes in the ruling government and revolution, etc. People's acts are not formed by clear and decisive codes. There are four factors that are effective in this type of suicide including sudden social changes, disorder in the group system and the general systems of the society, having professional and liberal jobs, divorce and consequently, disputation in the relation between the family's goal and means (same source: 135-137).

**Determinist suicide**
This type of suicide is a kind of reaction to the society's social review, control and adjustment. When the society intensely tries to create a regulated order and the person is extremely under the social subjugation and imitation and everything is predetermined, controlled, ordered, solid and without a soul. In these times, the right to choose is taken away from people and under forceful conditions, the person cannot provide goals and ways to reach them and therefore, does not submit to destiny (Shekhavandi, 1994: 70).

**Personality characteristics**
Robins and Disenso (1998) stated that the personality is a series of mental characteristics that sustainably exist in the person and affect his or her behavior and thought. In other words, people's personality is a combination of mental characteristics that are used to determine that person's place in the categorization.

Personality is an indication of the characteristics of one person that are in the form of their fixed thought, emotional and behavioral patterns. The system we are analyzing includes external thinking, emotions and behaviors and is tangible, especially the connection between these three aspects in creating a unique personality are very important (Parvin et al, 2002: 4). We can also say
that the personality is a series of stable and unique characteristics that may change in response to different situations (Shultz & Sydney Allen, 1999: 15).

Some of the personality psychologists have studied the biochemical and physiologic aspects of human behavior and utilize the suitable methods for them, others observe and analyze the observable behaviors of the person, others consider personality as a concept formed by characteristics such as the unconsciousness process, including the relative psychology that define and describe personality based on prominent features or clear characteristics of the personality (Shamlou, 1993: 15). Therefore, it can be said that personality is the broadest psychological concept that shadows over all the human functions. Based on this notion, personality features are among the effective factors on the type of human relations, social interactions and in general, all the human activities in the society (Gutierez et al, 2005: 23).

McCrea and Costa (2003) have defined the personality characteristics as the differences of people in thinking, emotional and acting patterns, which helps understand individual and group interactions. These characteristics are determining factors in human individuality, determine the differentiating aspect of one with others and are relatively stable during the years. Costa and McCrea were able to identify five factors of the personality that are old tendencies in neuroticism, extroversion, flexibility, being lovable and conscienceousness. They basically introduced these five factors as tendencies that have environmental grounds (Esmaeili Givi et al, 2011: 31). Personality psychologists have focused on the five personality factors from different perspectives and their approaches include all the features mentioned in people and the scientific theories of personality. By studying these five factors during the period of life, everything that really takes place in people's personalities with their growth can be studied (McCrea & Costa, 2002: 12).

Neuroticism, unlike emotional stability, includes a range of negative excitations such as anxiety, anger, depression, embarrassment and hatred. This aspect also includes sensitivity toward having unrealistic beliefs, a weak control over personal tendencies and ineffective methods to deal with stress (Roushan et al, 2006, as cited in Esmaeili Givi et al, 2001: 36). Negative excitations are indications of neuroticism and the less a person has these characteristics, the more that person feel a sense of meaning in his or her life (Kaviani, 2002, as cited in Abdi et al, 2008: 282).

Extroversion is considered as the person's tendency for being energetic, happy and sociable (Shokri et al, 2005: 28). According to Kritler (2009), people who have a high grade in extroversion have more potential to make more dangerous decisions. Embracing (being open to new experiences) points to the person's tendency to be non-traditional, imaginative and interested in arts (Shokri et al, 2005: 28).

Responsibility or conscientiousness includes an ordered effort to reach the determined goals and also the serious follow up to the accepted principles, this type of personality type is called responsible, dutiful, eligible and able (Esmaeili Givi et al, 2011: 36). Responsibility includes two main factors of the ability to control the motivations and utilizing plans and programs in the behavior to reach the analyzed goals (Fathi et al, 2007: 6).

