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Building a suicide perception scale from a dynamic point of view, on a sample of drug addicts. A field study at the Al-Waseet Center for drug addicts - in the city of Chlef

Kachouche Saber¹, Yamna Smaili²

¹University of Chlef, ²University of M'sila

s.kachouche@univ-chlef.dz, Yamna.ismaili@univ-msila.dz

Abstract. The aim of this study was to construct a scale for suicide ideation from a dynamic perspective among drug addicts, verify its psychometric properties, and then identify differences in suicide ideation between genders. The study was conducted on a sample of 45 male and female drug addicts, 39 males and 6 females, at the Al-Wasit Center for Drug Addicts in Chlef city. After collecting the study data and conducting appropriate statistical analyses, a suicide ideation scale was developed based on Karl Menninger's (dynamic) concept, with good validity and reliability, making it reliable for scientific studies and research. There were significant differences between genders in suicide ideation, favoring males.

Keywords. Scale construction, ideation, suicide, dynamic, drug addiction

1. Introduction:

Individuals are currently facing lifestyles that they did not know in the past and economic, social and cultural outcomes that they do not yet have the experience to confront and coexist with their requirements. The modern era, in terms of rapid technological, cognitive, economic and social development, is a precedent in human life across different eras and places since ancient times, that resulted huge and powerful effects on individuals and societies alike, and among these effects on human behavior in its personal and social dimensions, and perhaps the most prominent of these effects from their negative side are anxiety, depression, and addiction to narcotic substances, as there are many common risk factors. Between drug abuse and suicide, it is necessary to realize that there is no single risk factor that is the reason behind suicide or drug abuse, but rather it is a combination of multiple factors, and most of them necessarily lead to the perception of suicide initially and can develop into suicidal behavior, and the latter can be considered an old problem. It is both modern, and its history dates back to the appearance of man on the face of the earth. It is inherent in human beings throughout its various historical and cultural developments. It penetrates the depths of society and affects the outcome of its individuals without distinguishing between their gender, age, place of residence, social, economic, and even educational level. We can consider it a terribly widespread phenomenon. Despite this, research into this dangerous phenomenon is relatively recent, given

the sensitivity of this topic and the accompanying negative feelings that affect the individual within his social-religious sphere.

Although suicide is a human behavior that has accompanied human existence on planet Earth since its very beginnings, for many centuries it has remained merely a behavior resulting from some special individual cases and in special situations. However, the matter has changed fundamentally with the outbreak of the industrial revolution and rapid industrial and technological progress, and what accompanied and resulted from it. Due to rapid social change and severe economic pressures that characterize our current era, all of this and other things have led to suicide becoming a widespread behavioral phenomenon that almost no society is devoid of, as a result of the frustrations faced by individuals and their inability to pursue and adapt to the characteristics and requirements of this era. This creates feelings of depression, anxiety, stress, despair, and helplessness that push them to commit suicide. (Al-Rashoud, 2006, p. 6)

But in the face of rapid technological progress and the severe economic pressures that characterize the current era, suicide has become a widespread behavioral phenomenon that almost includes the entire world, as a result of the frustrations that individuals encounter and their inability to follow the characteristics of this era, whether direct or indirect, which leads them to think about suicide. (Hussain, et al., 2006, p. 96)

Thus, suicide is considered one of the methods known to humans that lead to death. We know that death comes through reaching old age, exposure to a serious illness, or as a result of serious accidents. Death also occurs through killing in wars, battles, or armed conflicts between individuals, but suicide is the only means in which the killer intentionally kills himself, meaning that the killer and the victim are always one person. He has become unable to see any glimmer of light in life, so he is unable to continue in it, as a result he thinks of death as the only way out of this crisis for him. In this chapter, we will try to address and give a glimpse about the phenomenon of suicide, as well as the most important concepts related to it, as well as the most important theories of suicide and its most important functions. In addition, the most important reasons that drive adolescents to commit suicide and the differences between the sexes in suicide. (Ismaili et al., 2017, p. 183)

2. Research Problem:

A careful examiner of Arab studies in particular and foreign studies in general on the subject of perceptions of suicide and suicidal tendencies among drug addicts will find that they have diversified in their use of methods for measuring suicidal perceptions due to the spread of this problem among individuals. These methods differ in terms of their theoretical and intellectual frameworks among themselves, considering that suicide is a human phenomenon. In most human groups, despite the diversity of their civilizations and geographical locations, there are some individuals who commit suicide in some way and for many different reasons. The rate of suicide increases with the progress of time, linked to the spread of industrialization and is accompanied by what is noticeable in terms of complexity in life, intertwining of interests, mechanisms in relationships, and disintegration in relationships. Many groups in modern times are particularly addicted to substances.

Despite the strength of the life instinct in man, which pushes him towards clinging to life, possession and control, there is another instinct lurking in the soul that pushes man to think about destroying himself. This is the instinct that drives suicidal thoughts, and the desire to live is a basic outlook for all living beings. The idea of getting rid of his life does not come out of nowhere and there are often motives and reasons for that, and engaging in this behavior rarely actually ends in death, but this phenomenon and this behavior have become widespread by the

year 2022 to 14.9 deaths per 100 thousand people, which is an increase by: 5% over the previous record level recorded in 2018 with a rate of 14.2 deaths per 100,000 people in the world, and we find Algeria ranked 95th in the world with: 1.30 per 100,000 people. This matter requires a scientific study to identify the reasons for this spread (Al-Obaidi, 2004). : p. 335), in which both Jenkise and Cofeze indicated that suicide is the tenth cause of death worldwide after traffic accidents, as suicide in England causes the death of 4,500 people between 15-24 years old annually, and in Hungary it is 40 per 100. One thousand people, and what confirms the increase in suicide rates in the age group between 15-24 years is what Rudd 1988 indicated that suicide rates are increasing in that group and that suicide represents the second cause of death in America. Davis pointed out that the total number of the suicide rates of adolescents and young people aged 15-24 years has increased to nearly 200 over the past three decades.

Oren Beck, the American psychiatrist who adopted the cognitive approach in studying depression and despair (Beck 1979), confirmed that suicide is a complex process, whether in terms of its causes and variables associated with it or in terms of the multiplicity of its patterns and dimensions. According to him, suicidal behavior is viewed as a reality connected to an underlying force. It includes the following: suicidal ideation, suicidal thoughts, suicide attempt, and completion of the suicide attempt. Bones Reinsch (Rpammer A.Bich) agrees with what Beck and others (Beck all 1978) have argued, in that suicidal behavior is a dynamic process composed of different, rather complex, stages. From being an isolated, fixed event, suicidal behavior has been defined as a complex process that begins with the perception of latent suicide and progresses through stages of active suicidal contemplation. Ultimately, active suicide attempts accumulate in the individual. The individual's position in this process may fluctuate according to the influence of biological, psychological, and social processes, especially if the matter is coupled with a situation. Addiction to drugs, which is essentially a state of transition to action, contributes to the increase and aggravation of the problem, in addition to its serious repercussions on the individual and society.

