

No laughing matter

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How Joker's failure to be funny helps us understand humour

2019's *Joker* was about a failed comedian, Arthur Fleck. Fleck tells people he has a laughing disorder. Although it was not actually mentioned what the disorder was, it was most likely based on what is known as pseudobulbar affect (PBA). PBA is basically a disorder in which emotional displays do not match up with the individual's actual emotional state. It is no wonder, then, that his side gig is clowning, a profession in which a smile is quite literally painted on your face. The most awkward scenes in the film for me, however, revolve around another lesser spoken about disorder: the pathological need to make jokes. There are only a few instances in which Fleck tells jokes—of a markedly more serious nature—that make any sort of sense: “The worst part about having a mental illness is people expect you to behave as if you DON'T” and “What do you get when you cross a mentally-ill loner with a society that abandons him and treats him like trash... You get what you f@#king deserve!”

In neuroscience, it has been a general rule that the discovery of something's function originates in its malfunction. This is precisely why brain tumours and trauma have long been a boon for neuroscientists: through studying damage to a particular region of the brain, and analysing the abnormal behaviour that results, scientists have been able to determine the regions responsible for various behavioural functions. One of the first instances of this was the assessment of a rail worker by the name of Phineas Gage. In 1848, Gage had a workplace injury in which an iron rod was completely driven through his skull, damaging his left frontal lobe. Gage survived the accident but experienced severe personality and behaviour changes as a result. Gage's friends describe him as “no longer Gage”. Gage's accident and personality change lent weight to debates regarding cerebral localisation and the degree to which certain regions of the brain were responsible for personality and other functions. Today, neuroscientists run experiments on brain function by temporarily impairing brain regions of subjects. However, stroke, trauma and tumour victims still present with interesting symptoms.

In 1929, German neurologist, Otfried Foerster, was conducting open brain surgery on a fully conscious patient who had been suffering from a brain tumour. Once Foerster discovered the mass and had begun to operate, the patient erupted into a manic burst of puns. Not long after, a psychiatrist by the name of Dr Brill termed what he came to believe were similar cases of *Witzelsucht*. We now know that damage (via stroke, trauma, or tumour) to the frontal lobe's orbitofrontal cortex region has the potential to impair cognitive processing and decision-making to the extent that the patient is pathologically amused by their own compulsive joking.

A recent *Witzelsucht* study in 2018 by Elias Granadillo and Mario Mendez, details a man in his late sixties who, at his wife's behest, presented for treatment. His wife had grown concerned at his joke making compulsion, often waking her in the night to do so. Moreover, he'd begun a joke book containing jokes like “How do you cure hunger? Step away from the buffet table” and “Went to the Department of Motor Vehicles to get my driver's license. They gave me an eye exam and here is what they said: ABCDEFG, HIJKLMNLOP, QRS, TUV, WXY and Z; now I know my ABC's, can I have my license please?” Upon examination, an MRI revealed a new lacunar stroke in the head of the left caudate nucleus, confirming suspicions of *Witzelsucht*. The man's Jokes resemble Arthur's in that they have a familiar structure (a rhetorical question and a punchline), but they either just aren't funny or don't quite make sense (to us, at least).

But if this is abnormal humour, how do we define normal humour? The early 20th-century British humourist, G. K. Chesterton, said that trying to define humour can be regarded as a symptom of its deficiency. Ironically enough this didn't stop him from trying. In his essay on the topic (1938), Chesterton first tells us that humour is distinct from wit, claiming that it has “a certain sense of being laughed at, as well as of laughing”. Humour, then, is a gaze inward for contradiction. More importantly, he claims, “it involves some confession of human weakness”.

This distinction between wit and humour is interesting when we reflect on Joker. For Fleck, many of his own jokes are humorous in that they are about him and his weakness—society’s weakness even. It is most especially interesting that his violent reactions are in response to others making him the butt of their jokes—using wit. On the subway Arthur shoots the men who make fun of him and again he lashes out and shoots Murray when Murray’s takedowns of Arthur send the audience into an eruption of laughter.

In another essay “Cockneys and their jokes”, Chesterton tells us about Max Beerbohm’s three categories of jokes: bodily humiliation, stereotypes, and jokes about bad cheese. Chesterton then (ironically) explains Beerbohm’s joke to us, claiming that these categories are all of them about something deeply spiritual. In fact, the more vulgar the humour, the more we can be sure that it is the expression of something deeply spiritual. Especially bad cheese, which is fundamentally about the “transition across a great mystical boundary”: the result of a transition from the inorganic to the organic; representing the beginning of life itself. For Chesterton, what is humorous, then, is a profound truth hidden beneath vulgarity. Perhaps Joker is revealing that truth is subjective. Arthur even tells us as much in his rant with Murray.

Murray: “Let me get this straight, you think killing those guys is funny?”

Joker: “I do.”

Joker: “And I’m tired of pretending it’s not.”

Joker: “Comedy is subjective... Murray, isn’t that what they say?”

For Arthur, who was severely physically abused as a child, the truth is that violence is normal—funny even. And maybe some kindness from the world (in the form of social spending on mental health care, as the film suggests), would have gone a long way to making this less likely. Anyone suffering from mental illness, after all, surely deserves as much.