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Original research

A qualitative study on health practitioners' subjective theories regarding the media effects on depression-related outcomes

Florian Arendt[1,✉], Sebastian Scherr[1]

[1]Department of Communication Science and Media Research, University of Munich (LMU), Oettingenstr. 67, 80538 Munich, Germany

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***Abstract*:** There is a rich body of literature regarding the media effects on important mental health outcomes such as depression and suicide. We assessed the accuracy of health practitioners' subjective theories about media effects on depression-related outcomes and identified blind spots in academic research. Semi-structured qualitative interviews with 82 psychiatrists and psychotherapists were conducted in Germany. The participants imparted heterogeneous subjective theories ranging from simplistic extreme positions (no effects at all, the magic bullet theory) to more nuanced conceptions (reinforcement models, differential susceptibility). This study provides suggestions to manage possible media effects in clinical practice.

Keywords: *media effects, depression, psychiatric practice, qualitative interviews*

Previous research has acknowledged the importance of the media in the mental health context (Choudhury, 2013; Clement et al., 2013; Edney, 2004; Philo et al., 1994; Scherr, 2015). Importantly, the media has been deemed to exert its influence in both beneficial and detrimental ways (Goldney, 2001; Niederkrotenthaler et al., 2010; Sisask & Värnik, 2012). For example, sensationalistic reporting on celebrity suicide has been shown to increase suicide rates (termed "Werther effect"; Niederkrotenthaler et al., 2012; Yip et al., 2006). However, responsible reporting on suicides may also have beneficial consequences by providing information on how to get help (termed "Papageno effect"; Bohanna & Wang, 2012; Frey, Michel, & Valach, 1997; Greenberg & Strous, 2012; Jamieson, Jamieson, & Romer, 2003).

✉ Florian Arendt, Department of Communication Science and Media Research, University of Munich (LMU), Oettingenstr. 67, 80538 Munich, Germany.
Phone: +49 89 2180 9413
Email: florian.arendt@ifkw.lmu.de

The aim of this study is to explore psychiatrists' and psychotherapists' experience-based subjective theories about the media effects on depression-related outcomes using a qualitative analysis of semi-structured interviews with these mental health practitioners. By doing so, this study contributes to the literature in two important ways: First, this study contributes to the closing of an important, yet often-criticized gap between academic research and clinical practice by identifying possible blind spots in the academic research. The central assumption was that psychiatrists and psychotherapists might have been confronted with specific problems in their daily routines that had not received adequate attention in the academic research. Second, we assessed health practitioners' subjective theories of presumed media influence in the light of actual empirical evidence from academic media effects research. As most health practitioners are often uncertain about media effects on their clients, they are likely to benefit from reading this paper, as its

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aim is to help them in their clinical practice. The media penetrates our everyday lives, including the lives of mental health patients. Knowing whether or not the specific subjective theories of the practitioners are supported by empirical research may positively contribute to their everyday work with patients as well as to their mental health literacy (Furnham & Telford, 2011). This assumption is supported by previous media effects research showing that the *influence of presumed influence* has a substantial impact on cognitions and behaviour (Gunther & Storey, 2003): If individuals believe that the media has an effect on X, then this perception – irrespective of whether or not this perception is true – can lead to behaviour change.

A Primer on Media Effects

To improve our understanding of health practitioners' subjective theories, we provide a short primer on media effects. Media effects can be triggered by a single exposure to one stimulus such as reading one article in a magazine, passing one poster with idealized female beauty, or watching one talk show. In addition, media effects can also be triggered by repeated exposure to certain stimuli such as reading a certain newspaper every day, passing the same poster every morning, or watching a talk show every evening. Importantly, in the first scenario, media effects are evoked only once, at a single point in time. Conversely, in the second scenario media effects accumulate over time (see Perse, 2001). What becomes clear at this point is that there are many types of media effects (e.g., micro- or macro-level effects, content-specific or diffuse-general effects, attitudinal vs. behavioural vs. cognitive changes, alteration versus stabilization, short- or long-term effects; intended or unintended effects; conscious or unconscious effects; see Sparks, 2013). Thus, effects of media on its audiences are a complex phenomenon.