In 1985, Cole conducted his study, which aimed to examine the relationship between suicide and both despair and depression in adolescents. The study was conducted on a sample of 281 high school students, including 114 males whose average age was 17.2 years, with a standard deviation of 0.9, and 127 females whose average age was 17 years. With a standard deviation of 0.9, after the researcher applied the depression, despair and suicidal behavior scale, the results showed that in despair the relationship between depression and suicidal behavior did not change in males, while the relationship between them decreased in females. (Hussain, et al., 2006, p. 82)

This attempt is often carried out in the presence of another person. This individual may succeed by chance and kill himself. Serious and intentional suicide cases mean those incidents that most people think about when they want to commit suicide. This type of suicidal behavior includes effective means of self-destruction such as hanging and jumping from a cliff. Jumping over a bridge, taking large doses of a certain drug, taking poison, cutting an artery in the wrist, or shooting, and this individual may succeed in committing suicide by killing himself if some circumstances do not intervene in time to save him. (Maamria, 2009, p. 34)

The perception of suicide has also become the subject of interest for a wide range of specialized researchers in various fields such as medical sciences, sociology, law, and psychology. This increasing interest is due to the fact that the phenomenon is a social and personal problem with serious consequences that indicate, on the one hand, an imbalance in the personality and a disorder in its health, and, on the other hand, it indicates an imbalance in the social structure. (Maousha, 2017, p. 16)

Recent statistics presented by the World Health Organization indicate that there is a suicide every forty seconds, with approximately 800,000 people dying every year due to suicide (Tashma et al., 2021, p. 88), and considering that the phenomenon of suicide has become widespread in most societies for reasons We find that among these causes is addiction to alcohol and drugs, which have become closely linked, organically and psychologically, to them. Algeria, like most countries, has not been spared from this increasingly worsening phenomenon that crosses continents. It is spreading rapidly and affecting different age groups. It has become a daily phenomenon. We live through it, and researchers must demystify it and reveal the facts around it in order to find effective solutions to it and reduce it.

Specialists talk about Algeria as a transit zone for global smuggling. Given the available numbers, it can be confirmed that drug addiction and drug trade have reached a high degree of danger. As for the investigations conducted by the National Gendarmerie into the quantities of cannabis seized annually, record numbers have been recorded in the quantities of drugs and the number of people involved in drug use and trade in various categories. Age. (Ait Hamouda, 2007, p. 123) According to the National Bureau for Combating Drugs and Drug Addiction, in its report on the statistical statistics for the nine months of the year 2022, at the national level, the quantities seized amounted to 47,749 kilograms of cannabis resin, 10,111 grams of cannabis hashish, 2,867 grams of heroin, and 735,844 tablets. Of various types of psychoactive substances. (Ministry of Justice, 2022, p. 03)

From all of the above, the following questions were raised to answer:

1. Does the suicide perception scale have an acceptable degree of validity?
2. Does the suicide perception scale have an acceptable degree of reliability?
3. Are there statistically significant differences in the suicide perception scale due to the gender variable in favor of males?

3. Importance of the study:

The importance of the current study comes from the importance of its variables. This study deals with one of the important variables that greatly influence the social security and psychological stability of individuals, given that suicide affects human life and introduces society into chaos and disorder and destabilizes it within it. There is no doubt that this topic has great importance both in terms of Theoretical or applied, however, in the Arab and Algerian experience, it is still in the stage of growth and research, and the differing results of studies that dealt with this concept confirm that the field still needs more theoretical and applied studies.

3-1-Theoretical importance: It addresses one of the important topics that enrich the psychological and social scientific heritage by dealing with the topic of suicide, and shedding light on this phenomenon and its various dimensions according to the dynamic analytical trend addressed by the analytical scientist Karl Menninger.

3-2- Practical importance: The attempt to design a tool to diagnose this dangerous phenomenon and determine its dimensions according to an analytical-dynamic intellectual perspective and framework, by relying on the concept of the analytical scientist Karl Menninger, can help researchers, students and specialists adopt an intellectual model and theoretical framework to accurately define and diagnose the concept of suicide and attempt Knowing the dimensions of the phenomenon and developing plans and strategies to confront it and limit its aggravation.

4. Objectives of the study:

Every scientific research has a goal or objectives that it seeks to achieve, and the objectives of this study can be defined in the following points:

- Knowing the psychometric properties of the suicide perception scale from a dynamic point of view directed at drug addicts.
- Design a suicide perception scale designed by the researcher for drug addicts.
- Knowing the differences between males and females in measuring the level of suicide perception.

5. Study hypotheses: ف

Since the study came to design and build a suicide perception scale from a dynamic point of view among drug addicts and to verify its psychometric properties, and through the study's questions, the following hypotheses can be put forward:

1. The Suicide Perception Scale (from a dynamic point of view) has an acceptable degree of validity.
2. The suicide perception scale (from a dynamic point of view) has an acceptable degree of reliability.
3. There are statistically significant differences in the suicide perception scale due to the gender variable in favor of males

6. Limitations of the study:

Spatial boundaries: The field study was conducted in the same place as the survey study, in the intermediate center for addicts in Chlef, due to its availability within the study community.

Time limits: The field study officially began in January 2024.

7. Literature Review:

The study by Rich et al. (Rich et al. 1992) aimed to determine the differences between the genders in the psychological and social variables associated with the perception of suicide. His study was conducted on a sample of 613 high school students, including 285 males and 328 females, whose ages ranged between 14-19 years. The researchers applied several measures. Psychological measures, including the suicide perception scale, the depression scale, and the despair scale. The results showed that females reported more about suicide perceptions and depression than males, while there were no fundamental differences between the genders in despair. (Hussein, et al., 2006, p. 59)

7-1- Al-Badayna's study (1415 AH) entitled: The crime of self-murder in Jordanian society: A study from a sociological point of view: The study aimed to analyze suicide cases in Jordanian society and describe them in terms of the changes that occurred in them, distribute them according to regions, and explain the causes of suicide and the means. This study also aimed to explain the social characteristics of suicides in Jordanian society, such as gender, age, occupation, and marital status of the suicides. Finally, this study aimed to explain the relationship between some general pattern variables (such as unemployment and divorce) and their relationship to suicide. The data for this study was based on official records. Issued by the Directorate of Public Security for the period (from 1980 to 1991).

The results of this study showed that there were (5.83) suicide cases in the period studied, and the prevalence of suicide cases was more among females than males, among young people more than the elderly, among single people more than married people, and among the student group, the housewife group, and the unemployed group more than any other group. Another professional category, the use of medicinal pills and pesticides was one of the most common methods of suicide. In terms of causes, it was found that family causes ranked first in terms of their responsibility for suicide. It was also shown that there is a relationship between unemployment rates and suicide crimes ($r=0.68$). Divorce and suicide ($r = 0.65$), homicides ($r = 0.74$), and crime ($r = 0.52$).

7-2-Dick study: 1991. This study was conducted with the aim of identifying the positive and negative trends that underlie the perception of suicide. The study was conducted on a sample of 128 university students, including: 4 males and 80 females. Their average age was 18-20 with a standard deviation. 19-05 The researcher applied the Beck Suicide Scale, the Suicide Perception Scale, the Despair Scale, and the Reasons for Living List (REL). The results showed a positive and significant correlation between despair and both depression and the perception of suicide, while the Reasons for Living were negatively and significantly linked to both despair, depression, and the perception of suicide.

7-3 - Hassan Fayed's study: His study of Arabizing a tool to measure the perception of suicide and identifying its most important psychometric features and studying the differences between females and males in each of depression, despair and the perception of suicide, as well as examining the extent of the joint interaction between depression and despair's impact on increasing the degree of the perception of suicide among university youth. Of both sexes, on a sample of 324 male and female students equally between genders, the Beck Depression Scale, the Hopelessness Scale (HS), and the Suicide Perceptions Scale were used. The results showed that there were no fundamental differences between males and females in depression, despair, and suicide perceptions. (Maousha, p. 29)

7-4-Study by Saber Farouk 2021 on identifying the psychometric properties of the Suicidal Tendencies Scale among a sample of young people by identifying the internal consistency and stability coefficients of the Suicidal Tendencies Scale and identifying the nature of the exploratory factorial structure of the scale to identify the implications of the discriminant validity of the Suicidal Tendencies Scale. The results were reached. The alpha coefficients for reliability ranged between 0.90 and 0.95. The results of the confirmatory factor analysis also revealed that three factors were extracted.

