When Psychiatry and Comics Collide: From the Golden Age to the Modern Age

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Grand Rounds
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Discussant: L. Norris, MD
Goals of Today’s Presentation:

– Examine the early history and evolution of the comic book world.
– The role of psychiatry and mental health professionals in the early years of the comic book industry
– A ‘modern’ interpretation of psychopathology in a comic book character via a case study
– A discussion on mental illness in the current era of comics and the role of mental health professionals going forward
The Early History of Comics & Psychiatry

Superman (1938)

Batman (1939)

Wonder Woman (1941)
“The Golden Age of Comics” 1938-1950

• ‘Invulnerable champions’ of Good. Fantasy reflected the times in history when the Adult world was seen as on the verge of social, political, and military upheaval”

• “[Heroes] rose above the law and prevailing political authority to get the job done and protect the world from Evil.”

Rubin, 2012
Psychiatry’s Early Influences

• Psychologist William Moultan Marston Ph.D. (1893–1947)
• Fredric Wertham, MD (1895 –1981)
• Lauretta Bender, MD (1897–1987) and Reginald Lourie, MD (1909-1988)

• The US Senate Hearings on Juvenile Delinquency (1954)
  • Creation of the Comic Book Code (1954)
William Moulta Marston Ph.D. (1893–1947)

- 1913: Inventor of Marston Deception Test AKA “The Lie Detector” while investigating the ‘physiologic symptoms of deception’ (via measuring systolic blood pressure changes).
- Pursued academic psychology during 1920s, who transitioned to popular psychology in the 1930s
  - A “consulting psychologist” for various magazines (Esquire, Reader’s Digest, Ladies Home journals), promoting female equality and “Dominance-Submission roles” as keys to happiness.
  - Noted that comics could be used as a beneficial tool, and felt male heroes lacked positive qualities of maternal love and tenderness
- 1941: Created “Suprema: The Wonder Woman”
  - Renamed “Wonder Woman”

(Burn, 1997; Rubin, 2012)
Dr. Fredric Wertham, MD (1895 –1981)

• *The Seduction of the Innocent* (1954)
• Summary of points:
  1. The comic book format is an invitation to illiteracy
  3. They create a readiness for temptation
  4. They stimulate unwholesome fantasies
  5. They suggest criminal or sexually abnormal ideas
  6. They furnish rationalization for them [the above ideas], which may be ethically even more harmful than the impulse.
  7. They suggest the forms a delinquent impulse may take and supply details of teaching.
  8. They may tip the scales towards maladjustment or delinquency.

“What is the social meaning of these superman, superwomen, super-lovers, super-boys, super-girls, super-ducks, super-mice, super-magicians, super-safecrackers? How did Nietzsche get into the nursery?”

Lauretta Bender, MD (1897–1987)

- Child Neuro-psychiatrist at Bellevue Hospital, NY
- Designer of the Bender Visual Motor Gestalt Test
- Published with Dr. Reginald Laurie an article in 1941 “The Effects of Comic Books on the Ideologies of Children”
- Editorial Advisor to Actions Comics in 1954

“In my early years... at Bellevue hospital when we were hard put to find techniques for exploring the child’s emotional life, his mind, his ways of reacting, when the child was separated from the home and brought to us,... I found the comics early on, one of the most valuable means of carrying such examinations.” Dr. Lauretta Bender)
Senate Subcommittee Hearings on Juvenile Delinquency and Comics

• April 21, 22 & June 4, 1954: Senate subcommittee hearing on juvenile delinquency and comic books, with Dr. Wertham and Dr. Bender called upon as the star expert witnesses for each side to examine the role of comics as a cause of delinquency and maladjustment.

(Rubin L., 2007; Rubin, L., 2012)
Senate Subcommittee Hearings on Juvenile Delinquency and Comics

• Dr. Fredric Wertham

• Dr. Lauretta Bender

• The Conclusion of the Subcommittee hearings (1955)

(Rubin L., 2007); (US Senate, 1954)

• Comics Code Authority (CCA)
“The Silver Age of Comics” 1956 to 1970

- "Superheroes became more involved in ‘real world scenarios’ with each passing year, mirroring the current political and social problems”

Rubin, 2012
“The Bronze Age of Comics” 1970s to 1985

Rubin, 2012
The Modern Era of Comics (1986--)
“It’s not a Comic Book World Anymore…. Our time has passed. Problems do not come in neat little boxes anymore, with ‘The End’ scrawled in the corner. There is no end. Only new versions of reality. People don’t talk in balloons anymore. They curse. They shout obscenities. The world is no place for children or heroes, which may be the same thing.”

