

The Inanimate Girlfriend Case: An Analysis of Lars and the Real Girl

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ABSTRACT

Films are an important tool in spreading ideas, knowledge and awareness to a wide range of people in a short and concise manner. Spanning across all fields imaginable, there is a wide variety of films which are a treasure trove of knowledge for people to learn and assess. One such field is that of psychology. There have been numerous films depicting various psychological aspects like mental disorders, their treatment and mental health professionals. However, an overwhelming amount of these are negative portrayals, stigmatising and over exaggerating these aspects, and instilling fear and misinformation in the audience. A limited amount of these portray such ideas in a positive light, one of which being Lars and the Real Girl. The film revolves around Lars as he suffers a delusion about an anatomically correct sex doll being a real girl named Bianca. The film shows us his delusion, how he heals his underlying issues with the help of the community and Dr. Dagmar and highlights important aspects like delusional disorder, egocentrism, disillusionment, transitional objects and protective environment among others.

Keywords: *Delusional disorder, Egocentrism, Disillusionment, Transitional Object*

Mass media, in all its forms and senses, has had a considerable impact on the developmental trajectory of people, both overt or covert. Films have proved to be an important development in the cultural history of humans. The slow development and refinement of cinema has, over time, evolved to showcase the finer aspects of real life, both the good and the bad. Though sometimes highly over exaggerated, these moments showcased in reel life have, nonetheless, proved to be important pioneers for change, where some bring forth ideas of modernity, while others provide a retelling of old cultures. With some films glorifying the negative aspects of heavily debated topics like violence, humanity, sexuality and the society, others still uplift the positive aspects of the same, attempting to balance their counterparts. Whether the films depicting the negative aspects are much more commonplace truly, or it just seems so, is not clear, but it certainly feels like they have much more of an impact in our daily lives. The judgement that films provide the human mind, its attitudes and behaviours with a positive change, a negative change or none at all is highly subjective, ranging from one cinematic piece to the other and, all the same, from one person to another. It cannot be denied, however, that whether invited or not, all films leave a mark in human history.

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Coincidentally, one of these concepts explored by cinema is psychology and the representation of its different aspects. Psychological films, despite being outnumbered by action films, still have a vast prevalence in the media we consume. Out of 4,502 characters from the 100 top films in 2019, only 1.5% experienced a mental health condition (American Foundation for Suicide Prevention, 2022). Commenting upon a wide range of topics like PTSD, DID and therapist-client relationship, these films bring to light for the wider audience, aspects of psychology that would have trouble finding the limelight on their own. The knowledge of mental disorders has always comparatively been neglected in the public. Many people are unable to recognise specific disorders and the different aspects of psychological distress. Moreover, the prevalence of attitudes that hinder help seeking is common. The condition is further deteriorated by the fact that much of the readily available information about mental health is misleading (Jorm, 2000). Showcasing different aspects of these concepts, psychological films implore the audiences to think and understand them in new ways, spreading the knowledge for the same in an easy manner beyond just those pursuing the field. In a utopian dimension, all psychological films would aptly portray the complexities of the concepts perfectly, highlighting not just the positives, but rather balancing them with the negatives, insisting that people ponder upon them and possess a healthy worldview of the field and the various disorders that people might suffer from. In real life, however, the majority of films that take upon this task of exploring the field of psychology are littered with misinformation, over exaggeration and misrepresentations.

Cinema often represents people suffering from disorders as 'unstable', villainising them in the process. 63% of film characters with a mental health condition in 2019 were perpetrators of violence. While these movies may not always be offensive, they can be inaccurate. This can further the harmful stereotypes and negative attitudes already held by the public about such individuals, further isolating them from society. These negative depictions tend to introduce in the audience, negative and stigmatising aspects of mental illnesses, steering their belief about such individuals into understanding them as dangerous. Inaccurate representations of disorders instil increased negative effects, endorsing the belief that individuals suffering from them are unpredictable, dependent and dangerous (Perciful and Meyer, 2017). Unable to understand and recognise the unseen battles fought by mentally ill individuals, which are mostly in the shadows, filmmakers often depict only the negative and violent aspects of these issues, overflowing a space already filled with negative connotations to these disorders. Moreover, to gather viewers, filmmakers largely focus on unipolar conflicts rather than taking an overall view (Das, 2017). This isolation negatively affects the treatment plans and treatment seeking behaviour in these individuals. Apart from this, the other portrayals include the rebellious free spirit, the enlightened members of society, the narcissistic parasite, the seductress and the zoo specimen (Hylar et. al, 1991).