7-5- Van Speicker's 2014 study on the Suicidal Ideation Attributes Scale (SIAS) to measure suicidal ideation in terms of the frequency of contemplating attempts to approach killing oneself, the stress resulting from suicidal ideation, and the effects of suicidal ideation on daily activities during the past month, including today. Present. The scale consists of (5) items that are answered on a sliding scale of (10) points. The scale's internal consistency reliability coefficient was (0.91), and the results of the scale's interrater and constructive validity showed that the SIDAS Suicidal Perception Trait Scale was associated with significant correlation coefficients with the Colombia Severity Index ($r = -0.44$), with the health questionnaire for patients (0.65), and with generalized anxiety disorder. With the Insomnia Severity Index ISI (0.40), the results of the factor analysis of the SIDAS scale revealed the extraction of a unipolar factor with a variance of 60%.

7-6- Study by Badr Muhammad Al-Ansari and Talal Baqir Al-Ali, 2019. The study aimed to verify the psychometric properties of the Beck Suicide Perception Scale (BSSI) in its Arabic form in terms of validity, reliability, and standards, as well as exploring differences between the genders, which consists of (21) items x 3. Answer categories in the form of independent clauses. In this study, (4) available samples of Kuwait University students were used, with a total strength of (2,118) individuals (951 males and (1,167) females), in order to calculate reliability and validity, to examine differences between the sexes, and to extract mutual correlations between the Beck Suicide Perception Scale. And some personality variables. The results of the study revealed a discrepancy in the reliability coefficients of the scale, as the alpha reliability coefficient reached 0.93 for males, while it reached 0.87 for females. Construct validity was calculated in multiple ways (factorial validity, convergent validity, discrete validity, and simulator-correlated validity). The results of the exploratory and

confirmatory factor analysis revealed the extraction of three factors for the scale. The results also revealed significant positive correlations between the Beck Suicide Imagination Scale (BSSI) and each of the Suicide Conceptions Questionnaire (ASIQ), Hopelessness (BHS), and Depression (BDIII), which is an indicator of convergent validity. And the difference, as well as the average disease It is higher than the average of normal people in their perception of suicide (BSSI), which is an indicator of discriminant validity. Finally, the results of the study revealed that there are significant differences between the sexes in favor of females in their perception of suicide.

8. Procedural terminology of the study:

Perception: Bower (1970) defines it as a mnemonic imagination of a thing or event that gives the subject of experience some information exactly similar to that experienced in direct sensory perceptions of that thing or event. The results of studies by Bower (1972) and Paivio (1971) have shown. When individuals are asked to form mental images - visualization - of the vocabulary that is presented to them and they are asked to keep it in memory, the process of retrieving the vocabulary is fast. The results of another study by Vender (1975) indicated that the ease of retrieving vocabulary is related to a large degree to the value of appreciation. What individuals give about the ease of forming the mental images - visualization - that are presented to them. (Al-Zaghloul et al., 2008, p. 197)

8-1-Definition of suicide: Karl Munger (Menander 1938) presented a definition in which he is concerned with stipulating the choice of method because of its significance in psychoanalysis. For him, suicide is: “the act of a person killing himself in the way he experiences it, whether the resulting death is sooner or later.” (Makram, 1994, p. 46)

8-2- The operational definition of suicidal ideation: It is the score that the subject obtains on the suicide perception scale designed by the researcher. The subject is considered to have the greatest desire to commit suicide if his score rises above the arithmetic mean and the least desire to commit suicide if his score falls below the arithmetic mean.

8-3- Definition of dynamism: The American Psychological Association (APA) defines psychological dynamism, or what is meant in this study as dynamic psychology, as: “A group of theories of human performance that are based on mutual motives and forces within the person, and emphasize the process of change.” And the common role in personal and external relationships for personality development.”

8-4- Defining dynamism procedurally: It is a theory and method in psychology that focuses on studying the psychological forces behind human behavior, feelings, and emotions and the possibility of their connection to early experiences. It is particularly concerned with the dynamic relationships between conscious and subconscious motives, according to the concept of Karl Mengere, one of the pioneers of psychoanalysis (Freudian).).

Drug addicts: Most of the cases in our study involved one type of drug, which is Indian cannabis, known locally as “Zatla,” and they are the addicted individuals listed in the Intermediate for Addicts in Chlef for the year 2024.

9. Theoretical framework of the study:

9-1-Definition of suicidal ideation:

9-1-1-Visualization:

A - Language: Visualization is from an image, and the images by breaking the rād are the plural of image, and I imagined the thing, I imagined its image, so it was visualized for me, and the images are statues. (Ibn Manzur, 2016, p. 473)

B - Terminologically: Mental visualization is one of the most widely used cognitive methods and is a type of silent simulation that is carried out mentally. (Schmuhl et al., 2000, p. 26)

Sadiq and Fouad defined it as the occurrence of a mental representation or mental image of something that one has previously been exposed to and which does not have an actual existence at the moment of its conception. (Fadil Nahi et al., 2014, p. 615)

Bower (1970) defines perception as: “a mnemonic imagination of a thing or event that gives the subject of experience some structural information exactly similar to that experienced in direct sensory perceptions of that thing or event.” (Rafee et al., 2014, p. 197)

Harris defined it as: “It involves recalling, evoking, or recalling in memory things, appearances, or events stored from past experience.” (Alawi, 2002, p. 842)

Son Richardson defined it as: “All kinds of quasi-sensory experiences are in the conscious mind, in the absence of the conditioned stimuli that call for the appearance of their real sensory counterparts.” (Al-Mustaqawi 2002, p. 73)

9-1-2-Definition of suicide:

Suicide is defined in the Great Dictionary of Psychology as the act of killing oneself. It may be a rational act carried out in accordance with moral, social, religious, or personal considerations, or a pathological act that arises during the development of many mental disorders such as depression, chronic delirium, and states of persecution, or it may be due to an acute crisis in the form of anxiety and directed aggression. Towards the self.

As for the Encyclopédie Britannica 1994-1997: it is a voluntary or deliberate act of taking one's life (Sandali, 2011, p. 106)

Halifax definition: Suicide is a state of death resulting from an act committed by the victim himself with the intention of killing. (Semaan, 1994, p. 45)

The word suicide is used with a variety of behaviors including:

- Attempted suicide.
- Completed suicide.
- Threatened suicide.

All of these concepts carry the idea of suicide and may or may not carry the implementation of suicidal behavior. (Al-Rashoud, 2006, p. 23)

9-1-3-Terminal definition:

The French sociologist Emile Durkheim (1897) is considered the first to define the concept and symptoms of behavior that fall under it. Suicide is attributed to each of the cases of death that appear directly or indirectly as a result of a positive or negative act carried out by the victim himself, and he knew that this act leads to this. The result is death.

As for Halifax (1930), the social scientist, he confirms this distinction between voluntary suicidal behavior and compulsory social forms of death, the most important of which is sacrifice. Suicide is: “Every case of death resulting from an act that the victim himself commits with the intention of killing himself, and it is not a sacrifice, and if the sacrifice in its apparent form is a suicide, it is an execution.” The soul is the result of collective oppression.” (Al-Rashoud, 2006, p. 28)

Freud also believes that suicide is a form of self-punishment, which is a death wish directed towards others and a lack of self-acceptance. He supports the view of psychopathology regarding suicidal behavior, as it expresses the individual's desire to die, his desire to kill, and his desire to kill. Other, this theory believes that suicide is an act aimed at killing oneself to

avoid killing another and that suicide is not the result of neurosis or psychosis but rather the result of melancholia or a serious narcissistic disorder (Roudinisco1979 p.52).

