Suicide in Algerian society

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Abstract: This study examines the phenomenon of suicide attempts among adolescent girls in Algerian society, which constitutes an alarming indicator of profound psychological and social transformations in which identity crises, adjustment disorders, and structural dysfunctions within the socialization system intersect. The paper adopts a multidimensional approach that combines theoretical analysis and field observation in order to identify the direct and indirect factors that drive adolescents toward this deviant behavior, ranging from failed romantic relationships and psychological trauma to biological changes, in addition to the influence of the family environment and the broader cultural context.The research employs a clinical methodological framework, relying on clinical observation, structured interviews, and projective tests (Rorschach and frustration tests) to construct an accurate psychological and social profile of four randomly selected cases. The findings reveal a prevalent pattern of nonconformity to social norms, egocentrism, and externally directed aggression, alongside marked indicators of depression and severe anxiety, within a clear deficit in coping skills and family support.The study concludes that suicide attempts should not be understood as isolated acts, but rather as manifestations of a deeper crisis affecting Algerian adolescents.

Keywords: Adolescence; Algerian society; suicide; socialization; suicide attempts.

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1- Introduction

The topic of adolescence and youth has become one of the most prominent subjects attracting the interest of researchers across various disciplines, particularly in psychology, education, and sociology.

Experts in psychology and sociology view youth as a particularly critical stage, given the numerous changes it brings to different aspects of the individual's personality, psychological, social, and cognitive.

During this period, young people often exhibit emotional sensitivity due to their inability to achieve harmony with their surroundings. They become aware that the way others treat them does not align with their capabilities or the level of physical strength and intellectual maturity they have reached. At the same time, needs emerge that may conflict with societal norms, along with various obstacles and crises that hinder the fulfillment of different desires.

In Algerian society, young people's problems vary according to family background and the social system governing daily life. This leads to diverse manifestations of deviant behavior, with youth constantly seeking emotional support that guarantees protection and constructive communication.

What is evident today is the increasing prevalence of suicide among young people due to certain circumstances that lead them to perceive suicide as the only escape from their suffering.

Discussing adolescence and its physiological, biological, and psychological changes prompts us to question the importance and particularities of this stage, and its profound impact on adolescents. How intense are its effects, and to what extent can one anticipate its consequences?

Moreover, the intimate relationships formed during this critical age may lead to serious consequences, as adolescents may find themselves involved in suspicious interactions with peers, which can negatively affect their family relationships and broader social environment.

The spread of suicide among youth in society compels us to question the role of all stakeholders in prevention and care. We must ask: what are the channels of socialization? What role do parents, schools, mosques, and others play in this context?

This article aims to shed light specifically on young girls who are at risk of suicide in Algeria and the factors contributing to the spread of this phenomenon, which is alien to the values of noble Islamic teachings.

2 - Theoretical Framework

2.1- Definitions of Suicide

According to the Arabic Language Dictionary:

The word suicide (intihar) in Al-Munjid fi al-Lugha al-Arabiyya al-Mu'asira is a noun derived from the verb intahara, which means "to kill oneself deliberately." Suicide refers to the deliberate act of ending one's life. It can also imply exposing one's authority or influence to the risk of collapse, thereby harming oneself or bringing catastrophe upon oneself. Moral suicide refers to what is termed the suicide of a nation (Al-Munjid, 2001)

According to Sociology:

Suicide is the deliberate engagement with death; it is considered an individual act, although it often bears a distinctly social character. Accordingly, suicide is deemed a social phenomenon linked to societal conditions that affect all communities (Affilé et al., 2004, p. 64)

The renowned sociologist Émile Durkheim defines suicide as:

"We call suicide every case of death which results directly or indirectly from a positive or negative act carried out by the victim themselves, knowing that it would produce this

result." (Bensmail, 1984, p. 5). with an introduction that presents the specific problem under study and describes the research strategy. The first subtitle opens with an introduction that presents the specific problem under study and describes the research strategy.

