4

REPORTING SUICIDE

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The social issue

Historically, suicide is perhaps *the* sensitive topic par excellence, especially the ways in which it is discussed in Western societies and cultures – or, more pointedly, *not* discussed, as the case may be. It is certainly a taboo issue, steeped in stigma – religious, moral, political, social, and cultural. Globally, more than 800,000 people die by suicide on an annual basis; suicide claims more lives than war, murder, and natural disasters combined (WHO, 2017a; AFSP, 2015). Suicide is a global issue that accounts for 1.4 per cent of all deaths worldwide, making it the 17th leading cause of death in 2015 (the most recent statistics available).

Research shows that for every person who dies by suicide, between six and 135 people are significantly impacted (Cerel et al., 2018; CALM, 2016). For every individual who kills her/himself, at least 20 more will attempt to take their own life (WHO, 2017a). Every 40 seconds a person dies by suicide, yet the World Health Organisation estimates that this will increase to one death every 20 seconds by 2020 (Befrienders, 2017; WHO 2017b).

Arguably, a suicide story has the potential to cause harm, but if reported responsibly, sensitively, ethically, and with care (read: non-sensational[1]), then such harm can be mitigated.

The nature of a suicide story means that death is at the heart of it, and death remains one of the great taboos to openly discuss. However, death by suicide is not like natural death, be it from old age or illness. Death by suicide can often be sudden, unexpected and violent, which can substantially lead to trauma for the bereaved, especially those in close proximity.

Those bereaved by suicide, often called "suicide survivors", often struggle to fully understand what has happened. Coupled with the suddenness of a suicidal death, suicide survivors can also experience extreme emotional and physical

reactions, including: post-traumatic stress (PTSD); stigma; and isolation. There is also a lack of privacy; police investigations; practical concerns; family; friends and community tensions. There are also the survivors' questions: Why did this happen? What could I have done? (SobsUK, 2017). To complicate matters further, the available evidence demonstrates that a suicidal death places those bereaved at a significantly higher risk for depression, admission to psychiatric care, and suicide themselves (Cerel et al., 2016; Pitman et al., 2014).

When suicide prevention experts call for better reporting of suicide, they are trying to support not only those people who may be vulnerable and contemplating suicide, but also those who have already been bereaved by suicide. As a journalist, one has an ethical duty to ensure that one's reporting does not cause harm (Keeble, 2009). In many countries, professional codes of practice exist to guide and assist in the reporting of suicide, yet more often, suicide is covered off under a general heading of "minimize risk, do no harm".

In the UK, The Editor's Code of Practice, regulated by the Independent Press Standards Organisation (IPSO) (2018) states in Clause 5: "When reporting suicide, to prevent simulative acts care should be taken to avoid excessive detail about the method used." In OFCOM (2017) guidelines, the communications regulator in the UK that oversees TV, radio, and video-on-demand, advice states that "methods of suicide and self-harm must not be included in programmes except where they are editorially justified and are also justified by the context".

In the United States, the Society for Professional Journalists (2018), in its section on minimising harm, states: "Balance the public's need for information against potential harm or discomfort. Pursuit of the news is not a license for arrogance or undue intrusiveness".

In New Zealand, journalists must follow guidelines provided by the Ministry of Health (NZMoH) and also the Coroner's Act of 2006, which stipulates that method of, location of, or description of death by suicide cannot be reported. A journalist may describe the death as a suicide "if the coroner has completed a certificate of findings". Additionally, all media outlets have codes of practice that should be followed unequivocally.

Australia stands out as the leader in ethical and responsible reporting of suicide, although suicide prevention experts in that country would still argue there is much work still to be done. Australia's Department of Health and Aging supports Mindframe (2014), a national media initiative on responsible and ethical reporting of mental illness and suicide, organised and facilitated by EveryMind (formerly the Hunter Institute of Mental Health). There are five key areas the national media initiative addresses within its ambit: media professionals; the mental health and suicide prevention sector; journalism and public relations education (working in universities); stage and screen; and police. Mindframe works with journalists directly on ethical and responsible reporting of suicide stories and also monitors stories and provides feedback on best – and worst – practice.

In addition to country-specific professional codes of practice for journalists, there are also multiple sets of guidelines that journalists can draw from in order

to report responsibly, including, for example: the World Health Organisation; Samaritans (UK/Ireland); Save.org; Mindframe; National Union of Journalists; American Foundation for Suicide Prevention; American Association of Suicidology; Canadian Psychiatric Association, Canadian Association for Suicide Prevention; MediaWise; Papyrus; Irish Association of Suicidology; New Zealand Ministry of Health; and the Mental Health Foundation of New Zealand.

The majority of these guidelines advise similar caution, but for the purpose of this chapter, I will focus specifically on those offered by the World Health Organisation (WHO) as these are non-country specific and can be used by any journalist in the world. The WHO guidelines have been recently updated in 2017 (WHO/IASP, 2017).

Introduction

My first suicide-related story was about a suicide support group in Jacksonville, Florida, where I was working as a journalist at the time. I was to report on the suicide of a local young man and discuss how the support group was helping his mother. I approached the story as a non-critically reflective journalist would: do some background, find some sources, get some quotes, write it and move on. When speaking to this bereaved mother on the telephone, I was empathetic, but certainly not prepared to listen to her cry for 90 minutes. I was taken aback by the depth of her grief and, as a 21-year-old with little experience of death, I was completely unprepared, and certainly lacked the knowledge and emotional intelligence necessary to support a source who was suffering enormously.

