

“Maniac” and “Crazy Ex-Girlfriend”: A Novel Adaptation of Two TV Series for Classroom Undergraduate Psychiatry Education in an Age of COVID-19 Social Distancing

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Abstract - Aim: Psychiatry has traditionally been taught bedside. Multiple ethical and logistics issues preclude use of certain patient groups, and in the current COVID-19 pandemic, there is the additional obstacle of not being able to access bedside patients. There is utility in using new media, e.g., television and movies, in psychiatry education. Methods: “Maniac” and “Crazy Ex-Girlfriend”, both available on Netflix, were used in an undergraduate psychiatry module to illustrate clinical lessons regarding schizophrenia and borderline personality disorder respectively. Results: “Maniac” was helpful in illustrating subtle changes in affect, occupational and social dysfunction, and showcasing disrupted family dynamics and distress from experiencing hallucinations and delusions. “Crazy Ex-Girlfriend” was instructional in crystallising psychopathology of borderline personality disorder and providing more nuanced, less cross-sectional views of psychiatric illness. Conclusions: Even though television and movies will and should not replace face-to-face bedside teaching as a primary mode of education, they are an adjunct to stimulate discussion and observe psychopathologies that are ethically difficult to capture. Both of them can be used judiciously in the current COVID-19 pandemic as bedside teaching substitutes.

Keywords: borderline personality disorder; COVID-19; “Crazy Ex-Girlfriend”; “Maniac”; schizophrenia

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Introduction

Psychiatry as a clinical science has been taught at undergraduate level as a combination of lecture hall, bedside, shadow doctoring, and case presentation teaching in the vast majority of universities and institutions. This method offers as close a simulation of a medical job as possible. However, there are multiple

logistics and ethical issues to making this an unobstructed success.

Firstly, it is not always possible to get suitable patients to illustrate particular clinical cases. It may also not be ethical to exploit patients in the throes of acute psychiatric illness as they are a particularly vulnerable population. Furthermore, most patients suitable for undergraduate student clerking in a psychiatric unit would be semi-acute patients who would not exhibit florid symptoms and signs of psychiatric illness. There would be lesser exposure to acutely unwell patients. Thirdly, in light of

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the recent COVID-19 pandemic, stringent social distancing rules have been put into place, and thus clinical bedside teaching for psychiatry has been thrown into disarray as it is not permitted in the majority of medical schools at the moment. Under these trying circumstances, there is hence virtue in trying alternative methods for replacing bedside teaching in learning psychopathology, diagnostic criteria, and case formulation. Hence, in Universiti Malaysia Sabah, an innovative project was taken to use movies and television series to do teaching sessions for psychiatry posting, in lieu of availability of patients for bedside clinical teaching in the current COVID-19 pandemic.

Subjects and Methods

“Maniac”, developed by Cary Fukunaga, is a Netflix 10-episode TV miniseries that stars Emma Stone and Jonah Hill as Annie and Owen, two characters with borderline personality disorder and schizophrenia respectively, participating in a very insidious drug trial [1]. As the borderline personality disorder characterization is not expanded thoroughly, it was decided to use this miniseries to illustrate more schizophrenia. Students were asked to focus on the mental state of Owen and the psychosocial challenges he experiences in the miniseries.

“Crazy Ex-Girlfriend” was written by Rachel Bloom and Aline Brosh McKenna, and premiered in 2015, concluding its fourth season in April 2019 [2]. For purely entertainment reasons it has captivated viewers with strong storylines, quality acting, and highly charged musical numbers that clearly parody existing artistes and songs of various genres. However, from a psychiatry perspective, it has been universally praised for not recycling old tropes of people with mental illness being purely unstable, unemployable and unsavoury, rather portraying them as individuals able to lead largely successful and fulfilled lives, albeit occasionally felled by bad choices and unwise decisions [3].

The lead character, Rebecca Bunch, was offered to undergraduate students as a portrayal of borderline personality disorder. This diagnosis was confirmed by the TV show itself in Season 3, but was one that most psychiatrists and psychiatry doctors had concurred with even prior [4]. Using the pilot and 4th episode of Season 1, the focus was put on borderline personality disorder.

