

# Bridge over troubled discourse: the influence of the Golden Gate Bridge on community discourse and suicide

Chris Gerald Caulkins

Chris Gerald Caulkins is an Independent Researcher, based at Sumrith Solutions, LLC, Woodbury, Minnesota, USA.

## Abstract

**Purpose** – *The purpose of this paper is to examine the Golden Gate Bridge (GGB) as a work of art and the role of the bridge in shaping community identity and discourse. Particular attention is focussed on the discourse surrounding mental illness and suicide, which perpetuate the problem of suicides involving the bridge as a means and mechanism of death. An analysis of the person who attempts or completes suicide is also performed.*

**Design/methodology/approach** – *Multiple research articles, writings, and a cinematic production are drawn on to frame the argument in terms of Michel Foucault's adaption of Panopticism Theory and Jacques Lacan's Mirror Theory, which includes the concepts of the Real, the Imaginary, and the Symbolic.*

**Findings** – *The GGB is a major factor in shaping the discourse on mental illness and suicide in the San Francisco community. The influences the GGB exerts combines with and exacerbates a culture of stigma, which perpetuates negative discourse and increases the risk of suicides in those already vulnerable.*

**Research limitations/implications** – *The research for this paper was performed at a distance and was conducted, with the exception of one personal communication, by literature search and application to theory. Ethnographic research would be a logical next step to study the phenomenon further.*

**Practical implications** – *Theory developed from this paper could be used in determining a relevant course of action for adding to existing suicide prevention efforts in the San Francisco Area and any other community with a prominent icon, such as the GGB, that may be exerting a negative influence on the suicide rates of that area.*

**Social implications** – *An awareness of how art, culture, and psychology interact would increase awareness of the creation of a stigmatized environment and perhaps precipitate a change in the underlying negative discourse.*

**Originality/value** – *This paper takes a fresh look at the phenomenon of violent death by suicide where a physical object/icon (the GGB) is used as a means to die. The particular theories and approach used to explain the interactions that intensify the suicide death rate have never been combined and interwoven in such an interdisciplinary way to seek an explanation.*

**Keywords** *Stigma, Community discourse, Golden Gate Bridge, Mirror theory, Panopticon, Suicide*

**Paper type** *Conceptual paper*

The Golden Gate Bridge (GGB) is much more than a means of transit across a body of water. It is an architectural marvel, a piece of the cultural fabric of the San Francisco area, and an enormous work of art (Billington, 1990). The bridge continues to influence the discourse of the community in which it resides. The span has become a powerful icon representing prosperity, achievement, and technological advancement. It has also become a symbol of desperation, depression, and suicide with over 2,000 people having jumped to their death since completion of the bridge in 1937 (Blaustein and Fleming, 2009). The GGB is the number one suicide site in the world (Bateson, 2012) and has been described as a "suicide magnet" that lends itself to the impulsivity of suicide and lethality of the fall (Whitmer and Woods, 2013). The resultant discourse

The author would like to thank the faculty of the Liberal Studies Graduate Program at Metropolitan State University for their invaluable guidance and instruction on interdisciplinary research and writing.

shapes not only thoughts and perceptions, but also actions and reactions, many of which are negative and often fatal. To illustrate the detrimental effects of the GGB on community discourse, I will explore the phenomenon using Michel Foucault's adaption of Panopticism and his Otherizing theory along with Jacques Lacan's theory of the Mirror that incorporates the Real, the Imaginary, and the Symbolic.

It is hoped that theory developed from this paper will be used as a starting point for further discussion, development of research, and in determining a relevant course of action for adding to existing suicide prevention efforts in the San Francisco Area and beyond. Other communities, with a prominent icon(s) that exert a negative influence on the suicide rates of that area may also benefit.

## GGB

The aesthetic properties and appeal of the GGB and surrounding area are important in contextualizing this work of art within the framework of the thesis of this paper. Factors such as size, form, colorization, and even texture affect how individuals and communities feel about a bridge (American Association of State Highway and Transportation Officials (AASHTO), 2010). The GGB has been widely photographed, has been the subject of multiple documentaries, and has appeared in numerous works of fictional film; including the 1958 film, *Vertigo*, where a despondent woman played by Kim Novak throws herself into the bay at the base of the GGB only to be rescued by a character played by Jimmy Stewart (Starr, 2010). This, in turn, may influence community discourse in regards to the GGB and related phenomenon, like suicide. In 2013, *Leisure + Travel* (2013) Magazine listed the GGB as "One of the World's Ten Most Amazing views" (GGBHTD, n.d.).

