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DID THE CDC GUIDELINES FOR SUICIDE REPORTS AFFECT THE *NEW YORK TIMES*?

A Thesis

Presented to

The Faculty of the Department of Journalism and Mass Communication

San José State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Joni K. Marshburn

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The Designated Thesis Committee Approves the Thesis Titled

DID THE CDC GUIDELINES FOR SUICIDE REPORTS AFFECT
THE *NEW YORK TIMES?*

by

Joni K. Marshburn

APPROVED FOR THE DEPARTMENT OF JOURNALISM AND MASS

COMMUNICATION

SAN JOSÉ STATE UNIVERSITY

August 2012

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ABSTRACT

DID THE CDC GUIDELINES FOR SUICIDE REPORTS AFFECT THE *NEW YORK TIMES*?

by Joni K. Marshburn

The CDC informed the American media of the best way to avoid contributing to imitative suicides by releasing guidelines for suicide reports in 2001. In this study, suicide reports in the *New York Times* were examined to establish if these guidelines affected the reporting. To determine if there was any change, all suicide reports from five years before, the year of guideline release, and five years after were extracted from the *Times* database. To determine compliance, articles were coded using a coding sheet that operationalized the guidelines into 12 yes-or-no questions.

The *New York Times* observed nearly one and a half guidelines more in 2006 than 10 years before, from about 5 to nearly 6.5 observed. Some guidelines were observed differently in 2001, suggesting greater focus on the topic. However, only some of the changes were in line with the guidelines, and none of them lasted five years. Some guidelines, such as those to include intervention resources, conflicted with journalism norms and were never followed. Others, like the one discouraging front page placement, fell in line with the journalism standards of the *New York Times* and so were always followed. On the whole, the change in 2001 suggests that the guidelines did have an effect, but it was mixed and did not last five years. The increased observance overall suggests that the evolving standards of the *New York Times* agreed more with the media guidelines over the ten years.

DEDICATION AND ACKNOWLEDGMENTS

This thesis is dedicated to my parents, Jane and Tom Marshburn, for their support throughout this time in graduate school and for the belief in the possibility of final success, despite the obstacles. It is also dedicated to my fiancé Ricardo Jamin, for his never-failing comfort and stability during this grueling process.

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Introduction

Suicide is a serious problem in America. In 2009 (the most recent year for which statistics are available), suicide was the second leading cause of death for teenagers and young adults, behind only accidents (Centers for Disease Control, 2012.) High school students, a population especially vulnerable to influence, is also vulnerable to suicide. In 2007 (again, the most recent year), more than 30% of high school girls either considered or planned suicide, and more than 9% went further and attempted suicide (Centers for Disease Control, 2012). In such an environment it is vital to not contribute to such a fatal problem and to attempt to reverse it if possible.

The media have a role to play because suicide can be contagious. A known method can proliferate through a vulnerable population and a suicide "cluster" forms. Studies have shown that the way suicide is reported affects suicide contagion (Gould et al., 2003; Hawton &Williams, 2002; Martin, 1998; Stack, 2000; Stack, 2003). Gundlach and Stack (1990) found that not only can reports change suicidal behavior, but in extreme cases irresponsible reporting can lead directly to extra suicides. Put another way, responsible reporting can save lives.

With this in mind, the Centers for Disease Control (CDC) released a set of guidelines for the media in 2001. These guidelines showed a way to report truly newsworthy suicides that would minimize contagion and, therefore, minimize suicide clusters.

The guidelines were based on international standards for suicide reports. The earliest guidelines in the literature were developed in Vienna in 1987 (Etzersdorfer & Sonneck, 1998; Martin, 1998; Stack, 2003), and most later international standards follow this same framework. They have been used around the world (Birchard, 2000; New Zealand Ministry of Health, 1999; Pirkis et al., 2002; Pirkis & Blood et al., 2006) in places as far-flung as Ireland and New Zealand. In releasing these guidelines, the CDC was building on a strong foundation of case study that shows the necessity of such guidelines and their effectiveness (Gould, et al., 2003; Gundlach & Stack, 1990; Hawton &Williams, 2002; Martin, 1998; Stack, 2000; Stack, 2003).

The CDC seeks, through the guidelines, to promote a reporting style that has been shown to decrease suicide contagion. This style does this in three ways. One, by making it difficult to replicate the suicide by limiting detail about the method, location, and victim; two, by decreasing the sensationalism that draws the reader in to the story and heightens the drama of the act, thereby possibly making it more appealing; and three by increasing the educational component of the articles.

The media deceases the sensationalism by keeping the suicide off the front page and out of the headline. They discourage interviews with mourners and dramatic language like "committed suicide" rather than "killed himself." Celebrity suicides are especially problematic, because people may be more influenced by them, since celebrities are often considered role models. The guidelines ask the media to refrain from printing multiple stories covering every angle of such deaths, and instead limit it to one short story

reporting the news of the death. By targeting these five aspects, the CDC strives to limit the sensationalism of suicide reports.

The guidelines aim to increase the educational content of suicide reports in several ways in order to further their goal of limiting suicide contagion. The audience, from the viewpoint of the CDC, is a vulnerable individual contemplating suicide. For this reason, the agency feels it is important to include certain information that would help someone in that position. Specifically, treatment options should be included. This could be done by either encouraging hospitalization or simply listing a suicide hotline. In addition, the CDC wants the reporter to include previously prevented suicides and possible risk factors or mental disorders present in the deceased. The last two aim to show the vulnerable individual that suicide is part of a pattern of behavior that can be recognized and treated, probably due to a mental disorder that (again) can be treated.

Although the aim of preventing suicides is laudable, some of these guidelines are hard for the media to implement. Many go against established journalism practices. Suppressing details may go against the perceived right of the public to know all the facts. Decreasing the sensationalism can be seen as simply decreasing the interest of the report, and creating interesting, vivid copy is a standard goal of journalism. The guidelines also ask the media outlet (in this case a newspaper) to bury a story it may feel is newsworthy. Educational information may seem superfluous and inappropriate for an individual suicide report. All this makes it possible that newspapers would find it hard to write

stories that conform to the guidelines, however much they recognize the need to decrease suicide contagion.

So the question becomes: did the CDC guidelines for suicide reports affect the *New York Times*? Was the newspaper able to follow them in any appreciable way? That question will be answered in this thesis.

Literature Review

Suicide reports in the *New York Times* were examined in this study to see if they agreed with the guidelines issued by the Centers for Disease Control concerning such articles. Why does the CDC feel it is important for the media to report suicides in a certain way? It is because research, as detailed below, has shown that waves of copycat suicides can follow media reports of a suicide. This phenomenon is known as the "Werther effect," after the novel "The Sorrows of Young Werther" by Goethe. (This highly successful novel of 1774 featured a suicide, and the fear of copycat suicides was immense. Interestingly, despite popular perception, it appears that the few suicides that did follow do not meet the high number crucial for what is now termed the Werther effect [Thorsen & Öberg, 2003], despite lending its name to the concept.) The idea that suicide as a behavior can be passed from one person to another is known as "suicide contagion." The resulting groups of related suicides are called "suicide clusters."