There is, however, still something to be said about the positive portrayal of mental illnesses in films. Some movies, despite containing stereotypes, may still overall have a positive impact on the viewers, leaving them with a positive experience and better knowledge of the concepts displayed afterwards. If used aptly, films may also help people relate to the characters on screen, helping them feel more accepting about their own issues. Such films can give people a wider worldview of their illnesses, challenge stereotypes and educate people about the same. Such films that humanise mental health conditions are seen to reduce stigma related to the same in both, mental health professionals and those outside the profession (Sznajder et. al., 2022). It has been suggested that these films may have the potential to motivate help-seeking behaviour, though the evidence is quite limited (Pirkis, 2005).

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The impact of films, however, is not just limited to their depiction of mental illnesses. It extends further to their portrayal of mental health professionals like therapists, psychologists and psychiatrists among others. The most famous taxonomy used for classifying psychiatrist portrayal in films is that of Dr. Dippy, Dr. Evil and Dr. Wonderful (Schneider, 1987). Dr. Dippy is a comic character who is often displayed as a bumbling, idiotic and incompetent psychiatrist. Dr. Evil, however, is a sinister scientist, who may be charming from the outside but is very manipulative and trust-breaching on the inside. Dr. Wonderful is often a psychiatrist portrayed as an attractive, selfless and dedicated professional, so much so that they may cross the therapist-client boundaries. Even Hindi cinema offered an inaccurate portrayal of the professionals, with most of them shown to most likely be male, middle-aged and friendly in their attitude towards patients. 42.4% of these were clinically incompetent, and only 30.3% could make an accurate diagnosis. 39.4% of them breached professional ethics. 24.2% transgressed non-sexual boundaries, whereas 15.2% violated both sexual and non-sexual boundaries. Treatment outcome was depicted positively in only 23.1% of the movies analysed (Banwari, 2011).

Just like the few balanced depictions of mental illnesses, there are also some balanced depictions of mental health professionals in movies. In *Antwone Fisher* (2002), the therapeutic relationship that develops between Antwone and the Navy psychiatrist is challenging, compassionate, understanding, insightful and balanced as the psychiatrist takes a number of measures, including bibliotherapy, to help the client get better (Niemic and Wedding, 2006). The film *Manic* (2003) also shows the psychiatrist deal masterfully with adolescents with self-injurious behaviours and diagnosis of bipolar disorders in group sessions. It shows him taking an all-inclusive, authoritative and compassionate approach along with a mix of techniques. While mostly healthy, the psychiatrist does seem to falter in one scene when he is shown throwing a chair across to show a patient the futility of violence (Niemic and Wedding, 2006).

