

‘We report the world as it is, not as we want it to be’: Journalistic negotiation of news routines,
roles and responsibilities when reporting on suicide

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A thesis
submitted in partial fulfillment of the
requirements for the degree of

Master of Arts

University of Washington

2016

Committee:

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Program Authorized to Offer Degree:

Communication

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Abstract

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Media coverage of suicide can play a pivotal role in raising public awareness of an important public health issue. But research suggests that reporting on suicide can potentially influence vulnerable individuals to emulate suicidal behavior. To encourage the responsible reporting of suicide as a public health issue, media guidelines have been developed worldwide, including in the US. Based on interviews with 50 US journalists, this study explores journalists’ awareness of and attitudes toward suicide reporting risks and US media guidelines. Through the lens of suicide news reporting, this is a study examining how journalists view their professional roles and sense of social responsibility when reporting on issues, like suicide, with potential public health consequences. We find that while the journalists interviewed want to cover suicide responsibly, and as a public health issue, they often deviate from media guidelines. In many cases, journalistic convention, routines, and imperatives conflict with or hinder guideline compliance. Moreover, many journalists deliberately disregard suicide reporting guidelines because they clash with journalists’ perceived responsibility and role of serving the public via full disclosure of information.

Acknowledgements

Two years into my graduate study at the University of Washington, unsure of my academic course and whether I would finish my PhD program, I took a six-month leave and travelled around the world. Returning to UW in winter quarter of 2016, and not quite certain what I would do next, Professor Randy Beam asked if I could help with a research project about media coverage of suicide. For some reason, Randy sought my help – even though I had only worked with him once as TA and had no background in the topic. And although the research was far different than my academic focus, I quickly became engrossed in the project, not only intellectually but also personally, emotionally – motivated by the social importance of this issue. The more I read, the more I talked to Randy, suicide grief counselors, and suicide loss survivors, the more I realized how important it was for journalists to cover suicide as a pressing public health problem – but to do so responsibly, cautious of the risk to vulnerable readers.

This thesis grew out my participation in Randy Beam's research project, and it wouldn't exist if he hadn't invited me to assist in his research. Randy's guidance, encouragement, and support all along the way were essential to completion of this work. I also want to thank Sue Lockett John, who conducted many of the journalist interviews, and all the journalists who generously shared their time and insights on the topic of covering suicide.

Lastly, thank you to my partner Mariam, who patiently tolerated many hours spent alone while I was hidden away at the library, café, or in another room, reading journal articles, coding interview transcripts, or writing drafts of this manuscript. My life as a graduate student would not be possible without Mariam's love, support, and saint-like endurance of piles of books strewn all around the house.

Introduction

Already the tenth leading cause of death in the United States, suicide is a major and growing public health problem facing the country (CDC, 2015; Tavernise, 2016). For those involved in suicide prevention efforts, major media coverage of suicide as a public health problem is critical, playing a vital role in raising public awareness and spurring prevention efforts (Pirkis et al., 2006; World Health Organization, 2008). And yet, media coverage of suicide can present more challenges and complications than other pressing public health issues, such as heart attack or cancer. When reporting on suicide, not all press is ‘good’ press.

Firstly, like many other mental health issues, suicide is a socially stigmatized topic. People who consider, attempt, or complete suicide may be viewed as ‘weak,’ ‘sinful,’ or even ‘selfish.’ The family and friends of those who have attempted or completed suicide may face judgments that their behavior somehow contributed to the suicide (attempt), or that they could have ‘done something’ to prevent it (Wertheimer, 2013). Thus, reporting on suicide requires that journalists show particular sensitivity, avoiding sensationalism, oversimplification, and other follies that lead to the furthering stigmatization of mental illness (Pirkis et al., 2006).

Presenting an even larger complication and barrier to media coverage is the possibility of ‘copycatting’ or ‘contagion.’ By now, decades of research from around the world have established that aspects of media coverage of suicidal behavior can be a contributing factor in spurring suicidal behavior among vulnerable populations, particularly young people (Gould et al., 2003; Gould et al., 2014; Niederkrontenthaler et al., 2010; Pirkis and Blood, 2001; WHO, 2008).

Social stigma and the possibility of contagion combine to present both suicide prevention

advocates and journalists alike with a particularly thorny dilemma: *How to cover a deserving public health problem responsibly.*

In an attempt to respond to this dilemma, public health groups and partners in the US and around the world have developed guidelines¹ for media concerning the responsible and prevention-oriented coverage of suicide (Bohanna and Wang, 2012; Pirkis et al., 2006; WHO, 2008). In the US and other countries, suicide reporting guidelines have been met with a range of responses by journalists, from ignorance to ambivalence, and from acceptance to outright resistance (Collings and Kemp, 2010; Crane et al., 2005; Gandy and Terrion, 2015; Jamieson et al., 2003; Skehan et al., 2006; Tully and Elsaka, 2004). Of the previous research, only Jamieson et al.'s (2003) set of interviews involves US journalists, and this research took place over 10 years ago. Since this study, suicide rates have continued to rise in the US, and enormous technological and economic changes have taken place in the US media environment and in the profession of journalism, dramatically changing news consumption and making practices. In today's news environments, journalists must navigate the ethical challenges of covering sensitive issues like suicide while under the pressure to produce more content, at a faster rate, with leaner staffs, less resources and tighter budgets.