The history of media effects research is often described as a series of several phases (Bryant & Zillmann, 2009): In the first phase (from the beginning of the twentieth century until the 1930s), there was almost no systematic empirical research on media effects phenomena. The so-called *magic bullet theory* is associated with this time: The media were assumed to be all-powerful. According to this theory, the media uniformly exert direct and strong effects on all individuals. After this initial phase, research started to systematically investigate media effects phenomena relying on newly developed empirical observation and experimentation methods. A second phase of thinking arose: Media effects studies found small or even no effects, leading to a *limited effects perspective*. Continued research efforts, however, have been showing that the media, in fact, exert effects, albeit the size of these effects depends on third factors. *Differential susceptibility* has emerged as a key concept in the third phase (see Valkenburg & Peter, 2013, for an integrative model). As Valkenburg and Peter (2013) put it, "only if we know which, when, how, and why individuals may be influenced by certain types of media will we be able to adequately target prevention and intervention strategies at them" (p. 237).

Method

Participants

We invited psychiatrists and psychotherapists from a large urban area in South Germany to participate in our qualitative interview study. No ethical approval is required at the Department of Communication Science and Media Research (Ludwig Maximilian University Munich) when conducting interview studies with non-clinical participants aged over 18 years. Recruitment was carried out using online databases for mental health practitioners in this area of Germany. After identifying potential interviewees online, therapists were contacted by telephone or email to collect their informed consent for participating in the study. They consented to their interviews being used for academic analysis and publication. As the focus of the interview was on introspection/reflection about the relevance of the media within depression therapy with different patients, no gender and/or age quota was applied for the health practitioners. Nevertheless, those interviewed therapists who provided us with sociodemographic and/or professional information (which was optional due to data privacy concerns) were from a wide age range (30–60 years), with approximately 68% of the sample being female, 83% working as psychotherapists and with only 16% describing themselves as psychiatrists.

Interviews

A total of 82 psychiatrists and psychotherapists were interviewed by 41 trained interviewers in 2014 and 2015. The interviews were conducted by communication students of our department with a background in social science methods. All of them were trained in a course on that topic by extensive literature review, expert briefing (SS), and group discussions in class. Most of the interviews were recorded at health practitioner's office, although there was no restriction placed on the interview location.

After informing the interviewees about the purpose of the study and collecting their informed consent

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forms, the participants were asked to talk about the relevance of media within depression therapy. We followed a qualitative approach: Interviewees were totally free to tell us whatever they wanted. We did not set any limits, thus they could basically tell us the thoughts that were utmost in their minds on the issue. Nevertheless, an interview guide was developed to map the different areas that were relevant for this research project (e.g. other questions regarding media use by their patients that are not presented herein), but the interviewers were primarily instructed to keep the conversation flowing naturally. The guide included the following areas: Background of the interviewee, patients' media use, media content used by patients, and patients' motives to use media (the full guide can be obtained upon request). At the end of the stipulated interview time, the interviewers were instructed to check whether all of the relevant areas had been discussed.

Table 1
Characteristics of the 82 Psychiatrists and Psychotherapists Interviewed about Their Subjective Theories on Media Effects

	n (*N* = 82)	%
Age at interview, years		
25–40	18	22
41–50	19	23
51–60+	28	34
Not reported	17	21
Sex:		
Male	24	29
Female	56	68
Not reported	2	3
Profession (self-description):		
Psychiatrist	13	16
Psychotherapist	68	83
Not reported	1	1

Analysis

A qualitative interpretive approach was used, combining thematic analysis with constant comparison (Glaser & Strauss, 1967; Ziebland & McPherson, 2006). We used MAXQDA – a software package developed for the analysis of qualitative data – to facilitate the analysis. Both authors read the interview transcripts, discussed the content and coded the material for relevant ideas. We used our expert knowledge and relevant media effects literature to develop our interpretation and categorization approach. All of the emerging ideas were coded for overarching categories. We use pseudonyms when reporting the results.

Results

The role of the media in clinical practice was not a focal point for most health practitioners. A large number of health practitioners only seemed to construct their subjective theories on media effects at the time of the interview. The health practitioners had heterogeneous subjective theories regarding the media effects on depression ranging from extreme, highly simplistic models, to more nuanced and elaborated conceptions. Although health practitioners, when viewed as a group, had developed a rich understanding of the

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issue, each unique subjective theory was rather narrow and focused only on a small subset of possible media effects. This fact was even acknowledged by many of the health practitioners themselves when explicitly or implicitly telling us about their uncertainty in judgment. This aspect was emphasized by phrases such as “could be”, “I don’t know”, “I believe” or “my feelings tell me”.
Interestingly, although many health practitioners did not attribute an important role being played by the media at the beginning of the interviews, they increasingly appreciated the importance of media effects as a result of their rumination during the interview process. It seemed that some health practitioners seriously elaborated on the role of the media for depression-related outcomes for the first time during their interviews. Based on their reflections, they increasingly acknowledged the importance of the media’s role in depression-related outcomes. Table 2 presents a summary of key findings.