Much research work has been done in the field of suicide contagion. There is support for the idea that the actions of the media affect the behavior of suicidal individuals, and that evidence is presented here. Studies that support the idea of

transmitted suicide behavior and those that do not are examined here. In this review , international guidelines that have come out of this research are detailed, followed by a discussion of the resulting U.S. guidelines that are the focus of this study. The possible conflict between such guidelines and journalism standards is touched on throughout the review. The events in Austria during the late 1980s and early 1990s will be examined in depth, where the media "field tested" a set of guidelines meant to contain suicide contagion. The results of this real-world experiment offer some insights into the Werther effect. In this review, the contagion example of the *Final Exit* book is studied, before an in-depth examination of celebrity suicides, which can especially lead to copycat suicides. Finally, the current state of suicide reporting in America is explained.

Suicide Contagion, Mass Clusters, and the Werther Effect

The definition of suicide is "a death that is the result of an act perpetrated by the victim, with the intention of achieving this outcome" (Maris, 1991). Sometimes the suicide victim's "act" consists of provoking the police. Often in such an event the police will respond with deadly force. Such a death is known as "suicide by cop."

Press coverage of a suicide can cause other suicides. In fact, the mass media can influence a locality's suicide rate, according to the majority of research on the subject (Gould, et al., 2003; Gundlach & Stack, 1990; Hawton &Williams, 2002; Martin, 1998; Stack, 2000; Stack, 2003). Even those studies that disagree (Hittner, 2005; Joiner Jr., 1999; Wasserman, 1984), find validity in some aspect of the idea of suicide contagion, either with celebrity suicides only (Wasserman, 1984) or in the idea of "point

clusters" (Joiner Jr., 1999). Only one study (Horton & Stack, 1984) failed to find any link at all between the media and copycat suicides.

The idea of "point clusters" refers to suicides that are grouped in space and time but do not originate with a report in the mass media. Joiner Jr. (1999) believes that this circumstance happens more than "mass clusters," which are caused by the media. He further believes that point clusters are caused by the segregation of vulnerable individuals into social groups before any suicide pressure is present. Then when the suicide trigger occurs, all members of the group are vulnerable at the time of exposure. He offers this theory as an explanation of all suicide clusters. Although his theory regarding point clusters may be true, it does not explain clusters that encompass unrelated social groups. Also, negating the existence of mass clusters ignores a large and growing body of work that has found strong evidence for their existence.

One study (Hittner, 2005) examined the data from two papers from a new angle and concluded that the suicide contagion effect is not as strong as previously thought. Hittner took data from Phillips (1974) and Phillips and Carstensen (1986). Phillips (1974) had found that a publicized suicide could cause an increase of as much as 60 suicides in a single month. In the 1974 article, Phillips examined 33 instances of suicide over a 20-year period that had been reported in the *New York Times.* He determined the expected suicides by calculating the average number of suicides in that month for the year before and the year after. In his study, 26 times after a publicized suicide, the

suicide rate was higher than expected. This statistically significant number made Phillips believe in the Werther effect, a term he coined (Phillips, 1974).

About a decade later, Phillips published another landmark paper, this time with Carstensen (1986). They employed a different method to calculate the expected suicides this time. They used a regression-based analysis that accounted for day of the week and month of the year trends that might confound the number of suicides expected. They also studied suicide reports on national news programs rather than in newspapers. Using this more intensive technique, they again found a significant number of suicides that could be explained by contagion (Phillip & Carstensen, 1986).

Hittner's (2005) main problem with the journal articles was that he felt that the correlation between the expected and the observed suicides was not accounted for before the effect of the media exposure was examined. Hittner believed there was a third variable that affected both the observed and expected values and had to be controlled before the true measure of "residualized" suicides (that is, suicides due to the Werther effect) could be taken. He found that only one paper showed a significant difference between expected and actual, according to his method. He felt this showed that the effect was not as strong and universal as researchers generally believed, because when suicide contagion is in force, the number of suicides exceeds the number expected. However, the strength of this supposed "third variable" is debatable. Also, certain real world partial-experiments that will be discussed below seem to show that the media can influence suicidal behavior.

Another way to determine the validity of the Werther effect is the approach taken by Gundlach and Stack (1990). They examined suicide stories in the *New York Times* between 1910 and 1920, and then compared the results to the suicide rate of New York City alone. This is a more accurate measure of the strength of the mass cluster phenomenon than others, since both the range of the media and the suicide rate are confined to New York City. This period saw an excess of sensational suicide stories, with 85 appearing in 1913 alone. The number of stories was out of proportion to the number of completed suicides during that period. That is, the paper increased its suicide coverage in a coordinated manner, in order to boost readership. Historically, it had published one to three front-page suicides per year. In contrast, in the years 1913 and 1914 (the height of the hypermedia coverage period studied), it published 129 front-page suicide stories.

Gundlach and Stack (1990) controlled for many factors, including the influenza epidemic and seasonal effects. According to their analysis, 151 suicides during this 10-year period would not have occurred if the *New York Times* had not published so many stories about suicide. Eighty-nine of those extra suicides were in 1913 and 1914, which saw the greatest number of suicide stories. They made this determination by comparing the monthly suicide rate to the rates a year before and a year after, and calculating the difference. Studies such as this, with careful methodology, go a long way toward establishing that a link between copycat suicides and media coverage exists.

Numerous studies (Gould et al., 2003; Hawton & Williams, 2002; Martin, 1998) explain the particular circumstances that are likely to lead to the Werther effect. They

agree that stories that are featured on multiple days, in multiple media, and are "explicit, front page, glorify the suicide and describe the method, lead to an increase in deaths from suicide" (Martin, 1998). Stories glorify the suicide when they make it a romantic option or paint the victim as heroic. For example, a story stating that the victim died "of a broken heart" or died "like Romeo and Juliet" could be considered to glorify the death. Stories in newspapers that include the word "suicide" in the headline also showed a marked effect (Gould et al., 2003; Hawton & Williams, 2002).

International Media Guidelines for Suicide Reports

The ability to predict what sort of newspaper story (the most studied medium) will cause the greatest effect has led mental health professionals to form guidelines regarding suicide reports. In partnership with the media, these highlight the positive changes that the press can make in coverage to avoid this effect. In August of 2001 the Centers for Disease Control, along with a multitude of other agencies, released a document called "Reporting on Suicide: Recommendations for the Media." It was meant to enlighten the media about the power they have when it comes to suicide and the small changes in reporting that can make a difference in the observed copycat effect.

