A Clinical Perspective on 13 Reasons Why Season 2:
Impact, Consequences, and the Portrayal of American Teens

by Elizabeth Weinberg, MD, and Katie Lewis, PhD

In 2017, Netflix released the first season of a series targeted towards young adults, 13 Reasons Why. Despite concerns regarding the explicit depiction of the suicide of the main character, Hannah Baker, Netflix recently released the second season of this series and a third season is also being planned. In 2017, we addressed the risks of showing explicit, graphic acts of suicide, and concerns regarding how the producers of this show chose to frame this act, in the Riggs Blog post “A Clinical Perspective on the Graphic Depiction of Suicide” (Weinberg and Lewis 2017). The chief narrative device in 13 Reasons Why is 13 audio cassettes that Hannah uses to explain the way the people she trusted each contributed to her suicide. We were concerned that the series misrepresented the subject of suicide by romanticizing and valorizing her act, by suggesting that she had no other choice; by displaying authority figures who were incompetent, ineffective, or dishonest; by seeming to blame other characters in the show for her attempt; and in general failing to follow common-sense guidelines issued by the World Health Organization (2008) regarding the depiction of suicide in the media. We were concerned that such explicit depiction of suicide could foster suicide contagion, and that the producers of the series were not making enough of an effort to warn parents, children, and vulnerable viewers about the disturbing content of the series, which involves graphic rape and self-injury.

Several events following the release of the first season 13 Reasons Why supported these concerns. While there has been little systematic research regarding the effects of this particular series, researchers Ayers, Althouse, Leas, et al. (2017) published a study in the Journal of the American Medical Association using Google to investigate changes in searches using the term “suicide” following the release of the series. They found that searches regarding suicide were 19% higher for the 19 days following the release of the first season of 13 Reasons Why, with 900,000 to 1.5 million more searches than otherwise expected. Of these, frequent searches involved terms that were particularly concerning, such as “commit suicide” or “how to kill yourself.” On a more positive note, there was also an increase in searches for suicide crisis services, suggesting an increase in interest in seeking help.

In response to these concerns, Netflix commissioned a study carried out at Northwestern University on the effects of the series (Center on Media and Human Development 2018). The findings of this study were considerably more positive. In summary, the study found that teens were able to understand the content of the series effectively, found that it accurately reflected the circumstances of their lives, and felt that the series

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I am excited and honored to be writing to you as the newly appointed Medical Director/CEO of the Austen Riggs Center. I have dedicated most of my professional career to Riggs and to advocating for a biopsychosocial approach to care in the wider world of organized psychiatry and mental health care.

This issue of the ARC News comes as Riggs is on the cusp of its centennial year—a significant milestone in the life of any organization, and rare amongst psychiatric hospitals and residential treatment centers.

In 2019 we will reflect on the past, look toward the future, and celebrate the current moment. We are planning a curated exhibit of Riggs’ history that will open to the public in the spring, a major conference in the fall, and other events throughout the year—stay tuned.

For the past century, Riggs has been a place where patients have worked with staff to find meaning and reclaim lives worth living. While much has changed at Riggs, the centrality and importance of human relationships has remained constant.

In addition, Riggs has always sought to build bridges, blaze trails, and illuminate paths that connect us all with the broader concerns of how we, together as a society, understand, speak about, and treat people struggling with mental illness.

In this issue of the ARC News, you will find a few examples of these efforts: two of our staff members respond to the second season of the controversial Netflix series 13 Reasons Why, a former Erikson Scholar reflects on her time at Riggs; and we congratulate the winners of the 2018 Prize for Excellence in Mental Health Media.

Please join us as we mark our centennial year in 2019, and thank you for your ongoing support.

Sincerely,

Eric M. Plakun, MD
Medical Director/CEO

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13 Reasons Why
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helped open up conversations with parents about difficult matters such as sexuality and mental illness. However, concerns about the study were also raised: the study did not specifically examine the reactions to the show of teens with prior histories of trauma, current suicidal ideation, or self-destructive impulses, or other high-risk youth—the population of viewers that experts expressed specific concern for, due to the show’s potentially triggering content. Dr. Regina Miranda speaks to this concern in an article she was quoted in for Vox (Grady 2018).

Netflix also responded to concerns by adding warnings before each episode of the new season and provided links to a related website (Netflix 2018), which includes information about suicide prevention hotlines and other suicide and mental health resources. It also includes a conversation between actors and experts, 13 Reasons Why: Beyond the Reasons, which provides an opportunity to give viewers additional information and some context regarding issues prominent in the series, such as sexual assault, mass shootings, and bullying.