Fast forward two years and I became a member of that very same support group. Just months previously, a very dear and close friend took his own life (recounted in the introduction to this volume). I am not sure if I will ever fully recover from the emotional trauma that I experienced in the aftermath. Richard chose to kill himself at a local university and newsroom policy at the time stipulated that suicides in public places were both newsworthy and in the public interest. Thus, Richard's suicide was covered by my newspaper, written by a colleague who sat near to me. Richard's death received much coverage in both print and broadcast media, but I found myself conflicted when reading and watching the reports. They seemed insensitive, but I was not sure why.

With the benefit of hindsight and self-reflexivity, the suicide stories I wrote early on in my career were definitely problematic. My stories were, unfortunately, stigmatising, sensational, and did not take into account how the bereaved might feel when reading my stories: I did not provide any hotline support phone numbers or websites; I did not even consider the types of phrases and wording that I chose. Admittedly, I was ignorant, even though guidelines existed and I had the capability of acquiring the knowledge. Sadly, I just did not make the effort.

Following Richard's suicide, the responsible and ethical reporting of suicide became a personal crusade. I changed how I reported and wrote about suicide.

Through my journalism, I campaigned for the creation of the Office of Suicide Prevention and Drug Control in the State of Florida and the Florida Suicide Prevention Strategy Paper, which finally came into existence in 2007. I also received a "Responsible Reporting of Suicide" award from then-Governor Jeb Bush in 2006 for a series of editorials which examined suicide in Florida from religious, moral, social, and cultural perspectives. I now sit on the International Association of Suicide Prevention World Media Task Force. I have co-written two sets of WHO Reporting Guidelines on Suicide, as well as contributed to guidelines for bloggers and new guidelines for young people about how they can communicate safely about suicide in online territories.

By the end of this chapter, I would like journalists to:

- Use WHO guidelines to report suicide
- Seriously consider the impact that reporting has on those bereaved by suicide
- Carefully choose tone, tenor and language
- Report ethically and responsibly
- Educate your audience about suicide

The research

In simple terms, suicide is the taking of one's own life. Understanding suicide, however, is complex and by no means simple. French sociologist, Emile Durkheim (1897/1951), is often credited with establishing the sociological framework for how we currently understand suicide. Durkheim argues that suicide is the result of society's strength or weakness of control over an individual (Berman and Jobes, 1991), identifying four categories that a completed suicide would fit into based on the individual's connection to society. For Durkheim, these categories are egoistic, altruistic, anomic, and fatalistic.

According to Durkheim, egoistic suicides are not connected with, or dependent upon, community. In journalistic terms, this could be a story about a person who is detached from society as a result of mental illness. In contrast, altruistic suicides are related to a person's integration into a group; this person feels no sacrifice is too great for the good of the larger group. For example, these might be stories about suicide bombers.

Anomic suicides occur when the individual is not capable of dealing with a crisis rationally, or when their relationship with society is suddenly changed. As I have written elsewhere, "Suicide is the solution to a problem in this form" (Luce, 2016: 86). This may be a story about a banker who has died-by-suicide as a result of losing a great deal of money following a crash in the stock market. The last category, according to Durkheim's framework, is that of the "fatalistic suicide", perhaps caused by excessive societal regulation such as restricting an individual's freedom. These types of stories may feature suicides in countries such as Belarus or North Korea, where the form of government is dictatorship and the rates of suicide are extremely high (WHO, 2014).

While Durkheim articulated the framework for how we understand suicide, it was American suicidologist Edwin Shneidman (1969) who furthered the field regarding our understanding of the particulars of suicide: what might be the main causes, the reasons why, the type of person, common methods, and strategies of prevention. Shneidman first formulated his theory of "psychache" – put simply, a mental pain that leads to suicide – in the mid-late 1960s. In Shneidman's account, in order to prevent and address the issue of suicide, it is best to ask about a person's emotions, rather than engage in the study of the structure of the brain, social statistics or mental diseases. When presented with the suicidal individual, argued Shneidman, we should ask two questions: "Where do you hurt?" and "How can I help you?" (1996: 6):

> In almost every case, suicide is caused by pain, a certain kind of pain – psychological pain, which I call psychache. Furthermore, this psychache stems from thwarted or distorted psychological needs. In other words, suicide is chiefly a drama of the mind. Even though I know that each suicidal death is a multi-faceted event – that biological, biochemical, cultural, sociological, interpersonal, intrapsychic, logical, philosophical, conscious and unconscious elements are always present – I retain the belief that, in the proper distillation of the event, its essential nature is psychological. That is, each suicide drama occurs in the mind of a unique individual.
>
> *(Shneidman, 1996: 4–5)*

As I have written elsewhere, "the essential fact to keep in mind when dealing with suicide is that it never happens to someone who is happy or joyous. Instead, it is the result of negative emotions and anguish" (Luce, 2016: 87).

The "why" of suicide

At the foundation of every journalism story are the 5W's: who, what, when, where, and WHY? The number one issue facing a journalist when covering a suicide is the fact that they cannot answer the "why" question: the only person who can tell a journalist why the suicide happened is dead.

Precipitating factors, of course, can be identified to try and explain or provide context for a suicide, but these are multiple and are only best guesses (Jourard, 1969; Douglas, 1969; Shneidman, 1985; Barker et al., 1994; Bird and Faulkner, 2000; Kerkhof and Arensman, 2001; Shahtahmasebi, 2015) . Some examples are:

- Willing of self-destruction
- Motivation to be dead
- Suffering ill health
- Relationships
- Losing one's fortune
- Humiliation/shame/defeat/disgrace/anger/rage/hostility

- Living conditions: unstable or living alone
- Physical, sexual and mental maltreatment in childhood
- Substance abuse: drugs, alcohol
- Mental health: depression, hopelessness, powerlessness, personality disorders, previous psychiatric treatment, trauma
- History of broken homes/family violence
- Weather

Historically, suffering with depression has been the single reliable indicator of suicide. According to Depression Alliance, a person suffering with depression tends to experience feelings of low mood that are acute, lasting weeks, months, and even years.

