

Using media reports about suicide as data: Response to Etchells et al. (2021)

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We appreciate Etchells et al.'s (2021) response to our paper 'PUBG-related suicides during the COVID-19 pandemic: Three cases from Pakistan' (Mamun et al., 2020a). The authors presented a number of issues related to our paper under the headings of (1) errors and poor practice in the data presented, (2) ethical concerns in relation to the depiction of suicide, and (3) a lack of scientific rigor. Here we respond to all of their concerns which are simply unfounded and/or misleading.

Before responding to each of the claims, it is worth mentioning that we used a well-established method of retrieving suicide data from the press media. Much of the criticism of our paper concerns the method we used to collect the data. This is a method that has been widely used by researchers globally as well as in South Asia, particularly among countries with no (or inactive) suicide surveillance system for collecting suicide information. Previous studies using this method include those in Bangladesh (e.g., Arafat et al., 2018, 2020; Arafat & Hossain, 2018; Islam et al., 2021; Shah et al., 2017; Soron & Islam, 2020), India (e.g., Armstrong et al., 2019; Patel, 2019; Pathare et al., 2020; Sripad et al., 2021; Chahal et al., 2021; Shoib et al., 2020; Balaji & Patel, 2020; Kar et al., 2020), Ghana (e.g., Abdulai, 2020; Adinkrah, 2020; Quarshie et al., 2015), Nigeria (e.g., Olibamoyo et al., 2021; Oyetunji et al., 2021), Pakistan (e.g., Khan et al., 2009; Naz, 2016), Sri Lanka (Sørensen et al., 2021), Uganda (Kaggwa et al., 2021), and the United States (Kronenberg, 2021) as well as cross-national studies examining suicides from media reports in India, Bangladesh, Saudi Arabia, UK, Germany and Italy (e.g., Kar et al., 2021; Thakur & Jain, 2020). In sum, there are dozens of papers that have used exactly the same method as us (and none of the aforementioned references involved us as authors or co-authors), but as far as we are aware, Etchells et al. have not written a commentary on these or any other published paper using this method.

1. ERRORS AND POOR PRACTICE IN THE DATA PRESENTED

First Claim: The case presentation in all three cases comprises the recycling of text from news reports reporting the deaths, with minimal rephrasing attempts (see Table 1 for an example below).

Author Response: We attempted to rephrase information from newspaper reports where possible. We wanted to remain as faithful to the original reports as possible without changing the original meanings, and we meticulously cited all our sources. The way we reported the data is no different from many other similar reports published elsewhere using the same method.

37 **Second Claim:** No further information beyond that found in the news reports is offered, nor does
38 it appear to be the case that any of the authors had direct contact with either the victims, those
39 close to them, or clinicians or law enforcement representatives involved in the cases.

40 **Author's Response:** As mentioned already, the method we used is well established in the
41 psychological literature, and given that the only data sources are the media reports, it is very
42 obvious that we (like the many other researchers who have used this exact same method) have
43 not had any direct contact with anyone concerned with the cases. We have never claimed that the
44 method does not have limitations. The question arises as to why our particular paper was the
45 target of criticism rather than the many others that have been published previously.

46 **Third Claim (first part):** Furthermore, some elements of the news reports have been
47 misinterpreted or incorrectly represented. For example, in Case 2, the authors report that “the
48 teenager used to play game [sic] for many hours on a daily basis, and was said by those who knew
49 him to be addicted to the game.” However, the original source notes the following: “It was purely
50 a case of addiction as the boy used to play PUBG game [sic] for many hours a day,” the SP said.
51 This quote is in fact attributed to a police superintendent, and not someone close to the victim.

52 **Author Response:** We strongly disagree with this claim that this alleged statement was not taken
53 from someone close to the victim. The police rarely give out information unless they are convinced
54 of its veracity. They would not say such things unless they had evidence to support their assertions.
55 Here, the statement of the policeman was confirmed by the victim's father. However, the actual
56 news report said: “*It was purely a case of addiction as the boy used to play PUBG game for many hours a*
57 *day. The boy's father also confirmed about his obsession with the online game on which he spent many hours*
58 *a day, the police officer said (sic)*” (The Hindustan Times, 2020). It was the father who claimed his
59 son was addicted to PUBG and this was reported in over a dozen number newspapers in both
60 Urdu and English (e.g., Gulf News, 2020; New Indian Express, 2020a; 2020b; Sports Keeda,
61 2020; Tribune, 2020).

