

**The Link Between Fictional Suicides and Suicide Contagion: Fact or Myth?**

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CPC 695: Counselling Project

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### Abstract

This paper is an examination of fictional media depictions of suicide and their potential relationship to suicide contagion. By surveying and exploring the literature, the aim is to present both proponents and opponents of the suggested link. Inclusion criteria for the studies consist of an adolescent population: 10- to 19-years of age, studies that discuss the Netflix series *13 Reasons Why*, and studies that discuss the underlying theories (differential identification, symbolic interactionist, social learning, and priming) and mechanisms (transmission, contextual influence, affiliation, imitation; categories of identification; and empathy and perspective-taking) that contribute to suicide contagion. The main conclusion drawn from the literature suggests that further research needs to be done to arrive at more conclusive answers. The studies highlight the participants' ability to identify strongly with an on-screen character and identify that as a factor that increased their risk of suicide. Additionally, the studies emphasize the significant role of emotional contagion in this identification process and suggest it to be a possible precursor to behavioural contagion. Other studies discuss the benefits of suicidal depictions as increasing help-seeking behaviours and knowledge of risk and protective factors and decreasing stigma. The studies' implications reveal a gap between research and dissemination of it, a need for further education of clinicians around suicide contagion regarding fictional media, and the importance of teaching clients about the risks and benefits of fictional portrayals.

*Keywords:* Suicide, contagion, adolescents, identification, fictional, risk, protective

### **The Link Between Fictional Suicides and Suicide Contagion: Fact or Myth?**

Behavioural contagion refers to the spread of a specific behaviour (Zordan & Tsou, 2020). However, what makes it contagious? Is the behaviour more susceptible to individuals based on its origin (i.e., behaviour exemplified from a higher status individual)? Does the behaviour itself carry some appeal? Or does the behaviour act as a virus and become transmissible to whomever it comes in contact?

In this review, contagion relates to the spreading of suicide and suicidal behaviours. Research in this area is quite extensive, and the findings consistently point to one main conclusion: There is a link between suicide and contagion (Abrutyn & Mueller, 2014; Mueller & Abrutyn, 2015; & Ortiz & Khin, 2018). However, these studies examine this link in regard to nonfictional suicides – suicides that occur in real life. On the other hand, I am not attempting to dispute this fact; instead, I am choosing to inquire into whether this relationship exists within the fictional realm.

Due to the rise in the availability of digital media technology for all ages, and questions about mental health, specifically suicide contagion, are essential. Both older and younger individuals in the population consume shows and movies at a comparable rate. An article published through Deloitte Insights highlights this similarity by describing only a four percent difference between the older and younger generation when it comes to a subscription for a streaming service (Westcott et al., 2018). Mainstream media (i.e., Netflix) has come under fire for their negative and potentially harmful depictions of individuals struggling with mental health, specifically suicide (Niederkrotenthaler et al., 2019).

I aim to investigate whether depictions of suicide and suicidal behaviour in movies and tv shows can cause contagion in individuals viewing them. If you are still wondering why the

interest in this topic, then I ask that you think about the following statement: Suicide is the “second leading cause of death among young people” (World Health Organization [WHO], 2019). This is cause for concern, especially if it appears to be targeting a specific age group – an age group growing up alongside the continual rise of technology.

With the increasing popularity of streaming services and a push for fictional media to discuss mental health (Kielburger & Kielburger, 2017; Greenstein, 2017; & Costello, n.d.), questions around safe portrayals of sensitive topics demand answers (Niederkrotenthaler et al., 2019). Fictional media should be held to the same standards as nonfictional media (i.e., news outlets) when considering suicide. They ought to also uphold the same recommendations regarding responsible reporting. The hope is that this review will aid research in arriving one step closer to developing a comprehensive conclusion around this much-debated topic.

This review will begin with my self-positioning statement, in which I describe my mindset for approaching the research topic, what my biases are regarding it, and why I believe this topic is essential to the field of counselling. I will then define what suicide contagion is according to the literature: How to conceptualize it and how to operationally define it for this review. Furthermore, I will briefly discuss the difference between suicidal ideation, suicidal attempt, and self-harm. Next, the review will take the reader through the well-established research around nonfictional suicides and its link to contagion. I will then review literature from proponents of the link between fictional suicides and contagion. Then conclude the first half of this paper with literature discussing those who oppose the suggested association.

### **Self-Positioning Statement**

December 2011 was the month my father was hospitalized for alcohol addiction. I can still remember the fear, worry, pain, and relief coursing through me. Relief because I knew this

was a turning point in my family's life. I spent 17 years of my life around a non-abusive, alcoholic parent. Growing up, I did not understand why I always felt uncomfortable around remembering my childhood or talking to others who have alcoholics in their lives. If I were asked whether I would consider myself a vulnerable individual during this time, I would have said no. The past year of being a graduate student has taught me a vast amount about myself. I realize that this uncomfortable feeling will always be with me, and I understand that my childhood and adolescent experiences shaped me.

Based on this snippet of my life, I know that I am approaching this research project with biases. I feel vulnerable discussing alcoholism and growing up feeling hopeless when viewing shows and movies that depict it, leaving me at times experiencing feelings of helplessness. Therefore, I can only imagine the same feelings and struggles for those struggling with suicidal ideation and behaviour. The belief that we all can feel susceptible or hopeless/helpless in specific circumstances translates into the notion that a depiction of suicide and suicidal behaviour in movies and shows may play a part in contagion. This may be particularly true for those who struggle with suicidal ideation, have had past suicidal attempts, or struggle with their mental health. However, I understand that everyone has different circumstances. Thus, by presenting both sides of the coin (proponents of the link and those who oppose it), I aim to arrive at an informed, well-researched, comprehensive, and bias-free conclusion.

I understand the privilege I have of never going through the pain of losing someone to suicide. This also may be why I have never, until this point, recognized the damage language could cause in this area. I have researched sensitive language around suicide and will utilize this appropriate language throughout the paper. For instance, using the phrase successfully

committed suicide implies an aspect of criminality and that an accomplishment has taken place. Completed suicide alludes to more sensitivity in the dialogue (Spencer-Thomas, 2018).

As academics, it is not realistic to be without bias, although that is what research hopes. Instead, a more accurate expectation is that I remain aware of what my biases and assumptions are and how they may shape my research project. More specifically, I aim to keep a reflexive journal to record my reasons for taking the research in a particular direction, decisions behind this project's structure and reasons for the inclusion and exclusion of particular articles. The hope is that by jotting down key points and reasons for choosing a particular path, I can reflect upon my decision-making process and analyze my biases and assumptions.

Finally, I hope to use this research project to assist the counselling field in acting as advocates for working alongside media that produces fiction work. Many protocols exist around nonfiction work (i.e., news outlets) and how to report a suicide (WHO, 2008, 2014; Sinyor et al., 2017; Crisis Services Canada, 2019), but there appear to be no specific protocols for fiction work. Furthermore, by expanding our knowledge on the possible existence of the link between fictional suicides and contagion, we as counsellors may be better able to differentiate between knowledgeable and appropriate portrayals versus those which cause harmful effects. Armed with this information, we can begin to help our clients learn to distinguish the difference as well.

This is quite a daunting task, as depictions of mental illness and individuals struggling with suicide are quickly accused of glamorizing and sensationalizing reality. I approach this debate with the thought that maybe these 'trendy' terms are thrown around only to thwart the conversation because people are unwilling to discuss topics that were once considered taboo (da Silva & Correa, 2015; Canadian Mental Health Association, n.d.). Thus, by reviewing the literature surrounding this topic and educating ourselves on the potential link, we can build a

platform for these discussions. Ultimately, the hope is to take a step closer to closing the gap in research.

## **Literature Review**

### **What is Suicide Contagion?**

#### *Conceptualization*

Before delving into the literature and exploring the existence of the link between fictional suicides and contagion, it may be helpful if the term suicide contagion is further defined. At the beginning of this project, I define behavioural contagion broadly; however, this section aims to unpack contagion related to suicide. It is common practice to hear words thrown about, to question their origin rarely and whether the term is appropriately applied. This section aims to set the tone for the review and for the reader to understand what suicide contagion entails. Therefore, the following section will present literature on conceptualizing suicide contagion and then attempt to define it for this review operationally.

There is variability between researchers in definitions of suicide contagion. Cheng et al. (2014) state that contagion suggests "some type of 'contact' mechanism through which disease [can be] spread" (p. 3). The researchers propose four different mechanisms in an attempt to explain contagion. The first is a transmission, which comes from social learning theory (Bandura, 1977) and views contagion as a cognitive process through which suicidal knowledge is transmissible between individuals. However, another theory in the realm of this first mechanism is priming proposed by Berkowitz (1984) in which he discusses contagion occurring due to the introduction of an initial stimulus, which then goes on to produce subsequent thoughts in an individual's mind.

The second mechanism is contextual influence, which views contagion to affect group norms as it relates to opinions of how the group views suicide in response to life stressors (Swanson & Colman, 2013). However, Haw et al. (2013) and Cheng et al. (2014) understand this mechanism to affect only those in vulnerable positions (i.e., those with prior mental health concerns).

The third is an affiliation, which holds the view that individuals associate with those they can relate and identify with. This type of mechanism is also known as “assortative relating,” whereby individuals who are high-risk for suicide are more likely to associate with those at a similar level of risk (Joiner, 2003; Randall et al., 2015). The fourth and final mechanism is imitation, which can be considered complementary to affiliation. This mechanism is understood best by explaining the origin of the term the *Werther Effect*.