> The feelings are intense and tend to exhibit both psychological and physical signs: persistent sadness, helplessness, hopelessness, sleeplessness, loss of energy, loss of self-confidence, loss of self-esteem, difficult concentrating, loss of appetite, avoidance and isolation.
>
> *(Depression Alliance, 2018)*

That said, Shahtahmasebi (2015) airs his frustrations about the politicisation of suicide prevention policy development, which has been classified globally under the heading of mental health. He laments that the list of risk factors for suicide is so long:

> Such a list of risk factors would mean that the whole population is at risk of suicide. The suicide population is very diverse and no one factor is statistically significant as a leading factor. The only common factor between suicide cases in each group is the outcome of suicide.
>
> *(Shahtahmasebi, 2015: 1148)*

Here, Shahtahmasebi complicates the reporting of suicide. One of the main issues with suicide is that it seems to deflect all efforts to categorise or define it. Suicide can happen at any age; it can happen in any geographic location; it happens to both sexes (though men are more likely to kill themselves, while women attempt suicide more often). There is a wide range of reasons that *could* cause a suicide, but the fact of the matter remains: *we just do not know why someone chooses to take their own life*. As a journalist, this makes the job particularly difficult – explaining "why" something happens is one of the foundational tenets of journalism.

The "how" of suicide

If answering "why" is the number one problem facing a journalist when reporting a suicide, then the second issue is centred on "how" the suicide occurred.

The most common methods used in suicides are: poisoning and pesticides (including car exhaust fumes), hanging and suffocation, drowning, firearms, jumping, cutting and piercing, and overdoses (WHO, 2008; Bird and Faulkner, 2000). Different countries will have different methods of choice, such as firearms in the US, charcoal burning in China, pesticides in India, hanging and suffocation in the UK.

Most professional codes of practice, and all media guidelines, as discussed earlier in this chapter, state that suicidal method should not be reported in any journalism story "because this will increase the likelihood that a vulnerable person will copy the act" (WHO/IASP, 2017). Stories such as, "Spade was found hanged by a [red] scarf she allegedly tied to a doorknob" (Levenson and Gingras, 2018) or *The Sydney Morning Herald*'s (2008) reporting on a UK man who killed himself by tying a "chainsaw to the leg of a snooker table and plugged it into a timer" are found to be contravening guidelines and codes of practice worldwide because of the specificity of the method.

The challenge journalists face is recognising what to report and what to exclude. As Roy Greenslade wrote in the aftermath of Robin William's suicide in 2014 in *The Guardian*:

> To report that a person hanged himself is fact. To report where it took place is a fact. To report other details … was wrong … Making such decisions about what should and should not be reported has never been so difficult.
> *(Greenslade, 2014)*

Within the field of suicidology, the "Werther Effect", or suicide copycat theory, is a theory that states media reporting is a direct cause for "copycat" or "imitative" suicides. Simply stated, the more a journalist reports suicide, the more suicides will occur. Coined by David Phillips in 1974 in the USA, he named the theory from Goethe's 1774 book, *The Sorrows of Young Werther*, when several suicides allegedly occurred following the publication of the book (although this has not been verified beyond hearsay). Those who died-by-suicide allegedly dressed in a similar fashion to Young Werther and also adopted his method of killing himself. Since the 1970s, there have been more than 100 other investigations into imitative suicides, and members of the International Association of Suicide Prevention and the WHO believe that "collectively, these studies have strengthened the body of evidence in a number of ways" (2017: 11). What these groups of international scholars consistently fail to mention, however, is that not all of these studies can adequately replicate the Werther Effect.

I take issue with "Werther Effect" research because few, if any, of these studies actually engage with audiences. The "hypodermic needle approach" to media research (Werther Effect research, mostly quantitative research) assumes that all media audiences passively accept media "messages" and this is simply not the case (Barker and Petley, 2001; Jamieson et al., 2003; Hittner, 2005; Temple, 2008). What this body of work suggests is that media audiences will be encouraged to

see suicide as an option to solve their problems based purely on the fact that a suicide is reported in the media. Simon Cross, a media academic in the UK, sums it up best:

> Let me ask a straightforward question: how do we know that some who commit suicide may have been influenced by either the suicide of someone else or the depiction of suicide, factual or fictional? Unfortunately, I have no hope of furnishing you with a conclusive answer to this question since (as I see it) we can never know because the only people who can confirm that they have been influenced by a depiction of suicide are *dead*. It may appear as though I am being pithy with a sensitive issue. This is not my intention since it remains an inconvenient truth that "copycat suicides" are *by definition* dead and unable to shed light into how "insensitive" reporting led to their suicide. This simple, but decisive point pulls the rug from under the common sense view that some suicides must be copycats because they have chosen to kill themselves in a manner akin to someone whose suicide has been reported. However, correlation does not equal causality i.e. because events occur in near time does not mean that one *causes* the other. To surmise that a depiction of suicide influenced someone to take their own life obfuscates the myriad psychological and social complexities engulfing individuals and which contribute to their decision to end their life.
>
> *(Cross, 2007: 20)*

Markey and Ferguson (2017) call these illusory correlations, which "create the false sense that events are connected, when they are, in fact, not related at all" (2017: 77). A good example of this is the Bridgend Suicides in Wales in 2008 where media reporting was blamed for the continuation and increase in suicides that year (neither is true). The first death attributed to this spate of suicides occurred in September 2006, when Dale Crole went missing and, later, his body was found in January 2007. Just six weeks later, his friend David Dilling killed himself, followed by another friend, Thomas Davies a week later (Smith, 2008). It was not until a year later that the coverage of the suicides in Bridgend began, and journalists were blamed for the deaths. Reporting of suicide and the suicides in Bridgend were not related; in fact, the suicide rates in Bridgend have stayed at similar rates for the last decade, while media coverage has been practically non-existent (Luce, 2016).

