

***13 Reasons Why:* Should Parents Be Concerned About this Netflix Series?**

By: John Ackerman, PhD

The mini-series *13 Reasons Why* (*13RW*), adapted from a young adult novel, was released on Netflix this past week. *13RW* relays the fictional story of a high schooler, Hannah Baker, who has died by suicide before the story even begins. Hannah chooses to leave behind cassette recordings for the 13 people who she feels are responsible for her death.

Through these cassettes the audience learns that nearly everyone in Hannah's life is complicit in her suicide. The reasons range from bullying, starting rumors, sharing compromising social media images, shaming, failing to stand up for her, sexual assault, and not noticing the warning signs of impending suicide.

The show's release has led to much conversation and social media buzz about teen suicide, especially among middle and high-schoolers. On the surface, this appears positive. Suicide is the second leading cause of death among 15-34 year-olds. Although it can be uncomfortable, having direct, genuine conversations with our kids about suicide is healthy and potentially life-saving.

The myth that these discussions cause someone to become suicidal has been debunked. We know that silence and stigma prevents those at risk from reaching out for much needed support. Suicide is a major public health issue that deserves a thoughtful national dialogue.

Unfortunately, *13RW* misses the mark in critical ways to better understand and address the devastating impact of teen suicide. Despite being touted by some as a "life-saving" work, *13RW* could do more harm than good by disregarding best practices in media portrayals of suicide. Many individuals who have personal experience with suicide, as well as suicide prevention advocates, have serious concerns about the way suicide is portrayed in *13RW*.

Isn't media attention on the topic of youth suicide a good thing?

Not necessarily. Mainstream media portrayals of suicide and mental health issues are often inaccurate and can reinforce stereotypes that lead to increased stigma and discrimination toward those with mental health struggles.

Research suggests that youth are more susceptible than any other age-group to a phenomenon called "suicide contagion." Suicide contagion exists when there is an increase in suicides after being exposed to the suicidal behavior of others. Exposure to graphic, sensationalized, highly detailed, or simplified portrayals of suicide can result in copycat suicide attempts and deaths by suicide, particularly in teens and young adults.

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In the last episode of the season, *13RW* violates a central principle in media's responsibility to the public regarding the prevention of suicide contagion by showing Hannah ending her life in shockingly graphic detail. This is a show marketed toward young people. The vast majority of adolescents won't experience contagion, but what about those who are overwhelmed, feeling vulnerable, or struggle with thoughts of suicide?

How each individual will respond is hard to predict, but we know that ignoring media guidelines on suicide can contribute to more suicides. It is worth noting that Hannah's method of suicide was not included in the book, and it is a potentially dangerous decision by writers and producers to depict it in such a drawn out, and detailed, fashion.

As a parent, it is important to consider whether your teen is ready for a series as intense as *13RW*. If your teen is going to watch the series, we encourage you to discuss with them their reactions to the show. Better yet, watch it with them.

What else is concerning about this series?

The Netflix adaptation of *13RW* is receiving mostly positive critical reviews. It has been heavily promoted and possesses an engaging storyline. It connects with young viewers and, for better or worse, Hannah's suicide serves as a plot device that draws the audience in like a murder-mystery.

Just because something is entertaining does not make it accurate. Hannah's experiences of being bullied, assaulted, and shamed are all too common and certainly intensely painful. However, the progression of her suicidal behavior is simply not plausible. It is unrealistic for someone, especially a teenager in the midst of an emotional crisis, to construct an elaborate series of tapes all the while maintaining a sarcastic, witty, and glib tone towards people she blames for her

decision to end her life.

When a suicide attempt occurs it is almost always in the midst of an intense emotional crisis. The time that it took to make 13 separate narratives and weave them together in an elaborate and devious fashion would likely have defused the crisis. If we want to have an honest dialogue about suicide, it should start with something that resembles reality rather than an extreme outlier.

It should also concern parents that *13RW* hooks into a common adolescent fantasy: "You'll be sorry when I am gone!" By portraying grief-stricken friends and family who wished they had treated Hannah differently, *13RW* suggests Hannah's suicide served its intended purpose. It promotes the idea that something permanent and shocking is the only way to make others understand the depth of one's pain and what others have done to cause it. We should instead be helping our kids recognize that suicidal thoughts are typically a sign of intense emotional pain requiring active self-care, counseling, and the support of others, rather than the means to obtaining empathy or exacting revenge.

Depicting suicide as a natural consequence of trauma or stressors is inaccurate. Popular media often suggest a cause-and-effect relationship between negative events such as bullying, sexual assault, or family conflict and suicide. This is misinformation. Suicide is complex and not a typical response to the types of adversity described in *13RW*. With awareness and community support, suicide is a largely preventable form of death. Portraying suicide as the inevitable outcome of Hannah's victimization was, at best, a missed opportunity and, at worst, dangerous to those vulnerable to suicide.

In *13RW* adults such as teachers and counselors are seen as out of touch and unhelpful. Hannah seeks help only superficially and ignores efforts of friends

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and family to support her. These events perpetuate the dangerous notion that no one, not even loved ones, can understand or help those struggling with thoughts of suicide. We know that meaningful social connections reduce suicide risk. There are effective treatments for those dealing with depression and suicide and ways to help those at risk such as using a suicide prevention hotline or textline.

Finally, *13RW* does nothing to counter the misconception that suicide is a selfish act. Hannah's decision to expose and blackmail 13 individuals who are the "reasons" for her death makes her appear manipulative and vengeful. People who take their own lives commonly feel like a burden to others or experience intense emotional pain that overwhelms their capacity to continue with life. Making others feel guilty is the furthest thing from their mind. *13RW* could do a much better job of helping viewers recognize connections between suicidal behavior and mental health issues, especially depression.

The benefits of increased attention to youth suicide do not outweigh the increased risk stemming from sensationalistic features and misconceptions about suicide perpetuated by *13RW*. Perhaps some viewers will be motivated to dig deeper to understand what can be done to reduce suicide. Some good places to start are the Suicide Prevention Resource Center and the American Association of Suicidology. In the meantime, parents should be aware that this series is not appropriate for young children, and there are themes and graphic scenes that may not be appropriate for all teens.

We recommend that all parents of teens speak openly and directly to them about suicide. But a sensationalized and unrealistic portrayal of suicide is not necessary to have this critical conversation.

If you're feeling suicidal, please talk to somebody. You can reach the National Suicide Prevention Lifeline at 1-800-273-8255; the Trans Lifeline at 877-565-8860; or the Trevor Project at 866-488-7386. Text "START" to Crisis Text Line at 741-741, or in Ohio, text "4HOPE". If you don't like the phone, consider using the Lifeline Crisis Chat at www.crisischat.org.

About John Ackerman, PhD

John Ackerman, PhD, is a clinical psychologist in Behavioral Health and Suicide Prevention Coordinator for the Center for Suicide Prevention and Research (CSPR) at Nationwide Children's Hospital. He directs community, school and hospital efforts to educate others about the risks and warning signs of pediatric suicide. Dr. Ackerman has contributed to ongoing investigations at The Research Institute at Nationwide Children's regarding risk factors for adolescent suicide. He is also interested in how social media can contribute to suicide prevention.