As part of a project concerning US media coverage of suicide, our research team interviewed 50 journalists and former journalists from around the country – working in print, broadcast, and online news – who had previously written or edited one or more stories about suicide. In our interviews, we asked journalists about a variety of issues related to their experiences with and feelings about suicide coverage. Previously, our research explored journalists' stated reasons and rationales for covering suicide, i.e., what makes suicide newsworthy (Beam et al., 2016). But once the decision to cover has been made, how do

journalists approach writing these stories? What considerations, rationales, routines, and other factors shape journalists' perspectives on, approaches to, and struggles with covering suicide?

This study explores these questions. It addresses the journalists' awareness of and concern for contagion, as well as their awareness of and attitudes toward national media recommendations for reporting on suicide. In doing so, this study provides a much-needed update and elaboration on Jamieson et al.'s 2003 study of US journalists, and will contribute to an international body of scholarship exploring journalistic responses to reporting guidelines (Collings and Kemp, 2010; Crane et al., 2005; Gandy and Terrion, 2015; Jamieson et al., 2003; Skehan et al., 2006; Tully and Elsaka, 2004).

But this study also addresses broader questions relevant to journalism and media coverage of health and social issues. This is a study into how journalists approach covering a complex public health issue, one that has direct but uncertain (both risky and beneficial) social and health implications. Thus, this study explores broad questions about how US journalists view the potential public impacts of their reporting on suicide, and, considering these impacts, how they perceive their journalistic roles and responsibilities when reporting on suicide.

Overall, our interviews evince that US journalists approach reporting on suicide with special care and consideration. By and large, the journalists expressed concern for the unique risks and sensitivities associated with reporting on suicide – and they spoke of adjusting their reporting practices accordingly. Moreover, journalists expressed a hope that their reporting on suicide could in some way serve the public, bringing attention to the issue and supporting prevention efforts.

And yet, our interviews also revealed that journalists often made decisions to bend or break special precautions around the reporting of suicide. This paper elucidates the primary

factors influencing how journalists approach reporting on suicide – in many cases prompting them toward practices that they know are potentially risky and that deviate from what the public health community believes are best practices. Our analysis illustrates how recommendations for reporting on suicide often conflict with basic aspects of journalistic practice. Tensions between core aspects of journalistic work and culture – news values, conventions, and imperatives – have long been considered an intractable obstacle to public health practice (Atkin and Arkin, 1990; Chapman and Lupton, 1994). This study helps us to better understand the myriad values, practices, and exigencies of journalistic work shaping and constraining journalists’ attitudes and approaches to covering social/health problems. Most importantly, it illuminates how journalists’ deeply held sense of social responsibility and professional obligation can clash with the premises of suicide reporting recommendations and public health advisements, leading journalists to risk ‘risky’ reporting – sometimes under the assumption that they, in fact, know better how to address the growing public problem of suicide.

Newsrooms’ evolving approach to reporting on suicide

In the late 19th and early 20th century, newspapers in North America regularly reported on the suicide deaths and attempts of prominent and ordinary people alike. It was common for this early coverage to include explicit and gratuitous details about method (Campion-Smith, 2015; Richardson, 2015). News stories frequently characterized suicide as ‘cowardly’ or ‘weak-willed’ (New York Times, 1910a, 1910b, 1912b), and as criminal and morally deviant (Campion-Smith, 2015; Richardson, 2015).

The frequency and nature of news media coverage of suicide did not begin to change until the mid-20th century. During this period, the professionalization of journalism reoriented

journalistic values toward prizing accuracy and objectivity, avoiding moral judgments (Schudson, 1995). At the same time, journalistic value change occurred in lockstep with a broader cultural change in thinking about suicide, reconceptualizing it as a mental health issue rather than a criminal act or moral failing (Campion-Smith, 2015: 47-48).

In the first half of the century, journalists and editors had been outright dismissive of early concerns about suicide contagion (NYT, 1912a). But beginning in the 1970s and 80s, US scholars in communications and public health fields commenced empirical study of the contagion possibilities of news coverage of suicide (Bollen and Phillips, 1982; Phillips, 1974, 1980; Wasserman, 1984). Concerns about contagion prompted media professionals, suicidologists, public health officials and mental health experts in the United States to develop recommendations for journalists on news coverage of suicide (CDC, 1994). The US recommendations have since been emulated in other countries (Bohanna and Wang, 2012; Pirkis et al. 2006; WHO, 2008). The recommendations are primarily focused on avoiding content and practices associated with contagion, such as providing details and images about the manner of death or suggestions that suicide is the action of a rational, mentally healthy person. They also generally recommend the inclusion of suicide prevention resources, such as links to support websites and crisis counseling numbers. More recent iterations of reporting guidelines, such as ‘Recommendations for Reporting on Suicide’ (reportingonsuicide.org), suggest reporters discuss suicide warning signs and factors that contribute to suicidal ideation, and that they include hopeful stories of people who have overcome a suicide attempt.

