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What's Diagnosis Got to Do With it?: Psychiatry, Comics and *Batman: The Killing Joke*

Valentino L. Zullo

ABSTRACT: While comics have found a distinguished position in medicine through the work of graphic medicine, they also have a long, vexed history in other areas of the medical field, namely psychiatry. I explore one way superheroes have previously entered mental health discourse by lingering over the rhetoric of psychiatrists who have attempted to understand the superhero and the supervillain through analysis and diagnosis. The writings of psychiatrists invested in comics and superheroes provide insight into the psychiatric discipline, and the superhero genre supplies new ways to think about mental health practice. After considering a selection of psychiatric readings of the superhero (and villain), I offer my own interpretation of *The Killing Joke*. By placing *The Killing Joke* in the context of discussions of mental health, Alan Moore and Brian Bolland's text complicates questions of evil as well as empathy through the depiction of the villainous Joker in pain. The reader's identification with and connection to the character facilitates opportunities for both clinicians and laypeople to listen to and to witness the story of a villain, to know what he is, and to contend with the ambivalent feelings that emerge from such a situation of knowing both his sad history and his violent actions.

KEYWORDS: *psychiatry, superhero, Batman, public library, mental health, Alan Moore*

EVIL AND EMPATHY

This paper originated at the Cleveland Public Library in a comics and graphic novels book club that I started in 2014 with several librarians. The first books we read included what we may refer to now as the usual suspects—Art Spiegelman’s *Maus*, Marjane Satrapi’s *Persepolis*, and Alison Bechdel’s *Fun Home*. After a short introduction to the world of comics autobiography, we ventured into the realm of the superhero, exploring *All Star Superman*, *Batwoman: Elegy*, and *Batman: The Killing Joke*. I included *The Killing Joke*, a text about a supervillain, in our introduction to the superhero genre because I subscribe to Chris Deis’s belief that “it might in fact be the supervillain, and not the superhero who reveals the most about foundational questions of power, politics and identity.”¹ Deis’s observations were sustained in our book club as the Joker revealed to us much about these foundational questions and even more about the portrayal of traumatic experience and memory in the lives of these characters, and, indeed, readers. It is the impact of this reading and discussion that provides both incentive and insight for me as I take up an analysis of this complex text below.

Batman: The Killing Joke by Alan Moore and Brian Bolland delivers readers a loose origin for one of comics’ greatest villains, the Joker. In this origin story, readers learn the tragic history of the Joker: his inability to succeed as a comedian leading him to seek out work with the mob, the subsequent death of his wife and unborn child, and his traumatic fall into the vat of chemicals that gives him his distinct white skin and green hair. These events transpire over the course of what the Joker refers to as his “one bad day.” *The Killing Joke* documents both the Joker’s history and his current scheme to convince Batman (and all of Gotham) that anyone can degenerate like him as long as he or she also has “one bad day.” While the reader is never witness to the entirety of his “one bad day,” we are offered glimpses into the Joker’s fragmented past. These moments of the Joker’s past provide insight into his actions and allows the reader to construct a history for the Joker—a space to imagine him as something other than a villain. He becomes a man with a tragic history.²

The awful history of the Joker, once revealed, changed the views of a member of our book club and his thoughts on the Joker that day in the Cleveland Public Library. While discussing *The Killing Joke*, a member of the group said to me, “After I learned the Joker’s story, I began to feel bad for him.” He continued, “I never really cared about him in the movies or any other time I’ve read stories with the character. I always thought he was cool, but I didn’t feel bad for him.” I remember saying to the group member, “Perhaps what you are feeling is empathy? Maybe now that you know why the Joker is who he is, you feel for him?” During the discussion and after our book club, I began to wonder, is it possible to feel empathy for a villain such as the Joker? And does that mean that we somehow forgive him for what he has done?

The Joker’s horrifying gestures ended up killing most of my clinical and literary paradigms as our book club descended into the murky waters of his memory. That day in the Cleveland Public Library we were catapulted into investigating what superhero comics teach readers about empathy, traumatic history, and mental health. I became curious:

how have mental health practitioners contended with the superhero and supervillain? Thus, in this essay I explore one way superheroes have previously entered mental health discourse by lingering over the rhetoric of psychiatrists who have attempted to understand the superhero and the supervillain through analysis and diagnosis.³ The writings of psychiatrists invested in comics and superheroes provide insight into the psychiatric discipline, and the superhero genre supplies new ways to think about mental health practice. After considering a selection of psychiatric readings of the superhero (and villain), I offer my own interpretation of *The Killing Joke*. By placing *The Killing Joke* in the context of discussions of mental health, Moore and Bolland's text complicates questions of evil as well as empathy through the depiction of the villainous Joker in pain. The reader's identification with and connection to the character facilitates opportunities for both clinicians and laypeople to listen to and to witness the story of a villain, to know what he is, and to contend with the ambivalent feelings that emerge from such a situation of knowing both his sad history and his violent actions.

TRUTH, JUSTICE, AND THE AMERICAN MENTAL HEALTH ESTABLISHMENT

The development of narrative medicine and graphic medicine inspired scholars to consider the value of comics as useful tools in teaching about health and medicine.⁴ Though these scholarly and clinical interpretations have opened the discussion, comics have had a complicated presence in other areas of the medical field, namely psychiatry.⁵ Fredric Wertham's *Seduction of the Innocent: The Influence of Comic Books on Today's Youth* is an infamous example of a psychiatrist's interest in comics.⁶ Though a negative portrayal of the medium, Wertham's book offers a close reading of comics and some superhero stories by a psychiatrist and granted a seriousness to the form that it had not previously been allowed. Or as Jared Gardner writes: "In making his case, Wertham. . . . stared harder at comics than any other critic of his generation and in the process laid the groundwork for theorizing the unique nature of the form."⁷ While Wertham may have hated comics, he still subjected them to what at the time was an unprecedented level of scrutiny.

The recent proliferation of superheroes across media has inspired a new generation of psychiatrists beyond Wertham to spill their ink over the bodies of these popular figures.⁸ Where Wertham was afraid of what comics were teaching children, this new generation of psychiatrists offer superhero comics as tools to teach about psychiatry. The greater irony, though, is that while Wertham might now be acknowledged for the relatively close attention he paid to comics, these more recent analyses by psychiatrists rely upon diagnoses instead of close readings of the text, and so inflict a different kind of damage on the works they purpose to analyze. This substitution of diagnostic structures for attentive reading inevitably closes down the empathetic feelings fostered by character-identification in an effort to name symptoms. And while diagnosis and empathetic listening are not incompatible, there is little recognition of what can be learned from reading comics in these

articles. Instead, we find a curious preoccupation with the “correct” diagnoses of fictional characters (in some cases offered in conjunction with a critique of the negative depiction of psychiatry in comics), and little critical analysis of what comics might offer the discipline of psychiatry in return. Contrary to the methods of many psychiatrists reading comics, I believe that there is no need to use a tool belt of diagnostic criteria to extract some type of knowledge from the superhero; rather, comics can teach both laypeople and clinicians, as became clear in our discussions in the library.

