

Evaluating Suicide Representation in Asia-Pacific Horror Film Series Using WHO Guidelines: Counterproductive Narratives and Graphics

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Abstract

Films can play an important role in providing information about suicide. At the same time, films produced for entertainment purposes may provide incomplete or misleading information about how and why people die by suicide. This paper explores these issues by comparing the representation of suicide in selected Japanese and Filipino horror film series. Using the World Health Organization [WHO] Guidelines for Filmmakers as the basis for content analysis, the paper finds that the sensationalized way of presenting suicide in these series is misleading due to inaccuracy and an unrealistic representation of suicide. The data further suggest that, despite stylistic differences, both series have significantly low compliance rates with the WHO guidelines. Instead of presenting details that feature a character's inner struggles, scenes representing suicide were over-dramatized. Narrowly framing suicide based on a single factor, such as dramatic appeal, overlooks interrelated causes of suicidal behavior. The paper concludes that both series could be improved by representing suicide as preventable rather than portraying it as a rational way to solve personal problems, or considering it as a rewarding act.

Keywords: suicide, the Philippines, Japan, suicide representation, horror film

1. Introduction

Beyond its presumed value as entertainment, the film presents a platform to discuss controversial issues that may otherwise be considered as taboo. In particular, fictional films can challenge, as well as reinforce, commonly held values and principles by appealing to emotions. Further, the solitary nature of film highlights a way to offer an alternative reality. This points to the crucial role of film in creating and naturalizing certain ideas and behaviors at the expense of others. Thus, film can create opportunities to discuss controversial issues such as suicide as a relatively common but surprisingly “understudied form of film fatality” (Saddington, 2010, p. 9).

This research examines the representation of suicide in films by using two Asia-Pacific horror film series: “*Tales of Terror from Tokyo and All Over Japan*” and “*Shake, Rattle & Roll*”, from Japan and the Philippines, respectively. It employs the WHO Guidelines for filmmakers to evaluate the representation of suicide in these series. Comparative analysis can extend this process by highlighting unexplored elements related to suicide. To achieve the general objective of the study, this paper is guided by two questions: *In what ways do the selected Asia-Pacific horror film series represent suicide? To what extent do the series conform to the WHO Guidelines in their portrayal of suicide?*

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2. Past Studies

Previous research about the representation of suicide in media focused on two main themes: 1) the possible impact of news media coverage or portrayal of facts such as the rate of suicide, demographics, etc.; and 2) the ways in which suicide is generally represented in media. Related literature exhibits the correlation between suicide rate and media representation. Aside from this, a few studies have been conducted to evaluate media coverage based on existing suicide guidelines for news reporting. In this regard, this research wants to fill in the gaps from previous studies that were usually concerned with non-fictional forms, like news reporting that contributed to the very limited studies conducted in Asian films. The novelty of this research aims to show the comprehensive use of the WHO guidelines and to illustrate the point missing in Asian scholarship.

The following review of related studies identifies three main areas that explain the *media's impact on suicide rate, suicide representation, and recommendations for future creation*. These key points emphasize the role of media in suicide prevention and explain the extent of harmful reporting. By highlighting the areas for improvement, it would help raise more awareness for different stakeholders and potentially reduce the negative impact of suicide portrayal.

2.1. Media's Impact on Suicide Rate

Several studies have focused on how various forms of media may reduce the rate and develop an understanding of people who have suicide ideation. As noted by The National Centre of Mental Health Research, Information and Workforce Development (2011, p. iii), “television, movies, the internet, songs, and music videos were the most common source of any media exposure to portrayals of suicidal behaviors”. Similarly, Stack (2003) discovered that widespread coverage of suicide in the media tended to increase the suicide rate. This can be seen as a “tremendous opportunity to educate the public about mental health problems and their treatment” (Barbour & Clark, 2009, p. 233). Depending on its type, Till et al (2015) argued that “the effects of suicide-related media material seem to vary with individual vulnerability and with type of media portrayal” (p. 72). Though it “could be perceived as a threat to media freedom”, and possibly stifling artistic license for filmmakers, Colhoun (2016) agreed that “the quality of suicide presentations can still be improved” (p. 1). It is particularly notable to films “given that people spend more time watching movies than any other leisure time pursuit” (Sisask & Varnik, 2012, p. 134). On the other hand, despite the affirmative results of past research stating the connection between media portrayal and suicide rate, Perakis (2020) believes that the question of the relationship between social representation and suicidal acts remains open.

A series of documented reports stated that there's an implication of fictional representation to suicide. The Irish Association of Suicidology (1999) cited “*Death of a Student*”, a German TV series that featured the suicide of a young man who did a railway suicide as proof of the influence in the number of suicide and the choice of method. The report shows that during its release, there's a demonstrable increase of railway suicide of teenage males by 175%. Another fictional story mentioned by the Irish' guideline is Britain's TV series entitled “*Casualty*”. It depicted a character who had an overdose of paracetamol in

which a noticeable increase of 17% and 9% who did self-poison has been documented for the first two weeks after broadcast. Consequently, “20% of self-poisoning patients who had seen the program said that it had influenced their decision to attempt suicide” (*Ibid.*, p. 9). A similar study conducted by Gould et al (1988) assessed the teenage suicide rate in New York metropolitan area between 1984-1985 and discovered the impact on teenage suicide of four fictional television films that featured suicidal behavior. The copycat suicide, Werther effects, social learning theories, and other concepts that are striving to explain why readers or viewers can feel the connection towards the fictional characters may be explained by Beachum (2010) in line with psychology:

The film audience can relate to characters because they can identify how the character is feeling, and some seek the movie-going experience simply for the emotional reaction that movies can inspire in us. Psychiatrists, too, understand the motivational power of emotion, and how emotion can affect behavior. Specifically, psychiatry and film both specialize in unusual cases. Films rely on strange or extraordinary characters or behaviors to attract interest and build the plot (p. 16).