Karl Menenjer (K. Menenjer 1938) provides an important definition of suicide in which he focuses on the choice of method because of its significance in psychoanalysis. Suicide is He has the act of killing a person himself in the way he passes, whether the resulting death is sooner or later. (Makram, 1994, p. 46).

-2-Theories explaining suicide:

The scientific schools that have attempted to explain criminal behavior are many and varied, including the biological or formative school, the social school and its conflicting approaches, and the psychological school with its various branches, which can be summarized as follows:

9-2-1 - Biological explanation (organic or formative): The biological trend in interpretation is based on the idea that an individual's tendency to commit suicide is mainly due to an innate, biologically inherited predisposition in the individual. There is also a relationship between suicidal behavior and the physical organic composition of the body, whether in terms of shape or form. In terms of the functional efficiency of its various organs, such as the brain and nervous system, the biological approach to explaining crime in general includes several theories, the most important of which are:

- The theory of inheritance of criminal behavior.
- The theory of organic physical formation.
- The theory of physical and physical patterns.

Serazzi Lombroso (1835-1909) is considered the pioneer of this trend, as his school appeared in the middle of the nineteenth century and was called the Italian positivist school. It focused its interests on studying criminals from both anatomical and organic aspects. Lombroso also concluded that the real criminal is the criminal by nature. A person who is born a criminal by nature based on what he inherited from his first origin of certain biological characteristics or signs is what drives him, through interaction with his personality, to forms of crime.

The biological explanation views suicide as a form of violence and aggression that originates from genes that a person inherits, a defect in the cells of the nervous system, or a defect in the glands. Recent research has focused on studying the changes within the synapses in the brain, which play a stimulating role in increasing the number of specialized receptors. With serotonin, some studies have shown that a decrease in the level of the protein is accompanied by an increase in suicide attempts as well as violence. Studies conducted on twins in the United States also showed that suicidal orientation was higher among identical twins with homozygotes than among non-identical twins with different genetic factors (peers) Homozygotes) Therefore, some scientists believe that there is a genetic reason behind the phenomenon of suicide and the idea of suicide. (Al-Rashoud, 2006, p. 93)

9-2-2-Emile Durkheim's theory: Durkheim believes that the greater the social solidarity, the individual finds meaning in his life, and thus the lower the probability of suicide (the theory of selfish suicide), and the greater the social balance and the individual finds his needs met, the lower the probability of suicide (the non-normative suicide theory). Suicide increases with a decrease in family, political and religious solidarity.

Durkheim states that suicide is a social phenomenon that varies according to several variables, the most important of which are:

- The community in which the spatial setting occurs.
- According to the area in which it occurs within the community.
- Stages of society, one time frame.

- Different groups: married, single, etc.
- According to religion. (Al-Rashoud, 2006, p. 105)

Durkheim's theory of explaining suicide is based on identifying three types of suicide according to the social cause of suicide, which can be summarized as follows:

- Selfish, ethereal suicide.
- Altruistic suicide.
- Non-normative, chaotic, and abnormal suicide.

9-2-3- The behavioral school and the interpretation of suicide: Behaviorist's view deviation in general as a behavior acquired from the environment and that the human being has no connection to it. Therefore, they do not describe the names of this behavior as normal or abnormal, as every human behavior, whatever it is, is ultimately... It is an acquired behavior that a person learns from the environment in which he lives, and since behavior in general is all the different responses issued by an individual to a situation he faces, a problem he solves, a danger threatening him, or a decision he makes, then suicidal behavior is nothing but a response issued in accordance with the behavioral trend that he learns from The surrounding environment.

The ability of human behavior to change and modify is one of the basic principles upon which a group of professional specializations are based that provide assistance to people in facing their problems, such as social service, psychiatry, etc.

9-2-4-The School of Psychoanalysis: The discovery of the unconscious was by the psychologist Freud. The first ideas in Freud's school were his assumption of the existence of two instincts in humans, namely the death instinct and the life instinct, or the instinct to destroy and destroy, and its counterpart is the pleasure instinct. Construction and both instincts are in constant activity and work, and the desire to die or commit suicide is the fulfillment of that instinct inherent in every human soul. However, Freud made many modifications to his theory, and the flood of psychological discoveries continued in that era of time until he came up with a deep explanation of the phenomenon. Sadness, mourning, and depression, and this research formed the backbone of the theory of suicide that followed, in addition to its explanation of the emotions of love and hate and their combination at the same time. (Al-Dabbagh, 1986, p. 81)

Freud came out with a theory that he called (sadness) or mourning and depression. The meaning of this theory is that a person is born with a collection of unpolished and anti-social instincts and tendencies that he called (id), and as the child comes into contact with his surroundings and reality, including its obstacles, pains, happiness, and well-being, he realizes his reality little by little. And he is aware of himself in relation to others, and then his rational, realistic personality is formed, which is the ego. In a few years, a person's thoughts and emotions relate to high ideals and prominent figures who he looks up to with reverence, dignity and respect, and they are fatherly figures and the source of love and pain, and thus the ideal, perfectionist section (S. Ego) is formed, the ruling, aspiring conscience. To perfection, he embodies and absorbs his personalities and hopes. (Fayed: 2004, p. 290)

9-2-5-Karl Menninger's theory: He is one of the most famous psychoanalysts who directed his attention to the problem of suicide. He took from some of Freud's basic concepts, such as: the death instinct or destruction, in terms of the concept's connotation of unity. The killer and the victim in one person, then he analyzed this behavior into three elements in exchange for the tripartite structure. Psychological: Suicidal behavior involves a desire to kill (aggression), a desire to be killed (punishment), and a desire to die and surrender to it. (Al-Dabbagh, 1986, p. 40)

Karl Menninger made an effective contribution to explaining suicidal behavior, and advanced the Freudian interpretation an important step, by developing Freud's basic hypotheses, enriching them from his extensive experience, and defining the elements of the theory. Therefore, K. Menninger almost... To be the only psychoanalyst who preserved the concept of the Freudian death instinct and revived it in psychoanalysis again. K. Menninger's interpretation of suicide is summed up as a special type of death that includes three elements whose existence and dynamism are derived from the tripartite assumption of Freud's personality system, which are:

- The desire to kill: It comes from the ego because it is one of the aspects of its activity, and the content of this desire is an aggressive tendency, an emotion charged with hatred, and desires to accuse the other, rebuke him, isolate him, get rid of him, annihilate him, and take revenge on him.

- A desire to be killed: This is a desire that derives its existence from the nature of the formation of the superego. The intensity of the feeling of sin and the subsequent rebuke and self-accusation reveals an urgent need for punishment, and therefore it includes masochistic tendencies of enjoying submission and defeat, and taking pleasure in with pain.

- The desire to die: a welcome to death, which is generated in the id in general, and the instinct for death and destruction in particular. The content of this desire is a basic feeling of despair and loss, and it is supported by an emotion of fear, discouragement, disappointment, and a general feeling of fatigue. (Makram, 1994, p. 65)

He wants to feel that there is someone who wants to criticize him, and he wants to feel that there is someone who wants to live, and thus ridding the suicidal person of his suicidal urges and admitting him to the hospital was sufficient to calm the intensity of the desire to commit suicide, as suicide here is not done with the aim of attracting the attention of others and those who care about him. This is to ensure that the other is interested, cares about his life, and wishes him a life.