2.3 -Theoretical Approaches to Suicide

2.3.1- The Psychopathological Theory:

Classical studies focusing on acute forms of mental disorders, including mood disorders, alcohol addiction, and schizophrenia, indicate that 10–15% of those afflicted die by suicide. Additionally, half of all suicide victims had some contact with mental health services, even if only once, and such contact increases suicide risk by 26 times in the following year.

Research based on detailed psychological evaluation confirms that 90% of suicide cases involve a psychiatric disorder. The most common diagnoses include:

- Depression in 50% of cases,
- Alcohol abuse in one-third,
- Schizophrenia in over 5%,
- Personality disorders in one-third.

Individuals contemplating suicide often experience obsessive thoughts coupled with intense desires for death, suffering, and insomnia. They also harbor repressed aggressive tendencies and unconscious forbidden desires (Hardy-Baylé et al., 2003, p. 213).

Lamperiére J. notes that suicide attempts are particularly prevalent among women in the first half of life, often through poisoning, and that these are only marginally related to mental illness (Bensmail, 1984, p. 95).

Studies have confirmed differences between completed suicide and suicide attempts in terms of motives, methods, goals, and functions. According to Dr. B. Bensmail, suicide and attempted suicide cannot be grouped under the same category, as an attempt is not merely a failed suicide, it is a separate phenomenon with distinct traits and significance. Some scholars have even proposed the term quasi-suicide instead of suicide attempt.

As for suicidal equivalents, Bensmail notes that these frequently recur and place individuals at risk (examples include excessive alcohol or drug use, restrictive diets, reckless driving, etc.) interpreted as unconscious desires for death (Bensmail, 1984, p. 96).

2.3.2 -The Socio-Cultural Theory:

This theory examines the social, cultural, and religious backgrounds that may contribute to the risk of suicide. Classical thought posits that marriage is a protective factor against suicide, though its effect appears to have weakened over time. Since 1973–1975, the risk has become significant in all cases, regardless of whether a person is married, single, divorced, or widowed.

Furthermore, youth living in households missing a parent or with a substitute parent are at greater risk of engaging in suicidal behavior.

Regarding socio-economic status, unemployment is highlighted as a key factor, raising suicide risk by up to 8.5 times. According to this perspective, suicide rates vary by social class. In France, the most affected groups include private sector workers (87 per 100,000), agricultural workers (61 per 100,000), and public service workers (51 per 100,000) (Hardy-Baylé et al., 2003, p. 214).

Poverty and low income, indicative of socio-economic decline, are also often behind the emergence of suicide risk.

Environmentally, childhood experiences of loss, deprivation, or sexual abuse contribute to suicidal tendencies in adulthood. Children raised in fragmented family settings with negligent caregivers are more likely to move toward such behaviors.

Suicidal behaviors are especially prevalent among youth, largely due to the absence of communication between parents and children, as well as familial disintegration.

Lewis approached the issue from a psycho-biological standpoint, concluding that suicide results from a breakdown in adaptive processes. He emphasized that individuals unable to cope with life due to perceived failure or inability to compensate are at risk.

Erich Fromm highlighted the role of psychological pressure on human nature, stating:

"If we are to understand the mental health of modern Western man and identify the causes of disorder or well-being in a given lifestyle, we must examine the pressures exerted on human nature by the political and social system." (Levy, 1978, p. 36).

Stengel E., in response to Pichot P., found that suicide correlates positively with male gender, age, singleness, widowhood/divorce, absence of children, urban residence, high population density, high living standards, economic crises, alcohol abuse, mental disorders, and especially depression. Conversely, it correlates negatively with female gender, youth, rural residence, religious commitment, marriage with children, low living standards, and war (Bensmail, 1984, p. 95).

2.3.3- The Biological and Genetic Theory:

Garelis E. and colleagues were the first to propose a biological hypothesis for suicide in 1974, linking it to serotonin breakdown. The cause is a deficiency of 5-Hydroxyindoleacetic Acid (5-HIAA) in the cerebrospinal fluid (CSF), which increases the likelihood of suicide attempts in individuals compared to those with sufficient levels (Hanus, 2004, p. 79).