The U.S. guidelines (Centers for Disease Control et al., 2001) mirror guidelines that have been introduced overseas (Birchard, 2000; New Zealand Ministry of Health, 1999; Pirkis et al., 2002; Pirkis & Blood et al., 2006). The Australian Government, Department of Health and Ageing [sic], released a kit to the media in June of 1999 that detailed how journalists can save lives by following certain suggestions, according to

research (Gould et al., 2003; Gundlach & Stack, 1990; Hawton &Williams, 2002; Martin, 1998; Stack, 2000; Stack, 2003;). It described the research that shows that copycat suicides can occur, especially when the method is described in detail and suicide is portrayed as an epidemic or social trend, rather than an individual act that is often the result of mental illness. Research published in 2002 showed mixed results for the kit (Pirkis et al., 2002). Though the language of the study followed the guidelines more closely, and stories were generally not on the front page and did not use suicide in the headline as suggested, the media did not incorporate all the guidelines consistently. For instance, when describing a nonfatal suicide attempt, the papers called it an "unsuccessful suicide" or a "botched suicide pact." Calling the uncompleted suicide "unsuccessful" implies that society considers dying by suicide a success. Overall the research found that about half of the recommendations were followed at any one time.

The Irish have also recognized that guidelines can save lives (Birchard, 2000). Besides the standard recommendations, they also encourage the media to emphasize that a non-lethal suicide attempt can lead to brain damage or permanent physical disability, to make people think about possible consequences should they survive.

New Zealand (New Zealand Ministry of Health, 1999) released a road map for its press in 1999. It emphasized many of the suggestions found in international guidelines. In particular the guidelines stressed the importance of keeping the story off the front page and omitting the word "suicide" from the headline, avoiding romanticizing the death or the victim and showing the totality of the person's experience, not just the happy parts.

This final stipulation helps vulnerable individuals realize that the suicide victim suffered from personal problems just like any human being. They won't think, "They had it so great and couldn't handle it. What chance do I have?"

The Ministry of Health suggested avoiding the use of "suicide" in the headline because, unlike the newspaper, it does not want people to know the article is about suicide. The word "suicide" carries a connotation and taboo that piques the interest of the reader. It encourages people to read the article more than if it just said "death." The paper, of course, wants to get people to read the articles and so it would want to use "suicide" for the same reasons the Ministry of Health wants it avoided. This is an example of the conflict that can arise between the media and health agencies when it comes to suicide reporting styles, because the guidelines often do not conform to journalism norms.

U.S. Media Guidelines for Suicide Reports

The U.S. guidelines (Centers for Disease Control, et al. 2001) offer an alternate reporting style that should reduce suicide contagion. It does this in three main ways: one, by making the suicide difficult to replicate; two, by decreasing sensationalism; and three, by increasing the educational component of the article.

First, the guidelines make it difficult to replicate the suicide by encouraging a lack of specificity regarding the method, location, and victim. The idea is that if the victim is not easily identifiable, then vulnerable individuals will not see themselves in the deceased. If such sympathies were elicited it might make them more vulnerable to

imitative suicide. If the location or the method is known, a suicidal person might choose to die in the same place or manner. For this reason the guidelines discourage photographs of the suicide victim (or any of his or her belongings) or the location. Further, it discourages any discussion in the body of the article of the place or the person. It also discourages any details about the method. "Man found shot" would be acceptable, but "man found shot in the head with a Colt 45 Magnum beside him" would not.

Second, to decrease sensationalism the guidelines target five main areas: the headline, article placement, language used, treatment of mourners, and celebrity status of the deceased. To agree with the guidelines, an article would not mention the cause of death in the headline and it would not be on the front page. It also would not use dramatic phrases such as "committed suicide" but would instead stick to the dry "killed himself." The reaction of family and friends left behind would not be included. Finally, celebrity suicides would not be examined in multiple articles from every angle.

Third, the CDC seeks to increase the educational content of the articles. The CDC was thinking of vulnerable individuals who might be influenced by suicide reports when it formulated the guidelines. With this audience in mind, it has several specific pieces of information it would like to have included. It would like the article to mention risk factors for suicide (such as excessive drinking) that were present in the deceased. This helps show the struggles of the deceased. It also would like the article to raise the possibility of a mental disorder in the deceased that could have been treated. Previously prevented suicides would be included to show that sometimes it works to get help.

Intervention resources, like a suicide hotline or, again, the possibility of hospitalization and treatment (Centers for Disease Control et al., 2001) would also be included in the article.

The American Foundation on Suicide Prevention , one of the contributors to these guidelines, also emphasizes the importance of having trained psychiatrists and other mental health professionals at the ready to talk with the press when a newsworthy suicide occurs. This would make it easier to implement the guidelines.

One example of coverage that did not follow these guidelines involved the *New York Post*. On March 10, 2004, the paper published a picture on its cover of a woman in the process of committing suicide. She was photographed in mid-fall from a 24-story building. Barry Gross, the chief copy editor, defended the use of the photo when faced with criticism. He explained that in the paper's view the use of the photo was justified because the paper is a tabloid in a highly competitive market and readers expect this kind of coverage. Critics maintained the picture was excessively sensational and could encourage copycat suicides. They also pointed out that it failed to follow the recently released guidelines. This episode illustrates how difficult it is to convince the press of the importance of following guidelines such as those released by the Centers for Disease Control when it conflicts with their perceived role as a news outlet.

Media Guidelines in Action: The Case of Vienna

One particular real world experiment shows that a change in suicide coverage can truly reduce suicide behavior dramatically (Etzersdorfer & Sonneck, 1998; Martin, 1998; Stack, 2003). It occurred in Vienna, Austria, and concerned the subway system. This system was built in 1978, and during the 1980s it became an increasingly popular place for suicide and suicide attempts. Mass media coverage of these incidents disregarded many of the suggestions described above and found in multiple international guidelines. Researchers in Austria formulated their own guidelines (most of the subsequent international ones have followed this framework) and worked closely with journalists in Vienna to have them implemented. The guidelines were introduced in mid-1987, and the effect was impressive and immediate.

In the first half of the year, 19 people attempted or completed suicide on the subway, but after the guidelines were implemented, only three people did so in the second half of the year. The changes in newspaper reporting appear to have affected suicide behavior. The number of suicides found in the 1980s was not reached again until 1996. The population grew in that time; the number of suicides is still smaller on a per capita basis. It is noteworthy that, although the use of the subway as a method decreased, the overall number of suicides did not. The change in focus altered people's choice of method more than their ultimate decision to take their own lives. However, the new way of writing articles likely drove the change, rather than a decrease in unemployment or

some other factor. A declining total rate would suggest a more global reason such as unemployment figures.

