

Suicide and the media: identifying some blind spots

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Abstract

Studies of suicide in the media tend to be dominated by concerns about a link between media reports and actual suicide. In addition to this, attempts to influence media coverage in the form of media reporting guidelines over-emphasise the potential for harmful effects. Largely absent from the numerous studies that have been conducted and the media resource kits that exist is a recognition of the role and value of first person perspectives of suicidality or the perspectives of those bereaved by suicide. Grounded as they are in lived experiences of suicidality and suicide bereavement these perspectives direct us to some of the blind spots of research in this area. This paper draws upon media texts in which these perspectives have been consulted, in order to illustrate the important role of the media in facilitating discussion about suicide. The paper will explore the ways in which literature related to activism in the mental health field and the disabilities movement might inform our understanding of the preoccupation with the harmful effects of suicide stories and add another dimension to how we think about experiences of suicidality and their representation in the media. The paper suggests that concerns that publicising suicide may normalise or trigger it must be balanced against people's right to have their realities offered as part of 'normal' society. Future research in this area would benefit from a further engagement with the disability studies literature.

Keywords

suicide, media, suicidality, disability studies, copycat, reporting guidelines, first-person voice, psychiatric consumer/survivor/ex-patient movement

Introduction

The language of science, objective and rational, struggles to capture the dark mystery of suicide and our understanding of it suffers accordingly. The language of direct first-hand experience – intimately personal and subjective, sometimes irrational and paradoxical, often poetic and spiritual, and possibly frightening to some – must be included in our discourse to

empower others to speak up and dismantle the ignorance and stigma around suicide. (Webb, 2002, Abstract section)

These are the words of Dr David Webb in a journal article titled 'The many languages of suicide'. Webb's doctoral thesis constituted a significant departure from mainstream research in the discipline of suicidology by documenting in the first person voice the phenomenology of his suicidality. Webb (2005b) situated his research within what he describes as the emerging discourse of Mad Culture, which asserts the legitimacy of experiences that many believe are invalidated as 'abnormal' or 'disorders' through the application of various psychiatric labels. At an international level resistance to psychiatrisation can be found in the activism of the psychiatric consumer/survivor/ex-patient or mental health service user movement, whose participants emphasise their right to talk about their experiences in their terms (Morrison, 2005). Later in the paper I will discuss parallels between this movement and the disabilities movement and consider how insights from disability studies might enhance our approach to research and regulatory practices in relation to suicide in the media.

While ignorance and stigma are widely recognised consequences of being silent about suicide, a considerable amount of fear continues to surround the risks of talking about it. In particular, fears of imitation effects have been a motivating factor for much research into the media's reporting of suicide and, in turn, media reporting guidelines. Unlike studies of the media's reporting of mental health and disability issues, research into suicide in the media has been plagued by a preoccupation with a concern about imitation effects. This paper questions the tendency of research and interventions in this area to focus on suicide stories as risk factors above all else. With reference to selected media texts it identifies the role the media can play in giving voice to experiences of suicidality and those bereaved by suicide.

The study

Based on an extensive review of research into suicide in the media a deliberate decision was made to focus on media texts which include the voices of people who have recovered from suicidality and those bereaved by suicide. These texts are drawn from previous research into the media's reporting of suicide in which I have been involved. They include radio segments identified during the second Media Monitoring Project, which collected and analysed media items about suicide and mental illness between September 2006 and September 2007 (Pirkis, Blood, Dare & Holland, 2008); a 2003 series on suicide published in *The Age* newspaper; and a 2004 story exploring suicidality as part of World Suicide Prevention Day. My intention is not to offer a detailed analysis of these texts but to draw upon them to flesh out some of the

blind spots in the dominant research paradigm and its focus on the harmful effects of suicide stories.

I will begin with a review of some of the major findings of research into suicide in the media, identifying the limitations of the research paradigm and some of the studies that have sought to address these. This will be followed by a brief discussion of media reporting guidelines and contested views on these.

Suicide and the media: the dominant research paradigm

The potential impact of the media's reporting of suicide has been the topic of longstanding research interest internationally. Numerous studies have attempted to document a relationship between newspaper, and to a lesser extent television, coverage of suicide - both fictional and non-fictional - and actual suicide rates and suicidal behaviour (Au, Yip, Chan & Law, 2004; Bollen & Phillips, 1982; Cheng, Hawton, Lee & Chen, 2007; Frey, Michel & Valach, 1997; Hassan, 1995; Phillips, 1974; Pirkis, Burgess, Blood & Francis, 2007; Pirkis, Burgess, Francis, Blood & Jolley, 2006; Stack, 1987, 1990; Wasserman, 1984; see also Gould, 2001, for a review). My aim is not to review these studies in detail here but to identify some of their key findings and limitations.