Von Goethe published a book in 1774 called *The Sorrows of Young Werther*, where the protagonist, Werther, completes suicide after his love is not reciprocated. The book details how he completed suicide – shot himself with a gun – where he completed suicide – at his desk – and what he was wearing – “boots, a blue coat, and a yellow vest” (Von Goethe, 1774/2012). This book led the way for several imitation suicides across Europe, where individuals were found in their homes, with the novel, having recreated the scene from the book (Phillips, 1974; Jack, 2014).

Another way researchers conceptualize suicide contagion is through social learning theory. Bandura (1977) understands behaviour as being learned by seeing it modelled. Therefore, this theory lays the foundation for seeing suicide contagion as behavioural contagion. It also builds the foundation for seeing it as an “avoidance gradient” (Gould, 2001, p. 201). This gradient is an internal conflict whereby the individual is pushed towards and, at the same time,

pulling away from the behaviour. Therefore, seeing suicidal behaviour in fictional media may aid in reducing this gradient for vulnerable individuals. They see the behaviour modelled, and from a fearful stance, they pull away. However, if there exists an affiliation with the individual, this can strengthen the push towards it and potentially cause an imitative effect.

### ***Operational Definition***

When attempting to understand a concept, the natural next step after conceptualization is to define it operationally. For this review, suicide contagion will include suicidal ideation, suicidal attempts, and self-harm. The reason for including self-harm is because, according to the Government of Canada (2019), self-harm can be considered a risk factor for suicide. Additionally, Bryan et al. (2014) found that 41 percent of individuals with a history of a suicide attempt also engage in nonsuicidal self-harm/injury. Moreover, of those 41 percent, 91 percent of them engage in nonsuicidal self-harm/injury prior to their first suicide attempt. Furthermore, Pisinger et al. (2019) state that those who engage in self-harm behaviour “have higher rates of suicide attempts and are more likely to die from suicide” (p. 146).

According to Klonsky et al. (2014); Stewart et al. (2014); and the Centre for Suicide Prevention (2016), self-harm can lead to suicide when the intent behind inflicting self-harm changes to wanting to die, and when using self-harm as a coping mechanism no longer provides any benefit to the individual. Therefore, there may be circumstances where self-harm can become a precursor to either suicidal ideation or suicidal attempt.

**Suicidal Ideation.** Suicidal ideation refers to thoughts an individual may have around suicide. This can include anything from coming up with a plan for carrying out a potential attempt to a momentary contemplation (Brazier, 2018).

**Suicidal Attempt.** According to the Centers for Disease Control and Prevention (2019), a suicide attempt is classified as such when individuals intentionally harm themselves for the explicit purpose of ending their lives.

**Self-Harm.** This refers to engaging in any intentional self-injurious act without the intent of ending your life (Smith et al., 2019). It can include cutting, pinching, scratching, or pulling at your skin, hitting yourself, or burning yourself.

Throughout this review, it will become clear that each article utilizes either one or a few of the various ‘contact’ mechanisms, as well as social learning theory for explaining suicide contagion. The next section will detail the well-understood link between real-life suicides and their influence on contagion.

### **Link Between Nonfictional Suicides and Contagion**

In understanding the medias role in contributing to suicide contagion, it is helpful to begin by examining contagion in relation to nonfictional suicides, as it has been widely studied (Gould et al., 2003; Pirkis & Robinson, 2014; Suh et al., 2015; Sinyor et al., 2019). According to Stack (2005, 2009), vulnerable individuals to suicide content are at high-risk for contagion. Furthermore, contagion can be exacerbated through portrayals of positive definitions of suicide over negative definitions. Negative definitions include "focusing on the victim's physical disfigurement and pain, stressing that suicide is wrong, and discussing solutions or alternatives to suicide such as counselling" (p. 123). Positive definitions include “sensational coverage, the glorification of the deceased, focusing on the positive aspects of the victim, and rationalizations” (p. 123).

### **Positive Definitions of Suicide**

Sinyor et al. (2018) demonstrate the impact of positive definitions. Their study examined articles from 2011 to 2014, where suicide was the primary focus of the article. They were interested in determining whether a difference exists between the number of deaths by suicide in the week following an article's publication. They found "16,845 articles relating to suicide... including 6367 in which suicide was the major focus of the article" and discovered 947 deaths by suicide after the publication of these articles (p. 902). Furthermore, these articles focused on positive definitions (i.e., mentioning the type of suicide, whether the individual was a celebrity, and stressing that suicide was the only option).

To further illustrate the concept of positive definitions, it will be helpful to look into the case of Amanda Todd. She was a 15-year-old Canadian who completed suicide in October 2012, after having posted a YouTube video a month prior, detailing her experiences of being bullied (Dean, 2012). Her story was given extensive coverage (Dufour, 2012; Huffington Post, 2012; Leung and Bascaramurty, 2012; Ng, 2012), and her YouTube video was viewed over 12 million times (Samos, 2018). Moreover, in some ways, the details around her story are glorified when her video is referred to as a 'legacy' (Huffington Post, 2012) and depicts her situation as having been 'inescapable,' implying that suicide was her only option (Leung & Bascaramurty, 2012). All of this illustrates the impact of positive definitions of suicide and the influence of modelled behaviour.

Poonai et al. (2017) conducted a study in which they analyzed aggregate data from individuals ages 11 to 17 years-old, admitted to the emergency department for experiencing suicidal ideation and engaging in self-harm and self-poisoning. The researchers purposefully examined data from 2002 to 2013 and discovered a sharp increase in emergency department (ED) visits beginning in October 2012 – the same month Amanda Todd completed suicide. This

study illustrates how an excess of positive definitions in media coverage can lead to suicide contagion.

Although the media reports around the cause of Amanda Todd contain positive definitions, the reports themselves raise awareness around the need for stronger suicide mental health advocacy (Niagara College, 2014). In addition, the story shines a light on the dangers youth face in this digital age against online traffickers. For example, according to a report done by Statistics Canada in 2012, 42 percent of cybercrime victims were minors, and of those, 96 percent of them were victims of sexual cybercrime. Amanda Todd's story is not unique according to these statistics, but we can view it as a catalyst for sparking discourse around change needed in the mental health field and online realm. Her story is devastating, yet from it emerges a more extensive awareness of needing to be more knowledgeable of what safeguards to implement and is one that challenges society to build a platform to openly discuss mental health.

### **Differential Identification Theory**

A more recognized case is that of comedian Robin Williams. According to the Telegraph (2018), he completed suicide at age 63, in 2014. This is another case in which there are positive definitions. The specifics of his suicide were covered in the media for weeks and months after the incident (Stucker, 2014; Yahr, 2014; Youn, 2014). Furthermore, as a beloved celebrity, his image was focused on positively; for example, he is revered as the best comedian in America (Yahr, 2014). In addition, news outlets discussed the tributes he received from other high-profile individuals (BBC News, 2014), and he is consistently regarded as an award-winning actor (BBC News, 2014; Sacks, 2014). Not only does this case emphasize positive definitions, but it also introduces differential identification theory, a critical theory that may underlie suicide contagion

(Stack, 2005, 2009). The theory states that people will imitate the behaviour of those deemed higher status.

Niederkrötenhaller et al. (2012) suggest an increase in suicidality in individuals following the suicide death of a high-profile celebrity. Fink et al. (2018) build upon this existing research using time-series analysis to determine the number of potential suicides subsequent to Williams' death. They analyzed data from January 2011 to December 2013 and found that in the four months after Williams' death, there were approximately "1841 excess suicides in the United States," with the most detected for men between the ages of 30 to 44, and by means of suffocation, similar to Williams (p. 5).

Carmichael (2019) analyzed 63 articles that were published after Williams' death and found that these articles "moderately adhered to best practice recommendations when reporting Williams' suicide" (p. 1). For example, only 11 percent of the articles discuss seeking help, 46 percent delve into detail about the method, and 27 percent potentially romanticize his death. The lack of inclusion criteria recommendations for reporting suicide could be a contributing factor to suicide contagion (Carmichael, 2019). These recommendations are what we refer to as the negative definitions of suicide (Stack, 2005, 2009). They also include sharing resources so individuals can reach out if they find themselves in similar situations, discussing alternatives to suicide and highlighting the warning signs when reporting a suicide (Sinyor et al., 2017).

The two cases of Amanda Todd and Robin Williams highlight the harmful effects positive definitions can have and how social learning theory through reinforcement and differential identification theory play a role in suicide contagion. However, this review is not debating the existence of the link between nonfictional suicides and contagion. This section lays the foundation for understanding what contributes to contagion and its widespread impact.

### **Link Between Fictional Suicides and Contagion**

The following section compiles the scarcity of information and research around fictional suicides and their suggested role in suicide contagion. Canada is one of the quickest countries to have provided streaming services such as Netflix and Hulu to its residents, with approximately “73 percent of Canadians stream[ing] video, TV, or movies online at least once per month” (Watson, 2019). Additionally, it is suggested that the accessibility of media (streaming services, online videos) allows young people to rapidly access all types of content, including high-risk content (Rice et al., 2016). For example, they are easily able to view videos under the frequently viewed category, many which are depictions of individuals engaging in self-harm behaviour (Lewis et al., 2011).

