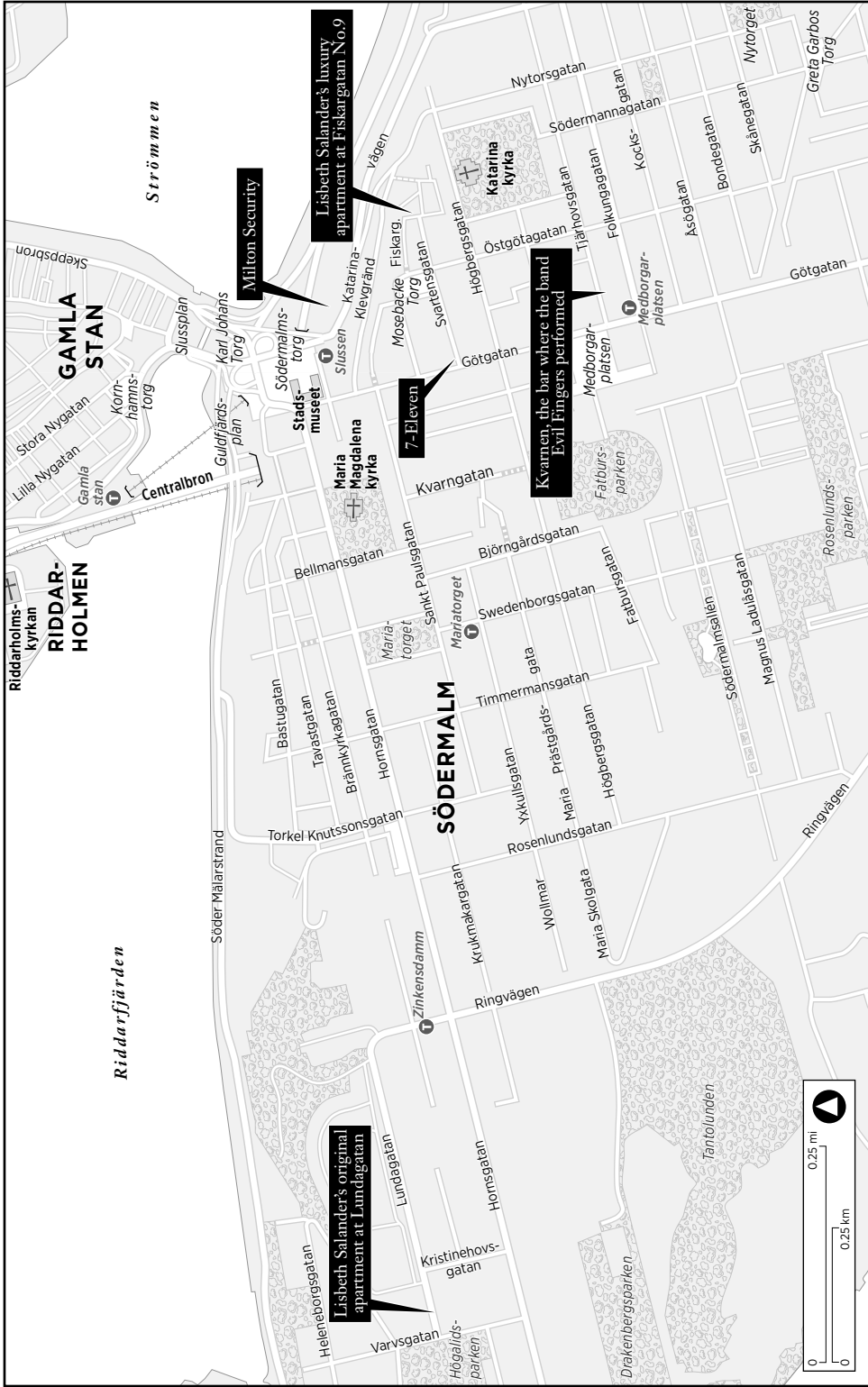


PART ONE

**LISBETH “THE IDIOT”
SALANDER**

The cyborg is a creature in a post-gender world.

