RESEARCH ARTICLE

Laughing at lunacy: Othering and comic ambiguity in popular humour about mental distress

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Abstract

Jokes and humour about mental distress are said by anti-stigma campaigners to be no laughing matter. The article takes issue with this viewpoint arguing that this is clearly not the case since popular culture past and present has laughed at the antics of those perceived as 'mad'. Drawing on past and present examples of the othering of insanity in jokes and humour the article incorporates a historical perspective on continuity and change in humour about madness/mental distress, which enables us to recognise that psychiatry is a funny-peculiar enterprise and its therapeutic practices in past times are deserving of funny ha-ha mockery and mirth in the present. By doing so, the article also argues that humour and mental distress illuminate how psychiatric definitions and popular representations conflict and that some psychiatric service users employ comic ambiguity to reflexively puncture their public image as 'nuts'.

Keywords: madness/mental distress; popular humour; stigma; otherness; comic ambiguity

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Introduction[1]

Whatever else he may be the US actor Charlie Sheen is an Internet phenomenon. To date more than 11 million people have watched a YouTube extract of *Good Morning America* in which Sheen appears to rant uproariously on bizarre topics such as 'Tiger Blood' and 'Torpedoes of Truth'. A popular explanation repeated across TV entertainment news channels, newspapers and celebrity magazines, as well as Internet gossip sites is that Sheen is in the grip of some or other mental disorder. Perhaps, though what the globally mediated travails of Charlie Sheen do confirm is how many of us find crazy antics difficult to look away from when we are laughing so much.

However, the notion that millions find Charlie Sheen's apparent craziness *funny* is discomforting. In recent years, campaigns by psychiatric professionals in various countries including Great Britain have highlighted the pernicious effects of stigma attached to mental distress (see Sartorius and Schulze 2005 for international anti-stigma perspectives). Some historians have also noted how contemporary psychiatric stigma has roots in a pre-modern world without psychiatry (Shorter 1997; Porter 2004). Thus, just as no one today would confine a distressed person in a strait-jacket, to want to laugh or poke fun at the psychiatrically ill underlines the persistence of a historical track record of blaming 'victims' of mental illness for their otherness.

While I do not question the legitimacy or value of campaigns that challenge psychiatric stigma, in this article I want to propose that assumptions that place contemporary jokes and humour about psychiatry in a straightforward historical relationship to demonizing of mad folk in past times is misplaced. Thus, it is

genuinely surprising to note that the image of the mad in popular culture humour has received little scholarly attention in contemporary media and cultural analysis beyond criticism that comic images in the mass media parody a complex psychiatric reality (Wahl 1995; Philo et al. 1996). My analytical approach differs in that it brings past and present humour about psychiatry and its treatment of mad folk into colloquy to illuminate a darkly comic history.

My approach in this article also recognizes how past and present jokes about madness are entrenched in a common cultural consciousness forming a social expression. How else could Shakespeare have got away with his classic one-liner in *Hamlet* about the mad English: 'Tis no great matter there' (quoted in Porter 1991, 47)? In Freud's theory about jokes and their relationship to the unconscious (Freud 1960), we constantly deceive ourselves about why we laugh. This may account for jokes about sex or aggression, but it hardly explains the mass ranks of comical lunatics in Elizabethan or Jacobean drama (Hattori 1995) or eighteenth century cartoons satirizing delusions of monarchs and politicians (Kromm 2002). Telling jokes about or involving madness has long been a popular pastime of the English.

Other histories of madness (Gilman 1982, 1988; Porter 2002) have also noted a complex relationship between madness and culture has evolved in which artists and writers over centuries rammed home a message that the mad are 'other' to rational society (Foucault 2005). We can see traces of this message about madness in our own contemporary culture of representing psychiatric otherness in jokes and popular humour. However, I want to suggest that framing popular humour about mental distress as stigmatizing *per se* ignores how jokes and humour are appropriated to

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counter psychiatric otherness. This reverse discourse of psychiatric comedy begs the question whether mentally ill people who literally perform *as* psychiatric jokes in stand-up routines and other humorous enterprises are themselves 'othering' mental distress. This is a thorny issue in the politics of mental distress because we have long laughed at lunacy.

Laughing at lunacy

In the eighteenth century, the governors of London's Bethlem Hospital, popularly known as Bedlam, seized on a market opportunity allowing paying visitors entry to gawp at lunatics. The *frisson* of the freakshow helped turn the idea of 'Bedlam' into a national joke (Porter 1987, 123) evidenced for instance in the mutable figure of 'Tom of Bedlam' who appeared as the butt of jokes about Bedlam in early modern English street ballads (Wiltenburg 1988). Such a practice confirms our twenty-first century sensibility that early modern attitudes to madness were unfeeling. But this raises a hermeneutical problem, which is how we are to interpret humour about madness and mad folk in a different historical period under different historical conditions.

Robert Darnton has drawn attention to difficulties of understanding what is historically humorous in his book *The Great Cat Massacre* (Darnton 1984). His account of how in 1730 Parisian print apprentices killed their employers' wife's cat as revenge for injustices they felt had been perpetrated against them, and then went on to perform mock trials and killings of every cat they could catch was retold more than twenty times in reportedly hilarious re-enactments in the print shop. Darnton's probing of why the apprentices found the retelling of cat trials and killings hilarious is

pertinent to my own concerns in this article because the idea of laughing at lunatics is repulsive to modern sensibilities; like cat killing we simply do not *get* the joke.