In a representative example of the diagnostic approach, S. Taylor Williams, in her essay “Holy PTSD Batman!,” picks and chooses various examples from the Batman mythos in comics, film, and cartoons to suggest that Batman (or Bruce Wayne) has Post Traumatic Stress Disorder (PTSD). Williams’s justification for diagnosing Batman in this way is to “teach medical students and psychiatry residents how to recognize the symptoms of PTSD. Batman is a character with whom students are likely to be already familiar, so discussing PTSD in this context allows the students to practice viewing the world through a psychiatrist’s eyes.”⁹ While I agree that most students would be familiar with Batman, the notion that a figure of pulp fantasy—however superbly executed his adventures may be and whatever else we might learn from discussing him—could be used in the training of real-world medical health practitioners in anything beyond such skills as listening or thinking critically sounds absurd. As practitioners and lay readers, we might learn to listen to stories by reading comics, as there is a value in reading stories that ask us to return for multiple “sessions” for extended periods as many comics do, but I do not suggest that we use these as diagnostic aids. The failure is in not understanding these stories and the value of reading them. For example, by not using one particular text, but rather the idea of Batman, the author suggests that readers don’t really learn from comics or the character, but he might be used as a subject to further the practice of diagnosis. Finally, imagining that the Batman that is seen in all of these different media forms is the same Batman also suggests a lack of knowledge of the character.¹⁰ A knowledgeable reader of the superhero genre knows that these are different incarnations, even alternate version of the same character, and they do not share a history across media forms. Thus, one cannot dig through Batman’s history across media in order to make an argument for Batman having PTSD. The multiplicity of histories for a character that all fans of comics contend with is lost as the character is flattened. In this method, there is an active disengagement from the experience of his stories as stories, but rather as a series of symptoms. If Williams does indeed have her students read one particular origin story of Batman she does not offer this information in her article. Instead, in an almost textbook process of othering the subject of diagnostic scrutiny, Williams uses diagnosis to distance herself from any prospect of identification with this tortured character.¹¹

As readers in the library, we learned that the diagnosis of these characters would not have added much to our discussion; rather, it was our engagement with the story that fostered empathy for and a curiosity regarding the Joker. The empathetic dramatization of mental illness is not simply about displaying nameable symptoms, but about a powerful

and genuine portrayal of psychic trauma and memory. But the focus on diagnosis continues in most psychiatrists' accounts when they take these discussions of superheroes and mental health out of the academic realm and into public forum. For example, with the publication of DC Comics' "The New 52," several years ago, three forensic psychiatrists H. Eric Bender, Praveen R. Kambam, and Vaslis K. Pozios published an editorial entitled "Putting the Caped Crusader on the Couch" in the *New York Times* and a follow-up response on the popular website *Newsarama*. In their editorial in the *New York Times*, they respond to DC Comics' statement that the "New 52" will "[feature] characters and storylines that better reflect today's diverse sensibilities." As the three psychiatrists note, though, "it remains to be seen whether that diversity will include more accurate portrayals of mental illnesses."¹² As a mental health practitioner, one who values education in public spaces such as the local library, I am invested in mental health education, and I agree these psychiatrists offer a valid critique of the portrayal of mental illness in comics; however, their method of "correcting" these depictions of mental illness is regrettable.

The psychiatrists in this editorial claim that the Joker is "psychopathic, rather than psychotic," and that "in comics, these and other psychiatric terms are casually interchanged; in psychiatry, they are drastically different."¹³ Bender, Kambam, and Pozios seem to believe that if only comics creators could get these terms straight they would somehow convey a better understanding of mental health and illness to the readers. At the same time, the readings they offer circumscribe the traumatic origins of superheroes and villains. These discussions presuppose that it is through diagnosis that readers will somehow better understand these characters—that is, not by reading, watching, or experiencing these works.

Certainly, when these psychiatrists debate whether or not the Joker is psychopathic or psychotic, it tells us very little about the character, and does not advance a lay understanding of mental health (the purported goal of the editorial). Instead, the act of categorizing becomes the primary concern; it illuminates what these doctors do not understand about superhero comics. In fact, the psychiatrists have missed the point, because stressing categorization is neither relieving nor informative. At best these readings enact the psychiatrists' defensive armor against a fellow feeling with the fragmented character.

As a response to these misreadings I will turn now to *Batman: The Killing Joke*. My discussion returns to the thoughts of that individual in the book club who began to feel for the Joker. Grappling with the Joker might help us begin to re-evaluate our current approach to mental health practice and demonstrate what comics knows and what both laypeople and clinicians could learn.¹⁴

THE PRICE OF REPRESSION

The attempt to portray the characters with psychological depth became increasingly pronounced during what some have called the "revisionist era" of superhero comics.¹⁵ Alan Moore and Brian Bolland's *Batman: The Killing Joke* is one text that emerged during this period, and it achieves a momentary breakthrough in terms of the portrayal of mental ill-

ness and the experience of trauma in superhero comics. While *The Killing Joke* appears as another classic Batman and Joker story, this text is unique and insightful for both mental health practitioners and laypeople because of the central role the revelation of the Joker's origin story plays in the text. As we discussed in our group at the library, the origin story, linked directly to the Joker's newest malevolent scheme, provides insight into how his personal history is the driving force behind his actions. *The Killing Joke* thus suggests that through understanding the Joker's violent acts in light of his personal history we as readers might better understand him, his villainy, and the apparent mental illness that the psychiatrists debate.¹⁶ *The Killing Joke* situates the Joker's personal history and self at the center, which opens a space for empathetic curiosity for the reader and the medical professional. Thus, the book offers a challenge to methods that rely upon evidence and behavior rather than personal memory and experience. Listening to the origin story (rather than identifying behaviors) may lead to new thoughts and even feelings about the Joker: in effect, a more capacious vision of the human subject in the medical world.

