

Media Contagion and Suicide Among the Young

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Research continues to demonstrate that vulnerable youth are susceptible to the influence of reports and portrayals of suicide in the mass media. The evidence is stronger for the influence of reports in the news media than in fictional formats. However, several studies have found dramatic effects of televised portrayals that have led to increased rates of suicide and suicide attempts using the same methods displayed in the shows. Recent content analyses of newspapers and films in the United States reveal substantial opportunity for exposure to suicide, especially among young victims. One approach to reducing the harmful effects of media portrayals is to educate journalists and media programmers about ways to present suicide so that imitation will be minimized and help-seeking encouraged. Recently released recommendations for journalists are attached as an appendix. Similar initiatives with the entertainment industry would be highly desirable.

Keywords: *suicide; contagion; media; youth*

There is ample evidence from the literature on suicide clusters and the impact of the media to support the contention that suicide is “contagious.” Suicide contagion can be viewed within the larger context of behavioral contagion, which has been described as a situation in which the same behavior spreads quickly and spontaneously through a group (Gould, 1990). Social learning theory is another paradigm through which suicide contagion may be understood. According to this theory, most human behavior is learned observationally through modeling (Bandura, 1977).

Suicide clusters have been recognized since history has been recorded (e.g., Bakwin, 1957; Popow, 1911). Early research provided only descriptive accounts of suicide “epidemics” (see Gould & Davidson, 1988), but the past decade has witnessed a methodological and qualitative shift from descriptive to inferential studies (Velting & Gould, 1997). Several of these have reported significant clustering of suicides, defined by temporal-spatial factors, among teenagers and

AMERICAN BEHAVIORAL SCIENTIST, Vol. 46 No. 9, May 2003 1269-1284

DOI: 10.1177/0002764202250670

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young adults (Brent et al., 1989; Gould, Petrie, Kleinman, & Wallenstein, 1994; Gould, Wallenstein, & Kleinman, 1990; Gould, Wallenstein, Kleinman, O'Carroll, & Mercy, 1990), with only minimal effects beyond 24 years of age (Gould, Wallenstein, & Kleinman, 1990; Gould, Wallenstein, Kleinman, O'Carroll, et al., 1990). Gould, Wallenstein, Kleinman, O'Carroll, et al. (1990) found that the relative risk of suicide following exposure to another individual's suicide was 2 to 4 times higher among 15- to 19-year-olds than among other age groups.

Similar age-specific patterns have been reported for clusters of attempted suicides (Gould et al., 1994). Estimates of the percentage of teenage suicides that occur in clusters average between 1% and 2%, with considerable variation by state and year, yielding estimates from less than 1% to 13% (Gould, Wallenstein, & Kleinman, 1990). These estimates reflect only mortality data and, thus, do not include clusters of attempted suicides (Gould et al., 1994). Although most of the research on clustering of youth suicide has reported significant clustering (Brent et al., 1989; Gould et al., 1994; Gould, Wallenstein, & Kleinman, 1990; Gould, Wallenstein, Kleinman, O'Carroll, et al., 1990), one study found no clustering of adolescent suicides within a particular locale for a specified time frame (Gibbons, Clark, & Fawcett, 1990). Given the relative rarity of suicide clusters, the examination of one location does not yield enough statistical power to clearly detect clustering. Case-control psychological autopsies of suicide clusters are attempting to identify the mechanisms underlying youth suicide clusters (Davidson, Rosenberg, Mercy, Franklin, & Simmons, 1989; Gould, Forman, Kleinman, & Wallenstein, 1995).

Evidence of the significant impact of media coverage on suicide continues to mount (see Gould, 2001; Pirkis & Blood, 2001a, 2001b; Schmidtke & Schaller, 2000; Stack, 2000). The occurrence of imitative suicides following media stories is largely known as the "Werther effect," derived from the impression that Goethe's novel *The Sorrows of Young Werther* in 1774 triggered an increase in suicides, leading to its ban in many European states. Research on the "Werther effect" was advanced by the systematic work of Phillips (Bollen & Phillips, 1981, 1982; Phillips, 1974, 1979; Phillips & Carstensen, 1986, 1988), whose research consistently found a strong relationship between reports of suicide in newspapers or on television and subsequent increases in the suicide rate.