Based on a meta-analysis of 42 scientific studies Stack (2003) identified inconsistencies in the research findings, with some studies showing significant increases in suicides following reporting and others finding no effect. In another review of the research Gould (2001) identified studies that have found an increase in suicides following suicide stories and a decrease in suicides during periods where suicide stories have been absent. Research has found that certain types of suicides are likely to attract more publicity because of their news value and, hence, to be more related to increases in the suicide rate. Studies show that the suicides of celebrities and high-profile people, real suicides as opposed to fictional suicides, and newspaper as opposed to television stories are more likely to report imitation effects (Stack, 2003). The majority of these studies treat the number, and in some cases the characteristics, of suicide stories during a particular timeframe as the independent variable and data on suicide rates for the same period as the dependant variable. As I will discuss shortly, this approach has a number of limitations.

In recognition of the need to attend to the form and contents of presentations of suicide in the media, some researchers have sought to identify whether there are differences between real suicides – as constructed in official statistics – and media coverage of suicide (Weimann &

Fishman, 1995). By comparing newspaper reports with coroner's reports a Hong Kong study found selective and incomplete coverage, with the suicides of students more often reported than those of the elderly relative to actual suicide rates. This study also found an increase in suicide from charcoal burning after substantial and prominent coverage of the use of this method in the press (Au, Yip, Chan & Law, 2004).

In his book *The Copycat Effect: How the Media and Popular Culture Trigger the Mayhem in Tomorrow's Headlines* Coleman (2004) provides convincing evidence in support of the notion that the suicides of celebrities do cause imitation effects, particularly in those people who identified with the deceased (see also Stack, 1987; Wasserman, 1984). For example, his research suggests that as many as seventy copycat suicides are directly linked to the suicide of musician Kurt Cobain. But his research does not directly address the nature of the media's reporting of Cobain's death, and an Australian study found that his suicide had little impact on suicide rates among young people, in part because of the media's handling of it (Martin & Loo, 1997).

While research in this area has produced mixed results, a common conclusion tends to be that media reporting is, to some degree, linked to suicidal behaviour and actual suicide, particularly when coverage is extensive, prominent, sensationalist, describes the method in detail or involves a celebrity (Hawton & Williams, 2002; Pirkis, Burgess, Blood & Francis, 2007). This supports the suicide contagion hypothesis or the "Werther effect" (Phillips, 1974, p. 341). Gould (2001) has suggested the existence of suicide contagion no longer needs to be questioned and that the focus ought to shift to the circumstances under which stories promote contagion or are useful in preventing suicide. But it is not clear exactly how such an approach would proceed and the extent to which it would address or replicate the limitations that characterise research that attempts to posit a correlation between suicide stories and human behaviour.

Although many studies attempt to control for the influence of factors other than the media in increases in suicide rates after media coverage (such as economic and seasonal conditions), there are still questions about the extent to which they measure what they say they measure. Stack (2003) has argued that most evidence for the copycat effect is indirect and unsatisfactory because it is typically not known the extent to which people who have committed suicide were aware of and influenced by actual suicide stories before doing so. This is clearly one of the major limitations of studies in this area and it casts substantial doubt on the copycat hypothesis. Also, one of the few studies to have looked at the extent to which people who have experienced suicidality identify the media as having an influence on their

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thinking and behaviour found as much evidence for beneficial as for harmful effects (Zahl & Hawton, 2004).

A related limitation of these studies is that they tell us nothing about the lived experience of suicidality or the social and personal contexts of suicide because people who have died by suicide are reduced to numbers and statistics, their deaths reduced to a media effect. Studies that attempt to compare suicide reporting with actual suicide rates also presume the latter to be an accurate and reliable measure of the actual numbers of suicide in the population under study. The primary focus on individual suicides has also meant that little is known about how other types of suicide stories are treated by various media and their relationship, if any, to suicide rates or other variables. These studies have also focused primarily on reports of suicide in the press and on television, and little is known about how their findings might translate to other media, such as the internet.

It is important to understand studies of this kind in relation to media and communication theory. The copycat fears that have provided the impetus for much of this research is exemplary of the effects model of media research, and shares its limitations. The object of effects studies is to analyse media influence, which relies on two key concepts – “the ‘vulnerable individual’ and an understanding that certain media contents in some way distort or exaggerate the ‘real’” (Blackman & Walkerdine, 2001, p. 48). They depend on a conception of vulnerable audience members as overly suggestible and lacking the psychological capacity to question or critically engage with media contents, and over-emphasise the power of the media in influencing suicide and suicidal behaviour.