Table 2
Health practitioners’ subjective media effects theories: A summary of key findings

Overview	• Role of the media in clinical practice was not a focal point for most health practitioners. • Health practitioners had heterogeneous subjective theories regarding the media effects on depression ranging from extreme, highly simplistic models, to more nuanced and elaborated conceptions. • Many health practitioners did not attribute an important role being played by the media at the beginning of the interviews. However, they increasingly appreciated the importance of media effects as a result of their ruminating about media influences on their patients during the interview process.
Substantial Causal Effects	• Many health practitioners told us that the media was a rather powerful agent – consistent with the magic bullet theory of media effects. • Some health practitioners placed the emphasis on specific topics: Suicide reporting, Internet pornography, idealized standards of beauty, patients’ perception of diseases, reduction of social contact.
Limited Effects and Reinforcement	• Some health practitioners held a limited effects perspective, denying any causal effects whatsoever. • When proceeding to ruminate about the possible effects, they then typically switched to a less extreme position, consistent with a reinforcement model. Reinforcement was a central term highlighted by many health practitioners. • Several health practitioners noted a reversed causality model in the sense that individual predispositions such as depression have a causal impact on media use.
Differential Susceptibility	• Some health practitioners provided a nuanced perception of media effects by highlighting the fact that some individuals are more susceptible to media effects than others are. • The health practitioners mentioned effect moderators: Severity level of depression, age, past experience, media content.

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Substantial Causal Effects

Many health practitioners told us that the media was a rather powerful agent – consistent with the magic bullet theory of media effects. Susan told us that "every form of input elicits a significant reaction" and John said that "the media has a relatively strong influence". Besides these more general assumptions regarding strong media effects, some health practitioners placed the emphasis on specific topics. They clearly focused on the negative consequences for their clients of certain types of media coverage.

A frequently mentioned topic was *suicide reporting*. Tom mentioned the suicide of a German celebrity (the soccer player Robert Enke), who suffered from depression and died by suicide. Tom then went on to explain how "depression was very, very present in the media, and [that his] impression was that the media coverage was a wake-up call for many patients who recognized that there were similar others out there, too." Tom emphasized that such news coverage could contribute to a feeling of "relief". Jessica used a similar media effects model and used the term "ease". Jessica added that in addition to this potentially positive effect, suicide coverage could also exert harmful effects: "Many patients become afraid and develop fears: 'If this could happen to him [i.e. Robert Enke], how will I ever be able to protect myself? How can I manage to not kill myself?'" Possible copycat suicides were also noted by Mary, who told us that patients often think, "Well, this guy committed suicide, so I could also do it, because in my life there is no sense at all". Christina also noted the special role of news reporting on "depressive persons that are present in public life and possibly commit suicide". She explained how this touched on her depressed patients "every once in a while". Importantly, she was uncertain about the consequences of such reporting and thought this would depend on whether her clients were "deteriorating, ameliorating" or "stabilizing". Susan noted possible copycat suicides as a risk of news reporting as well. Furthermore, she told us that such media content was "emotion-boosting, in [both] a positive and a negative sense". Suicide reporting can exert "stabilizing functions, if it is an informative article". In her view, such articles can contribute to "people understanding themselves better, and their depression, and feeling nice and cosy, and also looking up health-related information", which is a desirable outcome of media use, as patients can then start "figuring out their current situation and what they can do about it".

Julia noted the importance of *Internet pornography*. She emphasized the difference between sexuality practised in reality and sexuality as constructed in porn videos. This leads to "massive problems in young adults", because they deem "the things they see on screen as real and worth striving for. This kind of content acts as a role model, but these unrealistic porn videos can contribute to sexual dysfunction at the same time", which, in turn, "leads to depression".

Edward emphasized a further content dimension: *idealized standards* of beauty and other ideals that are out of reach. He noted that "media use will in any case have an influence on depression". There are "broadcasts suggesting that you have to be first class, like a top model or a top superstar, or whatever". Exposure to this content is likely to elicit "feelings of inferiority".

A further important aspect was mentioned by John, when stating how the media had the power "to influence how *patients perceive diseases*". Jessica held a similar view on this presumed media influence when saying that patients tended "to have the diseases they read about". She gave one example of one of her patients who read something and then came to see her believing he had rabies. He did have a few rabies symptoms, but "this could be clearly traced back to his anxiety disorder. What these patients cannot do, due to their missing medical experience, is to weight the information they come across."