As discussed in detail above, films pertaining to psychology are rare. Even rarer are the films where both the mental illness and the mental health professional are depicted in a positive or balanced way. Out of the plethora of films made for this purpose, only a handful check all/almost all of the boxes. One such film is *Lars and The Real Girl* (2007). The movie tells the story of a young man, Lars (Ryan Gosling) as he forms a most unusual relationship with a doll that he finds on the internet one day (IMDb). With whatever little imagination this single plot description provides us, the movie subverts all expectations. The plot becomes even more unusual when we find out that the doll is, indeed, an anatomically correct real-life sex doll. However, the plot doesn't proceed in the way one would expect it to, as instead of forming a sexual relationship with it, Lars instead forms a proper romantic relationship without any sexual desires. He proceeds to name the doll Bianca and makes up a complete background about her origins which he even retells, with complete belief of it being true, to his elder brother and his wife. The movie progresses as we see the family doctor-psychologist, Dagmar (Patricia Clarkson), attempting to uncover and heal Lars' trauma under the pretence of treating Bianca, to try and improve his condition as the whole town joins in on creating a safe space and treating Bianca like a real person, to help Lars heal and slowly grow out of his issues. The movie progresses as Lars feels himself detaching from Bianca, after some heated conversations and realisations with the townspeople who make him understand that Bianca spending more time in other activities is good and that she is not supposed to be stuck to Lars. Soon, finally feeling that he can let go, Lars makes up a tale about how Bianca becomes critically ill and dies, signalling his transition to adulthood. He then goes on to show potential signs of interest in Margo, a coworker of his who had always liked him and was there by his

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side. A careful analysis of the movie reveals that Lars seems to be suffering from delusional disorder. Going further, we will analyse, in detail, the information given in the movie and try to make sense of why Lars fits the criteria for delusional disorder, what could be the potential reasons for it, and judge if the treatments and portrayal of Lars and the psychologist along with the townspeople is balanced and accurate or not.

The Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.; DSM-5-TR; American Psychiatric Association) categorises delusional disorder under 'Schizophrenia Spectrum and Other Psychotic Disorders'. These disorders are defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganised thinking (speech), grossly disorganised or abnormal motor behaviour like catatonia and negative symptoms. Delusions are defined as fixed beliefs which are not amenable to changes in light of conflicting evidence. These delusions can be based upon a variety of themes like:

1. Persecutory beliefs- Delusions of this nature involve beliefs that the person is going to be harmed or harassed by one or more individuals.
2. Referential beliefs- These delusions are on the belief that certain gestures, comments and environmental cues are directed at the individual.
3. In grandiose delusions, a person believes themselves to possess exceptional abilities, wealth and fame.
4. A person with erotomanic delusions is of the firm belief that another person is in love with them.
5. Nihilistic delusions involve beliefs about a major catastrophe occurring.
6. Somatic delusions focus on health and related organ functioning's wellness.

Delusional disorder is characterised by the following diagnostic criteria:

- A. The presence of one(or more) delusions with a duration of 1 month or longer.
- B. Criteria A for schizophrenia has never been met.
- C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired, and behaviour is not obviously bizarre or odd.
- D. If manic or major depressive episodes have occurred, these have been brief relative to the duration of the delusional periods.
- E. The disturbance is not attributable to the physiological effects of a substance or another medical condition and is not better explained by another mental disorder, such as body dysmorphic disorder or obsessive-compulsive disorder.

In addition, a diagnosis of delusional disorder requires a specification whether they are erotomanic, grandiose, jealous, persecutory, somatic, mixed or unspecified types. Another specification to be made if the delusions present with bizarre content. Lastly, a further specifier is whether the disorder is in its:

1. First episode, currently in acute episode
2. First episode, currently in partial remission
3. First episode, currently in full remission
4. Multiple episodes, currently in acute episode
5. Multiple episodes, currently in partial remission
6. Multiple episodes, currently in full remission
7. Continuous
8. Unspecified

METHODOLOGY

For the purpose of this paper, descriptive qualitative analysis has been used. The movie was carefully watched, any scenes of interest were noted and were then analysed to understand any psychological reasonings and explanations. After all scenes and points of interest were gathered, they were collectively analysed against a list of possible disorders, matching up their criteria and the character's history with suitable backgrounds for the disorders in order to reach a diagnosis. Post-diagnosis, the realism of the environmental and internal conditions was analysed to understand whether it's fit for comparison to real-life scenarios. Finally, possible improvements in the depiction of the disorder, along with the therapeutic accuracy were suggested and the film's impact on society was discussed.

