

Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop

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SUMMARY

In November 1989, a national workshop that included suicidologists, public health officials, researchers, psychiatrists, psychologists, and news media professionals was held to address general concerns about, and specific recommendations for, reducing the possibility of media-related suicide contagion. These recommendations, which are endorsed by CDC, outline general issues that public officials and health and media professionals should consider when reporting about suicide. These recommendations include a depiction of those aspects of news coverage that can promote suicide contagion, and they describe ways by which community efforts to address this problem can be strengthened through specific types of news coverage.

INTRODUCTION

Suicide rates among adolescents and young adults have increased sharply in recent decades -- from 1950 through 1990, the rate of suicide for persons 15-24 years of age increased from 4.5 to 13.5 per 100,000 (1,2). In comparison with older persons, adolescents and young adults who commit suicide are less likely to be clinically depressed or to have certain other mental disorders (3) that are important risk factors for suicide among persons in all age groups (4). This has led to research directed at the identification of other preventable risk factors for suicide among young persons.

One risk factor that has emerged from this research is suicide "contagion," a process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide (5). Evidence suggests that the effect of contagion is not confined to suicides occurring in discrete geographic areas. In particular, nonfictional newspaper and television coverage of suicide has been associated with a statistically significant excess of suicides (6). The effect of contagion appears to be strongest among adolescents (7,8), and several well publicized "clusters" among young persons have occurred (9-11).

These findings have induced efforts on the part of many suicide- prevention specialists, public health practitioners, and researchers to curtail the reporting of suicide -- especially youth suicide -- in newspapers and on television. Such efforts were often counterproductive, and news articles about suicides were written without the valuable input of well- informed suicide-prevention specialists and others in the community.

In November 1989, the Association of State and Territorial Health Officials and the New Jersey Department of Health convened a workshop * at which suicidologists, public health

officials, researchers, psychiatrists, and psychologists worked directly with news media professionals from around the country to share their concerns and perspectives on this problem and explore ways in which suicide, especially suicide among persons 15-24 years of age, could be reported with minimal potential for suicide contagion and without compromising the independence or professional integrity of news media professionals. A set of general concerns about and recommendations for reducing the possibility of media-related suicide contagion were developed at this workshop, and characteristics of news coverage that appear to foster suicide contagion were described. This report summarizes these concerns, recommendations, and characteristics and provides hypothetical examples of news reports that have high and low potential for causing suicide contagion (see Appendix).

GENERAL CONCERNS AND RECOMMENDATIONS

The following concerns and recommendations should be reviewed and understood by health professionals, suicidologists, public officials, and others who provide information for reporting of suicide:

- Suicide is often newsworthy, and it will probably be reported.

The mission of a news organization is to report to the public information on events in the community. If a suicide is considered newsworthy, it will probably be reported. Health-care providers should realize that efforts to prevent news coverage may not be effective, and their goal should be to assist news professionals in their efforts toward responsible and accurate reporting.

- "No comment" is not a productive response to media representatives who are covering a suicide story.

Refusing to speak with the media does not prevent coverage of a suicide; rather, it precludes an opportunity to influence what will be contained in the report. Nevertheless, public officials should not feel obligated to provide an immediate answer to difficult questions. They should, however, be prepared to provide a reasonable timetable for giving such answers or be able to direct the media to someone who can provide the answers.

- All parties should understand that a scientific basis exists for concern that news coverage of suicide may contribute to the causation of suicide.

Efforts by persons trying to minimize suicide contagion are easily misinterpreted. Health officials must take the time to explain the carefully established, scientific basis for their concern about suicide contagion and how the potential for contagion can be reduced by responsible reporting.

- Some characteristics of news coverage of suicide may contribute to contagion, and other characteristics may help prevent suicide.

Clinicians and researchers acknowledge that it is not news coverage of suicide per se, but certain types of news coverage, that promote contagion. Persons concerned with preventing suicide contagion should be aware that certain characteristics of news coverage, rather than news coverage itself, should be avoided.

If the nature and apparent mechanisms of suicide contagion are understood, the news media are more likely to present the news in a manner that minimizes the likelihood of such contagion. Instead of dictating what should be reported, public officials should explain the potential for suicide contagion associated with certain types of reports and should suggest ways to minimize the risk for contagion (see Appendix).