CONTAGION FROM NEWS

Since 1990, the effect of media coverage on suicide rates has been documented in many other countries besides the United States, ranging from Western countries including Austria (e.g., Etzersdorfer, Sonneck, & Nagel-Kuess, 1992), Germany (e.g., Jonas, 1992), and Hungary (e.g., Fekete, & Mascai, 1990) to Australia (e.g., Hassan, 1995) and to East Asian countries, such as Japan (Ishii, 1991; Stack, 1996). This has added to the extensive work prior to 1990 in

the United States, which found considerable evidence that suicide stories in the mass media, including newspaper articles (e.g., Barraclough, Shepherd, & Jennings, 1977; Blumenthal & Bergner, 1973; Etzersdorfer et al., 1992; Ganzeboom & de Haan, 1982; Ishii, 1991; Jonas, 1992; Motto, 1970; Phillips, 1974, 1979, 1980; Stack, 1989, 1990a, 1990c, 1992, 1996; Wasserman, 1984) and television news reports (e.g., Bollen & Phillips, 1982; Phillips & Carstensen, 1986; Stack, 1990b, 1991, 1993) are followed by a significant increase in the number of suicides.

The magnitude of the increase in suicides following a suicide story is proportional to the amount, duration, and prominence of media coverage (see Gould, 2001, for review). A “dose-response” relationship has recently been reported by Etzersdorfer, Voracek, and Sonneck (2001) in an examination of the relationship between the regional distribution of a tabloid newspaper’s coverage of a celebrity suicide by firearms in Austria and an increase in firearm suicides. Nearly 40% of the variance in changes in suicide by firearm was attributable to the differential distribution of the tabloid. This is consistent with the dose-response effect first reported by Phillips (1974). In a quantitative analysis of 293 findings from 42 studies, Stack (2000) found that studies assessing the effect of the suicide of an entertainer or political celebrity were 14.3 times more likely to find a “copycat” effect than studies that did not. Furthermore, studies based on real suicides in contrast to fictional stories were 4.03 times more likely to find an imitation effect. Although Stack (2000) did not identify any age-specific effects, the impact of suicide stories on subsequent completed suicides has been reported to be greatest for teenagers (Phillips & Carstensen, 1986).

CONTAGION FROM FICTION

Fictional dramatizations (e.g., Fowler, 1986; Gould & Shaffer, 1986; Gould, Shaffer, & Kleinman, 1988; Hawton et al., 1999; Holding, 1974, 1975; Schmidtke & Hafner, 1988) also have been associated with an increase in suicide. Those who have tracked hospitalizations after a dramatic fictional portrayal have found effects. So, for example, after the airing of a TV movie that included an act of suicide, Ostroff, Behrends, Lee, and Oliphant (1985) and Ostroff and Boyd (1987) found an increase in hospitalization of adolescents who had attempted suicide. All of those interviewed reported having seen the program. A similar study of the six-part TV series “Death of a Student” in West Germany by Schmidtke and Hafner (1981) found an increase in suicides by adolescents and young adults in the 70 days following the airing of a TV movie showing a suicide by leaping into the path of a train. The number of suicides by that method increased as well. In England, a number of teams studied the effect of the portrayal of an attempted overdose in a popular British soap opera. Williams, Lawton, Ellis, Walsh, and Reed (1987) found an increase in attempts and Sandler, Connell, and Welsh (1986) found an increased use of the same method.

More recent research finds similar effects. Hawton and his colleagues (1999) found that a depicted overdose was followed by an increase in that type of self-poisoning in 49 English emergency rooms in the following weeks. Self-poisonings went up 17% in the week that followed the episode's airing and 9% in the second week. Of importance, "20% said that it had influenced their decision to take an overdose" and "17% said it had influenced their choice of drug" (Hawton et al., 1999, p. 972).