Changes in journalistic norms, cultural conceptions of suicide, and rising awareness of contagion have all contributed to broad changes in how North American journalists approach coverage of suicide. In the 21st century, reticence to report on private suicide deaths – with

certain notable exceptions, such as murder-suicide – has developed into a widespread journalistic norm in US newsrooms, oftentimes codified into formal newsroom policies (Beam et al., 2016; Jamieson et al., 2003).

But those in public health community and suicide prevention advocacy have reason to remain concerned about the state of suicide news reporting (Pirkis et al., 2006; WHO 2008). While in some national contexts, such as Australia, suicide reporting guidelines have been embraced and realized in reporting (Pirkis et al., 2009; Skehan et al., 2006), there has been a decidedly mixed reception and spotty record of compliance in most other national contexts (Bohanna and Wang, 2012). In Austria (Niederkrotenthaler and Sonneck, 2007), Australia (Pirkis et al., 2009), and Switzerland (Frey et al., 1997), content analyses indicate that quality of suicide coverage and avoidance of contagion factors has improved in the years since introduction of national media recommendations. In contrast to these success stories, however, analyses of US news content has found that many stories continue to deviate from national recommendations (Gould et al., 2007; Jamieson et al., 2003; Tatum et al., 2010).

Only a handful of studies have asked journalists directly about their attitudes toward these recommendations and the reasons for which they have followed (or not followed) them (Collings and Kemp, 2010; Crane et al., 2005; Gandy and Terrion, 2015; Jamieson et al., 2003; Skehan et al. 2006; Tully and Elsaka, 2004). These studies indicate a wide range of reasons why media recommendations may go unheeded or only partially complied with by journalists.

Jamieson et al.'s (2003) interviews with 57 US journalists revealed that most were simply unaware of the CDC's or other recommendations. Later interview-based studies demonstrate a rising awareness of reporting recommendations (at least outside the US), but reveal other obstacles to following reporting guidelines – such as resource constraints (Gandy and Terrion,

2015) and skepticism about contagion (Collings and Kemp, 2010; Gandy and Terrion, 2015; Jamieson et al., 2003; Tully and Elsaka, 2004).

One common thread invoked by journalists across previous, non-US studies is that aspects of suicide reporting recommendations can pose basic conflicts with news-making conventions, routines, and imperatives, as well as journalists' deeply ingrained sense of social roles and responsibilities (Collings and Kemp, 2010; Gandy and Terrion, 2015; Jamieson et al., 2003; Tully and Elsaka, 2004). In particular, media recommendations for the responsible reporting of suicide involve suppression or selective disclosure of information, e.g., not disclosing details about method, certain kinds of images, or the content of suicide 'notes.' Suppression of information is directly at odds with journalism's foundational ethos of disclosing information.

Like their counterparts in Australia, England, or Canada, we find that US journalists also grapple with following reporting recommendations, describing difficulty adhering to recommendations in light of prevailing news values, daily work routines, and news-making conventions. This study, identifies the specifics of these tensions in the US newsroom context, and does so with a more intentional focus on how aspects of journalistic practice may clash with reporting recommendations than previous non-US studies. It also examines the sense of purpose and responsibility that US journalists bring to the complicated task of covering suicide, elucidating how journalistic role conceptions and perceived social responsibilities can both help and hinder prevention-oriented coverage.

Participant demographics and method

During an 18-month period lasting from the summer of 2014 to the winter of 2016, we interviewed 50 journalists from around the country. In these semi-structured, confidential interviews, which typically lasted from 25 to 45 minutes, we asked the journalists about a variety of issues related to suicide coverage.

The interviews with journalists coincided with a related research project on how suicide is framed in news stories. The data for that project came from 10 regional daily newspapers in seven states representing regions of the country with the highest to lowest suicide rates. Thirty-six of the 50 journalists whom we interviewed came from these regional newspapers, or, in one case, from a similar publication nearby. Virtually all the journalists from these regional publications either had written one or more articles about suicide during the two or three years before we interviewed them or were editors who played some role in handling suicide coverage at these regional news outlets. The remaining 14 journalists were chosen purposely because they had demonstrated a particular interest in suicide coverage. Some, for example, had participated in journalism conferences on suicide coverage; others had earned awards or recognition for their coverage of suicide.

The majority of the journalists were working as reporters/writers (30) or editors (15) at print/online publications, with the others occupying varying professional roles, such as working as a media consultant, working in public radio or doing freelance journalism. The gender balance of the 50 journalists interviewed for this study was roughly equal, with 28 males and 22 women.²

The 50 interviews were audiotaped and transcribed.³ The transcripts were read and qualitatively coded through a multistep, iterative process. The transcripts were read for information relating to journalists' concern for suicide contagion possibilities, and their awareness and adherence to media recommendations for the responsible reporting of suicide.

More broadly, transcripts were coded to capture themes in how journalists view their roles and responsibilities when it comes to writing about suicide, and aspects of journalistic practices and work imperatives that influence the choices they make and stories they create.

The author of this paper read all transcripts four times. In initial reviews, emergent themes were identified. On subsequent passes these initial thematic codes were reviewed and refined, condensing and reinterpreting thematic groups into codes that best and most parsimoniously address the pressing questions of this paper. Throughout this process, the first and second author of this paper met to refine categorizations. This analysis process was repeated until existing thematic coding seemed to accurately capture all relevant ideas and sentiments and no new interpretative insights were gained.