### **Symbolic Interactionist Theory and Identification**

The prevalence of streaming services and quick accessibility to consume media prompted Stack et al. (2014) to examine and present an investigation around the effects of fictional suicides on vulnerable, high-risk individuals with a history of attempted suicide. Their study looks into the second theory Stack (2005, 2009) identifies as symbolic interactionist theory, which is used as an additional premise to understand contagion within suicide literature. This theory claims that receptivity of suicide coverage in the media is due to the individual’s mood. For instance, if the individual is highly impulsive, struggling with mental health (i.e., depression), or has a history of suicidal ideation or attempts, then it is likely that they will be more responsive to media coverage of suicide versus those that are not (Pisinger et al., 2019).

Researchers compiled a list of 11 movies in which the protagonist completes suicide for two hundred sixty college students. They found an association between the number of suicide films an individual has seen and their likelihood of attempting suicide; as the number of films

increases, so does the probability they will attempt (Stack et al., 2014). Specifically, researchers discover that their probability rose to 47 percent. They conclude that these movies supply justifications for suicide, enable individuals to identify with the protagonist, and play into the narrative that those struggling have no other option.

The notion of identification not only lays the groundwork for symbolic interactionist theory, but it relates to the idea of perspective-taking (Gauld et al., 2019). Identification stems from empathy, which is composed of both "simulation," taking on another's emotions and "mentalization," which allows an individual to discriminate their state of mind from another's (p. 2). Gauld et al. (2019) believe that both processes are profoundly involved in the provocation of vulnerable individuals when they watch graphic and emotionally stimulating videos. They state that both simulation and mentalization play roles in how identification with another can contribute to "emotional contagion," which then translates into behavioural contagion via social learning theory (p. 2).

To further strengthen this idea of identification, Hong et al. (2019) conducted a study with 87 youth participants who arrived at a psychiatric emergency department (ED). The study examined the relationship between one of Netflix's most binge-watched show of 2017 and its potential role in suicide contagion (Netflix, 2017). *13 Reasons Why* is a show that depicts a high-school student – Hannah Baker – who is raped, bullied, isolated and completes suicide.

The researchers administered a self-report measure to the youth during their ED visit between July 2017 and March 2018. The following questions were asked: (1) to what extent did they identify with the male and female lead characters; (2) what their emotional response was to the series; and (3) to reflect on "whether the series had an impact on their own suicide risk and on the likelihood of engaging in support-seeking behaviours" (p. 109).

The responses that Hong et al. (2019) gathered varied. Fifty-one percent of youth deem that viewing the series had contributed to increasing their own risk for suicide; moreover, approximately 88 percent of the youth in the study report identifying with at least one of the protagonists. Those who identified with Hannah reported an increase in negative emotion due to the series. In addition, self-reports from individuals who felt as though they identified with Hannah went on to report that they believe the series increases one's risk for suicide.

An earlier study conducted by Coker et al. (2000) assessed sexual assault and suicidal behaviour in 5414 high school students in grades nine to twelve. The researchers found that suicidal behaviour (ideation and attempts) were present in females who experienced sexual assault in the past year. Additionally, a study completed by Kilpatrick (2000) looks into the mental health impact of victims of rape. The study found that 33 percent of the rape victims seriously contemplated suicide versus eight percent of those never victimized. Furthermore, victims of rape were 13 times more likely to have attempted suicide. Lastly, a study conducted by Oshodi et al. (2020) found that 54.8% of female adolescent survivors of rape in the study presented with a risk for suicide.

Similar results were yielded in a study by Bridge et al. (2020). Researchers used an interrupted time series analysis to examine the suicide rate before and after the release of *13 Reasons Why*. They analyzed data between January 2013 and December 2017 and discovered 180,655 completed suicides in individuals between the ages of 10- and 64-years-old. Their research revealed 195 excess completed suicides among 10- to 17-year-olds between April 2017 – one month after the show's release - and December 2017. In contrast, the data showed no statistical significance for 18- to 29-year-olds and 30- to 64-year-olds.

To further expand on the role of identification, Bridge et al. (2020) hypothesized that if they stratify the data by sex, then the analysis would portray an increase in suicide for girls. However, the researchers fail to take into account that a supporting male character also attempts suicide by firearm.

Identification plays an essential role in imitation and suicide contagion, not only prompting vulnerable individuals to attempt but spurring them to try the same method. For example, as mentioned earlier, after the death of Robin Williams, high-risk males attempted or completed suicide by asphyxiation – similar to Williams (Greenstein, 2018). However, Niederkrotenthaler et al. (2019) found results that contrast imitation. They investigated the suicide rate in relation to *13 Reasons Why* in April 2017 to June 2017 for adolescents ages 10- to 19-years-olds. Like other researchers, they also found an increase in the suicide rate by 94 excess suicides. Though the show depicts Hannah cutting in her suicide scene, the researchers found that this method is relatively uncommon, with “no more than 2 cases per month among individuals in the [same age bracket]” (p. 937).

### **Impact of Media Types on Potency of Contagion**

*13 Reasons Why* is based on a book that has now been adapted for visual media. The book is on *The New York Times* best-seller list and sold over three million copies worldwide (McClurg, 2017). However, over three million people have read this book; yet, we only recently hear about its possible contribution to suicide contagion. Zahl and Hawton (2004) conducted a study to observe the media’s effects on suicidal behaviour and ideation. They interviewed twelve individuals between the ages of 17- and 25-years old. Six participants were admitted to the hospital after a severe self-harm incident, and six were inpatient participants for severe self-harm.

The participants were to recall stories they had heard or seen through various media platforms such as TV, film, books, newspapers, music videos, and the Internet. Participants were asked to identify the story's details for each media type and whether the story had influenced them into self-harming. Researchers were able to identify eleven out of 33 media stories that discussed suicidal behaviour, and over 50 percent of participants reported that the story had influenced them in some way. Seven participants reported that TV shows depicting self-harm or suicide influenced them to engage in the same behaviour. In one particular case, an individual reported that a specific soap opera portrayed the protagonist cutting herself and gave the individual the same idea. Similarly, one individual in the study stated that viewing a music video where the artist self-harms prompted her to self-harm in the same way.

Only three participants recalled books that had mentioned suicide or self-harm, and others in the study mentioned that they had likely come across books that discussed these topics. However, none of the participants reported that books had any influence or effect on their behaviour. In contrast, all participants reported that they had seen suicide or self-harm depicted in films. Three of the participants were able to recall the same film *Girl Interrupted*. The film portrays adolescent girls admitted to a psychiatric inpatient unit and not only depicts suicide but displays the actresses engaging in self-harm behaviour. One of the females in the study reported having seen the film at least 70 times, which she believes allowed her to justify an overdose.

The study conducted by Zahl and Hawton (2004) suggests that not only are individuals able to trace back and identify what triggered them, but different medial platforms vary in their level of potency. The researchers indicate that the recall ability of visually presented suicide and self-harm stories occur more frequently because they may be more influential reminders of their own lives. Thus, contributing to becoming an influential force in suicide contagion. This finding

is corroborated by Gauld et al. (2019), who states that empathy and identification are the underlying factors of suicide contagion, which are then intensified by viewing emotionally provocative videos.

Continuing discussion around individuals' ability to recognize and identify sources that aggravate their suicidal behaviour comes a study carried out by Till et al. (2018). They conducted a qualitative study with three participants, ages 15-, 17-, and 19-years-old. All three were psychiatric outpatients, diagnosed with major depressive disorder and post-traumatic stress disorder. Furthermore, all three had watched all episodes of *13 Reasons Why*. The researchers led the unstructured interviews by allowing them to engage in free-flow conversation.

They found that the participants could name the series as a defining factor in heightening their intent for self-harm and engaging in suicidal ideation. They also reported strongly identifying with Hannah, which motivated them to see themselves in the character and experience thoughts that they too should die. Furthermore, the participants state that the series provided them with a "manual on suicide that gave them new information on suicide methods," which heightened their already vulnerable state (Till et al., 2018, p. 414).

### ***Do Google Searches Equal Actual Suicides?***

To build the ongoing discussion of how different media platforms provide varying levels of influence, what about the role of the Internet and web-related searches? Furthermore, what contribution, if any, do Google searches play in suicide contagion? Because we live in a tech-laden world, we understand how technology and the Internet can operate as a wildfire in spreading knowledge of both helpful and harmful ideas. Ayers et al. (2017) investigate the relationship between Internet searches and *13 Reasons Why*. The researchers found a substantial increase in suicide-related searches between March 31, 2017, and April 18, 2017. During this

period, they discovered a 900,000 to 1.5 million increase in suicide-related searches such as "how to commit suicide... and how to kill yourself" (p. 1528). However, can these search results be indicative of actual suicides?

A study completed by Yang et al. (2011) analyzed the potential relationship between Internet search trends and suicide. Their data coded for pro-suicide terms such as jumping from a building, hanging, and a guidebook for completing suicide. They also included categories that represented an underlying suicide risk. For example, psychiatric terms such as major depression, bipolar disorder. Familial terms such as divorce, domestic abuse. And socioeconomic terms such as unemployment, social welfare. They then analyzed the search trends of 2342 individuals who had completed suicide and found that searches for the above categories both "preceded suicide deaths...and coincided" with suicide deaths (p. 182).

The study provides validity for the results Ayers et al. (2017) present in that suicide-related searches can be associated with actual suicide rates. However, to contrast these results, a study conducted by Kristoufek et al. (2016) examined whether data collected from Google could provide an estimation in suicide occurrences before official numbers are released. Researchers found that when they analyzed Google search terms for 'depression' and 'suicide,' there was a weak correlation between these search terms and the suicide data. Therefore, suggesting that there may be little value in looking at online data to estimate suicide rates. A more recent study conducted by Tran et al. (2017) also discovered that the validity in using Google searches to predict suicidal activity and rates is relatively low. These two studies indicate a lack of evidence to suggest that examining online search trends does not translate into actual suicidality.