DISSENTING VOICES

In contrast to this ample body of literature supportive of the hypothesis that suicides dramatized in the media encourage imitation, a few studies have not reported an association between media reporting and subsequent suicides (Berman, 1988; Phillips & Paight, 1987) or found an association only among adolescent, not adult, suicides (Kessler, Downey, Stipp, & Milavsky, 1989). A highly publicized recent study by Mercy et al. (2001) found that exposure to media accounts of suicidal behavior and exposure to the suicidal behavior in friends or acquaintances were associated with a lower risk of youth suicide attempts compared to persons who had not recently attempted suicide. However, the interpretability of the findings is limited because (a) the media exposure measure was an aggregate of different types of media stories; (b) attempters may have had less exposure to media generally (e.g., read fewer books, fewer newspapers, etc.); (c) attempters had significantly more proximal stressors, possibly overshadowing their recollection of media exposure; (d) the timing of exposure was a 30-day interval, in contrast to most other studies, which examined a shorter interval following the exposure; and (e) nearly half of the sample was between 25 to 34 years of age, a group not particularly sensitive to imitation.

Another finding by Mercy et al. (2001)—no effect of parental suicide—also was inconsistent with the prevailing research literature. In contrast with this finding, a recent study (Cutler, Glaeser, & Norberg, 2001) using data from ADD Health, a nationally representative stratified random sample of U.S. high school students, found that teenagers who knew friends or family members who had attempted suicide were about 3 times more likely to attempt suicide than teens who did not know someone who had attempted suicide. There was support for the causality of the association because in an examination of two waves of data, teenagers who had not already made a suicide attempt in the first wave were more likely to attempt suicide by the second wave if they had a friend or relative attempt suicide. Stack's (2000) review of the literature indicates that methodological differences among studies examining the impact of the media are strong predictors of differences in the findings. A summary of interactive factors that may moderate the impact of media stories, including characteristics of the stories, individual reader/viewer attributes, and social context of the stories, is presented by Gould (2001).

ALTERNATIVE RESEARCH STRATEGIES

Recently, alternative research strategies have been introduced to study media influences. In contrast to the ecological designs that utilize death certificate data to study differential community suicide rates, the newer paradigms include experimental designs that examine youths' reactions to media dramatizations or written vignettes about suicide (e.g., Biblarz, Brown, Biblarz, Pilgrim, & Baldree, 1991; Gibson & Range, 1991), content-analytic studies that assess the specific display and content characteristics of media stories (e.g., Fekete et al., 2001; Fekete & Schmidtke, 1995; Michel, Frey, Schlaepfer, & Valach, 1995; Pirkis et al., 2002; Weimann & Fishman, 1995), and studies that directly assess suicide attempters following media displays (Hawton et al., 1999).

The existence of suicide contagion should no longer be questioned. The Surgeon General's report on Mental Health concluded that "evidence has accumulated that supports the observation that suicide can be facilitated in vulnerable teens by exposure to real or fictional accounts of suicide" (Surgeon General of the United States, 1999).

Because media influences may be more easily modifiable than some of the other factors that contribute to suicide, such as genetic vulnerability (Hawton & Williams, 2001), greater efforts need to be focused on the media's potential for preventive programming or reporting.

THE ROLE OF MEDIA GUIDELINES

Guidelines for the news. In view of the important role that media depictions may play in influencing vulnerable persons to attempt suicide, considerable attention has been devoted to the possible preventive effects of appropriate reporting of suicide in the news media. Indeed, studies have identified a decrease in suicides following the implementation of media guidelines (Etzersdorfer et al., 1992; Etzersdorfer & Sonneck, 1998; Sonneck, Etzersdorfer, & Nagel-Kuess, 1994) or during the cessation of news stories that occurred during newspaper strikes (Blumental & Bergner, 1973; Motto, 1970). As a result, several countries (e.g., Australia Department of Health and Aged Care, 1999) as well as the World Health Organization (2000) have developed guidelines for the reporting of suicide in the news media.