The path to the Joker's personal history is involved and difficult, and by the end of the story, it is only the reader who bears witness to the Joker's narrative as he never admits to his traumatic past in the comic but instead says to Batman, "If I'm going to have a past, I prefer it to be multiple choice."¹⁷ While the Joker protests that he would rather play multiple choice with his past, *The Killing Joke* renders pieces of the Joker's origin visible on the page—making them unavoidable and undeniable for the reader. The coloring for these scenes is different, which implies they are memories, but they are just as real to the reader—and likely the Joker—as the rest of the story presented in this volume. For example, the first glimpse of the Joker re-creating his traumatic past is made visible when he takes control of an abandoned amusement park to host his newest scheme. In a conversation with the Joker, the owner of the amusement park asks, "It doesn't cost too much?" and the Joker simply replies, "Money is not a problem. Not these days anyway." This statement would be enough to indicate that the Joker had come from a lower socio-economic status and struggled in the past with money. However, where Moore and Bolland truly succeed in conveying the importance of understanding the Joker's history is that at the same moment that the Joker makes this remark, he looks over at a poster at the amusement park that states "see the fat Lady" (Figure 1). While the Joker is looking at this image, the reader turns the page and is transported into the Joker's past (Figure 2). We then bear witness to a fragmented memory—a piece of his origin story—as we learn how in his "past" life, the Joker, then merely a man, had not been able to pay for the apartment he was renting and could not afford to care for his family. Instead of paying for a place to live or operate from today, he simply takes over the amusement park.

As we began to learn about the Joker in our book club, the revelation of his memories, so closely linked to his villainous actions helped us to see the Joker not as *something* to be diagnosed—as, for example, psychopathic—but instead as a person whose actions have a depth that we miss when a diagnosis is the driving force of our interpretation. Rather than working through his traumatic experience, the Joker acts it out over and over in



FIGURE 1.

From *Batman: The Killing Joke*, p. 6. Alan Moore and Brian Bolland. © DC Comics.

much the same way Freud suggests a patient might do in his essay, “Remembering, Repeating, and Working Through.” Freud posits, “the patient does not say that he remembers he used to be defiant and critical toward his parents’ authority; instead, he behaves in this way to the doctor.”¹⁸ Freud offers several examples that follow this pattern. Someone such as the Joker does not say that he experienced an overwhelming experience but instead will unconsciously repeat it. The Joker consciously represses his traumatic past and acts it out time and again through his villainous schemes—his actions in effect reconstruct his memory in the present—with the goal being to gain the attention of Batman. However, it is not enough to define the Joker’s actions as having an unconscious motivation, because then we fall into the same trap as the psychiatrists, looking for symptoms to identify without producing a deeper understanding. Instead, to establish a relationship with the other subject, we must be able to not only identify the mechanisms at hand but also to explore the origins—a central component of *The Killing Joke*. Thus, the actions of the Joker cannot be understood apart from his history, as they are always in the present and yet also in the past, echoing the palimpsestic nature of all of our histories.

A deeper understanding of the Joker’s history begins to reveal his motivation to seek out Batman over and over again. As seen in this volume, the great defining moment for the Joker is his fall into the vat of chemicals, which is linked to Batman (Figure 3). The man who will become the Joker has led the mobsters through a chemical factory, and soon after entering Batman arrives to stop the crime. The man who will soon become the Joker steps backward onto the edge of the steel beam as Batman approaches him. The soon-to-be-Joker remarks to some higher power—almost as if Batman were not right in front of him—“Oh, dear God what have you sent to punish me?”¹⁹ In this moment the Joker projects the guilt he feels for becoming involved



FIGURE 2.

From *Batman: The Killing Joke*, p. 7. Alan Moore and Brian Bolland. © DC Comics.

with the mob onto Batman. Thus, Batman becomes a locus for the projection of the Joker's guilt: one who becomes inextricably linked to his trauma and further defines their relationship. This same scene is considered in Peter Coogan's book, *Superhero: The Secret Origin of a Genre*. He proposes that "approval by the hero will heal the supervillain's wound."²⁰ While there is some validity to Coogan's view, the trauma that has occurred to the Joker cannot simply be mended by approval. Villains may seek out the attention of the hero, but it is not approval that they are searching for in these moments.

Roberta E. Pearson and William Uricchio's understanding of Batman and his villains best articulates the relationship between Batman and the Joker. They posit that the villains "steal not because they want the jewels (the money, gold, etc.) but because the challenge of grappling with the Batman reaffirms their identity."²¹ They illuminate the psychological underpinnings of this return to Batman, and argue that it is not approval the villains seek. Rather they seek out Batman as part of a compulsion to repeat a traumatic history as represented by Batman—the figure who for the Joker embodies his guilt and who is also his punisher. When the Joker says to Batman, "so you received my invitation?," he is seeking recognition, but also expressing a desire for punishment.²² The Joker may be playing coy with Batman on the surface, but considering his actions in light of the origin story presented, the Joker's desire here seems to be to recreate and repeat his trauma. Villains including the Joker pursue Batman because in this heightened sense of awareness, enabled by the return to the scene of the crime as it were—the traumatic moment—they can finally gain control of the narrative even if only for a brief moment. In other words, the Joker seeks out



FIGURE 3.

From *Batman: The Killing Joke*, p. 31. Alan Moore and Brian Bolland. © DC Comics.

Batman so that he might fall into the vat of acid again and again and again. The Joker can then punish himself for his actions over and over.

THE SYMBOLIC ORDER OF GOTHAM

We noticed in our discussion in the library that while Batman's villains, including the Joker, seek out a way to re-enact their personal history, conversely, the same is true: Batman is driven by his need to confront his villains and inevitably return them to containment in Arkham Asylum. Thus, the repetition of the Joker's return to Batman is not dissimilar from Batman's need to know where the Joker is at all times—or Gotham's city's need to return the Joker to Arkham Asylum in order to control him as is depicted in the opening scene of the text. *The Killing Joke* opens with Batman entering Arkham Asylum, the place for the “criminally insane,” where the Joker is held after being captured following his last villainous scheme (Figure 4). We follow Batman as he travels through Arkham Asylum—past Commissioner Jim Gordon who is seen standing outside the doors of the asylum, past Harvey Dent (Two-Face) in his cell, until he finally reaches the cell of the Joker. In his analysis of this opening scene, Coogan argues, “Gordon, Two-Face and the Joker represent a continuum of response to law and crime.”²³ Gordon has one face: he represents law and society; Two-Face has a vertically split face; he cannot slip out of his identity, but is rather literally split by his experiences. Batman, while also having the “split face” due to his mask, can slip out of his identity. Two-Face and Batman represent individuals split by their history but they are still partly inhabitants of a world of law and order. The Joker, however, has one face—a joker face—and has no control over or consideration for

his actions.²⁴ As readers we witness Batman travel from the world of law represented by Gordon to a realm where reason is turned upside down: the Joker's cell. As Batman passes Two-Face, the reader is flipped (much like Two-Face's iconic coin) and we enter into the space of the Joker: a world not governed by law.²⁵

