

## UNDERSTANDING SUICIDE IN THE UNITED STATES

By integrating sociological, psychological, and biological perspectives, this book aims to demystify and destigmatize a challenging and taboo topic – suicide. It weaves current theories and statistics on suicide into a larger message of how suicide can affect almost anyone, and how urgent prevention needs are. Written in an accessible manner, it assumes no preexisting knowledge of suicide. The broad nontechnical overview will appeal to general readers and a wide range of disciplines, including politics and policy, biology, psychology, sociology, and psychiatry. It concludes on a positive note, focused on recovery, resilience, and hope. It considers not only how these factors may play a role in suicide prevention but also how, despite persistent suicide rates, we can proceed optimistically and take concrete action to support loved ones or promote suicide prevention efforts.

MEAGHAN STACY is a licensed clinical psychologist and Associate Professor of Psychiatry at Yale School of Medicine, Yale University. She has over 15 years of experience in healthcare system change and improvement, and she has authored more than 40 articles and 100 presentations in national and international settings. She is co-editor of *Recovering the US Mental Healthcare System: The Past, Present, and Future of Psychosocial Interventions for Psychosis* (2022).

JAY SCHULKIN was Research Professor at the University of Washington and a prolific researcher with over 500 papers and nearly 40 books to his name. His broad philosophical and scientific interests ranged such topics as behavioral neuroscience, naturalistic philosophy, feeding behavior, homeostasis, and the evolution of the human brain.

Cambridge University Press & Assessment  
978-1-009-38692-0 — Understanding Suicide in the United States  
Meaghan Stacy , Jay Schulkin  
Frontmatter  
[More Information](#)

---

UNDERSTANDING SUICIDE  
IN THE UNITED STATES

*A Social, Biological, and Psychological Perspective*

MEAGHAN STACY

*Yale University*

JAY SCHULKIN

*University of Washington*



CAMBRIDGE  
UNIVERSITY PRESS

Cambridge University Press & Assessment  
978-1-009-38692-0 — Understanding Suicide in the United States  
Meaghan Stacy, Jay Schulkin  
Frontmatter  
[More Information](#)



Shaftesbury Road, Cambridge CB2 8EA, United Kingdom  
One Liberty Plaza, 20th Floor, New York, NY 10006, USA  
477 Williamstown Road, Port Melbourne, VIC 3207, Australia  
314-321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi – 110025, India  
103 Penang Road, #05-06/07, Visioncrest Commercial, Singapore 238467

Cambridge University Press is part of Cambridge University Press & Assessment,  
a department of the University of Cambridge.

We share the University's mission to contribute to society through the pursuit of  
education, learning and research at the highest international levels of excellence.

[www.cambridge.org](http://www.cambridge.org)  
Information on this title: [www.cambridge.org/9781009386920](http://www.cambridge.org/9781009386920)

DOI: 10.1017/9781009386937

© Meaghan Stacy and Jay Schulkin 2024

This publication is in copyright. Subject to statutory exception and to the provisions  
of relevant collective licensing agreements, no reproduction of any part may take  
place without the written permission of Cambridge University Press & Assessment.

First published 2024

*A catalogue record for this publication is available from the British Library*

*A Cataloging-in-Publication data record for this book is available from the Library of Congress*

ISBN 978-1-009-38692-0 Hardback

ISBN 978-1-009-38690-6 Paperback

Cambridge University Press & Assessment has no responsibility for the persistence  
or accuracy of URLs for external or third-party internet websites referred to in this  
publication and does not guarantee that any content on such websites is, or will  
remain, accurate or appropriate.

Cambridge University Press & Assessment  
978-1-009-38692-0 — Understanding Suicide in the United States  
Meaghan Stacy, Jay Schulkin  
Frontmatter  
[More Information](#)

---

*My dear friend, Jay, thank you for everything. — MS*  
*For Angie, her loss, and her dignity. — JS*

Cambridge University Press & Assessment  
978-1-009-38692-0 — Understanding Suicide in the United States  
Meaghan Stacy , Jay Schulkin  
Frontmatter  
[More Information](#)

---

## *Contents*

<i>List of Figures</i>	<i>page</i> viii
<i>List of Tables</i>	ix
<i>List of Boxes</i>	x
<i>Preface</i>	xi
1 A Brief View on the Social History of Suicide	1
2 Pain, Suffering, and Buffering	6
3 Allostasis: The Biology and Neuroscience of Suicide	26
4 Suicide Demographics in the United States	47
5 Prevention, Identification, and Intervention	66
6 Building Resilient Individuals, Communities, and Societies to Prevent Suicide	94
7 Hope	103
<i>References</i>	107
<i>Index</i>	177

