

## Chapter 8

# Delirium Cinema or Machines of the Invisible?

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*Surely a true cinema can contribute to giving us back reasons to believe in the world and in vanished bodies? The price to be paid, in cinema as elsewhere, was always a confrontation with madness.*

*(Deleuze, 1989: 201)*

### Introduction: clinical and critical

Contemporary audio-visual media culture questions our conception of and relationship to the image. Cinema, as part of this larger image culture, seems in need of a theoretical approach that can take into account the abundance and ‘madness’ of contemporary image culture and what it does to our perception, memory and imagination. The increasing amount of ‘mind-game’-films and other types of cinema that confuse the difference between the actual and the virtual, are an important indication of this ‘madness’. A schizoanalytic approach, as proposed by Deleuze and Guattari, might be one way to deal with multiple ‘image realities’ of our world. In this essay I examine the ways in which Deleuze and Guattari have related their philosophy to clinical schizophrenia. Then, I look at two films that deal with schizophrenic patients in a psychiatric hospital, the Algerian documentary *Alienations* (Malek Bensmail, 2003) and the German film *The Princess and the Warrior* (Tom Tykwer, 2000). Finally I argue that a schizoanalysis of cinema is necessary to take into account the changes in contemporary image culture in which cinema is becoming increasingly a ‘machine of the invisible’ as opposed to the ‘machine of the visible’ it used to be. By relating clinical schizophrenia to a critical film theory I’m inspired by Deleuze’s *Essays Critical and Clinical* in which he analyses great works of art as delirious processes, related to Life and critical creation as well as to Death and clinical stasis.

Deleuze and Guattari make a very clear distinction between schizophrenia as a pathological disease and schizophrenia as a process (strategy). It is schizophrenia as a process that is the primary focus. In *Anti-Oedipus* schizophrenia is described as ‘a potentially revolutionary and liberating flow’; as ‘a free form of overcoding and overinvesting libidinal desire’; and also as ‘the immanent system of production and anti-production’ (schizophrenization), related to ‘capitalism’s awesome schizophrenic production of energy’ (Deleuze and Guattari, 1984: 34). In *A Thousand Plateaus* schizoanalysis is another term for rhizomatics, experimenting in the creation of a Body without Organs and all kind of becomings (Deleuze and Guattari, 1988: 13, 22, 150). So, already from the beginning the question of what is schizoanalysis for Deleuze and Guattari is not answerable with one unique definition.

Nevertheless schizophrenia as a process is derived from schizophrenia as a disease. They are at least related in the sense that both are escape mechanisms from things too unbearable to sustain. The fundamental issue that defines the borderline between ‘schizophrenia as a process’ and ‘schizophrenia as a disease’ is, Deleuze and Guattari argue, how to avoid the ‘breakthrough’ turns into a ‘breakdown’ (Deleuze and Guattari, 1984: 362). In their own frequent returns to schizophrenia as a disease they demonstrate this border as a very fine line, which is where I start my investigations.

### Clinical schizophrenia as a brain disorder

Let me first look at schizophrenia as it is described in neurobiology. It is significant to note from the beginning that schizophrenia is an organic *brain* disease and not an emotional disorder or neurosis (one of the main psychoanalytic diseases). Since Deleuze has argued that ‘the brain is the screen’ and that film philosophers should look at the biology of the brain, schizophrenia might be one of these areas to look for new ‘models’ of thinking the image (Deleuze, 2000: 365–73). A clinical diagnosis of schizophrenia is based on behavioural observations and self-reported abnormal mental experiences. Symptoms of schizophrenia are conventionally divided into ‘positive’ and ‘negative’ types. Positive symptoms include (paranoid) delusions, hallucinations (often auditory), thought disorder and incoherent verbal expression and bizarre behaviour (all related to a feeling of ‘too much’ of everything, very energetic, frantic). Negative symptoms include emotional flattening, social withdrawal, apathy, impaired judgement, difficulties in problem solving and poor initiative (all related to a lack of energy,

to the point of catatonic collapse). Most forms of schizophrenia show a combination (in various degrees) of several of these symptoms.