K. Menninger believes that the factors preceding the individual's conflicts interact together in the personality in a dynamic manner under the weight of conditions, one of which prevails and leads the person to commit suicide. (Makram, 1994, p. 99)

It can be learned from the writings of K. Menninger that these factors or tendencies interact together in the personality in a dynamic manner, and under certain conditions, one of them prevails and leads the person to commit suicide. The desire to kill or attack other relapses into the ego - its primary source - if a person is involved in situations that prevent aggression against another. Aggression may be thwarted by subjective mechanisms, represented by the ability of the superego to refrain from the fears it raises, or by the pressure of the feeling of sin, or by a mixture of incidental interesting elements, or by involvement in an opposing emotional duality towards the subject of aggression, and thwarting aggression may be due to the intensity of resistance to reality. , and the pressure of external circumstances, or by the object of aggression suddenly escaping, whether through normal death or distancing.

The aggressive tendency relapses into the self and returns to the ego during the process of unity or absorption with replacement, when the ego absorbs the object of aggression and hatred, and replaces the feeling of hatred and aggressive tendencies directed against it as an external object, by projecting them onto it internally after it has been absorbed and united with the ego, so aggression falls on the ego. A person destroys himself as an alternative to the other. The suicidal act in this form originally represents aggression against others, that is, specific people or society as a whole. It is an aggression that is born in the self and then is reflected against it and destroys it.

K. Menninger deduced from the means of committing suicide an indication of the character of the suicide. The suicide tool has a general meaning that sheds light on the person's role in life. Males often use in their suicide a tool that can be used in aggression and murder as an indication of the control they exercise in life, as for females. Most likely, they use means and methods that indicate that they are assuming a role of submission and submissiveness, and therefore they often use poisons, gas suffocation, and drowning in their suicide, while suicide using fiery projectiles is common among males. (Makaram, 1994, p. 101).

9-3-Characteristics of the suicidal personality:

Personality is a term that has many general meanings and standards, as it refers to the ability to have good social behavior, and it also refers to the most striking impression that the individual leaves on other people. Accordingly, if the behavior is extreme towards normal, we say that the personality is normal, but if the behavior is extreme towards abnormal, then we say the personality is disordered, and thus we find that human behavior in general lies on a continuum, one end of which represents normality and the other end represents non-balancing.

Rogers describes the suicidal personality as follows:

He considers that the human personality "is a free and independent organism in which emotions play an important role, and this personality has the ability and inclinations to grow and develop, to know and manage itself, and also to adapt and reach balance."

By emotions, Rogers means a set of emotional or sensory feelings (anxiety, hatred, love, shame, etc.), and they also include the individual's subjective and personal perceptions of various experiences, especially those related to self-image. This means that intentions, perceptions, and beliefs are behaviors that also fall within the framework of Emotions (Fayed: 2004, p. 101)

9-4-Forms of suicide:

In 1975, Bachler identified the various forms of suicide. This typical situation indicates not only the cause of suicide, but its meaning. The definitions here are general and applicable to various stages of life, but some of them can appear more clearly in children and adolescents. Bachler defines a form of suicide that is divided into 04 groups, which are:

- Spatial suicide: This group includes suicidal cases in which the meaning of the action takes the form of escape, as it appears as a means of escaping from something or a person. Before addressing the patterns belonging to this group, we will address the direct and indirect messages that precede the suicide attempt.

Table No. 01: Direct and indirect messages of a suicide attempt

Direct messages, indirect messages	indirect messages
<ul style="list-style-type: none"> • I wanna die • I want to finish • I can't live • Life means nothing to me • I will be better..... • Life is tiring • Why life? • If this happens, I will commit suicide • I am afraid that I will commit suicide soon. 	<ul style="list-style-type: none"> • I will be at peace • I will travel a long way • I'm not helpful • I couldn't find my place in society • I find the individual who committed suicide courageous • You will be better off without me • I wasted everything in my life • I lost everything in my life • There life will be better

A- Escape: Through a suicide attempt, the individual attempts to escape from an intolerable or dangerous circumstance. For children and adolescents, escape precedes or replaces the act of suicide.

B- Mourning: الحداد This suicide is due to the loss of a dear person. A child or teenager can also commit suicide when he feels indifferent after the loss of someone close to him.

C- Feelings of guilt: An individual may commit suicide to atone for a real or imaginary mistake. Suicidal behavior is the result of deep feelings of guilt and masochistic tendencies.

• Aggressive suicide: •This category includes cases in which there is aggression directed towards others. Through suicide or attempted suicide, the individual seeks to harm other individuals.

A- Revenge: The individual tries to put an end to his life in order to cause pain in others or inflict shame on them. A suicide attempt may carry important aggressive fantasies towards others, especially towards the family.

B- Crime: This type of suicide may appear in adolescence. Either the individual commits suicide after killing someone close to atone for the crime, or he chooses an enemy stronger than him and provokes him until he kills him.

C- Bargaining: These individual attempts suicide to put pressure on another person. Here caution must be exercised between a real suicide attempt and an attempt to put pressure on him.

D- The call: By resorting to a suicide attempt, the call reaches those around them that the suicidal individual is in danger. The individuals who commit this act have the feeling that they are unwanted or not understood. Suicide becomes a call for help directed to others who do not care about the danger of neglect and indifference.

• Oblatif suicide: We find in this type of cases in which people believe that by committing suicide they are taking away their individual lives, considering suicide a necessary means to reach something higher and official.

A- Sacrifice: The individual commits suicide here to achieve a value that he considers sublime in his life, such as the mass suicide of individuals at the Temple of the Sun in France in 1995 AD.

B- Passing: The individual commits suicide to enter a state that he considers better, such as the afterlife, and these patterns of suicidal behavior can appear in cases of major disorders such as schizophrenia, where the individual considers death a transition to something higher and sublime.

• Playful suicide: Le suicide-jeu This category brings together suicide cases in which the goal of the suicide attempt is to bear life risks or play with death. Here the individual plays with his or her life by being exposed to the risks of death, such as dangerous driving, playing balance in high places, and here the individual bears undesirable risks. For him, the goal is to feel strong, show courage, or resist death. (Kurugli, 2009, pp. 22, 24)

9-5-Differences between the genders:

Numerous statistics and studies indicate that females are three times more likely to attempt suicide than males, while males are three times higher than females in terms of committing suicide attempts, i.e. actually committing suicide, and this may not be the full reason behind the differences between Both genders are clear, but it is very likely that females suffer from depression more than males, given that some other variables, such as depression, for example, play a major role in suicide cases. As for the higher rate of actual suicide among males, it could be due to the fact that males use more violent and dangerous methods and tools. Such as weapons and rifles, which are used by females, such as taking excessive doses of some drugs,

or the reason may not be an actual suicide attempt by females, but a cry for help or to attract attention and communicate their requests and voices to the guardian and receive an amount of love, understanding and tenderness or reduce the violence that they suffer from. (Qaid: 1429, p. 32)

10. Field study procedures:

10-1- Study Methodology: Just as each individual has his own method in his ordinary life that follows his behavior and style in his dealings with others and distinguishes him from them, likewise the researcher must have a method that is tinged with his own specificity and accordingly the researcher should be concerned with the method, and in this study the method was used. The comparative descriptive approach is considered one of the descriptive approaches that is used to compare two or more currently existing phenomena and try to identify the similarities and differences between them, and from it is possible to obtain data and information that answer the questions of the study without the researcher’s intervention in it (Atef, 2002, p. 58).

10-2- Study population and sample:

In our study, we relied on purposive sampling, which is one of the probability samples that the researcher chooses to achieve his purpose to the extent of his need for information through its availability in the individuals of the chosen sample. The sample is considered to be what the researcher relies on and consists of specific units that the researcher believes represent the population. The original is the best representation. (Awad et al. 2002, p. 196) In a purposive sample, its individuals are selected intentionally by the researcher to provide some characteristics of those individuals and not others (Obaidat et al. 2001, p. 96).