In what follows, the findings of our interviews are presented in two sections. In the first section, we describe journalists' awareness and attitudes toward contagion and toward media recommendations. We discuss which recommendations specifically journalists are aware of, where they received information about recommendations and which recommendations they tend to follow (and which they don't).

In the second section, we delve into the more complicated and more crucial question of why – regardless of their feelings about recommendations – journalists may have difficulty complying with them. We also discuss the primary reasons why journalists might *deliberately* decide to break with or reject recommendations.

‘Let’s be aware of situations that are difficult, and let’s talk about it’: Journalists’ awareness of and attitudes toward contagion and suicide reporting recommendations

Journalists' awareness of and concern for suicide contagion

Our interviews indicate that concerns for contagion possibilities play a significant role in journalists' considerations and newsrooms' policies surrounding reporting on suicide. In 35 of the 50 interviews, journalists brought up contagion and discussed how it influences their or their newsroom's approach to suicide coverage.⁴

More than half of the journalists who discussed contagion expressed some degree of explicit concern about the potential of contagion effects. Contagion was cited as the most prominent factor in why many newsrooms had a general, default policy of (usually) not reporting on individual suicide deaths. When describing writing about suicide, journalists indicated that concern for contagion influenced the content of their reporting. Journalists spoke about the importance of withholding details about suicide method and location, and about not presenting suicide as a 'solution' or as a means of relieving pain:

I had done research and I knew that it was not good necessarily to emphasize how they planned the suicide and how they executed it. It was not good to give hints to people about how they could smartly execute a suicide. Or like this is a less painful way to kill yourself. I wasn't trying to give any information to people that were looking to the article so they could get information on how to kill themselves.

Many of the journalists expressed specific knowledge related to lessening contagion possibilities and were aware that certain populations, such as young people, were considered to be at greater risk. Journalists mentioned learning this information from interactions with public health and suicide prevention advocates, as well as from their own informal 'Googling,' 'reading up,' or 'research' into the issue. More broadly, though, journalists indicated that information about contagion was something they had accumulated from years of newsroom experience, from their interactions and conversations with editors, fellow journalists, and a variety of public/mental health sources.

These findings stand in contrast to Jamieson et al.'s (2003) interviews with US journalists, in which a majority expressed doubt and skepticism about contagion theory. In our sample, only six journalists clearly expressed skepticism or outright rejection of contagion possibilities. This distinguishes our US sample from their counterparts in Canada and New Zealand as well, among whom recent studies (Collings and Kemp 2010; Gandy and Terrion 2015), find more widespread skepticism and resistance to contagion theories.

Still, other journalists remained uncertain about contagion possibilities, or, regardless of their belief, were ambivalent about allowing contagion concerns to impact their reporting. Some journalists eschewed concern for and responsibility for the direct consequences of their reporting: 'You know, it is like any reporting we do has a negative effect, so I sort of take [contagion possibilities] with a grain of salt.' Many believed that fears of contagion must be subordinated to a journalist's duty to the 'public interest.' Or they indicated that contagion concerns could be mitigated or outweighed by the potentially positive or prevention effects of their reporting. 'I sort of agree ... that [news stories] can become contagious,' one reporter conceded, 'but I guess my feeling is [that] we have an opportunity to look into it and do a bigger story and I don't think that we've really embraced that yet.'

Journalist awareness of, attitude toward, and incorporation of national and other media recommendations

In interviews journalists were asked directly whether they were aware of, or ever consulted, national media recommendations for reporting on suicide.

Of the 50 journalists interviewed, about two-thirds either had never heard of national media recommendations, were unsure if they had ever come across them, or gave answers that

indicated only faint familiarity with the notion of national or other guidelines ('and which national recommendations are you referring to?'). However, many of the journalists not aware of *national* recommendations did indicate knowledge of subnational, state or local recommendations created by proximate public/mental health agencies and groups. Many other journalists indicated following in-house newsroom policies. In describing these various policies and newsroom practices of suicide reporting, aspects of the national recommendations were clearly present.

Indeed, regardless of whether journalists indicated knowledge of national media recommendations specifically, it was clear that certain crucial tenants of the national recommendations had diffused through and become commonplace in newsroom policy and practice one way or another. The majority of journalists interviewed indicated a general newsroom awareness and adherence to key aspects of national recommendations, such as refraining from publishing details about suicide method or photos of the death.

Other aspects of the national media recommendations, however, were decidedly less widespread. Most of the journalists were unaware of recommendations surrounding preferred terminology, such as using avoiding the popular term 'committed suicide' in favor of 'died by suicide' or other phrases. In fact, several journalists described their belief that terms like 'committed suicide' or more concrete descriptions (e.g. 'self-inflicted gunshot wound') were terms preferred by the public/mental health community because of their straightforwardness, accuracy, or use in police and medical examiners' reports.

A third of the journalists did indicate some degree of awareness of national media recommendations, such as the CDC's, or the newly updated "Recommendations for Reporting on Suicide" (reportingonsuicide.org). These journalists expressed great appreciation for these

resources and described careful attention to and compliance with recommendations: ‘We really, really tried to follow those guidelines pretty – I mean, like, we went through the story and held that sheet of paper next to it, and said, okay, check. We’re hitting all the right things here.’