The GGB color is called International Orange. Irving F. Morrow, a consulting architect, chose the color after asking the question, "Is it desired to emphasize the bridge as an important feature of the landscape, or to make it as inconspicuous as possible?" The answer was the former and Morrow thought the "highly pleasing" and "unusual" International Orange would accentuate the skyline of San Francisco and the Marin hills (GGBHTD, n.d.). In a written report to the GGBHTD, Morrow speaks to the importance of color because of the public's sentimental attachment to the GGB. Morrow warned a poor color choice would cause disharmony between the bridge and surrounding area. Morrow also speculated the color choice would "enforce its majesty and exhilarating scale" (Morrow & Morrow Architects, 1935).

The GGB is a design that is in the Art Deco style, which was prevalent from 1919 to 1939. Art Deco, influenced by Constructivism, Cubism, Futurism, and Modernism; emphasized craftsmanship made possible by the use of the machine and mass production. The style was seen as elegant and dramatic, yet simplistic and accessible to the general public (GGBHTD, n.d.). The GGB is arguably the largest Art Deco sculpture in the world (Bateson, 2012). I would speculate this style choice, in part, endeared the GGB to the community and put the bridge on the road to its current day status as an icon.

Although the GGB currently has a four-and-a-half foot tall barrier, it is relatively easy to scale and has done little to reduce the number of people jumping off the bridge (Fleming, 2008). In 2006 the GGBHTB proposed a net system to serve as an additional barrier. The final design stage was supposed to be complete by the end of 2013 and the barrier should be in place in 2016 (Golden Gate Bridge Highway and Transportation District, 1992). As of May 2014 the project was still not bid out to a contractor and it was estimated completion date is October 2017 (Noyes, 2014). It should be noted that barrier requests have been proposed and studied since 1948, but have been turned down by the GGBHTB repeatedly (Bateson, 2012). Interestingly, there is no mention of suicide or link to the barrier project web site on the GGBHTD primary web site.

The 68-year span of time from original proposal of a barrier to supposed implementation of the net system was due, in large part, to public opposition. Chief among the arguments against erection of the net system were economic and aesthetic concerns (Suicide Prevention Resource Center and SPAN USA (SPRC & SPAN USA), 2010), even in spite of evidence that a barrier would be cost effective and prevent deaths (Fleming, 2008). On January 8, 2008 John Brooks' daughter died after jumping from the GGB. Brooks states, "As far as the GGB is concerned,

it has been a very long, nasty, ugly fight, pitting suicide survivors like us against purists who don't want to waste money or do anything to deface their pretty little bridge" (J. Brooks, personal communication, April 21, 2013). Brooks' experiences and the failure of the GGBHTD to act is an indicator that aesthetics trumps lives for a large number of the local residents, and brings one to conclude that the people who jump from the bridge have been relegated to the status of the Other. Maybe this is because the "derangement" of the suicide victim has caused a loss of status and has resulted in alienation from the community (Foucault, 1991). It is speculated that Otherizing is easiest when one has no personal connection to someone who has died by suicide. This is analogous to how a serial killer or a soldier during war is enabled to perpetrate violence against another human being. The depersonalization of the Other is an essential element (Winter, 2007).

Another common argument against a barrier on the GGB is that suicidal people who are thwarted from jumping off the bridge will just find another way to kill themselves. Experience and studies show us this is not true. The Empire State Building and Eiffel Tower were high suicide spots until barriers were put in place. Suicide rates at those locations decreased dramatically with barriers in place and there was no increase in the overall number of suicide victims in the community (Bateson, 2012). Suicide has been determined to be a fairly impulsive act with most people vacillating on whether to act or not, with the decisive moment being within hours to minutes of the attempt (Colt, 1991). Therefore the GGB is highly conducive to the impulsivity of suicide. Of those who survived the fall from the GGB, few die from suicide at a later date (Bateson, 2012). It should be noted, however, that a previous suicide attempt is a serious risk factor for subsequent suicide attempts. Taking away a more lethal means, like the GGB, would improve the odds of surviving suicide attempts using less effective means (Whitmer and Woods, 2013).