Results

“Maniac” was used to illustrate two points – mental state changes, and stigma. In terms of the former, there are very subtle changes in the mental state examination in an individual with schizophrenia. The affect of individuals with schizophrenia can be blunted over time, and they experience reduced emotional expression, which is a recognized negative symptom as per the diagnostic criteria for schizophrenia according to the DSM 5 [5,6].

Through a brilliant and well inspired spot of acting, the lead character was able to demonstrate clearly a blunted affect, and at times successfully looked perplexed or preoccupied. There were also clear episodes of auditory and visual hallucinations, as demonstrated by his brother appearing and berating him while he was alone at the beginning. This is very akin to the experiences an acutely psychotic individual can have, and it was crucial that the students did not merely appreciate the symptoms *per se*, but also appreciate the level of psychological distress individuals with active hallucinations and delusions experience.

“Maniac” clearly demonstrated Owen’s sudden, episodic rage and irritability upon experiencing psychosis. In addition to perceptual and emotional disturbances, Owen’s acting was also vital in illustrating subtle thought disturbances of individuals living with schizophrenia. Owen clearly demonstrated wooliness of thought and poverty of thought processes. This is juxtaposed very ironically with his own siblings, who presumably grew up in the same family environment and shared similar genetics to him. Their communication abilities and thought processes far outstrip that of Owen’s, a fact that is made baldly clear during the family gatherings when he is usually at a loss for words when they are boisterously chatting. This portrayal again underscores the importance of cognitive symptoms that are the sequelae of schizophrenia as a neurodegenerative process, and that are not captured or reflected adequately in DSM 5 criteria, leading students and clinicians alike to commonly miss them [7].

Secondly, stigma at many different levels was demonstrated through the use of the pilot episode. In the pilot episode, Owen is excluded from his family, which is illustrated poignantly through a highly stylized family portrait that does not include him, and a small afterthought of a portrait beside it. He is excluded too from society – he has just recently lost his job most probably due to employer stigma rather than any genuine actions on his part. At the same time, Owen is marginalized from the wider society around him. He lives alone in his room and does not appear to have much of a social life, probably due to subtle deficits in social cognition that can also be present in schizophrenia [8].

The core feature of pervasive interpersonal relationships in borderline personality disorder was felt by students to be clearly demonstrated through Rebecca's fervent switching from one potential partner to another in both episodes. The 9 criteria of borderline personality disorder were felt to be clearly demonstrated [6]. Rebecca clearly had frantic attempts to avoid imagined abandonment when she latched on to Josh despite him already being with another. There was clear idealization and devaluation noted when she was communicating with her mother and also with Greg as her erstwhile new partner. She clearly also oscillates between different self-images and identities, as evidenced by suddenly switching from being carnivorous to vegan. Her clear-cut impulsivity was noted by students when she suddenly switched partners merely by going to the vegan festival, whereas there was clear affective instability and intense anger throughout the episode where she could not control her feelings or her response to her feelings. There was not much clear recurrent suicidal behaviour or transient stress-related paranoid ideations noted, however she did appear to be chronically empty as she constantly required a male, a role in society, or a new identity to fill the voids in her life.

One more lesson the drama illustrated was how borderline personality disorder transmits across generations, be it genetic or

environmental. The lecturers were able to more clearly illustrate the disparaging, hostile yet overinvolved parenting style demonstrated clearly by Rebecca's mother, and the clear absence of a male parental figure. This was very reminiscent of real life family setups of many borderline patients [9]. However, at the same time it was important to flag up to students that patients with personality disorders do not have all doom and gloom in their lives. Rebecca is a reasonably successful lawyer who has merely got to where she is in life today due to some unwise choices which in no way impair her personal achievement. This parallels the lives of many borderline patients to whom work, academics, or community work allows them an avenue to pour themselves wholly into in order to reduce the emptiness in their lives, or in some ways as a perverse form of self-harm.