To ascertain the need for similar guidelines in the United States, the Annenberg Public Policy Center (APPC) conducted interviews with 59 journalists who had written stories about individual acts of suicide in major U.S. newspapers. The interviews revealed that disseminating the recommendations to reporters is an important activity. Many reporters did not appreciate the potential for suicidal contagion as a result of newspaper stories. Those who had heard of the phenomenon expressed doubts about its validity. As a result, the recommendations were written with the specific aim of dispelling doubts about the

TABLE 1: Suicide Stories in Nine Most Circulated Newspapers in 1998

<i>Newspaper</i>	<i>Number of Stories</i>	<i>% in First Nine Pages</i>	<i>% Referring to Suicide in Headline</i>
<i>Chicago Tribune</i>	159	78.0	63.5
<i>New York Daily News</i>	58	41.4	50.0
<i>Dallas Morning News</i>	181	44.8	45.9
<i>Houston Chronicle</i>	107	39.3	56.1
<i>Los Angeles Times</i>	176	71.0	71.0
<i>The New York Times</i>	90	67.8	54.4
<i>Newsday</i>	83	32.5	51.8
<i>USA Today</i>	35	91.4	25.7
<i>Washington Post</i>	83	84.3	71.1
Total	972	60.3	57.4

phenomenon of suicide contagion and providing suggestions for responsible coverage that reporters could implement.

APPC also examined recent reporting practices in the top-10 major newspapers in the United States.¹ This content analysis revealed that the opportunity for suicide contagion from stories in major newspapers is quite high. As seen in Table 1, although the number of stories covering a recent act of suicide in the United States varied greatly across the newspapers, five of the newspapers placed more than half of their stories on the first nine pages of the paper. In addition, seven out of nine newspapers featured suicide in at least half of their stories' headlines. An in-depth examination of *The New York Times* from 1990, 1995, and 1999 revealed that reports of suicide victims younger than age 25 were common. In both 1995 and 1999, more than 20% of the victims featured in suicide stories were younger than age 25, whereas the proportion of all national suicides that were younger than age 25 was only about 14%. In addition, whereas about 60% of the stories mentioned a cause or motive for the suicide, only about 8% mentioned depression as a possible precursor. These findings reinforced the need for guidelines for news reporting in the United States.

The appendix to this article contains the most recently released recommendations for journalists in the United States. These recommendations represent the consensus of suicide experts at several federal agencies as well as private foundations based on the research literature and theories of behavioral contagion. The statement suggests that reporters not give suicide stories undue prominence in newspapers or television news broadcasts. This includes avoiding sensational headlines that focus on the suicide, avoiding prominent placement in the newspaper or news broadcast, and avoiding detailed descriptions of the method. In addition, the recommendations call for a balanced description of suicide victims so that the victim is not presented as a model for those considering the same act. Finally, the recommendations suggest that whenever possible stories include the important role of mental disorders such as depression and substance abuse as

precursors to the act. This information about the victim's background not only provides context for the act but also opens the possibility for information about treatment. Nearly all of the mental disorders that precede suicide are treatable, and if vulnerable individuals sought care rather than focusing on suicide as a solution to their problems, many suicides might be prevented.

The need for guidelines for fictional programming. Guidelines for the treatment of fictional portrayals of suicide in film and television have not been developed. One lack of support for such guidelines has been the absence of evidence for the prevalence of suicide portrayal in such popular culture channels as television and film. Young people (age 12-24) represent 40% of moviegoers, a 9% increase in frequent movie-going in half a decade (see the Motion Picture Association of America Web site at mpaa.org/useconicreview/2001AttendanceStudy/sld001.htm). Because young people are disproportionately represented in movie theater audiences, it is important to understand the effects on them of fiction portrayals of suicide in film.

On the assumption that the effects of filmic portrayal are consistent with depictions in other popular media, Jamieson (2002) tracked portrayal of suicide in U.S. films from 1917 to 1997. To identify films that depicted suicide, he constructed a list from the Internet Movie Database (IMD) (www.imdb.com). This site is a professionally maintained database of movie plot summaries collected by interested contributors. To establish a rate, Jamieson divided the number of films that contained suicide in the plot for each year by the number of films released in that year (see Figure 1).