Contagion in Action: The Case of Final Exit

A similar change in method choice occurred after the book *Final Exit* was released. This handbook on suicide, intended for the terminally ill, advocated asphyxiation as a method of suicide. Two studies (Romer et al., 2006; Stack, 2000) noted that after this book was released in the United States, asphyxiation became the method of a greater percentage of the suicides in the nation. For example, the use of that method increased from 8 instances to 33 instances during one year in New York after the book's publication, though overall suicides did not increase. The book was even found at the scene in 27.3% of the suicides done by that method (Stack, 2000). This shows that books, a form of mass media, can have concrete effects on suicides. However, as shown in the Austrian example, it is possible these people would still have attempted suicide by another method without the encouragement of the book. However, it is also possible that the attempt would not have been completed and the individual might have sought help if he or she had not had the details of an effective method from *Final Exit*.

Celebrity Suicide Reports: Girouard and Cobain

The aftermath of one celebrity suicide also showed how media reports could alter method choice. The case concerned news coverage in the wake of the hanging death in 1999 of a popular television reporter in Quebec named Girouard (Tousignant et al., 2005). The papers, magazines, and newscasts did not follow the guidelines found

internationally that are intended to mitigate suicide contagion. This study found an effect for this highly publicized celebrity death.

First of all, the suicide rate of the small town where the reporter died by suicide saw its ratio of hanging deaths as a portion of all suicides increase by a factor of 10 for the 38 days following the suicide. Six hanging deaths occurred in the 38-day period after the death of Girouard. In total, seven people, including Girouard, killed themselves through hanging in that period. During the 1,057 days in the three-year period encompassing the two previous years and the rest of the year, excluding the 38-day period, only 19 deaths by hanging happened in the town (Tousignant et al., 2005). This suggests that the death of the reporter influenced the method choice of suicidal people.

In addition, the coroner connected 10 deaths, not all of which were hangings, to the death of the reporter. In some cases the link to mass media appeared very strong. For instance, at the scene of one suicide, the victim left a collage of magazine photos of Girouard behind. Another person died after watching blanket coverage of the suicide for two days straight. Others expressed their desire to imitate Girouard, but no one got them help in time to avert their deaths (Tousignant et al., 2005).

Tousignant and his co-authors also examined the number of calls to helplines, especially the one in Montreal, which keeps the best records. Calls to Suicide Prevention Hotlines increased significantly. The rate of calls increased 100% in the second half of January, when compared to the first half on average at the sites studied. During all of January, 4,737 calls came in to the five call centers. This, combined with the percentage

increase, means roughly 1,579 calls came in during the first half of the month and 3,158 came in during the second half of January.

In Montreal, the number of calls tripled in the first four days. Third-party calls, when a family calls on behalf of a family member it believes is suicidal, also increased. In Montreal it rose significantly in January (from 537 to 909, an increase of 372), more modestly in February (from 767 to 934, increase of 167), and then a full 171% in March (from 299 to 810, an increase of 511). This could indicate problems resulting from coverage of the death, as third-party calls usually mean the individual in question is even closer to suicide than if the individual could call herself or himself (Tousignant et al., 2005).

Given what researchers know about suicide, some, perhaps most, of the people who died in the wake of the Girouard suicide had emotional or drug problems that no doubt contributed to their death. The question the researchers ask is "Would they have followed through on their impulses were it not for the blanket coverage?" Research suggests the Werther effect can explain many of these deaths.

The researchers especially faulted the media for not detailing more of the personal problems of the reporter. They felt that some of the subsequent victims might have felt that his life as a well-known and liked reporter was perfect, and there was no hope for them if this man with a perfect life decided to die. Though it is hard to find evidence regarding the reasons a suicide victim decided to take his or her own life, it is possible that if the guidelines to describe the entirety of the deceased's experience and not to

glorify the victim had been followed, fewer people would have been lost (Tousignant et al., 2005). Something as simple as listing risk factors that existed before the death could have had the same effect. However, the reporters might have felt inserting extra information about possible problems would have created stilted copy and verged on speculation. Again, it becomes clear that not all the aspects of the common media guidelines are in accordance with the instincts of journalists.

Other research into suicide contagion focuses not on the method choice but rather on the identity of the suicide victim, and as mentioned tries to see if the coverage appears to affect the suicide rate. That is, these studies focus on celebrity suicides, as these often lead to the type of hype and blanket coverage that have been found to encourage contagion. Three studies (Jobes et al., 1996; Martin & Koo, 1997; Martin, 1998), highlight how the coverage of a celebrity suicide is approached can affect the population in a profound way.

Martin (1998) compared and contrasted the way the mass suicide of the Heaven's Gate cult was handled with the way Courtney Love used the media after the death by suicide of her husband, Kurt Cobain. In doing so, he refers to one earlier study (Jobes et al., 1996) and one of his own previous studies (Martin & Koo, 1997) that examine her method of communication with the media.

The media framed The Heaven's Gate cult's 39 suicides in a dramatic way. The media examined the details for days, newspaper reports were accompanied by headlines

including “suicide,” and the method was described. All of this could have led to extra suicides due to suicide contagion (Martin, 1998).

In contrast, the suicide rate in Seattle did not climb at all after the suicide death of Kurt Cobain. Though calls to suicide help lines increased after Cobain’s suicide, and one death was linked to it, the overall rate did not increase (Jobes, et al., 1996). It appears the Werther effect did not appear, says Martin (1997), and Jobes (1996) agrees, based on his examination of the Australian suicide rate. In Australia, the study looked at the death rate of 15-24 year-olds in the month after Cobain’s death, and compared it to the previous five years. It found that there had been a 24% drop in the suicide rate, or in other words a return to 1990 rates (Martin & Koo, 1997). Both studies speculate that this is due in large part to the actions of his widow, Courtney Love, a gifted and popular musician in her own right.

Immediately following the suicide, Love made a recording that was distributed to the media. This recording was played on radio and television stations, and transcripts appeared in newspapers. It was a major aspect of the coverage immediately after Cobain’s death. In the recording, Love read the suicide note, and disagreed or made a disparaging comment after every line. For instance at one point in the recording, featuring first the suicide note and then her comments, she said, “I don’t have the passion anymore, so remember – (*And don’t because this is a f…ing lie)* – It’s better to burn out than fade away (*God you asshole)”* (Martin, 1998).

This type of strong honest language no doubt helped her connect with teenagers, the group most vulnerable to suicide contagion and Cobain's greatest fans. By clearly declaring that suicide is unacceptable and by demonstrating the negative effect it has on the surviving family, Love helped save lives. A celebrity death like this is usually accompanied by some extra suicides due to the Werther effect, but it appears in this case that Love's actions were enough to counteract some of the dangers of the news coverage, which was extensive.

International media guidelines regarding suicide usually discourage interviewing the family. This is because showing grieving mourners can contribute to the Werther effect, since it shows suicide can have a powerful effect. However, in this case, Love was hardly a stricken mourner. She was clearly conveying the message that suicide is not an acceptable course of action. This shows it is possible to work with the media to minimize suicide contagion.

Current State of Media Reports in America

Some summary work has been done in the United States. One study (Gould, et al., 2003) determined that the top ten newspapers in America put suicide coverage in the first nine pages 60% of the time and mentioned suicide in the headline 57% of the time, both of which are discouraged by the guidelines for the media. It is not clear if this was an improvement over the level before the guidelines were announced. The guidelines from the Centers for Disease Control were released in the United States in 2001 and this article was published in 2003.