RESULTS

1) *Diagnosis*

Throughout the film, we see Lars acting a tad bit differently than the others, as he goes on about his daily routine, trying to fit in with others. This, however, proves to be somewhat difficult for him. He is often seen avoiding conversations and interacting with people as much as he can, though when talked to, he is able to converse clearly enough. We can, however, correctly assume that his functioning is not markedly impaired, since he still goes to work normally and is able to hold his job, and he is able to converse somewhat normally, though he usually avoids it.

Early on in the film, we see that he introduces Gus and Karin to Bianca, an anatomically correct sex doll which he personifies and believes to be a real human, as a Brazilian-Dutch wheelchair-bound missionary. This is Lars' delusion. As further explained by Dr. Dagmar, Lars has probably been struggling with some issues for a long time and is trying to work through them with his delusions. A successful resolution of his delusions would help him move on from his issues and help him function properly.



Image 1: Lars introducing Bianca to Gus and Karin

Even through the course of his delusions, we see that he functions normally, apart from his relationship with Bianca, as he still goes to work in the meanwhile, and still converses with other people, perhaps even a little better now that he is able to project his issues onto the doll. This takes place over the course of almost the whole winter season as we slowly see Lars being helped by everyone, and dealing with his issues.

From a single viewing of the film, it is clear that Lars is dealing with what the DSM-5TR a 'Schizophrenia Spectrum and Other Psychotic Disorders'. This includes Schizotypal (Personality) Disorder, Delusional Disorder, Brief Psychotic Disorder, Schizophreniform

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Disorder, Schizophrenia, Schizoaffective Disorder, Substance/Medication-Induced Psychotic Disorder/ Due to Another Medical Condition and Catatonia.

Upon an analysis of Lars' symptoms with the diagnostic criteria, he seems to be suffering from delusional disorder. According to Criterion A, it warrants the presence of one (or more) delusions (believing Bianca to be a real life person) with a duration of 1 month or longer (the delusion persists for almost the whole of winter).

Criterion B states that the Criterion A for schizophrenia has never been met, which specifies the presence of 2 or more symptoms during a 1-month period which can be delusions, hallucinations, disorganised speech, catatonic behaviour or negative symptoms. Since Lars only has a delusion, Criterion B for delusional disorder is also satisfied.

Criterion C states that apart from the impact of the delusion(s), functioning should not be markedly impaired, and behaviour is not obviously bizarre or odd. Since Lars still functions normally in other aspects like going to work and conversing with other people, we can determine that functioning is not markedly impaired and that Criterion C is satisfied.



Image 2: Account of other people around Lars showing how he is functioning properly in other aspects

Criterion D states that if manic or major depressive episodes have occurred, they have been brief relative to the duration of delusional periods. The absence of any such episodes satisfies this criterion.

Since Lars has never consumed any substances or has had any prior diagnosed medical or mental health condition which could be a cause of the delusion, Criterion E also gets satisfied.

Since there is no specific belief which is clearly dominant in the delusion, we can assume that it is an unspecified delusion, in its first, currently acute episode.

2) Case Analysis and History

Analysing various other scenes from the movie, we can build up a probable history and reasoning for Lars' delusion and why he is choosing to resolve his issues through such a delusion.

A newborn child goes through major developmental changes in the first few years of its life, especially from infancy to childhood. These changes occur in multiple domains of the child's life, like social, emotional and physical. These changes have been noted by various

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psychologists in the form of stages, like Piaget's theory of cognitive development, and Erikson's stages of development. Additionally, Freud's stages of psychosexual development state the changes a child goes through in learning about the people around them and their sexual and psychological development with the same.

In multiple ways, we witness that Lars is still stuck in the childhood phases in terms of mental and emotional development. It's seen that he is not at all interested in any kind of sexual/romantic attachment to any other person, unlike normal/healthy adults. This is often seen in kids in their latency stage, as stated by Freud, as they lose any interest in forming a romantic relationship at the time (Elkatawneh, 2013).