Several research papers identify binary effects of suicide portrayal in films and other media platforms. Martin (1998) found that “the evidence for influence on suicide for a range of media is increasingly clear and cogent” (p. 62). The contradicting effect of portrayals of suicide, particularly in cinema can contribute to “public understanding of the nature of suicide or hurt the development of effective suicide prevention programs” (Sisask & Varnik, 2012, p. 134). Furthermore, the same view was also emphasized in journalism by Niederkrotenthaler et al (2010) where he asserted that “the impact of suicide reporting may not be restricted to harmful effects”, a protective effect can also be observed by covering “positive coping in adverse circumstances about suicide ideation” (p. 234). In this manner, media can be considered as an “ally in promoting dialogue and raising awareness of important public health issues such as suicide” (Carmichael & Whitley, 2018, p. 1).

2.2. Assessment of Suicide Representation

A few assessments on suicide portrayal have been done to examine the quality of media reporting and representation based on existing guidelines. For instance, research shows evidence for an association between sensationalized and detailed media reporting, and suicidal behavior (McTernan et al, 2018). One example given was the adherence to media guidelines in Ireland in terms of media reporting of suicide. Using 243 media articles that have been examined between 2009 and 2012 of two high profile cases of suicide, it was revealed that:

... minority of articles breached the media guidelines in relation to sensationalized language [11.8%], placement of reports on the front page of the newspaper [9.5%], publishing of inappropriate photographs [4.2%] and mention of location of suicide

[2.4%], while no articles disclosed the contents of a suicide note. However, in the majority of articles analyzed, journalists did not refer to appropriate support services for people vulnerable to, and at risk of suicide [75.8%] or mention wider issues that are related to suicidal behaviour [53.8%]. Overemphasis of community grief [48.3%] was also common. Nearly all articles [99.2%] breached at least one guideline and 58.9% of articles breached three or more guidelines (*Ibid.*, p. 1).

In line with this, scholars identified the improvement and challenges in adhering to media guidelines on reporting suicide in Ireland between the stated period. Aside from these important findings, the need for media monitoring had been emphasized. Another study that directly relates to the same assessment is in Bangladesh, which also evaluates the quality of reporting suicide in the newspaper based on international guidelines. Utilizing the content analysis in the six daily newspapers between November 2016 and April 2017, Arafat et al (2019) found 327 articles with suicide deaths. Data confirmed that it is a very common practice to have harmful reporting [75% of articles stated detailed suicide methods] and almost no helpful reporting practices have been made [ex. no articles provide support service]. In general, the scholar concluded that explicit and simplistic reports of suicide deaths were frequently observed in Bangladeshi newspapers.

2.3. Recommendation for Future Creation

A series of recommendations on how media can improve suicide portrayal have been well elaborated. Understanding that raising awareness about suicide through film portrayal (Scalco et al, 2016) may help prevent the act and lessen the condemnation. McTernan et al (2018) pointed out the importance of monitoring agencies, regulators, and the role of government departments in media coverage and representation. Gould (2006) specified this claim and highlights the power of media “to educate the public in an appropriate fashion and change attitude towards suicide” (p. 216). Another recommendation given by Gregory et al (2020) suggests focusing on the need for media personalities’ training, heightening “awareness of the potential distressing effect and nuances of bereaved people’s preferences in consideration to the level of exposure to suicide” (p. 1). The National Institute for Mental Health in England (2007), Sisask & Varnik (2012) and Beautrais et al (2008) also endorsed the review of the most appropriate way to develop and disseminate guidelines and consider the efficacy of existing regulation for journalism and films.

Since cinematic realists believed that “film has an especially strong tie to reality because of its visual and aural presentation of information” (Fiorelli, 2016, p. v), the main objective of this research is to analyze Asia-Pacific horror film series on how suicide was cinematically represented. The alarming result about the contagious effect to youth’s suicidal behavior of exposure to suicide movies, where the stars became models (Stack et al, 2014) is a serious reminder about the need for the improvement of suicide representation.

3. Methodologies

Assessing the two horror film series as qualitative research, this research focuses on how horror film series represented suicide using the WHO guidelines for filmmakers.

3.1. The Process

To gain substantial insights while conducting content analysis, the researcher will follow specific methods to administer different phases of inquiry. First, the researcher collected and watched selected Japanese and Filipino horror series. By accessing *YouTube* site as the main source and purchasing DVD copies of both series, the researcher watched “*Tales of Terror from Tokyo and All Over Japan*” and “*Shake, Rattle & Roll*”. The two series have been selected to maximize the greatest number and most popular horror series of Japan and the Philippines. Its rich collection of contents can serve multiple opportunities to assess different suicide-related issues. Both sets of horror film series also demonstrate various suicide portrayals, which is suitable for identifying patterns in terms of depiction and representation.

For the succeeding steps, preliminary analysis has been conducted by analyzing the plot, characters, settings, themes, conflict, problems, and other elements of each film episode. After exhausting all relevant information, exploratory analysis has been done by filtering all episodes that feature suicide. Then, a comparative analysis between the two series has been executed where the recurring themes have been listed to come up with the conclusion.