However, a greater number of journalists indicated only a situational or partial reference and adherence to guidelines. Several mentioned that they don’t refer to the national recommendations when writing short, news brief items involving suicide – such as a ‘suicide by cop’ situation – citing a lack of time and explaining that the guidelines weren’t relevant for these kinds of stories. ‘I probably would [refer to recommendations] if I was really like sitting down to write about [suicide],’ one journalist explained, ‘but I’d probably would not just day-to-day. Like if I got called in to cover a cop shift and for some reason had to write about a suicide there.’ Another journalist expressed the same sentiment even more succinctly: ‘I don’t refer to them for every story. Not every story’s a big deal.’

This journalist’s sentiment was the exception, the outlier, to the overall picture painted by our interviews. Overall, our interviews suggest that US journalists approach reporting on suicide quite differently than they would other, unnatural deaths (such as a traffic accident or murder), with special consideration, and, in many cases, extra deliberation. Knowledge of contagion is widespread among the journalists we interviewed, as is the general notion that reporting on suicide method and location can contribute to this risk. To that end, about two-thirds of the journalists indicated that their news organizations had policies – formal or informal – reflecting these key considerations, as well as others, such as observing special sensitivity to the privacy and emotions of surviving family members.

And yet, our interviews also revealed that journalists often made decisions to bend or break with these precautions around reporting on suicide. In many cases, journalists felt that the

circumstances of a suicide death and what made it newsworthy (e.g. its publicness, the involvement of police) prompted them to respond in routine, obligatory ways, applying typical news-making conventions and practices that conflict with suicide reporting recommendations. In many other cases, though, they described grappling with the rationales underlying the recommendations, ultimately deciding to go against some or several of the recommendations. These were not decisions that journalists made lightly; they described great deliberation and purpose behind the decision to bend or break recommendations

‘Not every story’s a big deal’: How story selection, framings, and associated newswriting conventions shape suicide coverage

Much of a news story’s content and framing derives from the initial point of story selection – what made the story newsworthy and what the journalist believed was the purpose or ‘angle’ of the story. Previously, our research team explored how this same sample of US journalists decided that suicide was newsworthy. For the most part, individual suicide deaths are only covered when certain key news values are invoked. In the vast majority of cases, suicide becomes newsworthy (or even news obligatory) when they occur in public, when they involve a ‘public’ person (e.g. the mayor), or when they involve unusual, dramatic elements (Beam et al., 2016). But suicide is not only covered in an event-based, episodic ‘hard news’ fashion. Journalists also write non-episodic, topical or ‘thematic’ pieces on suicide as a social and health problem (Beam et al., 2016).

This study’s analysis of interviews suggest that the impetus and framing for coverage (‘episodic’ vs. ‘thematic’ [Iyengar, 1994]), and the news routines, conventions, and news purpose associated with these two broad ways that stories are framed, have a strong impact on

their content and conformity to the public health community's preferred model of responsible suicide news reporting.

Bridge-jumpers and murder-suicides: The pitfalls of episodic, event-based suicide news reporting

By their very nature, stories covered for 'obligatory' reasons of publicness, crime, or other 'hard news' considerations often contain content that breaks with recommendations, and they exhibit framing that does not lend itself to prevention-oriented coverage. For example, many suicides that occur in public, or that create a noticeable public disruption, journalists say they cover *because* of the suicide method involved (e.g. jumping from a bridge, in front of a train) – and thus inclusion of suicide method and location is the *sine qua non* of the news story. Discussion of suicide method is also included as an essential element in suicide deaths covered because they involve crime, such as a murder-suicide.

Stories about 'suicide-by-cop' or people who take their own lives by jumping off a bridge, journalists explained, are almost always covered in very short, formulaic news blurbs. In most cases, these stories are written quickly, under tight time constraints. Journalists – often crime reporters – approached these stories in routine, formulaic ways, generally giving a quick synopsis of the essential *who, what, where* details.

The focus on such 'hard news,' episodic storytelling and formatting is not conducive to educational, public health framings (Kristiansen, 1988; Lupton, 1994). And, indeed, journalists practiced in writing news blurbs about a suicide death by bridge-jumping or a train collision described these story types as inappropriate or unsuitable vehicles for a broader educational or

preventive discussion about suicide. Journalists explained that, from a standpoint of news conventions, they generally wouldn't include suicide prevention hotline numbers or information:

Interviewer: Do you ever include the suicide lifeline number or sources . . . ?

Interviewee: We don't always do that. No. If it's a first-day news story, we would not. If it's an investigative piece or an issue type of piece about suicide, then we would certainly.

Some journalists saw the inclusion of prevention information or other educational content as extraneous, or even inappropriate, for such episodic news pieces, seemingly distinguishing between 'news' pieces and 'issue' stories. 'We wouldn't try to take a news story and turn it into a suicide prevention article,' one journalist explained.

