



Short report

Death knocks, professional practice, and the public good: The media experience of suicide reporting in New Zealand[☆]

Sunny C. Collings*, Christopher G. Kemp

Social Psychiatry & Population Mental Health Research Unit, University of Otago, Wellington, 23a Mein St., Newtown, Wellington South, New Zealand

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ABSTRACT

Health, government, and media organizations around the world have responded to research demonstrating the imitative effects of suicide coverage in the news media by developing guidelines to foster responsible reporting. Implementation of these guidelines has encountered some resistance, and little is known about the media perspective on suicide coverage and its effects on guideline use. This qualitative study provides an in-depth appreciation of this perspective by investigating the experiences of journalists covering suicide in New Zealand. Fifteen newspaper, television and radio journalists were interviewed between December 2008 and March 2009 and transcripts were analyzed using a grounded hermeneutic editing approach.

Five themes were identified: public responsibility, media framing of suicide, professional practice, personal experience of suicide reporting, and restricted reporting. Participants asserted the role of the media in the protection of the public good. Though this stance aligns them with the goals of health policymakers, it is derived from a set of professional mores at odds with the perceived paternalism of suicide reporting guidelines. Participants were stakeholders in the issue of suicide coverage. We conclude that policymakers must engage with the news media and acknowledge the competing imperatives that provide the context for the application of suicide reporting guidelines by individual journalists. Collaborative guideline development will be vital to effective implementation.

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Introduction

The imitative effects of suicide coverage have been the subject of intense debate by suicide researchers and the media. Strong evidence points to a connection between suicide reporting and copycat suicidal behavior (Beautrais, 2000; Pirkis & Blood, 2001; Pirkis, Burgess, Francis, Blood, & Jolley, 2006; Stack, 2003, 2005), and a number of health and government agencies have responded by developing media guidelines to foster responsible suicide coverage (Pirkis, Blood, Beautrais, Burgess, & Skehan, 2006). These have had mixed results. While guidelines can lead to positive changes in suicide coverage (Au, Yip, Chan, & Law, 2004; Etzersdorfer, Sonneck, & Nagel-Kuess, 1992; Fu & Yip, 2008; Pirkis et al., 2009, 2002; Sonneck, Etzersdorfer, & Nagel-Kuess, 1994), and may even lower suicide rates (Etzersdorfer & Sonneck, 1998;

Michel, Frey, Wyss, & Valach, 2000), their development and implementation demand effective collaboration between health policymakers and the media (Niederkroenthaler & Sonneck, 2007; Pirkis, Blood et al., 2006; Skehan, Greenhalgh, Hazell, & Pirkis, 2006). Without this, guidelines may be actively ignored (Tully & Elsaka, 2004) or overlooked entirely (Jamieson, Jamieson, & Romer, 2003).

New Zealand (NZ) offers unique ground for study in this area as it has both a voluntary media-generated protocol for reporting of suicide and a statutory restriction on suicide coverage without the Coroner's permission (New Zealand Parliament, 2006). Local suicide coverage has been publicly contested since the NZ Commonwealth Press Union lost its appeal for the removal of this provision of the Coroner's Act (Commonwealth Press Union, 2006). The media had earlier felt left out of the Ministry of Health (MoH) development process for their suicide reporting guidelines (Pirkis, Blood et al., 2006; Tully & Elsaka, 2004). Further, senior health researchers and media professionals have been engaged in robust public discussions on the issue (Beautrais, 2007; Editorial, 2007; Thompson, 2006).

Pirkis, Blood, et al. (2006) have called for an investigation into the "context within which media guidelines are applied" to inform collaboration and guideline implementation. Journalistic practice is

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* Corresponding author. Tel.: +64 4 385 5541; fax: +64 4 389 5319.

E-mail address: sunny.collings@otago.ac.nz (S.C. Collings).

shaped by powerful professional imperatives like market share and editorial discretion (Klaidman, 1990), and by news agency protocols that supersede third-party guidelines (Norris, Jempson, Bygrave, & Thorsen, 2006). These forces are reflected in news content analyses that document significant statistical and cultural gaps between the reality and the reporting of suicides (Blood, Pirkis, & Holland, 2007; Fekete et al., 2001; Niederkrotenthaler et al., 2009; Pirkis, Burgess, Blood, & Francis, 2007). Partnership with the news media is invaluable to the efforts of health policymakers, though policymakers must first learn to accommodate media practice (Stuyck, 1990). Without an understanding of the experiences of journalists responsible for suicide coverage, and their professional and personal engagement with their work, it will be challenging to build such partnerships. The aim of this study was to advance the evidence base supporting guideline implementation by investigating the experiences of journalists covering suicide in the context of voluntary media guidelines and statutory reporting restrictions.