## *Figures*

1.1	2019 crude suicide rates by sex, all ages (per 100,000), for selected countries	<i>page</i> 3
2.1	Durkheim's four types of suicide	7
2.2	The overlapping vague constructs historically used in suicide theories	14
2.3	The social–ecological model of suicide	15
3.1	Allostatic states that can contribute to allostatic load	28
3.2	Development of allostatic overload	29
3.3	Diathesis–stress model of suicide. Individuals with different diatheses may engage in suicide behavior despite experiencing the same amount of stress. Individuals with the same diatheses may engage in suicide behavior if sufficient stress is experienced	39
3.4	Resilience and recovery, in which oxytocin is implicated, counteract the effects of stress and challenge in the development of allostatic load/overload and its sequelae	41
4.1	2020 crude suicide rates categorized by sex and age	58
4.2	Suicide method by sex in the United States (2020)	59



## *Tables*

2.1	Interpersonal theory of suicide constructs	<i>page</i> 10
2.2	Suicide risk and protective factors	25
4.1	Suicide's ranking as a leading cause of death varies by age group	48
4.2	Suicide rate by urbanicity, 2020	63
4.3	States with the greatest suicide rates in 2020	64
5.1	Recommended components of a suicide risk assessment	71

## *Boxes*

3.1 Measures used as allostatic load biomarkers	<i>page</i> 30
3.2 Overlap of clinimetric criteria and diagnostic criteria for mental health diagnoses	31
5.1 PHQ-9 item 9 and responses	69
5.2 Recommended qualities of multilevel interventions	92

## *Preface*

Suicide is a challenging, heavy, and potentially uncomfortable topic. Unfortunately, it is also a phenomenon that impacts nearly everyone. In fact, it has been suggested that for every suicide death, 135 individuals are impacted (Cerel et al., 2019). The current technology and rapid news transmission can further this impact by increasing the dissemination of news about celebrity suicides. Almost all of us have heard reports of the suicide deaths of Kurt Cobain, Robin Williams, and others. Celebrity deaths drive home the fact that almost anyone can be at risk for suicide despite appearances, income, success, and reasons to live. Indeed, it is some of these stories that help people begin to wrap their heads around the severity and scope of suicide as a national problem. The first question following a suicide, is often “Why?” Speculation abounds: depression, anxiety, trauma history, medical diagnoses, and addiction. And there are stigmatizing and stereotypical explanations that perpetuate misunderstanding: instability, weakness, and selfishness. Thus, this seemingly ubiquitous experience warrants discussion and understanding, despite it potentially being uncomfortable and stigmatized.

Authors with lived experiences of suicidality have similarly brought the topic of suicide to wide audiences. For example, by weaving personal experience, historical information, and scientific research, Kay Redfield Jamison (2011) humanizes suicide and provides evidence-based information that demystifies and destigmatizes the topic. Elyn Saks’ memoir, *The Center Cannot Hold* (2007), elucidates the fear and confusion that accompany suicidality and mental illness. They and others (Bering, 2018; Hammond, 2018) destigmatize mental illness and suicidality, increase empathy, and offer a heartening perspective about the possibility of recovery. These memoirs are particularly powerful given that they are written by individuals with objectively high levels of success (e.g., professor, public health consultant, psychologist, and physician) and highlight suicide as a significant problem that can affect anyone.

We, as individuals, have not been unscathed by suicide. As academics in healthcare fields, we've encountered discussions of suicide, its causes, and its prevention. As a psychologist, one of us (MS) has worked with clients and clinical programs to promote recovery-oriented care and suicide prevention. And while we have worked together for sixteen years on numerous projects regarding mental health, what forged our partnership on this book were recent, and seemingly increasing, personal experiences with suicide. In the aftermath, we began asking that inevitable question, "Why!?" and listing the reasons people appeared to have for living. In making sense of our experience, we discussed potential, often invisible and undisclosed, causes. We read. We shared news stories and journal articles. And in an effort to turn our feelings of futility toward positive action, Jay said: "Let's write a book." And here we are.

The intention of this book is twofold: (1) to integrate social, psychological, and biological perspectives on the etiology, prevention, and treatment of suicide ideation and behavior (e.g., attempts, deaths) and (2) to independently serve as a public health intervention to increase awareness about and destigmatize suicide. Chapter 1 provides historical context, followed by a discussion of key psychological and social theories on suicide and the various forms of pain and suffering that contribute to suicide (Chapter 2). Chapter 3 describes biological features that may contribute to suicide via allostatic load, followed by a description of the demographics of suicide (Chapter 4). With this foundation, the book then orients toward action, namely clinical and community interventions (Chapter 5). We conclude on an optimistic note, with Chapters 6 and 7 focusing on building resilience and hope, respectively. Our intention is to provide insight into a problem that will impact many of our lives and instill hope for a future when that isn't a tragic fact.