Another study (Tatum, 2010) looked at suicide coverage in newspapers across the United States and found mixed agreement with the CDC guidelines. For instance, in 2002-2003, the time period studied, very few were on the front page, but also few intervention resources were included. The intervention resources are extra information that the reporter may feel do not belong in an individual suicide report. Again, this guideline goes against journalism norm, and so it is not surprising that it was not well observed. Tatum (2010) mentioned that a limitation of his study was that it did not look at coverage both before and after, and so could not determine if there had been a change due to the guidelines. The study detailed in this thesis, though confined to the *New York Times*, did look at coverage both before and after, and so helps fill that gap in the literature.

As shown in the research above, the manner of suicide reporting can change suicidal behavior. It can also affect the method chosen, perhaps increasing fatalities by modeling completed suicides. A sensational reporting style can, in some cases, result in extra fatalities. All of this suggests that it is imperative to report suicides in a responsible manner.

Hypotheses

The CDC guidelines attempt to change the standard framing to one less like likely to cause suicides. The theory is that if newspapers follow these guidelines, fewer suicides will result. Given the results of previous studies, it is important to determine if the guidelines had an effect on reporting, because if they are it could save lives.

To answer this question, suicide reports in the *New York Times* five years before, five years after, and during the year the guidelines were introduced were examined in this study. Five hypotheses were developed, covering the possible reactions of the *New York Times*. They are as follows.

Hypothesis I, the null hypothesis, is that the guidelines had no effect on the paper's coverage of suicide. In this case the number of guidelines followed would be relatively the same across all three years. Most articles would probably observe few guidelines in this scenario, as many of the them go against standard news practice. Following a guideline earns the *New York Times* a point.

Hypothesis II is that the framing did change in accordance with the guidelines and that this difference lasted more than five years. A higher mean score of the articles in the final two years when compared to the first one would support this hypothesis. Higher scores mean closer compliance with the guidelines.

Hypothesis III is that the guidelines did have a positive effect on the framing, but due to staff changes or other factors the change did not last five years. If true, the suicide reports would more closely conform to the guidelines in 2001, the year the guidelines came out, but not in 2006. That is, the scores would increase in the year the guidelines came out but would decrease again five years later.

Hypothesis IV is that the *New York Times* already had a policy in place that closely resembled the guidelines, and so the guidelines would be unnecessary. In this case the scores would be high across all time periods.

Besides looking at the overall mean score for the *New York Times* in each time period, this study looked at agreement with individual guidelines in each of the three years. This finer gradation may be a better way to tell if the guidelines had any effect.

In this area, any change in agreement during 2001, the year the guidelines came out, would indicate an effect. The effect could be positive (increased agreement, as the paper accepts the guideline recommendations), negative (decreased agreement, if the publicity causes them to highlight suicide stories,) or mixed (increased agreement on some guidelines, but decreased agreement on others).

It will be determined through this study which of the hypotheses is correct, and whether there was any change in individual guideline observance over the three years.

Method

To examine media guideline observance in the *New York Times*, it was first necessary to collect all suicide reports in the paper. This was done for three time periods: 1996 (five years before the CDC guidelines were released), 2001 (the year the guidelines were released) and 2006 (five years after). The focus of this study is current suicide reports. That is, an article reporting either the initial news of a suicide, or subsequent articles detailing the various aspects while still maintaining a focus on the suicide itself. Both suicides and murder-suicides were included, but general articles about policy were not. Historical suicides were not included unless the case was being reinvestigated, as is consistent with the literature.

All articles mentioning "suicide" and all variations of the term (e.g., "killed himself or herself"), and all suicide methods (e.g., "asphyxiation," or "shot himself or herself") were retrieved from the *New York Times* historical database for each of the three time periods. This yielded some articles that were not true suicide reports. For instance, in one year there was a gang that came in to the criminal justice system and was mentioned in several articles in the crime section. The leader of the gang had killed himself years previously, and this was often mentioned in the concluding paragraph. Such an article did not focus on the suicide but rather the current sentencing (etc.) of the remaining gang, and so was not considered a suicide report. This method yielded 47 suicide reports for 1996, 30 suicide reports for 2001, and 38 suicide reports for 2006.

Once the articles were assembled, they were given to a coder to determine if they agreed with the guidelines. Each article was compared using a coding sheet supplied by this researcher. The coding sheet (Appendix) operationalized the guidelines into twelve yes-or-no questions. A yes answer meant the referenced guideline had been followed, and this earned the article a point, up to twelve if all guidelines were followed. This coding yielded the guideline observance for each guideline for each article in all three years. The points for each article were added to give a total score for each article.

The resulting data were entered in to a database. A mean score was calculated for each year under study. A one-way ANOVA was conducted, as seen in Table 1 below. In addition, each guideline was treated individually to determine observance in each of the three time periods. The percentage in agreement was calculated, and a Chi-square was

done to determine if the change in agreement indicated a significant trend. The results of that can be seen in Table 2 through Table 6 below.

Results

This study examined suicide reports in the *New York Times* to see if they were written in the way that the Centers for Disease Control has recommended. The CDC released guidelines in 2001 that delineated a suicide report framing for use in American media similar to that which, when used in other countries, has been shown to decrease the risk of suicide contagion. This study looked at suicide reports in the *New York Times* during the year the guidelines came out, and both five years before they were released and five years after. The period five years before, in 1996, serves as a baseline. The scores in 2001, the year the guidelines came out, indicate if the release of this major government document changed the reporting of the paper at all. The scores five years after, in 2006, reveal if the change (if any) lasted over time.

Originally, the intention was to look at the six months before the guidelines came out and the six months after separately (the guidelines were released in early August 2001), to see any before and after changes more acutely. However, there was enough advance publicity surrounding the release that it is unlikely that the information available to the *New York Times* the day before the official release was entirely different from the information available the day after, or that the reporting style would change overnight. For this reason all of 2001 can be treated as a single unit. Also, so few suicide were reported in that year (interestingly, a trend the CDC guidelines would support, though do

not explicitly call for) that it was difficult to derive meaningful data from a six-month sample.

Table 1 shows the average number of guidelines that were observed in suicide reports in the *New York Times* during each of the studied years. As shown, the mean total for all articles went up significantly and consistently over the three years. By the end of the 10-year study period, the *New York Times* observed, on average, nearly one and a half guidelines more than at the beginning. That is, from about 5 to nearly 6.5 observed, out of 12 possible guidelines. The results were significant, showing this increase was more than chance.

TABLE 1
Average Number of Guidelines Observed Per Article

	1996 (*n*=47)*	2001 (*n*=30)*	2006 (*n*=38)*	ANOVA Sig.
Mean	5.17	5.80	6.45	.002

**n*=number of articles

The following tables show the breakdown of compliance for each guideline over time. Interestingly, only the guideline asking that the location not be mentioned, Guideline 5 (G-5), followed the same pattern as the means, as shown in Table 2.