—Donna Haraway



Milton Security

Lisbeth Salander's luxury apartment at Friskargatan No. 9

Kvamen, the bar where the band Evil Fingers performed

7-Eleven

Lisbeth Salander's original apartment at Lundagatan

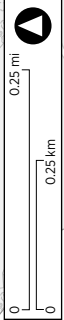
GAMLA STAN

RIDDARHOLMENS

SÖDERMALM

Strömmen

Riddarfjärden





LABELING LISBETH: STI(E)GMA AND SPOILED IDENTITY

Aryn Martin and Mary Simms

Lisbeth Salander is “*a sick, murderous, insane fucking person. A loose cannon. A whore.*”¹ At least, that is what Advokat Bjurman thinks after combing her official record. In just one brief conversation, Dr. Teleborian describes her as “psychotic,” “obsessive,” “paranoid,” “schizophrenic,” and “an egomaniacal psychopath.”² In the wake of her institutionalization at St. Stefan’s, she is characterized as mentally ill and, at the age of eighteen, declared legally incompetent. Even her allies, Holger Palmgren and Mikael Blomkvist, throw their hats into the diagnostic ring with speculation that Lisbeth has Asperger’s syndrome. Lisbeth Salander is a magnet for labels.

The impetus for this labeling frenzy is Lisbeth’s uniqueness in both biography and character. Her father is a Russian spy who is protected by an overly zealous secret section of the Swedish government. Her entanglement with the mental health system resulted from an elaborate and unprecedented

conspiracy. She is a diminutive hacker genius accomplished at kickboxing but hopeless at small talk. We readers are invited to sympathize with Larsson's heroine because of her fantastically raw deal. In the exhilarating court scene in *The Girl Who Kicked the Hornet's Nest*, Salander's lawyer, Anita Giannini, tramples Dr. Teleborian as she demonstrates that Lisbeth is "just as sane and intelligent as anyone in this room."³ This victory puts Lisbeth back on the right side of the asylum's doors, as her declaration of incompetence is rescinded, then and there. Sanity prevails.

Yet Larsson's heroine may not be so exceptional after all. In his classic books *Stigma* and *Asylums*, Erving Goffman (1922–1982) showed us that people are shaped by their social situations. Goffman argued that once institutionalized—whether in a prison or a psychiatric hospital—"inmates" share certain experiences and adaptations owing to their social location (and not because of their inherent illness or badness). After leaving these institutions, former inmates bear the discrediting mark of having been there: the label of "mentally ill," "incompetent," or "criminal." This stigma, Goffman argued, powerfully shapes their subsequent social encounters, whether their stigma is known or hidden.

By drawing attention to the vehemence with which people and institutions repeatedly label Lisbeth, Larsson covers much of the same ground as Goffman. He illustrates the ways in which labels come to stand in for and eclipse the person. He shows that there is slippage among discrediting labels, so that we are more likely to believe, for example, that someone labeled mentally ill is also prone to violence, promiscuity, or substance abuse. Once someone enters the bureaucratic machinery of a psychiatric institution, behaviors that would go unnoticed in "normals" are recorded as symptoms of illness. Finally, we see that labels solidified in official state records are called into play in subsequent incidents, strengthening one another like so many spools of barbed wire.

Perhaps the most powerful lesson we learn from Lisbeth's labels is about the incongruity between the paper version of a discredited person and her flesh-and-blood self. It seems that Lisbeth is victimized and later vindicated only because she was *wrongly* labeled. Yet if we read the *Millennium* series as being only about one person's raw deal, and we feel triumphant when she is restored to freedom, we miss something important. This reading ignores countless people—the so-called *rightly* labeled—whose stigma appears justified. And that's a problem. It's never okay to reduce people to the less-than-human status prompted by easy labels.

The Right to Remain Sullen

Although we don't know much about Lisbeth's time in St. Stefan's (aside from the fact that she hogged the sensory deprivation room), Goffman described a number of rituals common to such institutions.⁴ "Abasements, degradations, humiliations, and profanations of self" radically change the victims' view of themselves and others.⁵ First, inmates are cut off from the outside world and from the roles they occupied outside of the institution. No longer daughter, student, or sister, the psychiatric inmate is a patient only, subordinate to staff around the clock and in all physical spaces. The time spent away from roles "on the outside" can never be recovered. Admission procedures such as "photographing, weighing, fingerprinting, assigning numbers, searching, listing personal possessions for storage, undressing, bathing, disinfecting, haircutting, issuing institutional clothing, instructing as to rules, and assigning to quarters" turn the patient into a standardized object.⁶ We can imagine that it would be particularly traumatic for a young Lisbeth to surrender what Goffman called an "identity kit," the cosmetics and the clothing that people ordinarily use to manage the guise in which they appear to others.⁷

