

Analysis of the Effectiveness of 13 Reasons Why Not

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Introduction

1.1 Rationale of Study

Close to 800,000 people commit suicide annually (World Health Organisation, 2008). It is as prevalent in Singapore, being the leading cause of death for those aged 10-29 and resulting in 2.4 times more deaths than transport accidents (Samaritans of Singapore, 2018). Therefore, we aim to raise awareness of teenage suicide, by investigating the fundamental reasons for teenage suicide, portraying them realistically and proposing effective, practical solutions, through conducting research on and evaluating novel “13 Reasons Why” (Asher, 2007) and suicide-theories to determine the optimal way of creating our drama script “13 Reasons Why Not”. Additionally, we researched on similar existing products and show how the inclusion of a forum theatre, an interactive element of drama, separates our product from others.

1.2 Thesis Statement

“13 Reasons Why Not” is effective in raising awareness on suicide as it depicts accurate reasons, as supported by research, enables interactivity through forum theatre and proposes efficacious solutions.

1.3 Statement of Research Question

How is our product, 13 Reasons Why Not, effective in raising awareness on suicide and offering solutions to audiences?

Literature Review

2.1 Research Methodology

We consulted many popular research media, such as Researchgate, and found certain theories that are commonly cited in works related to our thesis statement (under 2.2 Schools of Thought). We decided to further research into these theories and critique them.

2.2 Schools of Thought

1. Interpersonal Theory of Suicide (IpTS)

The IpTS (Joiner, 2005) explains why individuals engage in suicidal behaviour in two components - thwarted belongingness and perceived burdensomeness. Thwarted belongingness is a psychologically-painful mental state when the fundamental need for connectedness (Baumeister and Leary, 1995) is unmet. Perceived burdensomeness is characterized by apperceptions that others would "be better off without me" which manifests when the need for social competence (Ryan & Deci, 2000) is unmet. The theory proposes that low social support (Qin & Nordentoft et al., 2005) is associated with suicide because it indicates that the need to belong has been thwarted.

2. Edwin Shneidman Theory on Suicide (ESTS)

The Edwin Shneidman Theory (1985) explains that suicide is caused by an individual's ability to tolerate psychache (psychological pain), which leads to feelings such as rage, depression and hopelessness (Leenaars, 2010). Suicide occurs when psychache is deemed by an individual to be unbearable, meaning that suicide has to do with different individual thresholds for enduring psychological pain (Shneidman, 1985). Psychological pain is fueled by frustrated psychological needs. (Murray, 1938), and is an effect of low emotional support or lack of social integration.

Comparing IpTS and ESTS

We will base our research on the IpTS as it covers a larger scope of possible reasons for suicide while the ESTS is highly individualised and may not serve as a suitable base for our research on reasons to be displayed in our play.

3. Crisis Intervention Theory (CIT)

Crisis intervention is defined as the initiation of therapeutic efforts during a crisis, a disorganization of behavior of an individual when faced by a problem which cannot be solved quickly by the individual's normal range of problem-solving mechanisms, (Caplan, 1965) that can influence the situation toward a good outcome (Lindemann, 1942). We focus on the effective treatment of an existing suicidal crisis. Steps to overcome depression are categorised into five parts, defining the problem, providing emotional support, examining alternatives, showcasing different perspectives and getting commitments (Gilliland & James, 2001).

4. Beck's Cognitive Theory of Depression (BCTD)

Beck's Cognitive Theory of Depression proposes that depression is caused by the development of inaccurate core beliefs about themselves, the world and the future, and the manner in which people process personal information varies between individuals (Beck, 1979), therefore, a list of techniques catering to all persons was created. The Handbook of Cognitive Therapy Techniques (Mullin, 1986), lists 75 different techniques and is not comprehensive.

Comparing CIT and BCTD

We will base our research on CIT as it offers a concise criteria whereby we can compare different solutions, while BCTD lists numerous strategies that vary in effectiveness for different people and does not provide a basis for comparison.

2.3 Forum Theatre

The intention of forum theater is to transform the spectator into the protagonist of the theatrical action (Boal, 1992) by physically entering the dramatic space, using their bodies, gestures, and speech to enact their suggestions realistically. Other actors of the play would react accordingly to the audience member's input. The plot is completely unscripted and the audience is free to explore the countless possibilities.

2.4 Post-Depression Rehabilitation

One way to solve depression is therapy. Cognitive-behavioral therapy (CBT) reduces depressive symptoms like the risk of relapse or recurrence (Reinecke, Dattilio & Freeman, 2015). Depression is approached with the perception that low rates of social reinforcement is the key factor, and behavioural therapy equips patients with social management skills by conducting pleasant activities in groups, garnering a greater success rate against other therapeutic procedures.