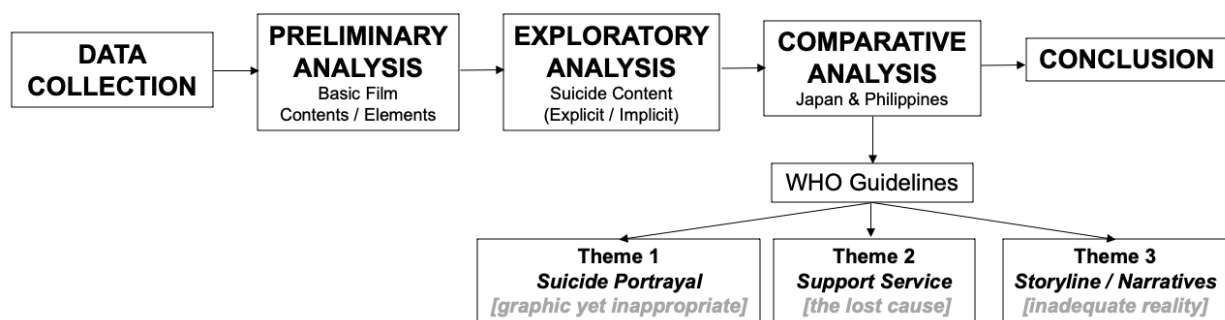


Figure 1. Methodologies of the Study

This research acknowledges possible limitations. First, subjectivity is well considered since the text to be analyzed is in a form of art. Second, this research is limited to content analysis; therefore, audience-response data are excluded. The issue of assessment reliability is also acknowledged due to the possible effect of a single rating method. Third, another potential challenge is the conceivable incomparability of the chosen film series because Japan and the Philippines have different social and cultural experiences. Fourth, the analysis of the length of suicide scenes is not included. There is no distinction whether the suicide content is explicitly or implicitly integrated into the production [i.e., visual, script, narratives]. Lastly, this research uses the point-of-view of characters who died by suicide, including those who attempted and manifested self-injury. In addition, there is a difference between the way a single

act of suicide is perceived by the viewer and/or other persona in the narrative and the actual characters who died by suicide. For example, viewers or people that surround the suicidal character may interpret the act as selfish or sinful, but for the character who experienced major depressive disorder, the act of killing oneself is the most beneficial for everyone, believing that it would end all the suffering. As such, this study emphasizes the importance of providing the opportunity to listen to the commonly disregarded perspectives.

3.2. Data Source: Asia Pacific Horror Film Series Background

“Tales of Terror from Tokyo and All Over Japan” has four volumes in total, where the first two volumes were released as a TV series [2003-2004], while the remaining two were released in cinemas in Japan [2004-2005]. It was later premiered as a DVD in the US and other European countries [2006]. The first volume has 15 short episodes, and the second volume has 18 short episodes, both ranging from 4-6 minutes long for each short film. The third volume was divided into two parts with 33 episodes, approximately 5 minutes long for each. The movie version of volume 4 has 8 episodes with an average length of 10 minutes. The full series did not have a strong connection or continuity with each other, except for part 2 of volume 3 where there is a recurring appearance of a single actress and her character within the series. This anthology was a product of collaboration from different Japanese directors. With the available information about the series, sources stated that the majority was filmed with a significantly low budget. Finally, stories from this anthology were collected and claimed as based on true events.

On the other hand, the *“Shake, Rattle & Roll”* anthology has 15 installments that were originally released in cinemas from the year 1984-2014, then shown in the Philippine local TV channels in 2017. Each series title has three episodes that range from 25-35 minutes. The full series did not establish a strong connection with each other except for *“Shake, Rattle & Roll 9”* where a “bus” and the character “teacher” hinted subtle connection in between episodes, and *“Shake, Rattle & Roll XV”*, where one character appeared in all episodes with a minor role. The anthology was also a product of the collaboration of experienced and contemporary Filipino directors. There is no direct claim that all stories told in this anthology were true, but many of these were based on popular Filipino urban legends and folklores that introduce supernatural creatures and demonic possessions.