This begs the question: what did Bedlam sightseers find *funny*? Unfortunately, the historical record does not provide a definitive answer to this question although we do know that in teasing inmates of this human zoo, Bedlam sightseers rewarded inmates with pennies and other favours if their antics approximated to stereotypical 'mad' behaviour (Porter 1987). Our own inability to 'get' what is funny in the antics of lunatics indicates the distance that separates us from Bedlam sightseers but also suggests that rather than interpreting the Bedlam freakshow as benighted compared with our own enlightened times, since this limits recognition of our own culture's use of mad stereotypes for entertainment, we ask: who today finds mental distress funny?

It would seem that many of us do especially when it involves a celebrity breakdown (Harper 2009). For instance, in 2007-2008 the US pop star Britney Spear's mental distress dominated news media worldwide. In Britain, a front-page headline in the biggest selling tabloid newspaper *The Sun* declared, "Psychotic Brit Hits Rock Bottom", salaciously reporting that, "'They had to strap her down like a mental patient and she was going between laughing and hysterics. She appeared to be having a total psychotic breakdown. She just went crazy'" (5 January 2008, p. 1). An accompanying picture also highlighted restraints tied around Spears' torso and legs.

However, in the competitive multi-platform world of news and entertainment media, it was not enough to photograph Spears as 'like a mental patient … going between laughing and hysterics'. The easy availability of 24-hour global

entertainment news channels means that newspaper readers might be tempted to look elsewhere for 'entertaining' footage of 'Psychotic' Brit'. Thus, *The Sun* and its News International stable mate *The Times*, directed readers to the online versions of these newspapers where they could "See video of Britney's oddball behaviour over the last twelve months" including helpfully titled chapters such as "Britney Goes Beserk" (shaving off her hair) and "Britney's Crazy Rant" (directed at chasing paparazzi).

Writing in *The Guardian* Peter Preston provided a rare instance of journalistic self-reflection on his profession's voyeuristic obsession with Spears' mental distress:

> You can watch those ambulance scenes over and over on the *Times* website video. All the quality papers' websites have the tale among their five most visited … From top to rock bottom, from Bournemouth to Beverly Hills, we are customers, cash payers, ad revenue fuellers, gawpers, bloggers. That's the distressing bit. A deluded 26-year-old has lost her bearings and her two small children. And we're queuing up for a peek and a snigger (Preston 2008, 28).

The notion that we are 'queuing up for a peek and snigger' at a deluded 26-year old who has 'lost her bearings' is reminiscent of the eighteenth century practice of visiting Bedlam to gawp at lunatics. Should we therefore agree with Wahl's (1995) assessment of modern media stereotypes of madness, which posits that little has changed over time in stigmatizing mental distress in popular humour?

The answer, in short, is no. This is because in my view Wahl's assessment gives no opportunity to raise the question of historical change and continuity in comic representations of people with mental health problems and the popular reception of

these. My own analytic preference utilized in this article is to offer a comparative historical perspective on comic representations of people with mental health problems. This approach emphasises that we can only understand continuities in comic representations of madness/mental distress in relation to changing perceptions of psychiatry and its practitioners. And as we shall now see, psychiatry is a very funny business indeed; by which I mean both *funny-peculiar* and *funny ha-ha*.

Psychiatry, funny-peculiar and funny ha-ha

When Bethlem Hospital's apothecary John Haslam was questioned by the 1815 House of Commons Committee on Madhouses in England on reported abuses of patients inside the institution, he unsuccessfully tried to shift blame on to the institution's recently and conveniently deceased surgeon, Dr Bryan Crowther. Haslam told the Committee that Crowther was both an alcoholic and raving mad such that he was often 'so insane as to have a strait-waistcoat' (Porter 1987, 125). It is not stretching the point to suggest that here is the likely historical source of today's standard office witticism, "You don't have to be mad to work here but it helps"!

Also appearing before the same House of Commons Committee was Dr Thomas Monro, one of four successive generations of Monro to act as physician to Bethlem. When Monro was asked to explain his therapeutic rationale for using restraints such as irons and chains he revealed that in his own private asylum, unlike Bethlem, no such chains were used being 'fit only for pauper lunatics: if a gentleman were put in irons, he would not like it' (Porter 1987, 125). No-one on the Committee is reported as laughing at his explanation, though we might well do so today.

At the same time as Thomas Monro was manacling Bethlem's pauper lunatics, the American psychiatrist, Benjamin Rush, was also busy devising torments dressed up as treatments. For instance, Rush constructed a 'Tranquilliser chair' and his sketch of the apparatus (see Porter 1991, plate 8) shows a patient literally *in situ*. The patient is shown with torso, arms and legs strapped to a chair while a wooden casing placed over the head inhibits sensation (in so far as a wooden casing over the head can do so). It strikes the modern viewer of the image as funny-peculiar yet is no joke; the Tranquilliser chair was used in Rush's Philadelphia Asylum in the early years of the nineteenth century. However, such funny-peculiar psychiatric treatment seems almost quaint in relation to two ambitious twentieth-century psychiatric entrepreneurs.