Blackman and Walkerdine suggest that the mass media became problematised in the early twentieth century in relation to a specific normative image of what it means to be human. This image generated concerns about the effects of the media on ‘irrational minds’ deemed to be vulnerable to outside forces. It “depends upon an understanding of the relationship of a vulnerable psyche to a vulturous media” (p. 37). Blackman and Walkerdine argue conceptions of otherness have become central in the drive to locate, classify and measure those individuals who are more at risk of media influence. (p. 12)

While concerns about the effects of the media have inspired much research, the reporting of suicide is perhaps unique in the degree of fear that permeates thinking about the impact and potential risk of these stories on audience members defined – from a distance by others - as ‘vulnerable’.

Some researchers have identified and sought to remedy what they perceive to be limitations of research in the area. Some have argued that the direct effects model of communication is a narrow way of interpreting news content that could lead to a limited conception of the responsibilities of media professionals and the agency of media audiences (Blood & Pirkis, 2001; Blood, Putnis & Payne, 2001). These studies emphasise the importance of understanding the long-term picture the news media present of suicide and highlight a clash between the imperatives of news organisations and those of other stakeholders about the reporting of suicide (Blood et al., 2001; Blood, Pirkis & Holland, 2007; Pirkis, Blood, Dare & Holland, 2008; Putnis, Blood, Payne & Francis, 2002; see also Coyle & MacWhannell, 2002).

Researchers have also responded to the dearth of any detailed qualitative analysis of media representations of suicide. Coyle and MacWhannell (2002) conducted a unique grounded theory analysis of suicide stories in the Scottish press, focusing on both descriptive and conceptual characteristics of stories. During their study's timeframe non-celebrity suicide stories were more prevalent than celebrity suicides and causes were frequently mentioned. These findings contrast with previous research. The main concepts they identified in suicide stories included dramatising, locating, social impacting, causal searching and moral labelling, which were connected by means of a visual story. Recent Australian research has also documented the various contexts in which suicide comes to be reported in the media and the news values they fulfil (Pirkis, Blood, Dare & Holland, 2008).

The recent phenomenon of internet related suicides and how they are reported in the older media has also attracted some research attention. Based on a study of the Japanese media Matthews (2008) suggested that detailed and repetitious reporting styles may lead to reactionary government action toward the internet by restricting the discussion to an issue of internet regulation or personal struggle, thereby shifting the debate away from the link between social conditions and suicide. An Australian study also found that 'fear of the internet' was a persistent frame in newspaper coverage of the deaths by suicide of two teenage girls in Melbourne (Blood, Dare, McCallum, Holland & Pirkis, 2008). The authors argued that this enabled journalists and audiences to maintain a restricted set of meanings that resonated with widespread cultural understandings about new technologies and the vulnerability of adolescents. The significance of these studies is that they extend our understanding of the role of the media beyond that of imitative effects and alert us to the wider social context of suicide and the role of the media in generating meanings about it.

Suicide and the internet

Suffice to say there is a growing body of research into the content of suicide related websites and the phenomenon of 'cybersuicide' (Alao, Soderberg, Pohl & Alao, 2006; Baume, Cantor & Rolfe, 1997; Baume, Rolfe & Clinton, 1998; Biddle et al., 2008; Eichenberg, 2008; Prasad & Owens, 2001). Space and time does not permit a detailed review of these studies but some general observations can be made.

People can easily obtain information about suicide, including detailed methods, and voice their suicidal tendencies on the internet (Biddle, Donovan, Hawton and Gunnell, 2008). In addition to being able to find information about suicide methods, announcements of suicides and offers of assistance in committing suicide, research shows that people can also access sites that offer links about where to find help and moderated forums in which postings promoting suicide or announcing suicide intent are deleted (Becker, Mayer, Nagenborg, El-Faddagh & Schmidt, 2004). The positive role of the internet as a potential support mechanism for people who are feeling suicidal and as a preventative tool has also been recognised to a greater extent than has been the case with older media.

Unsurprisingly, concerns about the impact of newspaper and television reporting of suicide have carried over to the internet (Thompson, 1999) and intensified with reports of internet-based suicides in countries such as Japan (Matthews, 2008). It has been argued that suicide websites must be more tightly monitored and regulated and that the internet should be governed by the same rules as other media when it comes to publicising suicide (Becker Mayer, Nagenborg, El-Faddagh & Schmidt, 2004).

But there are contested views on the direction of the relationship between accessing information about suicide, being suicidal and actually completing suicide. Fiedler and Lindner (2001) make the important point that people already have suicidal thoughts prior to accessing suicide websites, rather than acquiring them from the sites. They doubt the effectiveness of official warnings about the danger of suicide forums on the internet, arguing that they would give more weight to the fora and not deter people from seeking them out. They suggest that promoting public awareness and lifting away the social taboo about suicide and suicidality should be the focus of preventative efforts.

