Review Article

Exploring the Link Between Escapism and Suicidal Ideation

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Abstract

The phenomenon of escapism, commonly understood as a diversion from reality through mental, physical, or emotional activities, has gained attention in mental health research. Escapism, often associated with coping mechanisms, becomes problematic when it manifests in maladaptive forms, contributing to depression, social isolation, and ultimately, suicidal ideation. Escapism can quickly become dangerous when individuals cannot see a way past the painful current event, thus seeking to end the pain through escape via suicidal ideation. This paper examines the complex relationship between escapism and suicidal ideation, analyzing psychological theories, empirical studies, and sociocultural factors that contribute to this link. By understanding the pathways through which escapist behaviors may escalate to suicidal ideation, this review seeks to offer insights into preventive mental health strategies and interventions.

Keywords: United States, Suicidal Ideation, Escapism, Hopelessness, Trauma, Stress, Hope

Introduction

Escapism, a psychological tendency to withdraw from uncomfortable realities, often serves as a coping mechanism for dealing with stress, anxiety, or trauma. However, research suggests that persistent or maladaptive forms of escapism can exacerbate mental health challenges, including depression and suicidal ideation [1,2]. The term maladaptive is critical, as intentional, conscious, and adaptive forms of escapism can be healthy forms of coping. Conversely, unintentional and avoidant forms of escapism can turn dangerous, just like other maladaptive methods of coping, such as substance abuse. The appeal of escapism lies in its capacity to offer temporary relief from distress, but for some individuals, prolonged escapism may deepen feelings of alienation, leading to self-destructive behaviors.

Although escapism can be linked to prolonged and significant issues, such as found in the gaming and streaming communities [3,4], it is also something that is likely experienced by most individuals at some point in time. It can be explained that escapism is the need to escape overwhelming emotions, even if only momentarily. An example may be the fleeting thoughts that "I would rather run my car into a tree than continue on with today," although the individual may have no intention of doing so. This is even more critical as we normalize human emotion and recenter ourselves in understanding that strong emotional swings are not limited to those with mental health issues. There are strong discrepancies between data on individuals struggling with suicidal ideation, in comparison to those that die by suicide. Research demonstrates correlations as high as 90% between deaths by suicide and mental health disorders [5]. Conversely, we know that additional research indicates significantly lower correlations between suicidal ideation and mental health disorders. One of the strongest examples include older adult populations, in which more than two thirds of those

reporting suicidal ideation did not meet the criteria for any DSM diagnosis [6]. Additional data from the 2009 to 2015 National Surveys on Drug Use and Health demonstrates correlations between suicidal ideation and mental health diagnoses, and there are gaps accentuating those struggling with suicidal ideation that carry no history of diagnosis [7].

Escapism and Hope

Studies suggest that hopelessness, sense of despair about the future, or lack of ability to see a future beyond the immediate crisis, often triggers escapism [8]. This reactionary habit can provide immediate relief, but there is debate over whether it provides healthy distraction or exacerbates feelings of despair. Hopelessness is defined as negative expectations for the future and is central to vulnerability to suicidal thought and behavior [9]. Hopelessness, defeat, and entrapment are conceptually and quantitatively similar [10] and are often linked to social, financial, or personal setbacks [11]. When individuals feel trapped by these circumstances and cannot see another option that is less painful, the individual then seeks to escape the emotional pain, hence escapism. According to a systematic literature review by Melodia (2022) [12], and an earlier publication by Evans (2001) [13], escapism can involve engagement and psychological immersion into fantasy, replacing proactive problem-solving and healthy engagement with reality. These escapist behaviors distance the individual from their reality, often not requiring individuals to confront the source of their distress (Jouhki, 2021) [14]. This delay in confronting challenges can exacerbate hopelessness, as the individual may perceive an increased gap between their desired and actual life circumstances. Research relates this distancing to fostering existential dread, highlighting that young adults (18-29 years) experience a sense of learned helplessness and existential anxiety related to online use and social media, specifically related to "doomscrolling" (Ahmad, 2025).