Firstly, there is the American Dr. Henry Cotton, who from 1907 pioneered surgical treatment for insanity. Cotton insisted on removing every tooth and his surgical skills killed hundreds of patients (some slowly starved), but were praised by members of his profession for advancing psychiatric science (Scull 2007). When he died his colleagues in the Trenton State Hospital initiated the 'Cotton Award for Kindness'. Truly a madhouse! The second is the Portuguese psychiatrist Ugo Cerletti, who in 1938 introduced electro-convulsive therapy, which he developed after observing electricity subduing pigs in the slaughterhouse (Klein 2007). Such episodes in the history of psychiatry give a sense that doctors in past times were certifiable; not coincidentally a comic theme in popular culture humour (see Kullman 1985).

It also suggests why when the late fashion designer Alexander McQueen used a mock-up of a Victorian asylum to showcase his 2001 Givenchy collection, the leader of Britain's Royal College of Psychiatrists, Professor John Cox, complained

saying, "This is an appalling misuse of images portraying outdated psychiatric treatment and does nothing to encourage people with mental health problems to seek modern care and treatment" (Mind press release 2000). However, McQueen's suicide in 2010 invites reinterpretation of his asylum show, which included bandaged supermodels sporting strait-jackets, as self-reflexive humour on the institutional straitjacket that came with producing six international clothing collections a year.

As a man celebrated for clothing the rich and famous while cloaking his own misery with pills and alcohol, McQueen's suicide suggests that he came to see the folly in maintaining a 'normal' appearance. While McQueen's suicide was deadly serious, I do want to note the irony in that McQueen presumably preferred not to seek asylum (in the true sense of the word) in psychiatry. Given the history of funny-peculiar psychiatric therapeutics I have sketched above, Cox's complaint about McQueen conveniently ignores that psychosurgery and electric shock treatment remain in use as psychiatric therapies. That people experiencing mental distress decline and on occasion resist psychiatry's help is not simply evidence that they lack insight into their condition (though of course this may also be the case). Viewed in this historical context, psychiatric treatments invite mockery, mirth, and parody.

Psychiatry is also a funny business in another sense. Thus, when the great Swiss Professor of Psychiatry Eugen Bleuler introduced into psychiatric classification the term 'schizophrenia' in 1908 to emphasise his theory of a dissociative or 'splitting' phenomena in the mind, he could not have anticipated how his combined Greek wording of 'schizo' (splitting) and 'phrene' (mind) as the label for this phenomenon would resonate with enduring fantasies about split personality. Nor

could Bleuler have known that by introducing the term schizophrenia to science he was also bequeathing to the wider world a resilient line in psychiatric jokes.

Contemporary connoisseurs of jokes about schizophrenia need look no further than the popular micro-blogging site Twitter. Thus, anyone logging on to the site on 11 May 2011, searching for entries for schizophrenia, would have found references not only to recent research on the condition and to psychiatry's various drug treatments, but also tired jokes about split personality e.g. "I was suffering from schizophrenia but now I got these new pills we are feeling much better". I am in half a mind (sorry) to offer my own (about-to-be doubly) bad joke on this splitting theme, which is that Twitter pulls those interested in schizophrenia in two directions at once.

Those who twitter funny ha-ha gags about schizophrenia/split personality are not alone in poking fun at the popular meaning of the condition. This is the theme of the popular Farrelly Brothers film comedy *Me, Myself and Irene* (released in 2000), which features Jim Carrie as mild-mannered Charlie, who when deserted by his wife Irene and ridiculed by his family and community releases pent-up rage and transforms into his alter ego Hank. Diagnosed as having "advanced delusionary schizophrenia with involuntary narcissistic rage", Charlie/Hank battle for Irene's affections. Carrie's frenetic turn as a man who suckles breasts, defecates on lawns, and terrorizes elderly people and children prompted one psychiatrist (Byrne 2000; 2009) to suggest that the film's mocking portrayal of schizophrenia was a series of morally bad jokes.

No laughing matter? Humour and the politics of mental distress

Bad jokes are by definition not funny though perhaps they are not wholly bad. For instance, during the 2010 UK General Election campaign, the mental health charity Rethink asked supporters to submit their favourite bad joke to its web site in support of the charity's opposition to the popular view that "laughter a day keeps the doctor away". Their aim was to counter the fiscally convenient idea that mental distress can be simply 'laughed off' by sufferers, and to remind politicians grappling with a grossly under-funded National Health Service that expenditure on psychiatric services should not be a low priority. Rethink also made the apparently related point that 'mental illness is no laughing matter'. How can we make sense of this claim?

According to Michael Billig (2005), humour and ridicule are bedfellows in the social function of laughter. Billig's thesis is that because laughter is learnt and taught it is rhetorical and thus we can identify the rhetorical opposite of laughter, which is 'unlaughter'. ''Unlaughter' can be used to describe a display of not laughing when laughter might otherwise be expected, hoped for or demanded' (Billig 2005, 192). This refusal to laugh may be in opposition to the object or style of humour or it may result from agreement that what we once recently found funny, such as TV comedy shows or stand-up routines based on racist stereotypes, is now offensive.

Consider a 1983 recording of a performance by the British stand-up comedian Jasper Carrott. Known to Carrott aficionados as the 'nutter on the bus' sketch (available to listen at http://www.youtube.com/watch?v=oYYo49R_ZS0), Carrott regaled his audience on the theme: "why does the nutter always sit next to me on the bus". The audience roars with appreciative laughter as Carrott vocalises the humorous utterances of 'the nutter on the bus'. The sketch continues with 'the nutter' sitting

down next to Carrott and fellow passengers relaxing to enjoy the show as the 'nutter' produces a tin of spam (a quintessentially British foodstuff beloved of British comedians ever since Monty Python's skit), which he declares is a nuclear bomb.