62 We cross-checked many newspapers reports for each case (in both English and Urdu). Because
63 the presented information for each of the suicide cases was collected from multiple newspaper
64 sources (e.g., Gulf News, 2020; New Indian Express, 2020a; 2020b; Sports Keeda, 2020; Tribune,
65 2020), we did not cite every single one of these each time but simply used one newspaper report
66 rather than cite every single newspaper that had reported the same thing. In short, we took the
67 decision to save journal space by just citing one rather than many sources. The newspaper article
68 we cited for this case (*Dawn News*), was chosen because it was Pakistani and a well-reputed
69 newspaper published in English. Given that most readers of our paper would not be fluent in
70 Urdu, we cited English sources so that readers could check if they so wished. We also had other
71 Indian (English language) newspaper sources, but we preferred a Pakistani source as the case was
72 from Pakistan. As far as we are aware, no information was misinterpreted or incorrectly
73 represented in our paper.

74 **Third Claim (second part):** Finally, given the brevity and journalistic nature of the original news
75 stories themselves, it is unlikely that such materials, when not analyzed critically in conjunction
76 with other data sources or materials pertinent to the cases in question, create an image that would
77 be considered neutral or reliable by clinical or scientific, rather than media, standards.

78 **Author Response:** We meticulously checked all the available news stories related to the suicide
79 case, and faithfully reported the facts. In our other papers (e.g., Mamun & Griffiths, 2020a), we

80 have outlined our preference for psychological autopsies in reporting suicide cases, but that was
81 not possible for this type of methodology. We did not invent or popularize this method of data
82 collection. We simply used a much-used previous method. We followed what the standard
83 practice had been utilized in this area of research (i.e., media reporting suicide data). Etchells et
84 al. may not like the method, but we are unclear as to why we have been singled out and why
85 Etchells et al. have not taken issue with all the many previous papers published using this method.

86 **Third Claim (third part):** As such, it is unclear how the paper adds any intellectual contribution
87 to our understanding of suicide.

88 **Author Response:** The issue of whether a paper adds intellectually to an area is ultimately
89 subjective. The paper underwent peer review, and it was deemed worthy of publication based on
90 its merits. We believe the paper makes a novel contribution to the literature given the rarity and
91 alleged reasons for such types of suicide.

92 **2. ETHICAL CONCERNS OVER THE DEPICTION OF SUICIDE**

93 **First Claim:** A further concern with Mamun et al. relates to the ethical implications of publishing
94 information about suicide, which contradicts best practice guidelines. For example, the World
95 Health Organization provides guidance on reporting suicide and makes reference to these
96 practices explicitly.

97 **Author Response:** The World Health Organization's (WHO) guidelines that Etchells et al. refer
98 to are guidelines for the media **not guidelines for academic research** (WHO, 2017; 'Preventing
99 Suicide: A resource for media professionals – Update 2017). If the media guidelines were adhered
100 to in academic papers, there would be almost no academic papers on suicide published at all.

101 **First Claim:** The first of these concerns the reporting of suicide methods: "Avoid explicit
102 description of the method used in a completed or attempted suicide." (p3) In Case 1 of Mamun et
103 al., the method of suicide is reported, which would violate acceptable standards of reporting
104 suicide.

105 **Author Response:** We have not violated anything at all. As we have already noted, the guidelines
106 are for reporting suicide in the media, not publishing such information in academic papers (WHO,
107 2017). Almost every study ever published in the suicide literature mentions the method of suicide.
108 We can provide literally hundreds of examples where the suicide method is the primary study
109 outcome in academic paper reporting. In our paper, the method of suicide was not the primary
110 outcome, it was just part of the case description. However, even if it was the primary outcome
111 measure, we have not violated any guidelines. Etchells et al. are completely mistaken and are
112 using guidelines for the media and wrongly applying them to academic dissemination.

113 **Second Claim:** The World Health Organization guidelines also remind authors that suicide
114 should not be oversimplified in the way causes are attributed: "*The factors that lead an individual to*
115 *suicide are usually multiple and complex, and should not be reported in a simplistic way. Suicide is never the*
116 *result of a single factor or event.*" (p7). Suicide is a complex and emotive issue, and rarely is it the case
117 that it can be attributed to a single factor alone. However, Mamun et al.'s claims are not in line
118 with what is considered good practice in suicide research.

119 **Author Response:** Again, Etchells et al. are using guidelines for media reporting and wrongly
120 applying them to academic dissemination. We are well aware that suicide is a complex issue with
121 multiple causative factors, as reported in our previous studies (e.g., Arafat & Mamun, 2019;
122 Griffiths & Mamun, 2020; Mamun et al., 2020b; 2020c; Mamun & Griffiths, 2020b; 2020c; Sakib
123 et al., 2021). However, Etchells et al. appear to think we reported three cases' suicide as being
124 based on a single causative factor. This is simply untrue. In Abstract, we said: *"All three were young
125 males aged 16–20 years and their suicides appear to be related to PUBG addiction. It is likely that all three
126 individuals experienced other predisposing factors relating to psychological instability."* The second
127 sentence appears to have been ignored. In the Discussion, we specifically said: *"The three cases
128 highlighted here appeared to be addicted to the PUBG game (based on corroborative reports), and their failure
129 to stop playing the game and/or failures within the game appears to have been the precipitating factor that
130 led them to suicide."* We deliberately used the words 'appear' and 'precipitating factor' but quite
131 clearly did not say it was the only factor.