Bridges are put in place and become a place, both physically and metaphorically (Warnaby and Medway, 2008). The point at which the GGB crosses the bay has become a location, a destination, and a place that is part of the identity of the community. It is important to know the identity is comprised of more than just the bridge. It is made up of an entire landscape that encompasses the water, topography, and architecture (Warnaby and Medway, 2008). A sense of place is also developed by the cultural processes surrounding the area, which is enhanced and made possible by the presence of the GGB. Aesthetics, ethics, politics, and the environment are all a part of the formula for identity that landscape establishes.

It is important to note the instability of meaning inherent in identity of place and how that meaning shifts over time (Cosgrove and Daniels, 2011). As the suicide death toll rose, the GGB area subsumed this darker side of its identity and influenced the community discourse on mental health and suicide. How the bridge is perceived by the individual is influenced by their life experience. The general population of the San Francisco Area, who are untouched by the tragedy of suicide, tends to view the GGB as "a beloved architectural masterpiece" symbolizing technology and progress – something that would be defiled by a safety system. To those individuals struggling with a mental illness, the bridge is an accessible means (J. Brooks, personal communication, May 7, 2014). Finally, to those who have lost a loved one to suicide, the bridge symbolizes hopelessness and despair.

A bridge is often symbolic of the passage from life to death. In fact, eight jump survivors were interviewed in 1975 and all of them indicated the GGB was simultaneously symbolic of both beauty and death (Bateson, 2012). The cables on the GGB have been compared to a harp, which has often been played by angels in various works of art. Joseph Strauss, chief engineer of the GGB project wrote a poem about the bridge. The first stanza reads, "As harps for the winds of heaven" (Friend, 2003). The frequent occurrence of fog lends itself to the mystique of the area. Even the saying, "water under the bridge" has the meaning of putting things behind you (Blockley, 2010). Among some prominent art, such as the paintings "The Suicide of Alice Blanche Oswald" and "Suicide of Two Girls," the falling victims are depicted as angel-like, perhaps having taken a "leap of faith" (Brown, 2001).

Mirror theory uses the mirror as an analogy to explain how an image, such as the GGB, is shaped and changed to fit the particular culture as part of a complex interaction between that

image, the community, and individuals. What we see in the reflection is subjective to the individual and society. The return reflection further alters our individual and collective perception. Over time an image can mold culture and define meaning, whether that is something of beauty or the abject. Perception shapes discourse and ties it to symbolism (Fuery and Fuery, 2003).

Consistent with Lacan's concept of the symbolic, the GGB influences community discourse on the collective concept of the self, societal rules, codes of conduct, and stereotypes. This discourse is one of three factorial links, explained further later on in this paper, in the psyche of the person who suicides (Hurst, 2009). Foucault maintained that a social network, which is a mechanism for power, forms knowledge and creates discourse (Marsh, 2010).

### The person who dies by suicide

The GGB fall is highly lethal with odds of one in 50 of living, which is on par with that of surviving a gunshot wound to the head. Every month, two to three people die from the fall and another five to seven others are stopped in their attempt to jump. As of 2011 there have been only 32 people who have survived the plunge. Contrary to popular belief, these people called "jumpers," a depersonalizing and Otherizing term in and of itself, are predominantly members of the community of San Francisco and surrounding areas. According to Marin County Coroner Ken Holmes, death records from 1997 through July 2009 reveal that 93 percent are from California, 90 percent are from Northern California, 80 percent are from the San Francisco Bay Area, 6 percent are from elsewhere in the USA, and 1 percent are international visitors (Ritter, 2007; Bateson, 2012).