Serotonin is involved in regulating sleep, aggression, and pain, which are symptoms often found in depression. Some researchers argue that serotonin imbalances may be related to other unknown factors, not just depression.

In 2000, Traskman and Benz emphasized the importance of the serotonergic energy system as a driver of suicidal behavior. Dysfunctions in this system contribute to severe depression and suicide. Disruption in the ventromedial prefrontal cortex causes behavioral disinhibition, and since serotonin helps inhibit certain behaviors, its breakdown raises the risk of suicide.

Aggression and impulsivity are higher in those prone to suicide compared to mentally ill individuals who are not.

Researchers have hypothesized that impulsivity increases the risk of self-directed and outward-directed aggression. Impaired serotonergic functioning is thus linked not only to suicide but also to homicide, infanticide, arson, and other violent acts (Hanus, 2004, p. 79)

As for the genetic aspect, there appears to be a hereditary predisposition to suicidal behavior. The precise nature of genetic suicide factors remains uncertain, possibly tied to mental illnesses or independent personality traits like impulsivity or stress response.These are more easily observed when accompanied by mental disorders (Hardy-Baylé et al., 2003, p. 217)

Davidson suggests that suicide results from a psychological state that narrows the individual's awareness to the point of losing attentiveness to life itself. This leads to physiological collapse, rendering higher brain centers unable to regulate or respond to stimuli, eliminating the individual's capacity to resist life-threatening behavior.

Dr. David Brent, a psychiatrist and researcher at the University of Pittsburgh specializing in adolescent suicide, emphasized the role of family factors. Studies on twins, child care, and family environments indicate a strong correlation between suicide and a facilitating family base.

In 1996, Brent and his colleagues, along with Bridge in 1997, showed that suicidal behavior can run in families, much like hereditary diseases. While Brent views psychopathology as the primary trigger, he acknowledges it alone cannot fully explain suicidal behavior. He distinguishes between the transmission of suicidal behavior and the transmission of mental illness within families.

Brent concluded that there is a link between impulsive violence and suicidal tendencies. Studies show that adolescents contemplating or committing suicide often live in

tense family environments. This reinforces the argument that family dynamics, in addition to genetics, play a role in increasing suicide risk (Renaud, 1999, p. 191)

2.4- Some Statistics:

The Algerian Ministry of Health recorded approximately 600 suicide cases in a single year, with youth accounting for 53% of them. The same source identified drug addiction as a primary factor. It also stated that these figures remain approximate due to the taboo surrounding suicide in Algerian society.

Furthermore, mental and psychological disorders were cited as significant contributing factors.

According to the World Health Organization's representative in Algeria, globally, one suicide occurs every 40 seconds, a staggering figure. The lack of accurate statistics continues to hinder prevention and intervention efforts (Al Watan News, 2025)

The WHO also addressed suicide rates in the Arab world, which reached approximately 4.2 per 100,000 inhabitants in 2019. It presented comparative suicide rates across Arab societies per 100,000 people.

Table (1): Suicide Rates in Arab Societies per 100,000 Inhabitants (16)

Country	Suicide Rate	Country	Suicide Rate	Country	Suicide Rate
Mauritania	3.1	Qatar	5.8	Jordan	1.6
Yemen	5.8	Oman	4.9	UAE	6.4
Sudan	3.8	Lebanon	2.8	Bahrain	8.9
Syria	2.0	Kuwait	2.9	Saudi Arabia	6.0
Egypt	6.4	Iraq	3.6	Libya	4.5
Morocco	7.2	Algeria	2.5	Tunisia	3.3

According to the World Health Organization (WHO) report on suicide in Algeria, 1,299 cases were recorded in 2019, placing the country fourth among Arab nations. Suicide is considered the second leading cause of death globally among individuals aged 15 to 29 years.

The report noted that:

- 55% of those who died by suicide were unemployed,
- 32% were involved in freelance or precarious work,
- 10% were employed,
- 6% were students or pupils (Independent Arabia, 2025).