Goffman discussed in detail many other “attacks on the self,” including forced social contact necessary to group living and lack of control over decision making, scheduling, finances, nourishment, and movement. A key practice that characterizes life in a psychiatric institution is that everything is written down. We know this was true of Lisbeth’s stay at St. Stefan’s because the records are available for Giannini to count the days Salander spent in restraints. The casebook archives every aspect of an inmate’s history and hospital life in a form readily available to all manner of staff members but often not to the patient herself. Although record keeping seems an obvious, sensible, and benign convention, Goffman highlighted some of its worrisome effects. Patients are not in a position—as are those of us on the “outside”—to manage personal information in social interactions. When talking to others, we routinely tailor which bits of ourselves to share, which to hide or downplay, and which to exaggerate. If we have an embarrassing lapse of judgment, we can choose not to tell anyone or to spin it in a favorable and rational light. Psychiatric patients, however, might find that this mistake is just the kind of detail that would be recorded as a symptom of illness and thrown back at them should they attempt to present themselves to staff or fellow patients as “normal.”

Instead of constructing a “self-story,” as we all do, the mental patient’s story is already constructed by others and written along psychiatric lines. Lisbeth’s casebook “was filled with terms such as *introverted, socially inhibited, lacking in empathy, ego-fixated, psychopathic and asocial behavior, difficulty in cooperating, and incapable of assimilating learning.*”⁸ Each action and adaptation of the patient is scrutinized and recoded in psych-speak. “[T]he official sheet of paper,” Goffman wrote, “attests that the patient is of unsound mind, a danger to himself and others—an attestation, incidentally, which seems to cut deeply into the patient’s pride, and into the possibility of having any.”⁹

What we know about Lisbeth's time in St. Stefan's maps eerily onto Goffman's account. At first, she tries to explain to doctors and other support workers her mother's abuse and the reasons for her retaliation against her father. She finds she isn't listened to. Goffman wrote of the mental patient: "The statements he makes may be discounted as mere symptoms. . . . Often he is considered to be of insufficient ritual status to be given even minor greetings, let alone listened to."¹⁰ We can imagine that Lisbeth's lowly social status and hence her invisibility are exacerbated by the added social failings of being female, small, and practically a child.

Lisbeth's response to being ignored is silence:

Why won't you talk to doctors?

Because they don't listen to what I say.

She was aware that all such comments were entered into her record, documenting that her silence was a completely rational decision.¹¹

Teleborian later calls this silence "disturbed behavior."¹² Silence, withdrawal, and sullenness are all predictable responses of mental patients to their social situation, although Lisbeth's lifelong extension of this behavior to every authority is arguably somewhat extreme. Goffman described four candidate coping mechanisms, with the proviso that many inmates use a combination of them to get by. The first two, withdrawal and intransigence, become lifelong hallmarks of Lisbeth's posture in the world. Goffman explained that such self-protective mechanisms have costs in the institution: "staff may directly penalize inmates for such activity, citing sullenness or insolence explicitly as grounds for further punishment."¹³ This, too, mirrors Lisbeth's experience. Punitive "treatments," such as confinement in the isolation cell and force-feeding of both medication and food, follow defiant gestures on Lisbeth's part, such as refusing to speak to Dr. Teleborian and rejecting medication. "Salander had rapidly come to the realization that an

‘unruly and unmanageable patient’ was equivalent to one who questioned Teleborian’s reasoning and expertise.”¹⁴

The events of Lisbeth’s life following her release from St. Stefan’s are marked by the stigma of having been there in the first place: she is dogged by her record of insanity. Her experiences in the institution—many of which can be understood as typical—forged the lonely, resilient, distrustful, and angry person she would become.

I Know You Are but What Am I?

In his book *Stigma*, Goffman pointed out how labels such as “mentally ill” affect the everyday interactions of stigmatized people. *Stigma* is originally a Greek term referring to “bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor—a blemished person, ritually polluted, to be avoided, especially in public places.”¹⁵ Bjurman’s confessional tattoo is an almost-too-good example of this old meaning. Today, *stigma* refers “more to the disgrace itself than to the bodily evidence of it.”¹⁶ Someone is stigmatized if she is *perceived as* belonging to an undesirable category of person, whether she does or not.

