

# **STORYTELLING: A VIABLE AVENUE FOR SUICIDE PREVENTION**

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**2018**

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## **PROBLEM:**

Storytelling and lived experience have long been considered lesser resources for grief recovery than solutions such as medication, talk therapy, group therapy, and other sources of professional treatment. Until recently, individuals with experience of suicidal ideation, attempt, or loss survival have not been considered in suicidology research or treatment options.

Such exclusion has oft been backed by the idea that talking about suicide may lead one to suicidal ideation. However, as research has unveiled the falsity of such claims, lived experience rises to a position of relevance in the work of suicide prevention through the medium of storytelling (Dazzi et al, 2014).

## **STORYTELLING AS A TOOL FOR TREATMENT:**

In the wake of rising conversation and research development around suicide, lived experience has served as a tool not only for other individuals struggling with suicidality, but also for those whose loved ones have struggled. Storytelling as a tool for treatment will be presented by exploring the neurological effects of storytelling, observing data collected from individuals before and after hearing Kevin Hines' specific story of suicide attempt and survival, and digging deeper into the efficacy of storytelling for mental health treatment.

## **STORYTELLING: A BRIEF HISTORY:**

**Storytelling as an Historical Anchor:** Reaching back to ancient civilizations, literary societies, and religious cultures, stories have long served as foundational elements of belief systems, educational methods, and entertainment avenues. A religious consideration leads one to the recognition that “ancient religions in almost every part of the world have spread their messages through stories, whether they be the Bible, the Koran, or the Bhagavad Gita” (Damodaran 2017). Religious leaders utilize storytelling as methods for spiritual healing, employing theological methodology in modern conversation with intention of creating connectivity. As for literary culture, schools and universities were built on a foundation of storytelling, enabled by the

invention of the printing press (Damodaran 2017). Scholars around the world read Shakespeare's stories, which were originally crafted as plays, serving as both entertainment and education. "The bottom line is that it is not just that the history of humanity and the history of storytelling that are entwined, but without storytelling to carry it through time, we might not know our own history" (Damodaran 2017).

## **NEUROLOGICAL EFFECTS OF STORYTELLING:**

**What The Research Reveals:** Not only is storytelling in itself powerful, but its relational invitation provides a productive method of healing for both the storyteller and the audience alike. This process thus connects stories with those with lived experience as well as those exposed to listening to the story, developing a community via shared experiences through storytelling. "Heiney (1995) aptly described the benefits of story as having the ability to 'help bind us together, communicate more effectively, build trust, and work toward a common purpose' (Reiner 2015). SG Barsade appropriately refers to the storytelling influence on group behavior as "The Ripple Effect," (2002).

**Storytelling and Suicide Prevention:** The Werther effect claimed that sensationalized stories which focused suicide actually resulted in increased suicides among viewers of a similar demographic to the person who died by suicide (Niederkröthaler et al, 2010). However, after confirming this detrimental impact of sensationalist stories on suicides, Niederkröthaler shared findings that when alternative options to suicide are promoted, a protective factor against suicide emerges. Niederkröthaler's findings offered a hopeful alternative to the narratives and stories that can trigger the Werther effect. Niederkröthaler found that providing alternative options to someone considering suicide might be an effective method for suicide prevention. "This protective effect has been termed the Papageno effect in honor of the character in Mozart's opera *The Magic Flute*. When Papageno fears that he has lost his love, Papagena, he prepares to kill himself. But three boys save him at the last minute by reminding him of other alternatives to dying" (2010). Storytelling, when coupled with hope and a realistic opportunity for healing and

recover, has the power to increase likelihood of individuals reaching out for help, and may be a viable option for recovery from suicide loss or suicidal ideation. Storytelling helps to reduce stigma and increase help seeking behaviors through normalizing messages on ‘mastery of crisis, which present help-seeking and constructive behaviors as the outcome of psychosocial crisis...and may increase the psychological availability of alternatives to suicide”

(Niederkröthaler 2014). A study conducted by Alys Cole-King revealed that, “When Kevin Hines and others share stories of struggle, suicide attempts and ideation, and most importantly the stories of hope and recovery that follow, we find a profound effect on individuals hearing hopeful stories of recovery from a suicide loss or attempt” (Cole-King 2013).