The concept of escapism aligns with the cognitive behavioral framework, where avoidance is seen as a strategy for coping with anxiety and emotional pain. In cases of escapism through problematic internet use, negative outcomes like social isolation and psychological impairment may lead to a negative cycle where individuals engage in habitual avoidance and this escapism can deepen distress and disengagement from reality [15]. Therapeutic strategies, particularly those based on mindfulness, such as DBT (Linehan, 2015) [16], have shown promise in helping individuals recognize the triggers and consequences of their escapism. By promoting awareness, such interventions can empower individuals to manage hopelessness more constructively, reducing the need for escapism as a coping mechanism [17] (Kabat-Zinn, 2020).

In moving toward better understanding suicidal ideation and symptomology, a better understanding of key components of factors that influence suicidal ideation is required. Mental health disorders show high correlations and provide tremendous insight, but to improve treatment and outcomes, factors like how hope and escapism can impact those struggling should be explored.

Clinical Context

Traditional psychiatric treatment for suicidal ideation has historically centered on managing underlying mental health conditions, often with a focus on hospitalization, medication, and general psychotherapy [18] (Mehlum, 2021). Inpatient care is often considered the gold standard, remains the treatment of choice, and is frequently a legal mandate [19] (Ward-Ciesielski & Rizvi, 2021). This approach emphasizes containment and stabilization, often with a focus on underlying conditions and pharmacologic approaches, as opposed to the evidence-based brief interventions and therapies recommended in literature [20].

Given the mounting data and growing literature base, this needs to change. It requires a shift to address the issue at hand rather than an assumed underlying condition. Similarly, when individuals are at higher risk of suicide upon discharge than admission [21], we have to reconsider both how and what we are treating.

Psychological Theories of Escapism

Escapism can be understood through psychological theories that address how individuals respond to stress and emotional pain. One prominent framework, the escape theory of suicide, posits that suicide may be driven by an intense desire to escape painful self-awareness or feelings of inadequacy (Baumeister, 1990) [22]. According to Baumeister's theory, individuals experiencing deep-seated negative self-perceptions may seek to avoid or "escape" these uncomfortable emotions, with suicide representing an ultimate form of escape. Another relevant framework is the self-discrepancy theory, which suggests that emotional distress arises when there is a misalignment between an individual's self-image and ideal self-concept (Higgins, 1987) [23]. This misalignment often fuels escapist tendencies, as individuals attempt to avoid confronting personal inadequacies or unrealized aspirations, potentially intensifying depression and hopelessness (Ritschel et al., 2017).

Sociocultural Perspectives on Escapism and Suicide

From a sociocultural perspective, escapism and suicide can be contextualized within broader social and cultural trends that prioritize high achievement, material success, and individualism. In cultures that emphasize these values, individuals may feel pressured to conform to idealized standards, contributing to increased stress and maladaptive escapism (Van Gordon et al., 2018). In collectivist societies, however, the need to adhere to societal expectations may lead to escapist behaviors that manifest as withdrawal, passive resistance, or, in extreme cases, suicidal ideation [24].

Sociocultural expectations can shape the ways individuals internalize failure, cope with emotional pain, and turn to escapism. Digital escapism, especially through social media and online gaming, is particularly salient among youth who may struggle with pressures to attain an idealized social persona, often leading to a double life that heightens feelings of isolation and disconnection [14,25,26].

Escapism in Modern Digital Context

Digital media, especially social media and online gaming, has amplified escapist tendencies in recent years. Data from the Pew Research center shows 45% of teens say that they spend too much time on social media, 48% believe that social media harms people their age, and 63% indicate this is their source for mental health information (Pew, 2025) [27]. While digital escapism offers instant relief, studies reveal that it may contribute to prolonged mental health issues by reinforcing avoidant behaviors instead of promoting engagement with real-world solutions (Kardefelt-Winther, 2014).