Even mundane aspects of newswriting conventions and journalistic training contributed to practices that broke with reporting recommendations. From a suicide prevention perspective, the common term 'committed suicide' should be avoided because it associates suicide with criminality. But many reporters spoke about using the term or more specific language, such as 'self-inflicted gunshot wound,' because it reflected the 'official' terminology used by police, first responders, and medical examiners. Other reporters specifically rejected the use of terms preferred by the suicide prevention community, such as 'died by suicide' or 'took his own life,' because they viewed these terms as insufficiently concrete, overly euphemistic, or simply because they thought they sounded unnatural or awkward. Journalists spoke of the need for newswriting to be 'accurate,' 'clear,' or simply 'good' – implying that 'died by suicide' was not good writing. Some journalists described not being comfortable with a separate, stand-alone 'box' for listing suicide prevention hotlines and resources – a key recommendation mitigating risk of contagion – and talked about ways that these can be more 'naturally' incorporated into the body text of the story.

Suicide as a social problem: Promises (and pitfalls) of non-episodic, thematic news stories

In contrast to the myriad pitfalls of story framing and writing based on ‘hard news’ episodic newswriting, stories purposefully done as feature ‘issue’ or ‘trend’ pieces offered up time, space, and writing conventions much more conducive to prevention content and public health framings. More than half of the journalists we interviewed talked about having done some kind non-episodic, issue piece concerning suicide, ranging from one-off pieces to multi-part series. Importantly, journalists spoke of pursuing these stories because they were aware of the limitations and problems of episodic, news bulletin reporting: ‘my personal thing is we are not doing any favors by...covering individual suicide as individual newsworthy events. I don’t think, you know, personally, I don’t think that that really helps suicide prevention.’ Journalists talked about relishing the opportunity to write longer, more involved stories that could more extensively explore suicide as a public health problem:

As a reporter, I think it’s important to look at the issue in a more holistic way and not just on a case by case basis, so we’re not doing it with little briefs that run buried inside the newspaper. But we look at it in terms of what are some of the factors that might be leading to these suicides, what are some of the factors that might contribute to this phenomenon occurring, and what mental health experts can be consulted in order to try to put it into perspective.

Overall, by their very nature, news stories that discuss suicide as a significant social or public health issue are beneficial from a public health perspective – raising awareness and attention to this issue. However, this framing and intent doesn’t necessarily make these story types immune to content and conventions that are potentially counterproductive to understanding and preventing suicide.

When writing non-episodic, thematic stories, many journalists described employing the journalistic convention of ‘humanizing’ or ‘personalizing’ an abstract social issue. Building a story around the personal profile of a compelling and/or ‘representative’ personality is a time-

honored technique in journalistic writing – and such ‘personalizing’ and ‘humanizing’ narrative techniques are especially common in news media coverage of health and social issues (Lupton, 1994). For the most part, journalists described telling the story of an individual’s death as a vehicle through which to ‘humanize’ and ‘make relatable’ a large and complicated social/health problem such as suicide (e.g. the problem of veteran’s PTSD, insufficient mental health treatment). Thus, this convention lent itself well to public health framings of suicide as a systemic social/health issue.

While, for the most part, the journalists interviewed used personal stories as a conduit to exploring a larger systemic problem, there are nevertheless some potential risks of employing this narrative convention. Writing compelling personal stories generally entails employing a great deal of specific detail. And, indeed, in fleshing out individuals’ narratives, journalists described including details such as social media content, suicide notes, and details about suicide (attempt) methods in their stories – running afoul of reporting recommendations. Moreover, there were a few journalists who wrote ‘human interest’ pieces with a focus on the ‘incomprehensible’ idiosyncrasies of someone who took their own life and the circumstances surrounding it, an approach counter-productive to the careful contextualization of individual stories as preventable tragedies of a larger health/social problems.

‘We report the world as it is, not as we want it to be’: Confluence and conflict among journalistic roles and responsibilities

As alluded to in the previous section, the vast majority of journalists interviewed described suicide as an important social/health issue, deserving of regular media coverage. This was particularly true of journalists working in communities that had been noticeably impacted by

suicide, such as communities with a high number of veterans' suicides. Consistently, journalists invoked a sense of responsibility, even obligation, toward fulfilling a public service mission when reporting on suicide as a social/health issue. 'We hoped to make a difference,' one journalist reflected about their newspaper's multipart series on suicide. 'That was our biggest hope.' Several journalists saw suicide as an issue of growing importance, deserving more media attention:

I mean, let's face it, the very high-profile recent suicides have brought to light some things that we as journalists have to think about for our community, and how to inform them about how to talk about these types of incidents and the impact on the community, as well as the family, as well as others. And I think that's something we have to constantly be thinking about and talking about leading the community – let's face it, one of the most important things a news organization can do is lead the community dialogue.

'Leading the community dialogue,' 'raising awareness,' 'starting a conversation,' 'breaking the stigma' – these are the phrases used by the majority of our interviewees when explaining the motivation and purpose behind their reporting on suicide. In fulfilling their civic duty and responsibility of informing their communities about an important social/health problem, many journalists were clearly attentive to risks involved with reporting on suicide. They spoke about being careful to cover the issue in a sufficient way while avoiding practices that could be risky, particularly contagion. Apart from contagion concerns, journalists spoke about the need to respect the privacy and emotions of surviving family members, and how to talk about the prevalence of suicide without being overly alarming.