Modern neuro-imaging techniques have given us new insights in what happens in a schizophrenic brain but the interpretation of these visualizations of what happens inside the head are disputed. Some neurobiologists argue that virtually every brain region is affected in schizophrenia (Pearlson, 2000: 558). Another hypothesis is that the problem is more significantly to be related to the neurotransmitters and the failure of certain specific areas of the brain to connect very well. The key assumption in this 'disconnection hypothesis' is that the pathophysiology of schizophrenia is expressed in terms of abnormal connections. In a schizophrenic brain the integration and adaptation of sensorimotoric, emotional and cognitive functions are impaired. This is probably due to a failure of integrating signals from the (sensorimotoric) prefrontal regions and the temporal cortices. The synaptic connections are in a continual state of flux, implying time-dependent changes in connectivity that do not function very well in the schizophrenic brain (Friston, 1998: 118). Eugene Bleuler, who introduced the term 'schizophrenia' in 1908 referred to a split in the proper functioning of the brain, a mental splitting (nothing to do with 'split' or 'multiple personality' syndrome but with connections between brain functions). Of course I am not going to interfere in neurobiological debates but interesting connections to a possible schizoanalysis of cinema can be made as I will try to show in what follows.

### Two poles of schizophrenia as a process

In *Anti-Oedipus*, and in the posthumously published collection of articles *Two Regimes of Madness*, Deleuze and Guattari distinguish two poles of schizophrenia, two poles in the schizophrenic delirium. One is the machinic pole, or the pole of the machine-organ. Deleuze and Guattari argue that the schizophrenic shows what the unconscious really is, namely a factory full of machinic connections. They recall Bruno Bettelheim's story of little Joey who 'can live, eat, defecate and sleep only if he is plugged into machines provided with motors, wires, lights, carburetors, propellers and steering wheels: an electric feeding-machine, a car-machine that enables him to breathe' (Deleuze and Guattari, 1984:37). 'Connecticut, Connect-I-Cut!' . . . Deleuze and Guattari summarize Joey's machinic desire, and they explain further:

Every machine functions as a break in the flow in relation to the machine to which it is connected, but at the same time it is also a flow itself, or the

production of a flow, in relation to the machine connected to it. (. . .) Everywhere there are break-flows out of which desire wells up, thereby constituting its productivity and continually grafting the process of production onto the product. (Deleuze and Guattari, 1984: 36–37)

Deleuze and Guattari give a very positive reading of the disorders of little Joey's autism – more like the Dadaist would make all kind of wild connections – but their point is clear: machinic and unexpected connections are important in schizophrenia. Especially the break-flows with and escape from the psychoanalytic family triangle are emphasized by Deleuze and Guattari. It is not difficult to recognize here the translation of the positive symptoms of clinical schizophrenia into a process to investigate the libidinal economy of the social field.

The other pole is the pole of the Body without Organs. The Body without Organs relates to a rupture of the normal organization of the organs. It organizes the organism differently: 'Why not walk on your head, sing with your sinuses, see through your skin, breathe with your belly', Deleuze and Guattari propose most famously in *A Thousand Plateaus* (Deleuze and Guattari, 1988:151). But the BwO is also the zero degree model of death: 'It is catatonic schizophrenia that gives its model to death. Zero intensity. The death model appears when the body without organs repels the organs and lays them aside: no mouth, no tongue, no teeth – to the point of self-mutilation, to the point of suicide' (Deleuze and Guattari, 1984: 329). This pole can be related to the negative symptoms of clinical schizophrenia, recognized by Deleuze and Guattari as such when they refer to the BwO as catatonic schizophrenia, and hence also to the end of schizophrenia as a process. Here we see how Deleuze and Guattari actually stay very close to clinical schizophrenia but turn it into a new approach towards life and art.

I have to add two other very important aspects that Deleuze and Guattari relate to schizophrenia – and here they move away from the symptoms to the actual experience and the content of the deliriums. First of all, what seems to be very important is that schizophrenia is related to a sensation of intensity or becoming: 'I *feel* that I'm becoming-woman, I *feel* that I'm becoming-God, I *feel* that I'm becoming a clairvoyant, I *feel* that I'm becoming pure matter' (Deleuze, 2003: 21). So consequently the affective dimension should have an important place in schizophrenia as a process as well.

Finally, it is important to emphasize that every delirium is not so much related to the Oedipal theatre, but very much connected to the feeling of a 'too much of history'. The delirium 'concocts' races, civilizations, cultures,

continents, kingdoms, powers, wars, classes and revolutions: all delirium is socio-political and economic or world-historical, Deleuze and Guattari argue (Deleuze, 2003: 25). Again Deleuze and Guattari stay close to the experiences of real schizophrenics but they turn it into something positive – mostly defined as a way out of the psychoanalytic familial matrix.

