



# Medicine in Television Series

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# Homeland and the Emotional Sphere

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*The producers of the action-packed 24, Howard Gordon and Alex Gansa, have at last earned critical praise on this adaptation of the Israeli series Hatufim, first broadcast on the cable network Showtime in 2011 and still on air. What began as a game of suspense and ambiguity between a CIA agent suffering from bipolar disorder (Claire Danes) and a US marine recently freed from captivity at Al-Qaeda's hands (Damian Lewis), has developed into a fascinating spy fiction. Year after year it is ranked among the favorites at the Emmy Awards (it harvested six trophies in its premier year), and has even "hooked" President Obama himself.*

Its different emotional states, as well as its anguish, have generated a great deal of interest among the different narrative arts. The history of literature lets us see into the lives and passions of fascinating characters. We could mention Madame Bovary's day-dreaming and emotional deception in Gustave Flaubert's masterpiece, or the affective sufferings of the characters in Fyodor Dostoyevsky's novels, held captive by their emotional development and a heightened introspective view of their life experiences. Film in particular has explored the human personality and helped us to experience the reactions of fictional characters as our own. Firstly films, and more recently TV series, have fascinated us with the lives of their everyday heroes, showing us their likenesses and revealing our own fears and desires. The treatment given the emotional states constitutes, in fact, the cohesive core of any film genre such as melodrama, which from Douglas Sirk to Pedro Almodóvar, and including Rainer W. Fassbinder and recently David O. Russell's *Silver Linings Playbook*, submerges us in the depths of the most extreme human emotions.

Homeland is an action series that centers on the coverage of international conflicts and the fight against terrorism. Fast-paced, with deci-

sions taken at lightning speed, it represents the supremacy of action over introspection. Though the series' main aim does not lie in describing its characters' mental functioning, the scriptwriters offer viewers elements to identify with them by showing how continued exposure to situations of risk can affect one's mind and emotional states. The storyline focuses particularly on the main character, Carrie Mathison, a CIA agent who has been diagnosed with bipolar disorder.

Bipolar disorder is considered one of the most significant psycho-pathological disorders affecting mood. This name is given to disorders that are characterized by mood swings. One's mood consists of a range of emotions that different experiences evoke in one. These emotional states and resulting behaviors are considered healthy and within the norm when they adapt to the context in which they are expressed. Generally, at the risk of oversimplifying for clarification's sake, within the range of reactions appropriate to their setting we would include annoyance at an injustice, sadness when facing loss, or happiness at good news. Losing control in expressing one's feelings would also be considered acceptable as would exaggerated annoyance at highly stressful situations if they occurred momentarily. On the

contrary, in assessing a disorder one should consider whether these reactions occur repeatedly or in an exaggerated way, with no apparent qualitative or quantitative link to outside stimuli, and whether they determine the individual's relationship with surrounding reality.

Considered to be a serious mental disorder, bipolar disorder, formerly called manic depression, is characterized by changing moods. These swing between two opposite poles: the mania, or phase in which the subject appears exalted, euphoric and harbors grandiose delusions on one hand; and on the other, depression, the phase where sadness, inhibition and thoughts of death predominate. Such fluctuations can be observed in Carrie's character when at times she gets into situations of great risk from solely following her impulses, disregarding her colleagues' warnings, or else the opposite when, discouraged, she shuts herself away, and is wracked by sobbing, even attempting suicide.

This initial schema of cyclical alternation between mania and depression does not occur evenly in all individuals suffering from this disorder. Cases occur in which the alternation between euphoric and depressive states are combined with more or less prolonged phases of full stability and functional restitution, with a good response to treatment, absence of associated problems and a return to a fully independent life. Even so, most people tend to face more of a torpid evolution, with frequent relapses and the manifestation of other associated clinical features like anxiety, substance abuse and some degree of functional deterioration.