Suicide reporting guidelines: impacts and concerns

In response to concerns about the effects of media coverage – most notably the risk of 'copycat' behaviour – reporting guidelines have been developed by bodies such as the World
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Health Organisation and suicide prevention agencies. Locally, the Commonwealth Government has produced guidelines, which seek to avert the possibility of imitation or copycat suicide. Consistent with those in other countries, the guidelines suggest that the word 'suicide' should be used sparingly and that journalists and editors consider whether the story needs to be run because a succession of stories can "promote a dose response factor and normalise suicidal behaviour as an acceptable option" (Commonwealth of Australia, 2007, p. 9). They also urge the media not to report the method and location of suicide, suggesting that a step-by-step description may prompt some vulnerable people to act. Special caution is suggested in regard to celebrity suicide, placement of the story, context, and interviewing the bereaved. Journalists are also urged to include phone numbers and contact information for support services.

For the most part little is known about the impact of media reporting guidelines (Sudak & Sudak, 2005), although some attempts have been made to assess the potential of such interventions to change reporting and, in turn, prevent imitation suicides. One study of the Viennese media identified a link between the implementation of news media reporting guidelines and a decrease in rates of suicide (Etzersdorfer & Sonneck, 1998). This study reported that media coverage changed markedly and immediately following a press campaign to inform journalists of the possible effects of suicide stories and alternative ways of dealing with the issue. However, the findings of this study are not conclusive and, at best, support a correlative rather than a causative effect in relation to the influence of changes in media reporting on actual suicide rates.

Australian evidence about compliance with guidelines is inconclusive. Researchers have sought to evaluate the uptake of reporting guidelines by interviewing media professionals (Skehan, Greenhaugh & Hazell, 2006). This study found that many journalists were confident that they would inform their practice, while a minority were concerned that they conflicted with 'free speech'. There is some tentative evidence to suggest that reporting guidelines may have influenced some sections of the press to include helpline details with suicide stories as a matter of course and that the overall quality of reporting – measured against the guidelines – has improved since they were introduced in 2002 (Pirkis et al., 2009). But there is also evidence that the news media continue to include explicit details of suicide methods, despite the advice contained in the guidelines (Pirkis, Blood, Dare & Holland, 2008). As yet, however, there is no evidence to support a relationship between reporting guidelines, quality and quantity of reporting, and actual suicide rates.

Reporting guidelines are contested by many journalists, editors and broadcast news producers. The Australian Press Council (APC) takes the view that findings about the causal relationship between reported suicides and actual suicidal behaviours are inconclusive. It has argued that guidelines should not be prescriptive or start from a presumption of harmful effects and that there are occasions when pressures of news and the public interest may outweigh guidelines. The Council also notes that increased reporting of suicide may act as a deterrent and draw attention to social problems that may lead people to contemplate suicide (APC, 2001).

There are also concerns that the guidelines may further constrain what is already a lack of quantity and quality discussion of suicide, compared to the road toll or drug deaths, which pale in comparison to the numbers of people who die by suicide each year (Webb, 2003). As a person who has experienced suicidality David Webb suggests the guidelines “can serve to sanitise reports about suicide to the point that suicide disappears from the story altogether” (para. 6). He argues that taken individually the guidelines make reasonable good sense. However, he says

when we put them altogether journalists and editors are left with little that can be discussed at all. Add to this the taboo about suicide, in editorial offices as well as the general community, then it is hardly surprising that there is so little public discussion. (para. 8)

While the guidelines are intended only as a guide and resource for the media rather than an attempt at censorship, there is some evidence to suggest that they are treated too prescriptively by some critics of media reporting. The mental health charity *SANE Australia* through its StigmaWatch program tends to praise or condemn stories about suicide purely on the basis of whether they reflect the guidelines, particularly by not referring to suicide methods. For example, StigmaWatch contacted a journalist to complain about his reference to the method in a story about the suicide of a young man in an emergency department while he awaited a bed in a psychiatric facility. The journalist was urged to avoid mentioning the method under any circumstances. In reply he said:

I appreciate your timely reminder of the need to be wary of reporting the manner of suicide, and we will bear that in mind in the future. But in this case I felt the story had to be told in the hope it would bring pressure to bear on authorities to improve facilities for those at risk of taking their own lives. (Walker, as cited in Stigma Files, 2007)

The Commonwealth's resource kit does recognise that the media can influence social attitudes about and perceptions of suicide, as well as help to reduce suicide rates. The resource emphasises individual causes and explanations such as 'mental disorder' or 'drug-related illness' and the importance of dispelling "myths that suicide is not related to a person's mental state" (Commonwealth of Australia, 2007, p. 11). Absent from the guidelines is any reference to bringing to attention problems with the mental health system or services as a justifiable reason for reporting suicide, including suicide methods. Nor does it recognise the value of first person voices of suicidality and their importance for legitimating the experience of suicidality and in providing alternative, non-pathological understandings of it. Moreover, the resource presents evidence of the risk of reporting suicide with a degree of certainty that belies the inconclusiveness of the evidence. The guidelines, along with most of the studies in the area, tend to be preoccupied with the harmful effects of the media and can be seen to add to the culture of fear around suicide.