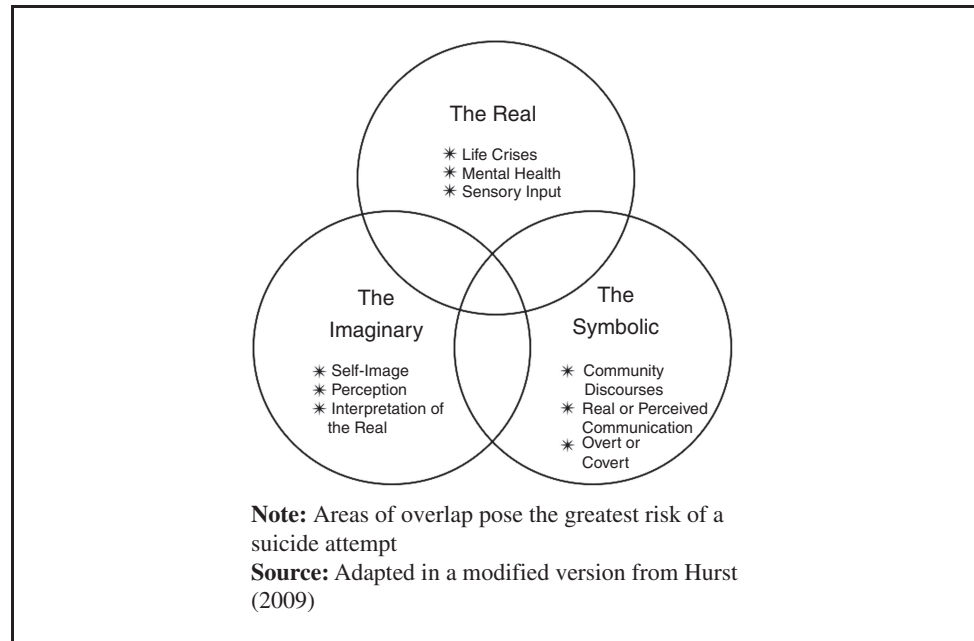
Public stigmatizing attitudes toward people with mental illnesses has been thoroughly documented by researchers. Common thoughts people have are that those with mental illness are more dangerous than others and that they should be avoided. This results in prejudice, stereotypes, and discrimination (Schumacher *et al.*, 2003). This is illustrated by the reactions and comments of the San Francisco community in response to construction of a barrier to prevent suicides from the GGB. At one point the San Francisco Examiner conducted a poll and 54 percent of those polled indicated they were against the barrier. In a book on the GGB by John Bateson (2012), comments were heard from the public, such as "People who choose to kill themselves don't deserve society's protection," "Individuals who use the bridge to kill themselves, they are to blame," and "Instead of a suicide barrier, the district ought to put up a diving board to make it even easier to jump." Roger Grimes, who tried to raise awareness by wearing a sign that said, "Please Care. Support a Suicide Barrier," had soda cans thrown at him and people would yell out, "Jump!" When the GGBHTD was sued by a distraught mother of a suicide victim, the mother was advised that it was her fault because she "neglected her daughter's needs" and failed to "monitor her daughter's movements" (Bateson, 2012). The seemingly callous attitude of the public reached new heights in 1995 when a local radio station host, caught up in the anticipation of the one thousandth person to jump, offered a free case of the beverage, Snapple, to the family of victim number 1,000 (Friend, 2003).

The stigma exuded by the public becomes part of the discourse of the community. That discourse, in turn, serves as a mechanism by which people with mental illness, or other behaviorally unacceptable actions, are effectively Otherized. The conduct of the individual is considered in the context of that person's social being and is sorted into a category of abnormal rather than normal (Foucault, 1991). Foucault postulated the Otherized person was either divided internally or divided from others (Foucault, 1982). I would take a hybrid approach and say the person with a mental illness is often divided within and, at the same time, divided from others. This division impacts the subjectivity of the suicide victim.

As mentioned previously, there are three psychological links that factor into the attempt at suicide. Lacan created a model of subjectivity, based on his concept of the Mirror, that is symbolized by a Borromean knot (see Figure 1), which is three rings linked together that are inseparable until one ring is removed, which causes the other two to unlink. This is analogous to factors contributing to suicide where the knot comes undone. Lacan named these knots the Real, the Imaginary, and the Symbolic.

The Real is composed of life crises, one's state of mental health, and input received via any of the sense organs. This includes the proprioception derived from the GGB.

**Figure 1** The Borromean knot illustrates the personal and social factors, that when overlapped and reflected back, contribute to the formation of suicidal ideation



The Imaginary is the self-image created when trying to understand the Real. This is often skewed by perception and intensified by problems in the Real (Hurst, 2009). The Imaginary demands insertion of the self into all discourses (Fuery and Fuery, 2003).

The Symbolic is a result of the community discourse. It is the collective dimension often rooted in a concern for humanity. It is affected by communication, real or perceived, overt or covert (Hurst, 2009).

The Real, the Imaginary, and the Symbolic are all subject to the effects of Lacan's Mirror, which reflects back the perceptions of individuals and the society. The discourse of society is impacted by the Mirror as is the victim of suicide's self-perception (Iskin, 1997).