Coogan captures the symbolic nature of this narrative—the Joker represents a world not governed by law—because when Batman enters the asylum, he does not reach the Joker as logic would have intimated. Instead, upon arrival at the cell door, Batman quickly learns that the Joker has escaped once again and that there is an imposter in his place. In a realm governed by law and order one would assume that the Joker would be there for Batman to find so that he can converse with him as he wishes; however, Batman has entered the world of the Joker—a realm that he does not understand. Still, Batman imagines that he can use the tools of law to reach the Joker and this is important to notice because Batman enters the asylum to see the Joker even before he has learned of his escape. Batman already knows that the Joker's escape is inevitable, as he states, before realizing that this Joker is an imposter, "I've been thinking lately about you and me. About what's going to happen to us in the end. We're going to kill each other aren't we?"²⁶ Batman understands that in the end something will happen, that one of them will die, because inevitably the Joker will escape again and again. He knows this is the way their lives are constructed, and the fact that Batman recognizes the Joker will escape again only proves that the symbolic order—represented by Arkham Asylum for the Criminally Insane—cannot hold the Joker. Indeed, like the repressed, the Joker will inevitably return. This sense of the inevitability is reiterated in a subsequent scene in the story, when Commissioner Gordon says to his daughter, "Whenever we jail him I think 'please God keep him there' then he escapes and we all sit around hoping he won't do anything too awful this time."²⁷ Among the citizens of Gotham, it is a truth universally acknowledged that the villains that have been captured will once again escape to haunt the city. The Joker exists in a type of limbo haunting the comics' page from the proverbial gutter, as all of Gotham waits for him to return. By proposing that the Joker will inevitably escape from the asylum, Moore and Bolland do not make the simple claim that the Joker is somehow beyond the world of law, or that he is a psychopathic patient to be diagnosed and provided with pharmaceuticals—subdued, sedated and silenced. Rather, *The Killing Joke* suggests that the current route to the Joker is broken, the symbolic order has fallen apart, but the pathway can be fixed. The solution might indeed be the one offered by our book club member that day—to listen to the Joker's story. The golden road as it were—the one that might connect the practitioner to the patient or the Joker to Batman is the origin story, which is central to *The Killing Joke*. The origin story serves as revelation in the superhero comic, but it is also a path into the psyche of the character.

As readers in the library, we learned from the comic to listen differently, to look beyond the actions of the Joker, and turn to the history that Moore and Bolland offer as our path. This is why, when the Joker is first introduced in this story in the amusement park, as a reader we are also immediately transported back to the past. The scenes that focus



FIGURE 4.

From *Batman: The Killing Joke*, p. 2. Alan Moore and Brian Bolland. © DC Comics.

on the Joker's present-day actions are juxtaposed with his past history. Moore and Bolland articulate the idea of the Joker's humanity and relatedness—his “everymanness”—by juxtaposing his newest villainous scheme and his breaking out with his origin story. Julian Darius describes *The Killing Joke* as two stories that “could be easily separated. Doing so, however, would make either feel lackluster: it is the focus on a single bad day that unites the two . . . without this effect, the present-day story would merely be a decidedly dark Joker story—with interesting twists.”²⁸ It is in this juxtaposition that the depth of the Joker's pain and history is revealed. The two stories together depict the Joker as a man who wanted to feed his family—his wife and unborn child—and who in trying to do so was led down the wrong path. He is not some uncontrollably evil figure, an alien or even a god as so many supervillains often are, but instead is simply a man who had a series of bad days that he keeps repeating and punishing himself for over and over. Thus, if we were to listen to the Joker and his story we might be given access to somehow help the Joker—to enter his mental space in the same way that Batman entered the asylum. In fact, when entered correctly we may in fact reach the Joker and assist him.

The Killing Joke is a story driven by denial and disavowal, and the Joker is not the only one who ignores his history; Batman and Commissioner Gordon do the same. For as many interactions as they have, and even as they define one another, Batman and the Joker do not know one another. Batman asks Alfred, the Butler, “How can two people hate so much without knowing each other?”²⁹ When Batman is seen looking at his database in the Batcave, he has no statistics or data on the Joker: he has no history for the Joker. Juxtaposed on this page with the image of the screen is a photo of the Bat Family. Batman has a history; the Joker has none. There is no archive for the man that was the Joker (Figure 5). Even the police do not know the Joker. On his cell the only label are the numbers “0801” and underneath is “Name Unknown” (Figure 4). *The Killing Joke* is often posited as the “Final Joker story,” and one would imagine that by this point Batman would know something about the Joker.³⁰ Thus, as a detective, Batman has failed the city of Gotham because he cannot uncover the Joker's history. Instead, he must simply capture the Joker again and again in hopes that he will not escape. Batman, like the psychiatrists, can identify the problem yet has no solution, and significantly doesn't learn anything from the Joker. Quite the opposite of what happened to us in the book club that day. We indeed learned from the Joker, we learned to feel his pain, and we became curious about him. Moore and Bolland construct a story where both the layperson and the clinician can indeed learn about pain and empathy from the Joker when we see and hear his story.

This need to return the Joker to the asylum, to repress him once again, drives not only the Joker's world but also Batman and Gordon's. In fact, Commissioner Gordon protests as Batman goes after the Joker: “We need to show him that our way works, we need to do it by the books.”³¹ In other words, Commissioner Gordon needs to demonstrate that the symbolic order that is established in Gotham is not flawed, that the Joker can be put back down. But the truth is that it doesn't work, it never has worked and it never will work. In fact, the law represented by Commissioner Gordon and in some ways upheld by Batman



FIGURE 5.

From Batman: The Killing Joke, p. 10. Alan Moore and Brian Bolland. © DC Comics.

is founded on a need to reassert itself—the Joker must escape so he can be captured again. The Joker will return. Just as Freud notes that a joke is a manifestation of the unconscious, the Joke(r) is a manifestation of the unconscious of the city of Gotham that will always slip out only to be pushed back down.³² Thus, the symbolic order is to be broken only to re-assert itself again and again through Batman and the Joker in a repetition-compulsion dynamic. The Joker is not somehow separate or different from it, but rather the entire order is based upon his capture and the need to identify him and recapture him. The Joker is the repressed core of a symbolic order that has failed—Arkham Asylum, Commissioner Gordon, in some ways even Batman. As with the several examples of contemporary psychiatric readings with which I began this essay, the driving force is control and a reassertion of the model. Gordon serves to return the Joker to Batman and Joker serves for Commissioner Gordon to have someone to put away to show that their way works. It is at best a reassuring ritual.