The final presumed media influence that was mentioned was targeted at the exposure itself, and not the content. Philip noted that there might be harmful displacement effects merely arising from media use, because "other things" (e.g. meeting friends, interpersonal contacts outside of the home) are then inhibited. In this way, the media may *reduce social contact* that in turn increases depression. Toni pointed in the same direction when he stated how "using the media too much" led to us becoming "lonely". He added that "The higher the media use, the more we let them wash over us, the less active you become." Sarah also highlighted this point with regard to the role of the Internet: "The Internet is a factor contributing to loneliness."

Limited Effects and Reinforcement

Some health practitioners held a limited effects perspective when presuming null effects with regard to the media, denying any causal effects whatsoever. This limited number of health practitioners typically told us this at the beginning of the interviews. When proceeding to ruminate about the possible effects, they then typically switched to a less extreme position, consistent with a reinforcement model. One important idea in this

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regard is that depression leads to selective media use that in turn increases the severity of depressive symptoms.

Importantly, several health practitioners noted a *reversed causality* model in the sense that individual predispositions such as depression have a causal impact on media use. Instead of talking about what the media does to patients, they focused on what depressive patients do with the media. Two main ideas emerged from the interviews. First, Tina noted that depression led to social retraction, which, in turn, increases "passive" media use. Philip also noted that "the more depressed or phlegmatic a patient is, the more likely it is that he or she will turn on the TV." Theresa noted: "I do have the feeling that many of my patients only have reduced social contacts and that they compensate for this lack by using the TV." The Internet was also important, as David added: "The hurdle or inhibition level to make acquaintances over the Internet is lower and it is easier as compared to going outside, talking to people, and making 'real' social contacts." Donald also mentioned TV and the Internet, and noted that depressive people tended to use these types of media to "unwind and drift away". Second, Jessica told us that depression led to specific "filter mechanisms" that contribute to more attention being given to "the lousy and unpleasant things in life". John noted this point as well when telling us that depressive patients tended "to emotionally process media content in different ways compared to 'John Q. Public'".

Importantly, these selective exposure patterns can lead to *reinforcement,* as many health practitioners noted. Reinforcement was a central term highlighted by many health practitioners. For example, Ursula outlined how the media "can reinforce depressive episodes, because it perfectly fits into the elements of depression. I do not need to go outside my house", and Ryan noted that "eventually those with a slight depression increasingly use the Internet or play [video games]. This can reinforce itself over time. They will not find their way out."

Differential Susceptibility

Some health practitioners provided a nuanced perception of media effects by highlighting the fact that some individuals are more susceptible to media effects than others are. Ursula noted that there might be "a relationship, but not in general. There is not a relationship in each depressive patient." The health practitioners mentioned effect moderators: William highlighted the importance of the *severity level of depression*. He told us that the media "plays a role" in the early stages with those suffering from mild depression and in seriously depressive patients. This implicates a curvilinear relationship in the sense that the media's role is perceived to be stronger at weak and strong severity levels of depression when compared to moderate levels. With regard to media use patterns, Benedict, Julia and John noted that strongly depressed individuals tended to show reduced media use patterns. In their view, this was caused by a general tendency towards social withdrawal.

A further effect moderator that was mentioned was *age*. Again, there was some theorizing about curvilinear effects. Herbert told us that there was a stronger susceptibility to media influence in children and adolescents compared to adults. Tom believed that the media played a more important role for health practitioners who worked with younger adults. The media is "more frequently a topic" in this group. Furthermore, Toni emphasized media effects in the elderly: He argued that "one of depression's symptoms is social withdrawal. Older individuals withdraw themselves from social contacts … there is a correlation, for sure." Julia highlighted that the underlying mechanism may be different in children/adolescents/younger adults and the elderly: There is a "risk of addiction" in the "younger generation", but the elderly are "overwhelmed".

Past experience was also mentioned as an effect moderator. Christina told us that the media can act as a trigger. She illustrated this idea with an example: Media coverage of rape stories can re-activate emotional reactions in women who have experienced rape themselves. This can thus contribute to a deterioration in their mental health status.

Susan also noted that the same content can elicit different effects. "Funny" movies may elicit a positive short-term effect on mood. Recipients may be in a more positive mood immediately after viewing a comedy film. However, exposure to "funny" movies may also elicit negative consequences via social comparison processes: "They are doing just fine and I am struggling so much with my life." Thus, emotional content can "easily pull one's emotional state even further down".

Discussion

Psychiatrists and psychotherapists in this study espoused heterogeneous subjective theories ranging from extreme positions (no effects at all, the magic bullet theory) to more nuanced conceptions (reinforcement models, differential susceptibility). Although an overarching idea was

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that the media may elicit detrimental effects, some health practitioners emphasized a rather complex interaction between media use and depression-related outcomes. Most notably, reinforcement was seen as a main consequence. One important question is whether or not the available empirical evidence from media effects research supports the subjective ideas that were raised concerning the media effects.