The Panopticon, designed by Jeremy Bentham ca. 1791, was a central location in a prison where the guards could see the guarded, but because of blinds or shaded glass, or other privacy measures, the watched could not tell when they were being observed. This is a very powerful psychological tool as anyone could be watching their actions at any time. The Panopticon was used as a heuristic device by Foucault in describing situations, not always enforced by a physical central watch location, that lend themselves to controlling the Other (Crossley, 1993). Panopticism operates not only on the observed, but also on the observer. Sometimes the observer is even being watched by others. Both groups can use the power over actions and perceptions, afforded by the uncertainty of knowing whether one is being watched or not, in different ways (Dreyfus and Rabinow, 1983). Panopticism is in operation in and around the GGB area and contributes to the image reflected by and filtered through the Mirror.

Individuals with mentally illnesses are often unwitting recipients of Panopticism (the gaze) from several directions filtered through the media, cinema, and, sometimes, personal interaction. This gaze influences the discourse of the community, which in turn influences the individual, perhaps contributing to suicidal ideation. In other words, the Real have a negative compounding effect on the Imaginary, which is further compounded adversely and affects the Symbolic, which undoes the Borromean knot, so to speak. Panopticism distorts the reflection in the Lacanian Mirror.

An interesting effect of Panopticism via the media is that historically, because of the icon status of the GGB, those who jumped off the nearby Bay Bridge were not as publicized in the media.

This has served to romanticize jumping from the GGB. Many suicide victims have driven over the Bay Bridge to jump from the GGB (Seiden, 1983). Research has shown that sensationalization and irresponsible media coverage can actually cause a contagion effect and cause those who are already vulnerable to engage in suicide. Conversely, responsible media coverage, that is factual and non-sensationalized, can prevent suicides through education (Niederkrotenthaler *et al.*, 2010).

The film industry has also played a part in inaccurate and distorted portrayal of those with mental illnesses. This “psychiatric gaze” of the cinema unfavorably skews community perception and discourse (Donaldson, 2005). It has been estimated that the average 18-year-old has viewed over 4,000 homicides and 800 suicides portrayed on television (Bateson, 2012). This is not to say that watching violence on television has necessarily resulted in increased suicide rates, but rather that it contributes to the distortion of the public’s perception of the suicide to homicide ratio. According to 2010 statistics from the Centers for Disease Control and Prevention (CDC), suicide was the tenth leading cause of death for all age groups, while homicide was the fifteenth leading cause of death among all ages. There were 38,364 suicides in 2010, which was 1.55 percent of the total deaths for that year. There were 16,259 homicides, which constituted 0.65 percent of all deaths in 2010 (Murphy *et al.*, 2013). An analysis of the CDC data clearly reveals the lopsided view society is shown and likely leads the general public to falsely believe that homicide is a much more prevalent problem than suicide.

Panoptic gaze is also caused by the multitude of people with cameras and video recorders. This form of the gaze has been publicized on the internet with a series of still shots and videos that fail to contextualize the whole dynamic of the situation. On rare occasions, the gaze is used to exert a positive effect.

An article in the October 2003 issue of the *New Yorker* chronicled the suicide problem at the GGB. The article was a catalyst for Eric Steel in the production of a documentary movie called *The Bridge*, which captured nearly two dozen suicides in progress and interviewed family and friends of the victims. The production brought a level of publicity to the issue that spurred even more attention. The video brought attention to the stigmatization of those who suicide and was a visual “unotherizing,” a personalization of the plight of people with mental illnesses and their distraught loved ones. In one memorable scene a family member or friend speculated on the death of a woman who jumped from the bridge. The man was wondering if the death was truly a suicide because someone could have pressured her to jump. Regardless of pressure or not, the intent was to die and the death was a suicide. Watching the video, you can sense the internal clash of stigma coming up against factual information and resulting in denial, even in spite of overwhelming evidence including witnesses who spoke to the woman and observed her jump (Steel, 2006).

There is an elaborate system of surveillance cameras and motion detectors on the GGB. The GGBHTD often cites the equipment and response of a bridge patrol as an indicator of their willingness to prevent suicides. Emergency phones for suicidal people to call for help are also located in many places on the bridge. Unfortunately, many of the emergency phones are non-functional and the reason the increased bridge patrol and surveillance was put in place was to monitor traffic flow and possible criminal activity. The system was beefed up after the 9/11 attacks. There are still two to three deaths a month in spite of the system in place. The GGBHTD is quick to point out that over 60 percent of attempts are stopped (Bateson, 2012). One cannot help but wonder what the cut off point should be to declare a victory over tragedy; 60 percent seems low.