Different studies have shown that discovering personality disorders are among the most important preventing factors of suicide (Razaqian, 2011: 1). Reviewing the analyses that were done in the fields of personality characteristics of people who attempt suicide show that a high percentage of these people have personality issues or disorders (ibid: 2). Attempting suicide in younger people and women is more than the other groups and problems like conjugal disorders, disputations with the relatives, mental disorders and unemployment are reported among the most important reasons for suicide (Janqorbani, 2005, as cited in Razaqian, 2011: 2). Analyses show that only a small group of people who attempt suicide intend to kill themselves and most of them state other reasons for their action. Suicide is connected to unfulfilled needs, feelings of despair and misery, extreme
Identifying personality problems in the people who attempt suicide help the health and supervision systems of the society to be more sensitive in identifying the people who face risks and utilize better and more effective caring and supporting values in this field (ibid: 8-9). Different studies have shown that behavioral disorders are the primary most important group of mental disorders that are related to attempting suicide; among the studies done on this subject, the study by Mann et al on the patients residing in the mental hospital showed that the mental feeling of depression and disappointment and the intensity of suicidal thoughts among the people who attempt suicide was 62 percent and among the ordinary people was 6 percent (ibid: 4). Also, different studies have indicated that anxiety disorders have a connection to the increase in the risk of suicidal behaviors.

Yen et al, in a study, by analyzing the roles of class 1 and 2 disorders as preventing factors of suicide, indicate that discovering borderline personality disorders and misuse of narcotics and depression are meaningfully preventing factors of attempting suicide.

Health

Health is a quality of life that is very difficult to define and almost impossible to measure. Experts have presented several definitions of this concept but all of them have a common subject and that is responsibility for one's self and choosing a healthy life style (Meshki, 2007). The World Health Organization's definition of health as the state of total physical, mental, social and spiritual welfare and not only the lack of sickness or inability indicates the importance of attention to the different factors that endanger health (Babington, 1993, as cited in Delavar et al, 2012: 2-3).

Different scientists believe that health has the following aspects including Physical health, Social health, Excitation health, Intellectual health, and Spiritual health. Mental health (Meshki, 2007). According to Adlin et al (1999), physical health is reached through proper eating and drinking, ordered exercise, avoiding harmful habits, having awareness of health and responsibility for health, looking for the needed medical aids and taking part in activities that help prevent sicknesses. Social health means the ability to effectively and efficiently play the social roles without harming others. Social health is in fact the same as evaluating the conditions and work of the person in the society (Adlin et al, 1999).

Excitation health is formed by the health to understand the thrills and the proper way to face the problems that come up in the routine life and the way to stand the tension. In general, excitation health is defined as having a confident identity and the sense of paying attention to self (Adlin et al, 1999; Meshki, 2007).

Intellectual health means to understand the point that the person should have enough energy to do intellectual activities in a way that the researchers believe too much or too little activities have negative impacts on health. A moderate amount of intellectual activity is proper for the person (Naido & Welles, 2000: 361).

Although it seems that the aspect of spiritual health is theoretically an important factor of health, especially of the psychological health, most of the experimental analyses that stress on the relation between psychological and spiritual health state that these two are two separate phenomena (Naido & Welles, 2000).

Some of the authors believe that mental health is to have a positive understanding of the events and conditions of life and point to a mental source, which is called inherited optimism. A person, who is inherently positive, believes that each condition and state will eventually lead to a positive outcome. Different studies have shown that optimism has positive relation with being
tough, general health, happiness and has a negative relation with anxiety, the avoiding attitude and despair. Some believe that mental health is synonymous with happiness and being satisfied with life. In their view, mental health is to balance the negative and positive excitations. In the relation between positive and negative excitations with happiness, the two factors of amplitude and the intensity of happiness are in the attention and among them, the amplitude factors of happiness is a proper indication for analyzing and measuring the mental health because it can be easily measured. This factor is strongly related with long term excitation health.

