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Date: 16<sup>th</sup> May 2005

Sir Christopher Meyer  
Chairman  
Press Complaints Commission  
1 Salisbury Square  
London EC4Y 8JB

*Tim*  
*May I, pl., have a*  
*draft reply?*

*C. 23/5*

Dear Sir Christopher

Reducing the national suicide rate is a current government target that requires action across all sectors, including the media. The Department of Health National Suicide Prevention Strategy (2002) priorities the "improved reporting of suicidal behaviour in the media" (Goal 4).

The strategy recognises that:

*"Media of all kinds have a significant impact on our behaviour. There is evidence that reporting of suicide in the media can increase the rate of suicide, especially among young people already at risk. By limiting some aspects of the reporting of suicide and by portraying it in ways which may discourage imitation, the media can make an important contribution to prevention."*

The impact of the media on suicidal behaviour seems to be most likely when a method of suicide is specified—especially when presented in detail—when the story is reported or portrayed dramatically and prominently—for example with photographs of the deceased or large headlines—and when suicides of celebrities are reported (Hawton & Williams, 2002, BMJ).

The Samaritans have produced guidelines for the media on the reporting of suicides. These are available to download at: [www.samaritans.org](http://www.samaritans.org) or by emailing [communications@samaritans.org](mailto:communications@samaritans.org)

The Presswise Trust has also developed guidelines for the media, available at [www.presswise.org.uk](http://www.presswise.org.uk)

Key points from both pieces of guidance include:

- Improve the placing of responsible articles on suicide prevention in the media.
- Reduce sensationalism and positive tone about suicide in reports
- Promote the inclusion of facts about suicide and the avoidance of reference to means of suicide in reports.
- Improve population awareness of the potential benefits of help-seeking in times of crisis, by promoting media portrayal of suicidal people seeking help and gaining benefit.
- Influence the training of journalists to ensure that they report issues about mental illness and suicidal behaviour in an informed and sensitive manner.

Also key is the need to include this area in training for media careers and to highlight any inappropriate media portrayal. This should encourage producers and editors to remain aware of their potentially influential role in future suicides.

I would also refer you to the USA Code of Good Practice.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Ashton', with a stylized flourish at the end.

**Professor John R Ashton**  
**Regional Director of Public Health/Regional Medical Officer**

Letter also sent to:  
Tim Toulman, Director  
William Gore, Assistant Director

designed so that not too much sweat runs off in drops. On the hand, visible sweat appears only during stress; at other times it is largely insensible. The sternal tuft of chest hair, the supraorbital ridges, and the upper lip and chin each pose "morphological checks to slow the rate of descent of a sweat drop" and thus "win time for evaporation". The concentration of eccrine sweat glands on the head contributes to its importance as radiator, convector, and evaporator. The laws of physics show that wind is faster the higher one goes above the ground—another good reason to stand upright where the head can do its heat loss job most effectively. Human beings possess a "suite of adaptations" which ensures that sweat stays on the skin surface and is "not lost in drops on the ground," without which intravascular volume would rapidly become depleted, and without which, therefore, we could not run marathons.

Jeffrey D Bernhard

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### Preventing epidemic suicide in young people

My heart sank last month when I read of the suicide of Charlotte Thompson, a student who hanged herself because she believed that the results of her school leaving examinations (A levels) would not be good enough to win her a place at university. It sank from a feeling of grief for her and her family and from having to acknowledge once again the madness that has befallen our society, where competition has become addictive while our sense of common wealth has almost vanished. But it also sank out of fear—the fear that a highly publicised suicide such as this, taking place in the charged atmosphere that surrounds the annual circus of publishing results of public examinations, could produce exactly the kind of suicidogenic conditions that lead to contagion, especially in the young.

Although some have sought to deny the link with media reportage, that there is such a link, especially for young people, seems to me to be beyond reasonable doubt. I believe that the media should be required to adopt a strict code of practice in suicide reporting until they can prove that there is no causal link.<sup>1-5</sup>

Because of the complexity of the interaction between suicide victims and their social environment, hard evidence of a cause and effect nature in suspected clusters can be hard to come by. One case-control study found various pre-existing risk factors among the cases in two clusters.<sup>6</sup> To understand contagion in suicide in ways that can provide practical guidance, one has to revisit the original suicide research of Emile Durkheim, which firmly grounded the phenomenon in its social context over 100 years ago.<sup>7</sup> What Durkheim showed was that levels of suicide in any particular population reflect the social characteristics of that population—there is such a thing as society and suicide rates are an indicator of its health. Contagion in this context conforms to a kind of perverse serendipity—suicidal contagion favours the prepared mind for whatever reasons of individual predisposition. That should be an argument for focusing on environmental factors that are amenable to manipulation rather than for concentrating exclusively on individual psychopathology as many clinicians prefer to do.