- Public officials & the news media should carefully consider what is to be said and reported regarding suicide.

Reporters generally present the information that they are given. Impromptu comments about a suicide by a public official can result in harmful news coverage. Given the potential risks, public officials and the media should seek to minimize these risks by carefully considering what is to be said and reported regarding suicide.

ASPECTS OF NEWS COVERAGE THAT CAN PROMOTE SUICIDE CONTAGION

Clinicians, researchers, and other health professionals at the workshop agreed that to minimize the likelihood of suicide contagion, reporting should be concise and factual. Although scientific research in this area is not complete, workshop participants believed that the likelihood of suicide contagion may be increased by the following actions:

- Presenting simplistic explanations for suicide.

Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems (12). Public officials and the media should carefully explain that the final precipitating event was not the only cause of a given suicide. Most persons who have committed suicide have had a history of problems that may not have been acknowledged during the acute aftermath of the suicide. Cataloguing the problems that could have played a causative role in a suicide is not necessary, but acknowledgment of these problems is recommended.

- Engaging in repetitive, ongoing, or excessive reporting of suicide in the news.

Repetitive and ongoing coverage, or prominent coverage, of a suicide tends to promote and maintain a preoccupation with suicide among at-risk persons, especially among persons 15-24 years of age. This preoccupation appears to be associated with suicide contagion. Information presented to the media should include the association between such coverage and the potential for suicide contagion. Public officials and media representatives should discuss alternative approaches for coverage of newsworthy suicide stories.

- Providing sensational coverage of suicide.

By its nature, news coverage of a suicidal event tends to heighten the general public's preoccupation with suicide. This reaction is also believed to be associated with contagion and the development of suicide clusters. Public officials can help minimize sensationalism by limiting, as much as possible, morbid details in their public discussions of suicide. News media professionals should attempt to decrease the prominence of the news report and

avoid the use of dramatic photographs related to the suicide (e.g., photographs of the funeral, the deceased person's bedroom, and the site of the suicide).

- Reporting "how-to" descriptions of suicide.

Describing technical details about the method of suicide is undesirable. For example, reporting that a person died from carbon monoxide poisoning may not be harmful; however, providing details of the mechanism and procedures used to complete the suicide may facilitate imitation of the suicidal behavior by other at-risk persons.

- Presenting suicide as a tool for accomplishing certain ends.

Suicide is usually a rare act of a troubled or depressed person. Presentation of suicide as a means of coping with personal problems (e.g., the break-up of a relationship or retaliation against parental discipline) may suggest suicide as a potential coping mechanism to at-risk persons. Although such factors often seem to trigger a suicidal act, other psychopathological problems are almost always involved. If suicide is presented as an effective means for accomplishing specific ends, it may be perceived by a potentially suicidal person as an attractive solution.

- Glorifying suicide or persons who commit suicide.

News coverage is less likely to contribute to suicide contagion when reports of community expressions of grief (e.g., public eulogies, flying flags at half-mast, and erecting permanent public memorials) are minimized. Such actions may contribute to suicide contagion by suggesting to susceptible persons that society is honoring the suicidal behavior of the deceased person, rather than mourning the person's death.

- Focusing on the suicide completer's positive characteristics.

Empathy for family and friends often leads to a focus on reporting the positive aspects of a suicide completer's life. For example, friends or teachers may be quoted as saying the deceased person "was a great kid" or "had a bright future," and they avoid mentioning the troubles and problems that the deceased person experienced. As a result, statements venerating the deceased person are often reported in the news. However, if the suicide completer's problems are not acknowledged in the presence of these laudatory statements, suicidal behavior may appear attractive to other at-risk persons -- especially those who rarely receive positive reinforcement for desirable behaviors.

CONCLUSION

In addition to recognizing the types of news coverage that can promote suicide contagion, the workshop participants strongly agreed that reporting of suicide can have several direct benefits. Specifically, community efforts to address this problem can be strengthened by news coverage that describes the help and support available in a community, explains how to identify persons at high risk for suicide, or presents information about risk factors for suicide. An ongoing dialogue between news media professionals and health and other public officials is the key to facilitating the reporting of this information.