Perhaps the gaze of society itself is a factor in why people jump from the GGB. Jumping from the GGB is a very public statement. Jumps are often during daylight hours in full view of other people. The interviewee mentioned earlier commented on suicide from the GGB being a “highly risky, rather glorious way to draw attention to one’s self” (Steel, 2006). One GGB jump survivor told the media, “Jumping from the bridge was going to force people to see me hurting, to see that I was a person, too.” Dr Mel Blaustein, a psychiatrist, has asked many patients who are have suicidal ideation why they would jump off the GGB. A common answer is that they join a group with all of the people who have jumped before-they join a community of sorts and share a common bond (Bateson, 2012).



Lastly, the visibility of a person attempting suicide in public may serve another purpose. It is speculated that a fair amount of attempters are looking, either consciously or unconsciously, to be rescued (Maltsberger and Goldblatt, 1996). The GGB environment, especially during heavy traffic times of the day, creates a possibility of rescue and that the gazer will become a saver.

### Connectedness and isolation

The ability to maintain optimism about future connectedness has been shown to be an important protective factor against the symptoms of depression and suicidality. Conversely, low levels of optimism for future connectedness is significantly associated with suicidal motivation, even when controlling for depression (Chin and Holden, 2013). Along with conflict, belongingness is a significant predictor of a lack of perceived social support and suicide attempts (You *et al.*, 2011).

Dr Thomas Joiner, Jr (2009) asserts that three conditions must be present for someone to die by suicide. The perception that one is a burden; a lost or thwarted sense of belongingness; and the ability to carry out lethal self-harm. The three conditions are what separate someone who is thinking of suicide from a person who attempts suicide (Ribeiro and Joiner, 2009). Community discourse may dampen these conditions or fan their flames.

The GGB physically connects two landmasses. The bridge also connects the community in that it is a focal point of discourse on a variety of topics (economics, politics, etc.) and serves as part of the construct of social identity. While often providing a positive connection, the GGB may also foster a lack of connection and isolation. When it comes to discourse on mental illness and suicide the resultant GGB influenced discourse often serves as a source of interpersonal conflict, can thwart the sense of belongingness, instill a feeling of burdensomeness, and may result in a real or perceived lack of overall social support. Social support has also been demonstrated to decrease impulsivity whereas lack of support increases impulsivity (Kleiman *et al.*, 2012). As stated earlier, the GGB lends itself as a lethal means for people in the impulsive throws of suicidal ideation.

### Conclusion

The discourse on mental illness and suicide in the San Francisco community is shaped, in large part, by the presence of the GGB. The bridge is an icon of San Francisco itself and is a large part of the communal identity. The structure, design, and totality of the landscape combine with other cultural factors to form a symbol that is essentially the Yin and Yang of the community; that is, both positive and negative symbolism is at work. The positive is an aesthetically pleasing representation of progress, technology, and human achievement. The negative is a tangible reminder that the GGB, is for some, a place of death and despair.

The resultant discourse, also influenced by attitudes of stigma and Panopticism through the media, cinema, and internet communications effectively Otherize an already marginalized population. This Otherization may critically disrupt an individual's perception of their crisis, their identity, and the acceptance of society. This disruption reinforces a sense of futility, worthlessness, and isolation and may result in suicide.

Evidence of the negative influence of the community discourse is evident by the arguments for and against a suicide barrier on the GGB based mainly on aesthetics after economic impact was dispelled. This leads one to wonder how many lives could have already been saved had the barrier project not been delayed since 1948 when the problem was first determined to be actionable. The questions remain. Will a barrier very really be installed and how many more lives will be lost between now and completion of the barrier? Human life should never be weighed against aesthetics.

### Recommendations/suggestions for future work

- Ethnographic research conducted in the GGB vicinity is encouraged and would yield further data.

- If the suicide barrier comes to fruition, a comparative pre and post-barrier mixed methods study would be desirable to better understand the phenomena involved.
- Utilizing the methods and framework of this paper to examine other geographic areas, with a prominent icon potentially factoring into increased suicide rates, would provide clarity in disproving or validating the presented theoretical explanations.