### *Alienations: schizophrenia as universal symptom of 'Madness'*

Moving from definitions of schizoanalysis to cinema, I now first want to investigate how schizoanalysis as a disease can be related to films that deal specifically with this brain disorder. In the last section I draw on the wider implications for cinema and film theory, and hence for the schizoanalytic status of contemporary audio-visual culture more generally.

Malek Bensmail's documentary *Alienations* (2003) in which the filmmaker follows doctors and patients of a mental hospital in Constantine (Algeria) in many ways seems to confirm everything Deleuze and Guattari say about schizophrenia. We find both poles of schizophrenia: the connecting 'machine-bodies' of the patients who, especially in their speech, connect everything in a seemingly wild way, and their catatonic BwOs to the point of suicidal death wishes. The film opens with a beautiful scene of a girl who is having a conversation in French with (what later on appears to be) a doctor. Explaining that she has degrees in biology, medicine, law, veterinary medicine and that she speaks seven languages, she concludes she *feels* she has supernatural and metaphysical powers. She also *feels* she is helped by six Muslims to protect her from the attacks she has to suffer from people at the faculty. So the intensity of the feeling and the abundance of energy that Deleuze and Guattari speak of (related to the positive symptoms of schizophrenia) are clearly present.

In another scene male patients have a group conversation. One of the patients starts a discourse about America, which he ends by singing 'We are the World'. He speaks a mixture of French and Arabic. The confusion of his languages gets lost in translation but in terms of contents he states:

'Now, you have to remember this: you were told "we are the world – we are the children". Don't cut me off when I'm speaking.'

'Yes! But I want to say something else. Why is America bombing Iraq, bombing Iraq, bombing Iraq. Iraq has never asked anything of them. They want everything from the whole world because they sing "we are the

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world we are the children". We are all brothers. Even the pacific Jews, I'm with them.'

In this scene, several things are noticeable. First of all, the confusion of languages is striking. No language is spoken very well. This is a well-known symptom of schizophrenia, but it is also very much a general (schizophrenic) problem in Algeria, which since independence has only partially and quite unsystematically replaced the previously French educational system with Arabic. Second, the world-historical dimensions of the discourse are striking. World politics, war in Iraq, Jews and many more elements are all connected (Connect-I-Cut) in one discourse. But like the language aspect, it is actually not so very strange because world politics is also what overwhelms the 'sane' people, causing feelings of despair and anxiety. We can all recognize these feelings in some form or another. Third, the impression of mutual respect between doctors and patients is significant. There appears to be a bond between doctors and patients only separated by a small degree of sanity (or perhaps a white coat). Apart from the world politics mentioned here, it is very clear that many patients have deep wounds from the civil war in Algeria during the 1990s, when nobody's life was secure. Victims and perpetrators are equally afflicted and together in this clinic. Fourth, the role of the camera itself cannot be ignored. The camera is not a 'fly on the wall' but is clearly addressed. Sometimes the patients speak to the director directly and they are very conscious of what is being filmed. The filmmaker is implicated in the process of filming, what Deleuze has called the 'mutual-becoming' of filmmaker and characters in the modern political film.

What we actually see here is that doctors, patients and filmmakers are all implicated in the same world, which is very touching and implies the spectator as well. It is also our world. Going back to Deleuze and Guattari we can conclude that they are right to argue that the delirium is moving between machinic and catatonic poles, that it is world-historical and socio-political, and that many elements of the schizo are actually also part of our daily experiences – especially the *feeling* of being overwhelmed by world politics (which is enhanced by the increasing amount of audio-visual data).

### Intercultural perspective on schizophrenia

There is something else at stake and here as well. When we look at the film from a perspective of cultural specificity (cultural differences), the socius,

the political, is always the prime target and source of the deliriums of the patients in this Algerian clinic. However, Algeria, like all Arabic countries has a collective culture where there is no room for individual problems or traumas in the first place, and this, according to Malek Bensmail, is actually the most fundamental problem for these patients: they always blame the government (Bouteflika and older presidents are frequently mentioned). Nobody starts looking at the level of the individual, or near home. In collective cultures like Algeria, thinking on an individual level could be an important line of flight (which does not automatically mean forgetting about the world-political).