Goffman identified three types of stigma: abominations or disfigurements of the body; blemishes of character such as a known record of mental disorder, criminality, unemployment, homosexuality, or alcoholism; and tribal stigmas of race, nation, and religion. Lisbeth’s stigmatizing attributes seem to grow exponentially as the books unfold but belong mostly to the second category. Occasionally, her extremely small stature and her voluntary tattoos and piercings are read as examples of the first type, but she is routinely accused of mental and moral failings. According to Goffman, when we attribute a stigma to someone, we reduce the individual in our minds from “a whole

and usual person to a tainted, discounted one,” and thereby “exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances.”¹⁷

Lisbeth “did not give a damn about labels,” but they stuck to her like gooey Swedish fish.¹⁸ The evidence of her mental illness, gathered from documentation of her time at St. Stefan’s, looms large. When police first gather up her paper trail, the prosecutor Ekström describes her as “a woman who during her teens was in and out of psychiatric units, who is understood to make her living as a prostitute, who was declared incompetent by the district court, and who has been documented as having violent tendencies.”¹⁹ People assume that someone with one discreditable attribute is likely to have many. “We tend to impute a wide range of imperfections on the basis of the original one,” Goffman wrote.²⁰ With little or no evidence, assumptions about promiscuity and violence become linked to mental illness. The slippery slope of stigma categories is demonstrated, with almost comical excess, when police and media are ready to believe and report any slanderous label leveled at Lisbeth, from “psychotic nutcase” to “lesbian Satanist.”

Although she has countless enemies, Lisbeth is not without allies. Most notably, Dr. Palmgren, Dragan Armansky, Blomkvist, and Mimmi Wu find her almost endearing in her eccentricities. These friends fall into two different categories, both discussed by Goffman. First, Armansky and especially Palmgren are considered to be “wise.” While they don’t share the stigma with Lisbeth, the wise are “persons who are normal but whose special situation has made them intimately privy to the secret life of the stigmatized individual and sympathetic with it.”²¹ Palmgren, at least, is trusted enough to be let into Lisbeth’s confidence, a rare privilege.

Blomkvist and Wu get to know Lisbeth under circumstances in which she is able to “pass” without their knowing of her flawed history. For someone discreditable, such as Lisbeth, hiding or otherwise managing prejudicial information is fraught

with the constant risk of being found out. In a close relationship, this involves the double threat of being unmasked as flawed and of being accused of betrayal for hiding it in the first place. This fear prevents the stigmatized person from moving toward greater intimacy in relationships. For example, in *The Girl with the Dragon Tattoo*, Lisbeth considers potential sources of support after being brutally raped by Bjurman. She thinks first of her fellow band members:

“Evil Fingers” would listen. They would also stand up for her. But they had no clue that Salander had a district court order declaring her non compos mentis. She didn’t want them to be eyeing her the wrong way, too. *Not an option.*²²

Managing a spoiled identity requires constant work and second-guessing: “to display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where.”²³

Although she is an expert snoop into other people’s business, Lisbeth is, understandably, intensely private. No wonder she has so few friends. Her social isolation, too, is characteristic of stigmatized individuals. Social interactions with people “in the know” can involve violence or simpering condescension. Like Lisbeth, many people with spoiled identities keep to themselves. Lacking the rewarding aspects of interpersonal contact, “the self-isolate can become suspicious, depressed, hostile, anxious, and bewildered.”²⁴ Sounds like someone we know.

Girls, Interrupted

Long after her discharge from St. Stefan’s at the age of fifteen, pages continue to be added to Lisbeth’s incriminating casebook. This paper trail both prohibits her from “passing” in certain social situations and comes to play a dominant role in damning judgments made of her throughout the books.

Goffman described an ex-mental patient who avoided sharp exchanges with a spouse or an employer because a show of emotion might be taken as a sign of madness.²⁵ For stigmatized people, especially the so-called mentally ill, behavior that is even mildly confrontational validates their label and justifies further scrutiny and control. For the mercifully unlabeled, such behavior goes unnoticed.

This tendency is brought into stark and sometimes comical relief in Giannini's cross-examination of Dr. Teleborian in *The Girl Who Kicked the Hornet's Nest*. As evidence that Lisbeth represents a danger to herself, Dr. Teleborian cites her tattoos and piercings. They are, he testifies, a "manifestation of self-hate."²⁶ When Giannini asks whether she, too, is a danger to herself because of her earrings and a tattoo in a private place, Dr. Teleborian responds that tattoos can also be part of a social ritual. In this case, a so-called expert makes a determination that the same behavior demonstrated by one person is a symptom of illness, while for another it is an innocuous social performance. Although we can see the absurdity of this distinction when it is presented in this light, Goffman said that we do it all of the time in real life.

Teleborian walks into the same trap again and again during his testimony when he cites Lisbeth's "substance abuse" and "uncontrolled promiscuity" as evidence of her psychopathology. Because Lisbeth is already stigmatized, single instances of drunkenness are blown up into categorical labels. As Giannini points out, both she and Teleborian engaged in similar antics when they were young. "People do so many stupid things when they're seventeen," he replies.²⁷ Regular people do stupid things without consequence, while the serially scrutinized build up a self-incriminating biography.