Secondly, we can let them fit naturally into society and develop relationships with friends and family emphasised by The University of Cambridge. (2016) Professor Goodyer (2016) suggests that supportive friends and family environments may help enhance children's ability to cope with adverse situations by improving their self-esteem and helping them develop effective interpersonal skills to build their confidence.

2.5 Existing Products

1. 'Thirteen Reasons Why' (Asher, 2007)

The novel details thirteen possible reasons for teenage suicide from a female's perspective. These reasons include betrayal, social exclusion etc. The aftermath of said reasons have manifested in the protagonist, Hannah Baker, leading to suicide.

2. To Each His Own (Narushima, 2017)

The film shows a Japanese office employee trying to commit suicide due to overwhelming pressure in the office environment before a classmate appears and turns his life around.

3. PSLE GO (Yap, 2016)

Zihui and Justin are sitting for their PSLE examinations. Zihui is having trouble coping with her stress and her fear of disappointing her parents is overwhelming. Thankfully, Justin finds out informs the adults and saves her life.

Analysis and Discussion

To answer our research question, we compare various aspects of our play to similar existing works.

In “13 Reasons Why”, a larger emphasis was placed on depicting events in the story than Hannah’s emotions. For instance, Hannah says “that tiny scar... above my eyebrow, that’s the shape of Jessica’s fingernail, which I plucked out myself”. While it hints bitterness towards Jessica, it is too superficial for readers to empathise with her and merely illustrates the scene. In “13 Reasons Why Not”, we placed greater significance on our protagonist’s, Krystal, emotions through scenes like monologues. She states, during the last moments before her attempt at suicide, “It’s an insignificant part anyways, what’s the point? / Is there any point in me living? Would the world be affected even with me gone? No, of course not.” The repeated use of the ‘?’ shows Krystal repeatedly questioning herself and her will to live. This emphasises her doubt in her role in society and her uncertainty with her purpose in life, showing signs of thwarted belongingness. Furthermore, “No, of course not” is an adamant response (ironic as she shows uncertainty, followed by determination), confirming her ignorance to her importance in society. Thus, our play better portrays the emotional struggle of victims as a key reason for suicide than “13 Reasons Why” for audiences to empathise with them.

Comparing “13 Reasons Why Not” to current products, our drama script can portray teenage suicide in a more authentic light, as we describe a myriad of reasons and solutions for suicide to accurately depict suicide as a complex phenomenon governed by interactions between various factors like stressful events, personal and familial histories and environmental conditions. (Ahmed et al., 2015) For example, ‘To Each His Own’ concentrates on an adults’ reasons for depression, which does not factor in reasons like academic stress, while ‘PSLE GO’, despite being a local product which portrays the life of Singaporean student, is a relatively short film which is only able to capture academic stress and high expectations from parents as key reasons for suicide, neglecting important factors like social factors (i.e. relationships with friends). Since our product covers a range of reasons from numerous aspects of teenage life, it is more effective in spreading a realistic message on teenage suicide.

Interactivity in the educational setting can enhance the experience and achieve greater engagement leading to greater learning (Richards, 2006). “13 Reasons Why Not” is more effective than current existing products as it comprises of a forum theatre. Participating in a forum theatre guarantees a memorable experience for the audience so that the play can be engraved into their mind, and by playing the role of certain characters, they personally experiences and are able to identify their problems and explore their own solutions in theater space — a “rehearsal for life” (Tan, 2013). They can also relate to the emotions and states of mind of the characters better, fulfilling our primary purpose of raising awareness on teenage suicide. Additionally, with this understanding, people helping those affected by depression are more likely to make improved decisions to assist them in recovery as they can empathise with the victim. Existing products such as films and books do not incorporate the element of interactivity and therefore cannot connect the audience to the characters well and the intended outcome will be effective to a lesser degree.

To determine which is the better strategy for rehabilitation among therapeutic and natural, the CIT will be used to critique these methods. For the purpose of this research, the CBT will be used as an example of therapy. It defines the issue, stating that low rates of social reinforcement is the key variable in depression. It provides emotional support as it equips patients with emotion management skills to stabilize their emotions. However, it fails to provide teens with alternatives to

suicide to cope with their problems as it merely provides them with a healthy social environment. It also falls short in helping the patient view from other stakeholders' perspectives.

By encouraging patients to bond with others, they now develop a commitment to them to live on. This method clearly defines the issue — adolescents who had experienced negative family environments are more likely to be bullied at school. Emotional support is provided by the reassurance that he has domestic and social security, formed by strengthened bonds between family and friends respectively. Alternatives to suicide are provided as friends and family can enhance children's ability to deal with adverse situations and offer stress-relief. Although this does not help patients see from others' perspectives, it also creates a commitment to their close ones to live on. As self-recovery meets 4 criteria while therapy meets 3, our play places greater emphasis on the former. This is evident in scenes where Krystal overcomes adversities on her own instead of relying on others such as her parents and teacher for help, such as when she stood up to the person who once bullied her without assistance.