When writing about suicide, journalists clearly wrestled with how much information, and what kinds of information, to disclose and withhold when reporting on suicide. This was a central dilemma faced by the journalists we interviewed because this dilemma involves fundamental aspects of journalists' role conceptions and sense of responsibility to serve the

public. For journalists, socialized to value full disclosure of information as a virtue, and even obligation, of their professional work, it was difficult to fully embrace the idea of restraint and withholding information as better serving the public than full disclosure of what they viewed as imminently ‘relevant’ information. Several journalists openly grappled with what amount and kind of information about suicide the public had a ‘need to know’ and was legitimately ‘in the public interest.’ Journalists weighed the value of serving the public interest or ‘good’ against ethical concerns for surviving family (‘When does the public’s need to know outweigh the family’s right to privacy’) and, more broadly, against concerns that their reporting could actually harm the public in some way. ‘It’s kind of a balancing act,’ one journalist explained, ‘I think we have to rethink the way we cover suicide ultimately because all the secrecy... it certainly protects on one level, but it also perpetuates it as a mystery to people and a black hole.’

While many journalists described being able to negotiate this balancing act – balancing their desire to write about suicide while staying within the confines of recommendations and responsible reporting practices – just as many of the journalists we interviewed spoke about the need to bend or break with recommended practices for the sake of further pushing the issue of suicide into the public domain and conversation. In explaining their desire to break with various guidelines, journalists often invoked a fundamental professional value: a default inclination toward complete transparency and disclosure of information.

For some journalists, the journalistic inclination toward full disclosure of information simply outweighed or voided concerns about contagion or sensitivity to family members. This feeling was especially true in reference to event-based, episodic stories (e.g. a bridge jumping or ‘suicide-by-cop’) – in large part because journalists felt an obligation to verify public dialogue about events (e.g. a missing person report, social media chatter) and to put in an end to any

public speculations about what may or may not have happened. But non-episodic, issue pieces also made journalists reflective about fulfilling their sense of professional obligation of completely informing the public. One journalist, for instance, described wrestling with including content risking potential contagion effects, but ultimately decided to include that content, saying ‘I guess as a news person, I’m reluctant to shield people from the truth.’ A few journalists were more blunt in their valuing of ‘truth-telling’ and disclosure as their primary priority and responsibility: ‘But as far as impact on the public, to be honest, I don’t care. Do my readers need to know this? That might weigh into [my decisions] but whether it hurts the people – my god, no – because everything in the news is damaging.’

For many more journalists, however, journalistic principles of serving the public good and full disclosure of information were not at odds with each other at all. For them, more transparency and broader disclosure of information was actually a *benefit to and vehicle for* increasing public understanding and awareness of this important social/health issue. In many cases, it was this rationale that motivated journalists to deliberately break from recommendations about the responsible reporting of suicide:

‘We debated [the recommendations] and we, I think, threw almost every one of those out the window. Not willy nilly, but we thought if we are going to cover this issue, cover it responsibly and really let people know, tell people what’s going on, that we had to do that and we did.’

Several journalists openly questioned whether reporting recommendations and related newsroom policies that suggest restraint and selective disclosure of information actually *hindered* the ability to have a more meaningful public conversation and understanding of suicide. These journalists were not insensitive to concerns about contagion, to the feelings of surviving members, and other considerations, but they worried about the potential pitfalls of restrained coverage: ‘I also wonder if in not covering suicides, and not digging into that pain a little bit, are

we not kind of closing our eyes to a problem? And closing the public's eyes? Another journalist employed a similar metaphor, asking 'Just, in general, do we create our own blind spot by not covering [suicide]?' These sentiments echo those of journalistic counterparts in Canada (Gandy and Terrion 2015), England (Crane et al., 2005), and New Zealand (Collings and Kemp 2010; Tully and Elsaka 2004).

Both journalists and the public health community alike believe that media coverage of suicide can be a tool to raise awareness and generate public dialogue around preventing and destigmatizing suicide, but have fundamental differences regarding the amount and kinds of information that can achieve those goals. For many of the journalists we interviewed, the journalistic inclination and commitment to disclose and detail information, while perhaps risky, may ultimately be a *benefit* to addressing the problem of suicide. Upon reflection, journalists voiced recognition of this pivotal difference between the nature of their journalistic roles and responsibilities versus those of the public health community and others. 'Our role is so different from a lot of people,' one journalist reflected, 'we report about the world as it is, not as we want it to be. I think that's what people don't quite understand.'

Discussion

As the practice of modern journalism has evolved, so has the way journalists approach coverage of suicide, a complex social problem and worsening public health issue (Campion-Smith, 2015; Richardson, 2015). As is still the case from over a decade ago (Jamieson et al., 2003), suicide is just as often (if not more so) a newsworthy event in newsrooms across the country (Beam et al., 2016). When a suicide occurs in public, involves a prominent person, or requires the response of police, suicide is almost always covered. In these cases, journalists may

often respond as they do in the event of other unnatural deaths, falling back on routine practices and conventions.

In many other cases though, our interviews illustrate that much has changed in the years since Jamieson et al.'s 2003 study. Interviewing journalists at the beginning of the 2000s, Jamieson et al. found reporters largely uneasy with or disinclined to report about suicide unless compelled by a clear, 'hard news' reason, for example, the death of a public person or a murder-suicide. More than a decade later, with rate and visibility of suicide rising in communities across the US, we spoke to journalists voicing a desire to do more than obligatory, episodic coverage of bridge-jumping or celebrity suicide. Many of our journalists felt compelled to inform and educate their reading publics about suicide as a pressing public health issue.