“Crazy Ex-Girlfriend” was also helpful in illustrating core differences between borderline personality disorder and other similar but confusing disorders, notably bipolar disorder. Through following through Rebecca over 2 episodes covering 2 distinct time spans, it was illustrated that individuals with personality disorders have more pervasive patterns of behavioural, emotional and interpersonal difficulties, where euthymia can shift rapidly to anger, anxiety, or oscillate between depression and anxiety. This is very different to bipolar disorder where periods of wellness are interspersed with frank manic or depressive episodes, with patients tending to shift from euthymia to either pole [10]. Hence students were more able to appreciate that Rebecca had pervasive difficulties that make others see her as “a bit weird”, and she does go into crisis on and off, and hence never really becomes “well”; however, none of it stops her from having a rich and fulfilling life.

Discussion

The use of movies as opposed to television series have their respective pros and cons. For movies, the advantage is that character de-

velopment can be completed in one sitting of two hours, and it can illustrate multiple issues within one movie, as it is less character-driven. For television series, on the other hand, there is the possibility of following through characters individually. Psychiatry usually favours longitudinal rather than cross-sectional assessment of an individual, and also is heavily focused on collateral history gathering. Using a few episodes of one TV series, rather than a few disparate movies, allows that deeper examination of the lives of characters, by appreciating the predisposing, precipitating and perpetuating factors in their lives.

Movies, TV series or combined

Our university syllabus is unique in combining movies and TV series.

There was “A Beautiful Mind”, “One Flew Over the Cuckoo’s Nest” and “As Good As It Gets” to illustrate discrete themes. These films offer a lucid and compelling portrayals of schizophrenia (for better or for worse) and Obsessive-Compulsive Disorder, and their place on our curriculum is valuable.

At the same time, we elected to use TV series for half the teaching time for certain reasons. Firstly, there is usually not enough class time to watch a full movie in, hence most lecturers would instruct students to watch it at home and merely discuss in class. This raises issues of reliability – many students would not have watched the movie, but rather, snippets of it on YouTube, and were not able to hence engage fully in the in-class discussion. Also, prior student batches have also reported that movie screening times of one to two hours were too long, and they could not sustain attention long enough, due to multiple stressors from academic life and the need to multitask. Hence, they tended to multitask and pay very little actual attention to the movie if it was too long.

As TV series are on average less than an hour running time per episode, we were able to screen at least one episode – and snippets of other relevant episodes – in order to illus-

trate learning objectives. This allowed more efficient use of time, and ensured that students truly watched the TV show concerned. Also watching it together creates a Hawthorne effect where people may fully engage in the classroom experience of watching it together for fear of judgement from fellow students. Also, sometimes there is significant attrition in terms of memory if students have watched the programme too long prior to the class.

Keep students active

It is also important in psychiatry to capture responses to individuals live, both cognitive and emotional, as this can form part of an assessment of countertransference of the therapist or doctor towards the patient. Processing of countertransference is a crucial skill in psychiatry both in terms of improving patient care, reducing biases and difficult emotions, and occasionally also helpful in diagnostic skills if students can accurately process the countertransference they feel towards certain patients and use it beneficially to help them get to a diagnosis [11]. Screening in-class and discussing immediately after ensured we captured students live, unadulterated cognitive and emotional responses. It also meant we helped them deal prospectively with the potential countertransference they would experience in later life when dealing with similar in vivo patients. Hence, this exercise also served as an in vitro systemic desensitization to certain potentially difficult situations in psychiatry. Using a movie or TV show allows students to learn to process their feelings in a safe place first, especially with patients with personality disorders.

What was astonishing was that instead of leaving learning at one episode, after completing the screenings, students on their own initiative would stream the rest of the series after hours to follow through on both Owen and Rebecca’s lives. This is important in promoting self-directed learning. When interesting and novel methods are used that stimulate students’ learning, they tend to pursue knowl-

edge on similar themes without prompting or coercion. They described learning psychiatry through this process as being quite effortless, as they did not have to specifically devote time and energy to doing so – they merely needed to change their TV watching material in-posting to relevant movies and TV series.