There should then be no surprise that the Joker appears to be housed at the deepest darkest part of Arkham Asylum. The location of the Joker in the asylum resembles the very depth of the vat of acid that Joker falls into that he has to pull himself out of in his memory. The Joker seeks out Batman merely to be captured, thrown back into the dark pit, only to escape again. In the final memory offered in the comic, the Joker steps out of the acid and disrupts the formalistic qualities of the comics page (Figure 6). As the Joker places his hands on his head, his elbows break the flow of the gutter. Much in the same way that he breaks out of the asylum, the symbolic order or formal characteristics of the comics page



FIGURE 6.

From *Batman: The Killing Joke*, p. 32. Alan Moore and Brian Bolland. © DC Comics.

cannot contain the Joker. If the psychiatric hospital and the comics' page cannot contain the Joker, how can diagnosis be any different?

By focusing only on diagnosis to understand these characters, we might simply recreate the dynamic between the hero and villain forever locked in an endless cycle of Othering, degradation and despair.

The failure of the so-called "method" that Gordon proposes is visible in *The Killing Joke's* most infamous scene: the shooting of Barbara Gordon. In *The Killing Joke*, Barbara Gordon's body becomes the corporeal core of the text—one that illuminates the violence done to the Joker's mind by ignoring his history. While it is arguable that this physical destruction was his own doing as he fell into the vat of chemicals, this scene highlights the powerful impact of abuse on his mental health as he acts out, his violation of Barbara Gordon's body underscoring the traumatic experience. In his sick state the Joker reenacts the violence done to him in a kind of pantomime of his own horror. After he shoots her, the Joker refers to Barbara Gordon's screams as a "psychological complaint common amongst ex-librarians."³³ Her screams are to be ignored just as his complaints and his own traumat-

ic history have been ignored. In this scene, the Joker displays the emotional and mental violence done to him as he enacts it onto the body of Barbara Gordon.

This painful scene offered an answer to a question we asked in the library that day, can the Joker be forgiven? The answer is “no.” *The Killing Joke* does not excuse the Joker’s actions here or anywhere else in the text. Indeed, this moment only reinforces his villainy. We thought together about how to understand this scene, and our readings led to the same understandings of violent misogyny that many have accurately identified as unforgivable in the comic.³⁴ The most significant part of this destruction of Barbara Gordon’s body is that the editors at DC Comics allowed it. For our group, this was the moment where our empathy broke down, we could not feel for the Joker or forgive the Joker, and further we could not forgive the creators. We understood the Joker’s pain, but could not accept his actions and the depiction of Barbara Gordon as a receptacle for the Joker’s trauma. Here is a moment where the empathetic dramatization necessary for a better understanding of mental health for both laypeople and clinicians failed. With this scene, there is no place for empathy, no sense of reform, only escalating violence. And further re-termining, or re-diagnosing as the psychiatrists desired, would not help the depiction here either, it would only change the way the particular diagnosis would be seen. While we as a group were given a momentary opportunity to empathize, our empathy ended with this scene, and we returned to seeing the Joker as a villain.

Batman finally finds the Joker and the story ends where it began. On the final page of the narrative Batman offers to help the Joker, and in response the Joker offers a joke. Ultimately unable to finish it, the Joker ends up laughing hysterically. Then, in unison both Batman and the Joker laugh hysterically, Batman lifts up his hands to put them on the Joker, and the final panel is raindrops hitting the ground. Their conversation devolves into onomatopoeia and the final page ends where the first began with raindrops—as if to suggest there are no words left. In the first print edition of this book—the inside covers of the book are images of raindrops as well—the new editions of the book have removed these bookends; however, these were part of the original publication and further underscore the closed system that has been created. The final scene of *The Killing Joke* demonstrates the failures of a closed system. Batman can never meet the Joker in Arkham Asylum, the Joker denies his experience, and Commissioner Gordon continues to declare that his way works. There is no trust between these characters and none of them will reach the other as they are bound up in their own thoughts and schemas. Instead, things will only change for innocent people like Barbara Gordon who was harmed in the process.

I believe what Moore and Bolland offered our group in the library was a brief opportunity to feel the pain of a villain, and in the end to learn to be ambivalent about the final status of the Joker. The experience as a whole can teach us quite a bit about what comics can offer. Moore and Bolland ask us simultaneously to feel for the man that would become the Joker in the past, but recognize his evil actions today. Just as we begin to feel for him after learning about his past, the Joker commits the unforgivable act of maiming, torturing and shooting Barbara Gordon. Then in the end, the creative team never gives the reader

the option to feel closure. As readers, we are never sure if Batman kills the Joker or if he is sent back to Arkham once again. This instability then creates an ambivalence, which the reader must hold in mind after reading. The first option—that of killing the Joker—would make the reader feel vindicated. The evil of the Joker will forever be silenced. The second option, that of going by the book as Gordon suggests, would offer some relief imagining that the Joker could reform. However, it would create an anxiety—something the people of Gotham feel when they sit around waiting to see what will happen next. Because there is no resolution, we are left vacillating between feeling empathy for the Joker and also knowing he is evil. We are finally left in a place to contend with our own feelings about the status of the Joker, a figure that both evokes and resists empathy as many of our patients do, in their own particular ways, even if they are not supervillains.

EVIL AND EMPATHY: ONE GOOD DAY IN THE CLEVELAND PUBLIC LIBRARY

That day in the Cleveland Public Library we learned that exploring the fictional lives of the Joker, Batman, and other heroes and villains can be an opportunity to better understand memory, trauma and empathy. The superhero comic is uniquely invested in the idea of origins, which can be missed when searching for diagnostic criteria. The purpose is not to distance ourselves from these characters as the writings by several psychiatrists seemingly have done through diagnosis. Rather, I believe that when we are thinking about empathy we are thinking of curiosity, and superhero stories teach us to be inquisitive about the lives of others when we listen and relinquish control. Perhaps we can learn to listen to origin stories—the very core of the genre—as opposed to relying on categorization.³⁵