It seems that six broad levels of factors determine the health behavior including genetic factors (inherent readiness for sickness), social factors (like values, social learning), excitation factors (mental pressure, fear), understanding the signs (pain, uneven heart beats, etc.), patient's beliefs and the beliefs of health experts. Most studies are focused on the people's beliefs and the quality of the interactions between the beliefs and the other factors in order to create and reform healthy behaviors (Christiansen et al, 2006).

Methodology
The statistical group of the present study first includes all the married people who have attempted suicide in the past two years and have referred to the hospitals of Khouzestan, Ilam, Alborz and Lorestan provinces. Secondly, it includes all the students of the Islamic Azad University of Ahvaz. To determine the sample, as in the present study, the study is of the case-observe and historic nature, therefore, 100 people who have attempted suicide and referred to the emergency rooms of hospitals in Khouzestan, Ilam, Alborz and Lorestan provinces (each province with 25 cases) were selected using the cacheable sampling method as samples. Also, 100 students were selected from the ordinary group (the observing group) through the targeted sampling method and were matched with the group of married people who have attempted suicide in terms of age, gender and being from that region or not. The present study compares the health concerns in the two groups of married people who have attempted suicide and also the married people who have not attempted suicide and therefore, the reasoning-comparing research method is utilized.

To collect the needed information for the present study, the three methods of library studies, referring to documents and field research were utilized. By referring to the documents and the authorities in the hospitals in Khouzestan, Lorestan, Ilam and Alborz provinces, a list of married people who have attempted suicide was provided. In the field method, by going to the hospitals and distributing the questionnaires among the chosen samples, data were collected using the health concerns' questionnaires.

Research tools
Health concerns' questionnaire (HSQ-54) was created to determine the amount of health concerns by Spot and Doosh in the year 2000. The questions in this tool were related to the three sub-criteria entitled physical, mental and social concerns. To determine the reliability, the Cronbach Alpha was used. This amount for the physical, mental and social concerns and in general the health concerns were in turn, 0.786, 0.722, 0.712 and 0.759.

Data analysis and results
Results from table 1 show that the average rates of physical, mental and social concerns in the married people who attempt suicide is lower from the ordinary married people. With regard to the meaningful difference between the two groups in terms of health concerns, it is necessary to do more analyses on the sub-criteria of this factor so that it is determined whether or not the married people who attempt suicide and ordinary married people are different in all the sub-criteria of health concerns or some only some of them and therefore, the results of rejecting or accepting the theories are also determined.
Table 1: Descriptive statistics of the aspects of health concerns

<table>
<thead>
<tr>
<th>N</th>
<th>SD</th>
<th>Mean</th>
<th>Attempting Suicide</th>
<th>Physical concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>6.2122</td>
<td>67.11</td>
<td>Married people who attempt suicide</td>
<td>Physical concern</td>
</tr>
<tr>
<td>100</td>
<td>5.5732</td>
<td>67.75</td>
<td>Ordinary married people</td>
<td>Mental concern</td>
</tr>
<tr>
<td>200</td>
<td>6.8927</td>
<td>67.43</td>
<td>Total</td>
<td>Social concern</td>
</tr>
<tr>
<td>100</td>
<td>6.2155</td>
<td>66.25</td>
<td>Married people who attempt suicide</td>
<td>Physical concern</td>
</tr>
<tr>
<td>100</td>
<td>4.4587</td>
<td>68.00</td>
<td>Ordinary married people</td>
<td>Mental concern</td>
</tr>
<tr>
<td>200</td>
<td>5.3371</td>
<td>67.12</td>
<td>Total</td>
<td>Social concern</td>
</tr>
<tr>
<td>100</td>
<td>4.3498</td>
<td>45.00</td>
<td>Married people who attempt suicide</td>
<td>Physical concern</td>
</tr>
<tr>
<td>100</td>
<td>3.4762</td>
<td>47.10</td>
<td>Ordinary married people</td>
<td>Mental concern</td>
</tr>
<tr>
<td>200</td>
<td>3.913</td>
<td>46.05</td>
<td>Total</td>
<td>Social concern</td>
</tr>
</tbody>
</table>

In this case, there are three dependent factors to analyze, therefore, 0.05 is divided to three and the new alpha level of 0.017 is reached. Therefore, in the result from MANOVA inter-experiment effects, when the possible value (meaningfulness) is less than 0.017, the difference between two groups will be considered significant.