Table 1. Complete List of “Tales of Terror from Tokyo and All Over Japan” Series

<i>Tales of Terror from Tokyo and All Over Japan (Season 1)</i>	
<i>Season 1 - Episode 1</i>	“ELEVATOR”
<i>Season 1 - Episode 2</i>	“THE SCHOOL EXCURSION”
<i>Season 1 - Episode 3</i>	“KENGLO NISHIOKA”
<i>Season 1 - Episode 4</i>	“THE VISITOR”
<i>Season 1 - Episode 5</i>	“COVERING THE 100 TALES”
<i>Season 1 - Episode 6</i>	“CASSETTE TAPE”
<i>Season 1 - Episode 7</i>	“SPILT WATER”
<i>Season 1 - Episode 8</i>	“THE BACKWARD SUIT”
<i>Season 1 - Episode 9</i>	“EXAMINATION ROOM #3 1”
<i>Season 1 - Episode 10</i>	“EXAMINATION ROOM #3 2”
<i>Season 1 - Episode 11</i>	“A FORGOTTEN ITEM”
<i>Season 1 - Episode 12</i>	“VIDEO”
<i>Season 1 - Episode 13</i>	“A DROP OF BLOOD”
<i>Season 1 - Episode 14</i>	“ENLIGHTENMENT”
<i>Season 1 - Episode 15</i>	“WAITING TIME”
<i>Tales of Terror from Tokyo and All Over Japan (Season 2)</i>	
<i>Season 2 - Episode 1</i>	“OFF THE SHELF”
<i>Season 2 - Episode 2</i>	“STONES”
<i>Season 2 - Episode 3</i>	“MY SISTER’S ROOM”
<i>Season 2 - Episode 4</i>	“THE TRAIN”
<i>Season 2 - Episode 5</i>	“THE LOVER”
<i>Season 2 - Episode 6</i>	“TAKE A GOOD CARE OF HIM”
<i>Season 2 - Episode 7</i>	“LET’S PLAY”
<i>Season 2 - Episode 8</i>	“A MOTEL”
<i>Season 2 - Episode 9</i>	“THE GARDEN”
<i>Season 2 - Episode 10</i>	“DON’T EVER OPEN”
<i>Season 2 - Episode 11</i>	“GETTING CLOSER”
<i>Season 2 - Episode 12</i>	“PLEASE DON’T”
<i>Season 2 - Episode 13</i>	“NO MORE, PLEASE”
<i>Season 2 - Episode 14</i>	“COME, IF YOU DARE”
<i>Season 2 - Episode 15</i>	“FOX AND A BATH”
<i>Season 2 - Episode 16</i>	“AN INTERROGATION”
<i>Season 2 - Episode 17</i>	“FAMILY CREST”
<i>Season 2 - Episode 18</i>	“HANDPRINTS”
<i>Tales of Terror from Tokyo and All Over Japan (Season 3)</i>	

<i>Season 3 - Episode 1</i>	“THE RED EYES”
<i>Season 3 - Episode 2</i>	“TELL ME”
<i>Season 3 - Episode 3</i>	“ANOTHER ONE”
<i>Season 3 - Episode 4</i>	“THE MEN IN BLACK”
<i>Season 3 - Episode 5</i>	“MY WIFE’S COMING”
<i>Season 3 - Episode 6</i>	“THE BLOODIED ARMOR”
<i>Season 3 - Episode 7</i>	“OVERTIME”
<i>Season 3 - Episode 8</i>	“OVERTIME 2”
<i>Season 3 - Episode 9</i>	“RED TRICYCLE”
<i>Season 3 - Episode 10</i>	“SHADOWS SITTING BY THEIR FEAR”
<i>Season 3 - Episode 11</i>	“GHOST HOUSE”
<i>Season 3 - Episode 12</i>	“THE BREATH OF MONONOKE”
<i>Season 3 - Episode 13</i>	“THE BRIDE”
<i>Season 3 - Episode 14</i>	“ONLY TWO OF US”
<i>Season 3 - Episode 15</i>	“A WOMAN NEXT DOOR”
<i>Season 3 - Episode 16</i>	“THREE PEOPLE ARE COMING”
<i>Season 3 - Episode 17</i>	“A SNAPSHOT”
<i>Season 3 - Episode 18</i>	“BLUE RAINCOAT”
<i>Season 3 - Episode 19</i>	“UNBROADCAST FOOTAGE”
<i>Season 3 - Episode 20</i>	“HE’S HOME”
<i>Season 3 - Episode 21</i>	“VISITOR”
<i>Season 3 - Episode 22</i>	“SLEEPY HEAD”
<i>Season 3 - Episode 23</i>	“SECOND ROUND”
<i>Season 3 - Episode 24</i>	“COPY MACHINE”
<i>Season 3 - Episode 25</i>	“GREETINGS”
<i>Season 3 - Episode 26</i>	“ANIMAL ODOR”
<i>Season 3 - Episode 27</i>	“THE LOST TRAIN”
<i>Season 3 - Episode 28</i>	“NOOSE SNAP”
<i>Season 3 - Episode 29</i>	“MAI’S VOICE”
<i>Season 3 - Episode 30</i>	“THE GHOST OF OHATSUTENJIN”
<i>Season 3 - Episode 31</i>	“THE PROMISE”
<i>Season 3 - Episode 32</i>	“HAIR PINS”
<i>Season 3 - Episode 33</i>	“THE MUSIC BOX”
<i>Tales of Terror from Tokyo and All Over Japan (Season 4)</i>	
<i>Season 4 - Episode 1</i>	“REPORT FROM THE NIGHT WATCHMAN”
<i>Season 4 - Episode 2</i>	“LINGERING SMOKE”

<i>Season 4 - Episode 3</i>	“GLOVES”
<i>Season 4 - Episode 4</i>	“SO HEAVY”
<i>Season 4 - Episode 5</i>	“FULL-LENGTH MIRROR”
<i>Season 4 - Episode 6</i>	“EYES”
<i>Season 4 - Episode 7</i>	“PROMISE”
<i>Season 4 - Episode 8</i>	“HISAO”

Note: Highlighting Episode with Explicit/Implicit Representation of Suicide.