## **QUANTITATIVE DATA OF KEVIN HINES’ STORY:**

The Kevin and Margaret Hines Foundation administered a Pre-Post survey for Kevin’s “Cracked, Not Broken” speech. A nine question pre-survey was utilized to collect data from the audience prior to hearing Kevin’s story, and were asked to complete the same survey immediately following the presentation. The survey underwent factor analysis and demonstrated a single-factor solution with content that represented help-seeking attitudes about brain health concerns. Data from the surveys were analyzed with a paired samples t-test, demonstrating that scores on all items changed from the pre to post analysis in a direction representative of increased positive attitudes about help-seeking behavior (all  $ps < .01$ ). The effect sizes for positive change in all items ranged from moderate to strong in size (Cohen’s  $d$  range = .04 to .12).

## SURVEY DATA:

### Percentage of Participants Who Agree or Strongly Agree

AFTER ATTENDING TODAY'S EVENT, I  
BETTER UNDERSTAND THE FACTORS  
THAT THAT CONTRIBUTE TO  
INDIVIDUAL WELLNESS.



96%

AFTER ATTENDING TODAY'S EVENT, I  
BETTER UNDERSTAND HOW TO ASSESS  
THE OVERALL WELLNESS AND  
RESILIENCY OF MYSELF AND OTHERS.



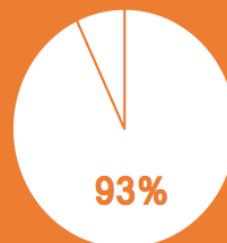
95%

I UNDERSTAND WHAT RESOURCES ARE  
PROVIDED BY MCAS YUMA TO  
ADDRESS THE WELLNESS SPECTRUM.



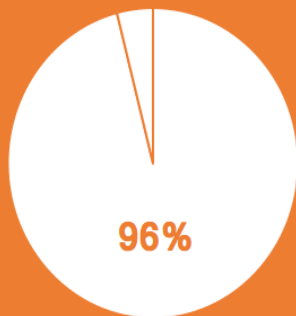
90%

I FEEL AN INCREASED LEVEL OF  
MOTIVATION TO BUILD MY RESILIENCY  
BASED UPON THIS EVENT.



93%

I FOUND TODAY'S EVENT HELPFUL.



96%

I THINK THAT EVENTS LIKE THIS  
CONTRIBUTE TO A POSITIVE  
COMMAND CLIMATE AND A FOCUS ON  
THE WELFARE OF MARINES, SAILORS,  
AND CIVILIAN EMPLOYEES.



94%

## CONCLUSION:

Kevin's story offers preventative measures through suicide mitigation, "an active process to try to prevent suicide," as coined by Dr. Alys Cole-King. "For the many suicidal individuals ambivalent about their wish to die, compassionate engagement can be the tipping point back to safety" (Cole-King 2013). Kevin's story denotes the importance of continued wellness efforts, peer support networks, and his personal path to recovery, providing suicide mitigation through storytelling itself. Suicide mitigation, as described by Cole-King, is perhaps a modern approach to the Papageno effect as described by Niedkroenthaler. The power of Kevin's story, therefore, is the application of such methods for suicide prevention and treatment through the historically proven, effective method of storytelling. Storytelling ought to be considered a viable method for suicide prevention treatment, as it provides transportation (self-insertion) and relevance (meaning-making) to the listener (Haven 2015). Storytelling allows the human brain to "understand, to make sense, [and] to remember," which furthermore allows for the individual to create best possible outcomes for the situation sometimes without conscious recognition, using the "neural story net" (Haven 2015). A story's "influence potential," as denoted by Kendall Haven, asks "Who has the power to change the ending?" (Haven 2014). The stories of Kevin Hines and others invite a neurological response to positive help seeking behaviors before the emotional response is elicited. Once the emotional response is provoked, the listeners have then been doubly exposed to problem-solving thoughts, increasing likelihood for positive action in the listener before tools of suicide mitigation or recovery from suicidality or loss are explicitly communicated. Thus, when Kevin and others share their recovery processes and their experiences of hope in their own stories, the audience is receiving its third serving of help-seeking behaviors, this time in logistical form (i.e., talk therapy, peer support, exercise, meditation, etc.)

The profound historical relevance, neurological significance, and social evidence of the power of storytelling sheds light on a burgeoning topic that ought not be avoided by clinicians, researchers, survivors, or any members of society. The power of storytelling reaches beyond actions or reactions to individuals; rather, storytelling may have the ability to change or even save lives.

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