## References

- American Association of State Highway and Transportation Officials (AASHTO) (2010), *Bridge Aesthetics Sourcebook*, AASHTO, Washington, DC.
- Bateson, J. (2012), *The Final Leap: Suicide on the Golden Gate Bridge*, University of California Press, Berkeley and Los Angeles, CA.
- Billington, D.P. (1990), "Creative connections: bridges as art", *Civil Engineering*, Vol. 60 No. 3, pp. 50-3.
- Blaustein, M. and Fleming, A. (2009), "Suicide from the Golden Gate Bridge", *The American Journal of Psychiatry*, Vol. 166 No. 10, pp. 1111-6.
- Blockley, D. (2010), *Bridges: The Science and Art of the World's Most Inspiring Structures*, Oxford University Press, New York, NY.
- Brown, R.M. (2001), *The Art of Suicide*, Reaktion Books Ltd, London.
- Chin, J. and Holden, R. (2013), "Multidimensional future time perspective as moderators of the relationships between suicide motivation, preparation, and its predictors", *Suicide & Life-Threatening Behavior*, Vol. 43 No. 4, pp. 395-405.
- Colt, G.H. (1991), *The Enigma of Suicide*, Simon & Schuster, New York, NY.
- Cosgrove, D. and Daniels, S. (Eds) (2011), "The iconography of landscape: essays on the symbolic representation, design and use of past environments", *Progress in Human Geography*, Vol. 35 No. 2, pp. 264-70.
- Crossley, N. (1993), "The politics of the gaze: between Foucault and Merleau-Ponty", *Human Studies*, Vol. 16 No. 4, pp. 399-419.
- Donaldson, E. (2005), "The psychiatric gaze: deviance and disability in film", *Atenea*, Vol. 25 No. 1, pp. 31-48.
- Dreyfus, H.L. and Rabinow, P. (1983), *Michel Foucault: Beyond Structuralism and Hermeneutics*, 2nd ed., The University of Chicago Press, Chicago, IL.
- Fleming, A. (2008), "Would a suicide barrier on the golden gate bridge save lives?", *Psychiatric Times*, Vol. 25 No. 10, pp. 18-9.
- Foucault, M. (1982), "The subject and power", *Critical Inquiry*, Vol. 8 No. 4, pp. 777-95.
- Foucault, M. (1991), "Experiences of madness", *History of the Human Sciences*, Vol. 4 No. 1, pp. 1-25.
- Friend, T. (2003), "Jumpers", *New Yorker*, Vol. 79 No. 30, pp. 48-59.
- Fuery, P. and Fuery, K. (2003), *Visual Cultures and Critical Theory*, Arnold, London.
- Golden Gate Bridge Highway and Transportation District (GGBHTD) (n.d.), "Golden gate bridge: physical suicide deterrent system project", available at: [www.ggbsuicidebarrier.org/](http://www.ggbsuicidebarrier.org/) (accessed February 16, 2003).
- Golden Gate Bridge Highway and Transportation District (1992), "GGBHTD Annual Report 1991-1992", available at: [www.goldengate.org/organization/documents/fy92-annualreport.pdf](http://www.goldengate.org/organization/documents/fy92-annualreport.pdf) (accessed March 8, 2003).
- Hurst, A. (2009), "'Know Thyself' a Lacanian model for understanding subjective complexity", *South African Journal of Psychology*, Vol. 39 No. 3, pp. 275-88.
- Iskin, R.E. (1997), "In the light of images and the shadow of technology: Lacan, photography and subjectivity", *Discourse*, Vol. 19 No. 3, pp. 43-66, 161 available at: <http://search.proquest.com/docview/864546744?accountid=7113> (accessed March 8, 2003).



Kleiman, E.M., Riskind, J.H., Schaefer, K.E. and Weingarden, H. (2012), "The moderating role of social support on the relationship between impulsivity and suicide risk", *Crisis: The Journal Of Crisis Intervention And Suicide Prevention*, Vol. 33 No. 5, pp. 273-9.

*Leisure + Travel* (2013), "World's most amazing views: golden gate bridge", available at: <http://travellandleisure.com/articles/worlds-most-amazing-views/9> (accessed December 7, 2014).

Maltsberger, J.T. and Goldblatt, M.J. (Eds) (1996), *Essential Papers on Suicide*, New York University Press, New York, NY.