Table 2. Complete List of “Shake, Rattle & Roll” Series Highlighting Episode with Explicit/Implicit Representation of Suicide

SERIES TITLE	EPISODE 1	EPISODE 2	EPISODE 3
<i>“Shake, Rattle & Roll”</i> 1984	“GLASS”	“REFRIGERATOR”	“MANANANGGAL”
<i>“Shake, Rattle & Roll II”</i> 1990	“GHOST”	“WITCHCRAFT”	“ASWANG”
<i>“Shake, Rattle & Roll III”</i> 1991	“NANNY”	“BIG SISTER”	“MOTHER”
<i>“Shake, Rattle & Roll IV”</i> 1992	“TEACHER”	“NEIGHBOR”	“NUN”
<i>“Shake, Rattle & Roll V”</i> 1994	“MALIGNO”	“SHADOW”	“IMPAKTO”
<i>“Shake, Rattle & Roll VI”</i> 1997	“TELEVISION”	“BRIDGE”	“MOON”
<i>“Shake, Rattle & Roll 2K5”</i> 2005	“WATER PUMP”	“AQUARIUM”	“SECRET OF SAN JOAQUIN”
<i>“Shake, Rattle & Roll 8”</i> 2006	“13 TH FLOOR”	“NANNY”	“LRT”
<i>“Shake, Rattle & Roll 9”</i> 2007	“CHRISTMAS TREE”	“NIGHTMARE”	“ENKANTO”
<i>“Shake, Rattle & Roll X”</i> 2008	“EMERGENCY”	“CLASS PICTURE”	“NIEVES”
<i>“Shake, Rattle & Roll 11”</i> 2009	“DEVIL”	“UKAY-UKAY”	“LAMANLUPA”
<i>“Shake, Rattle & Roll 12”</i> 2010	“MAMANYIKA”	“ISLAND”	“FUNERAL HOME”
<i>“Shake, Rattle & Roll 13”</i> 2011	“TAMAWO”	“LIGHTHOUSE”	“RAIN, RAIN, GO AWAY”

<i>“Shake, Rattle & Roll Fourteen: The Invasion” 2012</i>	“INHERITANCE”	“THE LOST COMMAND”	“UNWANTED”
<i>“Shake, Rattle & Roll XV” 2014</i>	“SNAKE”	“VIAND”	“FLIGHT 666”

Note: Highlighting Episode with Explicit/Implicit Representation of Suicide.

Out of 74 total short films included in the Japanese anthology, there are 12 episodes [16.22%] that explicitly or implicitly show suicide, while out of 45 total number of short films included in the Filipino anthology, there are 14 episodes [31.11%] with suicide contents.

4. Results and Analysis

By taking advantage of the WHO guidelines referenced in this research, this section focuses on the analysis and discussion of how the Japanese and Filipino horror film series represent suicide.

4.1. Do the Series Conform with WHO Guidelines in Portraying Suicide?

As the “directing and coordinating authority on international health within the United Nations system”, WHO envisions a “world in which all people attain the highest possible level of health” with the mission to “promote health, keep the world safe and serve the vulnerable”; its aim is not only to ensure people to have universal health coverage and protection from health emergencies but also to provide better health and well-being where suicide is treated as a “serious global public health problem” (WHO, 2019 & 2020, n. pag). As a response to this particular issue, the organization made a series of suicide preventive guidelines [2014], in media [2008 & 2017], news reporting [2015], a resource for filmmakers and others working on stage and screen [2019], and suicide prevention in countries [2021]. It is based on the increasing evidence that media (WHO, 2019) and social media (Luxton et al, 2012) contribute to suicide and suicide attempts. In parallel with the guidelines from the “*Resource for Filmmakers and Others Working on Stage and Screen*” this research intends to assess the horror film series whether the representation is appropriate to maximize positive and minimize negative impacts (WHO, 2019).

Considering the guidelines published by the WHO, this research covers all specified items and is converted into a checklist that can be treated as the primary indicators for the assessment. This excludes two points: [1] *consult suicide prevention and communication experts, mental health professionals and persons with lived experience*, and [2] *consider the impact of portraying suicide on persons involved in stage and screen productions* as these two are not measurable, cannot be validated, and no available reference can be obtained.

Table 3. Summative Assessment of Japanese and Filipino Horror Series' Compliance Rate Using WHO Guidelines

	Japan	Philippines	Average
WHO Guideline #1 Include characters and narratives displaying resilience and effective ways of dealing with problems.			
1.1 Include characters who display resilience and positive coping strategies that enable them to deal with life stressors, feelings of sadness and/or suicidal thought.	0.08	0.86	0.47
1.2 Depict efforts to access relevant services of overcoming stressors or crises and of coping with stress and recovery.	0.00	0.21	0.11
1.3 Convey a message that change is possible, even in seemingly desperate circumstances.	0.08	0.50	0.29
WHO Guideline #2 Outline how to obtain help from support services.			
2.1 Provide contact details for support services which can provide support services to anyone affected by the story's content.	0.00	0.00	0.00
WHO Guideline #3 Show the potential positive value of support from friends, family and others.			
3.1 Provide examples of how friends, family members and the wider community can help and support vulnerable persons.	0.17	0.64	0.41
WHO Guideline #4 Avoid depicting the act or method of suicide.			
4.1 Avoid showing the act of suicide.	0.92	0.14	0.53
4.2 Avoid showing images of the body following the suicidal act.	0.33	0.71	0.52
4.3 Avoid the inclusion of details like the method used in the narrative.	0.08	0.14	0.11
4.4 As an alternative, show narrative surrounding the person's death by a family member or friend to let the audience know that the character has died by suicide or made a suicide attempt.	0.17	0.14	0.16
WHO Guideline #5 Base storylines on real life.			
5.1 Depiction of fictional and non-fictitious events should not deviate from real life.	1.00	0.50	0.75
5.2 Avoid simplifying, glamourizing or otherwise presenting events unrealistically.	0.75	0.64	0.70

