

Winter 2011

CDIN 51700, ARTH 48911, ENGL 51305, CMST 57000, CMLT 51700

Seeing Madness: Mental Illness and Visual Culture

W. J. T. Mitchell & Françoise Meltzer

Screenings: Mondays 12-1:30, JRL 207

Meeting Mondays, 1:30-4:20 p.m., JRL 207

Enrollment to be capped at 20

This course will ask how the experience of insanity is conveyed and represented. What are the face and look of madness? How does madness make itself visible and audible? How has it been treated as exhibition and spectacle? These questions will be approached while keeping two considerations at the forefront: first, how madness is understood to manifest itself; second, how it is in turn displayed and represented in a number of different (western) cultures and in a variety of media. The first of these two considerations engages the history of the concept—the place of madness in medicine and the political-cultural framing of the “insane” as a legal, social, and clinical category. This includes, as well, what the conventions of madness are and how they change with the history of medicine as well as of cultural givens. The aim here is not to undertake such a historical account fully. Rather, students will be looking at moments in the history of madness when the idea is redefined or at issue. The second of the considerations for the seminar is the theater of madness—that is, how madness is represented graphically, from drawings to the modern media of photography, painting, cinema, architecture, and literature. Theoretical readings will include Freud, Foucault and Lacan, among other theorists and practitioners. In literature, students will be reading passages from texts such as Don Quixote, Breton's *Nadja*, Marat / Sade, late Nietzsche, and Hölderlin. Students will explore a number of films (e.g. *A Beautiful Mind*, *Shutter Island*, *Vertigo*, and *David and Lisa*), early photographs, drawings and paintings, and blue prints from various eras for the housing of “the insane.”

Please note: after the first week's session, class will begin at noon in JRL 207 with a screening to be followed immediately by discussion.