Yet, thinking about media reporting of suicide is slowly beginning to change within the field of suicidology. Niederkrothenthaler et al. (2010) articulated a new frame of reference called the "Papageno Effect", which focuses on the *protective* factors of reporting. They state:

> In Mozart's Opera [*The Magic Flute*], Papageno becomes suicidal upon fearing the loss of his beloved Papagena; however, he refrains from

> suicide because of three boys who draw his attention to alternative coping strategies.
>
> *(2010: 234)*

What the "Papageno Effect" has done is to empirically show that the media can have a "protective effect … on positive coping in adverse circumstances" (241). To achieve that protective factor, however, journalists must first report on suicide responsibly. Following my research into the Bridgend suicides, I created a framework to identify how and where in their reporting journalists are reporting irresponsibly (Johns et al., 2014; Luce, 2016; Johns et al., 2017). I identified five main categories of description that journalists use to sensationalise and stigmatise suicide:

- Reaction to death by those left behind (*when answering what?/why?)*;
- Reason for the death (*when answering why?/how?/where?)*;
- Description of the deceased (*when answering who?/when?/where? how?)*;
- Infantilisation (*when answering what?/why? how?)*; and
- Blaming internet/social media (*when answering what?/where?/why?/how?)*.

These categories are summarily framed by questions around why suicide occurs and ideologies of childhood. My research showed that the most prevalent discourses that surround suicide in media reporting are that, firstly, it should never happen and, secondly, that people should die naturally, preferably in old age. To reinforce that discourse, journalists tend to deem all adult suicides to be childish acts and "other" those that die into a category of the "deviant non-child". It appears, then, that an overarching assumption underpinning media reporting of suicide is that it is an immoral destabilising force, a wrecking ball in a liberal democratic society. As such, journalists play a significant role in maintaining balance and replicating acceptable discourses around the issue of suicide in society.

There are four simple rules journalists can follow to assure responsible reporting of suicide; I have linked these to the categories listed above so you are clear where this tends to happen.

Journalists should not:

- Sensationalise (*reaction to death by those left behind; blaming internet/social media)*
- Stigmatise (*infantilisation; reason for death; description of deceased)*
- Glorify (*describing deceased; reason for death)*
- Gratuitously report on suicide (*reason for death [method]; description of the deceased)*

(*helpful mnemonic device: SSGG*)

Journalists have the power to report suicide responsibly and ethically, but keep in mind that the person who has killed himself or herself has exercised autonomy over their own life and has chosen to die. A journalist's responsibility lies

with regularly reflecting on the impact one's stories might have on the bereaved. Journalists also play a significant role in educating audiences about suicide, which can include the warning signs and the effect suicide can leave in its wake.

Covering suicide

At the start of *The Myth of Sisyphus* (1942), French philosopher Albert Camus wrote: "There is but one truly serious philosophical problem and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy". For journalists, when someone dies by suicide, there are many more questions that must be answered.

The first question that must be asked in any newsroom is: why are we running this story? Is it "in the public interest", or is it of "interest to the public" (in a voyeuristic sense)? I would hope that the reason would serve the greater good – that is, there are more benefits to society at large in sharing the story than not.

There will be times when a suicide story needs to be reported on the grounds that it is newsworthy. Ethical discussions will need to take place. Time, care, and attention are required, and as the journalist writing about this sensitive topic, it is up to the reporter to get it right.

Reporting on suicide

When reporting on a suicide one must focus on the *types* of story you are writing and also one's sources of information: people, statistics, and social media.

Types of stories

When writing about grief, Duncan (2012) has identified five narrative themes, formats, or types of stories that journalists follow when reporting.

(1) *Event-driven story*
This is the first story that acknowledges someone has died. The story leads with the death, its unusualness, or some form of public involvement, such as the discovery of the body for example (Duncan, 2012). When covering a suicide, journalists need to be careful not to sensationalise, stigmatise, glorify, or glamorise the death.

(2) *Tribute driven story*
This type of story tends to come a few days after the death has been reported. The focus tends to shift to the bereaved family's devastation by the loss. When the death is a suicide, extra care must be given when interviewing bereaved family members and friends (see below).

(3) *Post-judicial story*
This story happens after the conclusion of a court case or inquest, when the bereaved give media outlets their reaction to the verdict. Suicides, like all

unnatural deaths, warrant a legal investigation by coroners in order to rule out foul play. The law in the UK requires that the intention of a suicide victim – to die – must be known without any doubt. By hiding verdicts, or leaving them "open", a coroner can be seen to save a family from shame, embarrassment, and stigma (Luce, 2016: 101).

(4) *Anniversary story*
The anniversary tends to appear 12 months after the date of the death, but can also occur at five years, ten years or any significant anniversary date. When covering the anniversary of a suicide, think about whether or not this is appropriate. Think about those bereaved, and think about the impact to the local community (if any).