Nevertheless, despite these efforts, we stand by our original recommendations in the Riggs Blog “Clinical Perspective on Suicide Contagion” (Weinberg and Lewis 2017), and we cannot recommend either season to viewers, particularly not to parents, adolescents, or children. While the focus of the second season is much less on suicide, and much more on other problems such as sexual assault, drug addiction, gun violence, and bullying, the choice made by the show’s creators to maintain Hannah Baker’s ghost as a character undermines the understanding that suicide is a final act. The focus on other characters’ efforts to render her justice implies that Hanna’s suicide is more meaningful and heroic than her actions while alive. The overall chaotic depiction of violent and disturbing content significantly interferes with any positive educational or artistic mission the series might have served.

Season 2 features an unrelentingly grim teenage environment, in which every teenager is a perpetrator, a victim, or both—in which teens routinely contemplate suicide, engage in exploitative sexual relationships, and attempts to change for the better lead to disaster. While the many depictions of the difficulties that beset the teens in this series reflect issues commonly portrayed in the media, such as opiate addiction, gun violence, bullying, rape, and suicide, there remains a significant difficulty in that 13 Reasons Why seeks to inform teens and their families about these issues, yet persistently treats these issues in highly problematic ways. The sheer number and unrelenting press of graphic

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Law and the Unconscious: A Psychoanalytic Perspective

By Anne C. Dailey, JD, former Erikson Scholar and current Evangeline Starr Professor of Law at the University of Connecticut School of Law

Anne C. Dailey, JD, reflects on her time at Riggs as an Erikson Scholar and the book she was working on at the time—Law and the Unconscious: A Psychoanalytic Perspective (Yale University Press, 2017).

WHEN I ARRIVED AT AUSTEN RIGGS IN THE FALL OF 2012 for my semester as an Erikson Scholar, I expected that I would be separated off in my office, not having much contact with the day-to-day life of the institution. Instead, as other Erikson Scholars have experienced as well, I was thrown into this utterly amazing world I didn’t know existed—a psychiatric care facility that took seriously the life of the mind, and the deep complexity and richness, difficulties, and resilience of the human psyche. I was awed by the depth of the clinicians’ involvement with and caring for their patients.

I felt I had changed universes. The world at Riggs was unspeakably far from the view of the individual that informs and guides the law. I began my book because I had grown weary of trying to reconcile this legal fiction of the reasonable person or rational actor with what I knew about human experience and with my ideals of justice. Assuming that people are rational in all circumstances leads to unjust results in many cases—people who go to jail for deeds they did not commit, or did not intend to commit; people whose children are removed from them when in fact they are devoted parents; people who enter into contracts that are clearly unfair. The final straw for me came when I was teaching a class on domestic violence, and in particular teaching cases where abused women were being prosecuted for killing their abusers. The law asks: Did the defendant reasonably believe that her life was in danger at the moment she killed her abuser? The problem was, the men were often sleeping when they were killed. And so, legal decision makers would take the position that she obviously couldn’t have felt her life to be in danger when he was sleeping. She could have walked out the door instead. I turned to psychoanalysis in order to come up with a better account of why people behave the way they do.

And here are some of the “subversive” psychoanalytic ideas that I draw on in the book, ones entirely familiar to everyone connected to Riggs, but worth repeating here. I’ve tried in the book to be as understated and non-jargon-filled as I can about introducing these psychoanalytic ideas to a lay audience: (1) that there is an unconscious, and that much of what goes on in our unconscious minds is repressed; (2) that our early relationships determine much about who we are; (3) that people utilize particular defenses, such as denial and projection; (4) that we are conflicted beings who can be self-destructive, want things that hurt us, betray our own deeply held values; and (5) that transference colors most of our intense personal interactions and experiences. The book aims to correct for injustices in the system that arise from the denial of these core aspects of what it means to be a human being.

Yet it is precisely these ideas that lawyers and judges reject because they undermine the fundamental legal principles of free will and rationality. These are truths that the law and the world more generally are not eager to accept. To challenge the fundamental principles of rationality and free will necessarily opens the door to the radical, disruptive implications of psychoanalysis for the settled legal order. The question for law is how to recognize the role of the unconscious in our everyday lives while at the same time holding people responsible for their decisions and behaviors. Psychoanalysis may tell us that people often act from unconscious motivations, but the law still needs to judge, which means the legal system must impose some degree of personal accountability even where it is impossible to say that an individual was fully aware of what she did.