TABLE 2
Guideline Observance Increases in Line with Mean

CDC Guideline	1996 (*n*=47)	2001 (*n*=30)	2006 (*n*=38)	Chi-square	Sig
5. Location not mentioned	26*	57*	61*	12.535	.002

*percentage in agreement (*df*=2)

Generally the location was given in some detail five years before the guidelines came out, but by five years after the guidelines it was mentioned relatively rarely. This direction was significant (p=.002) and was as the CDC would want.

The CDC would prefer that the suicide report not give detailed information about the location of the suicide (G-5). An example of what counted as too much detail is this from "Rothschild Bank Confirms Death of Heir, 41, as suicide" which was published in the *New York Times* on July 12, 1996: "found him hanged in his room at the Bristol Hotel in Paris." This gives a definite location (the Bristol Hotel), which might inspire people to repeat the act in the same hotel. In contrast, this was considered acceptable: "walked to his brother-in-law's home late Saturday...[and] he killed two relatives, injured another, and then killed himself". This appeared in "New Jersey Man Shoots 3 In-laws, Killing 2 and Himself," a murder-suicide published by the *New York Times* on October 9, 2006. In this case the location is left vague, merely a home belonging to an in-law, and unlikely to inspire copycats. Over the period studied, the location was significantly more likely to be like this latter example, as the CDC guidelines encourage.

The commonality among the next group of guidelines is that they were all treated differently in 2001, the year the guidelines came out. The CDC publicized the process of formulating the guidelines, and then set up a website to disseminate them. So one can surmise that suicide was more of a topic of conversation in journalism circles than usual that year. This may explain why not all the trends in this group were in the direction the CDC recommended, but rather in a way that indicates greater focus on the topic.

As seen in Table 3, the three recommendations in this category are: 1) refraining from mentioning the reaction of the community to the death, 2) avoiding images that are considered inappropriate, and 3) adding a discussion about the possibility of risk factors that may make suicide more likely. Suicide reports in the *New York Times* were significantly more likely to include community reaction (G-3, p=.044) and an inappropriate image (G-6, p=.001) during that year. Both are contrary to the preferences of the CDC. However, the CDC would like risk factors for suicide (such as depression or alcohol abuse) to be mentioned in the suicide report (G-10), and they were significantly (p=.008) more likely to do so in 2001.

TABLE 3
Impact of Guideline Release

CDC Guideline	1996 (n=47)	2001 (n=30)	2006 (n=38)	Chi-square	Sig
3. Effect on community not mentioned	68*	53*	82*	6.233	.044
6. Only appropriate images used, or none at all	64*	40*	84*	14.293	.001
10. Possible risk factors mentioned	26*	43*	11*	9.572	.008

*percentage in agreement (df=2)

Any mention of the reaction of remaining family or friends is problematic, because it can build up the power of suicide. It shows that suicide is a dramatic event that can affect people strongly. This can make suicide more appealing to vulnerable people who may be feeling like they have little power over their own life. Such people may feel that by causing their own death they can make a mark on the world. Including

the reaction of those closest to the deceased in the article can play up this dangerous angle.

Both negative and positive reactions are unacceptable under this guideline for this reason. Examples of what is not recommended include this from "Boxer's Death by Hanging Stuns Family and Friends" published in the paper on June 27, 2001: "'We are really in shock,' said his sister, Yudelka Hernandez, in a telephone interview today, 'We are waiting for answers. We are just waiting for this [suicide] note to give us a clue about what happened.'" This is an example of a negative reaction.

Occasionally, the reaction can be considered positive, as in this from "With Suicide, an Admiral Keeps Command Until the End" from January 12, 2002: "The daughters are understanding and even admiring of the decision, 'I think it was very unselfish of my parents to do what they did,' Ms. Van Dorn said." This approving statement from the daughter in this case of self-euthanasia could convince someone considering suicide that it would not be too devastating for the remaining family after all. This could also be dangerous. This is why the CDC recommends leaving out the reaction of the family and friends entirely. The fact that interviews with the family appeared more often in the middle year could indicate a greater interest in the topic of suicide, as discussed below.

Images should generally not be used, but unacceptable ones were used significantly (p=.001) more in the middle year as well. The reason all the images used were generally not acceptable is that nearly all images of journalistic relevance are

discouraged by the CDC (G-6). Images of the deceased, any belongings of the deceased, the location of the suicide, or any mourners left behind are all unacceptable under this guideline. The reason they discourage images of this nature is that they provide details of the suicide and the deceased that a vulnerable person might identify with. This can lead to copycat suicides. The only picture that might be used by the paper that is also not considered likely to create sympathy is a picture of a police officer discussing the case at a news conference. As this is not a compelling image it is rarely used. Suicide reports in the *New York Times* were more likely to include an inappropriate picture in 2001.

Unlike the reaction of the community and photographs of the deceased, the presence of risk factors for suicide is a detail the CDC would like included, and it was mentioned significantly (p=.008) more in 2001, the year the guidelines came out, than in the other years of this study. Risk factors for suicide include previous mental illness diagnoses (e.g., depression or alcoholism), recent traumatic life events, or certain behaviors that have been shown to occur before a suicide (e.g., giving away possessions). An example of this is this passage from "2 at Sago Mine on Day of Blast Commit Suicide" which appeared in the *New York Times* on September 28, 2006: "Relatives told investigators that Mr. Chisolm had been depressed about personal matters and drinking heavily in the weeks before his death." Both depression and possible alcoholism, two risk factors, are mentioned.

Another excellent example appeared in a suicide report titled, "Heinz Prechter, Car Customizer and Bush Booster, Dies at 59"; from July 13, 2001: "Mr. Prechter had

suffered from depression for 30 years...three days before his death, the Detroit News reported that he had suffered 'a prolonged and uncharacteristic case of the blahs' since an injury last fall in a fishing trip to Alaska." (This last one is also an example of the headline the CDC prefers: one that does not specify that the death is a suicide.) In this case, major depression is specified as the condition that made suicide more of a possibility.

In the third group, the guidelines were generally followed (> 65%) all three years, perhaps mainly because they coincide with journalism norms that seek to downplay sensationalism, as seen in Table 4:

TABLE 4
Guidelines Coincide with Journalism Norms

CDC Guideline	1996 (*n*=47)	2001 (*n*=30)	2006 (*n*=38)	Chi-square	Sig
2. Not on the front page	85*	93*	92*	1.718	.424
7. Not a celebrity suicide	75*	67*	92*	7.049	.029
8. No inappropriate language	66*	77*	82*	2.819	.244

*percentage in agreement (*df*=2)

G-2 concerns whether it was on the front page (A-1 in the print edition), meaning it had a place of prominence. The CDC would rather suicide reports appear inside the paper, and in these three years they generally did in the *New York Times*. Also, the *New York Times* generally avoided inappropriate language (such as "successful suicide" or "suicidal gesture"), also in accordance with the guidelines (G-8). The reason these are considered inappropriate is that they either minimize the severity of the act (suicidal

gesture), they make it seem on par with a crime (committed suicide) or they imply a completed suicide is a worthy goal (successful suicide).