(5) *Action-as memorial story*
This tends to be the more positive of the grief stories, focusing more on remembering the person who has died. When it comes to suicide, this could include activities such as candlelight walks, raising funds for mental health charities, or setting up a trust in memory of the person who has died.

Sources of information

People

A "death knock" is a term used in the newsroom to describe the widespread practice of interviewing recently bereaved relatives. The goal is to ask about the deceased's life, their character, and the events leading up to the death and about the family's loss (Duncan, 2012). Caution should be taken when interviewing someone bereaved by suicide as they could be in a crisis situation themselves. People bereaved by suicide are at an increased risk of suicide or self-harm while they are dealing with their grief (SOBS, 2017). Respect for their privacy should take precedence. That being said, those bereaved by suicide can serve as useful sources when trying to educate communities about suicide, but these *must* be volunteers, rather than door-stepped.

If interviewing someone bereaved by suicide, whether it is in the hours following a death or a year later, journalists should be aware that talking about past suicide experiences may trigger painful memories and emotions (WHO/IASP, 2017). When arranging an appointment for an interview, let the bereaved person choose the location. Sometimes this will be at the family home, other times it could be a coffee shop, the location of the suicide, or a grave. It is important for the bereaved to feel that they are in control of the interview.

It is also best practice to provide some support information that can be left with the bereaved following the interview. One should recognise that speaking about suicide in close proximity could place a bereaved person in crisis, so do not leave them to struggle alone. A leaflet for a hotline or support group will be adequate here. Be aware that through investigation, one may gain more in-depth

information about the suicide or the deceased that the bereaved do not have. Publishing this material could be quite harmful, as pointed out by extant WHO and IASP guidelines:

> Reporters also need to carefully consider the accuracy of any information received from the bereaved during an interview because their recall of specific memories, statements or behaviours of the suicide may be clouded in acute grief.
>
> *(WHO/IASP, 2017)*

Statistics

It is preferable to lead a suicide story with facts to provide context. Make sure that statistics do not inflate or conflate numbers. Suicide statistics should come from credible sources, such as WHO, Office of National Statistics (UK); Centres for Disease Control and Prevention (USA); Mindframe (Australia); Ministry of Health (New Zealand); Eurostat (EU).

Social media

Social media posts from a deceased individual should not be published or quoted from because they tend to glamorise and glorify suicide. It is also advisable to refrain from publishing suicide notes, final text messages, and emails from the deceased individual. Little context can be provided as to the meaning behind these types of messages (WHO/IASP, 2017). One should show caution and restraint when engaging in online memorial sites. Relating to this, journalists should not freely quote from memorial sites unless explicit consent has been obtained from the person who has posted the information, so as not to inadvertently cause undue stress and harm to those who have been bereaved.

Writing a suicide story

There are some guidelines journalists should follow when writing a suicide story to ensure ethical and responsible reporting.

Headlines

It is not an option to go for the cheap headline or the quick pun. For a suicide story, headlines should not include the method of death, the location of death, or even the word suicide (WHO/IASP, 2017). Most media organisations that fail to follow these guidelines are often found to be sensationalising suicide or are gratuitously reporting on the method of death, thus potentially causing harm to those bereaved.

Phraseology/Language

Language is crucial. Every single word and phrase in the story needs to be scrutinised to ensure that one is not inadvertently articulating stigma and sensation. Journalists need to think about phrases such as "commit suicide" – an unacceptable phrase that is steeped in historical conceptions of criminality (Luce, 2016). Most editorial guidelines in newsrooms will also advise to not use this particular phrase (BBC, 2018; *The Guardian*, 2015). Instead, "died by suicide", or "took her life", or killed himself". Phrases such as "successful" and "unsuccessful" suicide should also not be used as that implies triumph or failure. Do not talk about "suicide epidemics", which sensationalises suicide. Instead, "increasing suicide rates" should be used (or equivocal terms). Suicide is a public health problem and, as such, one has a responsibility to share risk factors, combined with messages about the prevention of suicide. This element can help educate the public about the importance of suicide prevention.

Method

This has already been discussed at length in this chapter, but here again, "detailed description and/or discussion of the method should be avoided because this will increase the likelihood that a vulnerable person will copy the act" (WHO/IASP, 2017: 6). Journalists should also avoid indicating that a suicide method is rare or novel.

Location

What do the Golden Gate Bridge (USA), Aokigahara forest (Japan), Clifton Suspension Bridge (UK), and The Gap (Australia) all have in common? They are common suicide hotspots, or sites.

> Particular care should be taken by media professionals not to promote such locations as suicide sites by, for instance, using sensationalist language to describe them or overplaying the number of incidents occurring at that location.
>
> *(WHO/IASP, 2017: 7)*

Production of a suicide story

Now that the reporting and writing of a story are complete, attention needs to turn to ethical and responsible portrayal in newspapers, broadcast, and online.

Fact boxes/information boxes/sidebars

One of the most important pieces of information that you *must* include with your suicide story is a fact box, information box or sidebar, clearly stipulating where

audiences can seek further support and information, such as The Samaritans (UK/Ireland), Lifeline/Veteran's Crisis Line/The Trevor Project (USA), Lifeline/Kids Helpline/Beyond Blue (Australia), Lifeline/Suicide Crisis Hotline (New Zealand). According to the WHO and IASP (2017), providing a long list can be counter-productive, so choose one phone number and one website to accompany the story.

