

HOW TO UNDERSTAND THE SUICIDE EPIDEMIC

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Risk factors associated with violence may also have applicability to risk of suicide: (1) Individual Psychological Factors and (2) Cultural, Sociological, and Technological Influences. Figure 1 (Risk Factors Associated With Suicide) provides an illustration of a proposed model that includes several dynamic and static factors that are subsumed under these two major factors.¹

Individual Psychological Factors

Attachment failures, lack of belonging, social isolation, and a sense of alienation from others

Thomas Joiner, Ph.D., Professor of Psychology at Florida State University, found that "thwarted belongingness" is associated with increased suicidal risk (Joiner, 2005, 2010).

Sense of a foreshortened future, hopelessness, and despair

In Lankford's (2016) analysis of 185 mass shooters, 48% were found to have committed suicide after the crime or engaged in "suicide-by-cop," which Lankford linked to direct evidence of the shooter's underlying or prior depressive behaviors, statements, or writings. Hopelessness has consistently been considered the single most important psychological factor associated with suicide.

Behavioral factors, emotional disturbance, and personality traits

Underlying emotional factors include emotional dysregulation and low tolerance for frustration. Behavioral factors include anger management problems and poor impulse control, and desensitization to violence. Antisocial and borderline personality traits carry a risk of self-harm.

Alcohol abuse

Alcohol has consistently been associated with aggressive behavior. As a source of antisocial behavior, alcohol is implicated in nearly 70% of fatal car accidents, 65% of murders, 65% of spouse battering, 55% of violent child abuse, and at least 30% of suicides (Steele & Josephs, 1990). Approximately 50% of all suicides are associated with alcohol or drug dependence and approximately 70% of all teen suicides are associated with alcohol or drug use or dependence (Miller, Mahler, & Gold (1991).

Weapons effect or trigger effect

Professor Leonard Berkowitz, Ph.D., Professor of Psychology at the University of Wisconsin-Madison, is often attributed to have coined the term "weapons effect" to refer to the phenomenon, observed in several experimental studies conducted in the laboratory and in the field, in which the presence of a weapon may instigate the expression of aggression even if the weapon is not actually used to express aggression. In the words of Berkowitz, quoted from an article in *Psychology Today* magazine, "Guns not only permit violence, they can stimulate it as well. The finger pulls the trigger, but the trigger may also be pulling the finger" (1968, p. 22). The weapons effect may occur because weapons are closely linked to aggression in our brains. The theoretical explanation for this effect is that weapons activate or "prime" aggressive thoughts in memory (Benjamin & Bushman, 2016).

In what has become known as one of the classic experiments in social psychology, Leonard Berkowitz and Anthony LePage conducted an experiment designed to investigate whether external stimuli could affect aggression. The study consisted of 100 Midwestern male undergraduates who participated in a task in which they were given the opportunity to aggress against a confederate by administering an electric shock. Half of the participants were angered beforehand (shocked repeatedly by the confederate) and half were not. In the experimental group, angry participants were seated at a table that had a shotgun and a revolver on it. In the control group, participants were seated at a table that had badminton racquets and shuttlecocks. In both conditions, the items on the table were described as part of another experiment that the researchers had supposedly forgotten to put away. The research participants were to decide what level of electric shock to deliver to a confederate, and the electric shocks were used to measure aggression. The participants were told to ignore the items on the table, but the results suggested that they did not. Instead, the participants who saw the guns were more aggressive than were the participants who saw the sports items. Berkowitz and LePage concluded that "many hostile acts which supposedly stem from unconscious motivation really arise

because of the operation of aggressive cues” (p. 206). The weapons effect has been replicated many times—both inside and outside the lab (Benjamin, Kepes, & Bushman, 2017). In a review of 56 published studies, Carlson, Marcus-Newhall, and Miller (1990) confirmed that the mere sight of weapons increases aggression in both angry and nonangry individuals. In England and Wales, a large ($N = 678$) field study found that the presence of a TASER significantly increased physical assaults against police officers (Ariel et al., 2019).