Academic research has accumulated empirical evidence on a wide range of topics raised by health practitioners (i.e. reporting on suicides, Internet pornography, idealized standards, perception of diseases, social withdrawal, reversed causality and reinforcement patterns, and different susceptibilities). Of course, these phenomena are complex and, due to space limitations, we are unable to thoroughly review the literature on each of these domains. However, we will now provide a concise assessment and suggest some literature for further targeted reading.

Assessing the Accuracy of Subjective Theories

Research findings are consistent with many assumptions outlined by the health practitioners in the present study. However, the extreme positions (no effects at all, the magic bullet theory) are too simplistic and are no longer supported by the accumulated empirical evidence (Bryant & Oliver, 2009). Based on the empirical research literature, we know that:

1. Reporting on suicides, in particular, sensational reporting on celebrity suicides, is associated with an increase in the suicide rate (Stack, 2005) (see below). However, responsible reporting (e.g. providing information on how to get help) can elicit preventive effects as well (Niederkrotenthaler et al., 2010).
2. Watching porn videos frequently is related to negative outcomes such as life dissatisfaction (Peter & Valkenburg, 2006). For example, Stewart and Szymanski (Stewart & Szymanski, 2012) showed that women's self-reports of their male partner's porn video use were negatively associated with self-esteem, relationship quality and sexual satisfaction.
3. Exposure to idealized (female) beauty decreases body satisfaction (Grabe, Ward, & Hyde, 2008) that in turn is associated with a negative self-perception, depressed mood and disordered eating (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999).
4. Media exposure may change how people perceive diseases (Klin & Lemish, 2008; Philo et al., 1994). For example, the search engines on the Internet can contribute to the construction of a cognitive representation of an individual illness, which in turn guides behaviour in the future, e.g., with regard to managing the disease based on the information found online or by influencing how conversations with clinicians about the disease will be (Petrie & Weinman, 2012).
5. Excessive media use is associated with social withdrawal-related outcomes. For example, research has found that individuals who are lonely tend to watch more TV (Perse & Rubin, 1990) and men who are chronically lonely are more likely to develop "parasocial relationships" (Horton & Wohl, 1956) with media personae such as news anchors or talkmasters (Wang, Fink, & Cai, 2008). For instance, Scherr (2016) found a positive correlation between depression and escapist motives for using media within a sample representative for Germany.
6. Depression as a predisposition can be related to selective exposure phenomena (Niederkrotenthaler, Arendt, & Till, 2015) that in turn may lead to reinforcement patterns (Klapper, 1960; Slater, 2007).
7. Some individuals are more susceptible to media impact than others are (Valkenburg, & Peter, 2013).

Identifying Possible Blind Spots in the Academic Research

A comparison between some ideas derived from the qualitative interviews with practitioners and the findings obtained from the academic research suggests a tension and a difference in emphasis. We now wish to contribute to the closing of an often-criticized gap between the academic research and clinical practice by identifying possible blind spots in the academic research. We assumed that psychiatrists and psychotherapists might have been confronted with specific problems in their daily routines that had not received adequate attention in the academic research. Based on our reading of the literature, we will address three key points.

First, research on the effects of *suicide reporting* has focused on copycat suicides and suicide attempts. There is a great body of literature providing empirical data on imitative effects (Gould & Shaffer, 1986; Niederkrotenthaler et al., 2009; Sonneck, Etzersdorfer, & Nagel-Kuess, 1994; Stack, 2009; Williams, Lawton, Ellis, Walsh, & Reed, 1987). Less is known about the possible beneficial consequences of exposure to suicide-related media content. Health practitioners in the present study mentioned that exposure to suicide articles may elicit a "relief" effect that was deemed as beneficial

by some interviewees. For example, one psychiatrist told us that suicide reports may act as a "wake-up call" for many patients who may then recognize that there are similar others out there.

We highly recommend that the greatest of care should be taken when assessing the accuracy of this subjective theory: Based on social comparison processes (Festinger, 1954), elicited feelings of "relief" or "ease" may be perceived as beneficial by the patients themselves. This may contribute to a much calmer emotional state. In many contexts and for many people, this can be deemed a beneficial outcome. However, this may be substantially different for vulnerable individuals at risk: Such feelings have often been described as occurring right before the suicidal act, often as "the calm before the storm" (Sonneck, Kapusta, Tomandl, & Voracek, 2012). If exposure to suicide reports elicits such feelings of "relief" and "ease" in individuals at risk, then this may have fatal (and possibly lethal) consequences. Even if such reports were to elicit a much calmer emotional state that is (subjectively) experienced positively by individuals at risk, the (objective) consequences might be dire.