One limitation of the IMD database is that it only contains information for films that were summarized by contributors. The American Film Institute's database (www.afi.com) contains summaries of all films released in the U.S. for the years 1917 to 1950. A comparison of these two sources indicates high agreement for the years of overlap ($r = .62$), suggesting that the IMD provides a valid picture of trends in movies containing suicide in the plot summary. Furthermore, the rates shown in Figure 1 provide support for the concern that filmic portrayal of suicide has increased in recent decades to the point where nearly 1 in 10 films now depicts a suicide or suicide attempt.

To establish a rate for films by year, Jamieson divided the number of films that portrayed suicide in a year by the number of films released that year. These rates shown in Figure 1 provide support for the concern that filmic portrayal of suicide has increased in recent decades to the point where nearly 1 in 10 films now depicts a suicide or suicide attempt.²

A separate content analysis of depictions of suicide in the top-30 box office films distributed from 1950-2000 in the United States identified 96 films with at least one suicide portrayal (Jamieson, 2002). Furthermore, the proportion of filmic suicides showing characters younger than age 25 has been higher than the proportion of actual suicides attributable to this age group, a phenomenon that appears to have characterized top-selling films since at least the 1960s (see Figure 2).

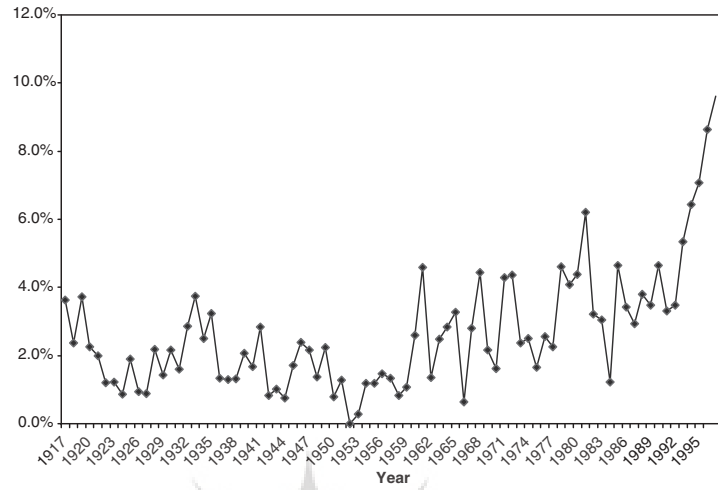


Figure 1: Suicide Movies as a Percentage of Total Movies Produced, 1917-1997
 SOURCE: The rise in films with suicidal portrayal is based on a compilation of plot summaries contained in the Internet Movie Database (www.imdb.com).

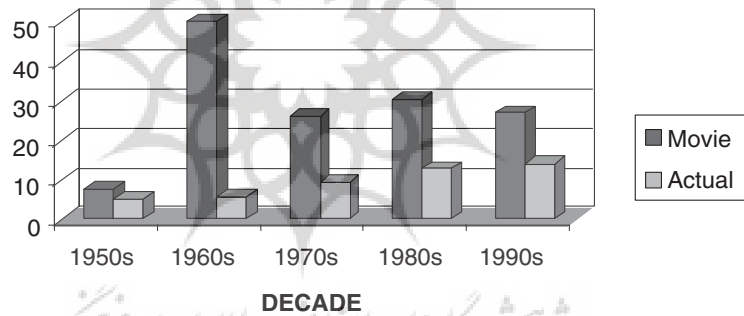


Figure 2: Younger Than Age 25 Suicide Rates Versus Younger Than Age 25 Movie Suicide Rates

NOTE: This figure depicts the percentage of top-30 box office films by decade with characters younger than age 25 who either committed or attempted to commit suicide compared to the actual percentage of deaths due to suicide in the same decade in the United States.