Almost thirty years on from its original telling, Carrott's 'nutter on the bus' comic monologue makes uncomfortable listening; not only is it no longer funny, the term 'nutter' is now considered by many psychiatric professionals to be offensive to those suffering from mental distress. As the humour theorist Jerry Palmer (1994, 164) puts it, 'a joke may become offensive if something in the circumstances is held to make the behaviour in question inappropriate, even if it is clear that what was intended was a joke and the circumstances are in principle favourable to humour'.

The circumstances that render the 'nutter on the bus' joke offensive is a revivified politics of mental health (Sayce 2000) far removed from the existential musings of R.D. Laing and others in the late-1960s anti-psychiatric movement. The contemporary politics of mental health is one grounded in a struggle for civil rights:

> ONE group in the country has fewer rights than the rest of us. No one listens to what they say, they are mocked in harsh, ugly language and some can't even vote. They can be discriminated against at work and locked up even when they have committed no crime. Comedians joke about them, headline-writers demonise them and now the Government is set to erode their liberty yet further. They are the mentally ill, and their anger is growing - driving what could become Britain's next great movement for civil rights (Freedland 1998, 22).

The notion that 'comedians' and 'headline writers' are catalysts for a civil rights movement may surprise some comedians and headline writers. But Freedland's stirring prose does reflect unease that psychiatric-related discrimination is so deeply embedded in our popular humour that we fail to recognise its pernicious character (Sayce 2000). As Professor Louis Appleby, the National Clinical Director for Health and Criminal Justice (or England's "mental health tsar" in popular parlance) puts it:

> Think about the last time you came across a mocking comment about mental illness - I am willing to bet it wasn't long ago. It may have been said on a chat show or at the pub, in a tabloid or a taxi. Almost certainly it included a slang term for someone whose mental health is poor. I don't need to remind you of the numerous options. Now imagine the comment was about race, and replace the mental health slang with an equivalent word for someone who is black. In doing so, you are crossing a line between acceptable and unacceptable prejudice. Its existence is a daily reality for people with mental health problems, and shames the rest of us (Appleby 2006, 8).

To ridicule the mentally ill using slang terms suggests to Appleby that society fails to realise that prejudice is a 'daily reality' for people with mental health problems and that mockery of mental suffering undermines psychiatry's goal of social inclusion.

It was for this reason that in 2000 Britain's Royal College of Psychiatrists launched their Changing Minds Campaign to counter psychiatric-related stigma (Crisp 2000; 2004). Cynics might note that psychiatrists certainly have a vested

interest in doing so because they are amongst the most stigmatized professional

groups. There is a popular genre of psychiatric joke in which the doctor is made to

seem madder than the mad. 'Doctors dealing with the insane have long lamented that

they get tarred with their patients' brush, and are popularly associated with lunacy

itself: words like 'shrink' or 'trick cyclist' say it all' (Porter 1991, 238). Tainted by

association psychiatrists suffer stigma hoist on their own petard, you might say.

In the three decades since Jasper Carrott mocked the 'nutter on the bus' anti-

stigma campaigners have challenged media *mis*representations of mental illness for

detouring from a 'correct' psychiatric label. For instance, the US anti-stigma

campaigner Otto Wahl (1995) criticised a US peanut advertising campaign in which

nuts are contained inside joke packaging modelled on a straitjacket complete with a

label reading 'Certifiably Nuts'. Wahl argues that such hackneyed comic images

mask the severity of mental disorders such as schizophrenia and that 'mental illness is

no laughing matter' (Wahl 1995, 32). There is however no consensus on this point.

For instance, in 2008 the organisers of Bonkersfest, a public celebration of

mad culture, chose their name as a comic counterpoint to *stigmatizing psychiatric*

labels such as schizophrenia, which according to Sarah Tonin of Bonkersfest,

'promote a culture of fear' about those coping with the impact of this label (Brand

2007). Tonin also argued that 'the term "bonkers" is not insulting; it's broad and

lighthearted … because it is both sexual and funny and fits with the celebratory mood

of the festival' (Brand 2007, 14). Bonkersfest promotional material also promised

attendees that it would be 'One Sandwich Short of a Picnic Fayre on the Camberwell

Village Greene', which is clearly intended not only to amuse but also provoke

This is because the English language includes a dazzling range of comic words and phrases poking fun at mental illness: 'The English language is … full of light-hearted terms for madness: 'bonkers'; 'bananas'; 'one sandwich short of a picnic' (Games 2007, 8). The notion that these are 'light-hearted' terms and phrases implies harmless lexical fun, but this of course depends on who is using these terms and with what intent. Thus, in a newspaper article promoting a BBC TV programme exploring the roots of psychiatric labelling (*Balderdash and Piffle*, broadcast 11 May 2007), the comedian and ex-psychiatric nurse Jo Brand discussed comic aspects of psychiatric labelling and posed the following questions:

> Does "schizophrenic" or even "bipolar" really describe anyone more accurately or specifically than "bonkers"? Or does it just sound more respectful? Do most people understand what a "mental health service user is"? And how soon, in the hands of the cackling British, will these new labels become comic labels of abuse? (Brand 2007, 14).