132 In addition to this point, we have also discussed other gaming-related suicide cases and quite
133 clearly noted multiple factors. For instance, we noted: *"an 18-year-old student committed suicide with
134 issues related to gaming although there were other multiple suicide factors including (i) not getting the highest
135 marks in an exam (which may have been because of excessive gaming); (ii) being very stressed about an
136 upcoming exam; (iii) not being happy with his physical appearance (i.e., weight and skin color); (iv) suffering
137 from some mental health problems including depression (probably because of his poor exam performance and
138 dislike of his physical appearances); and (v) being addicted to playing videogames."* The idea that we think
139 there are single causes of suicide is frankly unfounded. The paper we cited was also one we co-
140 authored related to gaming-related suicide.

141 In the last paragraph of the Discussion, we stated: *"For some, such negative consequences may start
142 with pain and hopelessness, and then physiological, and/or psychological states which have the capacity to
143 facilitate suicidal ideation if such disruptions persist continuously."* Here, we briefly discussed the
144 possible pathway of suicide, where multicausality of suicide is also clearly stated. The suicide
145 pathway is explained by the 'three step theory of suicide' (3ST) (Klonsky et al., 2016; Klonsky, &
146 May, 2015). 3ST is the most recent established suicide theory, which tried to overcome the
147 limitations of the prior other theories such as interpersonal theory (Joiner 2005) and integrated
148 motivational-volitional theory (O'Connor 2011). In short, we did not report suicide causality as a
149 single factor related to PUBG.

150 **Third Claim:** As a group of researchers with expertise in video game effects, technology effects
151 and science communication, we are deeply concerned that a paper of this nature has been
152 published, and the potential impact it can have on public discourse regarding the impact of video
153 game play. There is scant evidence to date that individual games can be considered as having a
154 direct causal effect in suicide or suicidal ideation. Moreover, given the ubiquity of video game
155 playing as a pastime, it is highly likely that many of those who die by suicide in younger age
156 groups play them, making any claims of causality extremely tentative. There is, however, a history
157 of grand claims regarding video game effects that are then subsequently found to be inaccurate,
158 sometimes to the point where a retraction is deemed necessary.

159 **Author Response:** Firstly, we never made any claim that gaming was the only contributory factor
160 to suicide in our paper (see our earlier response). Secondly, one of the co-authors has published
161 many papers on the many benefits of gaming (e.g., de Freitas & Griffiths, 2007; Griffiths, 2002,
162 2019; Griffiths et al., 2017; Nuyens et al., 2019). We firmly believe that video gaming can be
163 beneficial to health. We even started our paper by saying: *"Most research demonstrates that videogame*

164 *playing has positive influences on players' psychological health, and can have beneficial social, educational,*
165 *therapeutic, and cognitive benefits.”* We also referenced the ‘debate’ surrounding gaming-related
166 harm in the final section of our paper. However, PUBG-related suicide is such a rare occurrence
167 which is why we wanted to write about the issue.

168 **Fourth Claim:** More broadly, there is a wealth of research that documents the harmful effects
169 that improper news reporting can have on suicide rates. Such stories often originate from
170 published academic work, and as such, researchers—and journals—have a duty to ensure that the
171 work in question is rigorous, conforms to ethical standards, and isn't sensationalist or speculative,
172 else there is the risk that coverage and promotion of the work can have extremely negative
173 consequences. This is particularly the case for younger populations who may be at greater risk of
174 suicide contagion.

175 **Author Response:** We agree that improper news reporting can impact suicide rates. This is why
176 the WHO introduced their guidelines on how the media should report it. However, we have done
177 nothing wrong in the reporting of the cases. We also agree that suicide can be ‘contagious’ due to
178 improper media reporting, especially among younger populations. However, very few younger
179 individuals routinely read papers in academic journals.

180 **3. LACK OF SCIENTIFIC RIGOR**

181 **First Claim:** Mamun et al. present no objective or robust research data to demonstrate that
182 individual games have a causal impact on suicide, yet their discussion makes strong causal claims
183 about the relationship between these variables. These claims are supported in a limited fashion by
184 references to papers written by Mamun and Griffiths, which follow a similar format: presenting
185 information gleaned from newspaper articles as objective case reports without additional scientific
186 data, and which involve extensive self-citation.