The population of the current study includes 45 individuals, all of whom were selected from the Al-Waseet Center for Addicts, and all of them are male, as this center did not witness the arrival of any addicted girls. As for the research cases, they were distinguished by the following:

- -Age: ranging from 18 to 35 years.
- - Educational level: ranging from primary, middle, and secondary.
- -Economic level: average in general.

Table No. (02) shows the characteristics of the basic study sample

Age	gender		Total
	male	Female	
23-18	23	04	45
29-24	09	02	
35-30	07	/	
total	39	06	

11. Study tools.

11-1- Suicide perception scale prepared by the researcher

11-1-1-Writing the vocabulary of the scale:

A large group of local and international research, studies, and intellectual and theoretical frameworks that attempted to explain and study the phenomenon of suicide from a dynamic and other point of view were utilized and relied upon in formulating the general framework of the scale and its vocabulary. The researcher also benefited from formulating the scale’s vocabulary from a group of tests, scales, and scales such as: scale scale. Beck's Suicide

Perception (BSSI) in its Arabic form, which consists of (21) prepared and translated by Dr. Badr Muhammad Al-Ansari and Dr. Baqir Al-Ali at Kuwait University. The researcher also relied on the Suicide Probability Scale (John.G.Gull.Wayne S.GILL 1982), which was Arabicized. Dr. Abdel Raqeeb Ahmed Al-Beheiri (2003), which helps in estimating the risk of suicide among adolescents and adults, and which consists of (36) statements distributed over four dimensions: * Feeling of hopelessness (12 statements), * Perception of suicide (08) statements, * Negative self-evaluation (09) statements, *Hostility (07) statements, designed according to a four-point Likert scale and a suicidal tendencies scale prepared by Professor Maousha Abdel Hafeez at the University of Khenchela in Algeria, consisting of (57) items distributed over six dimensions with four alternatives for each item. We also relied on the Adult Suicide Perception Intelligence (ASIQ) , prepared by Reynolds (Reynolds. 1991) and consisting of (25) items, and also the Suicide Perception Trait Scale (SIAS) prepared by Van Spijker et al. 2014) to measure the perception of suicide in terms of repetition, attempt to approach killing oneself, and stress. resulting from the perception of suicide, and the effects of the perception of suicide on daily activities.

We also benefited from the Beck Depression Scale, arabicized by Ibrahim Abdel Sattar, the Cooper Smith Self-Esteem Scale (Kober), the Tennessee Self-Concept Scale, and the Mini Neuropsychological Examination Scale (Mini), Arabic version, fifth edition, translated by Muhammad Hamid Ghanem. Two questionnaires by: Bashir Maamria are the perception of suicide for adults, consisting of (21) items distributed on three levels: * the level of perception, * the level of desire, * the level of implementation. As well as a questionnaire to measure feelings of despair among adults, which consists of (30) items divided into three dimensions: *negative attitude towards the self, *negative attitude towards the past, *negative attitude towards the future.

The scale's items (34) were formulated in light of the concept of Carl Menenger, who took Freud's basic concepts of the death or destruction instinct, in terms of the concept's connotation of "the unity of the killer and the killed" in one person, and then analyzed this behavior. It is divided into three elements, in contrast to the three-dimensional structure of the psychological structure. Suicidal behavior involves the desire to kill (aggression), the perception of suicide (punishment), and the desire to die and surrender to it. In front of each item are four answers: (No, rarely, sometimes, often). The scale's instructions were written commensurate with his type of vocabulary.

Scale key:

The scores on the scale are estimated by giving scores (4.3.2.1), corresponding to the response (*no, *rarely, *sometimes, *often). The individual's score on the scale ranges between 34 degrees as a minimum and 136 degrees as a maximum. The individual who obtains high scores in all the three dimensions of the scale. Therefore, the total score on the scale is equal to the sum of the individual's scores in the three dimensions of the scale, or equal to the sum of the individual's scores on the scale's items (34 items). A high score on the scale indicates a high perception of suicide.

As for negative expressions, the correction method is reversed, as it is (*Never=4 *Rarely=3 *Sometimes=2 *Often=1) and is as follows: 28.27.24.23.21.15.10.8.5.3.

1-2-1-Distribution of items on the three dimensions of the scale:

- The first dimension is the desire to kill: 34.30.23.18.15.14.13.8.4.1
- The second dimension is the desire to be killed: 27.24.19.16.12.9.7.5.2.
- The third dimension is the desire to die: 33.32.31.29.28.26.25.22.21.20.17.11.10.6.3.

Table No. 03 represents the dimensions of the scale and its items

Dimensions of the scale	number	items
Dimension 01 The desire to kill	01	When the world is unfair, the solution is suicide
	02	02 When a person is unhappy, it is better to commit suicide
	03	03 If a person loses everything, it is better not to commit suicide
	04	04 It is better for my family that I die
	05	05 When a person does not achieve any success in his life, it is better for him to commit suicide
	06	06 I believe that the best solution to constant failure in life is suicide
	07	07 When I know that a person committed suicide, I imagine that he is convinced of what he is doing
	08	08 When a person loses hope in life, it is better for him not to commit suicide
	09	09 I believe that when life becomes meaningless, the solution is suicide
	10	10 It is not easy for a person to kill himself
Dimension 02 Wanting to be killed	01	01 I want to end my life
	02	02 Those close to me will be unhappy when I kill myself
	03	03 I feel like ending my life
	04	04 My thoughts are dominated by the idea of suicide
	05	05 I have never seen anything but failure in my life, so I want to commit suicide
	06	06 I want to commit suicide because my life is not worth keeping
	07	07 When I remember the disappointments in my life, I want to commit suicide
	08	08 I do not feel that the best solution to my problems is suicide
	09	09 I don't feel lost
Dimension 03 Wanting to die	01	I don't feel bad about anything
	02	02 I feel that the world is worthless
	03	03 I don't feel unable to do anything
	04	04 Life is cruel
	05	05 Stay away from forming relationships with others
	06	06 I feel like I have lost control of everything
	07	07 I do not feel despair
	08	08 I feel exhausted by life
	09	09 I feel unlucky
	10	10 I feel like a failure
	11	11 I don't hate the people around me
	12	12 I am not popular among people my age

	13	13 I feel that people are the cause of all my pain
	14	14 I want to take revenge on others by killing myself
	15	15 I feel hopeless about life

12. Statistical methods:

No researcher can do without statistical methods and methods, regardless of the type of study he is conducting, whether psychological or social. From this standpoint and on this basis, the researcher relied in his study on appropriate statistical methods or techniques using the SPSS program (Statistical Package for the Social Sciences).

13. Presentation and discussion of the results in light of the study hypotheses:

13-1-First hypothesis:

*Is the suicide perception scale characterized by an acceptable degree of validity?

Validity is defined as: the degree to which the tool measures what it was actually designed, and validity is calculated in several ways, the most important of which are content validity and discriminant validity (Al-Agha, 2000, p. 104). Ensuring the validity of the data collection tool is also considered the first step in codifying the tool, as the researcher must ensure Firstly, the validity of the scale before addressing reliability. (Moghaddam, 1993, p. 114).