Fortunately, the US Department of Health and Human Services have done us all a good service by convening a workshop on suicide contagion and by publishing a report of its very practical recommendations.<sup>8</sup> The main points are that publicly presented explanations of suicide should reflect the complexity of the underlying issues and should not imply that suicide occurs as a result of a single factor; that repetitive and excessive news reporting should be discouraged, as should sensational coverage and "how-to" descriptions of the method; that suicide should not be presented as a tool for accomplishing certain ends; and that there should not be an excessive focus on the positive characteristics of the suicide victims or outright glorification, which sometimes occurs with public figures especially. What is needed now is for these recommendations to be translated into a robust code of practice to be adopted by all forms of live and print media.

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- 1 Barraclough B, Shepherd D, Jennings C. Do newspaper reports of coroners inquests incite people to commit suicide? *Br J Psychiatry* 1977; 131: 528-32.
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**Suicide Contagion and the  
Reporting of Suicide:  
Recommendations from  
a National Workshop**

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perspectives on this problem and explore ways in which suicide, especially suicide among persons 15–24 years of age, could be reported with minimal potential for suicide contagion and without compromising the independence or professional integrity of news media professionals.

A set of general concerns about and recommendations for reducing the possibility of media-related suicide contagion were developed at this workshop, and characteristics of news coverage that appear to foster suicide contagion were described. This report summarizes these concerns, recommendations, and characteristics and provides hypothetical examples of news reports that have high and low potential for causing suicide contagion (see Appendix).

### GENERAL CONCERNS AND RECOMMENDATIONS

The following concerns and recommendations should be reviewed and understood by health professionals, suicidologists, public officials, and others who provide information for reporting of suicide:

- **Suicide is often newsworthy, and it will probably be reported.**

The mission of a news organization is to report to the public information on events in the community. If a suicide is considered newsworthy, it will probably be reported. Health-care providers should realize that efforts to prevent news coverage may not be effective, and their goal should be to assist news professionals in their efforts toward responsible and accurate reporting.

- **"No comment" is not a productive response to media representatives who are covering a suicide story.**

Refusing to speak with the media does not prevent coverage of a suicide; rather, it precludes an opportunity to influence what will be contained in the report. Nevertheless, public officials should not feel obligated to provide an immediate answer to difficult questions. They should, however, be prepared to provide a reasonable timetable for giving such answers or be able to direct the media to someone who can provide the answers.

- **All parties should understand that a scientific basis exists for concern that news coverage of suicide may contribute to the causation of suicide.**

Efforts by persons trying to minimize suicide contagion are easily misinterpreted. Health officials must take the time to explain the carefully established, scientific basis for their concern about suicide contagion and how the potential for contagion can be reduced by responsible reporting.

- **Some characteristics of news coverage of suicide may contribute to contagion, and other characteristics may help prevent suicide.**

Clinicians and researchers acknowledge that it is not news coverage of suicide *per se*, but certain types of news coverage, that promote contagion. Persons concerned with preventing suicide contagion should be aware that certain characteristics of news coverage, rather than news coverage itself, should be avoided.

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- **Providing sensational coverage of suicide.**

By its nature, news coverage of a suicidal event tends to heighten the general public's preoccupation with suicide. This reaction is also believed to be associated with contagion and the development of suicide clusters. Public officials can help minimize sensationalism by limiting, as much as possible, morbid details in their public discussions of suicide. News media professionals should attempt to decrease the prominence of the news report and avoid the use of dramatic photographs related to the suicide (e.g., photographs of the funeral, the deceased person's bedroom, and the site of the suicide).

- **Reporting "how-to" descriptions of suicide.**

Describing technical details about the method of suicide is undesirable. For example, reporting that a person died from carbon monoxide poisoning may not be harmful; however, providing details of the mechanism and procedures used to complete the suicide may facilitate imitation of the suicidal behavior by other at-risk persons.