187 **Author Response:** First, we refer you to our previous responses concerning the multicausality of
188 suicide. We never claimed PUBG gaming to be a single cause of suicide. Second, Etchells et al.
189 assert our claims are supported in a limited fashion by our own papers following a similar method
190 (i.e., data from media-reported suicides). Yes, some of our previous publications use this method
191 (but the majority of our research using this method does not). “Extensive self-citation” is a ‘fuzzy
192 quantifier,’ and we only cited our own papers if relevant. The number of self-cited papers was an
193 extremely small percentage of the papers we have published on the topics of gaming and/or
194 suicide. In short, there was no extensive self-citation.

195 **Second Claim:** Typically, such case studies would draw on data or information from multiple
196 sources, with the investigators engaging in in-depth data collection over an extended period of
197 time via observations, interviews and other relevant quantitative or qualitative methods. Some
198 researchers have gone further, and developed research checklists for case reports to ensure high
199 standards of transparency and reliability. In not adhering to norms in the area, the present study
200 therefore has extremely limited value in terms of informing the direction of future research, or in
201 appropriately guiding clinical best practice.

202 **Author Response:** Again, we are being attacked for a method that we did not create or popularize.
203 The method we used has been used many times, particularly in countries that do not have national
204 databases or suicide surveillance systems.

205 4. CONCLUSION AND RECOMMENDATIONS

206 **First Claim:** In repackaging news articles as formal case reports, Mamun et al. appear to have
207 breached guidelines regarding the ethical reporting of suicide, and risk confusing the public debate
208 around video game effects. At face value, the article appears to be a clinical research report, and
209 as such may lead some readers to believe that the conclusions are of evidential value. However,
210 at no point were clinicians involved in the cases approached or represented as part of the research
211 team. Given the subjective and anecdotal nature of the content and presentation, it is not clear
212 what the article offers in terms of an evidence base that can be used to suggest implications for
213 psychiatric care in the future. More worryingly, given that there is a clear literature showing the
214 effects of poor reporting on population suicide rates, we are concerned that the present paper has
215 the potential to cause harm by effectively encouraging sensationalist news stories as worthy of
216 academic attention.

217 **Author Response:** We submitted our case studies as a letter. The journal published it under a
218 different heading. We reported novel cases that we believe would be of interest to readers.

219 **Second Claim:** Following the WHO's inclusion of gaming disorder in ICD-11, the reputational
220 stakes for video games effects research and researchers interested in the impact of digital play on
221 health and wellbeing have drastically increased. As such, studies which make exceptional claims
222 regarding the impact of games deserve close scrutiny; it is with this in mind that we closely read
223 Mamun et al. and which inform our concerns about the paper. We find it noteworthy that the
224 study passed peer review without any of the above concerns being addressed.

225 **Author Response:** The decision by the WHO to include 'gaming disorder' in the ICD-11 was
226 made on the basis of a wealth of scientific research. Griffiths is a member of the WHO working
227 party, a group of individuals who have been debating and discussing this issue over the past five
228 years. Gaming-related suicides were not discussed at all in the decision to include gaming disorder
229 in the ICD-11. Griffiths has arguably published more empirical studies on problematic gaming
230 than any other academic in the world. Gaming-related suicides are an extremely rare occurrence.
231 This is why we wrote our paper. It was not to sensationalize. It was to inform and disseminate.

232 **Final Claims:** Given the importance of the WHO's decision, and the gravity under which suicide
233 should be considered, we recommend the following:

- 234 1. Researchers should refrain from drawing on newspaper reports as a sole source of
235 information for such studies.
- 236 2. In the absence of direct contact with case subjects, or prolonged high quality data
237 collection, researchers should avoid speculative causal statements, either directly or
238 indirectly, about the potential triggers of suicide. This is especially the case when
239 referring to single factors.
- 240 3. Policy implications should not be made on the basis of case report studies alone.
- 241 4. Particularly with regard to gaming effects, research should adhere to the best practice
242 principles of open science.

243 It is only by demanding the highest of standards in terms of adherence to best-practice principles,
244 that we can ensure that video games effects research is no longer dogged by unreliable or
245 unhelpfully sensationalist work.

246 **Author Response:** Our paper utilized collecting information from media-reported suicides. We
247 never claimed this is an optimal method of rigor. The limitations of the method are well-known.
248 We used a method that is widely used in the field. We never claimed uncontrolled and addictive
249 PUBG gaming as the sole suicide factor. We explicitly stated that gaming has many positive
250 benefits. Our paper was not sensationalist. There are well over three billion gamers worldwide,
251 and the number of gamer-related suicides comprises a handful of cases. We were reporting very
252 rare behavior, which is what many academic case studies do (including many that use media
253 reports as the basis for case studies). Video gaming has benefits to health, but for a small minority,
254 gaming can have a detrimental negative impact. In short, we firmly believe the concerns raised by
255 Etchells et al. (2021) concerning our paper are misleading and/or unfounded.

256

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