To analyze the statistical significance of the difference between the variances, multivariate analysis of variance (MANOVA) is utilized to compare the variances in the two groups, the results of which are presented in tables 2 and 3.

Table 2: Results of multivariate analysis of variance (MANOVA) on the rates of physical, mental and social concerns in the testable factors of the married people who attempted suicide and ordinary married people

<table>
<thead>
<tr>
<th>Significance</th>
<th>Eta Squared</th>
<th>F</th>
<th>Df2</th>
<th>Df1</th>
<th>Amount</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.002</td>
<td>0.082</td>
<td>5.057</td>
<td>196</td>
<td>3</td>
<td>0.082</td>
<td>Phill's Trace</td>
</tr>
<tr>
<td>0.002</td>
<td>0.082</td>
<td>5.057</td>
<td>196</td>
<td>3</td>
<td>0.829</td>
<td>Wilk's Lamda</td>
</tr>
<tr>
<td>0.002</td>
<td>0.082</td>
<td>5.057</td>
<td>196</td>
<td>3</td>
<td>0.067</td>
<td>Hotelling's Trace</td>
</tr>
<tr>
<td>0.002</td>
<td>0.082</td>
<td>5.057</td>
<td>196</td>
<td>3</td>
<td>0.077</td>
<td>Roy's Largest Root</td>
</tr>
</tbody>
</table>

As it is shown in table 2, the significance levels of all the testable factors indicate that among the married people who have attempted suicide and those who have not, there exists a meaningful difference in at least one of the sub-criteria of their health concerns (physical, mental and social concerns). To reach the difference, the results from the one-way variance analysis in the MANOVA text is presented in table 3.

To prevent type 1 and 2 errors, the new significance level from dividing the main alpha level (0.05) on the number of the discussed analyses (3 dependent variables) is reached and the new alpha level is 0.017. Therefore, in the result from the effects of the testable factors of MANOVA, when the possible significance value is less than 0.017, the difference between the two groups is considered significant.

With regard to the information reached from table 3, it is noted that the significance level of the physical concerns' sub-criteria (0.236) is more than the determined significance level. Therefore, it can be said that there is not a meaningful difference between the physical concerns of the married people who have attempted suicide and those who have not and the theory based on the notion that there exists a meaningful difference between physical concerns in the two groups of the married people who have attempted suicide and those who have not is rejected.
Table 3: Results from the one-way analysis in the Manova text on the rates of physical, mental and social concerns in the married people who have attempted suicide and ordinary married people

<table>
<thead>
<tr>
<th>Eta Squared</th>
<th>Significance</th>
<th>F</th>
<th>Mean Squared</th>
<th>Df</th>
<th>Total Squared</th>
<th>Mean</th>
<th>Group</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.003</td>
<td>0.236</td>
<td>0.786</td>
<td>28.880</td>
<td>1</td>
<td>28.880</td>
<td>24.67</td>
<td>Married people who attempt suicide</td>
<td>Physical concern</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23.86</td>
<td>Ordinary married people</td>
<td></td>
</tr>
<tr>
<td>0.013</td>
<td>0.002</td>
<td>2.555</td>
<td>79.380</td>
<td>1</td>
<td>79.380</td>
<td>24.20</td>
<td>Married people who attempt suicide</td>
<td>Mental concern</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25.49</td>
<td>Ordinary married people</td>
<td></td>
</tr>
<tr>
<td>0.062</td>
<td>0.001</td>
<td>13.180</td>
<td>244.205</td>
<td>1</td>
<td>244.205</td>
<td>23.33</td>
<td>Married people who attempt suicide</td>
<td>Social concern</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23.69</td>
<td>Ordinary married people</td>
<td></td>
</tr>
</tbody>
</table>

Different theories of the meaningful difference between the married people who have attempted suicide and ordinary married people in terms of the sub-criteria of mental and social concerns with meaningfulness, with 0.002 level for mental concerns and 0.0001 for social concerns is accepted and therefore, these two theories are confirmed.