- **Presenting suicide as a tool for accomplishing certain ends.**

Suicide is usually a rare act of a troubled or depressed person. Presentation of suicide as a means of coping with personal problems (e.g., the break-up of a relationship or retaliation against parental discipline) may suggest suicide as a potential coping mechanism to at-risk persons. Although such factors often seem to trigger a suicidal act, other psychopathological problems are almost always involved. If suicide is presented as an effective means for accomplishing specific ends, it may be perceived by a potentially suicidal person as an attractive solution.

- **Glorifying suicide or persons who commit suicide.**

News coverage is less likely to contribute to suicide contagion when reports of community expressions of grief (e.g., public eulogies, flying flags at half-mast, and erecting permanent public memorials) are minimized. Such actions may contribute to suicide contagion by suggesting to susceptible persons that society is honoring the suicidal behavior of the deceased person, rather than mourning the person's death.

- **Focusing on the suicide completer's positive characteristics.**

Empathy for family and friends often leads to a focus on reporting the positive aspects of a suicide completer's life. For example, friends or teachers may be quoted as saying the deceased person "was a great kid" or "had a bright future," and they avoid mentioning the troubles and problems that the deceased person experienced. As a result, statements venerating the deceased person are often reported in the news. However, if the suicide completer's problems are not acknowledged in the presence of these laudatory statements, suicidal behavior may appear attractive to other at-risk persons—especially those who rarely receive positive reinforcement for desirable behaviors.

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# Suicide in the media

Any suicide is a newsworthy event. The fact that an individual has chosen to end his or her life, deliberately and prematurely, attracts the attention of the public.

Dr John Connolly explains how efforts are being made in Ireland to educate the media about the portrayal of suicide and suicidal behaviour in news items and drama.

## Dealing with the media

Professionals in the health field need special training in dealing with the media. In terms of mental health, this must start with an examination of our own prejudices about mental illness. The fashion in which the media portray mental illness and the stereotyped, negative view of psychiatry, are reasons why many people fail to seek help for what are in effect life threatening, though in most cases, treatable illnesses.

In addition we must challenge the myths we have and share, with the general population, about suicide. Many health matters, suicide included, are newsworthy and will and must be reported. If health officials are not to impart information, the reporters must do the best they can with the data available to them. In many respects organisations such as health authorities (and I speak as someone who works in a hospital) try to control the media too much and are too slow to respond to requests for information. This often happens because we health professionals are unaware of the pressure and deadlines under which the media work.

The United States Centers for Disease Control and Prevention in its guidelines for the reporting of suicide states that "when information is provided for the media, it should be given in an efficient and accurate manner". In addition they point out that "no comment or a general refusal to speak to the media is not a useful response". Responses such as these may create an adversarial relationship with the media and miss the chance to influence and shape the information that is made known to the public. This can be especially important in the case of suicide reporting.

## Suicide in the media

The phenomenon of suicide contagion, cluster suicides or copycat suicide has long been recognised. This is often known as the 'Werther effect' after a novel by Goethe *The Sorrows of young Werther*, written in 1774. In the novel, young Werther, rejected and unrequited in love, takes his life by shooting himself. Following the publication of the book many young men throughout Europe apparently, in the same plight, followed his example. This caused such concern that the book was banned in many European countries, as the authorities feared a wave of suicides.

Suicides or suicidal acts are often followed by further suicidal behaviour in susceptible individuals who have known the person who took their own life. The same is true of suicides reported in the mass media.

A cluster is defined by an unexpected statistically significant increase in the number of suicides in a given time frame related to the suicide or death of a prominent person in the community with whom susceptible persons can identify. At one time it was thought that this phenomenon was due to bringing forwards in time suicides that would have occurred in any case. Statistical analysis of the various studies shows that this is not the case. This means that copycat suicide is a group of potentially preventable deaths.

We must be careful not to oversimplify or to give the impression that people commit suicide on the basis of media portrayal of suicide alone. Suicide is the end of a long chain of events influenced by biological, social, cultural and psychological forces.



In these cases the media may be no more than a catalyst for suicide in vulnerable people.

Increasingly tolerant or accepting attitudes to suicidal behaviour may have the effect of lowering the threshold at which people turn to suicide as a means of solving their problems. It is important to ensure that this suggestion is dealt with in educational programmes about suicide.