Lest we think that this kind of thing happens only in fiction (or in Sweden), here is an example drawn from legal hearings under the Mental Health Act of Ontario, Canada. The purpose of the hearings is to review the involuntary commitment

of patients, a status that requires a panel to affirm doctors' judgments that a patient is a danger to herself or others. In the first case, the patient was allegedly a danger to herself because she made "irrational" judgments about men.

The clinical summary states that Ms. E.L. had been going to bars to pick up men she did not know and bringing them back to her apartment. Ms. E.L. told the panel that there was only one incident where she brought home a man she had just met. She said that she met a man she did not know outside a local library. It was cold and he offered her his jacket. They subsequently went out for coffee, following which Ms. E.L. invited the man to her apartment.²⁸

This passage illustrates two moves that we've seen made in Lisbeth's case. First, the doctor generalized a single incident into a pattern. Second, the incident does not seem all that out of the ordinary: we would find it entirely believable in the context of a romantic comedy, for example. It is made to seem risky, though, when it is coupled with a prior diagnosis of mental illness and when it is presented by a medical authority in the stark setting of a hearing.

In a second such case, a doctor claimed that the patient's candle lighting constituted a danger to herself.²⁹ In both cases, there was no actual harm—no sexual assault or fire—but discredited individuals were being classified as dangerous "for their own good." Their possibilities for action—whether rational or risky—are clearly more constrained than those allowed an average person.

Lisbeth's story can be used as a lever to open a window on the social situation of stigmatized people more generally and particularly of those understood as "mentally ill." We agree that Lisbeth should be read as "one of us," but there may not be *any* "them." We want to challenge the practice of sorting people into dichotomous boxes: us/them, sane/insane,

good/bad, and so on. Another way of saying this is that we are all “one of us,” somewhere on the always-shifting continuum from sane to mad. We all suffer from spoiled identities at some point or another. “The most fortunate of normals is likely to have his half-hidden failing, and for every little failing there is a social occasion when it will loom large, creating a shameful gap” between how others see him and how he sees himself.³⁰ The conclusion is not that we should be nicer to people who are different from us, but that we should see ourselves in them and see them in ourselves. A mere slip of the pen, and our places could be reversed.

NOTES

1. Stieg Larsson, *The Girl Who Played with Fire*, trans. Reg Keeland (New York: Vintage, 2010), p. 47.
2. *Ibid.*, pp. 319–320.
3. Stieg Larsson, *The Girl Who Kicked the Hornet’s Nest*, trans. Reg Keeland (New York: Alfred A. Knopf, 2010), p. 484.
4. Goffman’s insights are drawn from ethnographic methods, which include participant observation. For *Asylums*, he posed for a year as a recreation assistant at St. Elizabeth’s Hospital in Washington, D.C.
5. Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961), p. 14.
6. *Ibid.*, p. 16.
7. *Ibid.*, p. 20.
8. Stieg Larsson, *The Girl with the Dragon Tattoo*, trans. Reg Keeland (New York: Vintage, 2009), p. 160.
9. Goffman, *Asylums*, pp. 153–154.
10. *Ibid.*, p. 45.
11. Larsson, *The Girl Who Played with Fire*, p. 395.
12. Larsson, *The Girl Who Kicked the Hornet’s Nest*, p. 497.
13. Goffman, *Asylums*, p. 36.
14. Larsson, *The Girl Who Played with Fire*, p. 393.
15. Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Touchstone, 1986), p. 1.
16. *Ibid.*, pp. 1–2.
17. *Ibid.*, pp. 3, 5.

18. Larsson, *The Girl with the Dragon Tattoo*, p. 327.
19. Larsson, *The Girl Who Played with Fire*, p. 249.
20. Goffman, *Stigma*, p. 5.
21. *Ibid.*, p. 28.
22. Larsson, *The Girl with the Dragon Tattoo*, p. 237.
23. Goffman, *Stigma*, p. 42.
24. *Ibid.*, p. 13.
25. *Ibid.*, p. 15.
26. Larsson, *The Girl Who Kicked the Hornet's Nest*, p. 487.
27. *Ibid.*, p. 500.
28. Re C.C., [2005] O.C.C.B.D., No. 178 (O.C.C.B.), online: QL (OCCBD).
29. Re C.C., [2004] O.C.C.B.D., No. 62 (O.C.C.B.), online: QL (OCCBD).
30. Goffman, *Stigma*, p. 127.