Conclusion

The average age of those who have attempted suicide is 19.66 years and those who have not attempted suicide is 19.94, which indicates that the members of the sample group are young. Also in the group of those who have attempted suicide, those with 18 years and in the group of those who have not attempted suicide, those with 20 years had the most amplitude distribution. In both groups, those with 21 years of age had the least amount of amplitude distribution. Based on the statistical findings of a research plan that was done by the Welfare Organization, suicides in terms of age had the most number in the age group of 20 to 29 years and then from 10 to 19 years among the women, which matches the findings of the present research. The number of women who have attempted suicide is almost twice the men, which indicates the high rates of suicide among women.

Most of the people who have attempted suicide were residents of the same province and were regional to that area. In the control group, 91 students were from the same province, while 9 students were not. Based on this research, tendency to thoughts that lead to suicide and damaging the partner in women who have the education level of diploma and bachelor degrees and higher was less than the women who had lower education levels. This research shows that income and economic factors do not have connections with the tendency for suicidal thoughts and damaging the partner. Also the commonness of suicide among women and teenagers, the difference between the amount of suicides in single and married people and critical positions and family problems are among the main reasons of suicide; and these factors indicate that the younger generations should be the target group in prevention plans. The role of marriage as the supporting effect against suicide has decreased in proportion.

As it was stated, the personality characteristics are categorized into the five factors of neuroticism, extroversion, embracing new experiences, compatibility and conscientiousness. In this study, among the people who have attempted suicide and ordinary people, there was seen a significant difference in the personality characteristics of neuroticism, extroversion and conscientiousness and also, in terms of the personality characteristics of embracing new experiences
and compatibility among the two groups who attempted suicide and ordinary people, no meaningful difference was seen.

Although regarding the comparison between the personality characteristics of those who have attempted suicide and ordinary people, not many researches have been carried out, based on the research literature, the results of the present study are justifiable. Researches in comparing the personality characteristics in people who have attempted suicide and those who have not have reached contradicting results. Benrazi Qabeshi (2008) found out that there is a meaningful difference between the personality characteristics of people who attempt suicide and ordinary people and the results from this study are in coordination with the results of the present study, Mohammadian (2003) and Shakeri et al (2009) showed that the people who attempt suicide have a meaningful difference in terms of the personality characteristic of neuroticism with those who have not attempted suicide. This result also is in congruent with the results of the present study. In the personality characteristic of extroversion, the results of the present study are in congruent with that of Shakeri et al (2009). They were of the belief that the people who have attempted suicide are more introverted. Solov et al (2000) found out that there is not a meaningful difference between the personality characteristics of people who have extreme depression and personality disorders with others; also in this, these results have no meaningful difference with parts of the present study in which it was shown that there is not a meaningful difference between the personality characteristics of embracing new experiences and compatibility and they are even and in one direction. On the other hand, this result is in contradiction with the results from the present study that stated that there is a meaningful difference between the personality characteristics of neuroticism, extroversion, conscientiousness and in general, the personality characteristics of people who attempt suicide and ordinary people.

The study's second main hypothesis, which was based on the health concerns of the two groups were also confirmed. Also, the hypothesis for the meaningful difference in the mental and social concerns among the people who have attempted suicide and ordinary people was confirmed. These results are in congruent with previous studies, but the results of the present study did not show any meaningful difference between physical concerns among the two groups and this is in contradiction with the reached results from the studies of the other researchers.