For the child to develop properly, it needs what Dr. Winnicott calls a 'protective environment'. Such an environment ensures that the psyche-soma development proceeds along a continuity where it is not disturbed. This is an absolute need at first. Such an environment has to actively adapt to the infant's needs. An important part of this is the good mother who actively adapts to all of the infant's needs, fuelling its egocentrism and helping establish basic trust. Slowly, this need becomes relative, and as the mother starts disillusioning the baby, it adapts itself according to the environment's needs, signalling its transition. The failure to do so, forms a bad environment which becomes an impingement on the infant, to which it must react (Winnicott, 1949). This seems to be the case with Lars too. As we can infer from the movie, Lars and Gus' mother died while giving birth to Lars. Already suffering from a lack of maternal care, their father needed to compensate and form the protective environment for him. However, he fell short, due to reasons unknown to us and was unable to care for Lars. This unfulfilled care added up to Gus leaving the family home as soon as he could earn, leaving Lars to be the sole person dealing with the damaged environment. In such a case, the infant must react to the environment which disturbs the continuity of development, resulting in pathological effects on the infant later on. Since Lars' development was hindered, he never properly transitioned into adulthood, thus resulting in the delusions.

Since Lars' mother died during childbirth, Karin's pregnancy resulted in a high-anxiety situation which proved too stressful for Lars to deal with, which resulted in his hindered development showing up near Karin's due date to be resolved in the form of his delusion.

What we see happening next is that as he forms a relationship with Bianca, and gets to spend less time with her, Lars starts getting frustrated and believes that she should be spending her time mostly with him, leading us to reason that he believes the world should revolve around him. According to Piaget, this is called egocentrism which occurs in the preoperational stage of development (age 2-7 years) (Rabindran, Madanagopal, 2020). At this stage, the child is unable to see the situation from others' point of view. It believes that everything revolves around it. Slowly, it is the guardians' job to disillusion the child from this view, making it realise that all individuals are different in their own way and might possess opinions different from the child, which it must learn to accept. Dr. Winnicott states in his Theory of Mind that this is achieved when the mother provides the child with a 'graduated failure of adaptation', where the child has to make up for deficits in the environment and the guardians with his own understanding and work, breaking its egocentric behaviour (Winnicott, 1975).

Another important aspect of Piaget's preoperational stage is symbolic play, wherein children assume themselves to be someone else (eg. a superhero, policeman etc.), often using dolls to project this cognition onto and further exhibit this. This can be seen in the way Lars plays with

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Bianca as he assumes himself to be a healthy adult male, forging a relationship with her in a way he assumes a normal adult would.

This disillusionment is mostly carried out by the child itself, with the help of what Dr. Winnicott calls a transitional object (Winnicott, 1975). A transitional object is picked out by the child usually in the beginning, when it is still in its egocentric stage and is the first ‘not-me’ object. The infant assumes all rights over this object, with a degree of omnipotence. This object is the centre of all emotions felt by the infant, surviving loving, hating and aggression. However, it is loved dearly by the infant and is carried everywhere until, slowly, the child just grows out of it. The child rarely mourns its loss, as its fading from use means the infant has successfully gone through the process of disillusionment. In Lars’ case, his blue blanket is the first transitional object, signifying his attachment to his mother, while Bianca acts as the second transitional object and even a stand-in for his mother, seeing how he asks to place her in the pink room which was his mom’s room, signalling the changes that take place in Lars as he transitions from childhood to adulthood. This is seen in the way he treats Bianca, being constantly attached to her, thinking of her as a real person, taking her along with him everywhere. Slowly, as he comes to realise his issues and is treated by Dr. Dagmar and is accepted more so by the members of the community, Lars starts to let go of Bianca, realising that she is not his to own and that other people will have their own views and ideas that he must learn to accept. Towards the end, he uses Bianca for his complete transition, as he kisses her, signalling his entry into adulthood as marked by the concept of sexuality, also satisfying Freud’s stages of psychosexual development, and then lets go of her by concocting a story that she has fallen severely sick and has died.