Method

This study was approved by the University of Otago Human Ethics Committee. Data were collected between December 2008 and March 2009. Potential participants were identified through a Factiva search of NZ newspaper and magazine articles using the search term *suicide*, followed by a snowball recruitment method. Fifteen participants were interviewed by CK either over the phone or in person using a semi-structured interview guide that evolved as analysis proceeded. Interviews lasted up to 45 min and covered participants' experiences reporting on suicide, the factors they consider when deciding how to write about suicide, and their personal responses to and perceptions of suicide coverage. The interviews were digitally audio-recorded, de-identified, and transcribed verbatim.

Thematic content analysis was performed by CK concurrently with data collection using QSR NVivo 8. Line by line coding identified key themes using a grounded hermeneutic editing method (Addison, 1999). This approach involves a circular process of constant comparison, linking speech content to broader background context, and constant questioning and reinterpretation of findings. Emergent themes were reapplied to the data to identify deviant examples. SC manually coded all transcripts and regular discussions reflected on the analytic process, with disagreement resolved by consensus. Thematic saturation was achieved after fifteen interviews, and data gathering ceased.

Results

Participant characteristics are summarized in Table 1. Verbatim quotations are cited using the scheme [Media Type/Position/Years of experience] according to the abbreviations outlined in Table 1.

Five themes of equal weight were identified.

Public responsibility

Participants framed their work within the broader construction of a civic duty to protect the community. All participants referred to

the promotion of the public good as a compelling motivation for suicide reporting:

By covering up these issues, or thinking this is too dark, too evil, too hard, are we actually helping the issue? I don't think so. If things can be talked about in a really, you know, constructive, therapeutic and sensitive way, then surely that's going to help families and help potential people who may consider suicide in the future. [TV/Re/>15]

Six of the more senior participants described a "taboo" surrounding suicide that was in their view partly responsible for the "shocking" local suicide rates, arguing that this "taboo" was produced by restrictions preventing the media from addressing the issue. They wanted to promote the public good by "shedding light" so that the topic could be "open" and "robust" instead of "silent" and "dark."

Some described their role in empowering the community through unbiased information, supporting both the "public's right to know" and the media's right to "say whatever [we] want:"

The media do have a watchdog role... it is important from a transparency point of view that the public sees what's being done, and that they're also aware of the underlying issues. [N/Re/5-15]

They positioned themselves as educators, triggering debate and discussion. Responsible coverage by the media "provides a context for children and young adults to learn and get the right messages" [N/Ed/>15].

Media framing of suicide

Participants linked their reporting to their civic duty by expressing concern for the context and content of that reporting. They emphasized their use of context to ground suicide stories. This was partly tied to the newsworthiness of suicide – participants agreed that suicide stories needed newsworthy contexts – though it was more closely linked to the promotion of the public good:

If you provide enough context around what led to somebody's decision to take their own life, then you perhaps give somebody who's considering doing the same thing more to contemplate, rather than the immediate that they're focusing on. [N/Bo/>15]

Several connected suicide coverage to mental health awareness. Others argued that suicides should be woven into broader narratives of alcoholism, drug abuse, poverty, and "gaps in the system." Most conceded that without careful framing their suicide stories might resonate dangerously with vulnerable readers. Almost all argued against the inclusion of method and over-explicit details because such reporting could alienate their readers and "give them ideas."

Nevertheless, participants did not believe the news media should intentionally manipulate the facts: "when talking about people killing themselves, it's reasonable to tell the truth" [N/Re/5-15]. They opposed the euphemistic use of phrases like "there were no suspicious circumstances," which NZ news media commonly use to indirectly report suicides while sidestepping the broader issue:

We're trying to pretend that it's not a reality, and that is the horrible reality. Someone blows their brains out, it's a disgusting

Table 1
Participants.