If, as the suicide contagion literature suggests, the young are particularly susceptible to model acts committed by those of the same age group, the increase in the depiction of suicide in film is cause for concern. Developing guidelines for fictional portrayal similar to those created for news coverage would be desirable.

In summary, the substantial evidence that vulnerable youth are susceptible to the influence of reports and portrayals of suicide in the mass media underscores

the importance of educating media professionals about the potential for suicide imitation and ways to avert it.

APPENDIX

Reporting on Suicide: Recommendations for the Media

**American Foundation for Suicide Prevention
American Association of Suicidology
Annenberg Public Policy Center
Developed in collaboration with
Office of the Surgeon General •
Centers for Disease Control and Prevention •
National Institute of Mental Health • Substance Abuse and
Mental Health Services Administration**

The media can play a powerful role in educating the public about suicide prevention. Stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. They also can highlight opportunities to prevent suicide. Media stories about individual deaths by suicide may be newsworthy and need to be covered but they also have the potential to do harm. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates (Etzersdorfer & Sonneck, 1998; Sonneck, Etzersdorfer, & Nagel-Kuess, 1994).

Certain ways of describing suicide in the news contribute to what behavioral scientists call “suicide contagion” or “copycat” suicides (Gould, 2001; Schmidtke & Hafner, 1988).

Research suggests that inadvertently romanticizing suicide or idealizing those who take their own lives by portraying suicide as a heroic or romantic act may encourage others to identify with the victim (Fekete & Schmidtke, 1995).

Exposure to suicide method through media reports can encourage vulnerable individuals to imitate it (Fekete & Macsai, 1990). Clinicians believe the danger is even greater if there is a detailed description of the method. Research indicates that detailed descriptions or pictures of the location or site of a suicide encourage imitation (Sonneck et al., 1994).

Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim (Fekete & Schmidtke, 1995).

SUICIDE AND MENTAL ILLNESS

DID YOU KNOW?

- More than 90% of suicide victims have a significant psychiatric illness at the time of their death. These are often undiagnosed, untreated, or both. Mood disorders and substance abuse are the two most common (Barraclough & Hughes, 1987; Brent et al., 1993; Conwell et al., 1996; Robins, 1981; Shaffer et al., 1996).

- When both mood disorders and substance abuse are present, the risk for suicide is much greater, particularly for adolescents and young adults (Brent et al., 1993; Shaffer et al., 1996).
- Research has shown that when open aggression, anxiety, or agitation is present in individuals who are depressed, the risk for suicide increases significantly (Fawcett, 1990; Mann, Waternaux, Haas, & Malone, 1999; Soloff, Lynch, Kelly, Malone, & Mann, 2000).

The cause of an individual suicide is invariably more complicated than a recent painful event such as the breakup of a relationship or the loss of a job. An individual suicide cannot be adequately explained as the understandable response to an individual's stressful occupation or an individual's membership in a group encountering discrimination. Social conditions alone do not explain a suicide (Gould, Fisher, Parides, Flory, & Shaffer, 1996; Moscicki, 1999). People who appear to become suicidal in response to such events, or in response to a physical illness, generally have significant underlying mental problems, although they may be well hidden (Barracough & Hughes, 1987).

QUESTIONS TO ASK

- Had the victim ever received treatment for depression or any other mental disorder?
- Did the victim have a problem with substance abuse?

ANGLES TO PURSUE

- Conveying that effective treatments for most of these conditions are available (but underutilized) may encourage those with such problems to seek help.
- Acknowledging the deceased person's problems and struggles as well as the positive aspects of his or her life or character contributes to a more balanced picture.

INTERVIEWING SURVIVING RELATIVES AND FRIENDS

Research shows that during the period immediately after a death by suicide, grieving family members or friends have difficulty understanding what happened. Responses may be extreme, problems may be minimized, and motives may be complicated (Ness & Pfeffer, 1990).