Proponents of the link strongly believe the association between contagion and fictional suicides exists. These studies present contagion as a mechanism by explaining how it can spread

through contextual influence, affiliation and imitation, as suggested by Cheng et al. (2014). Furthermore, the researchers demonstrate how fictional work utilizes positive definitions that result in sensationalist portrayals of suicide to contribute to contagion. Moreover, they use symbolic interactionist theory and identification to explain the link's existence. However, with proponents of any idea comes opponents of it as well. The next section will review the literature around those that doubt the link between fictional suicides leading to contagion.

### **Opponents of the Potential Link Between Fictional Suicides and Contagion**

The question that remains is if the same effect nonfictional suicides have on contagion can translate into the world of fictional media. Although there is a bit of research from proponents who argue that the link exists, opponents believe that some depictions of suicide in movies and TV shows can be protective factors for individuals. The Papageno effect refers to a phenomenon in which a suicide story or suicide content can have a protective factor on those consuming the information (Niederkröthaler et al., 2010; Niederkröthaler, 2016).

An example of this phenomenon occurs after Williams' death. His suicide prompted Reddit users to post on the SuicideWatch forum in which individuals write posts about their issues or of someone they know that is struggling with suicidal thoughts (Kumar et al., 2015). The forum aims to create a supportive community for individuals to ask for help and receive support, resources, and words of encouragement. The researchers examined these posts and found that they consisted of individuals expressing a desire to end their lives, feelings of hopelessness, and posts that describe individuals battling with conflicting thoughts and asking for help.

Another example of the Papageno effect could be the story of Amanda Todd. Her story ignited conversations around anti-bullying and, further than that, mental health and suicide

(Sklar, 2012). Her video spurred the production of tips from the Canadian Centre for Child Protection to raise awareness for parents around teen sexting and cyberbullying (Farrall, 2015). With parents and guardians more educated and able to have these conversations with youth, it may give these children the needed opportunity to discuss what they are going through – ultimately, it gives them the chance to reach out for help.

Dobson (2016) suggests that Amanda’s video allowed other youth – particularly young girls – to engage in a similar video style to communicate their stories. Many of these videos communicate hope, ask for help, or encourage others to seek help if they find themselves in similar positions. Overall, Amanda Todd’s story, in a way, is one that produces a Papageno effect as other youth are coming forward in an attempt to convey their hurt and pain in hopes of someone hearing it.

### **Categories of Identification**

Although this review has referred to identification as a detrimental factor to those in a vulnerable state of mind, Notredame et al. (2017) conducted a study in which their results highlighted a different perspective. They state that although *13 Reasons Why* may have the capacity to increase harmful identification effects, it also has all of the fundamentals in curbing those harmful effects—the researchers breakdown identification into five different categories.

The first is “direct identity assimilation,” whereby the viewer sees him-/herself in character and believes suicide is their only option (p. 260). This is also the category in which adverse effects on vulnerable individuals are most potent. However, this level of identification only provides a thin slice of what else it can encompass. The researchers believe the following four categories of identification may help viewers increase their self-esteem, emphasize their satisfaction with life and decrease their suicidality.

### ***Attachment and Prosocial Willingness***

The second category is "attachment," in which viewers build a connection with or a fondness for the protagonist and do not want to see them harm themselves (Notredame et al., 2017, p. 260). The third is "prosocial willingness," in which viewers strongly desire the protagonist to be helped (p. 260). Both categories display an inclination to help and are demonstrated through a study conducted by Scourfield et al. (2016). Researchers examined Twitter posts in the United Kingdom after a British soap opera episode depicted an assisted suicide. Their examination found an increase in tweets that discussed suicide but no increases in suicidal intent. For instance, many posts discussed information around suicide, others discuss the ethics around it, and few tweeted condolences or memorials. These posts led researchers to conclude that the soap opera opened a forum for discussion, and communication around the topic of suicide leaned towards being protective and wanting to help. Ultimately, these posts show the prosocial willingness of individuals.

### ***Hollow Assimilation and Differentiation***

Fictional suicides could help increase the viewer's knowledge of the harsh realities of individuals struggling with their mental health. Tasman (2017) states that opponents of the link believe that shows such as *13 Reasons Why* not only raise awareness around suicide but emphasizes its risk factors (i.e., social media bullying, assault, alcohol and drugs, and sexting). Chesin et al. (2019) expanded on this further when they set out to research whether the show is associated with an increase or decrease in suicidal ideation, behaviour, knowledge, and stigma.

They surveyed 818 college students between the ages of 18- and 25-years-old. Their results reveal that ideation and risk for suicide were not related to watching *13 Reasons Why*. Furthermore, they discovered that the show provided viewers with knowledge about suicide and

its risk factors and decreased stigma around suicide. Researchers found no association between a portrayal of a fictional suicide and subsequent suicidal ideation or attempts. They also found that those involved in the study with depressive symptoms report an increase in symptom severity. However, Erikson (1968) suggests that identity formation is most crucial in the adolescent years; yet, the study conducted by Chesin et al. (2019) uses an older age bracket. This older age bracket suggests that these individuals have already formed their identities. This could explain the difference in results versus what proponents of the link found when studying adolescents who viewed the show.

Chesin et al. (2019) also found an increase in the number of people reaching out to suicide hotlines after the release of the show, suggesting that "suicide knowledge is positively associated with viewing [the show]" (p. 4). Similar results were yielded in the study conducted by Ayers et al. (2017), in which they found an increase in online searches for suicide hotlines and suicide prevention. These results demonstrate the fourth category of identification known as "hollow assimilation," whereby individuals believe they could reach out for help, as could have the protagonist (Notredame et al., 2017, p. 260). Furthermore, the results may be attributable to the fifth and final category of identification known as "differentiation," in which the viewer believes they are not married to the same fate as the protagonist, and they can receive help (Notredame et al., 2017, p. 260).

Adding to the validity of Chesin et al. (2019) and further exemplifying "hollow assimilation" and "differentiation" (Notredame et al., 2017, p. 260) comes an earlier study from Salo et al. (2017). It takes place in a hospital in New Jersey, in which researchers discovered a statistically significant spike in ED visits for psychiatric presentations. This spike follows days after the show's release. However, there was no increase in the number of individuals presenting

for suicidal ideation or an attempt. Furthermore, there was no rise in actual psychiatric admissions. The researchers state that the show appears to be acting as a facilitator for spurring discussions around mental health and has created a push for individuals to ask for help.

### **Opponents Take on Symbolic Interactionist Theory**

Although opponents of the show (Cooper et al., 2018; Jacobsen, 2017; O'Brien et al., 2017) believe it glamorizes and sensationalizes suicide for vulnerable populations, Zimmerman et al. (2018) present a different view. They investigated the effects of *13 Reasons Why* on adolescents and found that the majority of participants had depression, and “64.5% reported a lifetime history of suicidal ideation” (p. 611). Their results uncover that 16.6 percent of those with a history of suicidal ideation reported an increase in their thoughts, and 6.4 percent with no history of suicidal ideation reported an increase. Nevertheless, 59.2 percent reported a decrease in ideation, and 24.2 percent reported no change.

The researchers believe the show has the ability to produce positive effects. However, they also found that 4.7 percent of the adolescents, with no history of suicidal ideation or symptoms of depression, had reported experiencing thoughts of taking their own life after having viewed the series. The researchers conclude their study by stating that the show produces a more positive impact than negative, but the negative it did produce cannot be discounted.

Proponents of the link use symbolic interactionist theory to support the existence of contagion among fictional suicide portrayals. As a reminder, this theory operates under the assumption that a viewer's mood can impact the way fictional suicides affect the individual (Stack, 2005, 2009). However, a study completed by Till et al. (2015) provides an interesting perspective. They recruited 95 individuals with a mean age of 27.32 years. They split the participants into three groups, and each group watched a film that discussed or depicted suicide.

Group one viewed *Night Mother*, in which the protagonist takes her life at the end. Group two watched *A Single Man*, where the main character contemplates suicide but passes due to natural causes. Group three watched *Elizabethtown*, in which the leading character devises a suicide plan but ends up falling in love. Questionnaires assessing depression, life-satisfaction, self-worth, mood, and suicidality are given to participants before the beginning of the study and once again in the end.

Researchers found that those in group one – the protagonist completes suicide – reported a significant deterioration in mood and increased feelings of depression. However, this report was found only among those who reported lower levels of suicidality, not those with higher levels. Participants who reported higher suicidality prior to the film did experience an increase in suicidal ideation afterwards. The researchers also observed no change in self-worth for those with a higher suicidality score, but they did view an increase in self-worth for those with a lower suicidality score. They attribute this to a possible "contrast effect" (Till et al., 2015), similar to the category of "differentiation" previously described by Notredame et al. (2017, p. 260).

Group two – the protagonist passes from natural causes - reports a deterioration of mood and increased feelings of depression. However, they report no changes in suicidality. Lastly, group three reported an increase in life satisfaction scores and no adverse effects.