There is already empirical evidence that a specific category of suicide reports may elicit preventive effects. For example, an Austrian study found that news coverage of individual suicidal ideation that was not accompanied by suicidal behaviour was negatively associated with suicide rates. Follow-up analyses indicated that the publication of media reports on individuals who adopted coping strategies other than suicidal behaviour in adverse circumstances was negatively associated with suicide rates, a phenomenon termed the "Papageno effect" (Niederkrotenthaler et al., 2010). Clearly, more research on this important topic is needed.

Second, exposure to *Internet pornography* was mentioned as a relevant factor. It has been argued that watching unrealistic depictions of human sexuality in porn videos might contribute to negative outcomes such as sexual dysfunction that in turn may stimulate depressive symptoms. Unfortunately, there is a strong divergence between the importance of the phenomenon in contemporary society – studies on Internet pornography have emphasized the risks regarding harm to children and adolescents' addictive patterns of use, the dissemination and consumption of illegal pornography and the creation of negative role models (Döring, 2009) – and the number of media effects studies investigating this topic. There is clearly a need to enrich our understanding of the mechanisms underlying possible detrimental effects of sexually explicit material.

Third, previous research has largely failed to investigate the role of important effect *moderators*. The severity level of depression is a prime example. Is there a curvilinear relationship as suggested by some of our interviewees? Which kind of media content has detrimental (beneficial) effects? Which groups of individuals are more susceptible to specific media effects than others? Although we are aware of the difficulties that arise in such studies (e.g. recruiting individuals with varying levels of suicidality), moderation effects should nevertheless be a central focus of future studies. In fact, media effects may be very different (and may even point in another direction) when considering effect moderators.

Implications for Health Professionals: Managing Media Effects

Previous research has accumulated evidence that the media plays an important role in various domains of life in general (Bryant & Oliver, 2009; Potter, 2012) as well as for those suffering from specific mental health issues (Caputo & Rouner, 2011; Eisenwort, Till, Hinterbuchinger, & Niederkrotenthaler, 2014; Graham, Hasking, Clarke, & Meadows, 2015; Klin & Lemish, 2008; Philo et al., 1994; Wahl, 2003). Based on our findings in the present study and based on previous studies (Scherr, 2015), we wish to emphasize that many health practitioners might not attribute the relevance to the media that it actually deserves. As already noted, many health practitioners did not attribute an important role to the media at the beginning of the interviews. Nevertheless, they increasingly appreciated the importance of media effects as a result of their reflections during the interview process. Health practitioners may consider informing themselves more about media effects, e.g. using introductory books (e.g., Sparks, 2013), since they might interfere with the therapeutic practice. For example, regarding ruminative tendencies of patients, communication research shows that patients suffering from depression also use media to ruminate (Scherr, 2016). While therapeutic efforts might primarily focus on everyday situations that trigger rumination and on how to cope with them, patients might show the same patterns of rumination when they, e.g., excessively read in their Facebook timeline or through old chats with friends on their smartphone.

In contemporary society, the media is omnipresent. Increasing parts of our lives are pervaded by the media. Thus, it is important to be aware of the possible consequences of media exposure on mental health outcomes. We thus recommend four

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points to manage possible media effects in clinical practice:

(1) Be aware of your patient's media use and monitor it during treatment.

(2) Think about possible media effects and try counteracting detrimental ones and supporting beneficial ones.

(3) Consider exposing yourself to expert sources (e.g. calling academic colleagues who are experts in the field of media effects) if you experience uncertainty.

(4) Alter your patient's media use patterns in line with your treatment's goals and the course of treatment.

References

Bohanna, I., & Wang, X. (2012). Media guidelines for the responsible reporting of suicide. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 33*(4), 190–198. doi:10.1027/0227-5910/a000137

Bryant, J., & Oliver, M. B. (Eds.). (2009). *Media effects: Advances in theory and research* (3 ed.). New York: Lawrence Erlbaum.

Bryant, J., & Zillmann, D. (2009). A retrospective and prospective look at media effects. In R. L. Nabi & M. B. Oliver (Eds.), *The Sage handbook of media processes and effects* (pp. 9–17). Los Angeles, CA: Sage.