Brand's questions are pertinent to my own concerns in this article about humour and mental distress because the cultural politics of mental distress involves struggle over psychiatric definitions and popular meanings. Indeed, the persistence of madness as a popular category of lay knowledge (Cross 2010) steers us toward the ways in which our culture draws from a reservoir of comical themes, premises and message about being out of one's mind. This includes the mutable figure of the dangerous madman.

Bonkers! Popular humour in a strait-jacket

Daniel Pearce, known to his friends as Dowdy, was by all accounts a prankster. By day a Corporation macebearer in Salisbury, at night Dowdy scared unsuspecting visitors to the city's taverns with his impersonation of an escaped dangerous Bedlam lunatic. When Dowdy died in 1762 his obituary noted that his legendary act included 'tatter'd garment, decorations of straw, rattling chains, visage stained with blood … [and] frightful tone of voice', so as to feign the appearance of insanity (Ingram 2005). We can only now imagine the stifled laughter amongst those in the know when Dowdy reappeared as himself and convinced his victim to search with him for the one who had perpetrated what was described in his obituary as 'this cruel joke'.

Over the years, as madness has given way to scientific notions of 'mental illness', psychiatry has been unable to distance itself from the comical figure of the raving lunatic. The potency of the folk category 'madness' in popular humour is not surprising when one considers that from the early modern period, 'in jokes and on the stage, the insane have standardly been depicted as strange and dishevelled – as 'wild men' (Porter 2002, 64). Comic images of frenzied insane were also a staple of early modern ballad singers, jesters, and stage buffoons, who milked the image of frenzied madness as a character flaw (Porter 2002) through contortion of bodily appearance, the popularity of which echoes in contemporary popular culture humour.

The comical appearance of the madman as out of control finds expression across visual media such as film and TV (Wilson et al. 1999; Wahl, 2003). This image also appears in the popular press, where the image of the dangerous mental patient found rampant expression in 'scare in the community' news stories following asylum closures in the 1990s (Rose 2002). The re-appearance of the dangerous lunatic

set free by well-meaning but foolish psychiatrists to roam the community causing mayhem revivified in the British press, where everyday perceptions of mental illness associated with 'bonkers', 'craziness', 'lunacy', 'madness', and so on are valorised as a comic counterpoint to 'mental illness' and what psychiatrists 'know' (Cross 2010).

Consider the case of Peter Bryan, which is instructive precisely because Bryan *is* dangerous. Briefly, in 2005, Bryan was tried for murder during which it emerged that he had eaten his victim's brain. Bryan had previously murdered in 1993 and was sent to a top security hospital, Broadmoor, from which he was released in 2002. Soon after his return to Broadmoor Bryan killed for a *third* time. These events moved one broadsheet provocateur to sardonically note: "Today we do not put psychopaths in padded cells and throw away the key … In Bryan's case we let them kill some more people and, when they have enough time, eat their brains" (Liddle 2005, 20).

Rod Liddle's dubious wit belies his real motivation, which was to ridicule the apparent 'complacency of liberal psychiatrists' who, he claims, fail to recognise how the "nutter who eats human brains" has the same dangerous potential as "the nutter who merely barks at the traffic every now and then" (Liddle 2005, 20). One does not have to be an advanced student of semiotics to recognise that Liddle is here trading on the comic motif of psychiatric otherness: "psychopaths in padded cells" and "the nutter who … barks at the traffic". However, one of the shortcomings of anti-stigma campaigners is a reluctance to criticize journalists' lampooning of psychiatric patients who are also criminals. It is much simpler to direct criticism of popular humour about madness to those we more easily determine are genuinely psychiatrically ill.

For instance, in 2003, a notorious front-page story in *The Sun* reported that ex-world champion heavyweight boxer Frank Bruno was 'sectioned' (legally detained) in a psychiatric hospital. The paper's headline 'Bonkers Bruno Locked Up' was accompanied by a photograph of a 'mad-looking' Bruno with staring eyes and tongue poked out (which was in fact taken from publicity materials relating to his post-boxing career as a pantomime performer). Later editions were altered to a more subdued headline, "Sad Bruno in Mental Home", suggesting (better late than never perhaps) that the paper's ridicule of a popular figure like Bruno was beyond a joke.

Despite *The Sun's* public pronouncement that the editor Rebekah Wade would voluntarily undertake mental health training with the psychiatric campaign group SANE (Harper 2005), just a few years later Wade's paper reported on the mental distress of ex-England international footballer, Stan Colleymore, who has spoken publicly of coping with depression alongside a controversial public profile. *The Sun* reported on Colleymore's emergency hospital treatment (condensed for brevity):

> Soccer star Stan Collymore ranted and raved at hospital casualty staff amid fears he had suffered a nervous breakdown. Frightened nurses called cops after the former England ace "went berserk", thumped his fists on the floor and yelled: "Don't you f***ing [sic] know who I am?"
> He was described as "wild-eyed and agitated" when he arrived to complain of head pains at Stafford District General Hospital. Witnesses said he was shouting incoherently - but there were no signs he had been taking drugs … []
> One witness to Wednesday night's incident said: "Stan held his head, sobbing, 'Get me out of here.' Nurses tried to calm him but he kept running out and

thumping doors and walls. At one stage he lay on the floor thumping the tiles. He shouted, 'Get me home, call my mother'." A patient said: "Stan was going berserk. He looked a broken man." (*The Sun* 3 February 2006, 5)

It is worth noting here that a history of antagonism exists between Collymore and the British press (for details see Wagg 2000). This includes targeted exposure by some newspapers for engaging in "dogging", i.e. seeking out strangers for sex acts in public places. To this latter image of Colleymore we can also add the mocking tone in the article noted above as well as that dished out by *Guardian* commentator Simon Weaver to the notion that professional footballers might seek psychiatric treatment:

> With the weary hope that the players concerned are not otherwise engaged with their shrinks or wriggling in strait-jackets in the local giggle house, with the wistful dream that the 22 footballers might keep hold of their premiership marbles for at least 90 minutes, I plan to attend a Premiership football match on Saturday (Weaver quoted in Wagg 2000, 75).