Cultural, Sociological, and Technological Influences

Societal normalization of deviance and pathology

Diane Vaughn, Ph.D., Professor of Sociology at Columbia University, coined the term “normalization of deviance” (Vaughn, 2016, p. 62) to refer to a process in which a clearly unsafe practice comes to be considered normal if it does not immediately cause a catastrophe. She used this concept to explain the sociological causes of the Challenger and Columbia shuttle disasters. According to Schneier (2016, p. 1), “normalization of deviance is a gradual process that leads to a situation where unacceptable practices or standards become acceptable, and flagrant violations of procedure become normal—despite that fact that everyone involved knows better.” To some extent, the American desensitization to violence may be following a similar course that includes a long incubation period (before a final disaster) filled with early warning signs that were either ignored, misinterpreted, or missed completely.

Cultural glorification of suicide and the media contagion effect

The American culture is so permeated and saturated with a culture of death that it often goes unnoticed. Whether it is the obsession with abortion and capital punishment or the bloated budgets reserved for battles and bombs, U.S. culture is sorely lacking a perspective with respect to the sanctity of life from birth to natural death.

David P. Phillips, Ph.D., Professor of Sociology in the Department of Sociology at the University of California in San Diego, California, coined the term “media contagion” (Phillips, 1980, 1986), which was an extension of cultural contagion and behavioral contagion theories. Phillips’ (1974) groundbreaking research revealed how highly publicized stories of deviant and dangerous behavior influences so-called copycat incidents. Phillips, as well as dozens of researchers who followed him, showed how suicide rates spike in the week following an extensively publicized celebrity suicide, in contrast to the trend of no increase in suicides in the week following a media strike that unintentionally suppresses such coverage.

Although the media are often blamed for sensationalizing violence, the reality is that the mass media are merely marketing mass murders to their viewers whose ratings

support this practice. In other words, we have met the enemy and it is us. The media consist of two main sources: (1) news reporting and (2) entertainment and movies (including the internet and mobile devices). Of particular concern for children and adolescents, the internet and mobile devices provide an endless source of violent films that are easily accessible to youth whose brains have not undergone complete myelination of the prefrontal cortex.

News reporting

Fifty percent of U.S. news coverage focuses on crime alone, and mostly violent crime, despite other types of crime being much more common (Schildkraut & Elsass, 2016, p. 8). With respect to news reporting, Jennifer B. Johnson, Ph.D. and Andrew Joy, B.S., both from Western New Mexico University, discuss (1) how the prevalence of violent crimes has increased in relation to the mass media coverage of them and (2) the proliferation of social media sites that tend to glorify the shooters and downplay the victims. According to Dr. Johnson’s statement at the American Psychological Association [APA] 2016 Annual Convention, “We suggest that the media cry to cling to ‘the public’s right to know’ covers up a greedier agenda to keep eyeballs glued to screens, since they know that frightening homicides are their No. 1 ratings and advertising boosters” (APA, 2016). According to Johnson and Joy (2016), the demographic profile of mass shooters is fairly consistent. Most are white, ostensibly heterosexual males, largely between the ages of 20 and 50. They tend to see themselves as “victims of injustice,” and share a belief that they have been cheated out of their rightful dominant place as white, middle class males.

Entertainment and movies

Brad Bushman, Ph.D. and colleagues used trained coders to identify the presence of violence in each 5-minute film segment for one-half of the top 30 films since 1950 and the presence of guns in violent segments since 1985, the first full year the PG-13 rating (age 13+) was used (Bushman et al., 2013). Bushman et al. found that violence in films has more than doubled since 1950, and gun violence in PG-13-rated films has more than tripled since 1985. When the PG-13 rating was introduced, these films contained about as much gun violence as G (general audiences) and PG (parental guidance suggested for young children) films. Since 2009, PG-13-rated films have contained as much or more violence as R-rated films (age 17+) films. The authors conclude that, even if youth do not use guns, they may be exposed to increasing gun violence in top-selling films. The authors speculate that, by including guns in violent scenes, film producers may be strengthening the weapons effect and providing youth with scripts for using guns. These findings are concerning because many scientific studies have shown that viewing violent films can increase aggression. The authors point out that violent films are easily accessible to youth (e.g., on the internet and cable).

Smartphones, social media, and screens

Jean Twenge, Ph.D., Professor of Psychology at San Diego State University, describes how the “internet generation” (iGen) or Generation Z, which refers to children born in and after 1995, suffers from far higher rates of anxiety, depression, and suicide than did Millennials at the same age. Twenge speculates that the main cause of the mental health crisis, beginning around 2011, is the rise of smartphones and social media into the lives of teenagers beginning around 2007. Twenge (2017, 2020) argues that smartphones are the most likely cause associated with the recent increases in mental health concerns among teens since 2012.

