2. It is important to remember that not all Sikhs wear the *kirpan* and the issue will arise in only a small number of Sikh patients.
3. If a patient is wearing the *kirpan*, the staff should not automatically assume that it is dangerous. However, it may be necessary to examine the *kirpan* to ensure safety.
4. If there are concerns about safety, these should be discussed openly but sensitively with the patient and carers, explaining that the concerns are about safety and in no way challenging or judgmental of the religious traditions of Sikhs.
5. Patients and carers should be allowed to express their views including ventilation of any distress, since for devout Sikhs, the five *Ks* are the paramount and highly emotive articles of faith. Brusque, confrontational or insensitive handling of the discussion is only likely to appear insulting, and may polarise and entrench opinions.
6. Solutions should be allowed to emerge from within these discussions, rather than imposed. A simple solution might be to replace a potentially 'risky' *kirpan* with a smaller, safer one.
7. Mental health services may like to have a few sheathed *kirpans*, which meet health and safety standards, along with *gatras* (the cloth 'holster') on the wards. The patient should be allowed to choose one from these instead, and the family should be asked to keep the patient's *kirpan* at home during the in-patient stay. The ward *kirpan* and the personal *kirpan* can be swapped at discharge. *Kirpans* of various sizes and shapes can be bought at most Sikh temples and are often on sale in stalls outside the temple following the Sunday service.

Nothing defeats cross-cultural ignorance, anxieties and prejudices better than simple, straightforward and accurate information. Sometimes an excessive and inappropriate concern about cultural sensitivity masks a patronisingly dismissive attitude to the cultural needs of minority groups. Alternatively, genuine cultural sensitivity and concern about transgressing cultural boundaries may lead to important issues being ignored. For staff looking after patients from ethnic minority groups, this can be a delicate balancing act. It is hoped that at least in the area of Sikh patients wearing a *kirpan* and safety concerns, the above recommendations will help staff to look after patients in a clinically and culturally appropriate manner.

Acknowledgement

I am grateful to Mr Indarjit Singh OBE for checking the article for religious and historical accuracy.

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Psychiatric Bulletin (2004), **28**, 95–97

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Does crime literature contribute to the stigmatisation of those with mental health problems?

The Royal College of Psychiatrists is in the last year of its 'Changing Minds' campaign to reduce the stigma of having schizophrenia, substance use problems, dementia, eating disorders, anxiety and depression. As a mental health service user with a diagnosis of schizophrenia, I have been involved in the campaign since its outset and have become used to blaming the media, especially the tabloid press, for a large part of the stigma that people with mental health problems encounter. However, recently while in hospital I re-read an Agatha Christie book and began to wonder whether crime novels, with their usual starting point of a murder, could actually contribute as much to such stigmatisation. As Agatha Christie was probably the most prolific crime writer in the English language, this article examines some of her novels with a view to discovering the extent to which she played a part in the perception of the 'mad' killer.

Agatha Christie was born in 1890, the youngest of three children in a well-to-do middle-class family living in Torquay (Morgan, 1984). In total she wrote over 80 books with her first book, *The Mysterious Affair at Styles*, published in 1920 and her last, *Postern of Fate*, in 1973. Thus, she was born during the time of the rise of the large Victorian mental health institutions, and lived and wrote through the conception and the beginning of the implementation of community care. She herself had some kind of breakdown in 1926, when she disappeared for 10 days after losing her memory following the death of her mother and a request for a divorce from her first husband. She saw a psychiatrist briefly after this episode

https://doi.org/10.1192/pb.28.3.95 Published online by Cambridge University Press

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and he used hypnosis to try and help her remember the lost time.

In the 1920s, detective writers wrote to a set of conventions eventually summed up by the rules of the Detection Club (Knox, 1929); murderers were named characters who had been present from early in the book and detection by means other than logic was forbidden. Since the murderer featured in most of the story, it became the job of the author to think of as many ways of diverting attention away from that person as possible. Unfortunately, real or imagined madness, or the presence of a 'dangerous mad-man' was a very easy way to do this. For example, in *Hercule Poirot's Christmas*, a character suggests that a murderer may be: 'A homicidal maniac. Escaped, perhaps, from some mental home in the vicinity' (Christie, 1938*b*) and there are comments such as 'a nasty murdering lunatic' in many of the books.

A number of Christie's books were written as 'closed circles', where the suspects are limited by a locked door or sector of society, and most of these contain no specific reference to mental health. Many more contain passing references to insane behaviour: 'You oughtn't to have a man like that in the house. Might go off his head' (Christie, 1952*a*) and 'Well, *his* goose is cooked good and proper! Mental, I expect! Broadmoor, not hanging' (Christie, 1942). There are, however, about 13 books that specifically deal with named illnesses, psychiatry or other aspects of mental health. They include books in which the murderer turns out to have a serious personality disorder (Christie, 1939, 1944, 1967), a character apparently having schizophrenia (Christie 1938*a*, 1952*b*, 1971), problems with recreational drugs (Christie, 1932, 1966), dementia (Christie, 1968), post-traumatic stress disorder (Christie, 1968), and depression and suicide (Christie, 1944, 1945, 1954). For me, the strangest scenario is in *Passenger to Frankfurt* (Christie, 1970), where it is explained that towards the end of the Second World War Hitler was replaced by someone with the delusion that he was Hitler, and it is that person who was subsequently found in the bunker while the real Hitler stayed in the 'clinic' until after the war finished with the other 'twenty-four Adolf Hitlers' and 'fifteen Napoleons'!