5.3 Special caution must be used when telling the story of a suicide which occurred at a location that is frequently associated with people taking their own life to avoid further suicides at that location.	0.50	0.86	0.68
5.4 Paint a picture, informed by research, that accurately represents the real lives of people experiencing suicidal behavior and those caring for, treating or working with them.	0.08	0.14	0.11
WHO Guideline #6 Include potential warning signs of suicide and how to cope with them.			
6.1 Include behaviors that are potentially indicative of a person's plan to take their own life (changes in mood, heightened engagement in risky behaviors, self-harm, talking about taking one's life and feelings of hopelessness).	0.42	0.86	0.64
6.2 Do not portray suicide as the only option for coping with complex adversities.	0.00	0.21	0.11
WHO Guideline #7 Display the complexity and wider issues associated with suicide.			
7.1 Depict the presence of multiple stressors.	0.17	0.07	0.12
WHO Guideline #8 Use appropriate language.			
8.1 Language should be appropriate for the audience (non-judgmental, non-sensational). Avoid stigmatizing or adding shame to issues of mental health conditions or suicide.	0.67	0.57	0.62
WHO Guideline #9 Consider including a content advisory message prior to the beginning of cinematic, televised, streamed or theatrical content.			
9.1 Inclusion of advisory message stating that the theme of suicide is covered and should be considered.	0.00	0.00	0.00
WHO Guideline #10 Provide parental guidance for content aimed at viewers under 18 years of age.			
10.1 Place information for parents / guardians at the start as well as the end of a screen or theatre production featuring the theme of suicide.	0.00	0.00	0.00
Subtotal Theme 1 [Suicide Portrayal] Guideline #4	0.38	0.28	0.33
Subtotal Theme 2 [Support Service] Guidelines #2, #9, and #10	0.00	0.00	0.00
Subtotal Theme 3 [Storyline/Narratives] Guidelines #1, #3, #5, #6, #7, and #8	0.33	0.46	0.42
TOTAL	0.285	0.378	0.33

Note on Indicators: 90-100 extremely high; 75-89 very high; 56-74 high; 45-55 average; 26-44 low; 11-25 very low; 0-10 extremely low.

4.2. Thematic Analysis: Japanese and Filipino Horror Series Using WHO Guidelines

Between the Japanese and Filipino horror film series, there are noticeable similarities and differences on how they present suicide and its level of compliance with the WHO guidelines. The Filipino series has a higher compliance rate of 38% as compared to the Japanese horror series with 29%. The average compliance rate of Filipino and Japanese horror series is only 33%, which shows a significantly low compliance rate with the WHO guidelines. Specifically, the top complied criteria in the guidelines for both series are [5.1] depiction of fictional and non-fictional events should not deviate from real life; [5.2] avoid simplifying, glamourizing or otherwise presenting events unrealistically; and [5.3] special caution must be used when telling the story of a suicide which occurred at a location that is frequently associated with people taking their own life to avoid further suicides at that location. Both series shared the most common violation that includes [2.1] provide contact details for support services which can provide support to anyone affected by the story's context; [9.1] inclusion of advisory message stating that the theme of suicide is covered and should be considered; and [10.1] place information for parents / guardians at the start as well as at the end of a screen or theatre production. Additionally, for Japan, it is remarkable to evaluate how it seriously violates the guideline, which is [6.2] do not portray suicide as the only option for coping with complex adversities. Interestingly, there are items that can be observed between the two series that have a wide gap. For example, criteria [1.1] include characters who display resilience and positive coping strategies that enable them to deal with life stressors, feelings of sadness and/or suicidal thought and [4.1] avoid showing the act of suicide that will be discussed in the succeeding section of this paper.

By thematically analyzing the Asia-Pacific horror film series, the WHO guidelines and the assessment were categorized by three main themes: *suicide portrayal*, *storyline / narratives*, and *support service*.

4.2.1. Suicide Portrayal [*graphic yet inappropriate*]

The category of *suicide portrayal* covers the WHO guidelines [4] avoid depicting the act or method of suicide. With a total of 33%, the two series have a low compliance rate in terms of avoiding the depiction or method of suicide. Furthermore, there is a noticeable gap between [4.1] avoid showing the act of suicide and [4.2] avoid showing images of the body following the suicidal act against the two remaining criteria: [4.3] avoid the inclusion of details like the method used in the narrative and [4.4] show narrative surrounding the person's death by a family member or friend to let the audience know that the character has died by suicide. The first set has an *average* compliance rate while there is a considerable *very low* compliance in the second set. It means that both series commonly depicted the method and failed to focus on bereaved family members and friends as an alternative. In addition, there is a recognizable discrepancy between the Japanese and the Philippine horror series especially in showing the act of suicide. The

Japanese avoid presenting the actual suicide, yet it features the images of the body following the suicidal act, which is contrary to that of the Filipino horror series. The Japanese one also provides too specific details, especially in methods used like in the following scripts:

“I’d been bullied by classmates. So I hanged myself in the school bathroom!”
[Tales of Terror from Tokyo and All Over Japan, “Covering 100 Tales” Episode]

“Deborah’s sister called, she’s dead... suicide... she hanged herself.”
[Tales of Terror from Tokyo and All Over Japan, “Cassette Tape” Episode]

“That’s when I found out that he hanged himself!”
[Tales of Terror from Tokyo and All Over Japan, “The Lover” Episode]

“The basketball coach from some junior high hanged himself in that room.”
[Tales of Terror from Tokyo and All Over Japan, “Another One” Episode]

“She burned herself to death since she was frustrated with some guy!”
[Tales of Terror from Tokyo and All Over Japan, “Overtime” Episode]

“Reiko hanged herself two weeks ago in her own house!”
[Tales of Terror from Tokyo and All Over Japan, “Ghost House” Episode]

“It is said that it was the fault of fire. But she really... burnt herself.”
[Tales of Terror from Tokyo and All Over Japan, “Only Two of Us” Episode]

“Did you know, Sir? Someone hanged himself in this building.”
[Tales of Terror from Tokyo and All Over Japan, “Noose Snap” Episode]

4.2.2. Support Service *[the lost cause]*

The category of *support service* covers the WHO guidelines [2] outline how to obtain help from support service; [9] consider including a content advisory message prior to the beginning of cinematic, televised, streamed or theatrical content; and [10] provide parental guidance for content aimed at viewers under 18 years of age. With an average of 0%, the two series failed to provide information about support services, advisory messages, and guidance that can assist the viewers.