### Research findings

Copycat suicides are a phenomenon of young people accounting for between 1 and 13 percent of all suicides in the 15-19 years age group. It has been demonstrated that newspaper and TV reports and films have a disproportionate influence on young people, especially when the models are young.<sup>1-5</sup>

**Adolescents more than adults are susceptible to media influences. As they are building their identity they are always on the look out for role models.**

The middle-aged and elderly are perhaps less susceptible to suggestion. There is, however, evidence that the elderly may also be susceptible to copycat phenomena.<sup>6</sup> The middle-aged, being more integrated into society may be better protected than the young or the old. Adolescents more than adults are susceptible to media influences. As they are building their identity they are always on the look out for role models. In this process total strangers may be idealised on the basis of their music or looks.

If the suicidal act is presented as understandable and appropriate or even heroic, it may appear as a reaction worthy of imitation and inspire someone, who for whatever reason is in a desperate situation, to think of suicide as the most suitable solution to their problems.

Increased suicide rates after exposure to fictional films or television newscasts about suicide have been frequently studied.<sup>3,7,8,9</sup> In addition to the increases in suicide rates, increases have been shown to occur in the use of particular methods of

suicide following their portrayal in broadcasts or in the print media.<sup>4,7,8,9</sup>

A key mechanism in cluster suicides is identification. People who are feeling hopeless and beyond help can strongly identify with those who have chosen suicide to solve their problems; immature impressionable people may be easily influenced unless alternative coping strategies are presented. Among other factors, imitation effects depend on the characteristics of the model for example age, sex, gender, race and social status. The extent to which the behaviour of the model is reinforced by being presented as positive, or otherwise approved, is also an important factor.

The majority of adolescents are aware of suicide and suicidal behaviour occurring in their neighbourhood. Studies show that adolescents who reported having attempted suicide also know more peers and family who attempted or committed suicide.<sup>10-12</sup>

Following the tragic suicide of the noted pop singer Kurt Cobain in Seattle in 1994 the expected rise in copycat suicide among local fans did not occur in that city.<sup>8</sup> This was thought to be due to the sensitive reporting of the event in the local media. Reports did not glamorise the suicide and succeeded in separating the man and his music. The reporting succeeded in portraying the suicide as a tragic waste of a talented life and an unreasonable and useless way of solving personal problems. There seems to have been close cooperation between the local health authorities and the media. In addition to the reporting of the suicide the media published the numbers of helplines and helping agencies. The number of calls to these services increased dramatically in the subsequent days and weeks.

### Guidelines on good practice

There are many good studies of this topic, not least the paper prepared as part of the World Health Organization initiative for the prevention of suicide. This may be obtained on the Internet via the WHO site. The World Health Organization guidelines on media coverage of suicide include many points that have been incorporated into the majority of national and local guidelines. The most important of these are:

- sensational journalism describing the suicide victim's attitude as courageous or desirable should be avoided;
- there should be no pictures;
- detailed descriptions of the method used should be avoided;
- the suicide should not be romanticised or described as inexplicable or mysterious;
- it is crucial to avoid glorifying or making a martyr of or creating a mystique around the suicide victim;
- psycho-social circumstances that played a part in the death must be detailed;

- positive examples can be described and advice given on how to resolve severe conflicts;
- the physical consequences of serious suicide attempts such as brain damage or paralysis can be described;
- names and telephone numbers of sources of assistance should be presented.

The interesting fact is that while these points are aimed at journalists they bespeak the attitude of many people in the health profession who should be aware of the complexity of suicide.

### Growth of the Internet

In discussing the media we must not forget the Internet. There are numerous sites on the Web devoted to the promotion of mental health and the prevention of suicide. Some of these are aimed at the dissemination of information and the education of professionals. Many pharmaceutical companies have also developed useful sites disseminating information on everything from depression, schizophrenia and Alzheimer's disease to promotion of their own products.

A number of organisations such as The Irish Association of Suicidology (IAS - <http://www.ias.ie>), the American Association of Suicidology (AAS - <http://www.suicidology.org/>), the Samaritans (<http://www.samaritans.org.uk/>), the World Federation for Mental Health (<http://www.wfmh.com/>) and the International Association for Suicide Prevention (IASP <http://www.who.int/ina-ngo/ngo/ngo027.htm>) are also accessible on-line.