Marsh, I. (2010), *Suicide: Foucault, History and Truth*, Cambridge University Press, New York, NY.

Morrow & Morrow Architects (1935), *The Golden Gate Bridge: Report on Color and Lighting*, Morrow, I. F, San Francisco, CA, available at: <http://goldengatebridge.org/research/documents/ReportColorLighting.pdf> (accessed March 8, 2003).

Murphy, S.L., Xu, J. and Kochanek, K.D. (2013), *Deaths: Final Data for 2010. National Vital Statistics Reports*, 61(4), National Center for Health Statistics, Hyattsville, MD.

Niederkrotenthaler, T., Voracek, M., Herberth, A., Toll, B., Strauss, M., Etersdorfer, E., Eisenwort, B. and Sonneck, G. (2010), "Role of media reports in completed and prevented suicide: Werther v. Papageno effects", *The British Journal of Psychiatry*, Vol. 197 No. 3 pp. 234-43.

Noyes, D. (reporter) (2014, May 23: 18:07 PST), 6:00 News (television newscast), KGO-Channel 7, San Francisco, CA.

Ribeiro, J.D. and Joiner, T.E. (2009), "The interpersonal-psychological theory of suicidal behavior: current status and future directions", *Journal of Clinical Psychology*, Vol. 65 No. 12, pp. 1291-9.

Ritter, J. (2007x), "Most Golden Gate jumpers are local", *USA Today*, August 1, pp. 03a.

Schumacher, M., Corrigan, P.W. and DeJong, T. (2003), "Examining cues that signal mental illness stigma", *Journal of Social and Clinical Psychology*, Vol. 22 No. 5, pp. 467-76.

Seiden, H. (1983), "A tale of two bridges: comparative suicide incidence on the Golden Gate and San Francisco-Oakland Bay bridges", *Journal of Death and Dying*, Vol. 14 No. 3, pp. 201-9.

Starr, K. (2010), *Golden Gate: The Life and Times of America's Greatest Bridge*, Bloomsbury Press, New York, NY.

Steel, E. (2006), *The Bridge*, Koch Entertainment LP.

Suicide Prevention Resource Center and SPAN USA (SPRC & SPAN USA) (2010), in David, L. (Ed.), *Charting the Future of Suicide Prevention: A 2010 Progress Review of the National Strategy and Recommendations for the Decade Ahead*, Education Development Center Inc, Newton, MA.

Warnaby, G. and Medway, D. (2008), "Bridges, place representation and place creation", *Area*, Vol. 40 No. 4, pp. 510-9.

Whitmer, D.A. and Woods, D.L. (2013), "Analysis of the cost effectiveness of a suicide barrier on the golden gate bridge", *Crisis*, Vol. 34 No. 2, pp. 98-106.

Winter, D.A. (2007), "Construing the construction processes of serial killers and other violent offenders: the limits of credulity", *Journal of Constructivist Psychology*, Vol. 20 No. 3, pp. 247-75.

You, S., Van Orden, K.A. and Conner, K.R. (2011), "Social connections and suicidal thoughts and behavior", *Psychology of Addictive Behaviors*, Vol. 25 No. 1, pp. 180-4.

## Further reading

Goldsmith, S.K., Pellmar, T.C., Kleinman, A.M. and Bunney, W.E. (Eds) (2002), *Reducing Suicide: A National Imperative*, The National Academies Press, Washington, DC.

## About the author

Mr. Chris Gerald Caulkins, MPH, MA, is a Managing Researcher for Sumrith Solutions, LLC, Program Director and Faculty for the Century College Emergency Medical Services program,

and a Paramedic with the Woodbury Public Safety Department in Minnesota, USA. He is Board Certified by the American Association of Suicidology as a Psychological Autopsy Investigator. Mr. Caulkins is completing a doctorate in education and continues to study the phenomenon of suicide intensively after the deaths of both his wife and brother by suicide. He has co-founded and co-facilitates two peer support groups for those bereaved by suicide. Chris Gerald Caulkins can be contacted at: [c.caulkins@sumrith.com](mailto:c.caulkins@sumrith.com)

---

To purchase reprints of this article please e-mail: [reprints@emeraldinsight.com](mailto:reprints@emeraldinsight.com)  
Or visit our web site for further details: [www.emeraldinsight.com/reprints](http://www.emeraldinsight.com/reprints)