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EDITORIAL 1

Suicide reporting in mass media in the state of Magdalena, Colombia

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In 2016 and 2017, the suicide rate in Colombia went up from 5.20 to 5.72, respectively. The same trend was observed for the State of Magdalena for the same period with an increase in the rates that went from 3.37 in 2016 and 4.27 per one hundred thousand inhabitants in 2017^{1,2}. The suicide rate in the State of Magdalena occupies third place among the departments of the Colombian Caribbean region¹.

Suicidal behavior is related to a broad set of variables or determinants that interact in a complex manner^{3,4}. From the perspective of public health, a number of measures have been deemed effective for early detection and adequate management of depressive episodes. These include, restricted access to suicide methods, appropriate monitoring of suicide attempt cases, and discreet reporting of such events in the media^{5,6}.

In the State of Magdalena, the mass media tends to cover stories about people who commit suicide using sensationalist means. This is far removed from the recommendations made by the World Health Organization and other national mental health organizations on how to cover such news^{7,8}. For several decades now, we have known about the positive and negative effects that can be observed according to how suicide stories are handled in the media⁷⁻¹¹.

The most frequently studied negative or risk effect is the phenomenon of copycat suicide, commonly known as the Werther effect, after the literary work of Johann Wolfgang von Goethe, "The Sorrows of Young Werther." On the other hand, we have the positive or protective effect of the reduction of self-harm behavior based on news that presents some individuals' decision to desist from committing suicide. This effect is called the Papageno effect, named after the opera character in "The Magic Flute" by Wolfgang Amadeus Mozart. Papageno was contemplating suicide when three child-

spirits convinced him otherwise, and, following this, his wish to get married and have many children came true¹².

The reporting of suicide events in the media does not, in any way, reflect the official rate. It could be considered that this mercantilist handling of suicidal behavior in the media in Santa Marta and the State of Magdalena is something proper to parts of the developing world. However, it is evident that the inappropriate handling of suicide related news also occurs in cities and countries with higher levels of financial and technological development⁹.

Below are a number of guidelines on how to handle news about suicide in the media^{7-9,13}:

1. Avoid excess coverage by giving excess prominence, repeating stories, or the use of scandalous headlines.
2. Use moderate language, reducing sensationalism, or present constructive solutions to the management of vital problems.
3. Avoid giving simplistic or superficial reasons for suicide such as suicide being the result of a single cause or event, or blaming social networks, etc.
4. Elude providing details on the place and method of suicide; in particular, those that can be novel or innovative, as well as photographs that can render the person popular or that show striking graphic representations.
5. Facilitate information on where to go to seek help.
6. Educate the public in relation to the reality, myths, and strategies for the prevention of suicide and the stigma and discrimination associated to it.

7. Present cases on the management of stressful situations or suicidal thinking and how to ask for either informal or professional help.
8. Have especial care in the display of the suicide of celebrities.
9. Be especially careful when interviewing survivors: grieving partners, friends or relatives.
10. Consider that the handling of these topics may negatively affect professionals in the media. It is recommended that such topics should be handled by health journalists and not journalist specializing in crime and violence.

Today, many of the triggers for suicide are as yet unknown^{3,4}. However, it is important to implement all the strategies that have proved to be useful in some way as preventative measures for public health⁷⁻¹⁰. The media can help to prevent suicidal behaviour^{5,6}, however, this requires both government regulation and the self-regulation of the media outlets as a form of the real and verifiable expression of their social commitment, their respect for human rights, and their interest in collective well-being¹⁴.

Suicide has an immeasurable negative impact in different spheres and contexts: relatives, friends, communities, and society in general. Thus, any measure that can save even just one life has to be considered necessary¹⁵.

BIBLIOGRAPHIC REFERENCES

1. Montoya, B. Comportamiento del suicidio en Colombia, 2017. *Forensis*. 2018; 19 (1): 349-83.
2. Rodríguez JM. Comportamiento del suicidio, 2016. *Forensis*. 2017; 18 (18): 402-36.
3. Hawton K, van Heeringen K. Suicide. *Lancet*. 2009; 373 (9672): 1372-81.
4. Campo-Arias A, Caamaño BH. Comportamientos autolesivos. En: Pedrozo-Pupo JC, Celemín-Guete GJ. *Guía de decisión en urgencias medicina del adulto (GUMA)*. Santa Marta: Editorial Unimagdalena; 2018. pp. 217-27.
5. Mann JJ, Apter A, Bertolote J, Beautris A, Currier D, Hass A, et al. Suicide prevention strategies. A systematic review. *JAMA*. 2005; 294 (16): 2064-74.
6. Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, et al. Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry*. 2016; 3 (7): 646-59.
7. Preventing suicide: a resource for media professionals, update 2017. World Health Organization. Geneva; 2017.
8. Sinyor M, Schaffer A, Heisel MJ, Picard A, Adamson G, Cheung CP, et al. Media guidelines for reporting on suicide: 2017 update of the Canadian Psychiatric Association policy paper. *Can J Psychiatry*. 2018; 63 (3): 182-96.
9. Sisask M, Värnik A. Media roles in suicide prevention: a systematic review. *Int J Environm Res Public Health*. 2012; 9 (1): 123-38.
10. Till B, Tran U, Voracek M, Niederkrotenthaler T. Papageno vs. Werther Effect online: randomized controlled trial of beneficial and harmful impacts of educative suicide prevention websites. *Br J Psychiatry*. 2017; 211 (2): 109-15.
11. Fahey RA, Matsubayashi T, Ueda M. Tracking the Werther Effect on social media: Emotional responses to prominent suicide deaths on twitter and subsequent increases in suicide. *Soc Sci Med*. 2018; 219 (1): 19-29.
12. Yom-Tov E, Fischer SH. The Werther Effect revisited: Measuring the effect of news items on user behavior. In proceedings of the 26th International Conference on World Wide Web Companion International World Wide Web Conferences Steering Committee; 2017.
13. Campo-Arias A, Herazo E. El complejo estigma-discriminación asociado a trastorno mental como factor de riesgo de suicidio. *Rev Colomb Psiquiatr*. 2015; 44 (4): 243-50.
14. Rodríguez-Wangüemert C, Martínez-Torvisco J. Human rights through the paradigm changes of the social communication theories. *Int Rev Sociol*. 2017; 27 (2): 230-40.
15. Honeycutt A, Praetorius RT. Survivors of suicide: Who they are and how do they heal? *Illness Crisis Loss*. 2016; 24 (2): 103-18.