Placement

Suicide stories should not be placed prominently for fear of sensationalising and glamorising the death. Undue repetition of suicide stories is also problematic (WHO/IASP, 2017). As a guide, in a newspaper, stories should be on inside pages, preferably on the bottom left. In broadcast, stories should be after the second or third break in the broadcast, while online posts should be further down a page, or even several clicks into the website. This also applies to celebrity suicides.

Online and multi-media

Search engine optimisation

SEO, or search engine optimisation, is about making stories stand out in search engine listings (Hill and Lashmar, 2014). While media organisations are keen to have their stories situated at the apex, the ethical reporter will make sure responsible reporting is maintained. SEO should not provide hyperlinks to suicidal method or location. Instead, hyperlinking should lead to support organisations such as the WHO, or other local suicide prevention organisations.

Photos, video, and slideshows

No matter the medium, stories need "art". These could take the form of photos or video, or combined together as interactive slideshows. I would urge caution here. While it might be newsroom policy to pull photos or video from Facebook, Weibo, QZone, Google Images, YouTube, Instagram, or Snapchat for a "regular" story, in the case of a suicide, explicit permission should be obtained from family members, as publication of these items can cause great distress and further propagate a crisis for those bereaved.

Video and audio

Use extreme caution before running audio or video footage of emergency calls – remember, these should not indicate method or location in any way (WHO/IASP, 2017: 9). If pulling audio from podcasts, SoundCloud, or AudioBoo, be sure to obtain permission from family members who may not wish to hear their deceased loved one on the air or on a news website.

Infographics

Before turning to infographics to visualise suicide information, please take time to consider the reason and rationale. If trying to visualise suicide statistics, be sure to use facts from reliable sources (see statistics section above).

While it might be appealing to visually represent suicide through the use of a map, this should be avoided. Using a map indicates the location of a suicide, which in turn could sensationalise or glorify this particular type of death in an area or community.

A "word cloud" may not be relevant while discussing an individual death, but if a journalist is trying to educate about suicide, perhaps a collection of tweets from Twitter could be represented in this way – again, journalists need to think about their ethical responsibility to their audience and use good judgement on whether a "wordle" fits the tone of the story.

Cartoons should be avoided to represent suicide – they are generally not in good taste and tend to overly glorify and glamorise the act of suicide.

Covering a celebrity suicide

Specialist and non-specialist journalists alike will naturally cover celebrity suicides due to the popularity of the person who has died and what they have culturally contributed to society. All celebrity suicides should be covered accurately, ethically and responsibly – just because a famous person has died-by-suicide *does not mean* that irresponsible reporting is permitted. Celebrity suicides should not be glamorised and the method of death should not be described in detail as was the case with Kate Spade (2018) and Robin Williams (2014).

> A focus on the celebrity's life, how he or she contributed to society and how their death negatively affects others is preferable to reporting details of the suicidal act or providing simplistic reasons for why the suicide occurred.
>
> *(WHO/IASP, 2017: 4)*

An information box, fact box or sidebar should always accompany any suicide story regarding a celebrity death.

Suicide reporting guidelines

As mentioned earlier in this chapter, there are multiple sets of guidelines on reporting suicide. The WHO guidelines are international and can be used and applied by any journalist in any country across the world:

http://www.who.int/mental_health/suicide-prevention/resource_booklet_2017/en/

This section has aimed to provide guidance on how to cover suicide in a responsible and ethical manner looking at how you report, write, and portray suicide stories. The next section will look at three case studies to provide further guidance on best and worst practices when reporting a suicide.

CASE STUDY 1

The Bridgend Suicides, Wales, 2008

The spate of suicides that occurred in Wales in 2008 is a prime example of what *not to do* when covering a suicide story. Between January 2008 and June 2008, the former mining town of Bridgend had 20 suicides amongst people aged 15–29. These suicides drew attention from local, national, and international media organisations, sparked by a sensational piece of copy provided by the wire service for Wales, Wales News Service, to all tabloids and broadsheets within the UK. The story constructed Bridgend as "Britain's suicide capital", "death town", and described the suicides as part of a "suicide craze", and attributed them to a "suicide cult". *None of this was true*.

The Mirror ran a headline:

> "Suicide Town: Parent's anguish as seven young friends all hang themselves in the space of one year".

The Daily Mail:

> "The internet suicide cult: chilling links between seven youngsters found hanged in the same town. They lived and died online".

The Guardian was not much better:

> "Police suspect internet link to suicides: seven young people found dead in last 12 months. Mother urges parents to monitor computer use".

The Sun: "Bebo mates in suicide chain".

All stories at the time referred to a link between the internet and the suicides (which also was not true). Thus, a moral panic was discursively constructed by news media.

A moral panic is a widespread fear that indicates that someone, or something, is a threat to the moral fabric of a society (Cohen, 2002). In the case of Bridgend, the "folk devil" was the Internet or, more specifically, social networking sites. One needs to remember that in 2008, the social network website Bebo was extremely popular in the UK and Ireland. MySpace was on its last

legs, and a little-known company named Facebook was poised to take over the world. YouTube had only been around since mid-2006 and was slowly growing a following, while it would be a full year before Twitter fully emerged in 2009. The act of suicide is viewed as a noxious threat to society, but coupled with fear of unregulated social networking sites and the internet playing a significant role in a perceived immoral way to die, and a moral panic was born (Luce, 2016).