In contrast to research into media reports of actual suicides, little attention has been given to media reports of suicide in the context of special days dedicated to suicide prevention and awareness, which often include the voices of those bereaved by suicide. The following radio interviews provide an insight into the importance that those bereaved by suicide place on talking about it and challenging the myths that surround suicide. I suggest they highlight the potentially productive role of the media in facilitating discussion about suicide.

Establishing the importance of talking about suicide

In a radio interview on *ABC Gippsland* (2007, May 28) the founder of White Wreath Day, Fanita Clark, responded to the host's suggestion that one of the concerns in talking about suicide in the public arena is that it could be tempting people into copycat situations. She said:

That is definitely incorrect - there is no evidence whatsoever that there is a copycat and when our son took his life we thought we were the only ones not only in Australia but the whole world that such a tragedy hit our family, that our son suicided...

In shifting the focus to the dangers of not talking about suicide Clark's comments offered an important counterpoint to the views alluded to by the host. The fear that talking will influence others is here positioned as effectively contributing to the loneliness already felt by families of those who have lost a loved one to suicide.

In a radio interview on ABC Hobart and Northern Tasmania Statewide (2007, January 18) two people bereaved by suicide emphasised how important and helpful it had been to hear other people's stories and to know that they were not alone. They spoke about the need to talk about it from the perspective of those who have experienced this kind of loss. One said:

People do tend to avoid the very subject of suicide when they even acknowledge the fact that you've actually lost someone, which is one thing, but to actually acknowledge that you've lost them through suicide is something that people rarely mention and to be honest it's something you really want to talk about, you know, you want it aired, you want people to approach you on the subject...

Brisbane radio station *612 ABC* (2007, September 26) provided another example of an informative and responsible discussion of suicide which sought to address some of the myths surrounding it: such as that people who talk about it do not do it; that people who do are always fully intent on dying; and that a person is 'crazy' for feeling suicidal. One of the program guests was Richard Roberts, a father who lost his 15-year-old daughter to suicide and who is chair of Community Action for Prevention of Suicide. He spoke positively about Raelene Boyle's bravery in talking about being suicidal on Andrew Denton's television program *Enough Rope* the previous evening and said:

...I think that if more people can say 'Look I was suicidal and I got through it', as she said last night very well, I got through it because I thought my way through it and I got some help from the people around me...

A significant aspect of this radio segment was that it discussed suicidal ideation in such a way as to convey the message that many people do have these feelings but that it need not be fatal. This is an important means by which to legitimate the suicidal voice and experience.

The importance of talking about suicide was a sentiment shared by a university lecturer and member of Suicide Prevention Australia, Martin Harris, in an interview on *Heart FM* (Hobart, 2007, August 30; broadcast nationally Macquarie Regional Radio). The interview was prompted by the suicide attempt of actor Owen Wilson, which was widely covered in the media. The presenter lamented that in Australia and other countries suicide was never talked about and said it was "so important to get it out in the open". Her guest, Martin Harris, said that we need to move beyond the idea that asking someone about suicide will plant the thought in their mind:

I mean you can imagine being asked that question yourself and if it's not true you're more likely to correct the questioner and say 'no I don't feel that way'. But if you are feeling suicidal it might be that that's the only time that it's been asked and you're the only person that's asked them and by shifting it from an emotional feeling to a cognitive process you actually begin that process of change so for them to actually respond gives them a chance to vent and for someone to listen...

Harris also commented that stigma made it difficult for those bereaved by suicide to grieve. At the conclusion of the interview the presenter said:

I'd just like to encourage any of our listeners out there, if you are feeling depressed please call someone or talk to someone immediately. I mean you're not alone, your life is important, even if you don't think it is.

Nearing the conclusion of the segment the program's host Charles Wooley questioned the general agreement in the media of not covering suicides, suggesting that: "maybe that's not the best way to do it...Maybe people should know that it's happening". The 'Movie Minute' presenter said:

Well that's what Martin Harris was talking about, he said there was a stigma attached and people don't realise, they think by talking about it it's more sort of encouraging people but it's actually creating that cognitive recognition – making it a thought process instead of an emotion and it actually does help people to come to terms with what they're about to do and perhaps prevent it...