During manic phases, patients can also manifest contrasting states. On one hand is hypomania, a euphoric state in which individuals appear to be in a buoyant and expansive mood, alongside irritability and impulsiveness, disquiet, agitation, uninhibitedness and verbosity, which nevertheless does not significantly interfere with daily activities. On the other hand is a marked state of mania in which manic symptoms of a more invalidating nature predominate. The latter seriously interferes with the individual's functional performance, going as far in certain cases as developing psychotic symptoms like delirium or hal-

lucinations. Sometimes they require psychiatric hospitalization.

In the above descriptions, it is easy to recognize some of the moments and behaviors Carrie experiences: she seems to fall into a hypomanic state when she makes decisions following her impulses without considering the risks associated with them, or shows signs of an exaggerated self-esteem that does not seem congruent with her context. Yet at the same time, she maintains a high level of competence. She is capable of establishing a significant personal relationship to which she remains emotionally faithful, and of modulating her irritability. Nevertheless, she also displays a more serious clinical presentation at such times as those behaviors escape her control, she loses her capacity for empathy, becomes submerged in her emotions and even has distorted perceptions and invents delirious conspiracy ideas. This is when she needs to be hospitalized.

Carrie likewise shows symptoms typical of the depressive phases when overwhelming feelings of sadness and despair, tiredness, anxiety and a marked alteration in her vital rhythms, such as insomnia and appetite loss, appear.

The information provided by the series might also bring to mind a mixed episode; in other words, one simultaneously combining manic and depressive symptoms. So symptoms of hyperactivity, worry, feeling down, a tendency to cry and feelings of guilt can be associated. As the series reflects, such variability of the mixed episode hugely complicates diagnosis and treatment, and has the more negative consequence of increasing the risk of suicide.

Given the variability of clinical presentations, bipolar disorder has been subdivided into two conditions: bipolar I disorder (BP-I), is characterized by alternation between depressive and manic episodes; and bipolar II disorder (BP-II), by depressive and hypomanic symptoms. In our case, Carrie's behavior rather resembles BP-II disorder.

Investigations developed around the etiological hypotheses of the disorder show the importance of the genetic load, which points to greater personal vulnerability and seems to confirm that the presence of a disorder on the bipolar spec-



trum in a parent increases the chance that descendants will suffer from it. As occurs with other complex mental states, the causes tend to be due to multiple factors and consequently the influence of other aspects linked to development are highlighted. Altered or unstructured family relationships in childhood may be another factor added to the genetic variable, and contribute to forming a fragile psychological apparatus, capable of unleashing the disorder in later life. In addition to having a father suffering the same illness, some of Carrie's family experiences could be related to the tricky regulation of her moods. Her mother's difficulties in confronting mental suffering, plus her own instability in relationships and her father's manifest psychopathology, bring to mind an atmosphere in which emotional conflicts generate circular dysfunctional movements that feed into each other, causing huge discomfort and hindering the resolution of vital problems. Escape from the suffering as a mitigating resource, instead of dealing with grief, may have scarred her family's emotional environment. In the series, Carrie rarely trusts in introspection to confront and overcome her conflicts and losses, while she opts for life choices that may encourage the destabilizing of her emotions and contribute to her psychopathological development, such as her taste for risk and a choice of job that often subjects her to situations of stress and high risk to her physical and mental health.

We know that bipolar disorder often evolves toward chronicity. Its most invalidating manifestations tend to appear progressively over a lifetime, and, in general, limit the individual's functional capacity. However, it is not shown like this in the series, since Carrie's behavior seems perfectly adapted to her employment context. She offers the image of somebody frequently dealing with emotional crises and physical risk yet she achieves optimum results in resolving the tasks she is set. Only at certain moments does the tension get too much, affecting her capability to work and the caliber of her interpersonal relations. We do not have sufficient data to evaluate the foreseeable evolution of the disorder, and one must always consider the variability of personal characteristics. However, in Carrie's case, this

may involve an evolution toward chronicity. In fact, the frequency of critical episodes gradually increases, until two episodes occur in a very brief interval of time.

