



Portrayals of child and adolescent psychiatry in mass fiction: focusing on Stieg Larsson's complete works

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Received: 10-DEC-2017

Accepted: 14-JAN-2018

Published Online: 08-FEB-2018

Abstract

Mass market fiction influences public perception of psychiatric services. Stieg Larsson's "Millennium" crime fiction series is an absorbing one; however, the portrayal of child and forensic psychiatry in the trilogy is sensationalised and demonised, and compares poorly to the less paternalistic, more holistic, and more pedagogical-driven methods employed by contemporary child and adolescent services. This negative portrayal can lead to enacted public stigma, self stigma, and stigma from within the healthcare professions. This can adversely affect feelings, thoughts, behaviours and resource allocation towards psychiatry, and may also impair the self-esteem and adherence levels of people with psychiatric illness. There is a need for mass media to act as social watchdog, be an educational resource for long case histories, or serve to document contemporary perceptions of psychiatry. Anti-stigma movements, to counter the effect of negative media portrayal, should come from within psychiatry itself.

Keywords: Child and adolescent services; Forensic psychiatry; Larsson; Mass media; Medical humanities; Perception; Prejudice; Psychiatry.

Introduction

Short of having a family member with psychiatric illness, the mass media is usually the only conduit via which the public builds its perceptions of mental illness, and can be disproportionately

influential in this respect. Stieg Larsson's "Millennium" crime trilogy was a runaway worldwide bestseller published between 2008-2010.[1-3] A resurgence of interest in the stories has come through David Lagerkrantz's moderately faithful continuations of the trilogy after

Cite this article as: Pang NTP. Portrayals of child and adolescent psychiatry in mass fiction: focussing on Stieg Larsson's complete works. RHIME. 2018;5:5-8.

Larsson's death in 2004. The stories portray child and adolescent forensic psychiatry in a negative way and, therefore, have the potential to stigmatize the field of psychiatry in general.

Fiction versus Reality

Larsson was a Swedish writer, social activist and journalist. His "Millennium" trilogy is named for the magazine the male protagonist, Mikael Blomkvist, an investigate journalist, works for. Each installment in the trilogy features both industrial and government-sanctioned criminal activity. Blomkvist and the female protagonist, Lisbeth Salander - a proficient hacker who has Asperger's syndrome and possible borderline personality disorder - attempt to investigate and combat the crimes.

Lisbeth first presents to services aged 12-years when she almost murders her abusive father. She is detained in a psychiatric hospital till age 18 and is diagnosed with psychotic disorder.[1] Though she is mute with psychiatrists throughout, she engages with staff. It is revealed later in Book 3 that her chief psychiatrist, Dr Teleborian, is part of a conspiracy to protect her dissident father.[3] Hence, his review of her condition is highly embellished and fabricated. When she tries to tell others the truth they dismiss it as "paranoid delusions" congruent with her "psychosis".

This portrayal in the series appears to be a punitive, sterile environment with no educational opportunities. It contrasts with the positive atmosphere in contemporary child and adolescent psychiatry services where the therapeutic role of music & art is recognised as an alternative, appropriate means of expressing adolescent emotions.[4,5]

There are also strong paternalistic and

authoritarian undertones running throughout the fictional portrayal of child and adolescent inpatient services. Dr Teleborian immediately assumes hostile tones towards Lisbeth; she remembers no attempt to build rapport. In contemporary child and adolescent inpatient units, however, high levels of empathy, rapport, and use of engaging techniques and age-appropriate words and phrases are employed. Most medication and management changes in child and adolescent units are now discussed with and consented to by legal guardians rather than just being brusquely implemented unilaterally as was portrayed in the series.

Discussion

The only unambiguously positive portraits of psychiatric disorders seen in print were written by a psychiatrist and were a series of case studies.[6] As for the rest, there is certainly a predominantly ambivalent or negative portrayal of psychiatrists in mass media, where psychiatrists are shown as generally "failing to empower" or as "actively disempowering" patients.[7] The other problem is a clear "author reliability bias" where "journalists" are perceived by the public as giving more accurate portrayal of psychiatric services compared to "biased insiders". There is also a trend towards unrealistic illness portrayals. Psychosis is often "portrayed accurately" but schizophrenia patients are "demonised" ultimately as killers [8]. This is very different from the reality; psychosis on its own, without comorbid substance abuse, does not significantly increase the risk of violence.

The lay public is at risk of absorbing their perceptions of psychiatry passively from mass media rather than actively through dialogue with healthcare professionals or actual patients with real-life experiences. Low mental health

literacy, repeated exposure to barbaric and inhumane portrayals, topped off with the “mark of authority” of a respected investigative journalist, can cause negative feelings, thoughts and behaviours in the lay public. When patients experience and internalise this enacted stigma in education, employment and socialisation, it can damage adherence levels, attendance to hospitals, and may precipitate depressive symptoms and poorer self-esteem.

Stigmatization can even extend to within the healthcare profession. Psychiatry is heavily stigmatized even by other healthcare professionals. This can potentially reduce the quality of the healthcare received, result in wrongful dismissal of genuine physical health symptoms as psychiatric symptomatology, and ultimately, lead to disparities in budgets and service resource allocations from the top down.

Nonetheless, we should not discount the role of mass market fiction in enhancing our psychiatric practice. Authors can “increase consciousness of psychological development” [8]. Fictional depictions of mental illness can read like extended case histories serving as tools for education and reflection. Willy Loman in Arthur Miller’s “Death of a Salesman” can be read as an anatomy of a suicide in an individual with major depressive disorder with psychosis [9]. Authors can also serve as “social critics” who “call psychiatrists to account” [8]. This can spur changes in practise when we in psychiatry are taken to task.

At a larger level, Gabbard postulates that fiction can serve as a “storehouse for the intrapsychic images of our time” [10]. Fiction can immortalise contemporary portrayal of mental illness and social perceptions of mental illness at a point in time. This can help us understand our patients’ psychosocial predisposing and

precipitating factors better when we read the portrayals of mental health around their era. A good example of this is described throughout Steve Silverman’s “Neurotribes” where he describes the idea of family dynamics and inadequate or “refrigerator” parenting as a “causative agent” of autism still being prevalent up to the 1970s [11]. Examining these historical social perceptions can help us understand better, for instance, the current insecurities and fears of a currently depressed mother of an autistic grown-up.

The other side of the coin

Portrayal of psychiatry services is often fictionalised in mass media; when popular fiction, movies and TV series portray psychiatry inaccurately and in a sensationalised way, it may be argued that they are only trying to make a living. Besides, in all fairness, in the interests of confidentiality and the rights of patients, mass media may not have privileged insider insights into the true workings of a mental health unit. This is exemplified clearly in “One Flew Over the Cuckoo’s Nest” which portrays psychiatry and psychiatric treatments as repressive and barbaric.

Conclusion

Mental health professionals could take up the responsibility for reducing stigma by organising awareness projects and heightening public engagement with mental health professionals out of the typical domains of clinics and wards. An example is “How Can I Help?: A Week in my Life as a Psychiatrist.”, a 2015 Canadian bestseller by Dr David Goldbloom, a psychiatrist, where he identifies the key force “undermining public bias” as “accumulation of misinformation, myths, and stigma” about psychiatry [12]. Through his work he gives an “honest, informed, and

ultimately personal account” of a week in a tertiary Canadian referral centre. He also illustrates the “understanding, trust and hope” psychiatry services can provide to these “suffering individuals”. Hence there should be more effort to write and publish from within, rather than without, to combat ignorance and stigma.

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