References

1. National Center for Health Statistics. Health, United States, 1991. Hyattsville, MD: US Department of Health and Human Services, Public Health Service, CDC, 1992.
2. National Center for Health Statistics. Mortality data tapes {machine-readable data tapes}. Hyattsville, MD: US Department of Health and Human Services, Public Health Service, CDC, 1993.
3. Shaffer D, Garland A, Gould M, Fisher P, Trautman P. Preventing teenage suicide: a critical review. *J Am Acad Child Adolesc Psychiatry* 1988;27:675-87.
4. O'Carroll PW. Suicide. In: Last JM, Wallace RB, eds. *Maxcy-Rosenau-Last public health and preventive medicine*. 13th ed. Norwalk, CT: Appleton & Lange, 1992:1054-62.
5. Davidson LE, Gould MS. Contagion as a risk factor for youth suicide. In: Alcohol, Drug Abuse, and Mental Health Administration. *Report of the Secretary's Task Force on Youth Suicide*. Vol 2. Risk factors for youth suicide. Washington, DC: US Department of Health and Human Services, Public Health Service, 1989:88-109; DHHS publication no. (ADM)89-1622.
6. Gould MS, Davidson L. Suicide contagion among adolescents. In: Stiffman AR, Felman RA, eds. *Advances in adolescent mental health*. Vol III. Depression and suicide. Greenwich, CT: JAI Press, 1988.
7. Gould MS, Wallenstein S, Kleinman MH, O'Carroll PW, Mercy JA. Suicide clusters: an examination of age-specific effects. *Am J Public Health* 1990;80:211-2.
8. Phillips DP, Carstensen LL. The effect of suicide stories on various demographic groups, 1968-1985. *Suicide Life Threat Behav* 1988;18:100-14.
9. CDC. Cluster of suicides and suicide attempts -- New Jersey. *MMWR* 1988;37:213-6.
10. CDC. Adolescent suicide and suicide attempts -- Santa Fe County, New Mexico, January 1985-May 1990. *MMWR* 1991;40:329-31.
11. Davidson LE, Rosenberg ML, Mercy JA, Franklin J, Simmons JT. An epidemiologic study of risk factors in two teenage suicide clusters. *JAMA* 1989;262:2687-92.
12. O'Carroll PW. Suicide causation: pies, paths, and pointless polemics. *Suicide Life Threat Behav* 1993;23:27-36.

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Appendix

Examples of Hypothetical News Reports* with High and Low Potential for Promoting Suicide Contagion

Reports with High Potential for Promoting Suicide Contagion

Hundreds turned out Monday for the funeral of John Doe, Jr., 15, who shot himself in the head late Friday with his father's hunting rifle. Town Moderator Brown, along with State Senator Smith and Selectman's Chairman Miller, were among the many well-known persons who offered their condolences to the City High School sophomore's grieving parents, Mary and John Doe, Sr.

Although no one could say for sure why Doe killed himself, his classmates, who did not want to be quoted, said Doe and his girlfriend, Jane, also a sophomore at the high school, had been having difficulty. Doe was also known to have been a zealous player of fantasy video games.

School closed at noon Monday, and buses were on hand to transport students who wished to attend Doe's funeral. School officials said almost all the student body of 1,200 attended. Flags in town were flown at half-staff in his honor. Members of the School Committee and the Board of Selectmen are planning to erect a memorial flag pole in front of the high school. Also, a group of Doe's friends intend to plant a memorial tree in City Park during a ceremony this coming Sunday at 2:00 p.m.

Doe was born in Otherville and moved to this town 10 years ago with his parents and sister, Ann. He was an avid member of the high school swim team last spring, and he enjoyed collecting comic books. He had been active in local youth organizations, although he had not attended meetings in several months.

Alternative Report with Low Potential for Promoting Suicide Contagion

John Doe, Jr., 15, of Maplewood Drive, died Friday from a self-inflicted injury. John, the son of Mary and John Doe, Sr., was a sophomore at City High School.

John had lived in Anytown since moving here 10 years ago from Otherville, where he was born. His funeral was held Sunday. School counselors are available for any students who wish to talk about his death.

In addition to his parents, John is survived by his sister, Ann.

*The names of persons and places in these examples are fictitious and do not refer to an actual event.