

Argumentative Paper Guide

In argumentative papers, the writer takes a stance on a given topic/issue and argues a point, backing it with research from credible sources.

Tips for writing argumentative papers:

- State your position clearly. This is your thesis and should be first written at the end of your introduction.
- At the end of each supporting body paragraph, make a clear connection between what was written and the topic sentence/thesis. Your thesis should also be restated in your conclusion.
- Support all assertions with actual evidence (not just anecdotal evidence).
- Ensure your sources are current and reliable.
- Do not cherry-pick evidence. If there are credible sources with information that does not support your thesis, do not ignore it. Address it in your paper by acknowledging the opposing viewpoint of your thesis and refuting it if you can.
- Do not be afraid to change your thesis as you do research. Think of your first thesis as a jumping-off point to get you started. As you learn more about your topic, you might tweak your thesis (which is totally okay!)
- Make sure the arrangement of the evidence makes sense.
- Make sure your paper is free of logical fallacies.
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The following pages contain an example of an argumentative paper written in MLA format.

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A Preventable Paradox

It has been said that a young person truly becomes an adult when they experience the death of a friend. Days before the end of my junior year, myself and my one hundred and fifty peers, became adults. One of my classmates had completed suicide on Memorial Day weekend. We were not close, however, we attended the same elementary school, both played in pep and concert band, and shared a homeroom, so his absence was impossible to ignore. This brought my class closer as we headed into our senior year—not only because we had lost one of our own, but because we felt the way our school handled his suicide was completely wrong. There was hardly even a conversation about it, the support offered to students afterwards was minimal, and almost no prevention acts had taken place as a means to be deter student suicides in the first place. My classmate's suicide felt like a secret students were hardly allowed to be acknowledge. Recently, the death of a local teen happened, not by suicide, and things that were not allowed to take place for my classmate—vigils, a page dedicated to him in the yearbook, newspapers articles about what a promising young person he was, an open seat and a speech to honor him at our last band concert—did. This made me think: is the way a death is presented detrimental to how it is perceived and also its effects? I had heard of copycat behavior before, but I wanted to know how deep its grasp could reach. Suicide rates have increased steadily, despite decreasing stigma and more education and access to suicide information and prevention, so how could this paradox

exist? While talking about suicide does have a positive effect, suicide exploitation in the media leads to contagion and copycat behavior, therefore causing suicide rates to rise.

Over the past thirty years, suicide has demanded attention and become a public health issue. Despite decreased stigma and more accessible education and resources, rates have increased by 33% between 1999 and 2017 (Teen Suicide). To put this into perspective, youth between ten and nineteen accounted for 3,008 of just over 47,000 suicide deaths in the U.S. in 2017. From 1999 to 2017, suicide rates for teen girls rose from 0.5 to 1.7 suicides per every 100,000 people, and from 2.8 to 5.4 for ages fifteen to nineteen. Rates for teen boys, ages ten to fourteen jumped from 1.9 to 3.3 while for fifteen to nineteen-year-olds, numbers went from 13.1 to 18 per every 100,000 deaths; these trends reflect an increase in America's suicide rates in almost every age group. While most suicides occur with middle-aged people, it ranks as the second leading cause of death for fifteen to nineteen-year-olds, just behind unintentional injury. According to the Center for Disease Control and Prevention's (CDC) youth risk behavior survey, 17.2% of high schoolers had seriously considered suicide within the previous year, 13.6% had drafted a suicide plan, 7.4% had attempted, and 2.4% were injured as an attempt result.

As mentioned earlier, in Western cultures, the conversation surrounding suicide appears less taboo, yet suicide rates have been steadily increasing. This presents the phenomenon of suicide contagion. First introduced in Goethe's 1774 novel "The Sorrows of a Young Werther," suicide contagion describes an increase of suicide among groups of people following exposure to a suicide (Lenti). Copycat behavior goes hand in hand with contagion and describes when people copy something they see in the media, such as sensationalized coverage of a suicide or school shooting (Purtrill). A clear link between fictional portrayals of suicide and real-life suicide has

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not been established, but mental health experts worry certain messages may inspire copycat behavior (Teen Suicide). Suicide clusters also extend from contagion and copycat behavior. Clusters occur when an unusual number of suicides happen in close geographic proximity within a limited amount of time.

Clear examples of contagion and clusters have taken place at schools in California, Ohio, New Zealand, and within a community in Vienna, Austria. In the case of two schools in Palo Alto, California in the 2009-2010 school year, five students took their own lives and four followed in the 2014-2015 school year—this raised the ten-year suicide rate to about five times the national average. In 2018, the Ohio department of health and the Stark County Health Department requested help from the CDC due to a suicide cluster of twelve students in a seven-month period. In 2011, a cluster of thirteen youths completed suicide in Kawerau, New Zealand, along with three others at New Zealand's King's College (Tragic Youth Deaths). In the nineties, there was a suicide contagion in Vienna, where people jumped in front of subway trains (What Happens When a Suicide). After an effort to decrease sensational media coverage and to publish less stories of the Vienna suicides, rates went down by 80%. These cases prove suicide contagion, clusters, and copycat behavior are all real phenomenon that greatly impact people reactions to suicides, and suicide rates.