Throughout the coverage, journalists pointed to the internet and social networking sites as the primary culprit for why the Bridgend suicides continued to happen. All of those who died were members of social networking sites such as Facebook, Bebo and MySpace. As many of them were "friends" with each other on these sites, journalists jumped to the conclusion that the deaths must have been linked, despite evidence to the contrary. It can be seen, then, that journalists often did not report the suicides in a responsible, non-panic inducing way by centring attention onto the affordances of new media – a common enough occurrence in historical terms – as scapegoat.

In addition to the moral panic that was discursively constructed, those who died-by-suicide in Bridgend were demonised and infantilised by journalists, described in terms relating to childhood. Contemporary conceptions of childhood in society deem that children are weak, innocent, gullible beings in need of protection – so too are those who die by suicide or attempt suicide, it seems, even when they are adults. This infantalising is much easier to implement when the story features young adults – neither children nor grown-up. Moreover, since Western notions of childhood tend to construct children as either being "normal" or "deviant" to coincide with certain expectations around childhood as a time of life of innocence and naivety, those who kill themselves were labelled as "deviant". As suicide is even less acceptable in childhood, those children and young adults who killed themselves in Bridgend were very easily slotted into the discursive category of "deviant child".

In writing a suicide story, journalists have the power to replicate stigmatising discourses or to shift perceptions on how people should think and react to suicide. Journalists need to be aware of underlying fears that could emerge during the reporting of a suicide story, and they also need to take care in how they describe those who have died-by-suicide; that is to say, one should take care not to demonise or infantilise. A person has decided to take their own life – that decision should, at the very least, be respected as a choice.

CASE STUDY 2

Suicide of Jacintha Saldanha vs. Australian DJs, 2012

In December 2012, two Australian DJs from Austereo's 2DayFM radio show in Sydney, Mel Grieg and Michael Christian, attained the phone number for the King Edward VII hospital in London, where Duchess of Cambridge Kate Middleton was being treated for morning sickness during her pregnancy with Prince George. The DJs planned to prank call the hospital to try and get information about Middleton, which they successfully accomplished.

When Grieg and Christian rang the hospital, they were immediately put through by nurse Jacintha Saldanha (unknown at that time) to the ward where Middleton was being treated. In a two-minute, 17-second phone conversation, the charge nurse shared personal details about Middleton, with whom she believed to be Queen Elizabeth II of England.

The prank phone call was considered to be hysterically funny by the DJs. Several times during the segment, Grieg and Christian stated they could not believe they had been put through. "If this has worked, this is the easiest prank we've ever made", Christian declared on the air. The joke was well received around the world, with the recording making it to Twitter and onto YouTube. Media outlets around the world picked up the story and everyone had a laugh at the Royal Family's expense. While the hospital was apologising to Prince William and to the Duchess of Cambridge for breaching confidentiality, there were neither threats of fines, sackings, legal action nor any death threats.

This all changed when Jacintha Saldanha killed herself three days later. What followed can only be described as worldwide outrage and uproar about the death of Saldanha. Both DJs were blamed for her death, both were placed on leave, and both suffered significant mental health distress as a result of Saldanha's death.

This story raised ethical issues in Australia and legal issues in the UK. While British prosecutors did not bring any charges against the two DJs, in Australia, the national media watchdog, Australian Communications and Media Authority (ACMA), ruled that 2Day FM had breached clause 6.1 of the *Commercial Radio Australia Codes of Practice and Guidelines 2011* which "prohibits the broadcast of statements by identifiable persons without their consent", and clause 9.1 of the code, which "prohibits participants in live-hosted entertainment programmes from being treated in a highly demeaning or highly exploitative manner". The investigation did, however, state that 2Day FM "did not breach clauses that contained information regarding decency or privacy obligations". In essence, the two DJs, were cleared of any responsibility for Saldanha's suicide. Perhaps more controversially, this was the correct decision.

Jacintha Saldanha was 46 years old at the time of her death. She was born in India and had been living with her husband and two children in the UK

since 2002. She was found hanged in the nurses' quarters attached to King Edward VII hospital. Saldanha had a history of mental illness, having previously attempted suicide twice a year earlier (Luce, 2016). She faced no disciplinary charges at the hospital for her minor role in the prank (transferring the call). Suicidologists would agree that Saldanha, at some point, was going to die-by-suicide, due to the fact that she had attempted several times previously and also had a serious history of mental health difficulties (Hawton and van Heeringen, 2009; Mesoudi, 2009; Shahtahmasebi, 2015).

Journalists were quick to blame when it came to explaining why Saldanha died-by-suicide. The "why?" of suicide, as explained earlier in this chapter is complex at the best of times; there is never a simple explanation as to why someone decides to take their own life, and the triggers for such deaths can be multiple. During the coverage, journalists also continuously "othered" the act of suicide, focusing on the fact that Saldanha was from India, indicating that someone who was British would not have carried out such an act, something that was also seen during the Bridgend suicides (those suicides were a Welsh problem, not an English one) (Luce, 2016).

Journalists also stigmatised mental health – they didn't explore her history of suicide attempts and history of mental health challenges. Instead, reporters sensationalised how she died, why she died and did not provide any context as to how previous mental health challenges could have affected her decision to die during this time (Luce, 2016). The poor reporting during this story had an impact not only on Saldanha's bereaved family and friends, but also on the two DJs whose lives changed significantly as a result of her death.

Journalists need to not sensationalise when covering suicide stories such as these. Considerable thought, critical thinking, and investigative journalism are needed. Journalists had an opportunity here to educate citizens about suicide and the impact it can have on those left behind. Instead, journalists went for the cheap shots, blamed the DJs, and reinforced stigma – not an example of responsible or ethical reporting.