It also, more likely than not, was not a celebrity suicide (G-7), as the CDC prefers. Celebrities are those who were known outside their own circle before their death. That is, recognized by people they had never met personally. This would include local celebrities or figures of national importance. There were more celebrity suicide reports in 2001, significantly so (p=.029), but this could partially be due to the low number of reports overall in that year. In general though, suicide reports were not celebrity suicides.

Examples of celebrity suicides include the reports about Admiral Boorda and the reports about boxer Gabriel Hernandez. As seen in the article "Jeremy M. Boorda, 57; Rose through the Ranks" from May 17, 1996, Admiral Boorda was the Chief of Naval Operations and the first man in history to rise from the lowest rank of sailor to four-star admiral. He was therefore known, during his life, by the entire Navy, most of whom he had never met personally, as well as by many people on Capitol Hill. This people would have recognized him before his death, which is why he counts as a celebrity.

Gabriel Hernandez, whose suicide was reported in "Boxer's Death by hanging Stuns Family and Friends" on Jun 27, 2001 also counted as a celebrity, albeit one of a local variety. Gabriel Hernandez was a former Olympian for the Dominican Republic, as well as a professional small-time boxer. He was a local hero. Many people in the boxing community in his town looked up to him and wanted to emulate his success. He was

known and recognized by people he had never met, and his stature might influence others. For this reason the report regarding his death was considered a celebrity suicide report.

Usually if a single suicide was mentioned in more than one article, the deceased was a celebrity in life, such as Admiral Boorda. This was not always the case, however. One death that was widely reported, although the deceased was not a celebrity in life, was the case of Mr. Nicholas L. Bissell. His death was covered in nearly ten separate articles, including this one from November 29, 1996: "Bissell Sought One 'Weekend Like a Normal Person,' Associate Says". Mr. Bissell was a former New Jersey County prosecutor sentenced to 10 years in prison for corruption. He was under house arrest and due to report to prison soon when he cut his electronic monitoring ankle bracelet and fled across the country. Not known outside his own circle before his death, his death was nevertheless widely reported due to the sensational nature of his escape, time on the lam, and death in a cheap hotel.

Although the in-depth coverage of any suicide is certainly discouraged by the CDC, in this particular case it did not violate the guideline against celebrity suicide reports because Mr. Bissell was not known outside his work and personal circles before his death. He was not a national figure or even a local hero. In his work as a county prosecutor he did encounter more people than the average person perhaps, but his life was not distinguished. His final hours and suicide, however, captivated the public, and this accounts for the heightened media coverage.

Interestingly, those suicide reports that were about celebrities were not significantly more likely to be on the front page (p=.653), which shows the *New York Times* does not go for sensational stories to sell newspapers generally. These reports were, however, significantly more likely to include inappropriate photos (p=.001) as one might expect from journalistic norms.

The fourth group comprises guidelines that were generally not followed (< 25%) during the three years studied, as seen is Table 5:

TABLE 5
Guidelines Contradict Journalism Norms

CDC Guideline	1996 (n=47)	2001 (n=30)	2006 (n=38)	Chi-square	Sig
9. Possibility of a mental disorder mentioned	23*	20*	21*	.140	.932
11. Ways to get help mentioned	2*	10*	0*	5.425	.066
12. Other prevented suicides mentioned	2*	0*	3*	.750	.687

*percentage in agreement (df=2)

These three guidelines delineated extra information the CDC wanted included in suicide reports, which could be said to go against journalism norms: the possibility of a mental disorder in the deceased (G-9), ways a suicidal person could get help (G-11), and stories of prevented suicides (G-12) where intervention worked. Of these three, G-9 was followed the most (around 20% of the time), while the other two were barely mentioned at all. The paper could satisfy G-11 by including a suicide hotline, or by discussing how suicidal ideation can be treated in a hospital, but this happened only once (n=1) in 1996, three times in 2001 (n=3) and not at all (n=0) in 2006. Though this change approached

significance (p=.066), the raw numbers are so small that it is hard to ascribe meaning to it. Successful interventions (G-12) were mentioned even less, once in 1996 (n=1), not at all (n=0) in 2001 and once again (n=1) in 2006. Such small numbers indicate a fluke occurrence more than anything. All three of these require the reporter to insert extra information that probably is not mentioned by the police report or other sources, and so may go against the reporter's journalistic instincts.

TABLE 6
*No Pattern in Guideline Observanc*e

CDC Guideline	1996 (n=47)	2001 (n=30)	2006 (n=38)	Chi-square	Sig
1. Suicide not referenced in the headline	36*	57*	53*	3.822	.148
4. Method not described in detail	45*	63*	66*	4.576	.101

*percentage in agreement (df=2)

The recommendation to not mention suicide in the headline (G-1) and to not describe the method in detail (G-4) were both followed about half the time all three years (35 < % < 67). The difference in compliance across the years was not significant (p=.148 for G-1, p=.101 for G-4) in either case.

Discussion

In this study, suicide reports in the *New York Times* from 1996, 2001, and 2006, were examined to determine if the guidelines put out by the Centers for Disease Control in 2001 affected the reporting of the paper. These recommendations of 2001 laid out a framing style for suicide reports that is meant to decrease suicide contagion. This is accomplished in three ways. One, the style makes it difficult to replicate the suicide by

de-emphasizing details in the method, location, and identity of the victim. Two, it decreases the sensationalism in the framing, by discouraging eye-catching headlines, prominent placement of the article, charged language, interviews with grief-stricken relatives, and a focus on celebrity suicides. Third, the style increases the educational component of suicide reports, by encouraging inclusion of information relating to risk factors for suicide, mental disorders, successfully prevented suicides, and how vulnerable individuals can get help.

This study showed that suicide reports in the *New York Times* agreed with, on average, one and a half more guidelines at the end of the study period than they did at the beginning. That is, in 1996 the paper observed about 5, on average, and by 2006 it observed nearly 6.5, out of 12 possible. This is a significant change toward what the CDC recommends. The trend was steady over the three years. This data provides evidence for Hypothesis II, in that the framing changed according to the guidelines, and the change lasted longer than five years. When looking at the individual guidelines, though, the situation becomes more complicated. Here we see some evidence to support Hypothesis III, in that there was a particular effect in 2001. However, that effect was mixed. Whether a guideline was followed or not comes down to, in part, whether a particular guideline coincides with journalistic norms.

The only guideline that followed the same trend line as the means was the one regarding the specificity of location information. The CDC prefers the location be left

vague. In 1996 the *New York Times* was generally specific about the location, and by 2001 it was generally vague about the location. This is in agreement with the CDC.

