Recommendations From A Workshop On Suicide Contagion And The Reporting Of Suicide

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Introduction

Suicide among adolescents and young adults is a serious problem in the United States. In 1950, less than 6 percent of all suicides were committed by persons 15 to 24 years of age. By 1980, this proportion had grown to 20 percent of all suicides. The suicide rate among 15- to 24-year-olds increased nearly 300 percent during the period, from 4.5 per 100,000 in 1950 to more than 12 per 100,000 in 1980 (1). In 1987, the rate was 12.9 per 100,000, and suicide was the third leading cause of death in this age group (2). Today, only motor vehicle crashes surpass suicide as the leading cause of death among young persons 15 to 24 years old.

Youth suicide is a highly complex problem and clearly there are no simple solutions. Most youth suicides appear to be precipitated by some kind of stress such as getting into trouble, breaking up with a friend, school problems, or an argument with parents. However, these are normal stresses of adolescence and do not make the majority of young adults suicidal (3). To explain youth suicide, it is necessary to look beyond the apparent precipitant stressor. Scientific evidence supports the existence of a variety of risk factors, including biological markers (such as serotonin abnormalities and genetic effects), psychopathology and problem behaviors (depression, aggressiveness, antisocial behavior, and alcohol and drug abuse), and disturbed families (child abuse and/or other suicides in the family) (4). Suicide is the extreme outcome of a complex interplay of risk factors which together result in a young person taking his or her own life.

Several widely publicized reports of suicide clusters have stimulated interest in contagion as a potential component in the cause of youth suicide. A suicide cluster may be loosely defined as a group of suicides, suicide attempts, or both, that occur closer together than would normally be expected in a given community (5,6). Such clusters account for approximately 1 to 2 percent of all suicides among adolescents and young adults (7). Although cluster suicides have commanded recent attention, the phenomenon is not new. Historical accounts of such suicides can be traced back to ancient times (8). Serious study of the cluster phenomenon, however, began only in the early 1980s.

One mechanism thought to be involved in suicide contagion involves a combination of grief, identification, imitation, and highly charged emotional atmosphere that may engender a preoccupation with suicide among susceptible young people (6,8,9). Some susceptible persons may imitate the actions of those with whom they have developed a close personal relationship or understanding, whether real or imagined. If that individual should choose suicide as a method of dealing with life's problems, the susceptible young person may model the behavior,

accepting that suicide is an appropriate method for dealing with painful or difficult problems in his or her life as well.

Although research results are not conclusive, some studies suggest that news accounts of real life suicides may trigger additional suicides. Newspaper and television accounts which seem to have the most powerful effects are those in which reporters and public officials appear to glamorize or romanticize a young person's suicide. See appendix A for examples of news stories with high and low potential for contributing to suicide contagion.

Public officials and media representatives should be aware of how their actions or statements might affect others in the community. They should also be aware of the various alternatives available for the presentation of news information. By working cooperatively, both public officials and news organizations can communicate information on a youth suicide in a way that has the lowest possible risk of encouraging imitative behavior and that allows journalists to present newsworthy information.

Such cooperation among health and law enforcement officials, community leaders, media representatives, and suicidologists has frequently been recommended (6,10-12). In November 1989, the Association of State and Territorial Health Officials and the New Jersey Department of Health convened a meeting of suicidologists, public health officials, and news media representatives from around the country. Participants discussed methods of limiting the potential for suicide contagion without compromising the independence or integrity of any group represented at the meeting. See appendix B for a listing of meeting participants.

The participants' goal was not to develop community or journalistic standards, but rather to provide guidelines for public officials and the media to use when working with a suicide story. The participants recommended that the following core elements be considered in the process of reporting on youth suicide and preventing suicide clusters.

Recommendations

- **Suicide is often newsworthy—and will be reported.** It is the mission of a news organization to reflect what is happening in the community, and to convey true, accurate, and unbiased information to the public. Current editorial practice in many news organizations has been to report as suicide only those suicides that were committed in public, or by public officials. Other suicides are not reported as such, often at the request of the family of the deceased. Such selective reporting may suggest that only successful

or important people commit suicide, and that suicide is an acceptable way to become recognized as a successful person.

- **"No comment" is not a productive response to a reporter covering a suicide story.** Withholding information from a reporter does not prevent coverage of a suicide, it only eliminates an opportunity to influence what is contained in that story. However, such a response may create or exacerbate an adversarial relationship between that individual (or organization) and the news media. Public officials should not feel obligated to provide an immediate answer to difficult questions. However, they should be prepared to provide a reasonable timetable for giving such answers, or be able direct reporters to someone who can provide the answers.

- **Public officials and news reporters should take time to think about what is to be said or reported.** Impromptu, off-the-cuff comments by a public official may create or drive unfortunate coverage, and insensitive or incomplete news stories written under a short deadline may alienate public officials. Reporters and public officials should take time to present as accurate and complete a report as possible in language that is easy for the average citizen to understand. When appropriate, officials and reporters should agree to meet in comfortable surroundings where story details can be provided and major story points can be discussed. Dialogue should be encouraged between public officials and the media over points of concern in a suicide story. However, neither side should attempt to dictate what is to be reported.

- **A news story should not oversimplify the cause of a suicide.** A suicide is not the result of a single factor, but a complex interplay of many factors. Both public officials and news reporters should take care to explain that the final precipitating event was not the only cause of the suicide. Virtually all suicide victims have had a long history of problems, all of which contributed to the final event. It is not necessary to catalogue all the problems associated with an individual's suicide, but their existence should be acknowledged.