Conclusion

All in all, we have discovered that '13 Reasons Why' lacks in vivid depiction of suicidal teenager's reasons for suicide and that existing products, like 'PSLE Go' and 'To Each His Own', have limited scopes for said reasons. We have learnt that interactivity increases the effectiveness of conveying our message. Lastly, we determined that self-recovery is the best method for post-depression rehabilitation. Hence, we will include more diverse reasons, applicable to teenagers, focus on self-recovery and incorporate the forum theatre element into '13 Reasons Why Not'. Thus, our play better conveys our anti-suicidal message and offers effective, practical solutions to our audiences. We believe that the production of this play will impact lives of depressed teenagers and turn them away from suicide and improve their lives instead. Should our work be further researched into, we suggest that future researchers will further explore reasons for suicide and conceptualise their own theory on suicide, such that they can generate their own solutions based on that.

(Word Count: 1994)

References

1. Joiner, T. E. (2005). *Why People Die By Suicide*. Cambridge, MA: Harvard University Press
2. Drummet, K. (1969). An application of crisis theory: The suicide prevention center. Retrieved from https://digitalcommons.iwu.edu/nursing_honproj/24/
3. Baumeister RF, Leary MR. The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*. 1995;117(3):497-529.
4. Deci EL, Ryan RM. The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*. 2000;11(4):227-268. [Review].
5. Qin P, Nordentoft M. Suicide Risk in Relation to Psychiatric Hospitalization. *Archives of General Psychiatry*. 2005;62:427-432. [PubMed]
6. Shneidman, E. (1985). Definition of suicide. (pp. 202- 213.) New York: John Wiley & Sons.
7. Murray, H. (1938). *Explorations in personality*. New York: Oxford University Press.
8. Leenaars, A. (Ed.). (1999). *Lives and deaths: Selections from the works of Edwin S. Shneidman*. Philadelphia: Brunner/Mazel.
9. N. L. Farberow and S. M. Heilig, "Procedures and Techniques in Evaluation and Management of Suicidal Persons," Los Angeles, 1965, p. 1.
10. Crisis Intervention: History and Theory National Academy of Health & Business. (2015, March 31). Retrieved from <https://www.nahb.ca/crisis-intervention-history-theory/>
11. Dictionary by Merriam-Webster: America's most-trusted online dictionary. (n.d.). Retrieved from <https://www.merriam-webster.com/>
12. Franklin, M. E., & Foa, E. B. (2015). *Cognitive Behavioral Treatment of Obsessive-Compulsive Disorder*. *Oxford Clinical Psychology*. doi:10.1093/med:psych/9780195304145.003.0015
13. University of Cambridge. (2016, May 19). Support from family, friends important to helping prevent depression in teenagers. *ScienceDaily*. Retrieved August 10, 2018 from www.sciencedaily.com/releases/2016/05/160519120735.htm
14. Suicide data. (2017, December 20). Retrieved from http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
15. Suicide Facts and Figures | Samaritans of Singapore (SOS). (n.d.). Retrieved from <https://www.sos.org.sg/learn-about-suicide/quick-facts>
16. Mohammad, N. (2017, March 10). Suicide not usually result of single source of stress, says IMH doctor. Retrieved from <https://www.channelnewsasia.com/news/singapore/suicide-not-usually-result-of-single-source-of-stress-says-imh-d-7677850>
17. To Each His Own (2017). (n.d.). Retrieved from https://www.imdb.com/title/tt5922578/?ref_=ttpl_pl_tt
18. Richard, D. (2006). Is interactivity actually important? Retrieved August 15, 2018
19. Ahmed S, Hussain M, Virani S, Dar S, Sreeram V, et al. (2015) Suicide: A Complex Phenomenon, Risk Assessment, a Dilemma of Emergency Room Physicians. Retrieved from: <https://www.omicsonline.org/open-access/suicide-a-complex-phenomenon-risk-assessment-a-dilemma-of-emergency-room-physicians-2155-6105-1000245.php?aid=60563>
20. Tan, K. P. (2013). *Forum Theater as Resistance: Possibilities and Limitations*. Retrieved August 14, 2018.
21. Dowd, E. T. (2003). *Depression: Theory, assessment, and new directions in practice*. Retrieved August 15, 2018.
22. CHAPTER 09 DEPRESSION. (2013). Retrieved August 15, 2018.
23. Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: The Guilford Press

24. Mullin, R. E. (1986). Handbook of cognitive therapy techniques. Retrieved August 15, 2018.