	Gender		Media type			Role			Length of experience		
	Male	Female	Newspaper	TV	Radio	Reporter	Editor	Both	<5 years	5–15 years	>15 years
<i>n</i>	6	9	11	2	2	9	4	2	2	4	9
<i>Citation scheme:</i>			N	TV	R	Re	Ed	Bo	<5	5–15	>15

mess and maybe, maybe us pretending otherwise and saying oh it's fine and not reporting on it, makes other people – people don't know how awful it is. [N/Re/5-15]

Most were skeptical of the imitative effects of suicide coverage, arguing that the true danger lay with excluding suicide from the news. This was the primary motivation for resisting guidelines and restrictions. Suicide coverage could be cathartic and informative, whereas the restrictions made the topic unapproachable and unspeakable.

Professional practice

Participant responses reflected their daily priorities as dictated by both professional code and pragmatic imperative. Career stage was a key factor particularly as it intersected with other demands of the job:

I look around the newsroom, and I see how young and ambitious some of those young reporters are, and I kind of know that they would not apply the same measures that I do. They've got different imperatives at work. [N/Re/>15]

The commercial nature of the news dictates that suicide is treated as an event whose newsworthiness is derived from the nature of the act and the identity of the deceased. Interesting stories sell, so celebrity suicides receive special attention.

Despite this, participants emphasized the importance of their work being accurate and fair:

I just think it's about responsible reporting, and it's about just allowing people a sense of faith that reporters are going to take responsibility for helping families and helping people and potentially trying to reduce the suicide rate. [TV/Re/>15]

Participants frequently underscored their professionalism by contrasting their work with the "irresponsible" reporting of others overseas. References to professionalism increased dramatically with years of experience. Most expressed concern for the privacy of the deceased's family, though a few noted that their professional responsibility to the readership demanded that public interest take precedence over privacy.

Personal experience of covering suicide

Though suicide stories were "part of the job," they were nevertheless memorable. Participants focused on their empathy with suicide victims, on the connections between suicide death and their personal context, and on their increased awareness of suicide. Proximity to tragedy left some distressed, shocked, or saddened:

I cried. Yelled at my bosses, and did lots of stomping around, and then came home and spoke with my family about it. And – for me, I just talk about these sorts of things and it just seems to be my therapy. [N/Re/5-15]

Distress was amplified when participants empathized with the event: suicide remained a troubling subject long after they had finished reporting on it. Several told how their emotional attachment drew them closer to the subject.

All recounted vivid tales of their on-the-job experiences. They focused on the *death knock*, the process of cold-calling families for quotes soon after a death. This was often the most difficult part of suicide reporting:

You go to work and you knock on someone's door and they just found out 20 min earlier that their daughter has died, and you're trying to get a story. For the next day's paper... When someone

dies in the afternoon – that means that you're there pretty soon after. [N/Re/>15]

Professionalism mediated distress by offering emotional distance. References to emotional difficulty were less common among more experienced participants, who responded to tragedy with "black humor" and "cynicism" rather than distress. Nevertheless, a sizeable minority of these claimed that they avoided the topic altogether because of its emotional effects.

Restricted reporting

Legal and professional boundaries were integral to participant experiences and were complemented by boundaries relating to public perception, knowledge of suicide research, and personal ethics. Almost all participants discussed these unprompted. Only five were familiar with the MoH guidelines, and though none reported using them, there was a strong tendency to conflate the guidelines with the legal restrictions. Opinions concerning the Coroner's Act were heterogeneous, though most senior participants voiced opposition:

But I just think that there has to be one rule for all deaths, and that if anything, having these separate rules for suicide is like reinforcing the societal shame and taboo around it. [N/Re/>15]

Several asserted that they knew the difference between responsible and irresponsible reporting with or without the restrictions and that their reporting would not change should the restrictions disappear.

Nearly half were comfortable with the law as it was enforced. Much opposition was moderated by the emergent notion that the restrictions were flexible to the demands of important stories:

Now if somebody kills themselves, and you're going to write about it, whatever boundaries may exist, you can stretch to a ridiculous point where the rules as they are might as well not exist anyway. [N/Bo/>15]

"Different rules seem to apply" in the case of celebrity suicides and Coroners were often cooperative. The restrictions were nonetheless blamed for giving the news media a "fear" of suicide stories by making the topic too difficult to cover; the void left unfilled by media coverage then created the suicide "taboo."