Being the least complied aspect, both series neither include advisory messages nor information at the start and end of the screen about the suicide theme of the movie production. An example of this initiative is what an American Netflix series added in the ending part of the official trailer of the series “*13 Reasons Why Season 2*”, which explicitly features suicide content. In the trailer uploaded to *Netflix*

YouTube account that has 2 minutes and 14 seconds long, there's a 3-second screen time for advisory warning that states: "If you or someone you know needs help finding crisis resources, visit 13reasonswhy.info" (Netflix, 2018).

Another example is from a Filipino movie entitled "*Last Night*" that includes a trigger warning:

The following video contains scenes that some viewers might find disturbing and/or inappropriate, including depictions and conversations related to self-harm, suicidal thoughts, and actions. If you or anyone you know are suffering from depression and suicidal thoughts, there are resources available to you such as the National Mental Health Crisis Hotline (0917-899-8727 / 989-8727) and Hopeline Philippines (0917-558-4673 / 0918-87304673 / 02-88044673 / 2919). Your suffering is not permanent, and you can get help.

The said warning lasts 10 seconds at the start of the supercut version of the movie uploaded by the official *ABS-CBN Star Cinema's YouTube* account. However, the official trailer uploaded under the same media company did not include any warning or advisory (ABS-CBN, 2017 & 2020).

4.2.3. Storyline / Narratives [*inadequate reality*]

The category of *storyline / narrative* covers the WHO guidelines [1] include characters and narratives displaying resilience and effective ways of dealing with problems; [3] show the potential positive value of support from friends, family and others; [5] base storylines on real life; [6] include potential warning signs of suicide and how to cope with them; [7] display the complexity and wider issues associated with suicide; and [8] use appropriate language. With an average of 42%, the two series have a *low* compliance rate in creating and presenting film elements that include a character who displays positive coping strategies, support system like family and community, realistic depiction of events from real life, presenting location frequently associated with suicide, representing real-life experience with people who care, treat, and work with them. Aside from this, contents that feature behavioral warning signs, complexities of suicide, multiple stressors, and even the appropriate language for audiences are lacking.

Specifically, *characterization* [1.1, 1.2, 1.3] has been problematic with an average of 29% compliance rate for both series. It is especially common with the Japanese horror series that failed to depict characters who may serve as encouraging personas and display optimistic views in dealing with suicidal thoughts and other mental health issues. The Japanese horror series presented a limited discussion on the nature of suicide. There is a notable discrepancy too between the Japanese and Philippine horror series in some criteria like [1.1] characters who display resilience and positive coping strategies, and [1.3] convey a message that change is possible, even in a seemingly desperate situation. On the other hand, it is alarming to see that both series commonly avoid to [1.2] depict effort to access relevant services of overcoming stressors or crises and of coping with stress and recovery. Additionally, with an average of 41%, support coming from the *character's significant others* [3.1] was also remarkably *low* with a great deviation

between the two series. The Filipino series has a higher rate with 47% difference compared to its Japanese counterpart.

Interestingly, with an average of 56%, the two horror film series successfully featured realistic *storylines* [5.1, 5.2, 5.3, 5.4] despite the nature of horror films as a genre that tackles supernatural events and introduces paranormal creatures. For example, the Japanese horror series tends to present real issues that revolve around family, work, and even identity crisis. Moreover, both horror series featured events that could be experienced by locals. It may not come as a surprise since it was already established that these collections of horror series were based on the actual folklore, urban legends, and haunting experiences of the Japanese and Filipinos alike.

Though there is a considerable level of compliance in presenting suicide locations, the series still mentioned and showed the specific areas where characters tried to end their lives. This includes home [toilet, room, window], office, or hotel/apartment for the Japanese; while for the Filipino series, it is home, forest, and other work-related places and leveraged some typical places, like the cemetery and bridges. Conversely, one of the lowest compliance rates under this category is the [5.4] accurate representation of real lives of people experiencing suicidal behavior and those caring for, treating, or working with them. There is a very limited focus on this category, especially with the potential support system that the character can rely on in times of hardship. It is uncommon to emphasize the significant role of characters that would directly help the struggling characters.

In terms of *behavioral indicators* [6.1, 6.2] with an average of 38% compliance rate, the two series, especially the Japanese, presented a *low* compliance on depicting potential warnings and alternative options aside from killing oneself. In fact, the Japanese horror series completely failed to show the latter where it always seemed that suicide is the sole solution for every antagonist's problem. It is also a common issue for both series to present the *complexity* [7.1] and severity of suicide and did not show the multiple reasons why people decided to kill themselves with only 12% average compliance rate.

Language [8.1] also played a huge part in presenting suicide. Though the two series have an average of 62% compliance rate, judgmental and sensational lines were still included:

“He’s crazy! The boy next door. He must be mad!”