In the book, I look specifically at how we might reform the law of confessions, prenuptial agreements, surrogacy contracts, sexual consent, violent threats, and children’s rights. Let me take an example. In the area of criminal law, we assume that a suspect’s confession is the strongest evidence of guilt. For why would a rational person confess to a crime that he did not commit? But we all know that individuals, out of unconscious guilt or other self-destructive forces, might indeed falsely confess to a crime. Drawing on psychoanalytic ideas about transference, guilt, and masochism, I advocate in the book for reforming the rules governing interrogation which allow the police to exploit a suspect’s need for approval and unconscious guilt in ways that override the suspect’s powers of rational decision making.

The book is my effort to show how it is possible to introduce psychoanalytic ideas into the law while holding onto the basic fundamentals of a legal system that values individual autonomy and personal responsibility. This effort has its parallel in psychoanalysis. This tension between the model of the rational actor and the psychoanalytic idea of the dynamic unconscious mirrors Freud’s own ambivalent stance between Enlightenment beliefs in rational thought and inquiry, and his uncovering of a Romantic unconscious realm beset by aggressive, irrational, and often self-destructive impulses and desires. To undergo psychoanalytic treatment is to embrace this ambivalence—to believe in the mind’s powers of reason while at the same time acknowledging the hold that unconscious desires and beliefs have on us. We necessarily behave “as if” we are rational, knowing, integrated selves despite knowing full well that much of what we do is beyond our conscious control. We give it names: intuition, gut instinct, déjà vu, the uncanny. We assume an “as if” stance because we need to operate in the world, to engage with others, to rise above brute instinctual forces.

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assaults and self-destructive actions becomes overwhelming and detracts from what otherwise might be thought-provoking material. Furthermore, although the creators of the show seem determined to show grim reality, sometimes the portrayal of characters addressing their difficulties seems remarkably unrealistic. Most problematic is the central character’s (Clay Jensen) handling of a threatened mass shooting by confronting the would-be shooter. This is unrealistic enough that the companion discussion video, 13 Reasons Why: Beyond the Reasons, carefully recommends that viewers not imitate this behavior. Unfortunately, it seems unlikely that most viewers will watch this somewhat dry discussion.

While the trigger warnings, crisis information, and informative discussion in 13 Reasons Why: Beyond the Reasons demonstrate that the show’s creators responded to the criticism of the first season, the writers in season 2 display some contempt for the concerns of mental health experts. For example, the show’s black-hearted school principal uses concerns about “suicide contagion” to further his attempts to suppress awareness of his school’s problems. Another scene depicting an interaction between Clay and Hannah’s mother introduces Hannah’s list of “why-nots,” which, totaling eleven, seemingly failed to outweigh the burden of the other list for which the series is named. This interaction both oversimplifies the painful thought processes and pathways that suicidal individuals often wrestle with before engaging in actual behavior, and also unrealistically and illogically appears to ascribe equal value and meaning to both drivers and protective barriers against suicide. While the accumulation of adverse and painful experiences undoubtedly elevates risk for suicide, a growing body of research, including empirical findings from Riggs clinical staff (Tillman 2017), supports the idea that the development and maintenance of protective factors and a sense of meaning in life can serve as a powerful barrier against suicidal impulses, regardless of the apparent ratio of whys to why-nots—supporting Nietzsche’s assertion that an individual “who has a ‘why’ to live can bear almost any ‘how.’”

Season 2 has received considerably more negative reviews from film and media critics than season 1, with a score of 27% on Rotten Tomatoes. While season 1 was genuinely engaging and interesting, with some sensitive treatment of its characters’ emotional pain, season 2 offers less reason for viewers to watch, while adding graphic violence and even more graphic sexual assault to already disturbing material.

What the creators of the 13 Reasons Why series have succeeded in doing is portraying the lives of American teens as deeply disturbing and dystopic. Based on consumer reviews posted by teens who are drawn to the two seasons, the themes portrayed here may be both unrealistically graphic and violent to a majority of teen viewers while also being uncomfortably close to the lived experience of a subset of teens who have experienced interpersonal trauma or struggles with mental health issues. While seeking to raise awareness of these issues remains commendable, the show remains problematic in choosing to depict these situations in ways that are gratuitously violent and unempathic, significantly distorting the facts and reality-based understanding around suicide and violent acts. Despite some positive efforts, the series still fails overall to provide meaningful context for understanding suicide and violence. The show explicitly undermines the credibility of important resources, such as educators, parents, and therapists, and could provide more meaningful education about how to access resources. As long as the show seeks to promote itself as a driver of positive change for dialogue with youth—rather than as a source of (often violent) entertainment—concerns about its negative impact on vulnerable and high-risk youth populations must continue.