Interactions with suicide researchers and health policymakers were particularly important:

I think the Ministry and its experts at one point didn't understand the media, didn't respect the media's role in a free and open society, liberal democracy. And again that sort of mindset that this is something that we need to close down, and they almost issued edicts. [N/Ed/>15]

Although younger participants cited suicide experts when discussing suicide contagion, most were skeptical and suggested that only local research would convince them otherwise. Senior participants described their interactions with suicide researchers and policymakers as ineffective and detrimental to collaboration. These participants wanted a new partnership grounded in mutual respect. Several welcomed this study as a "step in the right direction."

Discussion

Participants framed their work around the protection and education of the public. They described an idealized, free media contributing to the public good by ensuring an informed, self-determining community. In this context, attempts to guide suicide

reporting risk being reinterpreted as threats to media and community autonomy. Participants expressed this with conviction; none would admit to using the MoH guidelines. This is consistent with the claim by Pirkis, Blood, et al. (2006) and Pirkis, Burgess, et al. (2006) that guidelines will be contested when they threaten editorial independence, though there is a difference: participants expressed concern for professional and public autonomy while perceiving the guidelines as an attack on both. Such perceptions are not conducive to effective collaboration (Stuyck, 1990).

Participants cannot be separated from their membership of a professional culture. Their work is immersed in professional mores that legitimize while engendering the need for autonomy (Klaidman, 1990), and they are primed to resist guidelines developed beyond their control. Moreover, their work is shaped by pragmatic and at times competing imperatives: career progression, time constraints, competition for sales, and the public interest. Their community makes quick ethical decisions, demands resilience from its members, and responds to tragedy with black humor and to regulations with cynicism. Best practices are set by senior members. Efforts to foster responsible reporting must ensure the cooperation of journalists at the top, or else risk being missed by those at the bottom (Pirkis, Blood et al., 2006).

Several points emerge from participants' diverse interactions with NZ's various suicide reporting restrictions. The flexible Coroner's Act actually legitimized local suicide coverage by distancing it from less cautious coverage overseas, giving participants a consistent distaste for the reporting of suicide method. The importance of ownership was highlighted as participants suggested that they would rather defer to media protocols than MoH guidelines. Protocol development allows the media to define responsible reporting, potentially enabling them to adopt a relatively cautious public health perspective within the framework of autonomous journalism.

Emotional and empathic engagement helped participants feel they were stakeholders in suicide coverage and reinforced their accountability to the community. This led some to active involvement in the Coroner's Act debate. It is known that the news media help set the reference frames used by readers to interpret social issues (Scheufele, 1999). We observed that by emphasizing the relevance of context and the use of particular details, participants constructed a link between their stories and the actions of their readers in a way that has not been acknowledged in the literature on media and suicide. However they understood these framing effects to be educational tools with which to fight suicide, not as vectors of suicide contagion. This perhaps helps explain their skepticism of the international research linking media reporting with copycat suicidal acts. It also offers policymakers an opportunity to present journalists with a logical argument: that if media framing can assist in reducing suicide, it also has the potential to increase risk. This logical position based on journalists' own appreciation of the importance of framing is well supported by the international evidence on suicide contagion via the media. However, collaboration requires an interdisciplinary approach capable of generating common ground on what might constitute safer framing (Roussos & Fawcett, 2000). Careful attention to the media perspective could strengthen inter-professional dialogue, helping ensure that the public acknowledgment of suicide need not itself be damaging (Arkin, 1990).

We adopted a rigorous and systematic approach to this study. One investigator conducted all interviews and both investigators coded all transcripts. The recursive, critical approach to qualitative analysis specified by the grounded hermeneutic editing model resulted in thematically rich results representative of the underlying data. This study does not address the overall quality of suicide reporting in NZ or elsewhere. Future studies could offer further

insight into effective approaches to the media by conducting a systematic international comparison of the use and implementation of suicide reporting guidelines.

Conclusion

Our findings illuminate the complexity inherent in the reporting of suicide in a way that has not been acknowledged in the dominant health discourse. A detailed understanding of the local media context, in NZ and elsewhere, and the use of this understanding to inform interactions with the media may be the key to enhancing responsible suicide reportage. Suicide is a subject close to the hearts and minds of those who cover it, one that both deserves and receives careful consideration. By acknowledging the value of informed journalism, policymakers might move more quickly to a constructive partnership with the media grounded in mutual respect and common goals.

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