### **Positive Definitions as a Possible Protective Factor**

The last aspect that opponents of the link discuss is the protective factor of positive definitions. Stack (2005) states that positive definitions of suicide (i.e., the glorification of the deceased and the method) are likely to influence an imitation suicide. This is later corroborated by the WHO (2008, 2014), which states that drawing attention to the particular method and details used by an individual who has completed suicide may elicit others to try the same

method. However, interviews conducted by Zahl and Hawton (2004) revealed that individuals might be discouraged to attempt specific methods because of their painful or horrific depictions. Although these studies are quite old, they do bring to light some of the disagreement and lack of consensus researchers are battling with when it comes to suicide contagion in fictional media.

After reviewing the literature, it is astounding that a single fictional media depiction of suicide (*13 Reasons Why*) could have such contrasting perspectives on its potential contribution to suicide contagion. Portrayals of suicide and mental illness in movies and tv shows can be both harmful and protective, as found through this review. This difference may be due to the viewer's mental state and their history with self-harm and suicide. Furthermore, it can also be due to their level of identification with the protagonist, their knowledge surrounding suicide and its risk factors, and the mode of media they are consuming (tv and movies, books, music).

The findings compiled through this literature review ask for more research around this topic. With such varying conclusions and evidence presented, it calls into question whether vulnerable individuals understand the difference between reality and fiction; if they do, then are they using this understanding as a protective factor or is it contributing to heightening their vulnerability? Ultimately, in this technology-driven age, we cannot keep individuals away from risky media. Instead, by continuing to add to this research gap, we can begin to develop a more conclusive picture of whether fictional media contributing to suicide contagion is indeed a fact or a myth.

The second half of this research project will delve into the findings from the literature review and their application for practice. We will begin by discussing the results concerning their implications for the field of counselling psychology. We will then move to fundamental next

steps for research, as well as specific recommendations for practice. Finally, I will conclude this research project with my reflexive self-statement.

### **Implications for Counselling Psychology**

This section of the paper will discuss how the major themes of the studies' findings can be applied for practice. These themes include: (a) symbolic interactionist theory, (b) client psychoeducation, (c) identification and perspective-taking as they relate to empathy, (d) emotional contagion and varying levels of potency in media, (e) the gap between research and dissemination, and (f) the need for well-rounded suicide literate clinicians.

### **Fictional Suicides and Contagion**

Symbolic interactionist theory believes that the receptivity of a suicide depiction is reliant on the individual's mood (Stack, 2005, 2009). A later study by Stack et al. (2014) lends support to this theory when they find a relationship between the number of suicide films watched and the likelihood of attempting suicide. However, this study assumes that the likelihood of attempting suicide increases as their cumulative number of watched suicide films increases. It could be that individuals with a history of suicidal ideation, attempts, or those struggling with a mental illness (i.e., depression) find themselves consuming more suicidal films and content. Regardless of what direction causation occurs, the interpretation is that vulnerable individuals can be at risk when exposed to sensitive media depictions of suicide. From the work of Cheng et al. (2014) and Haw et al. (2013) around the mechanism of contextual influence to explain contagion, we can help ourselves, as clinicians, to become aware of the idea that vulnerable individuals may gravitate towards fictional media that mirrors their own life.

### **Psychoeducation and Media Potency**

The literature suggests that when asked, individuals are capable of identifying the ways in which media influences them (Hong et al., 2019; Till et al., 2018). As such, clinicians need to ensure that they are inquiring into what types of media their clients are watching, which can help us determine the potential level of potency for the media they are consuming (Zahl & Hawton, 2004). Furthermore, based on the study conducted by Till et al. (2015) and understanding the role of symbolic interactionist theory concerning suicide contagion (Stack, 2005, 2009), I believe we can teach clients the importance of tracking their mood before and after consuming media that discusses or portrays suicide and the role their mood plays in how they perceive media content.

Based on the study by Chesin et al. (2019), this type of psychoeducation—in which individuals are able to identify risk and protective factors for suicide—is crucial because it can help them better comprehend how this type of behaviour can potentially be harmful. The hope is that clients can begin to more readily identify their own fictional media consumption patterns with a suicide literate clinician's help.

### **Perspective-taking as an Immersive Experience**

Another theme that arises is that of identification and perspective-taking. Gauld et al. (2019) define the concept of identification as stemming from empathy, which consists of simulation – the adoption of another's emotions, and mentalization – the ability of an individual to differentiate themselves from others. We can assume through the work of Hong et al. (2019) and Zahl and Hawton (2004) that a visually presented suicide in a movie or tv show may play a more substantial role in suicide contagion. This may be due to this specific mode of consumption, which inhibits their ability to identify as being separate from the character on screen.

Krieken et al. (2017) discuss the idea that emotion-laden imagery on screen may be more of an accessible, immersive experience for an individual versus reading a fictional book about the protagonist attempting or completing suicide. This is further expanded on by Jacobs (2015), who explains that tv shows and movies have the unique ability to allow viewers to experience spatial immersion. Based on the study conducted by Poonai et al. (2017), Amanda Todd's YouTube video may have provided a more emotionally immersive experience for already vulnerable youth, prompted by a strong identification with her and her story. They can engross themselves in the on-screen character's goals, plans, and actions. This entanglement of experience influences them to become emotionally invested in the character and, thus, begin to not only identify with them but have this experience influence their real-life attitudes and beliefs.

Through this immersive experience, we witness the development of emotional contagion, as discussed in studies by Hong et al. (2019) and Zhal and Hawton (2004). These results are vital for clinicians dealing with suicidal clients because it brings forth the idea of how identification relates to social learning theory, in that as humans, we learn and model behaviour exemplified from those we observe and more so by those we identify with (Bandura, 1977; Gauld et al., 2019). Therefore, we can view the process of empathy as a potential guide to emotional contagion, which can then operate as a steppingstone to behavioural contagion. This is exemplified in the study conducted by Notredame (2017) in which different categories of identification (i.e., direct identity assimilation, attachment, prosocial willingness, hollow assimilation, and differentiation) are shown to potentially lead to certain behavioural choices.

Other studies may also reveal the substantial role empathy and emotional contagion play as they relate to identification and social learning theory, leading to behavioural contagion. For example, Bridge et al. (2020) and Niederkrotenthaler et al. (2019) found an overall increase in

the suicide rate after the release of *13 Reasons Why*, and Ayers et al. (2017) found a substantial increase in suicide-related searches after the release of the show.

Understanding how a visually presented fictional suicide may affect a vulnerable individual is valuable information. As clinicians, we can take this research and use it as a foundation for creating a stronger partnership with the entertainment industry. The fictional media content around suicide currently available (i.e., *13 Reasons Why*) could benefit from consulting with knowledgeable clinicians (Cooper et al., 2018; Jacobsen, 2017; O'Brien et al., 2017; Stack et al., 2014; WHO, 2008). Armed with information regarding risk factors such as the potency in visual media (Zahl & Hawton, 2004) and a solid grasp of concepts such as identification and perspective-taking (Cheng et al., 2014; Gauld et al., 2019; Notredame et al., 2017) may allow clinicians to better present the need for the entertainment industry to reflect upon how they depict suicide.

It may also allow clinicians to better educate their clients on how the visually presented material they are watching can affect subsequent behaviour and thought. A study completed by Muller and Kane (2017) discusses how film is a tool used to successfully help individuals develop and improve the skill of perspective-taking and emotional understanding. Although conducted with those who have autism spectrum disorder, the idea of using film (a perceived high potency media type) to educate clients on how the skill of perspective-taking can play an influential role in the level of emotional understanding they have of themselves. As well as an understanding of their attachment to the character, which could help both clinicians and clients identify early warning signs for self-harm or suicidal behaviour.

### **Gap Between Research and Dissemination**

Awareness is the first step in rectifying any issue, as discussed by Sklar (2012) and Niagara College (2014), which conclude that Amanda Todd's story brought to light the need for more vigorous mental health advocacy and spurred discourse around suicide and anti-bullying. In addition, based on Tasman (2017), *13 Reasons Why* is a show that emphasizes the risk and protective factors for suicide, and this claim, I believe, is well supported through studies by Chesin et al. (2019) and Salo et al. (2017). These studies found an increase in help-seeking behaviours (increase in suicide knowledge, online searches for suicide hotlines and suicide prevention, and seeking medical help, respectively). These results show the positive impact awareness can have on individuals.

Notredame et al. (2017), however, raises a crucial point in that fictional media depictions of suicide have harmful elements that may increase an individual's risk; nevertheless, it also has elements to curb that risk. The researchers are referring to positive and negative definitions of suicide, as discussed by Stack (2005). The literature discussing positive and negative definitions of suicide state that media need to be aware of how they present suicides as an excess presence of positive definitions can lead to modelling behaviour resulting in harmful effects (Fink et al., 2018; Niederkrotenthaler et al., 2012; Niederkrotenthaler et al., 2019; Poonai et al., 2017; Sinyor et al., 2018; Stack et al., 2014). Therefore, based on these studies, I believe that by spotlighting the portrayals of fictional suicides in movies and tv shows, action and change can take place to begin moving towards more appropriate depictions that act in a protective manner.

However, if awareness is the first step, we as clinicians need to look at our counselling psychology field and realize that there is a gap between research and dissemination of that research. The World Health Organization published a document in 2008 for media professionals reporting nonfictional suicides and 11 years later publish a document known as the Preventing

suicide resource for filmmakers (2019). However, none of the studies cited in this literature review discuss the 2019 document. I believe this is a clear indication that there appears to be a lack of communication in the mental health field among researchers and clinical professionals. Furthermore, Costello, n.d., Kielburger and Kielburger (2017), and Niederkrötenhaler et al. (2019) discuss the lack of knowledge available for those in the entertainment industry; yet, this literature review and the existence of the WHO (2019) document for filmmakers provides enough potential evidence to suggest that a link between suicide contagion and fictional depictions. Research exists as proven in this literature review, but the gap between it and dissemination results in a lack of adherence to appropriate suicidal depictions.