Studies of suicide based on in-depth interviews with those close to the victim indicate that in their first, shocked reaction, friends and family members may find a loved one's death by suicide inexplicable or they may deny that there were warning signs (Barracough, Bunch, Nelson, & Sainsbury, 1974; Brent, Perper, Kolko, & Zelenak, 1988). Accounts based on these initial reactions are often unreliable.

ANGLES TO PURSUE

- Thorough investigation generally reveals underlying problems unrecognized even by close friends and family members. Most victims do, however, give warning signs of their risk for suicide (see the Web site for the American Foundation for Suicide Prevention for further information: www.afsp.org).
- Some informants are inclined to suggest that a particular individual, for instance, a family member, a school, or a health service provider, in some way played a role in

the victim's death by suicide. Thorough investigation almost always finds multiple causes for suicide and fails to corroborate a simple attribution of responsibility.

CONCERNS

- Dramatizing the impact of suicide through descriptions and pictures of grieving relatives, teachers or classmates, or community expressions of grief may encourage potential victims to see suicide as a way of getting attention or as a form of retaliation against others.
- Using adolescents on TV or in print media to tell the stories of their suicide attempts may be harmful to the adolescents themselves or may encourage other vulnerable young people to seek attention in this way.

LANGUAGE

Referring to a "rise" in suicide rates is usually more accurate than calling such a rise an "epidemic," which implies a more dramatic and sudden increase than what we generally find in suicide rates. Research has shown that the use in headlines of the word *suicide* or referring to the cause of death as self-inflicted increases the likelihood of contagion (Phillips, Lesyna, & Paight, 1992).

RECOMMENDATIONS FOR LANGUAGE

- Whenever possible, it is preferable to avoid referring to suicide in the headline. Unless the suicide death took place in public, the cause of death should be reported in the body of the story and not in the headline.
- In deaths that will be covered nationally, such as of celebrities, or those apt to be covered locally, such as persons living in small towns, consider phrasing for headlines such as "Marilyn Monroe dead at 36" or "John Smith dead at 48." Consideration of how they died could be reported in the body of the article.
- In the body of the story, it is preferable to describe the deceased as "having died by suicide" rather than as "a suicide" or having "committed suicide." The latter two expressions reduce the person to the mode of death or connote criminal or sinful behavior.
- Contrasting "suicide deaths" with "non-fatal attempts" is preferable to using terms such as "successful," "unsuccessful," or "failed."

SPECIAL SITUATIONS

CELEBRITY DEATHS

Celebrity deaths by suicide are more likely than noncelebrity deaths to produce imitation (Wasserman, 1984). Although suicides by celebrities will receive prominent coverage, it is important not to let the glamour of the individual obscure any mental health problems or use of drugs.

HOMICIDE-SUICIDES

In covering murder-suicides, be aware that the tragedy of the homicide can mask the suicidal aspect of the act. Feelings of depression and hopelessness present before the ho-

micide and suicide are often the impetus for both (Nock & Marzuk, 1999; Rosenbaum, 1990).

SUICIDE PACTS

Suicide pacts are mutual arrangements between two people who kill themselves at the same time, and are rare. They are not simply the act of loving individuals who do not wish to be separated. Research shows that most pacts involve an individual who is coercive and another who is extremely dependent (Fishbain, D'Achille, Barsky, & Aldrich, 1984).

NOTE: These new, unified recommendations were released at a press conference on August 9, 2001, at the National Press Club in Washington, DC. They were developed at a consensus workshop co-sponsored by Annenberg Public Policy Center and the American Foundation for Suicide Prevention. Workshop participants also included the American Association of Suicidology, Office of the Surgeon General, Centers for Disease Control and Prevention, National Institute of Mental Health, Substance Abuse and Mental Health Services Administration, World Health Organization, National Swedish Centre for Suicide Research, and New Zealand Youth Suicide Prevention Strategy.

NOTES

1. Although the top-10 newspapers include the *Wall Street Journal*, virtually no suicide reporting was found in this year.
2. This analysis is limited by its reliance on an index of suicides created by others. Moreover, the simple existence of suicide in a plot may not be sufficient to produce contagion.

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