The Killing Joke invites readers to explore the Joker's origins, beyond the tip of the iceberg, into a world where repression reigns supreme. Thus, if the superhero's mission is sustained by the ability to sublimate their trauma, then the villain is driven by their need to repress their past. Repression, then, arguably is the great villain in this tale because it is what drives the Joker's schemes and in fact is the force that leads Gordon to insist that his way works—returning the Joker to the asylum once again—until he escapes. However, as is true of the superhero genre, if we can identify a villain, there must also be a hero close behind. In this case the proverbial hero is the origin story, which we all must learn to listen to in order to save the day. Moore and Bolland thus provide us a way out of the repetition because if we were to allow the Joker to express his story instead of him acting it out, there might in fact be a release for both the Joker and the city of Gotham. This is why Moore and Bolland juxtapose the villainous scheme with the origin story. If the conscious act of the Joker's villainy could be put into conversation with the repressed origin we might witness a change. This is the alternative route to the Joker that is revealed to the reader but ignored by the practitioners in the story—Commissioner Gordon and Batman. As with the opening scene of the text, Batman does enter a world turned upside down when he enters the Joker's cell, but he will never reach the Joker that way. He has to listen to the

Joker and learn who he is. Batman is a detective who has failed and cannot truly find the culprit of the crime(s).

The origin story reminds us that we must appreciate the history of the individual to understand his or her current mental state. This “way” is also closely aligned with graphic medicine, which sees comics, even these fictional narratives, as a medium ideally suited to understanding narratives of health, trauma, and history. Ultimately, what the psychiatrist fails to understand about the superhero genre is something that fans have long known: superheroes are about origins—an idea that anyone trained in mental health would find easy to understand. Perhaps it explains the many psychiatrists’ fascination with the genre. Writing about superhero comics, Charles Hatfield, Jeet Heer and Kent Worcester identify the very core of the genre: “Almost all superheroes have origin stories: a bedrock account of the transformative events that set the protagonist apart from ordinary humanity.” They claim that for readers of the genre, “It is to realize the degree to which the superhero genre is about transformation, about identity, about difference, and about the tension between psychological rigidity and a flexible and fluid sense of human nature.”³⁶ Superhero stories are not about the categorical notion of the subject but rather about the power of the individual self and their experiences in the everyday.

My purpose here in sharing our story from the library that one good day is not to devalue the role of psychiatry or what it might offer comics, but to recognize that comics has much to teach practitioners and laypeople when we listen to and see the stories told in comics form not as another opportunity to identify diagnostic criteria, but as a challenge to our contemporary models of practice. There is more that superhero comics will continue to offer psychiatry and much that psychiatry can offer comics as the discussion continues; nonetheless, I believe, the origin story is one of many central components of the genre that offer us an important way of listening and looking. The superhero comic offers a refuge in a world governed by medical diagnosis, one where we can envision a different perspective of the patient. We learned together that it is not that diagnosis does not help us at all, but that superhero comics offer an alternative route providing new insight. I hope that we can see not only with the eyes of the psychiatrist, but with eyes enlightened by the superhero comic, illuminating origin and moral conscience.

NOTES

I am thankful for the support, belief, and direction of Dr. Vera J. Camden who trained me up in the way I should go. Thank you for sending me the article from *The New York Times* on the Joker many years ago that led me to this topic. Thank you to all those who have read this paper and talked to me about it: John Wiehl, Lauren Laur, Stephanie Leddy, and so many more. I also want to thank the editors of the journal for their many readings, and revising of my work. You all made this paper readable. I am grateful to Amy Dawson, Jean Collins, and Nick Durda, my partners at the Cleveland Public Library. Thank you for believing in me and what we could do together. And of course, everyone who has walked into the library to talk comics with us. You all have changed the way I read and think about comics—an invaluable gift.

1. Chris Deis, “The Subjective Politics of the Supervillain,” in *What is a Superhero?*, eds. Robin S. Rosenberg and Peter Coogan (Oxford: Oxford University Press, 2013), 99.

2. *The Killing Joke* is only one example of many contemporary works which explore the origin stories of villains. Classically-constructed villains have become not just antiheroes but heroes in their own right, as they lead their own stories. Other examples include the Wicked Witch in *Wicked* or Maleficent in *Maleficent*. TV shows including *Orange is the New Black* offer us criminals with a story to share. For a discussion of Magneto and the way that his origin story changed the perception of the character, see Nicholaus Pumphrey, “From Terrorist to Tzadik: Reading Comics Books as Post-Shoah Literature in Light of Magneto’s Jewish Backstory,” in *The Ages of the X-men: Essays on the Children of the Atom in Changing Times*, ed. Joseph J. Darowski (Jefferson, North Carolina: McFarland, 2014), 91–104.
3. In my discussion, I will consider psychiatric diagnoses of superheroes, but I am unable to begin to consider the various explorations of the psychology of superheroes including works by psychologist Robin S. Rosenberg such as *Our Superheroes, Ourselves: The Psychology of Superheroes* (Oxford: Oxford University Press, 2013), as well as her extensive case study of Batman: *What’s the Matter With Batman? An Unauthorized Look Under the Mask of the Caped Crusader* (CreateSpace, 2012). Other popular books offer insight into the minds of superheroes including Danny Fingerth, *Superman on the Couch: What Superheroes Really Tell Us About Ourselves and Our Society* (New York: Bloomsbury Publishing, 2004) and Travis Langley, *Batman and Psychology: A Dark and Stormy Knight* (Hoboken, NJ: John Wiley & Sons, 2012). Psychiatry and psychology are distinct disciplines, and the relationship between psychology and comics would require another essay to consider these readings. Travis Langley provides a thorough overview of the history of psychology, psychiatry, and comics in his essay “Psychology/Psychiatry,” in *The Secret Origin of Comics Studies*, eds. Matthew Smith and Randy Duncan (New York: Routledge, 2017), 164–177. Langley also contends with the long silence from mental health practitioners in the latter half of the twentieth century.
4. Rita Charon describes narrative medicine as a discipline that has “evolved as a means to honor the stories of illness . . . more sharply, it has become a way to probe the *narrativity* of disease, of health, of healing, and of the sick person and the one who tries to help” (“Where Does Narrative Medicine Come From? Drives, Diseases, Attention and the Body,” in *Psychoanalysis and Narrative Medicine*, eds. Peter L. Rudnytsky and Rita Charon [Albany, NY: SUNY Press, 2008]: 25–26). From narrative medicine emerged “graphic medicine.” See the *Graphic Medicine Manifesto for the uses of comics in medicine*: MK Czerwiec, et al., *Graphic Medicine Manifesto* (University Park, PA: Pennsylvania State University Press, 2015).
5. When I refer to psychiatry after Fredric Wertham, I am focused on the discipline, which, since the publication of the DSM-III in 1980, has increasingly focused on categorical diagnoses due to pressure by insurance companies and the pharmaceutical industry, creating a practice often focused on symptoms and not stories. See, for example, Allen Frances, *Saving Normal: An Insider’s Look at What Caused the Epidemic of Mental Illness and How to Cure It* (New York: William Morrow, 2013) and Gary Greenberg, *The Book of Woe: The DSM and the Unmaking of Psychiatry* (New York: Penguin, 2013).
6. Fredric Wertham’s 1954 book *Seduction of the Innocent* was part of the anti-comics crusades of the 1940s and 50s. Fredric Wertham, *Seduction of the Innocent: The Influence of Comic Books on Today’s Youth* (New York: Rinehart, 1954). For an in-depth history of the influence of Wertham’s book on U.S. American culture and the comic book industry see David Hajdu, *The Ten Cent Plague: The Great Comic-Book Scare and How It Changed America* (New York: Farrar, Straus and Giroux, 2008) and Bart Beaty, *Fredric Wertham and the Critique of Mass Culture* (Jackson, MS: University Press of Mississippi, 2005). See also Carol Tilley’s proof of Wertham’s falsified date in “Seducing the Innocent: Fredric Wertham and the Falsification that Helped Condemn Comics,” *Information & Culture* 47.4 (2012): 383–413. While Wertham hated comics, his social activism work and his thoughts about the uses of psychotherapy for the purposes of social justice are inspiring. For a history of Fredric Wertham, the psychiatrist, and his impact on U.S. American culture outside of comics, see Gabriel N. Mendes, *Under the Strain of Color: Harlem’s Lafargue Clinic and the Promise of an Antiracist Psychiatry* (Ithaca: Cornell University Press, 2015).
7. Jared Gardner, *Projections: Comics and the History of Twenty-first-century Storytelling* (Palo Alto, CA: Stanford University Press, 2012), 91.
8. Several pieces by psychiatrists have appeared in academic journals including: Mary E. Camp, Cecil R. Webster, Thomas R. Coverdale, John H. Coverdale, and Ray Naim, “The Joker: A Dark Night for Depictions of Mental Illness,” *Academic Psychiatry* 34.2 (2010): 145–9f; José Alexandre S. Crippa and Jaime E. C. Hallak, “Dr Harley Quinn, the Villain from Gotham City with Dependent Personality Disorder—Psychiatry in Pictures,” *The British Journal of Psychiatry* 200.4 (2012): 267; and John Goodwin and Izzat Tajjudin, “What Do