We must be alert to the fact that there are other more sinister sites available which appear to actively promote suicide. They provide detailed instructions as to how to complete the act. Many of them have chat rooms where people can post their suicide notes. There is some evidence that suicide pacts have been made and completed over the net. Young men are the group most vulnerable and the most likely to take their own lives in western society at the present time. They are also the group that uses the Internet most. It is a worrying thought that those most vulnerable in our society are the most likely to come across these sinister sites and that little can be done to control or limit access to them.

*Dr John Connolly is a Consultant Psychiatrist at St Mary's Hospital Castlebar, Secretary of the Irish Association of Suicidology and proprietor of the Connaught Telegraph, Castlebar.*

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# The epidemic of suicide by fire

John Ashton

On 2 October 1978, Lynette Phillips, a 24 year old Australian heiress, burned herself to death in front of the Palais de Nations in Geneva. She had been arrested in London the previous week and deported after saying that she would kill herself in Parliament Square.

She was a member of the Ananda Marga sect, one of several branches of an organisation led by the seer philosopher, P. R. Sarkar, which claims four million members throughout the world. Sarkar's organisation is called PROUT (Progressive Utilisation Theory), and it maintains that it is seeking to change the world order by non-political means. In its opposition to corruption, PROUT had come into conflict with the Indian administration and Sarkar had been imprisoned. Subsequently, Proutist members were involved in violent protest in Australia (which included bombing) and there were plans to attack the Indian High Commissioner in London. And by the time of Lynette Phillips's death in October, seven other sect members had burned themselves to death.

In a statement prepared by Lynette Phillips and issued by PROUT in Denmark, the reasons for her action were explained. They amounted to a wide-ranging idealistic manifesto. Underlying it was the belief that Proutist ideas could lead to a new social order devoid of exploitation, misery and injustice.

Three days after Lynette Phillips's death, Pamela Evans Cooper, a director of Fortnum and Mason, committed suicide on the banks of the Thames at Windsor in an apparent imitation. She spoke to some anglers before sitting down at the water's edge, pouring petrol over herself and setting herself ablaze. Miss Cooper has been suffering from diabetes and had become depressed at the prognosis of her condition.

Within two weeks, a 34 year old Lancashire woman and a 19 year old London Asian man had died in this painful and often slow way, and by the end of the month there had been ten suicides by fire in England and Wales. In addition English newspapers carried reports of six overseas cases of self-burning: one in India, two in Australia and three in New Zealand.

By 1 October 1979, twelve months after Lynette Phillips's death, there had been 82 deaths by self-burning in England and Wales where a verdict of suicide was found, and several other suspicious deaths where open verdicts had been recorded. In addition, several burns treatment units reported cases of non-fatal suicidal attempts.

A preliminary analysis of 42 cases by Dr Stuart Donnan and myself, which was published in the *British Medical Journal* in Sep-

tember 1979, found that exactly half were male and half female, and that 31 per cent of the men and 40 per cent of the women had a known history of psychiatric disturbance. Ten of the men and twelve of the women had been receiving psychiatric care, mainly for depression, and four of the men had been diagnosed as schizophrenic. In only one of the 36 cases where details were available, was there no history of psychiatric or personality disorder. In none of the cases was there any suggestion that the suicide was intended as a political protest.

Faced with a terrible fashion of this kind, where media exposure is undoubtedly implicated, the responsible reaction can be either to hush it up or to examine the issues critically. I believe that the latter course is the only acceptable one in our society: it could encourage the press to change their reporting of suicides in such a way as to minimise their contagious aspect. This would be likely to happen if suicides were not presented sensationally and, in the case of this method, if it was made clear that far from resulting in instantaneous death, survival can occur, with gross disfigurement.

The earliest available account of a ritualistic self-burning is found in the writings of the Greek, Diodorus Siculus, in the 1st century BC. Diodorus described how the Indian philosopher, Caranus, who had been taken ill, arranged for a pyre to be built for him; when he had ascended it, he ordered attendants to ignite it.

## Widow-burning in India

Probably the best-known example of ritual burning is the Indian practice of suttee. It was established in law that wives, unless they were pregnant or had children, should be cremated along with their deceased husbands. If a woman refused to obey the law, she had to remain a widow for life, and she was debarred from sacrifices and other religious observances as unclean. It seems that widow-burning existed in other cultures before the rise of Hinduism and was practised by a variety of early European and Scandinavian tribes.