[Tales of Terror from Tokyo and All Over Japan, “Off the Shelf” Episode]

“Why? What happened to you? You never spoke like that! What’s wrong?”

Come on, you can do it. For me, I beg you, be patient!”

“... I did not imagine he was so depressed, I later learned that by trying to give him courage, I made him worse. “Patience” is the last thing you can tell someone in that state. But that day, I don’t know how many times I told him.”

[Tales of Terror from Tokyo and All Over Japan, “The Lover” Episode]

“She burned herself to death since she was infatuated with some guy.

You should be careful too.”

“This is non-sense. They quit because they hated this job!”

[Tales of Terror from Tokyo and All Over Japan, “Overtime” Episode]

“Douglas, you are the eldest. Your siblings will rely on you.

You started this. You approached Anita.”

[Shake, Rattle & Roll, “Manananggal” Episode]

“What are you looking at? Retard! Get some water!”

“My name is not Retard! It’s Richard!”

That’s what I said, Retard!”

[Shake, Rattle & Roll, “Engkanto” Episode]

“You’ll take a leave?!”

“You didn’t know? He’s going to end his life!”

“Oh?”

“Hey!”

“He will strangle himself!”

“No! I’m just getting married.”

[Shake, Rattle & Roll, “Nightmare” Episode]

The last set of examples integrates wordplay technique using the Filipino word “sakal” [strangle] and “kasal” [wedding]. It implies the possible misfortune that someone may experience should a man gets married. Framing it as a joke, this suggests that getting married is akin to suicide.

4.2.4. Other Aspects

In the Japanese horror film series, the majority of suicide is completed with a single attempt. Analyzing conflict within the narrative, majority is unknown and the second-ranked is the character’s conflict towards his society, particularly with family and/or work. It also did not feature specific characters that have been affected after the incident. Overall, the Japanese horror film series’ way of portraying suicide is by means of figurative or indirect style. Suicide is generally considered a solution to escape reality or challenging issues. Furthermore, this becomes a source of fear and anxiety for many, since they are afraid that people who died by suicide would haunt them forever.

On the contrary, the Filipino horror series mainly highlights the heroic type of suicide, where most of the characters portrayed a sacrificial act to save others by offering their own lives. Aside from being consumed or captured by supernatural creatures, the most used method of suicide is by gunshot. It is also common for the male character to be the suicide victim, who typically belongs to the working class, and who has a conflict with his family or in the workplace. Although it is worth mentioning that there are

several upper-class male characters who also died by suicide. In the series, family members were the most common characters affected by the incidents. The common style for depicting suicide act is literal, and many of the episodes portrayed suicide as a form of sacrifice. Though it is not encouraged, the series emphasized its value among characters and how it affected the narrative flow of the story.

Like the WHO guidelines, another guide named “*Factsheet Drama Portrayal: Media Guidelines for Reporting Suicide*” also promotes sensitive, responsible, and realistic portrayal of suicide (Samaritans, 2013). Based on the data gathered in this study, both series commonly presented suicide due to a single factor, but the guidelines emphasized that it is more likely to have interrelated causes. Following the WHO and Samaritan’s guidelines, the Japanese and Filipino horror film series could be improved further by featuring suicide acts as preventable rather than rewarding. The Filipino horror series has a tendency to sensationalize suicide scenes due to excessive display of actions and the methods being used. For example, some episodes included graphic methods that may be imitated by the audience [e.g., burying alive].

The most problematic representation of the two series is that the suicide act was portrayed unrealistically, for example, the act itself displayed a quick and almost painless way to die. The simplistic representation of the after-death scenes was common in the Filipino series featuring the body that is improbable after a devastating act of suicide.

5. Conclusion

Featuring suicide acts in films neither assure nor create meaningful opportunities to destigmatize suicide. Having a significantly low compliance rate against the WHO guidelines, both series appeared to have failed to provide accurate and responsible suicide portrayals. Despite similarities, there are also notable contradictions between Japan and the Philippines’ representation of suicide. Based on the results of this study, it can be observed that the Filipino characters were more engaged and proactive in improving life’s conditions. However, the Japanese were more isolated in dealing with personal problems and less expressive of their emotions publicly.

Since the primary goal of this research is to promote responsible media portrayal, specifically in movies by using the WHO guidelines, it hopes to address how the Japanese and Filipino horror film series represent suicide acts. More studies could be done to further the discussion of the sensitive nature of suicide, such as assessing data from audience response or performing a multiple-rater system to increase the reliability of the assessment. It is also beneficial to do advanced studies that evaluate different platforms or genres to elaborate further the comparative analysis. Moreover, it is valuable to conduct additional empirical studies in the future to strengthen the observations using actual human experience, particularly in countries that have the tendency to underreport suicide cases, such as the Philippines. By taking advantage of the established guidelines, filmmakers would be guided by the most appropriate and reasonable methods of presenting suicide content that would not result in misleading the viewers. On the other hand, government agencies and other stakeholders need to create more programs that would address mental health issues.

This research concludes that suicide acts in the Japanese and Filipino horror series may differ in the way it is presented through films, but the recurring theme of the two Asia-Pacific horror series is the need to *revitalize suicide representation, strengthen support service, and improve the storyline or narratives*. The result of this research could be treated as a wake-up call to further improve and normalize the discussion of suicide through films and other media. Not only is suicide a global issue, but also a personal challenge. But having a holistic approach in educating the public and facilitating the essential dialogues and courses of action would be a much-needed change for a better world.

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