There are certainly limitations in using such pedagogical methods. Using movies or TV should only be an ancillary method and in no way should ever be allowed to supplant or replace traditional face-to-face patient contact. The danger is for under-resourced or unscrupulous medical schools with no resources or wherewithal to afford real patient contact to convert all face-to-face time to using critically acclaimed programming. This is a false extension of this argument for using them for teaching purposes.

Advantages

Movies and TV series merely make the face-to-face teaching experience richer, as they top up certain teaching points that are difficult or improbable in face-to-face patient contact, e.g., immediate processing of countertransference, noting offensive or troublesome symptoms immediately, and examination of a fictional patient's collateral personal and social history. It can also help supplant teaching for diagnoses where sourcing real patients might be difficult or unethical, e.g., post-traumatic stress disorder, where getting patients to relive their experience via repeating history to multiple students might essentially constitute re-experiencing and cause further flashbacks and hyperarousal.

Branch-specific

Unlike, say, pathology or radiology, where the aspect of live human interaction does not directly impact on the diagnostic or interpretation skills of the student, psychiatry is a branch of medicine where there are uniquely no confirmatory biological tests or physical examinations. Hence “the doctor is the stethoscope”, and as such, needs the live practice with real

patients in order to tease out psychopathology and distinguish between shades of grey of emotion, cognition, and behaviour in order to come to a diagnosis. Movies and TV series can merely be used to sharpen, not forge, that knife.

Also, the students acknowledge that “Crazy Ex-Girlfriend” in particular is a realistic, empathetic, but at the same time, hopeful portrayals of a recovery-oriented psychiatric service. “Recovery” refers to the pursuit of personal, emotional and spiritual fulfilment from patients through high quality of life, and this state of recovery can be attained despite active symptoms being present [12]. As Rebecca Bunch demonstrates, despite having the impulsivity and poor judgement that so frequently lands her in wrong or poor decisions, she is still able to live a reasonably fulfilled life, with pursuit of occupational, romantic, and personal goals still possible despite living with a mental disorder.

Adaptation of movie and TV series as stand-in for clinical teaching allows students in the COVID-19 pandemic to get as close an equivalent to seeing real life patients as possible. The other alternative to this is to get real or simulated patients on Zoom or Google Meet for students to clerk as bedside teaching. However, due to privacy and confidentiality issues and the urgency of the pandemic, this was not often possible, and using movie and TV series judiciously can be a viable alternative to COVID-19. However, once strict quarantine and social distancing measures have been relaxed, using movie and TV series will transition back to being supplementary rather than primary modes of clinical education.

In conclusion, this article describes the experience of using ““Maniac”” and “My “Crazy Ex-Girlfriend”” as virtual teaching aids in helping undergraduate students learn psychiatry. From qualitative feedback obtained from students, such methods do boost interest levels in learning dry sets of psychiatry symptoms, and make learning semi-gamified. If movies and TV series are coupled with game-like quizzes in order to further reinforce

knowledge, it would create a synergistic effect for knowledge retention.

This is a viewpoint of psychiatry we hope to propagate to our students, who are going to be our potential fellow colleagues – that, just like hypertension and diabetes, people can “live with”, rather than “live despite”, mental disorders, even the three major mental illnesses of schizophrenia, bipolar disorder, and major depressive disorder. With such portrayals of life with mental disorders being fed to students at a formative phase of their career, hopefully it will also subtly alter their value judgements in the long term, to make them more holistic in their approach to medicine, and look beyond the neurobiology and the hard science of treating mental disorder.

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We learn them to appreciate that in this day and age of reasonably efficacious biological and psychological treatments for mental illness, we need to look far beyond merely remission and into the horizon of recovery if our patients are going to live a fulfilled, rewarding, and ultimately, meaningful and purposeful life.

Acknowledgements

None.

Conflict of interest

None to declare.

Funding Sources

None.

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