Today suicide by burning is a relatively common method among women of African and Asian extraction living in Israel. In a study reported in the *American Journal of Epidemiology* in 1970, almost 80 per cent of such suicides were by fire.

However, until recent times, these kinds of suicide have been an unusual occurrence in modern western countries. Kevin Crosby and his colleagues analysed all the accounts of suicides by burning which appeared in *The Times* of London and in the *New York Times* from 1790 to 1971, and published their findings in the *Inter-*

to occur in the presence of an unusual readiness for emotional explosions. They are particularly likely when times are unsettled, when emotions are inflamed, and where no appropriate outlet exists for expressing commonly shared emotions. It has been suggested that the existence of intense shared emotion amongst the Buddhists gave rise to the victims as "bearers" or "expressors" of the group desire. An additional factor may be the belief in self-immolation as a path to the divine state, and the knowledge that one will achieve glorification after death.

Elements of these factors can be identified in the American protest suicides. These occurred in the context of increasing popular opposition to the Vietnamese war among young people, coupled with a frustration at the government's intransigent attitude.

*A grotesque parody: Vanessa Redgrave burned in effigy last month in Los Angeles because of her Palestinian sympathies*

Three basic personality types have been suggested by Crosby as involved with self-immolation as a political protest:

1. *The overtly suicidal individual.* The guise of protest simply provides the superficial justification for accomplishing the more essential goal of ending life. By giving dignity or significance to a particular method, the media may influence the choice of method of such a person, who is already determined to commit suicide.

2. *The covertly suicidal individual.* Protest appears to be the primary motivation, but a careful psychological autopsy would have revealed a predisposition to suicide. Once again, the media may play an important role in suggesting the method.

3. *Altruistic suicide.* This occurs in the absence of previous psycho-pathological symptoms. It is motivated by a sense of dedication to a particular cause.

There is little doubt that Lynette Phillips belonged to the third of these types.

She had been in preparation for some months at the Danish headquarters of Proutist Universal. But the extent to which she was actually encouraged to become a martyr is in some dispute. The organisation has explicitly denied that it encourages its members to undertake self-immolation. Proutist Universal claim that a Brazilian woman, Naide Alves Prestes, who set off from Copenhagen with Lynette Phillips to immolate herself at the same time, was dissuaded from her action by P. R. Sarkar.

But it is apparent that those Proutists who had died in this way before Lynette Phillips had achieved considerable standing among their peers. In a special issue of the Proutist magazine, which was published on Sarkar's birthday, a photograph of Didi Uma, who had burned herself, was accompanied by eulogy in praise of her dedicated action.

Our own preliminary analysis of 42 suicides by fire in England and Wales suggests that all of these deaths were of the overtly suicidal type (type one in the list). The other striking features of the epidemic in England and Wales have been its extent and persistence. The number of deaths from self-immolation has been gradually increasing from six in 1963 to 34 in 1978, an average of 23 per annum over this period. The 82 cases in a twelve-month period mean that the method now accounts for about 5 per cent of violent suicides. It is unclear whether it is a temporary phenomenon or whether it is persisting. This is an extremely painful method of suicide. A high proportion of the victims survive the initial act, only to die days or weeks later from kidney failure or pneumonia as a consequence of the extensive burns.

#### The role of the media

The role of the media, and particularly newspapers, in reporting suicides has come under close scrutiny in recent years. It seems probable that inquest reports in local papers can lead to carbon copy suicides, and the ethics of sensational media handling of suicide must be questionable. There can be little doubt that the idea of burning as a method of suicide has been disseminated by media coverage. It would be extremely unlikely for this behaviour to have developed spontaneously on this scale in countries where it had been uncommon. However, Dr Richard Fox of the Samaritans made an apparently successful call for an embargo on reporting these immolation deaths when it was clear what was happening. But the suicides continued on an increased level for at least a number of months afterwards.

It may be that the occurrence of the method has now passed a critical level and has entered the behavioural repertoire of suicides in England and Wales. There has been a relative increase in the proportions of immolation-suicides who were born in the United Kingdom. The proportion rose from 64 per cent in 1973 to 83 per cent in the present epidemic. If this level is sustained, it gives a measure of the trans-cultural spread of a suicide method.



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