When children use screens for two hours of leisure time per day or less, there is no elevated risk of anxiety or depression. However, when children use screens for completing homework activities or papers that require a computer, the study time spent on a screen does not appear to be correlated with depression. Teens who spend three hours a day or more on electronic devices are 35% more likely to have a risk factor for suicide (e.g., a suicide plan). As Twenge concludes (2017, 2020), since 2007, as teens started spending less time together and became more isolated, they became less likely to kill one another but more likely to kill themselves. First Amendment attorney Greg Lukianoff and social psychologist Jonathan Haidt (2018) believe that social media may hurt girls more than it affects boys because of three differences: (1) girls are more adversely affected by social comparisons (e.g., comparing themselves against other girls or images that are filtered by digitally enhanced beauty, thus increasing the discrepancy between appearance and reality), (2) by signals that they have either missed out or have been left out of social activities, and (3) by relational aggression, which in girls can involve their perceived exclusion, reputation, and status.

Two activities have been significantly correlated with depression and other suicide-related outcomes (e.g., considering suicide, making a plan, or making an actual attempt): (1) electronic device use (e.g., smartphone, tablet, or computer) and (2) watching television.

Availability of lethal means and the proliferation of weapons

Although easy access to weapons in the U.S. has been a polarizing political topic for many years, probably few would argue that there is a shortage of weapons in the U.S. The Second Amendment of the U.S. Constitution reads: “A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed” (U.S. Const. amend. II). Some argue that the Amendment’s phrase “the right of the people to keep and bear Arms” creates an individual constitutional right for U.S. citizens (i.e., the right to bear arms theory), whereas others point to the prefatory language “a well regulated Militia” to argue that the framers of the

Constitution intended only to restrict Congress from legislating away a state’s right to self-defense (i.e., the collective rights theory). In either case, few would argue that on March 30, 1981, President Ronald Reagan would have been any safer if John Hinckley, Jr. had been in possession of automatic weapons rather than a single handgun.

Handguns continue to be the primary method of homicide in the U.S. In 2014, for example, Federal Bureau of Investigation data indicate that there were 8,124 total firearm-related homicides in the U.S., with the majority (5,562) of those attributed to handguns (U.S. Department of Justice, 2015). For a global perspective, data from the United Nations Office on Drugs and Crime (UNODC; 2014) indicates that between 2005 and 2012, the average homicide rate in the U.S. was 4.9 per 100,000 inhabitants, compared to the average rate globally of 6.2. However, the U.S. had much higher homicide rates compared to other countries identified in the report as “developed,” which all had average homicide rates of 0.8 per 100,000 (UNODC, 2014). For example, in 2004, there were 5.5 homicides in the U.S. for every 100,000 persons, compared to 1.6 in Canada (Statistics Canada, 2018, 2019) and 0.9 in Germany and Italy (Federal Republic of Germany, 2004).

For global comparisons with the U.S., a useful benchmark is the Organization for Economic Cooperation and Development (OECD), which is a unique forum where the governments of 34 democracies with market economies work with each other, as well as with more than 70 non-member economies, to promote economic growth, prosperity, and sustainable development. Based on their analysis of 2010 mortality data obtained from the World Health Organization for populous, high-income countries ($N=23$), Grinshteyn and Hemenway (2016) found that U.S. homicide rates were 7.0 times higher than in other high-income countries, driven by a gun homicide rate that was 25.2 times higher. The U.S. firearm homicide rate of 3.6 was higher than the rate in any of the other 21 OECD countries (Grinshteyn & Hemenway, 2016, p. 271), including Australia (0.2), Canada (0.5), Ireland (0.4), Germany (0.1), Japan (0.0), Norway (0.0), Republic of Korea (0.0), and the United Kingdom (0.0). For the 15-24 year old age group, the gun homicide rate in the U.S. was 49.0 times higher. Firearm-related suicide rates were 8.0 times higher in the U.S., whereas the overall suicide rates were average. Unintentional firearm deaths were 6.2 times higher in the U.S., whereas the overall firearm death rate in the U.S. from all causes was 10.0 times higher. Ninety percent of women, 91% of children aged 0 to 14 years, 92% of youth aged 15 to 24 years, and 82% of all people killed by firearms were from the United States. As Grinshteyn and Hemenway conclude, “The United States has an enormous firearm problem compared with other high-income countries, with higher rates of homicide and firearm-related suicide” (2016, p. 270).

