



**CALL FOR ESSAYS | Special Issue n. 39 (Open access)**

## **The Representation and Care of Illness. Visual Culture, Trauma and Medical Humanities**

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**Deadline for abstract proposals: January 28, 2022**

The recent phenomenon of pandemic has highlighted how the current visual and audiovisual production has not simply favored phenomena of re-sematization of reality, thanks to the dissemination of images and narrations devoted to the fragile bodies of the pandemic, but it also has engendered social practices and symbolic actions useful to orient the intersubjective process, self-perception and the perception of the other through physicality or its simulation.

Within this framework, this special issue wants to provide a new reading of some theoretical concepts and methodologies in order to reconstruct/reopen the debate posed by visual culture applied to:

- Trauma Studies. Since the Eighties, by harmonizing humanistic, psychological and cultural approaches, this field of research has helped to formulate a series/corpus of theories concerning an analysis of trauma as an interpretative model. Accordingly, trauma studies have internally developed various perspectives of research, as a confirmation of an intrinsic multidisciplinary vocation: cognitive approach (Andemahr 2016); critic-cultural approach (critical trauma studies – Alexander et alii 2004; Casper-Wertheimer 2016); affect theory (Leys 2000; Leys 2011), etc. In particular, a large part of the debate takes on a visual-aesthetic view, as it questions the ways and possibilities to represent trauma through images and narrations, which are considered the main mediators for historical knowledge and private and cultural memory (Broderick-Traverso 2010; Radstone-Walker-Shenker 2013; Hodgkin-Thakkar 2017). Moreover, mediation processes of trauma are usually associated to therapeutic models (working through, acting out, replacement, re-enacting) in order to demonstrate the reparative potential of media representations and practices (Cati 2013; Cati 2016). Following these lines, it would be worth broadening and systematically reviewing the contributions specifically focused both on figures of suffering, wounds, mourning, and on care experiences linked to recent traumas caused by the Covid-19 pandemic.

- Medical Humanities/Medicine Visual Culture (Jordanova 1990; Christian Bonah, Anja Laukötter 2020).

This paradigm, which can make use of a specific expertise on representation forms (Gilman 1982; Ostherr 2013), deepened the ways in which techno-scientific innovations and the imaging technologies reshaped the conceptualization of the body, the reconfiguration of care forms and practices using an STS and posthuman framework (Casini 2021; Mol, Moser and Pols 2015; Puig de la Bellacasa 2018), the human being and the role of self-care and the care of others (Kevles, Bettyann 1997; van Dijck 2005; Treichler, Cartwright, Penley 1998; Anker, Nelkin, 2004; Toschi 2016; Toschi 2018). The visual dimension has been recently promoted and relaunched in the area of Medical Humanities (Interdisciplinary Entanglements: Towards a Visual Medical Humanities, 2018 Edinburgh; see also the creation of a visual medical humanities manifesto in Johnstone 2018), a disciplinary orientation that relies on art and visual and narrative-based strategies in order to open to patients' points of view for a better understanding of the symptoms of the disease, to improve the doctor-patient

relationship and care-giving practices. In this case as well, by considering the potentialities of mediating and mediatizing practices (van de Vall 2009) in self-recognition processes, audiovisual media have been connected to therapeutic models set up within specific pathological and health-care contexts (e.g. dementia and Alzheimer). Both fields appear as frayed lines of research, but are useful enough for a broad comprehension of the profound transformations that assailed on the one hand the representation and conceptualization of corporeality; on the other hand, the ways of conceiving the living body and its vulnerabilities (disease, anesthetization, perceptive distortions and alterations, affective lacerations, relational fractures, spatio-temporal discontinuity). In this sense, with the aim to analyze the media products that will be identified and selected, it is necessary to develop a new interdisciplinary methodology suited to grasp emotions, material dimensions, bodily practices, performative dynamics, intersubjective systems that, as a whole, consolidate the *mise en discourse* of the body as an object of care.

### Submission details

Please send your abstract and a short biographical note to [silvia.casini@abdn.ac.uk](mailto:silvia.casini@abdn.ac.uk) , [alice.cati@unicatt.it](mailto:alice.cati@unicatt.it) and [deborah.toschi@unipv.it](mailto:deborah.toschi@unipv.it) by **January 28, 2022** — [subject: CfE #39 — C&C + name surname author(s)].

Abstracts should be from 300 to 500 words of length (in English). All submissions should include: 5 keywords, name of author(s), institutional affiliation, contacts details and a short bio for each author. Authors will be notified of proposal acceptance by **February 7, 2022**.

If the proposal is accepted, the author(s) will be asked to submit the full article, in English, by **April 30, 2022**.

Submission of a paper will be taken to imply that it is unpublished and is not being considered for publication elsewhere.

The articles must not exceed 5,000/6,000-words.

Contributions will be submitted to double blind peer reviews.

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