In this respect, something remarkable happened in the film. The patient just quoted, later on in the film confesses to Bensmail's camera a personal childhood trauma of sexual abuse, something he never told the doctors. This is remarkable because these things are never told in collective cultures because it's a huge taboo – and one could argue that the camera in this case helps to individualize this patient.<sup>1</sup> So here we run into a possible limitation of the Deleuzian model of schizophrenia if we try to universalize it. For Deleuze and Guattari the enemy is psychoanalysis' insistence on the individual, Oedipus and the family. Everything they positively argue for in *Anti-Oedipus* in respect to schizoanalysis, is negatively connoted in respect to psychoanalysis. For instance, they argue that the first reason for a 'breakthrough' to turn into a clinical 'breakdown' is neurotization and oedipalization: 'First the process is arrested, the limit of desiring-production is displaced, travestied, and now passes into the Oedipal subaggregate. So the schizo is effectively neurotised, and it is this neurotisation that constitutes his illness' (Deleuze and Guattari, 1984: 363).

Now looking at western films about schizophrenia, it is apparent that Deleuze and Guattari are absolutely right. The film *Princess and the Warrior* (Tom Tykwer, 2000) for instance, clearly shows how the main character, Sissi, breaks free from her literally mad family. Sissi is born in a psychiatric hospital and has lived there all her life. She is one of the doctors, but she too is very close to the patients. When she falls in love with Bodo (in an amazingly strong scene in which he saves her life following a car accident by piercing her throat with a straw enabling her to breathe) it is the beginning of her breakthrough out of the 'mad family'. They literally take a 'line of flight' that sets them free when at the end of the film they jump together from the roof of the clinic and escape. This scene is very 'anti-oedipal' indeed since one of the patients (in love with Sisi) as a very jealous Oedipal son tried to kill 'the father' (Bodo, as lover of Sissi) by throwing an electric bread toaster into Bodo's bath tub. So here, it certainly could be argued

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that breaking open the family is liberating. At various points in the film the patients are invited to go out for a walk, which is virtually quoting *Anti-Oedipus*'s slogan that 'a schizophrenic out for a walk is a better model than a neurotic lying on the analyst's couch' (Deleuze and Guattari, 1984: 2).

Looking at *Alienations* however, we have to conclude that things are more complicated than that and that perhaps Deleuze and Guattari are creating too simple a binary opposition between psychoanalysis and schizoanalysis, between the family and the socius. Here the patient's personal confession about a childhood trauma might just as well be a breakthrough (and not automatically a neurotization), and seeing and feeling in *Alienations* the longing for a family, for a mother and a father, is so overwhelmingly part of the patient's desires that it cannot be overlooked. I should emphasize that I am saying this not to argue that we should go back to Oedipal psychoanalysis *pur sang* – the shortcomings of the Oedipal model as a matrix are obvious and well demonstrated by Deleuze and Guattari (and others). I also do not want to deny the imprisoning family structures that are also part of a collective society (cf. revenge of honour/blood revenge). But the principle of the family as part in the whole network of connections and desires should not be overlooked. Deleuze and Guattari do acknowledge the existence of Oedipal relations and have argued that they just want to break open the Oedipal theatre to add other dimensions. But the fact is that there is a strong oppositional tendency towards anything related to the nuclear family – which in the western context of the second half of the twentieth century was very understandable. But in a contemporary intercultural, transnational context things are even more complicated. It is clear that the notion of the family itself has changed through emancipation and migration.<sup>2</sup> In collective cultures the individual and the family have a different sense altogether. So, when proposing schizoanalysis as a contemporary model (for thinking and for cinema) we should not 'throw out the baby with the bathwater' by adhering rigidly to the binary opposition between psychoanalysis and schizoanalysis.

### Schizoanalytic film theory

So what could all this possibly mean for film analysis and film theory? Again I will stay close to schizophrenia as a disease and look for the rare moments where Deleuze does mention schizophrenia in the cinema books. I will take these moments as cues for more general principles of a schizoanalysis of cinema. To my knowledge there are only two instances in the cinema books where Deleuze refers explicitly to schizophrenia. The first is in

*The Movement-Image* – particularly and significantly in the chapters on the affection-image. This is right after Deleuze has distinguished two figures or types of affection-images (two types of firstness): the power-quality expressed by a face or an equivalent; and the power-quality represented in any-space-whatever. Deleuze then discusses the particular ‘system of emotions’ that the affection-image makes us enter into. He then says:

The young schizophrenic experiences his ‘first feelings of unreality’ before two images: that of a comrade who draws near and whose face enlarges exaggeratedly (one might say like a lion); that of a field of corn which becomes boundless dazzling yellow immensity. (Deleuze, 1985: 110)

This is only a small remark but one that seems to be very relevant in respect to the question of a schizoanalysis of cinema. The importance of affect and feeling in clinical schizophrenia is already mentioned: the young woman in *Alienations* feels she is being protected by six Muslims. More importantly both *Alienations* and *The Princess and the Warrior* are full of affection-images: face/close-up & any-space-whatever / hand (tactile images of Bresson). From a schizoanalytic perspective, it might be argued that affect seems to be a fundamental element of cinema, not just related to the movement-image but as a general feeling of all types of images (especially in contemporary cinema).