However, for contagion and copycat behavior to exist, a local factor is not required. An increase in suicide has been observed following the death of celebrities, such as actress Marilyn Monroe (ten to twelve percent increase) and comedian Robin Williams (ten percent increase) (Nutt). While not much research has followed famed designer Kate Spade's and chef/host Anthony Bourdain's suicide—which happened within a few days of each other—exploited media coverage haunted their deaths. According to a National Public Radio broadcast interview

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of author Jennifer Michael Hecht, “After a celebrity suicide, people who match the person in age, gender, race, and profession, anything that makes the person feel like the [celebrity] ... see a dramatic rise in suicide” (How Celebrity Deaths). People even tend to use the same method of suicide in copycat deaths; as seen with Williams’, there was a significant rise in men completing suicide by suffocation (Carmichael and Whitley). However, evidence of contagion being affected by other types of popular media has been observed, most infamously with the Netflix show “13 Reasons Why.” Published in the journal of the American Academy of Child and Adolescent Psychiatry, the amount of ten to seventeen-year-olds who completed suicide went up by thirty percent the month following the release of “13 Reasons Why” (Boys Distress). April 2017 (the show was released on March thirty-first) had the highest suicide rate for this age group between 2013 and 2017. The clusters in California, Ohio, New Zealand, and Vienna, contagions and copycat behaviors following Monroe’s and Williams’ death, plus the increased rates following the release of “13 Reasons Why” all support the idea that suicide contagion is real and is influenced by the media, as well as being a part of the reason that suicide rates have continued to rise.

Although exploiting suicide coverage and talking about suicide the wrong way has detrimental effects, “good talk is better than no talk” (How Celebrity Deaths). Many mental health professionals preach the same mantra: people need to support others more and have a bigger conversation about suicide. This includes Annie Parish, the program coordinator for REACH Mentoring in Cloquet and SOS (Students Offering Support) in the Carlton County School District. She also stated, “It’s all about prevention—we have to be proactive, not reactive.” A difference could be made by giving kids places to go for help, actually listening to what kids have to say (Parish), and by teaching adolescents how to respond when a friend

confides suicidal thoughts or an attempt in them (Abrutyn and Mueller). Similar to what Parish said, the article, “Teen Suicide” reports establishing supportive relationships, restricting access to suicide methods, talking calmly and openly to teens, emphasizing that mental health issues are treatable, and having suicide trainings for school staff will aid to a decrease in suicide. People just have to take that step.

Unfortunately, some journalists believe “We no longer live in Goethe’s [eighteenth] century world of “suicide contagion”” (Lenti). However, the previously discussed research refutes that. In response to careless media, the Canadian Journalism Forum on Violence and Trauma published “Mindset: Reporting on Mental Health.” This book serves as a guideline for writing about suicide and mental health for journalists. It lists how to discuss different mental health disorders, how to interview someone with a mental illness, and how to report suicide in the media. Its recommendations for suicide coverage include media consideration of whether or not the death is newsworthy, providing ways to get help (such as hotlines and local crisis help), and not shying away from writing about suicide, stating “the more taboo, the more the myth” (Mindset). Media shouldn’t include reference to their suffering, not romanticize, sensationalize, or glamourize suicide as well as not jump to conclusions and suggest that “nothing could have been done.” Method details, pejorative language, and phrases such as “successful or unsuccessful suicide” and “committed suicide” should be avoided; instead media should opt for language such as “completed or uncompleted suicide,” and a plain way of speaking. The authors of “Mindset” claim and studies support that by following their listed guidelines offered to journalism schools for free and that are published online, suicide contagion and copycat behavior will be deterred and the information that needs to be reported will be without any harmful effects.

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Clearly, contagion and copycat behavior are the wounds inflicted by the exploitation of suicide in the media. Media includes newspaper articles and reports, as well as social media, such as with the story of a viral suicide note on Tumblr. In February of 2015, two transgender teens completed suicide after publishing suicide notes on Tumblr (Inside Tumblr's Teen Suicide Epidemic). Upon seeing the note, a thirteen-year-old almost did the same thing. Luckily, a friend was able to get him to intensive care in time. While the teen was already experiencing suicidal tendencies and thoughts, he identified with the viral notes and felt prompted by them. Tumblr users had good intentions by sharing the note, trying to keep the deceased's memory alive and to help raise awareness. However, due to the relationship between contagion and viral suicides, sharing the note had the opposite effect users intended. Tumblr ended up taking down the note and the Transgender Law Center urged media and users to not create "an aura of celebrity" or to "normalize suicide." Instead, they encouraged to "[not] wait until it becomes a hashtag" and to help suffering teens now.