CASE STUDY 3

13 Reasons Why, 2017–ongoing

On March 31, 2017, Netflix released its teen drama series *13 Reasons Why*, based on the book of the same name published a decade earlier. The series revolves around the suicide of 17-year-old Hannah Baker and her friend Clay Jensen, who is trying to cope in the aftermath of her death. Hannah leaves a box of cassette tapes that detail the "13 reasons why" she killed herself. While the series initially received positive reviews from critics and audiences, it was the representation of rape and suicide that prompted mental health professionals to call for censorship, trigger warnings, and a use of media reporting guidelines for fear of copycat suicides.

The issue here is that journalists did not critically engage or question what mental health professionals demanded. Journalists fear of reporting suicide is an anecdotal opinion from years of talking to journalists and media professionals. Journalists fear being linked to the notion that journalism may cause suicide, but the one thing that gets lost in this is a journalist's role in questioning societal norms and holding power to account, and that means mental health professionals, too. Media academic William Proctor (2017) explained in *The Conversation*:

> It is not the media, in whatever form, that should be causing anxiety, but substantial cuts in mental health funding as well as the continuing discrimination and stigma attached to such conditions. As clinical psychologist David Swanson argues, *13 Reasons Why* will not cause people to take their own lives. It is anxiety, depression and major stress that are the triggers.

Yet in the weeks following the release of the programme, mental health professionals framed the narrative around fear and worry of copycat suicides. Journalists did not critique the fact that audiences interpret, evaluate, and use media in a variety of different ways (Proctor, 2017). Journalists did not question the sensationalist cautionary letters sent to parents by schools about the series. Journalists did not query the banning of the book from schools, a book that had been sitting on school library bookshelves and had been taught in English classes around the world for the previous decade. Journalists did not take the opportunity to further investigate the issue of suicide in their local communities, nor did they educate citizens about the warning signs of suicide. Journalists did not explore the political ramifications of cutting mental health funding, nor did they critically self-reflect on how the coverage they were creating further added to the stigma of suicide. Instead, journalists were duped into participating and replicating a moral panic about the representation of suicide in *13 Reasons Why* and the fear that this programme would bring about even more suicides.

The scene of the suicide in *13 Reasons Why* made me cry. It was horrific, disturbing, and uncomfortable. It made me want to look away and it also brought up feelings and memories about my own bereavement 11 years earlier. But I supported the decision to represent the suicide, however brutal it was. In mainstream media, it is quite rare to see suicide represented on television or in film, or at least, not an accurate representation. This particular depiction showed that suicide is not a painless death, and that there is struggle, angst, and pain – plenty of pain. Fictional representations of suicide also never show what a suicide does to those left behind. This series is tackling the issue of suicide bereavement, a prime opportunity to write a series of stories about what suicide does to those who have been bereaved.

Instead, mental health professionals called for censorship for fear that copycat suicides would happen (they did not, despite sensationalised media reports). When Netflix refused to take down the programme, the second-most viewed Netflix season in the first 30 days after it premiered (Spangler, 2017), mental health professionals, including the International Association of Suicide Prevention, of which I am a member, called for media reporting guidelines to be used by Netflix.

Media reporting guidelines have been created for journalists, *not* fictional representations of suicide. The only guidelines, to my knowledge, that have been created for stage and screen are from Mindframe in Australia and the Samaritans in the UK, which have a factsheet for drama portrayal in television and film. When mental health professionals called for censorship (similar to the call for cessation of reporting by police and mental health charities during the Bridgend suicides in 2008), the use of guidelines and trigger warnings to be placed at the start of the programme and before the episodes that represent difficult subject matter, all they did was fuel the fire more. Proctor (2017) stated: "As we now surely know, from countless moral campaigns of this kind, scapegoating media as forbidden only challenges people to seek it out to learn what all the fuss is about."

As you can see in this case study, we are not talking about the reporting of an individual's suicide, or the impact a suicide can have on those bereaved. This case study is about when a journalist has to cover "a non-suicide" suicide story. Responsible reporting *must* be of the utmost importance. Journalists need to carry out their duty as watchdog, even when the story is about suicide. Critically engage with the information presented to you, ask questions, and look at the research. Do not let a vocal lobbying group lead the story. The mantra should be: investigate, investigate, and investigate.

Conclusion

Suicide stories must be reported responsibly, sensitively, ethically, and without sensation. In this chapter, I have provided four simple rules, which should help to assure responsible reporting. Journalists should not:

- Sensationalise
- Stigmatise
- Glorify
- Gratuitously report details about method of suicide

I also discussed at length how journalists should approach reporting a story, such as choosing the right story type; interviewing the bereaved; finding reliable suicide statistics; and using quotes from social media. I also discussed the writing of a suicide story where a journalist should think about non-sensational headlines, phraseology, and language, and not gratuitously provide details about method or the location of a suicide. I expanded further when discussing how to produce a suicide story, urging journalists to incorporate fact boxes, information boxes and sidebars with helpful information. I discussed the placement of stories, both in print and online, and discussed at length how to use search engine optimisation, photos, video, audio, slideshows, and infographics in a responsible manner. I advised on best practices when reporting on celebrity suicide, and also advised journalists to consult WHO media reporting guidelines when working on a suicide story. What I hope you now understand having read this chapter is that you *must*:

- Use WHO guidelines to report suicide
- Seriously consider the impact your reporting has on those bereaved by suicide
- Report ethically and responsibly
- Educate your audience about suicide

Note

1 When I discuss sensational reporting in this chapter, I am referring to the practice of presenting a story or information within a story that is intended to provoke public interest or excitement at the expense of accuracy.

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