Here we can make a difference with psychoanalytic film theory. In psychoanalytic film theory emotions are channelled through identification with the protagonist’s desires and motivations. In schizoanalytic film theory the affect touches us *as affect*, very often without any identification. We are dealing much more with a feeling that touches us perhaps because we recognize it on a world-historical level, including personal experiences and memories. Schizoanalysis of cinema always takes account of the *power of the affect*.

The second mentioning of schizophrenia is at the end of the *Time-Image*. When Deleuze discusses sound as a component of the image, the conversational nature of schizophrenia and the schizophrenic nature of conversation is mentioned in respect to the Hollywood talkie (sound cinema) that Deleuze defines as ‘an art of sociability and encounter with the other that passes through conversation’:

[Conversation] possesses the power of artificially subordinating all these determinations (. . .). Interests, feelings or love no longer determine conversation; they themselves depend on the division of stimulation in

conversation, the latter determining relations of force and structurations which are particular to it. This is why there is always something mad, schizophrenic in a conversation taken for itself (with bar conversations, lovers conversations, money conversations, or small talk as its essence). (Deleuze, 1989: 230)

We have seen in clinical diagnoses of schizophrenia how constant chatter is one of the positive symptoms of schizophrenia. *Alienations* shows as well the fundamental place of conversation in schizophrenia. But coming to think of conversation and the way it can take its own course, it can indeed alienate us quite easily (and thus has something mad even in normal situations). Again Deleuze's remark in the *Time-Image* is made in passing, but I think again this remark relates to something fundamental in respect to a schizoanalysis of cinema. It addresses the way in which Deleuze conceives of cinema as a very powerful speech act, in the sense that it has actual power to do something (or to 'operate in reality'). This *power of the speech* act I would determine as another important element of schizoanalytic film theory.

Then a final essential characteristics of schizoanalysis of cinema, is related to the time-image in general. Several aspects of the time-image relate to 'symptoms' of schizophrenia. One of the characteristics of the time-image is that it makes us grasp 'something too intolerable and unbearable, too powerful, too unjust, sometimes too beautiful' (Deleuze, 1989: 18). This is like the 'too much of everything' that the schizophrenic feels and which is a fundamental characteristic of our contemporary saturated world where there is always too much (or too little) of everything: 'A purely optical and sound situation does not extend into action, any more than it is induced by an action. It makes us grasp, it is supposed to make us grasp, something intolerable and unbearable. (. . .) It is a matter of something too powerful, or too unjust, but sometimes also too beautiful, and which henceforth outstrips our sensory-motor capacities' (Deleuze, 1989: 18).

Another schizophrenic aspect of the time-image is its seemingly disconnected character: the weak sensory-motor connections enable 'wild' connections to be made. As Deleuze argues in respect to Ozu (referring to Leibniz): 'It is just that we have to admit that, because the linkages of the terms in the series are naturally weak, they are constantly upset and do not appear in order. An ordinary term goes out of sequence, and emerges in the middle of another sequence of ordinary things in relation to which it takes on the appearance of a strong moment, a remarkable or complex point' (Deleuze, 1989: 5). In this way, the time-image actually connects to

the schizophrenic brain which ‘disconnects’ or makes false connections, out of normal connections (as mentioned earlier in the ‘disconnection hypothesis’ in neurobiology).

The new psychological automaton that Deleuze distinguishes in the time-image also corresponds to the schizo: characters that are no longer driven by psychologically motivated motor action, but are defined in relation to the affects they can trigger (even by completely artificial means, cf. Club Silencio scene in *Mulholland Drive*), speech acts they provide (Bresson’s models) and feedback loops they enter into (Resnais’s zombies, as Deleuze calls them). In Resnais, Deleuze argues, there are no more flashbacks but rather feedbacks and failed feedbacks (Deleuze, 1989: 266). They all seem to be disconnected (alienated) of themselves. With the catatonic BwO of the schizo as degree zero, they become like ‘transmitters’ of affects and speech acts.