The issue of celebrity suicide or suicide attempts is an area of particular concern for members of the mental health community, largely because these incidents tend to receive extensive coverage and there is a concern that they may glamorise suicide. On the other hand, they also provide the opportunity for the media to examine and discuss the issue of suicide in more detail and for media professionals to reflect on their own practice and its consequences.

This segment was an example of how the suicide attempt of a celebrity provided the opportunity to create a dialogue about suicide. It raised some important questions about what people could do, especially if they were concerned for someone close to them. It also serves as a reminder that by talking about suicide sensitively and responsibly the media may play a role in making it more tangible – as something that people could address rather than ignore.

These radio segments are examples of the way in which families, particularly parents and partners, of people who have died by suicide can give voice to their experiences and the important role of the media in facilitating this. Reporting guidelines urge journalists to exercise caution when interviewing surviving relatives and friends but, as these examples reveal, it is equally important to recognise that in time they may crave a forum to air their experiences.

The bereaved cannot, however, give voice to the suicidality of those they have lost or those who have recovered from suicidality, and I now want to look at two media texts in which these perspectives were consulted, focusing particularly on what we might learn from them.

Establishing the legitimacy of the first-person voice of suicidality

In August 2003 *The Age* published a special series: 'Suicide: men at risk' by journalists Steve Waldon and Julie-Anne Davies. It was a comprehensive series that covered various angles, included a range of perspectives and reported on individual male suicides. Various factors such as work pressures, relationship breakdowns and other social, cultural and historical factors, such as changing gender roles, were all discussed as being part of the complexity of suicide. Those bereaved by suicide were the primary sources of many stories, and people involved in suicide prevention, social analysts and suicide researchers were also sourced. Helpline details were included with the stories.

One of the significant aspects of the series was that many of its stories featured prominently on the front page of the newspaper. Given the sensitive nature of the issue and the reporting guidelines in the area, comments from the editor about the reasons for running the series were published ('Why we are doing this', 2003). This included a list of some of the guidelines, followed by the comment that the newspaper did not believe the series contravened them. The series received an overwhelmingly positive response from readers, many of whom had been personally affected by losing a loved one to suicide. Many expressed gratitude to *The Age* for bringing the issue into the open. Sentiments included that the story needed to be told and that it was important to share these experiences and create a dialogue about suicide. A key theme of the entire series was that silence about suicide contributed to the stigma surrounding it.

Of particular interest to this paper was the inclusion in the series of a story about a person who had recovered from suicidality. Headlined 'Why silence is not an option' (Waldon & Davies, 2003) it reported on David Webb, a quote from whom introduced this paper, and his

experience of suicidality. By way of establishing the importance of this perspective, the story said:

Psychiatrists and the bereaved are thwarted by sudden suicides. A suicide note is the closest they get to interviewing a person who is about to die. But with death comes silence. The dead cannot be revived and quizzed about their motives or frame of mind.

So a man such as Webb is a valuable resource. He is still around to answer questions.

It reported on Webb's three serious attempts to take his life, including one that left him with serious burns after a candle fell while he was overdosed, and his anger at still being alive. Relationship breakdowns were presented as the trigger for Webb's suicidality. He was quoted as saying that "Two of our greatest fears merge in suicide – our fear of death and our fear of madness." The story reported that Webb now writes and talks about his experience because he believes the community is ignorant about it. Webb said:

I object to people saying that suicide is not an option. It is an option. What you can say to someone instead, is that there must be options other than suicide. (as cited in Waldon & Davies, 2003)

The story referred to Webb's concern about the absence of spirituality in discussions about suicide and depression, which was a substantial component of his doctoral research.

Steve Waldon, one of the journalists responsible for *The Age's* special suicide series, was also responsible for another story the following year, which drew upon the first person perspective of suicidality as part of World Suicide Prevention Day. Headlined 'Spotlight on a dark road' (Waldon, 2004), the story's two sources were well known researcher and activist in the mental health field, Merinda Epstein, and David Webb. As with the previous story about Webb's suicidality, Waldon established the importance and uniqueness of this perspective:

As a survivor of more than one suicide attempt, Epstein – and others like her – are in a unique position to comment on what they call "the lived experience of suicidality", yet they are frustrated that they are not often consulted.