### ***The Adolescent Brain***

For example, the power of emotionally stimulating on-screen depictions is received differently by adolescents than it is by adults. Adolescent brains are still very much underdeveloped; thus, they are ruled by urges, impulses, and emotions due to the hippocampus and amygdala developing quite early (Carroll & Shapiro, 2017). Their rational and logical part of the brain – their executive functioning – also known as the prefrontal cortex, regulates those impulses and emotions but develops fully by the age of 25. Therefore, this underdeveloped brain structure could leave them at a disadvantage and may leave them susceptible to high-risk stimuli and, thus, at high risk for suicide contagion.

The reason I delve into this example in great detail is that this is precisely the kind of information clinicians need to think about when assessing the suicidal risk in relation to a client's age and their level of vulnerability to fictional suicidal content. Furthermore, this lack of impulse control could also be why youth in studies assessing for the impact of *13 Reasons Why* were: More likely to identify with Hannah, between the ages of 10- to 19-years old, expressed negative

opinions of the show and found it to increase their risk for suicide and suicidal ideation, as it appears being ruled by urges and emotions is more likely to lead to emotional contagion and then behavioural contagion (Bridge et al., 2020; Cooper et al., 2018; Hong et al., 2019; Till et al., 2018). This is just one example of how poor dissemination of research results in a lack of suicide literate clinicians who would greatly benefit from understanding how the digital age influences the risk for suicidal individuals – especially those at a younger age.

If we as clinicians hope to increase awareness and knowledge to better serve our clients struggling with suicidal ideation and behaviour, as well as build a stronger partnership with the entertainment industry, then the field of counselling psychology needs to place emphasis on educating themselves and others on the role fictional media can play in suicide contagion. How can we educate others when our knowledge is lacking? Some studies exist around suicide contagion and fictional suicides, as evidenced by this literature review and studies around emotional contagion and its relationship to filming and editing techniques to be discussed later on. However, as a field, we lack the initiative to teach this material to clinicians and those in the entertainment industry.

### **Suicide and the Clinician**

Many of the implications drawn from the research talk about the adolescent and their mental health and how we, as clinicians, can better educate ourselves to help them; however, this section will discuss the impact of suicide on the clinician's mental health and their professional work. A study carried out by Moerman (2011) examined ten counsellors and their perception of how suicidal clients impact them and their professional work. The researcher found that counsellors in the study faced doubt in their level of competency and fear of the ambiguous nature surrounding the client and situation (i.e., not knowing what could happen and

experiencing powerlessness). He discusses this fear to be something that inhibits the therapeutic process. A feeling that can overpower a clinician's ability to remain objective and do the work required with the client (McGlothlin et al., 2005).

As Reeves and Mintz (2001) describe it, fear invites questions around competency in a clinician's professional skills. It can also lead to distressing emotions (panic, anxiety, anger, doubt) that the counsellor must wrestle with when seated across from an individual expressing suicidal intent (Reeves & Mintz, 2001). Later studies conducted by Reeves (2010) and Rudd and Brown (2011) spotlight similar challenges. They discuss both professional and personal obstacles to working with clients struggling with suicidal ideation and behaviour. Professional challenges revolve around managing their anxiety and fear that may lead to treatment that is unintentionally rooted in fear or avoidance.

Additionally, clinicians can experience fear or dread around strongly resonating with the client's stories and feelings or around experiencing desensitization, which can arise when listening to troubling stories and verbalizations of suicidal ideation regularly (Moerman, 2011). Thus, leading to the clinician questioning their own effectiveness and ability to remain objective. Reeves (2010) and Rudd and Brown (2011) reveal that these challenges can then lead to personal obstacles such as both emotional and physical exhaustion, irritability, difficulty sleeping, inability to stop thinking about those you are helping, difficulty listening attentively, and development of an apathetic attitude in therapy.

Alexander et al. (2000) review data collected from questionnaires answered by consultant psychiatrists, which asked the participants to recall and identify the most distressing client situation concerning suicide. He found that 33% of the study participants identified that there was an impact on their personal life resulting in irritability, doubt and questions of competency,

and lack of sleep. Ultimately, Reeves (2010), Rudd and Brown (2011), and Alexander et al. (2000) appear to be referring to compassion fatigue, which results from displaying higher than normal levels of compassion and straining oneself emotionally to narratives they are overexposed to (Potter et al., 2010). Understanding the role fear, anxiety, and doubt play when helping those struggling with suicide is vital in that they can have a detrimental effect on the clinician's mental health and the therapeutic alliance as they override a counsellor's objectivity, their natural curiosity, and their confidence in their professional skills (Moerman, 2011). Clinicians are not above experiencing stress and a deterioration in their well-being, especially when dealing with suicide (Karakurt et al., 2015).

Working with individuals struggling with suicidal ideation and behaviour can be quite overwhelming. Very often, as Moerman (2011) discusses, the duty of care to the client can outweigh duty of care to yourself. When faced with clients who carry preoccupations of taking their lives, the clinician's job is to find the balance between becoming overly involved (i.e., checking in too often and being unable to shed the counsellor hat once at home) or under-involved (i.e., fearing becoming over-involved, so you create too much therapeutic distance) (Karakurt et al., 2014). This precarious balancing game can be challenging, but reaching out to a supervisor, colleague, or peer can help the clinician feel supported and validated in their own work and help them realize any potential blind spots (Christianson & Everall, 2009).

Dealing with a suicidal client can also give rise to questions regarding responsibility *to* versus responsibility *for* (Briggs-Phillips, 2019). A responsibility *for* entails an ownership for others and their actions and emotions; however, a responsibility *to* describes behaviour in which you are helping or empowering another to take ownership of their actions, emotions, and lives (Briggs-Phillips, 2019). Furthermore, as outlined in the Canadian Code of Ethics for

Psychologists, “responsible caring recognizes and respects the ability of individuals and groups... to make decisions for themselves and to care for themselves” (Canadian Psychological Association, 2017, p. 18). Therefore, the clinician’s role is to care responsibly while promoting the client’s ability to choose and make decisions for themselves. Ultimately, their role is to draw this boundary to promote their client’s well-being and to protect their mental health.

### **Fundamental Next Steps for Research**

As we journey through this literature review, it quite clear that the field of mental health professionals and the lay-person struggle with arriving at a confident consensus as to whether fictional portrayals of suicide lead to suicide contagion. This section will go over the next steps of where research in this field ought to go in hopes of arriving at a consensus.

As mentioned earlier, many of the studies overlook the importance of assessing relevant participant histories (Bridge et al., 2020; Cooper et al., 2018; Hong et al., 2019; Niederkrotenthaler et al., 2019; Stack et al., 2014; Zahl & Hawton, 2004). Having participants self-report their psychiatric history is essential. Based on the study conducted by Till et al. (2018), participants experienced increases in suicidal ideation and an increase in wanting to engage in self-harm after watching *13 Reasons Why*. In this study, the researchers conducted participant histories to include any diagnoses such as major depressive disorder and post-traumatic disorder. This increase in ideation and want to engage in self-harm can then be understood as being related to not only watching the series but these diagnoses as well.

However, one factor neglected in all the above studies is whether the individuals have a history of being sexually assaulted. This is vital because it may increase the vulnerability and risk factors of the individual consuming suicide content, heightening their risk for contagion (Brooker & Tocque, 2016). Furthermore, it may contribute to some of the associations drawn

between fictional suicides and contagion, especially in studies that examine *13 Reasons Why*. In the study conducted by Hong et al. (2019), they found that participants who reported identifying with Hannah were more significantly associated with the observation that their risk for suicide increased. This more significant association could have been because she completed suicide in the show, but it also could be because she was raped in the show (Coker et al., 2000; Kilpatrick, 2000; Oshodi et al., 2020).

Risk factors such as mood disorders, substance abuse, prior suicide attempt, and access to lethal means place individuals at a higher risk for suicide; whereas, protective factors such as social connectedness, ability to cope, and access to personal/social supports can reduce that risk (Centers for Disease Control and Prevention [CDC], 2019; Suicide Prevention Resource Center & Rodgers, 2011). However, the studies included in this literature review are not accounting for risk factors (i.e., history of sexual abuse, substance abuse) portrayed in the show *13 Reasons Why* thus affecting the accuracy of these results. Further, these results could steer clinicians in the wrong direction by having them believe that client history and assessing their risk and protective factors play little to no role in how influential fictional media can be. Therefore, future studies could delve into gathering more extensive participant histories to better gauge whether contagion is due to the depicted suicide or something else.

Another avenue to begin exploring is the idea of dosing. With Netflix and other streaming services comes the ability to binge-watch movies and shows. The studies in this literature review did not specify whether participants binge-watched *13 Reasons Why* or whether they viewed a few episodes at a time. The literature in this review suggests that *13 Reasons Why* has elements for both harmful (Ayers et al., 2017; Bridge et al., 2020; Hong et al., 2019; Niederkrotenthaler et al., 2019; Till et al., 2018; Zahl & Hawton, 2004) and protective (Chesin et

al., 2019; Notredame et al., 2017; Salo et al., 2017; Tasman, 2017; Zimmerman et al., 2018) effects; yet, none of the studies examine or discuss whether participants who observed protective effects binge-watched the series or watched it in segments. Moreover, none of the studies that examined the potentially harmful effects looked into this either. This is a point of interest in figuring out whether watching copious amounts of suicide content at one time contributes to heightening the risk for suicide contagion or whether watching a few episodes at a time can mitigate that risk. Till et al. (2018) report that all participants in their study binge-watched the series and self-reported that the series provided a negative emotional experience, which contributed to an increase in suicidal ideation and intention to self-harm.