Image 3: Bianca is put in Lars’ mom’s room, signifying how she might even be a stand-in for the female care he never received as a child



Image 4: Lars kissing Bianca, signifying his transition into adulthood, marked by sexual thoughts

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This transition is further confirmed by the fact that he hints at a possible liking towards Margo, his coworker as the film progresses, as we often catch glimpses of him staring at her whenever she talks to another man and towards the end, hinting at a possible romantic and sexual interest in her.

This falters when the disillusionment is not carried out properly, usually taking place when a lot of stress is put on the child and its mind early on from the environment and the guardians. This can create a lack of dependence in the child which it never received, causing them to regress in high stress situations and becoming egocentric and craving dependency.

3) Therapeutic Help Provided and Portrayal of Psychologist

Analysing the movie from a psychological care perspective, it can be seen that Lars and the Real Girl is a positive example of what happens when the correct form of care is provided for a person with underlying issues.

In such a small and tight-knit community, it is very probable for the people to experience groupism and isolate anyone who shows signs of being abnormal, isolating them from the society, ignoring them, thus causing the problems to get worse. In *Lars and the Real Girl*, however, the community plays the role of the protective environment that Lars never experienced, as we see them accommodating Lars and even Bianca, treating her like a real person, involving her in community activities and even engaging with her directly in an extremely friendly manner. Among the town's population, the women are the first to be accepting of Lars' issue, with Karin being the first one, showing what is a potential maternal instinct, perhaps what a mother would show towards their child when they are sick.



Image 5: Karin was the first one to accept the delusion and go along with it



Image 6: The women in the town were the first to accept the situation and help, possibly owing to their maternal instincts

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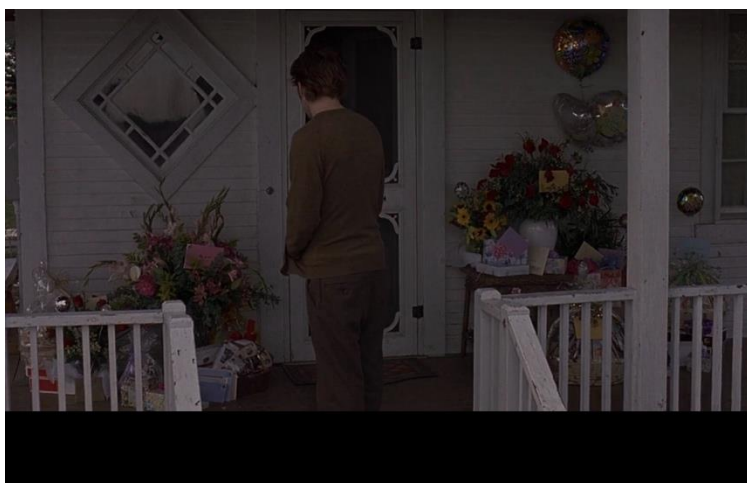


Image 7: Community support for Lars and Bianca, as seen when Bianca falls ill

Throughout the film, the helpful community slowly helps Lars in the transition to adulthood, with disillusionment from Bianca as they slowly take up more of her time than Lars, first causing him to lash out but eventually coming to a realisation that Bianca is not his property and that he has to accept the ideas and actions of other people around him.

A similar change and development is seen in Gus, as he goes from simply thinking about his brother's issues to working towards self-realisation and self-reflection, growing more empathetic towards Lars and apologising for leaving Lars to deal with the consequences alone, along with helping him realise the true meaning of transition into adulthood.



Image 8: Gus self-reflecting and telling Lars he's sorry for leaving him alone

An important part of this transition is played by Dr. Dagmar, who is one of the rare positive portrayals of a mental health care professional seen on screen. Abiding by the ethical rules of a professional, never overstepping her boundaries and combining different therapeutic approaches to custom-tailor a workable approach for Lars, Dr. Dagmar plays a major role in helping Lars realise his issues and work through them. The very first job done by her is to educate Gus and Karin about the delusion and its probable cause, asking them to go along with it. She did all of it in a manner which would allow Lars to work through the issues himself, rather than forcing him to confront them, which is one of the key principles of counselling.