Empirical Evidence Linking Escapism and Suicidal Ideation

Escapism, Distress, and Social Isolation

Studies have demonstrated that individuals who engage in escapist behaviors are at a higher risk of experiencing distress, which in turn can escalate suicidal ideation. This was noted by [28] Jouhki (2022) in a longitudinal study and again by [14], finding that escapist behaviors, especially in digital and media-based formats, are associated with increased distress, social withdrawal, and a diminished sense of purpose. This link is particularly strong among adolescents, who are vulnerable to using online spaces as an escape from real-world challenges, thereby intensifying their feelings of social isolation [14]. This argument should also be acknowledged as circular, in that not only can escapist behaviors perpetuate depressive symptoms, but the depressive symptoms can similarly perpetuate escapism. The relationship between escapism and social isolation is especially problematic, as social isolation is a well-documented risk factor for suicide [29]. Research by Ritschel et al. (2017) further supports this finding, highlighting those individuals who engage in frequent escapist behaviors report higher levels of loneliness and lower levels of social support, both of which correlate with suicidal ideation.

Escapism as a Coping Mechanism for Trauma

Another significant body of research connects escapist tendencies to experiences of trauma and abuse, particularly among individuals who lack effective coping mechanisms. This is exemplified in a review published by O'Connor & Nock (2014) [30], which found that survivors of abuse were more likely to engage in escapist behaviors, such as substance use or fantasy immersion, as a means of distancing themselves from traumatic memories. This form of maladaptive escapism often results in greater psychological distress and a higher propensity for suicidal ideation. Escapism, in this context, becomes a cyclical behavior where individuals use avoidance strategies to temporarily alleviate emotional pain, yet ultimately exacerbate their distress, reinforcing suicidal thoughts [31] (Bryant & Veroff, 2020).

Pathways from Escapism to Suicidal Ideation

The Role of Cognitive Distortions

One potential pathway through which escapism can lead to suicide is through cognitive distortions, particularly those that exacerbate feelings of hopelessness. Studies show that individuals prone to escapism may engage in all-or-nothing thinking, catastrophizing, and self-blame, intensifying feelings of despair and hopelessness [32]. These cognitive patterns are predictive of suicidal ideation, as individuals may come to view suicide as the only viable escape from their mental distress [30] (O'Connor & Nock, 2014).

Escapism and the Concept of the "Double Life"

In contemporary society, escapist behaviors often manifest in the form of a double life, where individuals create alternate realities or personas, particularly in digital spaces. This concept is commonly observed among young people who use social media to curate idealized versions of themselves, often distancing themselves further from their real identities.

Practical Applications

Escapism, while often viewed negatively in mental health discourse, can also serve as a practical tool in suicide prevention when applied constructively. Therapeutic strategies that incorporate controlled forms of escapism, such as guided imagery, bibliotherapy, or engaging in immersive activities like art and music, can provide individuals with a temporary reprieve from distressing thoughts, helping them manage immediate suicidal impulses (Van Gordon et al., 2018). For instance, guided imagery exercises allow patients to visualize calming and safe environments, thereby reducing acute stress and giving them a chance to regain emotional control [33]. Bibliotherapy, or the therapeutic use of reading materials, helps individuals explore emotions through various means, from novels to biographies to self-help books, which facilitate self-reflection and emotional processing, and teach a number of strategies to manage negative emotions in daily life [34]. Additionally, immersive activities that encourage creative expression, such as painting or writing, are associated with increased emotional resilience and self-regulation, both of which are protective factors against suicide [35]. These controlled forms of escapism offer individuals alternative means of coping, helping them reframe distress and find healthier, temporary outlets for their emotional pain.

Treatment Strategies and Evidence

If the field is to begin to follow the evidence, there is a need to look at what is working, as well as why it is working. While the pain of a broken arm is initially handled through pharmacotherapy for pain management, this is one single step in a complex and coordinated medical process, and that step alone is not going to address the actual setting and healing of the arm. In the similar fashion, a well-crafted safety plan should provide initial relief and direction, but is not likely to address the underlying driver or complex issues that have brough about suicidal ideation. There also has to be an acknowledgement that for many situations, suicide is not being driven by an underlying mental health disorder, but rather an acute driver [36] that is situational and temporary in nature.

Preventive Interventions and Therapeutic Approaches

Given the link between escapism and suicide, there is a pressing need for interventions that can mitigate the negative outcomes of

escapism. Therapeutic interventions such as cognitive-behavioral therapy (CBT) have proven effective in addressing maladaptive escapist behaviors by helping individuals identify and correct cognitive distortions that drive escapism [32]. Additionally, mindfulness-based interventions have shown promise in reducing the need for escapism by encouraging individuals to engage in the present moment and confront, rather than avoid, uncomfortable emotions (Van Gordon et al., 2018).