Gathering more information in this area could prove beneficial for clinicians as it may drive them to inquire into streaming service consumption habits. The study completed by Stack et al. (2014) in which researchers discovered the probability of attempting suicide to increase as the individual's number of suicidal films watched increases alludes to the idea of binge-watching. Thus, additional research in the area of dosing could provide clinicians with a more accurate picture of whether binge-watching can be considered a risk factor; thus, a factor to be aware of and assessed for when working with suicidal clients (O'Brien et al., 2017). Shim and Kim (2017) completed a study in which they found that those who engage in binge-watching find themselves wanting to create a relationship with the on-screen characters. This allows an immersion of themselves into the fantasy world and an escape from the stresses of their lives. Therefore, this study's information can help us better understand the findings in the Stack et al. (2014) study.

Additional risks associated with bingeing come from a study conducted by Sung et al. (2015), which brings forth the idea that bingeing is associated with negative emotions and that

this type of behaviour can be used as a way to seek relief from depression, anxiety, and stress (Kubey and Csikszentmihalyi, 2002). These ideas are then later found in a study done by Ahmed (2017), who suggests that binge-watching shows alone not only brings forth the idea of isolation, but participants in the study identified as binge-watchers had higher depression scores than those that did not binge-watch. Thus, the next step in research is to determine what other factors apart from negative emotions predispose individuals to binge-watching behaviours. Ultimately, clinicians can use this information to fill in potential blind spots as to what information they could inquire into with clients who are feeling suicidal. This is the type of information that clinicians can add to their toolkits to better comprehend how the digital age and the entertainment industry truly influence suicide contagion.

Clinicians ought to evolve as society does. By not reflecting upon how suicide has changed since the development of streaming services and how the emphasis on mental illness in entertainment has influenced our understanding of it, it does an injustice to our clients. How do we comprehend what they are attempting to cope with, what exacerbates their suffering, and what may potentially help them if we do not take the time to research and educate ourselves?

The next area that could provide more insight comes from the different categories of identification, as outlined by Notredame et al. (2017). This may relate to the study conducted by Chesin et al. (2019), who examine college students between 18- to 25-years old. Chesin et al. (2019) find that participants in their study gain an increase in suicide knowledge and risk factors after watching *13 Reasons Why*. We know there are different categories of identification (Notredame et al., 2017). We are also aware that individuals can mitigate their risk level with particular protective factors (i.e., support system, religiosity) (Nock et al., 2013). To utilize this information, I believe clinicians need to be aware of a possible relationship between an

individual's age and the category of identification they are able to utilize; as well as the possibility of an association between risk factors (i.e., a mental health diagnosis) and the categories of identification. As discussed by Notredame et al. (2017), the more closely aligned the viewer is to the protagonist (similar age and life issues), the more likely the individual watching is to be immersed and captivated by the on-screen depiction.

As discussed by Carroll and Shapiro (2017), by the age of 25, our executive functioning is fully developed, and individuals are less impulsive and not as driven by their urges; therefore, this development could allow them to better engage in other categories of identification outside of direct identity assimilation than younger adolescents. The literature states that empathy in relation to identification consists of two components and the one component to focus on for this section is mentalization, which is being able to discriminate your mental state from another (Gauld et al., 2019). Future research may include studies with younger adolescents to determine whether they have a more difficult time engaging in mentalization than older adolescents, and whether this struggle stems from a lack of ability to navigate and manage their emotions and impulses.

By gaining more insight into this area, clinicians can become aware of how they need to approach clients of different ages when it comes to suicide and understanding identification. We can also begin to appropriately teach clients how to access these other categories of identification to help keep them safe by explaining the concepts of empathy and identification (Gauld et al., 2019). However, the missing link in all of this is suicide literacy.

Education for counselling psychology appears to underestimate the benefit of having well-rounded suicide literate clinicians. Well-rounded in that they can comprehend the influence of the digital age on contagion – as information is consistently and readily available and easily

and quickly accessible (Bridge et al., 2020; Carmichael, 2019; Fink et al., 2018; Greenstein, 2018; Poonai et al., 2017) and positive and negative definitions as they relate to the media (Sinyor et al., 2018; Stack, 2005).

Secondly, that they understand the role of empathy as it relates to perspective-taking (Gauld et al., 2019; Hong et al., 2019), and that they comprehend the mechanics: Papageno effect (Niederkröthaler et al., 2010; Niederkröthaler, 2016), categories of identification (Notredame et al., 2017), and contact mechanisms (Cheng et al., 2014; Haw et al., 2013; Joiner, 2003; Swanson & Colman, 2013).

Lastly, that they recognize and comprehend the theories behind contagion: Social learning theory (Bandura, 1977), priming (Berkowitz, 1984), differential identification theory and symbolic interactionist theory (Stack, 2005, 2009; Stack et al., 2014).

The last avenue to explore comes from curiosity about how editing and shooting certain scenes in film and shows affect audience members and moods. For instance, close up scenes can evoke more emotion and allow audience members to enter the on-screen character's life (Rosenberg, 2018). Therefore, it would be interesting to research the shooting and editing techniques of different suicide content with this understanding.

According to Gauld et al. (2019), the two processes that create empathy (simulation and mentalization) and that lead to identification are substantially involved in viewing emotionally stimulating videos. Furthermore, according to Hong et al. (2019), individuals who identified with the protagonist in *13 Reasons Why* that completed suicide appeared to report an increase in negative emotion. Therefore, certain scenes depicting suicidal behaviour or ideation may be more able to elicit emotional contagion in vulnerable individuals, based on how they are filmed

and edited. Furthermore, researchers could compare two different suicide scenes, compare and contrast for specific editing techniques, and then assess their effects on participants.

Research into this area could enable clinicians to begin teaching clients to become more aware, critical, and analytical about the shows and movies they are watching. As Tasman (2017) states, *13 Reasons Why* is a show that raises one's awareness around suicide and its risk factors, and yet the literature provides compelling evidence to suggest that it can bring harm (Ayers et al., 2017; Bridge et al., 2020; Niederkrotenthaler et al., 2019). Therefore, being vigilant about what clients are watching and educating them on what vigilance is when consuming fictional media. For example, teaching clients to be aware of how close-up shots can elicit more emotion than long-shots, how close-ups can lead to empathy and perspective-taking - all aspects leading to emotional contagion - and how this can be dangerous territory for vulnerable, high-risk individuals.

The curiosity around filming and editing techniques could be used to build upon the current partnership between the mental health profession and the entertainment industry. If we as a field can take the research to those in entertainment and teach them about the benefits of fictional portrayals - creating higher suicide literacy, eliciting more help-seeking behaviours (Dobson, 2016; Kumar et al., 2015; Salo et al., 2017; Scourfield et al., 2016), and removing the stigma around suicide (Chesin et al., 2019; Niagara College, 2014; Tasman, 2017) - and at the same time, how certain depictions can contribute to more harm - sensationalist portrayals leading to emotional contagion (Hong et al., 2019; Niederkrotenthaler et al., 2019; Till et al., 2018) - for already vulnerable individuals, we may be able to begin opening their eyes to these new insights.

A partnership of this kind exists already, and individuals from the mental health field are known as 'story consultants'; but, these story consultants have very little control or power to

make real editorial changes (Henderson, 2017). A study conducted by Henderson (2017) looks into the role of story consultants and finds that they advise and give their input to story writers for the first and second drafts, but that it is common practice for these consultants not to be shown the final draft of a script. Further, these story consultants can range from professionals in the field (i.e., psychologists) to those struggling with a mental illness.

Ultimately, research should produce answers for more well-rounded suicide literate clinicians. It should also encourage a new partnership between the mental health profession and the entertainment industry to allow those who produce fiction work to reflect upon the precarious balance between informing and harming. There is much research to be done in figuring out this balance, and these ideas are just the beginning. With all of this knowledge and understanding of the possible avenues to explore, what can clinicians and the entertainment industry do with it?

### **Recommendations for Practice**

This section of the paper looks into specific steps to be taken to arm clinicians with the knowledge that will enable them to better help their clients. The first step is understanding how we, as clinicians, can begin to differentiate between shows and movies that depict sensationalist content and those produced to illustrate the struggles of individuals attempting to cope with suicidal behaviour or ideation in a protective manner. By educating ourselves, we can then translate that knowledge into our practices and teach our clients ways to distinguish between them.

At the graduate level, individuals training to be counselling psychologists need to be taught coursework around how suicidal risk factors have morphed in the digital age (Tasman, 2017). Additionally, how the consistent reinforcement of stigma around mental health is partly due to media portrayals (Kielburger & Kielburger, 2017). Coursework should also include

differences between positive and negative definitions (Sinyor et al., 2018; Stack, 2005) and theories underlying suicide contagion (Bandura, 1977; Berkowitz, 1984; Cheng et al., 2014; Stack, 2005, 2009; Stack et al., 2014). Additionally, students at the graduate level would benefit from understanding the role of identification and empathy (Gauld et al., 2019; Hong et al., 2019) and being taught the skills to evaluate popular media (i.e., Netflix shows) to screen for both protective and harmful factors (Rosenberg, 2018). Furthermore, clinicians can use that knowledge not only in their practices, but they can begin to partner with schools and teachers.