New Record in U.S. Gun Sales in 2020

Even with three months to go in the year, federal background checks for gun purchases hit an annual record, according to the FBI (2020). The gun industry reported that the surge in 2020 sales depleted inventory of popular firearms and resulted in shortages of ammunition (Smith, 2020). On October 1, 2020, the FBI (2020) reported 2.89 million background checks for September, bringing the year's nine-month total to 28.82 million, which surpassed the prior annual record of 28.36 million in 2019. Although correlation does not imply causation, it is noteworthy that the Gun Violence Archive (<https://www.gunviolencearchive.org>), a site that collects and validates gun violence and crime incidents from 7,500 sources daily, reported a record number of 43,532 gun-related deaths from all causes in 2020, including 24,156 deaths from suicide and 19,376 deaths from homicide, murder, and unintentional accidents. As of March 15, 2020, the first quarter of 2021 included 8,630 gun-related deaths from all causes, including 4,884 deaths from suicide and 3,746 deaths from homicide, murder, and unintentional accidents (Gun Violence Archive, 2021).

Guns Are Leading Cause of Death of Children in the U.S. in 2020

In their Letter to the Editor of the *New England Journal of Medicine*, Goldstick et al. (2022) discuss the implications of the Centers for Disease Control and Prevention (CDC) recently released updated official mortality data that showed 45,222 firearm-related deaths in the U.S. in 2020. This figure not only represents a new record number of deaths from firearms, but from 2019 to 2020 the relative increase in the rate of firearm-related deaths of all types (suicide, homicide, unintentional, and undetermined) among children and adolescents was 29.5%, which was more than twice as high as the relative increase in the general population. From 2019 to 2020, drug overdose and poisoning increased by 83.6% among children and adolescents, becoming the third leading cause of death in that age group. This change is largely explained by the 110.6% increase in unintentional poisonings from 2019 to 2020. The rates for other leading causes of death have remained relatively stable since the previous analysis, which suggests that changes in mortality trends among children and adolescents during the early Covid-19 pandemic were specific to firearm-related injuries and drug poisoning; Covid-19 itself resulted in 0.2 deaths per 100,000 children and adolescents in 2020 (CDC, 2021).

How can violence be prevented?

Violence cannot be prevented; it can only be reduced. Physical aggression and violence have been part of the human condition—particularly in young adult males—from the outset. Genesis 4:8 records: “Now Cain said to his brother Abel, “Let’s go out to the field.”* While they were in the field, Cain attacked his brother Abel and killed him” (New International Version). [Note: The phrase “Let us go out to the field” does not appear in the Masoretic Text, but it

is found in other versions including the Samaritan Pentateuch, Septuagint, Vulgate, and Syriac manuscripts.]

In public health related to disease prevention, there are three levels of prevention that are traditionally studied:

1. *Primary prevention* involves reducing underlying biological, cultural, and societal factors that lead to a prevalence of a disease in the first place. This level of prevention is often neglected in the U.S.
2. *Secondary prevention* involves early identification and detection in order to either prevent disease in “at-risk” individuals or to prevent a disease from getting worse in individuals who will contract a contagion.
3. *Tertiary prevention* focuses on accurate diagnosis and evidence-based treatments that are designed to decrease morbidity (symptoms of an illness), reduce mortality rates (death), and improve the quality of life. This level of prevention receives the most focus in private sector practice of medicine in the U.S.

Primary prevention would consider such as reducing social isolation, and decreasing alienation of those who are estranged and outcast from the mainstream. It requires fostering a realistic sense of hope among those who despair. Primary prevention includes strengthening a sense of belonging and connection to each other individually and to the community collectively.

Secondary prevention of suicidal deaths would focus on reducing access to lethal means (e.g., stockpiling medications or firearms). Secondary prevention involves identifying at-risk individuals who suffer from specific mental disorders are known to have higher prevalence rates of suicide. In many situations, lethal means restrictions for as little as 10 minutes may reduce impulsive actions that could otherwise result in deadly consequences.

Tertiary prevention focuses on proper assessment, diagnosis, and treatment of a suicidal person. Suicidal interventions have been addressed widely in the clinical literature and this topic is beyond the scope of an article delineating factors that contribute to the U.S. epidemic of death by suicide.