- **Extensive or prominent news coverage of a suicide event may contribute to suicide contagion in susceptible individuals.** Repetitive, ongoing coverage of a suicide event, or prominent front page coverage, may cause a suicide to become more impressive in the mind of a susceptible individual, and thus more attractive as a solution to his or her own problems. Both public officials and news reporters should discuss options to address this potential problem.

- **Both public officials and reporters should guard against sensationalizing the news coverage.** Lurid descriptions of the suicide, Romeo and Juliet comparisons, or rumors of suicide pacts may exacerbate the emotional atmosphere surrounding a suicide. The events surrounding a suicide should be reported in an objective, factual, and neutral manner, avoiding embellishments which may add to the emotional atmosphere.

- **News coverage that glorifies the victim or awards the victim celebrity status should be discouraged.** Public eulogies, flags at half-staff, and establishing permanent memorials may suggest to susceptible individuals that society is honoring the victim's act of suicide, rather than mourning the loss of the person.

- **Providing specific details on how the suicide occurred may be harmful.** A detailed description of the suicide method could be used as a "how-to" manual by persons contemplating suicide. This does not mean that general information about the method used should not be reported, but information such as the type of hose used, where it was purchased, and how it was hooked up to the exhaust, should be avoided.

- **Suicide should not appear to be a rewarding experience, or an appropriate or effective tool to achieve personal gain.** A suicide death should never be described as a "successful" suicide. Both public officials and news reporters should make an effort to ensure that they do not present suicide as an appropriate means to deal with the break-up of a friendship, to retaliate against parental discipline, to avoid the shame of a failing grade, or to end suffering.

- **Risk factors for teenage suicide should be presented carefully and thoughtfully.** It should be clearly presented that there are many risk factors for suicide, not just one or two, and that it is normal for many individuals to experience one or more of these risk factors and to not be suicidal. A teenage suicide is the result of a complex interplay of many risk factors all of which contributed to the youth taking his or her own life.

- **A suicide is stressful not only to members of the family and other survivors, but to the community as well.** Including in a news report factual information on the risk factors for suicide, methods for identifying persons at high risk, and ways to prevent suicide can be very helpful. Many of these resources are already available within the community, such as adequately trained mental health professionals and suicide prevention centers. Appendix C lists examples of information resources available in many communities.

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APPENDIX A: Examples of News Stories With High and Low Potential for Contagion

Story With a High Potential for Suicide Contagion

Hundreds turned out at St. Joseph Church Monday for the funeral of Ralph Jones, 15, who shot himself in the head late Friday with his father's hunting rifle. Town Moderator Richard Lewis, along with State Senator Timothy Wells and Selectman's Chairman Marvin Brown, were among the many well-known people who offered their condolences to the sobbing Mary and Gavin Jones, the parents of the Jonestown High School sophomore.

Although no one could say for sure why Jones killed himself, classmates who didn't want to be quoted said Jones' girlfriend, Cynthia Luellen, also a sophomore at the high school, and Jones had been having difficulty. Jones, who had a large collection of comic books that his classmates admired, recently threw away most of the comics, which he'd collected over the last five or six years. Friends said he took them to the Jonestown dump and watched with tears in his eyes while the comics burned.

School closed at noon Monday and buses were on hand to transport those who wished to attend Jones' funeral. School officials said almost all of the student body of 1,200 attended. Flags in town were flown at half staff in his honor.

Police Chief Oscar Buster said Jones fired his father's rifle twice. "He must have missed the first time," Chief Buster speculated. "We're still looking for the missing bullet. And of course we found the second one."

Jones was born in Gunderson, Vermont, and moved to this town 10 years ago with his parents and sister, Rachel, who was uncontrollable at her brother's funeral. In addition to his comic book collection, Jones was known by his friends for his large snake collection. He also was a good swimmer. He had been a Cub Scout some years ago, but when he failed to pass his final badge, he quit.

Members of the School Committee and the Board of Selectmen are working to erect a special flag pole in the turnaround in front of the high school in Jones' honor.

Story With a Low Potential for Suicide Contagion

Ralph Jones, 15, of Maplewood Drive, died Friday from a self-inflicted gunshot wound. The son of Mary and Gavin Jones, Ralph Jones was a sophomore at Jonestown High School.

He had lived in Jonestown since he moved here 10 years ago from Gunderson, Vermont, where he was born. His funeral at St. Joseph Church was held Sunday. School counselors are available to any students who wish to talk about Jones' death.

In addition to his parents, Jones is survived by his sister, Rachel.

APPENDIX B: Workshop Participants

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APPENDIX C: Information Resources

There is a wide variety of information available regarding suicide, ranging from local to national in scope. The following resources are provided not as a complete list, but rather as examples of resources which should be available to most communities.

National Groups

- American Association of Suicidology (national office)
  2459 S. Ash Street
  Denver, Colorado 80222
  (303) 692-0985

- American Suicide Foundation
  1045 Park Avenue
  New York, New York 10028
  (212) 348-4035

- Centers for Disease Control
  1600 Clifton Road, N.E.
  Atlanta, Georgia 30333
  (404) 488-4646

- National Institute of Mental Health
  5600 Fishers Lane
  Rockville, Maryland 20857
  (301) 443-4513

State and Local Organizations

- Academic Centers: departments of psychiatry, psychology, and social work
- American Association of Suicidology (local chapter)
- Community mental health centers
- Hospital emergency rooms, psychiatric outpatient and inpatient departments
- State and local mental health associations
- State and local associations of psychology, psychiatry, and child health specialists
- State and local health departments
- State and local mental health departments
- Suicide hotlines
- Suicide crisis centers

Other Resources

- High school counselor
- Minister, priest, or rabbi
- Psychiatrist, psychologist, or social worker experienced in working with suicidal individuals