13-1-1- Honesty of the examiners:

If the study tool is apparently truthful, then it measures the ability or trait it is designed to measure (Awad et al., 2002, p. 60). The scale was presented in its initial form to a group of arbitrators who were professors of psychology, educational sciences, and methodology. All the judges agreed that the statements measure what they were intended for and their comments on:

1. Linguistic formulation of the test items.
2. The three dimensions of the scale.
3. The extent to which the items belong to each of the three dimensions of the scale.
4. Adapt the test items to the problem and hypotheses of the study.
5. Test instructions and data.
6. How easy or difficult the test items are.

Table No. (04) shows the list of examiners.

Arbitrators	Academic Degree	University	Department
Ibrahim Ben Hammadi	a lecturer psychology	psychology	Hassiba Ben Bouali, in Chlef
Fouad Chiha	Professor of Psychology	psychology	Hasiba Ben Bouali, Chlef
Zuhair Lounis	Professor of Higher Education and Psychology	psychology	Hassiba Ben Bouali, Chlef
Yamna Ismaili	Professor of Higher Education and Psychology	psychology	Mohamed Boudiaf, M'sila
Abdel Hamid Atallah	Professor of Higher Education and Psychology	psychology	Hama Lakhdar, El Oued

The percentage of agreement between the examiners regarding the validity of the statements ranged between (80-100%).

-1-2-Discriminant validity using the peripheral comparison method:

After the suicide perception questionnaire was applied to the study group, the discriminant validity was calculated using the peripheral comparison method, where the researcher took 27% of the upper values and 27% of the lower values, and by applying the t-test for two independent samples, we obtained the following results:

Table No. (05) shows the value of the difference between the high group and the low group for perception of suicide.

Suicide perception scale	groups	arithmetic mean	standard deviation	t-value	significance level
	Higher group	14.51	11.65	4.59	significant at 0.01
	Minimum group	0.70	0.56		

From Table No. (05), it is clear that the value of T is statistically significant at 0.01. Thus, the difference between the two groups is a real difference. Accordingly, the suicide perception scale for adolescents can distinguish between the highest and lowest values, and thus the questionnaire has a high degree of validity.

13-1-3- Honesty through internal consistency method: Interned Validity

Internal consistency means the strength of the correlation between the scores of each item with the dimension to which it belongs. The degree of correlation of each dimension with the total score of the scale. The scale's internal consistency was verified by calculating the Pearson correlation coefficient between the score of each item and the total score of the dimension, and the correlation coefficients were mostly Function at the 0.001 and 0.05 levels, and by calculating the correlation coefficient of each dimension with the total score of the scale, as shown in the following table:

Table No. (06) represents the correlation coefficient matrix between the dimensions of suicide perception.

Dimension 03	Items	Dimension 02	Items	Dimension 01	Item
**0.699	I don't feel bad about anything	**0.809	I want to end my life	**0.867	When the world is unfair, the solution is suicide
*0.791	** I feel that the world is worthless	**0.722	Those close to me will be unhappy when I kill myself	**0.914	When a person is unhappy, it is better to commit suicide
**0.854	I do not feel unable to do anything	*0.781	* I feel like ending my life	*0.551	If a person loses everything, it is better not to

					commit suicide
*0.656	Life is cruel	*0.677	My thoughts are dominated by the idea of suicide	*0.807	It is better for my family that I die
**0.698	Stay away from forming relationships with others	**0.836	I have seen nothing but failure in my life, so I want to commit suicide	*0.960	When a person does not achieve any success in his life, it is better for him to commit suicide
**0.789	I feel that I have lost control of everything	*0.764	I want to commit suicide because my life is not worth keeping	**0.835	I believe that the best solution to constant failure in life is suicide
*0.862	I do not feel despair	**0.662	When I remember the disappointments in my life, I want to commit suicide	*0.743	When I know that a person has committed suicide, I imagine that he is convinced of what he is doing
*0.855	I feel exhausted by life	*0.791	* I do not feel that the best solution to my problems is suicide	*0.859	When a person loses hope in life, it is better for him not to commit suicide
**0.633	I feel unlucky	**0.854	I do not feel lost	*0.869	I believe that when life becomes meaningless, the solution is suicide

*0.841	I feel like a failure			**0.660	It is not easy for a person to kill himself
*0.732	I don't hate the people around me				
**0.672	I am not popular among people my age				
**0.720	I feel that people are the cause of all my pain				
*0.852	I want to take revenge on others by killing myself				
**0.731	I feel hopeless about life				

It is clear from the previous table No. (06) that all items are linked to the total score of the dimension to which they belong, with a statistically significant relationship at the level of (0.01**) and (0.05*). This confirms that the scale has a high degree of internal consistency validity.

Table No. 07 shows the correlation coefficients between the total score of the dimensions and their total scores for the scale as a whole.

Suicide perception scale	first dimension	second dimension	third dimension	total score of the scale
first dimension	1	**0.367	**0.408	**0.786
second dimension	**0.369	1	*0.284	**0.705
second dimension	**0.406	*0.287	1	**0.774
total score of the scale	**0.783	**0.705	**0.779	1

0.01** and 0.05*

-2-The second hypothesis:

*Is the suicide perception scale characterized by an acceptable degree of reliability?

Nastazi defines stability as: consistency and accuracy in obtaining the same results when the experiment is repeated on the same individuals in the same circumstances. It also means the extent of consistency and stability of the results of the tool if it was applied to a sample of individuals on two different occasions and the stability of a particular phenomenon on different

occasions (Khalifa et al. (1994, p. 76). Reliability also considers the possibility of relying on the measurement tool, and the stability of the tool means that it gives the same results continuously if the tool is used more than once under similar conditions. (Awad et al., 2002, p. 165).

13-2-1- Reliability through application and re-application:

The reliability of the questionnaire on the perception of suicide for adolescents was calculated using the re-test method, after the questionnaire was re-applied two weeks after its initial application, and by applying Pearson’s coefficient, we obtained the results recorded in the following table:

Table No. (08) shows the Pearson correlation coefficient.

Suicide perception scale	Pearson correlation coefficient	significance level
	0.86	D at 0.01

From Table No. 08: It is clear that the Pearson correlation coefficient estimated at: 0.98 is statistically significant at 0.01, and therefore the correlation coefficient is high and therefore the reliability of the suicide perception questionnaire can be judged.

13-2-2 - Cronbach Alpha method: It is a method used to estimate the internal consistency stability scores of a scale by applying it once to a sample of subjects. The researcher used the Cronbach Alpha method in order to find the reliability coefficient of the emotional intelligence scale, where he obtained the value of the alpha coefficient for each dimension of the scale, as well as for the scale as a whole, according to the following table:

Table No. (09) Alpha-Cronbach reliability coefficient for the emotional intelligence scale and its sub-dimensions.

Perception of suicide	Dimension 1	Dimension 2	Dimension 3	the scale as a whole
(α) Coefficient	0.804	0.611	0.878	0.843

It is clear from the previous table No. (09) that the suicide perception questionnaire used in the current study and its sub-dimensions have satisfactory reliability indicators.

13-3-The third hypothesis:

Are there statistically significant differences in the suicide perception scale due to the gender variable in favor of males?