That mental distress is reported in humorous terms in the press (the image of out of control footballers "wriggling in strait-jackets in the local giggle house" is intended be comical after all) is not incidental of course, but underlines how the frenzied appearance of the mentally distressed is the stuff of popular entertainment.

However, I do also want to note that criticism of the press for poking fun at mental distress is also contained in something of a strait-jacket. For instance, Beatrice Bray, a psychiatric service user writing in *The Guardian* (23 April 2010, 41), took

issue with a Martin Rowson cartoon published in the same paper depicting politicians rooting through a children's dressing-up box. As one lifts up a moth-eaten dress belonging to former Prime Minister Margaret Thatcher, he shouts: "Hey everybody! This is the 'psychotic yet tough union basher' cozzie [costume]!" Bray argues that Rowson's cartoon 'overstepped the mark' in its offensiveness to mentally ill people such as herself and indeed Mrs Thatcher (now reported to be suffering from dementia) by explaining how, 'The use of the word "psychotic" was offensive' for people struggling with this condition and that cartoonists should note that when it comes to the portraying the topic of mental health, 'Some things really should be unsayable'.

Bray's call for self-censorship on mental health topics by cartoonists like Rowson is I suggest ill-founded. Rowson has in the past written in the free-speech magazine *Index on Censorship* of the historical importance of cartoonists in using satiric representations of the Mad World of politicians to lampoon the dangerousness of power (Rowson 2001). There is for instance a British cartoon tradition satirizing 'mad' George III through the imperial ambitions of Napoleon Bonaparte to more recent British tabloid cartoons of the 1980s portraying 'loony left' wing politicians as dangerous (Curran, Gaber and Petley 2005). In a modern-day classic of the genre Rowson depicts Tony Blair's Iraq misadventures in stages which include 'delusional self-importance', 'religious mania', leading to 'violent psychotic interlude' (see: http://www.guardian.co.uk/cartoons/martinrowson/0,7371,1097095,00.html).

According to Philo, Henderson and McLaughlin (1996), the popular image of the deluded politician is one of several comic stereotypes of mental illness (alongside the mad scientist and the paranoiac who says that everyone else but him is mad) that

together constitute a major category of British media content. They follow through the implications of their claim noting that while it is unacceptable to parody minority groups it remains 'acceptable' to parody the mentally ill (Philo et al. 1996, 47-9). I want to suggest that Philo et al's argument requires at least some adjustment not only because jokes and humour about mental distress have been designated offensive since their work was published in the mid-1990s, but also because self-parody has emerged as a potent cultural-political weapon in the armoury of 'mad' humourists.

Cracking up: on comic ambiguities of being mentally ill and seriously funny
I want to suggest that the psychiatrically ill do sometimes *deserve* to have the public pay to laugh *at* them. This is not the beginning of a modest proposal for a paying tour of psychiatric hospitals (like the Eighteenth century Bedlam tour) to make up for current cutbacks in Government funding of psychiatric services. Rather, I have in mind a recently reported case of the National Health Service in the English region of Surrey funding 'Cracking Up', a comedy show featuring jokes and humorous anecdotes about mental illness told by psychiatric service users (Anthony 2010).

According to John Ryan, the professional stand-up comedian who hosted 'Cracking Up', 'You hear comedians doing jokes about paedophilia, rape, child abuse, murder ... no one's making jokes about mental health' (Anthony 2010, 19). Ryan's observation is inadvertently misleading since as I noted above, in the case of schizophrenia, the problem is precisely an over-abundance of tired jokes about schizophrenia/split personality made at the expense of those living and coping with the social impact of a schizophrenic label. Ryan's point that 'no one's making jokes about mental health' is presumably intended to mean that no one makes jokes about

mental health/illness *told from the viewpoint of being a mentally ill joke teller* as distinct from being the butt of the joke. This is also not quite accurate, however.

Since 2004 David Granier has offered psychiatric service users in the Canadian city of Vancouver training in stand-up comedy techniques. His course, Stand Up For Mental Health, is intended to overcome the social stigma attached to mental health problems (Cuddington 2009). According to Granier, who is experienced both in stand-up comedy and depression, '"The more screwed-up and dysfunctional you are, the better your act is going to be … "Your life is your act"' (quoted in Jackson 2009). The idea that there is a funny side to being 'screwed-up' or 'dysfunctional' (whatever this means to those stand-up performers whom Granier tutors) turns the tables on a culture of laughing *at* not *with* the mentally ill.