2.5- Main Causes of Suicide in Algeria:

The main causes of suicide have become relatively well-known, even though the phenomenon contradicts Islamic Sharia law and violates social norms and traditions. Suicide continues to be a taboo, and its wall has yet to be broken. Many cases are not reported by doctors out of concern for preserving the family's reputation.

Moreover, the total number of psychological specialists in the country is insufficient to provide adequate coverage for suicide and nervous breakdowns, a situation exacerbated by the near-mass migration of Algerian psychiatrists and psychologists to France. Additionally, the concentration of specialists in urban areas has contributed to the rise in suicide cases in rural regions.

2.5.1- Mental Disorders:

Most mental disorders primarily stem from psychological and psychiatric factors that result in a loss of connection to reality, split personality, psychological and depressive fears, and somatic fears. Studies show that the majority of individuals affected by suicide suffer from mental disorders, indicating that this group is marginalized and underserved. The actual number of individuals affected remains underreported, even within psychiatric institutions.

2.5.2 - Social Problems:

The evolution of the Algerian family has been shaped largely by the socio-economic transformations within society. These changes have left a significant impact on the social infrastructure of the country.

Among the consequences of these transformations is the phenomenon of terrorism, which deeply traumatized Algerian society. The violence and brutality associated with terrorism are seen as major causes of suffering, pain, and profound psychological disturbances.

This has led to the emergence of new emotional and behavioral patterns such as nervousness, aggressiveness, and an inability to envision the future, alongside the erosion of core social values. Additionally, pervasive failure on all levels, social exclusion, lack of reintegration programs, the housing crisis, instability, cultural conflict, and communication breakdowns have all contributed to the rise in suicide.

2.5.3- Other Causes:

Algerian society refuses to accept the suicide of a family member, and suicide remains a forbidden act, both religiously and culturally. This makes identifying the real causes difficult, as most Algerian families conceal the truth to preserve their social image and protect the family's honor.

3- Fieldwork Component

3.1- Research Hypotheses:

- The failure of a romantic relationship drives the adolescent girl to attempt suicide.
- Sudden physical and psychological changes push the adolescent girl toward attempting suicide.
- The failure of socialization is considered one of the most significant causes of suicide attempts among adolescent girls.

3.2- Methodology:

The clinical method was chosen after identifying the study cases, as it is the most suitable approach for such research. It allows us to remain close to lived reality and enables direct contact with the cases and proximity to them in an effective manner.

3.3- Tools:

3.3.1- Clinical Observation:

Observation of all emotional expressions, feelings, and gestures emitted by the examinee, which help in interpreting the results. This was an implicit observation in most of the research.

3.3.2- Clinical Interview for Research Purposes:

A set of questions prepared by the researcher, focusing on the three main axes of the study, those corresponding to the three hypotheses.

3 .4- Projective Tests:

3.4.1- Rorschach Test:

A projective test aimed at approaching the examinee and attempting to construct a profile of the personality.

3.4.2- Frustration Test:

A projective test aimed at identifying the degree of conformity to the group and the degree of deviation from social norms.

3.5. Research Cases:

To answer our research questions regarding the underlying causes of suicide attempts among girls, we randomly selected four cases, girls who had attempted suicide.

The cases involved adolescent girls aged between 18 and 22 years. However, the suicidal means used differed from one case to another.

3.6 - Discussion of Results in Light of the Hypotheses:

Table (2): Quantitative Analysis of the Interview Content

Category	Unit	Unit Frequency	Frequency %	Category %
Failure of the romantic relationship	Negatives of the partner	20	15.74%	33.85%
	False information	16	12.50%	
	Negative influence from the mother	07	5.51%	
Failure of socialization	Strained relationship with the mother	15	11.81%	35.42%
	Lack of dialogue	12	9.44%	
	Limited external relationships	18	14.17%	
Negative manifestations of adolescence	Anxiety and irritability	10	7.87%	30.70%
	Negative self-assessment	09	7.08%	
	Negative perception of others	20	15.74%	
Total Unit Frequency		**127**		

4 – Results and Discussion

It appears that the three factors (represented by the three categories mentioned) form the basis of influence and the source of the problems experienced by the studied cases. The results were close: 30.70% for the third category, 33.85% for the first, and 35.42% for the second, with no category outweighing another by a significant margin.