Caputo, N. M., & Rouner, D. (2011). Narrative processing of entertainment media and mental illness stigma. *Health Communication, 26*(7), 595–604. doi:10.1080/10410236.2011.560787

Choudhury, M. d. (2013). Role of social media in tackling challenges in mental health. *Proceedings of the 2nd international workshop on socially-aware multimedia*, 49–52. doi:10.1145/2509916.2509921

Clement, S., Lassman, F., Barley, E., Evans-Lacko, S., Williams, P., Yamaguchi, S., . . . Thornicroft, G. (2013). Mass media interventions for reducing mental health-related stigma. *The Cochrane Library*(7). doi:10.1002/14651858.CD009453.pub2

Döring, N. M. (2009). The Internet's impact on sexuality: A critical review of 15years of research. *Computers in Human Behavior, 25*(5), 1089-1101. doi:10.1016/j.chb.2009.04.003

Edney, D. R. (2004). *Mass media and mental illness: A literature review*. Retrieved from http://ontario.cmha.ca/files/2012/07/mass_media.pdf

Eisenwort, B., Till, B., Hinterbuchinger, B., & Niederkrotenthaler, T. (2014). Sociable, mentally disturbed women and angry, rejected men: Cultural scripts for the suicidal behavior of women and men in the Austrian print media. *Sex Roles*(advance online publication). doi:10.1007/s11199-014-0395-3

Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7*(2), 117–140. doi:10.1177/001872675400700202

Frey, C., Michel, K., & Valach, L. (1997). Suicide reporting in Swiss print media: Responsible or irresponsible? *European Journal of Public Health, 7*(1), 15–19.

Furnham, A., & Telford, K. (2011). Public attitudes, lay theories and mental health literacy: The understanding of mental health. In L. L'Abate (Ed.), *Mental illnesses* (pp. 3–22). Rijeka: InTech.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Goldney, R. D. (2001). The media and suicide: A cautionary view. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 22*(4), 173–175.

Gould, M. S., & Shaffer, D. (1986). The impact of suicide in television movies: Evidence of imitation. *New England Journal of Medicine, 315*(11), 690–694. doi:10.1056/NEJM198609113151107

Grabe, S., Ward, L. M., & Hyde, J. S. (2008). The role of the media in body image concerns among women: A meta-analysis of experimental and correlational studies. *Psychological Bulletin, 134*(3), 460-476. doi:10.1037/0033-2909.134.3.460

Graham, A., Hasking, P., Clarke, D., & Meadows, G. (2015). How People with Depression Receive and Perceive Mental Illness Information: Findings from the Australian National Survey of Mental Health and Wellbeing. *Community Mental Health Journal*, 1–8. doi:10.1007/s10597-015-9900-6

Greenberg, B., & Strous, R. D. (2012). Werther´s syndrome: Copycat self-immolation in Israel with a call for responsible media response. *The Israel Medical Association Journal, 14*, 467–469. Retrieved from http://www.ima.org.il/imaj/ar12aug-1.pdf

Gunther, A. C., & Storey, J. D. (2003). The influence of presumed influence. *Journal of Communication, 53*, 199–215.

Horton, D., & Wohl, R. R. (1956). Mass Communication and Para-social Interaction: Observations on Intimacy at a Distance. *Psychiatry, 19*, 215–229.

Jamieson, P. E., Jamieson, K. H., & Romer, D. (2003). The responsible reporting of suicide in print journalism. *American Behavioral Scientist, 46*(12), 1643–1660. doi:10.1177/0002764203254620

Klapper, J. (1960). *The effects of mass communication*. New York: Free Press.

Klin, A., & Lemish, D. (2008). Mental disorders stigma in the media: Review of studies on production, content, and influences. *Journal of Health Communication, 13*(5), 434–449. doi:10.1080/10810730802198813

Niederkrotenthaler, T., Arendt, F., & Till, B. (2015). Predicting intentions to read suicide awareness stories: The role of depression and characteristics of the suicidal role model. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 36*, 399–406. doi:10.1027/0227-5910/a000344

Niederkrotenthaler, T., Fu, K.-W., Yip, P. S. F., Fong, D. Y. T., Stack, S., Cheng, Q., & Pirkis, J. E. (2012). Changes in suicide rates following media reports on celebrity suicide: A meta-analysis. *Journal of Epidemiology and Community Health, 66*(11), 1037–1042. doi:10.1136/jech-2011-200707

Niederkrotenthaler, T., Till, B., Kapusta, N. D., Voracek, M., Dervic, K., & Sonneck, G. (2009). Copycat effects after media reports on suicide: A population-based ecologic study. *Social Science & Medicine, 69*(7), 1085–1090. doi:10.1016/j.socscimed.2009.07.041

Niederkrotenthaler, T., Voracek, M., Herberth, A., Till, B., Strauss, M., Etzersdorfer, E., Eisenwort, B., Sonneck, G. (2010). Role of media reports in completed and prevented suicide: Werther v. Papageno effects. *The British Journal of Psychiatry, 197*, 234–243. doi:10.1192/bjp.bp.109.074633

Perse, E. M. (2001). *Media effects and society*. Mahwah, NJ: Erlbaum.