Dialectical Behavior Therapy (DBT) has emerged as an effective approach in addressing maladaptive escapist behaviors, particularly those associated with emotional distress and avoidance. Originally developed to treat borderline personality disorder, DBT has since been adapted for various mental health challenges, including chronic escapism. One of the core components of DBT is distress tolerance, which equips individuals with skills to handle intense emotions without resorting to avoidance or escapist tendencies such as substance use, binge-watching, or digital immersion. Through techniques like radical acceptance, DBT helps patients acknowledge difficult emotions and realities without judgment, reducing the urge to escape or disengage. Additionally, mindfulness practices within DBT encourage individuals to stay present and aware of their emotions rather than dissociating from them, helping them process feelings constructively. As discussed earlier, depressive symptoms and escapism can drive each other, creating a circular argument for which is causing which. The DBT concept of opposite action addresses the behavior when a root is difficult to identify. Studies suggest that DBT's emphasis on emotional regulation and present-moment awareness is particularly beneficial for individuals prone to escapist behaviors, as it fosters resilience and coping strategies that counteract the need to withdraw from reality [37].

Suicide Specific Approaches

When considering all factors and addressing the underlying drivers for suicide, some models have proven effective in addressing the suicide specifically. The Hope Institute model has proven highly effective, reducing recidivism to 5% at 90 days in populations that often have recidivism rates as high as 90% [38], and doing so in approximately six weeks. This reduction in recidivism speaks to addressing not only the presenting concern of suicide and the events driving the suicidal thoughts, but increasing hope and being able to see beyond the situation at hand.

The emergence of models like The Hope Institute [36] (Lee & Jobes, 2025) demonstrate highly effective results in addressing suicide without a focus on underlying pathology or ongoing diagnoses. Another unique factor about this model is that it was designed to be implemented specifically for suicide and independently of ongoing services. This model stems from DBT (Linehan, 2015), one of the most researched and most effective models to treat suicide, and CAMS (Jobes, 2023) [39], which was developed to specifically treat suicidality, often within the context of ongoing therapy. CAMS, in turn, sought to be more targeted and specific in addressing suicide than full models like DBT. These models demonstrate an ongoing evolution in treatment, working to better provide appropriate services and client-centered care [40].

Recommendations

The recommendations for integrating suicide screening, and monitoring all patients for suicidal thoughts, are wholeheartedly respected and agreed with. At any given time, there are likely unidentified individuals struggling with serious thoughts of suicide as they walk into the examination room. What is being recommended is a shift from traditional protocols to hospitalize and medicate as a standard. Pause to consider what is driving the suicidal ideation and explore the concept of escapism as it relates to the patient's current situation. Rarely do individuals actually want to die, but they often feel compelled to escape from overwhelming emotions.

1.	Assess the individual and the suicidal ideation and explore as to whether the SI is part of an ongoing, underlying mental health condition, or is potentially reflective of an acute stressor more aligned with an adjustment disorder and escapism.

2.	Explore treatment options that focus on least restrictive environment and address the suicidality directly, providing a path towards hope, an alternative and healthy escape route.

3.	Foster hope in patients that have struggled to see beyond the issues that have darkened their horizon. Sometimes part of the responsibility of the professional is to help the patient see hope beyond the darkness.

4.	Manage expectations of all parties. Plant the seeds that it can get better in weeks, and takes time and work. The issue will not go away tomorrow, but in the days to come it will likely feel more manageable.

Conclusion

There is an evident relationship between escapism and suicidal ideation, highlighted by psychological and sociocultural factors that contribute to the escalation from escapist behaviors to suicidal ideation. While escapism can serve as a positive, temporary coping mechanism, maladaptive forms of escapism often exacerbate mental health issues, increasing the risk of social isolation, depression, and ultimately, suicide. Future research should continue to investigate this relationship, with a focus on utilizing and developing interventions that help individuals cope with emotional pain without resorting to escapism. By addressing the root causes of escapism and promoting healthy coping strategies, mental health practitioners can play a crucial role in reducing suicide risk among vulnerable populations.

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