A lot of the researches (Christiansen et al, 2006; Jalal Shirzad & Jaber Qaredaqi, 2004; Kaviani & Rahimi, 2002; Jacobs et al, 2006; Agerbo et al, 2002) have studied and confirmed the factors of healthy behavior. In the study by Kaviani & Rahimi (2002), it was shown that depression was one of the common mental disorders and it is considered as a subcategory of mental concerns. Among the people who have attempted suicide, depression is more than ordinary people and in these terms, the two groups have meaningful difference. This result was also stated by other researches such as the one by Preville et al (2005). It confirmed that the depression personality disorder in the group of those who have attempted suicide is 74.7 and in the group of ordinary people is 12.6 and this result is in coordination with the present study. Also, other researchers like Nojoumi et al (2007) and Mann et al (as cited in Houshmandi, 2009) also reported meaningful difference in the mental concerns and disorders in the two groups.

Regarding this matter, Roy and Segal (1991), in the results of their studies stated that the most important factor in attempting suicide is mental disorders and Hollic (1996) recognizes the depression mental disorder as the most important factor for suicide and believes that family connection problems (under the main category of social concerns) has a role in this behavior. The person whose negative excitations have risen above his or her positive excitations, by the negative comprehensions of self, has less durability against tension and stress and deals the problems of life
with inefficiency and even is weak in fulfilling the social roles and damages him or herself and others (Adlin et al, 1999).

Mohammadian (2003) found a meaningful difference between the social concerns of stress between the two groups and this result is in coordination with the results from the present study. Preville et al (2005) found a meaningful relation between the social concerns of the connective and family problems among ordinary people and those who attempted suicide and this result is also in congruent with the results of the present study. Also, Mehran et al (2004) and Pilay & Star (1997) found a meaningful difference between the social concerns between the two groups and this result also is in coordination with the results of the present study.

On the other hand and as it was stated earlier, the results of the present study did not show a meaningful difference in the physical concerns between the two groups and this result is in contrast with the results from the studies done by the other studies. In this field, Nojoumi et al reported the physical concerns of consuming narcotics and alcoholism among those who attempted suicide more than the groups of ordinary people. Further, Preville et al (2005) and Leslie et al (2012) indicated that there is a meaningful difference between the health and physical concerns among the people who have attempted suicide and ordinary people and the results of the present study indicated the opposite point of these results and is in contradiction with them.

In this study, it was also found out that when the definition of the outside world and its reflection in the mind is positive, and also the harmful social factors are in their minimum amount in the person's life, in a way that the person feel him or herself as powerful facing them, the physical factors are of less importance because the impression of such a person is a positive confidence and is flexible with the demands of the environment. This person experiences less physical concerns and problems or considers his or her physical concerns as controllable, for instance, looking for expert doctors, finding effective drugs, operations and adjusting them by aero exercises, etc. But, the important thing is that the social and mental concerns affect the possibility of physical concerns.

**Recommendations and limitation of the study**

With regard to the limitations caused by the research tool (questionnaire) and the high number of the questions in the view of some of the respondents and their lack of drive to answer all the questions of the research, this study also faced the lack of justification for the respondents and the lack of cooperation in some of them. Also the broadness and dispersion of the statistical sample as it was done in four provinces of Khuzestan, Lorestan, Ilam and Alborz, created some issues for accessing the information because the dispersion of the statistical sample and the time-consuming process of reaching them caused the problems of commuting and also posed great costs for the researcher. Lack of access to the sources to do the research, especially in the terminology of health concerns was another reason.

Therefore, with regard to the fact that the previous research was done on people who have attempted suicide and ordinary people, similar researches can be done on more groups such as those with extreme depression, drug addicts, etc. The connection or impact of personality characteristics on attempting suicide can also be studied. Also with attention to the fact that the present study is done to compare the health concerns in people who have attempted suicide with people who have not, it is suggested that the health concerns' impacts on attempting suicide be analyzed by analyzing the moderating role of age, education and marriage variances in this relation.

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