You Think I Am? Crazy?: The Joker and Stigmatizing Representations of Mental Ill-Health,” *The Journal of Popular Culture* 49.2 (2016): 385–402. There are also articles about Batman/The Joker in video games and movies including G. Morris and R. Forrest, “Wham, Sock, Kapow! Can Batman Defeat His Biggest Foe Yet and Combat Mental Health Discrimination? An Exploration of the Video Games Industry and its Potential for Health Promotion,” *Journal of Psychiatric and Mental Health Nursing* 20.8 (2013): 752–60. Morris and Forrest offer a more nuanced discussion of video games that does not rely upon discourse around diagnosis.

9. S. Taylor Williams, “Holy PTSD, Batman!”: An Analysis of the Psychiatric Symptoms of Bruce Wayne,” *Academic Psychiatry* 36.3 (2012): 254.
10. To understand why these versions of Batman are not the same, one must acknowledge the concept of “continuity” in superhero comics. As Andrew J. Friedenthal articulates, “continuity in a comic book superhero universe is the meta-narrative created out of the sum total of meetings, relationships, battles, births, deaths, and other twists of plot and characterization that have taken place within *that* universe” (“Monitoring the Past: DC Comics’ Crisis on Infinite Earths and the Narrativization of Comic Book History,” *ImageText: Interdisciplinary Comics Studies* 6.2 [2011], http://www.english.ufl.edu/imagetext/archives/v6_2/friedenthal/, emphasis my own). Once again, we see how the psychiatrists have not explored the superhero as a cultural topic but rather appropriated what they want from these stories without understanding them. While Williams acknowledges her limitations, she also ignores the rules of the genre as if they do not matter. I lament this fact because, again, the comics might offer psychiatry more with a more engaged approach that sees comics as bringing valuable information to the discussion as well.
11. Tom King plans to explore the effects of PTSD in DC’s “Sanctuary.” This will be “a place run by Batman, Superman, and Wonder Woman where other heroes can confront and deal with their PTSD and other after effects from their heroic deeds, modeled after real world veterans’ crisis-centers.” It is not clear how this series will explore mental health and illness but appears to consider the issue in new ways. There is little information in how this will play out. George Marston, “BATMAN Writer To Confront Superhero PTSD in DC’s SANCTUARY,” *Newsarama*, January 16, 2018, <https://www.newsarama.com/38179-batman-writer-to-confront-superhero-ptsd-in-dc-s-sanctuary.html>.

Perhaps the most vocal of these psychiatrists writing on comics is Sharon Packer who has published extensively on popular culture. Packer’s *Superheroes and Superegos* was the first full-length book on comics by a psychiatrist since the days of Fredric Wertham. While Packer’s aim is neither to correct nor to enact the same violence upon the medium as did Wertham, the superhero does not emerge unscathed from her interpretations (*Superheroes and Superegos: Analyzing the Minds Behind the Masks* [Santa Barbara, CA: ABC-CLIO, 2009]). Packer again tackles the topic of psychiatry and superheroes in an article entitled “Bad Psychiatrists in *Batman*: A Mirror into a Murderer’s Mind?” She attempts to understand the psychology of identification between James Holmes and the Joker. In a moment where Packer sounds quite a bit like Wertham, she attempts to connect James Holmes’ destruction and mass murder to the Batman comics. Her suggestions about Holmes and Batman comics pervert the comics she appears to be reading (though she does not give any specific examples) (“Bad Psychiatrists in *Batman*: A Mirror into a Murderer’s Mind?,” in *A History of Evil in Popular Culture: What Hannibal Lecter, Stephen King, and Vampires Reveal About America*. V. 2, *Evil in Words, Imagery, the News, Trials, Myths, and Religion*, eds. Sharon Packer and Jody W. Pennington [Santa Barbara, CA: Praeger, 2014], 181–94).