The quality of therapy plays a large role in the disorder's development. Because it is a highly complex disorder, it requires a complete treatment, both medical and psychological, incorporating rehabilitative interventions. The series fundamentally covers pharmacological treatment, the situations requiring psychiatric hospitalization, and certain general recommendations in relation to healthy living patterns. Given the importance of the subject, we will briefly outline a description of the recommendations issued in clinical practice guides.

When designing therapeutic interventions, great significance is attached to the extent of capability and commitment the individual must assume. Any professional intervention runs the risk of not being suitable, or being interrupted, without the involvement and agreement of the sufferer. So it is essential that the individual is aware of the distinctive features of their disorder, that they know the protective and risk factors associated with it, as well as the importance of maintaining a high level of "self-care". For the same reason, it is advisable that individuals are able to establish alliances with the professionals responsible for their treatment and with different family members. Despite her scarce awareness of the risk, Carrie always trusts somebody: when she refuses to talk to a psychiatrist who might monitor her medication, she tends to follow the advice of her sister, who is both a family member and doctor. In critical circumstances, she places herself voluntarily in the hands of the mental health system to receive electroshock therapy. Unfortunately, from what we can see, she is not consistent enough in caring for herself, one of the significant aspects of maintaining clinical stability.

Currently, pharmacological treatment is considered fundamental, above all based on lithium salts and other mood stabilizers, but so is participating in a therapy process of psychological and rehabilitative interventions. Carrie's father, who suffers from the same disorder, tells his daughter about his personal experience with the medica-

tion he is on. At other times, he tells us about the prescription of different drugs, though he mentions no medical monitoring system.

It does not appear he has been recommended or tried any structured psychological or psychosocial intervention beyond certain general recommendations on healthy living patterns. In contrast, currently, a better prognostic is associated to systematic health monitoring that offers information on the illness and training in strategies for combating it. This aims to optimize handling of the disorder, instructing in early detection and consequent immediate action when new symptoms appear that forewarn of a relapse.

Electroshock therapy, which the heroine undergoes, is recommended in cases of serious depressive symptomatology in which any other therapeutic intervention has been shown to be unsuccessful, or if the situation is deemed a risk to life. Carrie's desperation and her sense of finding herself at a dead-end attract her to this option, despite being informed of the negative consequences such treatment can have on her cognitive capacities.

In the course of treatment, great importance is attached to the presence and participation of family members and other close friends who can contextualize symptoms and grant them a meaning that resonates with individual identity. They can encourage the maintenance of healthy behaviors, the reduction of risky behaviors and help accommodate phases of greater stability. Such participation can also be an element of training to suitably intervene in crises, after prior agreement with the affected individual. Homeland grants a privileged role to family. The sister is idealized as a mother figure and absent carer, while she also acts as guarantor that the pharmacological treatment is being followed. She is attentive to the phases of instability that can precede a crisis, and offers support during the times Carrie is incapable of fulfilling responsibilities taken on impulsively. The father personifies a figure who speaks from a viewpoint of first-hand knowledge and experience, aware of the disorder's seriousness and having overcome his most conflictive periods. His is the survivor's voice, which has been

an important figure in the US for many years, and is acquiring increasingly greater prominence in Spain.

Although the capacity for resilience and recovery the individual displays should always be taken into account, bipolar disorder poses significant problems of a diagnostic and therapeutic nature. In effect, among the various episodes, apparently symptom-free, deceptive intervals tend to appear, which may lead to the sudden abandonment of treatment and the appearance of fresh relapses. This is what occurs on the occasions when Carrie abandons her drug treatment because she does not feel the need to keep taking them. This behavior, highly inadvisable in care practice, seems to be linked to the most critical periods of her life and leads to greater psychological instability.