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Image 9: Dr. Dagmar taking on Lars' case, with understanding and positive regard

The next step taken by the doctor is to figure out the probable causes of his delusion and why they are being exhibited in this particular manner. As we learn through her case history and unconditional positive regard, the cause of Lars' delusion stems from a lack of proper care as a child, which he projects directly onto Bianca, explaining how she 'just wants to be considered normal', with her history mirroring Lars'. Having never received proper care and affection, Lars is hypersensitive to touch, which is displayed brilliantly through Lars always wearing multiple layers of clothing, making sure that no contact is direct. Through the movie, we see Dr. Dagmar uses a combination of talk therapy and systematic desensitisation, as she helps out Lars by talking to him, even providing self-disclosure where necessary, and slowly accustoming him to touch at his own pace. This is seen to work brilliantly as we slowly see Lars wearing less and less clothing layers, signifying his journey to addressing the issues and working towards solving them. Towards the end of the movie, we see him shaking hands with Margo with his bare hand, signifying his successful transition to adulthood and not hiding behind his issues.



Image 10: Bianca's history mirrors Lars', as her problems are an unconscious projection by Lars'

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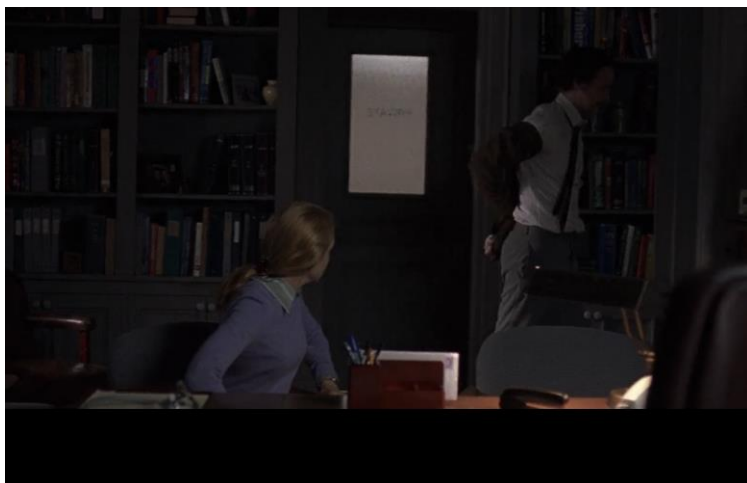


Image 11: Lars is seen taking off his clothing layers quite literally, showing how his issues are healing

The doctor also provides a lot of unconditional positive regard, gently nudging and suggesting Lars into the right direction rather than taking action herself, which is an important part of counselling, helping the client effectively deal with their issues and adapt and change their approach according to the situations presented.

Though a positive portrayal, the psychological care as shown in the film might be too utopian to exist in the real world, as it is probably not possible for all people to be accepting of a person's issues, with problems like bullying, neglect and even abuse being sidelined in the film. Additionally, the portrayal of the healing process is highly fast tracked, as the counselling and healing process is often extremely slow, riddled with multiple setbacks and frustrations, sometimes even causing the client to backtrack on the progress made. Though slightly too utopian, the care is still a good example of what needs to be provided to people with any abnormalities to help them come to terms and heal themselves, thus helping them fit in.

DISCUSSION

Mass media has always been an important character in our daily lives. It is a strong tool to help tackle issues and address problems in the society, both suppressed and commonly talked about, and get new knowledge and information to people in a short, concise and fast-tracked way. One such area whose knowledge is spread through films is the field of psychology. Films play an important role in depicting various mental disorders, the plight of the person suffering from them, and the treatment options available to bring the person back on track. Despite there being such a large potential to help spread the correct knowledge, the portrayal of psychology in films has mostly been negative since time immemorial. The symptoms of the disorders shown are often exaggerated and the people suffering from them mostly demonised, resulting in a widespread fear among people for persons with such disorders. The mental health professionals often act in an informal manner, regularly breaching ethics and confidentiality, often taking matters in their own hands to 'fix' the person. They are even shown using violent methods and degrading the person in order to help 'fix' them. This leads to people having a negative image of these professionals and even inhibits help-seeking, thus causing such problem behaviours to grow unchecked. A positive portrayal of such common issues is, as such, rare and thus, celebrated. However, a lot of these positive portrayals don't make money and are, thus, not known to the wider audience. One such film that has a positive portrayal of different aspects of mental health and psychology is Lars and the Real Girl.