The story reported on attempts by Epstein as a member of the Australian Mental Health Consumer Network to engage the media, government and community with the motto:

‘Nothing about us without us’. This is a motto that participants in the psychiatric consumer/survivor/ex-patient (c/s/x) movement share with the disabilities movement, which I will elaborate on shortly. Epstein also spoke about her sister’s suicide after years of torment and unhelpful contact with the mental health system, in which her sister was told she was ‘indulgent’, ‘manipulative’ and ‘attention seeking’ when, Epstein said, she was desperate.

Webb was reported as saying that suicide is related to a culture’s denial of spiritual values and needs. The unacknowledged fears that dominate much of what is said about suicide, he said, stands in the way of better ways of responding to it. He was quoted as saying:

Of concern to me is the assumption that to have suicidal thoughts and feelings somehow indicates that you are a broken person, when they are real, legitimate and meaningful – and common – feelings for people to have. (as cited in Waldon, 2004)

The story reported on Webb’s observation that instead of a “robust public discussion” about suicide, there are stock responses and stigma that feeds off fear and ignorance. Elsewhere Webb (2005a) has referred to the culture of fear that surrounds talking about suicide and the tendency for the discussion of suicide to be dominated by, to use his terms, those who “speak of my experience as some sort of exhibit in a glass jar to be pointed at” (Abstract section). I would suggest much of the previously discussed research into suicide in the media, with its top-down, researcher driven focus on cause and effect and suicide statistics, tends to confirm such a view.

I am not suggesting that the opinions expressed in these texts are representative of people who have experienced suicidality or those who have completed suicide. My interest in them is the way in which they draw upon the first-person voice of suicidality and, in the process, construct suicidality as a legitimate experience, one from which people can and do recover and one from which we can learn more about each other and the kind of society in which we live.

Discussion

To put Merinda Epstein and David Webb’s comments in a broader context they can be seen as part of a larger activist movement, which has been referred to as the psychiatric consumer/survivor/ex-patient (c/s/x) movement (Morrison, 2005), or the mental health service user movement (Crossley, 2004). Some of the goals of the movement include addressing human rights abuses in the mental health system and bringing first-person perspectives to bear

in all areas of the mental health field. While there are certainly important differences between this movement and the disabilities movement, and a reluctance of both people with disabilities and psychiatric survivors to identify with the other, there are also significant parallels (Beresford, Hamson & Wilson, 2002), such as the adoption of the slogan 'Nothing about us without us' and an interest in the social model of disability. I will now consider some of the ways in which our understanding of research, regulatory and representation practices in relation to suicide and suicidality in the media might be informed by these movements and disability studies perspectives.

Like the disabilities movement the c/s/x movement is particularly concerned with the ownership of knowledge and the link between knowledge and social action. Survivors, in particular, challenge psychiatry's symbolic power and the taken-for-granted acceptance of and belief in 'the medical model' that underwrites it (Crossley, 2004). They imply a different source of authority from which to claim a right to participation in public policy debates (Barnes, 2002; Bracken & Thomas, 2005). In regard to people with a disability and psychiatric survivors, Barnes (2002) argues:

if the bearers of such knowledges are to be included within a process previously determined by rules governing dialogue on the basis of scientific evidence, bureaucratic procedures and/or party political debate, then this may require rethinking those rules in order to accommodate them. (p. 323)

A major goal of the c/s/x movement is to create a space for first-person perspectives to have a real impact in domains that have traditionally been owned and controlled by clinicians, academics and bureaucrats. In relation to the media, research has shown that audiences of people with a disability and mental health problems demonstrate strong resistance to having their experiences talked about by those who have no first-hand experience of it (Ross, 1997). One of the problems for people who have been psychiatrised is that their experiences, including that of suicidality, are often seen as 'abnormal', as a manifestation of some form of pathology, rather than being recognised and validated as legitimate human experiences. This may result in assumptions that they lack insight or are particularly vulnerable, and may create a tendency for the media to privilege sources who speak about them without them.

Emphasising the importance of first-person perspectives is not to deny the importance of medical, psychiatric and bureaucratic experts but to recognise that their highly specialised, often 'scientific' or 'managerial' knowledge, is, as Webb (2005a) suggests, perhaps not best equipped to speak to the subjective experience of suicidality. A reliance on or privileging of

these sources in the media may reinforce the idea that suicide and suicidality are outside the boundaries of everyday comprehension, which researchers observed in a study of the media's reporting of depression (Rowe, Tilbury, Rapley & O'Ferrall, 2003). On the other hand, studies of the media have shown that first-person accounts of people who have been diagnosed with a mental illness talking about their experiences in their own terms offer accessible and humanising self-portrayals (Holland & Blood, 2009; Nairn & Coverdale, 2005).