Perse, E. M., & Rubin, A. M. (1990). Chronic loneliness and television use. *Journal of Broadcasting & Electronic Media, 34*(1), 37-53. doi:10.1080/08838159009386724

Peter, J., & Valkenburg, P. M. (2006). Adolescents' exposure to sexually explicit material on the Internet. *Communication Research, 33*(2), 178-204. doi:10.1177/0093650205285369

Petrie, K. J., & Weinman, J. (2012). Patients' perceptions of their illness: The dynamo of volition in health care. *Current Directions in Psychological Science, 21*(1), 60-65. doi:10.1177/0963721411429456

Philo, G., Secker, J., Platt, S., Henderson, L., McLaughlin, G., & Burnside, J. (1994). The impact of the mass media on public images of mental illness: media content and audience belief. *Health Education Journal, 53*(3), 271–281. doi:10.1177/001789699405300305

Potter, W. J. (2012). *Media effects*. Thousand Oaks, CA: Sage.

Scherr, S. (2015). Depression and the media: A change in media perception can change minds [eLetter]. *The British Journal of Psychiatry*. doi:10.1192/bjp.190.1.81a

Scherr, S. (2016). *Depression – Medien – Suizid: Zur empirischen Relevanz von Depressionen und Medien für die Suizidalität [Depression – Media – Suicide: On the empirical relevance of depression and media for suicidality]*. Wiesbaden: Springer VS.

Sisask, M., & Värnik, A. (2012). Media roles in suicide prevention: A systematic review. *International Journal of Environmental Research and Public Health, 9*(1), 123–138. doi:10.3390/ijerph9010123

Slater, M. D. (2007). Reinforcing spirals: The mutual influence of media selectivity and media effects and their impact on individual behavior and social identity. *Communication Theory, 17*(3), 281–303. doi:10.1111/j.1468-2885.2007.00296.x

Sonneck, G., Etzersdorfer, E., & Nagel-Kuess, S. (1994). Imitative suicide on the Viennese subway. *Social Science & Medicine, 38*(3), 453–457. doi:10.1016/0277-9536(94)90447-2

Sonneck, G., Kapusta, N., Tomandl, G., & Voracek, M. (Eds.). (2012). *Krisenintervention und Suizidverhütung [Crisis intervention and suicide prevention]*. Wien: UTB.

Stack, S. (2005). Suicide in the media: A quantitative review of studies based on nonfictional stories. *Suicide and Life-Threatening Behavior, 35*(2), 121–133.

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ISSN 2078-5488

Stack, S. (2009). Copycat effects of fictional suicide: A meta-analysis. In S. Stack & D. Lester (Eds.), *Suicide and the creative arts* (pp. 231–243). New York: Nova.

Stewart, D. N., & Szymanski, D. M. (2012). Young adult women's reports of their male romantic partner's pornography use as a correlate of their self-esteem, relationship quality, and sexual satisfaction. *Sex Roles, 67*(5), 257-271. doi:10.1007/s11199-012-0164-0

Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. Washington, D.C.: American Psychological Association.

Valkenburg, P., & Peter, J. (2013). The differential susceptibility to media effects model. *Journal of Communication, 63*, 221-243. doi: 10.1111/jcom.12024

Wahl, O. F. (2003). Depictions of mental illnesses in children's media. *Journal of Mental Health, 12*(3), 249–258. doi:10.1080/0963823031000118230

Wang, Q., Fink, E. L., & Cai, D. A. (2008). Loneliness, gender, and parasocial interaction: A uses and gratifications approach. *Communication Quarterly, 56*(1), 87-109. doi:10.1080/01463370701839057

Williams, J. M. G., Lawton, C., Ellis, S. J., Walsh, S., & Reed, J. (1987). Copycat suicide attempts. *The Lancet, 330*, 102–103. doi:10.1016/S0140-6736(87)92770-X

Yip, P. S., Fu, K. W., Yang, K. C., Ip, B. Y., Chan, C. L., Chen, E. Y., . . . Hawton, K. (2006). The effects of a celebrity suicide on suicide rates in Hong Kong. *Jorunal of Affective Disorders, 93*(1-3), 245–252. doi:10.1016/j.jad.2006.03.015

Ziebland, S., & McPherson, A. (2006). Making sense of qualitative data analysis: An introduction with illustrations from DIPEx (personal experiences of health and illness). *Med Educ, 40*(5), 405-414. doi:10.1111/j.1365-2929.2006.02467.x