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Lars and the Real Girl is a fairly accurate depiction of delusional disorder, how it manifests in an individual, its effect on the person and the people surrounding them, and how it can be healed. The movie does not, however, provide any detailed description of Lars' history, providing us with the bare essentials required to form a case history.

As discussed above, the manifestation of the delusion in Lars is fairly accurate. A partly maladjusted adult, Lars one day orders an anatomically correct sex doll, not for the usage, however one would expect it to be used for. Instead, he names it Bianca, and introduces her to his elder brother Gus, and his pregnant wife Karin, as a Brazilian-Dutch wheelchair bound missionary who he believes to be a real person. This is an example of delusional disorder, as he believes Bianca to be a real girl, the period is longer than a month, it does not affect his regular functioning as we see him still holding his job and interacting with others.

Looking at his case history as provided by the film, we see that Lars is still stuck in his childhood developmental phase of latency, caused due to his mother dying at childbirth and his father not caring for Lars and Gus well enough, coupled with Gus leaving the house early on. This results in a lack of a protective environment, as defined by Dr. Winnicott, which impinged on him as an infant, causing him to react and not transition properly to adulthood. One of the main themes is egocentrism, which is an infant not being able to see things from others' perspective, as seen in Lars being protective over Bianca, and symbolic play, where Lars pretends to be a normal adult and projects it onto the doll, imitating normal adult relationships. These are key aspects of Piaget's preoperational stage, which is in children aged 2-7 years.

The movie progresses as we see Dr. Dagmar and the community help Lars in transitioning to adulthood and disillusionment as he uses Bianca as a transitional object, in what is a healthy portrayal of the treatment for underlying issues in a person.

The film is also one of the rare portrayals of a healthy mental health professional in films, as Dr. Dagmar follows the ethics of treatment, along with combining different therapeutic approaches to help treat Lars in a proper and systematic way. Additionally, she lets Lars explore his issues and the possible solutions by talking him through them, instead of doing the needful for him, which combined with practices like unconditional positive regard and self-disclosure when needed is required for a successful counselling to take place.

Overall, the film portrays a mental health disorder and its treatment in a truly refreshing way, showing it all in a humane way in an attempt to normalise it and help people understand the importance of treating people with such problem behaviours in an accepting way to pave the way for their successful recovery and inclusion into society. Though slightly utopian, it does still hold basis in reality as the depictions are still accurate and can be a fresh and important example to teach people and mental health professionals alike the presentation of such cases and the steps that might be taken to resolve it, along with the importance of each individual's role in the journey forward for the person.

CONCLUSION

Lars and the Real Girl is a rare, yet heartwarming portrayal of mental disorders, especially delusional disorder and how it affects an individual. With a strong and innovative plot, the movie manages to subvert any and all expectations and yet provide an interesting plot point. The well-depicted role of the psychologist along with the level of care provided by the community, both add up to show the potentials of positive regard and the correct therapeutic

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approaches in healing a person suffering from such issues. Though slightly too positive and perhaps utopian, it is nonetheless an interesting insight into the methodologies that can be used to treat such cases, including what the individuals close to the person can do to help, and how people with such issues are not to be demonised, rather humanised and empathised with. It also offers a positive portrayal of the psychologist, which is certainly a rare sight on-screen, and shows the ethics of a good mental health professional, and how they use the existing knowledge to carefully curate a therapy plan for the individual, and is even a case study for the students of such professions on how to become a better professional.

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Conflict of Interest

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