As stated in the *Guía de práctica clínica del trastorno bipolar* (Practical Clinical Guide to Bipolar Disorder) published by the Spanish Ministry of Health, according to several studies conducted in different sociocultural media, patients with bipolar disorder display symptoms during a substantial part of their lives. These phases with clinical manifestations can cover from a third to half of their lives, with predominance of depressive symptoms. It is therefore essential to treat this disorder longitudinally, knowing that after the appearance and resolution of manic or hypomanic symptoms, the risk exists of a fresh relapse. Between two thirds and three quarters of patients hospitalized for mania will again be admitted for the same cause in the future. The percentage of patients with a single episode does not surpass 15%, while the most frequent percentage of relapses over a lifetime falls within the 7–22% range.

The seriousness linked to bipolar disorder is generally attributed to lifestyle factors associated with it, and to substance abuse, which frequently occurs during or between episodes.

Based on these data, Carrie's future does not seem very optimistic, though it is true that in her case some of the more frequent consequences of the disorder are not present, such as functional deterioration and difficulty in maintaining satisfactory employment activity. Were such evolution confirmed, it would enable us to trust



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in a satisfactory evolution. However, as we see in *Homeland*, Carrie does not maintain her pharmacological treatment regularly, she consumes alcohol often, experiences continual risk situations and her vital rhythms match the most inadvisable behaviors for reaching affective stability. In the series she remains constantly active, is efficient at her job and recovers from her most critical moments by adapting to new contexts with resolution. In part, this capacity to overcome is related to her character, a true fictional heroine who is capable of becoming larger than life itself. Yet it is also true that there are people who can face dramatic situations thanks to their great personal fortitude. We should not forget that studies monitoring people with this disorder record a (small) percentage of cases that evolve favorably.

In *Homeland*, description of bipolar disorder symptoms in their different evolutionary moments, of the fluctuation between phases, of pharmacological and medical treatment in general, of the recommendations concerning lifestyle habits and the importance of family participation in the healing process, respond faithfully to descriptions of international clinical classifications and the recommendations in the clinical practice guides in use. As we saw, it is possible to find examples of many aspects of the disorder presented with great coherence. The series also conveys to what extent this disorder can affect different aspects of life, guiding us on the combative attitude that sufferers must maintain.

It is likewise true that some of the most invalidating and painful consequences of this disorder are omitted or smoothed over, as shown in clinical practice. Many affected individuals see their lives completely changed and do not manage to overcome the progressive worsening of their personal relationships or their progressive loss of functional autonomy. Behind the apparent dynamism and speed of response that Carrie displays could nevertheless hover her difficulty in regulating her moods or her incapacity to resolve her emotional conflicts, incorporating preparation processes and coping with the suffering they lead to.

The series chooses to convey a message of hope, one that is not always fully justified, but which hints at the chance to overcome the disorder. Nowadays we know that certain well-known figures who are no longer with us suffered from this disorder in their time. We admire them for their historical value and courage in a sustained fight to recover their faculties. Currently, moments of hope are also experienced every time a well-known and respected person makes their disorder known and agrees to share both their suffering and their triumphs with us.

The scriptwriters display a firm sense of balance and sensitivity by presenting a heroine who suffers from a mental disorder that is considered serious, without hiding the more disquieting aspects of her illness. Yet meanwhile they get us to value and identify with her due to her overall personality. Carrie is a competent person, who possesses myriad personal capabilities. She is successful and respected in her professional sphere. She is surrounded by people who love her and worry about her, and her identity is linked to her overall personality, not to her illness. This is now the challenge set by the movement fighting to rid those people suffering from a mental disorder –and by extension their family members and the professionals attending them– of any sort of stigma or discrimination. Carrie prompts no rejection from viewers. Instead, it is easy to identify with her, feel jealous of her successes and share her suffering.

The series lacks a greater reference to the need for integral, structured, integrated and ongoing therapy, which responds to the extreme complexity of a disorder that affects different aspects of life. On one hand, this means mental health, and with it the capacity to tolerate emotional pain, create conflicts and be able to build satisfactory personal relationships, and on the other, physical health in its different dimensions. Nevertheless, *Homeland*'s great truth, from the viewpoint of disseminating information on mental illness, consists of coherently integrating, without interfering in the plot action, a positive and seductive character who suffers from a serious mental illness without judging her.