The Jed Foundation (www.jedfoundation.org) has issued a guide for viewers of 13 Reasons Why (Schwartz 2017), including the following recommendations: (1) if teenagers choose to watch the show that parents watch with them; (2) viewers should be aware that the show is highly disturbing, and, (3) viewers should take breaks rather than “binge watching” the show. The Jed Foundation issued similar guidelines for season 2 (2018), but added guidelines on handling active shooter incidents, since this is a subplot of season 2. It is difficult to know what impact the topics addressed in season 2 will have on teen audiences.

WORKS CITED


Board of Trustees Appoints Eric M. Plakun, MD, as Medical Director/CEO

Chair of the Austen Riggs Center Board of Trustees Lisa Raskin, PhD, remarked, “We are thrilled that Eric will be taking up the role of medical director/CEO; his unwavering commitment to the Center and demonstrated leadership throughout his distinguished career have helped to make Riggs what it is today.”

Former Medical Director/CEO Andrew J. Gerber, MD, PhD, is pursuing another professional opportunity. Dr. Gerber, who joined the Riggs staff in 2015, was instrumental in establishing several strategic initiatives in areas including human development and suicide research and education, all of which have positioned Riggs well for the future. Dr. Raskin stated, “We are grateful for Andrew’s contributions and wish him well in his future endeavors.”

Speaking about his new role, Dr. Plakun said, “I am deeply honored and excited to take on the leadership of an institution whose work and mission I feel so wholly committed to.”

“We are thrilled that Eric will be taking up the role of medical director/CEO; his unwavering commitment to the Center and demonstrated leadership throughout his distinguished career have helped to make Riggs what it is today.”

LISA RASKIN, PHD
CHAIR OF THE AUSTEN RIGGS CENTER
BOARD OF TRUSTEES

THE AUSTEN RIGGS CENTER’S BOARD OF TRUSTEES RECENTLY APPOINTED Eric M. Plakun, MD, as medical director/CEO.

In addition to his long professional career at the Austen Riggs Center, where he oversaw development of the continuum of care and served most recently as associate medical director, Dr. Plakun is also a leader in organized psychiatry and psychoanalysis, author of more than fifty publications, a member of several journal editorial boards, and a past member of the Harvard clinical faculty. He is a member of the American Psychiatric Association (APA) Board of Trustees representing New England and Eastern Canada. Dr. Plakun has been honored as the Outstanding Psychiatrist in Clinical Psychiatry by the Massachusetts Psychiatric Society and by the American Psychoanalytic Association “for championing psychoanalytic and psychodynamic psychotherapy within American psychiatry and paving the way towards a return to an individualized treatment model.” To learn more about Dr. Plakun, please visit: www.austenriggs.org/staff/eric-m-plakun.
As Freud would say, civilization demands it. And the law demands it, too. In the courtroom, we act “as if” the trial establishes some true historical reality at the same time that we know trials produce a legal narrative that may be only loosely related to historical truth. We act “as if” individual actors are rational when of course we know they’re not.

So my project is to make this “as if” status of the law clear. What we see today is a legal regime that is “willfully blind” to the reality of the deeper, more transgressive forces in human nature. When we keep firmly in mind that the autonomous rational legal actor is a legal fiction, one that we embrace with ambivalence, then we find ourselves in a realm of what I call good-enough judging: a style more uncertain and skeptical, less harshly punitive, more open to understanding the people caught up in the legal system and what has brought them there.

Being an Erikson Scholar has been central to my identity as a scholar doing interdisciplinary work. I came to Riggs hoping that I could ground the psychoanalytic ideas that I was using in the clinical work being done here, and that is exactly what happened. More broadly, I was deeply inspired by watching the clinicians at Riggs making the effort to understand their patients in deep and holistic ways. My time at Riggs helped to fortify me in my effort to bring the law into line with the reality of human experience and subjectivity. Riggs really did give me the courage and companionship I needed to pursue my own work in a field unfriendly to psychoanalytic ideas.

Anne C. Dailey’s book Law and the Unconscious: A Psychoanalytic Perspective is published by Yale University Press. It received the American Psychoanalytic Association’s 2018 Courage to Dream Book Prize and the University of Connecticut’s 2018 Sharon Harris Book Award.