Clinicians are not the keepers of knowledge, and so they can spread the information by holding training seminars for teachers. According to UNICEF (2019), over 1 billion children are enrolled in school across the globe, and according to the CDC (2020), school is one of the most influential factors in a child's well-being. This tells us that schools as an institution/program have the most access to and influence on such a young and vulnerable population; thus, this training may allow them to intervene early on.

The goal here is to create suicide literacy in clinicians, clients, and those in the entertainment industry. Suicide literacy, similar to mental health literacy, is the knowledge of risk and protective factors and signs to look for in an individual who may be struggling with suicidal behaviour and ideation (Kennedy et al., 2018). The hope for growing suicide literacy is to increase help-seeking behaviours in those struggling and decrease stigma around suicide (Cruwys et al., 2018). Furthermore, we live in a digital age and understanding how social media (Twitter, Instagram, and Facebook), streaming services, and movies and shows heighten or counteract risky stimuli is vital and should be part of the suicide literacy conversation.

More research is needed to solidify whether the link between fictional suicides and contagion exists. However, the studies discussed in this literature review that suggest its

existence should prompt research to begin thinking of what clinicians and those in the entertainment industry can do to mitigate the potential risk. Both can significantly benefit from familiarizing themselves with the Preventing Suicide Resource for Filmmakers' document developed by WHO (2019). It is disappointing that this resource is not more well-known, evidenced when I state that I do not believe there are specified protocols for fiction work at the beginning of this project. The document appears to list essential reference points for those working in the entertainment world who wish to discuss suicide in their work. The introduction of this resource should be part of the training curriculum for graduate students and those in the filmmaking industry to refer to when creating material around suicide.

Building upon the recommendation of utilizing the WHO (2019) filmmaker resource, it may prove beneficial for the entertainment industry to require consultation with clinicians when creating fictional media around suicide. This can look like asking psychologists to preview suicide content, using the WHO (2019) resource as a checklist when reviewing the material, and providing recommendations for strengthening the protective factors in the movie or show. To further expand on this partnership, I propose that it exists strictly between mental health professionals and directors and scriptwriters. Furthermore, the utilization of these mental health consultants every step of the way from the birth of a project to its end needs to become standard practice. It can also look like asking clinicians to hold focus groups alongside directors and scriptwriters to gauge the fictional material's appropriateness. Not only can this ensure filmmakers are abiding by 'best practices,' but it can create an alliance whereby professionals in both fields learn off one another and better create accurate depictions of suicide without sensationalizing or glorifying them.

The last recommendation comes from researching more on how filming and editing techniques affect the consumption of content. As mentioned previously, close-up shots evoke more of an emotional response from viewers. Thus, partnering with the mental health industry and constructing a course or workshop for directors and scriptwriters to educate them on specific filming and editing techniques and the difference between positive and negative definitions of suicide so that content is protective rather than harmful could be quite advantageous. The hope is that this course would raise awareness around what can contribute to making stimuli riskier for vulnerable individuals. In addition, it still gives filmmakers the freedom to tell different narratives, but now without worrying about the stories coming across as being glamorized or harmful for viewers.

### **Reflexive Self-Statement**

Beginning this research project, I brought with me the assumption that fictional suicides lead to suicide contagion. After researching, compiling the information, analyzing the themes, and interpreting the results, I find myself with more questions. I expected to arrive not at a definitive all-encompassing conclusion but at an answer that satisfies my original assumption. However, the available research does provide a strong foundation. The studies present various opportunities to explore, and with more research to come throughout the years, I expect to arrive closer to a conclusive, agreed-upon answer.

Approaching this project, believing that fictional suicides can lead to contagion, comes from my belief that individuals may have difficulty differentiating between fiction and reality. Thus, leaving them unable to keep themselves safe while they watch, especially individuals in the most precarious positions (i.e., dealing with trauma, coping with a mental health disorder, and those with no protective factors such as a support system). However, this project also

presents new information around identification with the on-screen character (Zahl & Hawton, 2004) and emotional contagion as substantial factors contributing to suicide contagion (Gauld et al., 2019; Notredame et al., 2017). These are two factors that I did not consider before approaching this topic, which may explain the individual's inability to separate themselves and reality from the protagonist and their fictional world.

I believe all individuals are vulnerable to some extent and beginning this research project, I had the bias of categorizing all those who struggle with suicidal ideation and behaviour as being high-risk, vulnerable individuals. When discussing the identification in this paper, I came to the conclusion that I assumed these individuals were only capable of engaging in one category/level of identification, that being direct identity assimilation. However, with my research, I understand now that vulnerability varies based on risk versus protective factors (Bryan et al., 2014; Chesin et al., 2019; Pisinger et al., 2019; Scourfield et al., 2016), the viewer's mood when consuming suicide content (Stack et al., 2014), and the ratio between positive and negative definitions (Sinyor et al., 2018; Stack, 2005). Moreover, that identification with the protagonist can involve the utilization of different categories/levels of identification (Notredame et al., 2017) – attachment and prosocial willingness (Scourfield et al., 2016), hollow assimilation and differentiation (Ayers et al., 2017; Chesin et al., 2019; Salo et al., 2017) - to counteract suicide contagion.

I am not without biases and assumptions, and I did approach this project with them. It is fascinating to track the changes made in my thinking and see the path travelled from this project's planning phase to the writing to this present moment. I hope to continue to see these changes as information and research proceed around this evolving topic. With this new knowledge, I am better equipped to approach suicide from a different point of view. I better

understand the theories that underlay contagion, the harmful and protective factors of positive and negative definitions, the contribution of the digital age, and the importance of comprehending the mechanisms of empathy to better educate our clients on how perspective-taking can be both an advantage and a disadvantage.

### **Conclusion**

This project aims to understand the research around suicide contagion and fictional suicides; specifically, I am interested in whether suicide contagion exists in the fictional realm of shows and movies, as it does in regards to the real world. If so, should the entertainment industry abide by similar reporting standards as do news outlets? Furthermore, what can both clinicians and fictional media do with the results of the studies presented in this project?

It is easy to throw words about without understanding the meaning behind them, which is why my project takes the time to conceptualize suicide contagion and operationally define it to understand what the word contagion encompasses. In this paper, the conceptualization of suicide contagion is understood through the lens of social learning theory, differential identification theory and symbolic interactionist theory. In addition, contagion is seen as a type of contact mechanism, as being transmissible, something contextually influenced, or something to be understood through affiliation or imitation. And finally, clarifying what suicide contagion encompasses gives rise to suicidal ideation, suicidal attempt, and self-harm.

The review of the literature brings to light many different themes. For instance, when discussing the well-researched link between real-life suicides and contagion, themes of excessive positive definitions and differential identification theory emerge. When reviewing the literature surrounding fictional suicides and contagion, themes of symbolic interactionist theory and identification stemming from empathy leading to emotional contagion and then creating

behavioural contagion develop. Furthermore, these studies present interesting results around their participant's ability to not only identify with the protagonist on-screen but to use that identification factor as a reason for why they believe their risk for suicide had increased. This section of the paper also brought to light differences in modes of consumption (i.e., books, films, shows, music videos, newspapers, and the Internet), which provide us with information around how various media platforms can indeed have different levels of influence.

Moving on to the link's opponents, themes that arose through the studies investigated in this section were the various categories of identification (i.e., direct identity assimilation, attachment, prosocial willingness, hollow assimilation, and differentiation) - all categories, except for direct identity assimilation that proponents of the link appear to not discuss. These categories work alongside symbolic interactionist theory and its belief that a viewer's mood will affect how they respond to the content. Intriguing findings in this section include an increase in suicide knowledge, help-seeking behaviour, and suicidal ideation in a small percentage of viewers with no prior history of suicidal ideation or behaviour who had watched *13 Reasons Why*. Furthermore, those positive definitions are capable of operating protectively (i.e., deterring individuals from specific suicidal methods used on-screen) (Zahl and Hawton, 2004).

The findings in this literature review create a well-defined, stable foundation for more research to be conducted; research surrounding relevant factors that have not been looked into. These factors include more extensive participant histories, the idea of dosing, editing and filming techniques, and which factors play a role in accessing the other categories of identification (i.e., age, protective factors, the content being depicted).

Regardless of there being a definitive conclusion as to whether fictional media contributes to suicide contagion, there is enough evidence to be concerned about the potential

link. Therefore, working towards strengthening the alliance between the two industries has the potential of creating a positive ripple effect within the world of mental health. By bringing attention to these studies and this topic, clinicians can begin to educate themselves and others in an attempt to create individuals with high suicide literacy.

The goal of this project is to survey the literature surrounding fictional suicides and suicide contagion, recognize both proponents and opponents of the link, and guide future researchers to explore various avenues that have yet to be examined. In addition, this project aims to stress why clinicians and the entertainment industry should work towards strengthening their alliance and why clinicians need to use this knowledge to educate their clients. We have reached our limit in attempting to protect high-risk individuals from risky stimuli in this digital age. Instead of shielding those that are vulnerable from potentially harmful material, we need to teach them and those that produce the material to create content that can be seen as operating in a protective manner. This would look like fictional content that aids in decreasing stigma and increasing help-seeking behaviours while allowing filmmakers to continue to exercise their right to create narratives of what individuals worldwide struggle with daily.

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