Regarding the units, the first unit in the first category (negatives of the romantic partner) and the third unit in the third category (negative perception of others) recorded the highest percentages at 15.74% each. This was followed by the third unit in the second category (limited relationships with others) at 14.17%, then false information (12.50%) and strained relationship with the mother (11.81%). The remaining units ranged between 5% and 7%, indicating a lesser influence.

The results obtained from the case studies suggest the presence of shared factors directing Algerian adolescent girls toward deviant pathways, represented in our research by suicidal behavior.

A shared factor among all cases (despite differing degrees) was non-conformity to the group, as revealed by the Frustration Test. Its constant presence conveyed a rejection of societal norms and a tendency toward deviance. Non-conformity here can be understood as a shift toward individual values: the individual may accept shared models (conformity standards) and thus participate in social solidarity, but these girls reject this .

The application of the Rorschach Test revealed self-centeredness, opposition to the external world, and in some cases tendencies toward introversion.

The overall intelligence level was average, with emotional dryness or occasional emotional control.

It is worth noting the high level of anxiety (reaching 33%) a very significant rate that indicates a deep-rooted anxiety.

The elements with significance in determining the girls' behaviors trace back to their primary source: the adolescent crisis. Parents and even the surrounding environment did not know how to manage this period, treating it like any other stage and failing to give it sufficient attention, leaving girls like these as the victims (Bensmail, 1984, p. 183).

P. Wiltzer states: "The adolescent crisis is a fundamental stage in the maturation and organization of the individual. It is not an ordinary developmental stage of the personality but rather a development based on the tripartite foundation: biosomatic, psychological, and socio-cultural."

In traditional Maghreb culture, adolescence is not a long stage but rather a point of transition and change in social status, according to Dr. Ibn Ismail (Bensmail, 1984, p. 184).

These girls often find depression as a refuge in times of psychological disturbance—an act of revenge against an external environment that fails to understand their needs. D. Widlocher describes depression as similar to mourning: a response to the experience of losing the object, but in a different way.

Entering the circle of depression can lead to thoughts that diverge from and are alien to social models, particularly suicidal behavior among adolescent girls. According to Dr. Ibn Ismail, "Classically, suicide is defined as the act of embracing death, or more precisely, a deliberate self-aggressive act that results in death." (Bensmail, 1984, p. 93). By contrast, a suicide attempt is the failure of the suicidal act itself, with an outcome short of death.

Such phenomena represent harmful images and models for society and give a distorted image before other communities. It therefore becomes necessary for parents to pay greater attention to their children (especially adolescents) and to address their issues with greater wisdom and reason.

A specific personality profile can be drawn for these girls from the application of the aforementioned projective tests, as follows:

- Non-conformity to social norms, indicating failed socialization.
- Outward-directed aggression, toward others, due to social rejection.
- Depressive manifestations, evidenced by misleading responses in the four reactive cards.
- Lack of emotional responsiveness to the environment due to the absence of color responses, indicating an inhibited inner life with hypersensitivity to the outside world.
- Below-average intelligence, due to low positive form responses and a high proportion of animal responses, with weak overall performance.

5 - Conclusion

Suicidal thoughts and attempts are the result of a negative self-perception, hypersensitivity, and anti-social behavior.

The Algerian adolescent girl who engages in suicidal thoughts and behaviors is in search of herself, seeking a favorable social identity and rejecting social models she deems unjust.

It is necessary to prepare the family to act as the primary support for the adolescent contemplating suicide. However, it is difficult to reconstruct the psychological circumstances leading to suicide, due to a lack of cooperation and the rejecting attitudes of the family itself.

Relying on case studies and examining the subject's past, as emphasized by Lagache, is of great importance. The case study method is among the most effective ways to bring the examiner closer and closer to tangible reality, provided it is mastered to minimize its drawbacks and close any gaps that could lead results away from scientific credibility

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