Journalists approached the complexities of this task with considerable caution and consideration. Journalists treated suicide as a stigmatized issue, and, by and large, showed great sensitivity and deference to the privacy and emotions of surviving family and friends. Most of the journalists we interviewed were aware of and at least somewhat concerned about potential contagion effects. Although relatively few journalists we spoke to knew of or referred to national recommendations regarding the responsible reporting of suicide, there was nevertheless widespread knowledge of the central tenants of these recommendations, especially the prohibition against disclosure of method/location.

In writing about suicide, journalists and newsrooms grappled with, debated, and even created policies around how to write about suicide while mitigating these risks and ethical concerns. In many cases, our journalists described ultimately making news decisions that conflicted with reporting recommendations, the advisements of those in the mental/public health community, and even the requests of surviving family members. Journalists do not break with

these advisements because they are callous or indifferent. In some cases, the exigencies and imperatives of journalistic work make it difficult for journalists to adhere to recommendations. More than anything, the journalists we spoke to struggled with competing roles and responsibilities. They understood that some elements of basic journalistic practice may be considered risky, but also strongly felt that the journalistic inclinations to ‘tell the whole story’ and ‘move things out of the shadows’ is both a professional responsibility and a powerful tool for stimulating public attention and action. Thus, in many cases, journalists willfully bend or break with the best practices and recommendations because they believe these guidelines hinder their ability to bring the issue of suicide more fully into the light of public attention and conversation. Journalists in Canada (Gandy and Terrion, 2015), England (Crane et al., 2005) and New Zealand (Collings and Kemp, 2010; Tully and Elsaka, 2004) also struggled with this tension, and similarly argued that the restricted reporting advised by recommendations both conflict with journalistic inclination toward full disclosure and, concomitantly, may fetter their journalistic ability to spark a productive public conversation about suicide.

Conclusion: The danger in disclosure

News coverage of suicide is an illuminating window onto enduring and fundamental differences between journalists and those in the public health community. For the public health community, communication about complex problems such as suicide should be *selective* and *prescribed*, offering specific public solutions and responses. For journalists, such selective disclosure is fundamentally at odds with prevailing values and practices of transparency and openness increasingly embraced in and idealized by US public and private domains, including the profession of journalism (Schudson, 2015). For journalists, their communicative imperative

is to engender public debate and conversation about a problem and potential responses. To paraphrase the words of one of our interviewees, journalists ‘write the world as it is, not as we want it to be.’

But in ‘writing the world as it is,’ journalists must contend with the consequences of that communication. Unlike most news stories, writing about suicide is believed to have potential direct and dire consequences on the reading public: stories about suicide may influence vulnerable individuals to take their own life. In the current news environment, the same concerns about contagion surround a growing number of prominent news topics, from the coverage of mass shootings (Towers et al., 2015) to terrorism (Nacos, 2010).⁵ Without a doubt these are news stories that must be covered. But when covering these events and issues, the long-held journalistic value and norm of full disclosure should perhaps be more intensely scrutinized. When reporting on domestic terrorism, does the public’s ‘right to know’ (Schudson, 2015) extend to description of the terrorist’s bomb-making process? What is the social value in publishing a mass shooter’s troubled manifesto? When reporting on particular situations and particular facts, the journalistic presumption of full disclosure, of *writing the world as it is*, is potentially risky. And this raises a particularly pressing question for today’s newsmakers: *when does the journalistic obligation toward transparency and disclosure no longer serve and benefit the public, but endangers it?*

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Endnotes

¹ Both the terms ‘guidelines’ or ‘recommendations’ are used in reference to advisory suicide reporting publications in various national and international (e.g. WHO) iterations. Accordingly, this paper uses the terms interchangeably throughout. When creating the relatively new ‘Recommendations for Reporting on Suicide’ (reportingonsuicide.org) in the US, stakeholders consciously chose to label their advisements ‘recommendations’ rather than ‘guidelines,’ feeling that the latter term connoted a greater sense of obligation.

² Our sampling method is similar to Jamieson et al.’s (2003) procedure, who recruited their 57 participants from a sample of 100 news stories involving individual suicide appearing in the country’s top 100 circulation newspapers for the year 2000. As with our sample, Jamieson et al.’s sample included journalists working at media outlets of varying size, from large newspapers to smaller regional publications.

³ Due to mechanical error, one interview was not properly recorded. For this single exception, the interviewer took detailed notes and those notes were made into a transcript loaded into *Dedoose*.

⁴ In contrast to Jamieson et al. (2003), our interview protocol did not explicitly ask participants about their belief in or concern for contagion. That most of our participants raised concerns or opinions about contagion unprompted underscores the significance that contagion possibilities held for our sample of journalists when writing about suicide.

⁵ While the possibilities of contagion effects arising from media coverage of mass violence is a growing concern of the research agenda of the psychologists and other social researchers (Perrin, 2016), the volume of this research remains scant in comparison to the body of suicide contagion research.