Another example of suicide exploitation leading to contagion is through reports of celebrity suicide, such as with Robin Williams, Marilyn Monroe, Kate Spade, and Anthony Bourdain. When searching "Robin Williams suicide" on Google, one doesn't have to look far to find an article totally exploiting his death and violating the "Mindset" guidelines. The first search result, an article published by SFGate two days after Williams' death, shows a perfect example of how to not write about suicide. Right off the bat in the first paragraph, the authors use dramatic language such as "heart-wrenching," describe memorials outside of Williams' home, and names the method used in a not so subtle statement: "...a "gentle, kind" man who inexplicably decided to hang himself" (Fimrite et al). They go on to quote long paragraphs by grieving family members and to give detailed descriptions of the incident. For example, the

position of his body and the belt he used and physical attributes (“cold to the touch” and “cuts on the inside of [his] wrist”), all unnecessary details for the public that only lead to contagion. They continue to use dramatic and irresponsible language and phrases, along with emotional statements by family members and fans contributing to his memorial. Perhaps the only positive thing the authors did in this article—which did not violate the “Mindset” recommendations—was provide crisis hotlines in small font at the bottom.

Following Williams’ death, a study conducted on the media coverage of his suicide and suicide rates before and after the months of his death took place (Carmichael and Whitley). As mentioned before, the study found that suicide rates went up by ten percent in the two months following his death. This study assessed the “tone and content” of Canadian news coverage following the “Mindset” recommendations. It was found that Canadian journalists strongly adhered to the “Mindset” guidelines: 85% of the applied newspaper articles followed 70% of the recommendations when covering Williams’ suicide. 66% percent did not go into detail about the suicide method and 86% did not use language that glamorized or romanticized the Suicide.

An additional study—also using the “Mindset” guidelines—following Williams’ death evaluated sixty-three articles published by ten globally popular newspaper sources. Only eleven percent provided information for suicide help. A disappointing twenty-seven percent romanticized the act by describing memorials outside of his home, glamorously linking suicide and comedy, and/or implying that the suicide was a “heroic act of a misunderstood and sensitive artist”, and 46% gave method details. Of the sixty-three articles, all of them followed at least five of the “Mindset” recommendations, 70% followed nine or more, 22% percent followed ten or

more, and no articles applied all twelve. Only twenty-four percent recognized the need for open dialogue and discussion about suicide and mental health.

Similar to the irresponsible article detailing Williams' death, an article was published nearly fifty years before it, reporting the death of actress Marilyn Monroe. Much like Williams' article, within the first paragraph, the authors used romanticized language and named the method: "Marilyn Monroe, a troubled beauty who failed to find happiness as Hollywood's brightest star...[died] of an apparent overdose of sleeping pills..." (Hertel and Neff). This article also describes how she was found and provides details of her death, along with descriptions and brief statements of Monroes' close friends and loved ones—all without providing information on how and where to receive mental health and suicide prevention help. It feels almost like *deja vu* while reading a CNN article, written by Eric Levenson and Brynn Gingras, reporting the suicide of Kate Spade—again, the first Google result. Just like the previously discussed articles, this one lists the method within the first few sentences. It proceeds to provide details of the discovery of her body and her suicide note. The authors even fail to provide suicide and crisis hotlines at the end of their article.

Aside from social media and news reporting, another way to exploit suicide and lead to contagion includes movies, books, and shows—popularly observed with the Netflix teen drama series, "13 Reasons Why." The show, based off the book by Jay Asher, intended to open conversation about suicide and help raise awareness. However, it took teens down a backward path. The show overall fails to highlight the significant role mental illness plays in teen suicide and to encourage youth to reach out to adults about suicide and other related topics such as bullying, depression, and mental illness (Poland and Thakkar). The show also presents explicit scenes of the main character's suicide (which were later taken out due to protest) and her

memorialization. Perhaps most appalling, adults are portrayed as apathetic and uninterested or unable to help the kids who do seek guidance, therefore potentially discouraging real teens from acquiring help or talking about their issues. The rest of the kids in the show practically refused to acknowledge or accept the support system they could have had. The show also presents a clear-cut reason for suicide, mainly as people who did the main character wrong in various ways when, in reality, suicide is almost always the result of an untreated mental illness, and no one person or thing is to blame. Alarmingly, the main character's use of the tapes presents suicide as a revenge act, which can cause a lot of harm in a world where teens are the most susceptible group to contagion. As mentioned before, the month following the release of "13 Reasons Why" held the highest suicide rates among teens between 2013 and 2017 (Boys Distress). The exploitation of suicide by media, social media, suicide reporting, and popular culture, prove to affect contagion, therefore increasing suicide rates despite decreasing stigma.

To reference Parish, "We can do better." Better in terms of recognizing and preventing contagions and copycat behavior, in terms of what is being reported in suicide coverage and how the death is conveyed, calling media out on irresponsible content, taking exploited content out of circulation, being proactive in suicide prevention and making sure everyone has access to mental health help. By doing all these things, we can stop suicide rates from rising. Reflecting back on my experience, I realize my school was trying to prevent contagion, but they still failed to create a safe atmosphere and communicate support and prevention. Adults have the ability to help those who need it most and not harm those most susceptible to contagion, they just need to know how. We, as a society, must better recognize all of these problems and implement changes so maybe we can finally see a decrease in suicide.

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