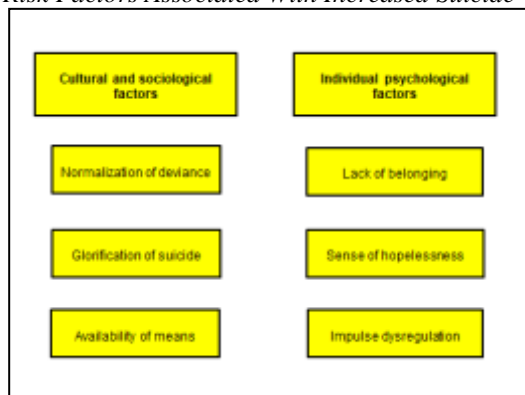
Conclusion

A simple solution to a complex and longstanding problem is beyond the scope of this article. If direction determines destination, then one step toward a positive direction could involve increasing awareness of individual psychological risk factors that can percolate within the context of broader cultural, sociological, and technical influences. Positive protective factors could focus on broad cultural determinants, including societal promotion of basic tolerance

toward others, recognition of the importance of mental and emotional health and well-being, and the sanctification of life from conception to natural death. Protective technological factors could include reducing the overly broad access to automatic weapons while decreasing the sensational obsession of the media and its advertising-driven public with suicide.

Figures

Figure 1
Risk Factors Associated With Increased Suicide



Note. Adapted from Doverspike (2016, p. 212) ²

This model contains several dynamic and static risk factors that are subsumed under the major categories of (1) Individual psychological factors, and (2) Cultural, sociological, and technological factors. Individual psychological factors are listed first because psychologists and mental health professionals are most likely to focus on the clinical and dynamic factors that can be changed. However, cultural and sociological factors are depicted first in the left column of the figure because it is within the context of these factors that the individual risk factors arise and most be understood.

Risk Factors That May Increase Risk of Suicide

Cultural, sociological, and technological risk factors

- ☑ Societal normalization of deviance and pathology
- ☑ Cultural glorification of violence, media contagion effect, political polarization
- ☑ Availability of lethal means, proliferation of weapons

Individual behavioral, emotional, and psychological risk factors

- ☑ Attachment failures, lack of belonging, social isolation, a sense of alienation or estrangement
- ☑ Sense of a foreshortened future, hopelessness, despair
- ☑ Behavioral and psychological factors, emotional dysregulation, severe depression, antisocial or borderline personality traits, poor impulse control, physical fearlessness, poor consequential thinking, desensitization to violence, externalization of blame, weapons effect, trigger effect, alcohol abuse or addiction

Adapted from Doverspike (2016, p. 213)

Protective Factors That May Reduce Risk of Suicide

Cultural, sociological, and technological factors

- ☑ Societal promotion of mental health, tolerance of others, acceptance of differences in others
- ☑ Sanctification of life from conception to natural death
- ☑ Reduced access to lethal means and automatic weapons

Individual behavioral, emotional, and psychological factors

- ☑ Secure sense of belonging, social connections
- ☑ Realistic sense of hope, positive future orientation
- ☑ Behavioral stability, emotional regulation, good impulse control, good consequential thinking, sensitization to violence, internalization of responsibility, absence of triggers, abstinence from alcohol and addictive substances

Adapted from Doverspike (2016, p. 214)

Notes

1. As a starting point when discussing any conceptual model, it is important to remember the adage of British statistician George Box, Ph.D. (1953, *Mathematics Genealogy*, University of London) who wrote the famous line: “All models are wrong, some are useful” (1976, p. 972). His point was that we should focus more on whether something can be applied to everyday life in a useful manner rather than debating endlessly whether an answer is correct in all cases.

2. This figure was adapted from Slide 265 of William Doverspike’s (2016) seminar “Professional Ethics and Clinical Practice: Common Case Scenarios.” This section of the training workshop had its origins in Doverspike’s (1995) professional experience providing inpatient assessments of danger and threats, out of which he developed a Suicide Risk Factors Rating Scale. This model was taught in Doverspike’s graduate and doctoral classes in professional ethics and legal standards at Emory University and in ethics and psychopathology classes at Richmond Graduate University in Atlanta. Some of this model was incorporated into Doverspike’s (2015) *Risk Management: Clinical, Ethical, and Legal Guidelines for Successful Practice*.

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Published Sept. 07, 2019 | Updated Jan. 01, 2026

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Some content and citations last updated 2026.

The correct citation for this article is Doverspike, W. F. (2019). How to understand the suicide epidemic. <http://drwilliamdoverspike.com/>