It is interesting that this was the one that made the most significant and dramatic shift toward the way the CDC prefers. After all, "where" is one of the basic questions in journalism: "who, what, when, where, why, and how?" How is it that the response to such a fundamental question could be altered? The answer could possibly lie in the *New York Times'* evolving journalistic standards that brought it more in line with CDC guidelines.

The intention of the CDC in releasing the guidelines is to decrease copycat suicides. One way to do that is to make it difficult to replicate the suicide, by withholding information about the method, for example. Another way is to alter the sensationalistic or romantic framing of suicide reports, so they do not inspire vulnerable individuals to imitate the act. They do both by encouraging a lack of specificity. The location, the method, the victim, the mourners' reactions, the images used, even the headline -- all of it should be rather vague and generic, according to the CDC. In addition, the suicides of well-known people should not be mentioned at all, and suicide articles of any type should be buried in the back of the paper. The only information that should be detailed are points that specifically help prevent suicides: possible risk factors or mental disorders, suicide hotlines or treatments, and previously prevented suicides.

Such a lack of identifying details also contributes to a lack of sensationalism. The *New York Times* considers itself a "paper of record," so one could argue that decreasing sensationalism is also its goal. Removing the details about the location in particular

creates more staid copy. Though the CDC guidelines may have inspired the newspaper on this point, it is also possible that it felt that removing extraneous details about the location made the stories more fact-oriented and not as sensational, which it may see as a worthy goal in itself.

Three guidelines were treated differently in 2001, the year the guidelines came out. Specifically, the ones related to images, risk factors, and the effect on the community. All three were included more in 2001. The CDC guidelines encourage greater inclusion in one aspect (mentioning risk factors) but discourages it in the other two (including the reaction of relatives and inappropriate pictures).

It is possible that what these three guidelines all have in common is a tendency to delve further in to the subject. Mentioning both the reaction of the community and possible risk factors requires further questions and more time on the part of the reporter. Including a picture (most pictures included were inappropriate) also indicates the story is more important to the paper. It is possible that the publicity surrounding the guidelines made the paper more aware of the subject, which made it focus more on these stories. Unfortunately, greater focus is not generally what the CDC would like to see, which is why this instinct fostered stories that fell in line with the recommendations on only one point: the addition of risk factor coverage. As that is one of the recommendations that do require extra information (as such information can save lives), it makes sense that this was the one where the extra focus did some good.

The idea behind including risk factors is to show that the suicide is part of a pattern of behavior, and that it could have been recognized and prevented. The CDC believes that a suicide report can lead to copycat suicides if the act is seen as inexplicable. If the suicide appears to come out of the blue, for no reason, this can make a vulnerable individual think that "Well, they had a perfect life and they did it, so what chance is there for me?" If instead the risk factors present are discussed, and are coupled with a mention of how people exhibiting these risk factors can get help, this can then have the opposite effect. People who may be considering suicide might identify with the situation in a positive way, in that they would see that they are in danger of killing themselves, and they would see how to get help. This could prevent suicides, which is why the CDC encourages this approach in the guidelines.

Three guidelines were generally followed all three years: the suggestions to avoid celebrity suicides, keep suicide reports off the front page, and to use only appropriate language. The reasons these three guidelines were generally followed may be the same as why the location details were increasingly omitted: the *New York Times* avoids sensationalism.

Giving prominent placement to the lurid details of celebrity suicides is the purview of gossip rags, not the great "Grey Lady." Also, the language the CDC considers inappropriate (such as "committed suicide") has a greater punch than the acceptable "killed himself" which is very dry and factual. The *New York Times* is well known for having high journalistic standards, which may be why these three guidelines were the

easiest to follow. The guidelines in general, but especially these three, encourage a non-sensational framing of suicide, meaning they fall in line with the journalistic norms of the paper, and so were the most likely to be observed.

Similarly, the three guidelines that generally were not followed tend to go against journalistic routine. These guidelines all require the insertion of extra information: possible mental disorders in the deceased, ways to get help, and previously prevented suicides. The reporter writing a suicide report might consider the last two more appropriate for a general article about suicide, perhaps in the context of national trends in the suicide rate. Adding these points to a report about a particular person who died goes against the instinct to stick to the facts of that story. The first point, mentioning possible mental disorders, is something that is rarely mentioned in a police report about such an incident, and so could venture into speculation, something every good reporter avoids. Occasionally a story will focus on the known neurobiological diagnosis of a suicide victim. Usually such a story is suggested by the family of the deceased in order to break down the stigma surrounding such disorders, and call attention to their role in suicidal ideation and behavior. Without such family insistence, however, such an angle is rarely explored. Journalism norms, as described above, tend to discourage such articles.

Generally, both the *New York Times* and the CDC seek to downplay sensationalism when it comes to articles about particular suicides. In the case of the *New York Times,* this is because it goes against its standards of journalism. In the case of the CDC, it is because it wants to eliminate suicide contagion, which is why it released the

guidelines. When the journalistic norms of the newspaper line up with the guidelines released by the CDC there tends to be agreement in suicide reporting styles.

Conclusions and Areas for Further Study

It is impossible to tell if the changes seen over time in the *New York Times* are due to the guidelines released by the CDC. One clue that there may have been some influence is that certain changes were only seen in 2001, the year the guidelines came out. This suggests that the publicity surrounding the release of the CDC guidelines did reach the reporters and editors of the *New York Times* and caused a difference in the way suicides were reported that year. However, the larger trend of increased agreement over the ten-year span may have more to do with the evolving journalistic standards of the *New York Times*, and its own instinct to decrease sensationalism, rather than any particular recommendations of the CDC.

This study does show that media guidelines are more likely to be followed when they align with journalism norms. They also show the need for continued education to maintain a change over any length of time. Further research is needed on to how best to maintain awareness of the reporting style preferred by the CDC. The publicity surrounding the release appears to have had an effect, but (for individual guidelines) it did not last. Perhaps if journalism students were educated on suicide contagion, this reporting style would be more widely adopted. Subsequent studies are indicated in this area.

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Appendix

Coding Sheet

Article Data

Number designation:
Date:
Page number:
Total score:

Questions:

Y N 1) Is the suicide not mentioned in the headline?

Y N 2) Is the suicide story not on the front page?

Y N 3) Is the effect on the immediate community (family, friends, acquaintances) not mentioned?

Y N 4) Is the method not described in detail?

Y N 5) Is the location of the suicide not mentioned?

Y N 6) Are there no inappropriate images used?

Y N 7) Is it not a celebrity suicide?

Y N 8) Do they use only appropriate language?

Y N 9) Does it mention the possibility of a mental disorder?

Y N 10) Does it mention suicide risk factors and warning signs?

Y N 11) Does it mention how a suicidal person can get help?

Y N 12) Does it mention the successful prevention of suicide?