-Billy Buttons AKA Captain Mantra

-By Robert Mayer, Superfolks (1977)
The Influence of Comics in the Modern World:

A Case Study
Mental Status Exam

General: Mid-30s, White male with dyed unkempt hair, disheveled old clothing, multiple scars noted over face and body

Behavior: Guarded, irritable, shows suspicion towards authority figures, noted to have abnormal (?involuntary) movements of tongue

Cooperation: Uncooperative, at times hostile

Speech: Fluctuating in tonality and volume, seemingly for dramatic effect; hyper-verbal, with regular rate of speech; inappropriate laughter

Mood: Elevated, labile

Affect: Exaggerated, expressive, elevated affect; not easily redirectable

Thought Processing: Evasive to questioning/redirection, linear

Thought Content: Violent thoughts, with severe distrust of authority; manipulative, and at times gives contradictory/lying answers to previous questions

Hallucinations/Perceptions: Denies visual or auditory hallucinations, observed talking to himself only when known to be observed; does not appear to be responding internally

Lethality: endorses Homicidal ideations; denies history of suicidal ideations but displays signs of self-injurious/self-harming behaviors (scars indicative of cutting)

Cognition: Alert and Oriented x3; no gross deficits noted.

Insight: Minimal to poor

Judgment: Poor, displays self-preservation even when appearing impulsive

(Camp, Webster, Coverdale, Coverdale, FRANZCP, & Ray Nairn, 2010)
Character Study: The Joker

- First introduced in Batman #1 in 1940
- Portrayed in multiple comics, novels, video games and films since 1940

*Batman (1966)*
Cesar Romero

*Batman (1989)*
Jack Nicholson

*The Dark Knight (2008)*
Heath Ledger

(Camp, Webster, Coverdale, Coverdale, FRANZCP, & Ray Nairn, 2010)
The Joker in the Comics

(Nichols, 2011) (Camp, Webster, Coverdale, Coverdale, FRANZCP, & Ray Nairn, 2010)
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_Case Study:_ Heath Ledger’s Joker in *The Dark Knight (2008)*
The Dark Knight’s Portrayal of Psychopathology

- Film Descriptions of the Joker
  - “Madness” incarnate
  - “A Mad Dog”
  - A “Terrorist”

“Why do they call him the Joker?”
“I heard he wears makeup”
“Makeup?”
“To scare people. War paint.”
“Guess the Joker’s as crazy as they say.”

“In Madness is like gravity. All it takes is a little push.”-Joker

(Camp, Webster, Coverdale, FRANZCP, & Ray Nairn, 2010) (Nolan, 2008)
The Dark Knight’s Portrayal of Psychopathology

“[Society’s] morals, their code... it’s a bad joke. Dropped at the first sign of trouble. They’re only as good as the world allows them to be. You’ll see. I’ll show you. When the chips are down, these civilized people... they’ll eat each other.”

“I just do things. [Mob leader] Maroni has plans. [Police Commissioner] Gordon has plans. Schemers trying to control their little worlds. I’m not a schemer. I show the schemers how pathetic their attempts to control things really are....” “[When one] introduce a little anarchy, upset the established order and everything becomes chaos. I am an agent of Chaos.”

-Joker, The Dark Knight

• http://www.youtube.com/watch?v=0uSOiu_WUDw#t=18
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(Camp, Webster, Coverdale, Coverdale, FRANZCP, & Ray Nairn, 2010)
Schizophrenia (295.90)

- Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):
  1. Delusions
  2. Hallucinations
  3. Disorganized Speech (e.g. Frequent derailment or incoherence).
  4. Grossly disorganized or catatonic behaviors
  5. Negative symptoms (i.e., diminished emotional expression or avolition).

- For a significant portion of the time since the onset of the disturbance, level of functioning in one or more areas, such as work, interpersonal relations, or self-care is markedly below the level achieved prior to the onset.

- Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e.: Active Phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods the signs of the disturbance may be manifested by only negative symptoms or by two or more symptoms listed in Criterion A present in an attenuated form (e.g., Odd beliefs, unusual perceptual experiences).

- Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

- The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

- If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).

Specify Current severity:
- Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including: delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, and negative symptoms.

American Psychiatric Association, 2013
DSM5 Criteria for Anti-Social Personality Disorder

**Antisocial Personality Disorder (301.7)**

- A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:
  
  » Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
  
  » Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
  
  » Impulsivity or failure to plan ahead*
  
  » Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
  
  » Reckless disregard for safety of self and others
  
  » Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
  
  » Lack of remorse, as indicated by being indifferent to or rationalized having hurt, mistreated, or stolen from another.

- Individual is at least age 18 years
- There is evidence of conduct disorder with onset before age 15 years *
- The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

American Psychiatric Association, 2013
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(Camp, Webster, Coverdale, Coverdale, FRANZCP, & Ray Nairn, 2010)
What can we take away from The Joker’s Case Study?

• The modernization of The Joker as a “domestic terrorist” leads to stigmatization of real people
  – The stigma of mental illness and violence

• Why should we even focus on this topic?
  – What should mental health professionals take away from this presentation?
The stigma of mental disorders and violence: Fact from Fiction?

- Are those with psychiatric disorders more likely to commit violent acts?

- Does having an Axis I or Axis II disorder make you dangerous? Which is the most dangerous diagnosis?

- Are psychopathy, psychosis, and schizophrenics most likely to commit acts of violence?
  - Command auditory hallucinations; bizarre delusions; grossly disorganized

- What about sociopaths?
  - Irresponsible, not bound by societal norms; lack remorse, and have a reckless disregard for safety of themselves and others.

Facts:
“Psychiatric Characteristics of Homicide Defendants”
American Journal of Psychiatry, Sept. 2013

Documented 278 charges of non-vehicular criminal homicide over 5 years in a single urban Pennsylvania county and reviewed court documents for risk factors, clinical factors, and diagnoses given to all individuals charged.

• 160 [58%] had an Axis I or Axis II Diagnosis
• 147 had an Axis I diagnosis (13 were purely Axis II)
  • 132 [47%] had a Substance Use D/O
    • 100 [76%] had only Substance Use disorders
    • 32 [24%] had comorbidities
  • 60 individuals had a non-substance use Axis I/II Disorder
    • 32 of those 60 (53%) had substance abuse co-morbidities
• 10 [4%] had a Psychotic Disorder
  • 7/10 (70%) had Substance Abuse issues too
• 14 (5%) had a diagnosis of ASPD
  • 7/14 (50%) had substance issues as well
• #1 Non Substance Use D/O?
  • Affective Disorders (35 of 47 Non-Substance use Axis I D/O)
    • 25 of 35 (71%) were diagnosed with Depressive Disorders
• 183 cases (73%) of the 278 involved Firearms!
  • 89 (48%) had no Axis I or II diagnoses.
  • 6 (3%) had a NON-substance abuse disorder
• Also Noted: Of those with Axis I disorders and homicides... only 8% of the 147 had received some form of psychiatric treatment 3 months prior to the act.

(Martone, Mulvey, Edward, Yang, et al. 2013, September)
Why Does The Joker/The Dark Knight Deserve Merit?

Batman was created in 1940 by Bob Kane, and has been one of DC Publishers most iconic and successful characters licensed.

- Part of popular culture for 74 years now.

The Dark Knight (2008)

- Has won 2 Oscars, and over 90 awards.
- Heath Ledger won an Academy award for his portrayal of the Joker.
- Had grossed over $534,858,444 in the USA alone after 4 years (in July 2012) and is the 4th highest grossing film in the United States with worldwide sales greater than over $1 billion dollars.

IMDB, 2012
What should mental health professionals take away from this presentation?

– The role of psychiatry and mental health professionals in modern media?
  • Patient advocates vs. mass consumers

– The arguments and benefits for comic books and the culture
  • Dr. Wertham’s Legacy
  • Dr. Bender’s Legacy

Acknowledgements:

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