Participants in both movements have also identified the value of a 'social model of disability', which shifts the focus away from individualised biomedical explanations of people's experiences and onto the social and systemic factors that contribute to their disablement in society (Beresford, 2002). In relation to suicidality, some of these disabling factors are suggested in Merinda Epstein and David Webb's comments in the previous media texts. These include the tendency for suicide and suicidality to be reduced to individual pathology and decontextualised from the social, cultural, historical and family contexts in which it is lived, and the kinds of dismissive responses to suicidality that people can experience when coming into contact with mental health and other health services.

In his exploration of how media studies might incorporate a disability studies dimension Jakubowicz (2003) identified some of the ways in which the media can play a role in disabling people with impairments. Drawing on the idealised notion of the 'public sphere', at the heart of which lies reciprocity and mutual recognition, Jakubowicz elaborates the role of the media in defining what constitutes 'normalcy', not just through its representation practices but production and regulatory practices. The media, he suggests, can play a role in further disabling people by failing to offer their realities as part of normal society. This is where he and his colleagues suggest there is a role for future research to address the various dimensions of the media-disability relationship and to produce outcomes relevant to people with disabilities and their organisations, media regulatory bodies, media production organisations and wider audiences. This would be underpinned by the assumption that while the media can play a role in constraining active citizenship for disabled people, it can also enhance it and empower people with disabilities, such as by offering their realities as part of normal society (Jakubowicz, 2003).

In the context of this paper I would suggest that some of Jakubowicz's points can also be applied to people who have or who experience suicidality (including those who identify with the psychiatric consumer/survivor/ex-patient movement) and who may or may not see themselves as having impairments. Research and regulatory practices that focus on the

harmful effects of suicide stories (treating suicide stories as risk factors and reducing actual suicides to media effects) – to the extent that they add to the culture of fear that surrounds suicide – have the potential to be a disabling force for people who experience suicidality or have been bereaved by suicide. The media effects discourse that constructs suicide stories as risk factors and audiences as at risk can be seen to function in a similar way to lifestyle risk discourse, which Lupton (2005) has described as “an effective agent of surveillance and control that is difficult to challenge because of its manifest benevolent goal of maintaining standards of health” (p. 428). Yet, no matter how benevolent the intention of researchers in seeking to prevent harmful effects of the media on vulnerable or ‘at risk’ subjects, as Shotter (1993) suggests, if we are not making sense of the lives of the people we study in their terms, we sustain a dominant and dominating mode of talk through our professional practices.

Media reporting practices, on the other hand, can help to bring the voices of the bereaved and people who have experienced suicidality into the open and offer their realities as part of normal society. The media can also bring attention to the harm that people may experience as a result of medicalisation and psychiatric labelling and the unhelpful, sometimes harmful, experiences they have within the mental health system (Holland & Blood, 2009). This suggests that the media, through its reporting of suicide and suicidality, and media studies, through an engagement with disability perspectives, may help to advance and promote some of the concerns of the disabilities movement and the c/s/x movement.

There will always be the concern from some quarters that publicising perspectives of suicidal people or people who have recovered runs the risk of normalising and, in effect, destigmatising suicide so that people come to see it as a valid option. But this fails to recognise that suicidality, for those who have experienced it, is a very real experience that demands validation rather than being reduced to a media effect. Offering their realities as part of ‘normal’ society requires more than tokenistic representation practices. It requires challenging our assumptions about what constitutes normality, pathology and disability and, in turn, challenging those often benevolently framed practices that are informed by and seek to govern the boundaries between normality and deviations from it.

Conclusions

Although largely exploratory, it is hoped that this paper has achieved its modest aim of contributing to a gap in the literature in relation to suicide in the media. Studies of suicide in the media constitute a body of evidence about the relationship between suicide stories and suicide rates that provide the basis for reporting guidelines in relation to those areas that

researchers identify as particularly problematic or likely to produce imitation effects. This paper has identified some of the limitations of these studies, including their over-emphasis on the power of the media in influencing suicidal behaviour and their subsequent reduction of suicidality to a media effect. In a departure from this type of research, this paper focused on the role of the media in potentially enhancing our understanding of suicide by consulting the bereaved and those who have experienced suicidality.

The examples identified in this paper suggest that there may be a need for future research and attempts to influence media reporting to give greater consideration to the consequences of not talking about suicide, such as adding to the loneliness and isolation felt by the bereaved and those who are experiencing suicidality. Future research and reporting guidelines must also move beyond the narrow approach to suicide stories as risk factors for actual suicides and audiences as vulnerable, passive and at risk others. Concerns that publicising suicide may normalise or trigger it must be balanced against the rights of people who have experienced suicidality or who have been otherwise affected by suicide to have their realities offered as part of 'normal' society through their reflection and representation in the media. Future research in this area would also benefit from a further engagement with the disability studies literature.

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