

RECOMMENDATIONS FOR THE MASS MEDIA'S REPORTS ON YOUTH SUICIDE

011259 Yoshitomo Takahashi, M.D.

Tokyo Institute of Psychiatry

SUICIDE CLUSTER

<OHP-1> Cluster suicide has been reported in different cultures for many years. Recently, in the United States of America in 1980s, there were cases of youth suicides who had some relationships with each other, having drawn society's attention. It is one of the reasons why school suicide prevention programs have been started in many states, targeting students, teachers and parents. In addition, Centers for Disease Control published a report entitled "CDC recommendations for a community plan for the prevention and containment of suicide clusters". According to CDC, a suicide cluster may be defined as a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community. It has been pointed out that, especially, among adolescents and young adults, suggestibility and contagion may be very important factors, and that such clusters account for approximately 1%-5% of all suicides in this age group. In society with highly-developed mass media, their roles cannot be underestimated for developing suicide clusters.

<OHP-2> Typically, there are two stages of suicide clusters. First, some death, which might be completed suicide, attempted suicide or accidental death, occurs. The first wave of suicide

cluster is a series of death which take place among people like close friends, classmates, girl friend or boy friend who have strong emotional ties with the first victim. Those in the first wave of suicide cluster tend to use a similar method of suicide with the first victim. The stronger ties such people have with the first victim, the more complicated the mourning process becomes, the stronger the self-guilt is, the higher the suicide risk becomes. If several cases of suicide take place in this stage, the mass media will jump at this phenomena. In this society with highly-developed mass communication, influence of the media on development of suicide cluster cannot be ignored. If the first victim was an influential person or the suicide is reported by mass media sensationally, the risk of development of suicide cluster becomes higher.

A series of suicidal behavior at the first stage are reported nation-widely by the media with exaggeration, glorification and oversimplification. At the second wave of suicide cluster, those who have no direct relationships with the victims at the first wave but are in similar generation with similar problems kill themselves. For those who are potentially suicidal, other people's suicidal behavior becomes a role model and pathological identification is intensified. These kinds of suggestibility and imitation are particularly obvious among children and adolescents. When the suicide cluster develops into the second stage, this becomes an epidemic which cross over a small community.

CHARACTERISTICS OF THE MASS MEDIA'S REPORTS ON YOUTH SUICIDE

<OHP-3> Now, I'll summarize characteristics of the mass media's reports on youth suicide cluster in Japan which took place last December.

1) **OVERGENERALIZATION:** Extremely simplified articles were often found. The mass media reported as if "ijime" (bullying) were the only reason that junior high school students killed themselves. I do not disagree that bullying is the serious problem among this generation and the solution should be sought out, but we mental health professionals know that suicide is a multifactorial phenomenon and suicide cannot be understood only through bullying. In order to understand suicide, many factors should be taken into consideration, such as mental disorders, problems in the family and the school, dysfunctional personality characteristics, immediate trigger for suicidal behavior, etc.

2) **Excessive reports:** Immediately after suicide, newspapers, magazines, televisions and radios report the tragedy excessively. Some period of time last December, whenever I turned on the television, the report of the youth suicide appeared on the screen. The impact of the picture on the TV screen is much bigger than our imagination. The victim's pictures and numerous interviews with family and teachers were repeated persistently.

3) **Perfunctory comments:** Usually at the end of the report, so-called specialists gave perfunctory comments, such as "I wonder why children nowadays do not value the importance of life" or "The sudden change of social value has brought malignant influence on children." Most of the report did not explain how those in crisis

can take countermeasures in detail. Few explained suicide risk factors, warning signs, who are at risk for suicidal behavior and how to seek help actually.

4) Short-term reports: The mass media usually reports intensively on youth suicide for a short period of time, but they do not pay long-term attention to this serious social problem. Especially, if other serious troubles take place, such as the large-scale earthquake or the religious cult terrorism, mass media suddenly stop reporting youth suicide and they do not look closely into it.

5) Detailed reports on suicide methods: It has often been reported that, in suicide clusters, those who follow suicide tend to use a similar method as the first victim used. When an idol pop singer killed herself by jumping from the top of the building in 1986, many committed suicide by jumping after that. Similarly, when a 14-year-old boy hanged himself, other students also used the same method last December. We cannot censor mass media's report but I wish that they report suicide as-a-matter-of-factly and avoid reporting the suicide method in detail.

6) No concrete countermeasures to prevent suicide: Most of the reports did not mention how to prevent suicide. Some newspaper articles put the telephone numbers of hot lines and suicide prevention centers, but, unfortunately, they were exceptional. It is advised that the ways to get in touch with specialists who can help prevent suicide should be explained in the reports, e.g. psychiatric hospitals, mental health centers, life lines, suicide prevention centers, self-help groups, etc.

7) The revelation of the victim's own name: Is it really necessary to report the victim's own name for this kind of report? The more detailed the report of suicide is, the more serious the result influences the young people. As the same reasons that oversimplified relationship between bullying and suicide and methods should not be reported in detail, the suicide of the minors should be reported anonymously.

CONCLUSION

I made some comments on the media's influence on developing suicide cluster. However, what I'd like to emphasize here is that, if we have a good working relationship with them, they can play an important role in educating the public how to prevent suicide. I'll summarize the recommendations for the mass media's report on youth suicide as follows:

<OHP-4> The mass media should

- 1) avoid excessive reports on youth suicide;
- 2) refrain from over-simplified explanations;
- 3) avoid glorification and exaggeration about suicide;
- 4) refrain from describing suicide methods in detail;
- 5) report youth suicide anonymously;
- 6) emphasize preventive measures;
- 7) put a concrete list of mental health professionals;
- 8) establish a closer relationship with mental health professionals in community before crisis actually occurs;
- 9) prepare the media code by themselves in advance.