However, it must also be said that this is not a particularly new theme in the politics of mental health. For instance, in the multiple Oscar winning film adaptation of Ken Kesey's classic American asylum novel *One Flew over the Cuckoo's Nest*, Jack Nicholson's character Randall P. McMurphy leads a temporary escape of his fellow inmates in the asylum to go sea fishing. As they are about to set sail (on a classic 'ship of fools' of course) their identity as *bone fide* fishermen is questioned by a skeptical boatman. McMurphy playfully tells him the truth, "We are from the state mental institution", before introducing each inmate as psychiatrists and distinguished professors. The director Milos Forman invites the audience to see the funny side of their supposed 'dysfunctionality' as one-by-one each smiling newly anointed 'psychiatrist' faces the boatman/camera/audience to share the joke.

However, turning the tables on the culture of laughing at mental distress is a different matter when the legitimacy of the joke teller is uncertain. For instance, at the 2010 Edinburgh Festival, the American comic Ruby Wax performed her comedy show 'Losing It' based on her experience of becoming bi-polar during pregnancy. Wax reportedly tested the appropriateness of her jokes about mental health in warm-up gigs given at privately run psychiatric clinics: 'I'm taking the Mickey [out of the mentally ill] at certain points but audiences know I can do that because I've got a mental illness' (Sloan 2010, 18). This raises a begged question about whether jokes about mental illness are acceptable only when a certified joker, as it were, tells it.

To probe some of the attendant complexities in answering this question I want to briefly digress to the case of a British stand-up comic and actor who jokes about her cerebral palsy condition. Francesca Martinez has described herself in interviews as a 'wobbly' comedian (*The Telegraph* 28 February 2009, 18) and this description, I suggest, is one that only Martinez or others with cerebral palsy can make about their condition without being thought of as 'othering' their disability. However, Martinez's wobbly joke raises another begged question: if you are an 'other', are you nevertheless still engaging in the cultural practice of 'othering' if you joke about that which in certain other joke contexts makes you the 'other'?

While my interest in this question is obviously focused on the cultural politics of joking about mental illness there is here a cultural-political parallel with 'nigger' (or 'nigga') jokes and anecdotes told by US black comedians including Richard Pryor and Chris Rock. Their use of 'nigger' in stand-up comedy (Weaver 2010a), as well as its comedic use in black vernacular more generally (Kennedy 1999), has resulted in

linguistic enclosure around the term 'nigger' such that when non-black others use the term in comic discourse it can result in censure. For instance, in 2007 a female white UK *Big Brother* TV contestant was removed from the show after calling a black contestant 'nigger'. The evicted housemate apologized but claimed to have been joking.

The line between acceptability and offensiveness in humour, as the censured Big Brother housemate perhaps came to understand, is in areas such as race highly politically sensitive (see Lockyer and Pickering, 2009). Simon Weaver (2011) has also drawn attention to interplay between comic ambiguities and offensiveness in Sacha Baron Cohen's comically ambiguous character Ali G. Weaver notes how in using comic ambiguity of a white man pretending to be black (or is he pretending to be Asian pretending to be black?), Baron Cohen's character changes the line between acceptability and offensiveness in humour. The continuing debate about whether Baron Cohen was being racist or anti-racist in his Ali G creation, illuminates how comic discourse can undermine and at the same time challenge otherness by the Other.

Similar comic ambiguities emerge in cases where comedians attempt to reverse the semantic effects of racist discourse. Thus, Weaver (2010a, 43) notes how in Chris Rock's use of 'niggas' its reverse connotations are 'unreliable' because his stand-up routine is drained of political intentionality with his claim that 'it's just jokes'. As Weaver notes, 'Racist meaning is generated *despite* the intentionality of the comic rather than because of it' (Weaver 2010a: 43, emphasis in the original). The cultural-political issue here is that in such cases of comic rearticulation of racist

terminology an unintentional problem is that in using comic discourses to resist,

undermine or challenge racial otherness by the Other, it can affirm the otherness that

was the intentional target of the reversed humour (see also Weaver 2010b).

Avoiding the unintentional consequence of the Other engaging in othering

whilst 'just joking' is what appears to have motivated Ruby Wax to seek approval

from psychiatric patients for telling jokes and anecdotes about psychiatric conditions

in her Losing It comedy show. And having had her legitimacy to tell jokes about the

psychiatrically ill confirmed, Wax subsequently argued that she cannot be 'othering'

mentally ill people in her jokes because she herself is a mentally ill 'other'. This

conveniently lets Wax off the hook when it comes to making the mentally ill the butt

of the joke. This is not quite straight forward however because while I am unable to

comment on her mental condition, I do want to note that Ruby Wax is an uncertain

signifier vis-à-vis the cultural politics of laughing with, not at, the mentally ill.

Thus, while Wax is now a high profile mental health advocate both in her

Losing It show and her BBC online 'headroom' campaign in which she takes a mildly

irreverent approach to advocating on mental health issues, she has in the past been

criticized for a comic portrayal of mental illness in her 1990s prime time BBC TV

comedy sketch show *The Full Wax*. The sketch in question involved a cameo from the

actor Joanna Lumley playing a hammed-up version of herself as a gibbering

emotional wreck just released from a psychiatric hospital after having been dumped

by her husband for a younger woman. Released into Wax's care, Lumley shows off a

place mat made from her hair and adorned with razor blades. The sketch culminates in

Lumley carried off in a straitjacket by singing and dancing 'men in white coats'.