12. Bender, Kambam, and Pozios, “Putting the Cape Crusader on the Couch.”
13. Eric H. Bender, Praveen R. Kambam, and Vasilis K. Pozios, “Putting the Cape Crusader on the Couch,” *New York Times*, September 21 2011, <https://www.nytimes.com/2011/09/21/opinion/putting-the-cape-crusader-on-the-couch.html>.
14. For example, Vera J. Camden offers a psychoanalytic reading of Alison Bechdel’s *Are You My Mother?* exploring a mutual recognition between literature, art, and psychoanalysis. She has shown there is a vivid kinship between the processes of cartooning and the Medieval artist’s modes of depicting humanity: “Contemporary comics artists are perhaps resisting the dictates of realism to embrace an alternative notion of space, time, and even transcendence offered by medieval modes of representation.” While the resistance to realism alleviates the effects of traumatic experience for the cartoonist who documents their personal story, this same appeal to reach into the minds of the viewer is seen in the art of the superhero. Vera J. Camden, “‘Cartoonish Lumps’: The Surface Appeal of Alison Bechdel’s *Are You My Mother?*,” *Journal of Graphic Novels and Comics* 9.1 (2018): 93–111.

15. Geoff Klock defines this as the period that led to the publication of texts such as Alan Moore and Dave Gibbon's *Watchmen*, as well as Frank Miller's *The Dark Knight Returns*. Klock uses Harold Bloom's notion of the "Anxiety of Influence" to suggest that this was a period that tried to account for the vast histories of these characters. Geoff Klock, *How to Read Superhero Comics and Why* (New York: Continuum, 2002). Peter Coogan notes that this period of comics history "opened the superhero up to a more complex psychological approach and demonstrated that a more adult, serious readership existed for superhero narratives" (*Superhero: The Secret Origin of a Genre* [Austin, TX: MonkeyBrain, 2006], 1). For a more in-depth study of this period of change see Terrence Wandtke, *The Amazing, Transforming Superhero! Essays on the Revision of Characters in Comic Books, Film and Television* (Jefferson, NC: McFarland, 2007).
16. My intention here is not to debate over the Joker's mental health issues. As Deneb Kozikoski Valereto has already said about *The Killing Joke* and the Joker, "Undoubtedly, the question 'Is the Joker mad' is one that many readers have asked. Yet, positing the Joker essentially as a subject of madness jeopardizes the philosophical complexity of the Joker's travels through the fields of reason and madness" ("Philosophy in the Fairground: Thoughts on Madness and Madness in Thought in *The Killing Joke*," *Studies in Comics* 2.1 [2011]: 70). While my reading of the text differs from Valereto's, I still take the same stance that by identifying the Joker's particular diagnosis misses the complexity of the character and the text itself.
17. Alan Moore (w), Brian Bolland (a), *Batman: The Killing Joke The Deluxe Edition* (New York: DC Comics, 2008), 40.
18. Sigmund Freud, "Remembering, Repeating and Working-Through," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. James Strachey. Vol. 12 (1911–1913): *The Case of Schreber, Papers on Technique and Other Works* (London: Hogarth Press and the Institute of Psycho-Analysis, 1958), 150.
19. *The Killing Joke*, 32.
20. Coogan, *Superhero*, 89.
21. Roberta. E. Pearson and William Uricchio, *The Many Lives of the Batman* (New York: Routledge, 1991), 117.
22. *The Killing Joke*, 39.
23. Coogan, *Superhero*, 106.
24. Coogan, *Superhero*, 107–9.
25. Slavoj Žižek, while not referring specifically to *The Killing Joke*, identifies the Joker as "the real" because the Joker "embodies pure drive" (*Looking Awry: An Introduction to Jacques Lacan Through Popular Culture* [Cambridge: MIT press, 1992], 174). Žižek's claim about the Joker, while not about this incarnation of the character resonates with Coogan's idea that the Joker inhabits a space beyond the symbolic realm that we will never understand or reach.
26. *The Killing Joke*, 39.
27. *The Killing Joke*, 13.
28. Julian Darius, *And the Universe So Big: Understanding Batman the Killing Joke* (Sequart Organization, 2012), 1–2.
29. *The Killing Joke*, 12.
30. In the introduction to 20th anniversary edition of *The Killing Joke*, Brian Bolland discusses the editorial initiative behind the creation of this book. One of the many reasons it was produced as a separate graphic novel in a period before this format had become popular was because it was supposed to be the "final" Joker story.
31. *The Killing Joke*, 44
32. See Freud's *Jokes and Their Relation to the Unconscious*. In his book, he considers the hostility of jokes, and obscene jokes uses as a means to exposure. Freud further writes, "[a] joke will allow us to exploit something ridiculous in our enemy which we could not, on account of obstacles in the way, bring forward openly or consciously; once again, then, the joke will evade restrictions and open sources of pleasure that have become inaccessible" (*The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. James Stra-

chey. Vol. 8 [1905]: *Jokes and Their Relation to the Unconscious* [London: Hogarth Press and the Institute of Psycho-Analysis, 1958], 103, emphasis in original). While the parameters of the essay do not allow me to further explore these connections, Freud's idea about jokes does grant insight into the role the Joker has had in different incarnations of the Batman mythos.

33. *The Killing Joke*, 15.
34. As I focus on the Joker in this essay I do not want to diminish the significance of the violence enacted onto Barbara Gordon's body in this text. The feminist readings note that this scene did not need to occur. It was one more iteration of violence enacted against the female body in comics. Will Booker describes the attack on Barbara Gordon as part of an ongoing attack on the character, though. He states "*The Killing Joke* attacks the character with a new level of graphic sexualised violence" ("Batgirl: Continuity, Crisis and Feminism," in *Many More Lives of the Batman*, eds. Roberta Pearson William Uricchio, and Will Brooker [New York: Palgrave, 2015], 141). Even Alan Moore later recalled in *Wizard Magazine* that he regretted the decision to cripple Barbara Gordon. He stated: "It was probably one of the areas where they should've reined me in, but they didn't." Mike Cotton, "Last Call: Preparing for Retirement, Alan Moore Reflects on His Accomplishment," *Wizard* 147 (2004). There is no way to save this scene. In particular, for this reading, while Moore and Bolland may have used the scene as a way to show the pain of the Joker, they only violate Barbara Gordon.
35. See Valentino Zullo, "On the Origins of Our Stories: Superheroes and Mental Health Practice," in *Asylum Magazine* 22.4 (2015): <http://asylummagazine.org/2015/12/the-origins-of-our-stories-superheroes-and-mental-health-practice-by-valentino-zullo/>.
36. Charles Hatfield, Jeet Heer, and Kent Worcester "Historical Considerations," in *The Superhero Reader*, eds. Charles Hatfield, Jeet Heer, and Kent Worcester (Jackson MS: University Press of Mississippi, 2013), 3.