I do not wish to blame Christie for things that have become sensitive issues and uses of language that were, when she wrote the books concerned, part of everyday culture. Her use of the words 'nut' and 'loony' to describe people with psychiatric problems is inappropriate now, but at the time she wrote was no more incorrect than calling a film *Psycho*. However, while the book originally published as *Ten Little Niggers* has had its title changed to *And Then There Were None* (the original title of the American edition), the words to describe madness have been left unedited, even in current editions.

Although this is not an exhaustive survey, one of the things that is strikingly obvious is that as Christie became older and after the inception of community care (with the advent of antipsychotic drugs), the references to 'the mental homes are too full' and 'let them go home to their family' increase enormously. This is especially true of books written after 1967. Indeed, *Halloween Party* (Christie, 1969) contains eight references to the dangerousness of the murderer coupled with paraphrases of such statements. Also, interestingly, the psychiatrist character changes from being a sympathetic person who can help someone become well in the early books (Christie, 1938*a*, 1952*b*), to being attached to the forensic service and working with the Home Office in a later one (Christie, 1971). Christie herself states in the introduction of *Passenger to Frankfurt* (1970) that her settings exist in reality and other than seeing things for herself: '. . . full information . . .is what the press brings you every day, served up in your morning paper under the general heading of News'. She has obviously read that 'the mental homes are full' and is judging that her readers will have done so too.

Although it is true people with a recognised mental illness have killed, they make up a small proportion of the total number of murderers and as a percentage of the total they are decreasing (Taylor & Gunn, 1999). In the Christie novels, those with schizophrenia, depression and substance use problems do not kill, and in only four books out of more than 80 is the murderer apparently 'mad' with some kind of personality disorder. However,

Box 1. Agatha Christie on various aspects of mental health

General
'The sanity of a city full of men against the insanity of one man? I fear Hastings – I very much fear. Remember the long continued successes of Jack the Ripper.' (Christie, 1936)

Psychiatrists
'Dr Maverick, looking, Miss Marple decided, distinctly abnormal himself, came out to meet them.' (Christie, 1952*b*)

Schizophrenia
'Jekyll and Hyde are real, you know. They were not Stevenson's invention as such. Michael Rafiel was a – must have been schizophrenic. He had a dual personality.' (Christie, 1971)

Old age and dementia
'We don't take mental patients, you know but we do take what you might call borderline cases. I mean, people who are rather senile – can't look after themselves properly, or have certain fancies and imaginations.' (Christie, 1968)

Drugs and alcohol
'. . . or would you like a purple heart or a tranquilliser. That's the kind of thing people of your age go in for. Done a bit yourself in that line, haven't you?' (Christie, 1966)

Community care
'Patients who appeared to be cured came home to their natural surroundings, to a family, a husband, their mothers and fathers and slowly relapsed, so that very often tragedies occurred.' (Christie, 1972)

Genetics
'"There is – insanity, I understand, in the family?"
Frobisher nodded. "Only crops up now and again," he murmured. "Skips a generation or two. Hugh's grandfather was the last."' (Christie, 1947)

Mad or bad?
'The reason's in another place. The reason's in the killer's mind. His disturbed mind or his evil mind or his kinky mind.' (Christie, 1969)

https://doi.org/10.1192/pb.28.3.95 Published online by Cambridge University Press

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mental health problems are discussed extensively in 13 out of 80 or more books as well as being mentioned in passing in many others, and this may reinforce the perception that people with these problems can be violent to the point of murder. A lot of the characters in the books certainly think in this way. She also encourages pre-existing stereotypes, for example the idea that mental instability gives surprising strength: '. . . she's mad and mad people, I've always heard have extra strength' (Christie, 1968).

It is difficult to dissect out of what Christie writes what are her own views, what are the opinions she thinks her readers want to hear and what is actually the reality of the time at which she was writing, rather than media hysteria (Box 1). She seems to understand the press; one of her short stories was about creating a tabloid frenzy to divert attention from other issues (Christie, 1947). She also was very aware of what her public wanted. Her books are very popular and people mostly read things that are in sympathy with their own mindset and that make them comfortable. However, these novels do contribute to the stigma of mental health problems, albeit in a subconscious rather than conscious way. They rely on the assumption of the association of violence and madness. Christie was the first 'grown-up' author I read at the age of 14, because of the simplicity of the language and because trying to guess the murderer was 'fun'. I wonder whether this is true for other teenagers, and whether it makes a difference to their views on mental health as adults?

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https://doi.org/10.1192/pb.28.3.95 Published online by Cambridge University Press