The British TV screenwriter Donna Franceschild was amongst those who rebuked what she termed this 'toxic' sketch: 'Comic Ruby Wax ran a [1993 TV] comedy sketch with a shaking, gibbering Joanna Lumley, newly released from the "loony bin", doing an elaborate dance routine in which she was wrapped up in a strait jacket. When challenged, the producers always protested that they were just trying to "make good television" (Franceschild 2008, 5). I do not intend to use this nearly twenty-year-old TV sketch as a stick to beat Ruby Wax's subsequent conversion to mental health advocacy, but rather to note how hackneyed gags that laugh at the mentally ill are also deployed so as to laugh *with* the mentally ill.

For instance, Franceschild's preferred vehicle for laughing at the psychiatrically ill was her BAFTA award winning BBC TV comedy-drama series *Taking over the Asylum,* telling the story of a failed insurance salesman-turned-hospital radio DJ broadcasting in a Scottish asylum. Franceschild described *Taking over the Asylum* as a counter to the 'toxic' Ruby Wax TV sketch noted above, which she says 'is no longer acceptable' (Franceschild 2008, 5). However, a recurring feature of her script was Franceschild's reliance on stock jokes and humour about mental illness.

For instance, when a manic patient begins broadcasting he announces that he will be playing "looney tunes"; or when DJ Eddie McKenna turns up to broadcast he is told that the last time they tried hospital radio 122 patients complained that they were hearing voices; or when a maverick Glaswegian psychiatrist is revealed to be a manic-depressive who stops taking medication to control his own condition, viewers

understand his empathy for patients as: 'you don't have to be mad to work here, but it helps'! Franceschild's own use of hackneyed jokes and humour about mental illness echoes Ruby Wax's earlier straitjacket and men-in-white-coats gags.

The point I want to make in drawing attention to these similarities in psychiatric gags is that psychiatric-related humour is, dare I say, always closely bound up in a straitjacket of hackneyed comic motifs that are so embedded in our popular humour that it is virtually impossible to do without them when representing the ambiguously funny side of madness. This is precisely why the Bonkerfest event organisers noted earlier deliberately chose to name their event 'Bonkers' in order to detonate its conventional, often pejorative use in popular culture humour.

However, reclaiming comic terms of abuse that tend to accompany popular representation of their condition is fraught with humorous ambiguity. The strategy is to neutralise the language and imagery of psychiatric otherness and undermine social stigma by draining whatever is spuriously 'comic' about mental illness. 'All this has happened', the writer Jonathan Freedland appreciatively notes, 'while the rest of us have been stuck in the old thinking about nutters and weirdoes. The lunatics have not yet taken over the asylum – but they are raising their voice' (Freedland 1998, 28).

With this in mind I want to note a final illustration of humorous ambiguity involving psychiatric patients who raise their voice in the public sphere, in this case by being humorously ambiguous with the TV viewing public. In a 2001 BBC TV video diary style first-person series format entitled *Nuts* (dealing for instance with topics such as the experience of being sectioned or compulsory medicated), Brian, a

self-styled 'polymathic genius' discusses and also illustrates his own strategies for coping with his bi-polarity and periodic bouts of psychiatric hospitalization. This includes a surreally funny sequence in which Brian describes and then illustrates how when he is in hospital he constantly changes silly hats (which we see him doing) in order, he tells us, to confound psychiatrists by changing his identity/appearance.

By doing so, Brian illustrates to viewers how appearing 'nuts' is socially and psychiatrically deceptive. As Brian tells viewers, his strategy is purposively for him to "look so silly that no-one can be sure that I am not just being silly instead of being mad". He also adds just the right dose of witty self-scepticism by concluding (tongue presumably in cheek): "Of course, it could all be a double bluff and I might just be silly". As we watch Brian being (or is he in fact acting?) "nuts", he goes on to say, "I do serious things ... I work with three microscopes on the animals that live in the soil, particularly the spring-tailed flees that have been misunderstood for many years". Is he serious or is he "nuts"? That this question is not resolved makes his detonation of being/appearing "nuts" all the more poignant, powerful and seriously funny.

Conclusion

The marginalization of the mentally ill seems likely to become one of the main issues for recognition politics over the next few years (Crossley 2006). However, the notion that the psychiatrically ill are more or less incapable of giving a valid viewpoint is often enough to ensure their marginalization from more 'rational' forms of public discourse (Cross 2010). As we have seen though, psychiatric service users in countries such as Canada and Great Britain are adopting a variety of humorous tactics

because they recognize that popular humour about mad-folk is never benign; they can and often do convey the funny things they say and do, which make *us* laugh at *them*.

Like other representational forms and cultural practices dealing with psychiatric illness, jokes and humour about mental distress carry historical weight framing our social relations with psychiatrically ill others. Thus, historical depictions of madness and mad people in comic representations illuminate what has changed in our own humorous engagement with psychiatric otherness. Consequently, the cultural practice of othering the psychiatrically ill in jokes and humour buffers up against the changed social circumstances of mentally ill people's re-emergence into the public sphere and the opportunities this affords for telling jokes, gags and wisecracks about their own (and others') experience of mental distress on their own comedic terms.

Thus, to suggest, as many anti-stigma campaigners do, that we should repress jokes and humour about madness or mental distress, even with the best of socially progressive intentions, in my view misunderstands how popular humour about madness/mental distress involves more than just calculated insult. This is because comedic images and representations of madness/mental distress are cultural forms and practices that speak to and about everyday perceptions of madness. Laughing at lunacy is where comedic forms/practices meet with ambiguity about what we think madness is/is not. It is also where we can see possibilities for distanced social relations between the mad and the not-so-mad beginning to crack in shared laughter.

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