The results of the third hypothesis were calculated using the T-test for two independent samples (males and females), and the following table shows the results obtained:

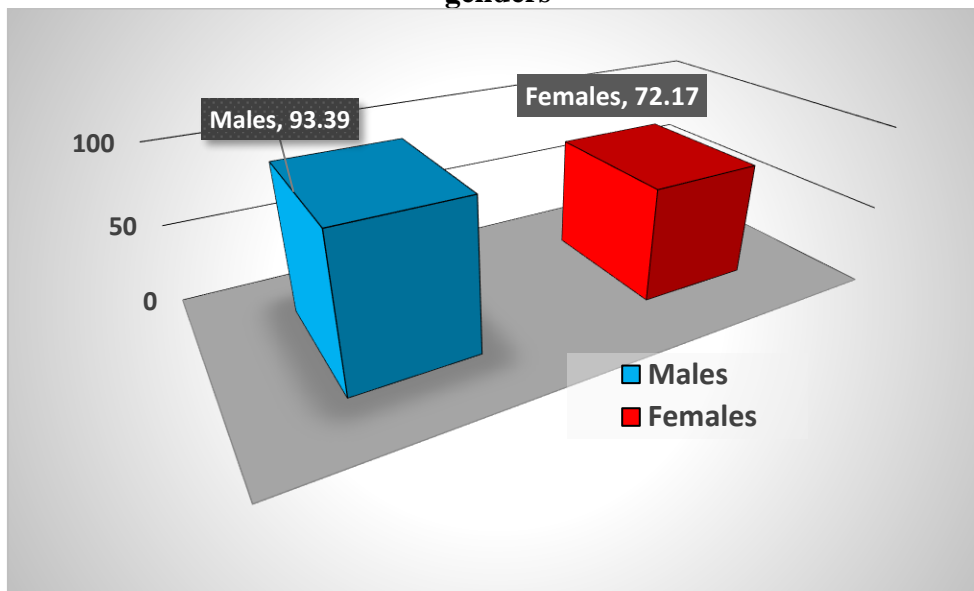
Table No. (10) shows the results of the differences between males and females in the suicide perception scale.

Gender	arithmetic mean	standard deviation	T value	significance level
Males	93.39	20.50	3.84	0.05
Females	72.17	16.94		

The value of T = 3.84, with a significance level of 0.05, with an arithmetic mean of 93.39 for males compared to 72.17 for females, meaning that there are differences between the sexes in the level of suicide perception in favor of males.

It is clear from the results of the statistical analysis in Table No. (10) that there are statistically significant differences between males and females at the 0.01 level in favor of males.

Chart No. (01) shows the arithmetic average of the perception of suicide among both genders



Graph No. (01) shows the differences between the sexes in the arithmetic mean of suicide perception, which was 93.39 for males and 72.17 for females, which is low compared to the average for males.

14. Interpreting and discussing the results in light of the study hypotheses.

The first partial hypothesis states:

*Is the suicide perception scale characterized by an acceptable degree of validity?

It is clear from the results of the statistical analysis in each of Tables No. (04, 05, 06, 07) that the suicide perception scale has high validity implications through calculating both the reliability of the arbitrators and the internal consistency between the items of the scale and its various dimensions and also between the dimensions of the scale. The three and the total score of the scale, as the scale is characterized by a high degree of clarity and simplicity, and that there are no ambiguous phrases and its phrases are appropriate, the scale has good content validity and discriminant validity.

The second partial hypothesis states:

*Is the suicide perception scale characterized by an acceptable degree of reliability?

It is clear from the results of the statistical analysis in Tables No. (08-09) that the suicide perception scale has high reliability through the use of the application and reapplication method and the Cronbach's alpha coefficient between each of the three dimensions of the scale, all of which indicated that the suicide perception scale is characterized by high stability. .

The third partial hypothesis states:

Are there statistically significant differences in the suicide perception scale due to the gender variable in favor of males?

It is clear from the results of the statistical analysis in Table No. (10) that the differences were statistically significant at the level of 0.05 in the level of perception of suicide in favor of males, although there are studies that prove the opposite, as was reached by the study of Badr Muhammad Al-Ansari and Talal Baqir Al-Ali 2019, which used the Beck scale. "For the

perception of suicide (BSSI) in its Arabic form, to find out the differences between the sexes, and the study of Rich et al. (Rich et al. 1992), which aimed to know the differences between the sexes in the psychological and social variables associated with the perception of suicide, especially between the sexes. The study sample consisted of 613 students, including 285 males and 328 females. The results resulted in an increase in the level of perception of suicide in favor of females, and what was also confirmed by the study of Rich et al. (Rich et al. 1992) in that there are no fundamental differences in the perception of suicide between the sexes of university youth. The results of the study can be attributed to other factors related to the cultural aspect of society. And the role assigned to each gender within society, especially during socialization and the influence of various media, and this is what Emile Durkheim previously confirmed in his book *Suicide*, that suicide is an individual phenomenon due to individual differences between individuals. They are not psychological differences, but rather due to some social characteristics and the social role of each person. Genders according to the circumstances in which they live, whether in the family or work...etc.

15. General result.

The research hypotheses for this study were formulated in an evidentiary way to infer their nature and truth by analyzing the data statistically and verifying it by denying it or proving it by testing it. In general, it can be said that it has been achieved to verify the validity and stability of the suicide perception scale prepared by the researcher using a set of statistical methods and coefficients. appropriate, then the researcher analyzed the differences between the sexes using the coefficient (t) between two independent samples, as well as calculating the arithmetic mean and standard deviation for each of them, and from all of the above and considering that the studies that dealt with the design and construction of the suicide perception scale in the Arab environment in general and the Algerian environment are few in For drug addicts, it can be concluded and judged by the acceptance of the study hypotheses that the suicide perception scale is characterized by a high degree of validity and reliability, and the presence of statistically significant differences in the level of suicide perception due to the gender variable came in favor of males.

16. Conclusion:

The spread of suicidal thoughts and perceptions in particular in Algerian society is the result of various psychological, social, environmental, technological and even cultural factors and causes, especially those related to drug addiction. These causes resulted from the rapid and profound change that Algerian society has witnessed today in light of the global changes taking place. The phenomenon of suicide in Algeria is witnessing a significant increase, and this is evident from the statistics recorded every year, as this phenomenon has become known as the phenomenon of the times, and the change in psychological, economic and social conditions, including the change it brings in the family system, may inevitably lead to the emergence of problems in socialization and... The emergence of problems and conflict among individuals as a result of the lack of a corresponding change in values and trends, that is, a change in awareness, and therefore all of these are circumstances that lead to and exacerbate the severity of the problem. In short, we can distance our society from many factors of deviation and other negative actions and prevent the growth of violence in the minds of individuals by ridding them of feelings of frustration and despair and making them feel reassured. And safety and protection, and through the custody of institutions, bodies, and even associations, and the care and provision of their basic needs, and thus we awaken in them the life instinct aimed at construction, cooperation, and love.

17. Recommendations

Based on the results of this study, which indicated that there is an acceptable level of validity and reliability for the suicide perception scale among drug addicts, the researcher therefore recommends the following:

1. Organizing permanent and continuous preventive campaigns that are carried out by qualified people to raise awareness and inform the general public and families in particular about the danger of the phenomenon of suicide.
2. Developing and strengthening neighborhood activities by doctors specializing in psychiatry, members of the intervention cells affiliated with the social activity directorates, associations, organizations, media professionals, and security personnel.
3. Developing youth's religious commitment to patience, endurance, a spirit of optimism, self-confidence, and flexibility in facing problems and difficult situations.
4. Sensitizing families through the media in order to exchange opinions and discuss difficult and dangerous topics. Parents must take into account the psychological needs of their children and try to please them and give them the kindness and compassion they deserve, and try to find solutions to their children's problems to alleviate tension and anxiety and eliminate everything that causes frustration.
5. Developing psychological assistance by opening reception centers.
6. Encouraging directors of educational institutions to seek the assistance of health and psychological specialists to serve employees and students within the institutions.
7. The necessity of opening special centers to provide assistance to those attempting suicide.
8. The necessity of establishing problem and prevention listening cells to avoid the recurrence of the suicide attempt.
9. The necessity of conducting in-depth and detailed studies on the subject of suicide, based on scientific studies in various branches (psychology, sociology, medicine...).

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