In the time-image Deleuze has demonstrated extensively how the virtual and the actual start chasing each other to the point where they become indistinguishable. The most interesting aspect of this indiscernibility or undecidability between virtual and actual (dream and reality, past and present, true and false) is that it endows the virtual with reality. Deleuze has argued that movement-images give us material aspects of subjectivity, while time-images give us immaterial aspects of subjectivity. Time-images show us the *power of the virtual*, which is a mental reality, but a reality nevertheless, and again, this is a fundamentally characteristic of the schizophrenic delirium: even though it is not actual, it is very real.

### The brain is the screen: cinema as ‘Machine of the Invisible’

To conclude these thoughts about possible elements of a schizoanalysis of cinema, I would like to suggest that Deleuze’s idea that ‘the brain is the screen’ can be developed into a schizoanalysis of cinema that can take account of the madness of contemporary audio-visual culture. Schizophrenia as a clinical disease and the schizophrenic brain provide useful clues for understanding the implication of schizoanalysis of cinema, which seems to become increasingly important in contemporary cinema that is characterized by chaos, ‘wild’ connections, immersive overload of the senses, ambiguity, confusion and affect. The delirium of the schizo is world-historical in the first place, but as a critical note I have suggested that we should avoid reinstating a binary opposition between the world-historical

schizo and the individual trauma of the family in psychoanalysis. Especially when we move Deleuze across cultures – as I have tried to demonstrate by comparing *Alienations* to *Princess and the Warrior* – this becomes an important pitfall to avoid. Having said this, it is clear that schizoanalytic film theory has a very different focus to psychoanalytic film theory. As I suggested it has as its three main elements *the power of affect, the power of the speech act and the power of the virtual*. Importantly, these are all elements of Deleuze's cinema books, but schizoanalytic as well. But distinguishing the power of affect, the speech act and the virtual are basic elements of schizoanalysis, and it should be clear that these elements cut across movement-images and time-images alike, albeit at different speeds and intensities.<sup>3</sup> Hence this implies that the opposition between movement-image and time-image no longer holds in absolute terms (only in gradual terms), especially when we look at contemporary cinema.

To conclude I would like to argue that the 'schizoanalytic turn' is related to a paradigm shift in film theory in which cinema as a 'machine of the visible' has become a 'machine of the invisible'. The Apparatus Theory, related to the psychoanalytic turn developed in the seventies and eighties, considered cinema as a 'machine of the visible'. As Jean-Louis Comolli argued cinema as a 'machines of the visible' produces an 'impression of reality':

Directly and totally programmed by the ideology of resemblance, of the 'objective' duplication of the 'real' itself conceived as a specular reflection, cinema technology occupied itself in improving and refining the initial imperfect dispositif, always imperfect by the ideological delusion produced by the film as 'impression of reality'. (Comolli, 1980: 133)

In other words, cinema in the 'old paradigm' is conceived as a machine that takes literally 'impressions of reality' and gives us re-presentations of reality. Cinema belongs to the 'regime of the visible' which enhances our perception of the material world.<sup>4</sup> The difference with Deleuze's conception of cinema, especially in its time-image characteristics is noticeable: 'This is the very special extension of the opsign: to make time and thought perceptible, to make them visible and of sound' (Deleuze, 1989: 18). By entering into our brain/mind, cinema has become, what I would like to call, a *machine of the invisible*. This paradigm shift also demands that we no longer consider cinema an 'illusion of reality' but rather a 'reality of illusion'. It involves a shift from considering cinema and the spectator as a 'disembodied eye' (defined by the look and the gaze, desire and identification)

to considering cinema and the spectator as an embodied brain (defined by perceptions – even illusory ones –, selections – even random ones –, memories – even fake ones –, imaginations, suggestions and above all emotions as pure affect). The embodied nature of the brain and the physical aspect or quality of the brain is very important to notice as well. In any case this is related to a final characteristic of the paradigm shift which is the shift from considering the spectator in front of a spectacle (screen), to a spectator embedded – immersed in an audio-visual environment in which filmmaker/camera, characters and spectators, world and screens are all chasing and questioning each other and where we have to ask ourselves constantly: where is the screen?

In this sense I think it is also interesting to note that, speaking in Foucauldian terms, schizoanalysis also marks a new episteme. In the nineteenth century and first half of the twentieth century madness was defined in psychoanalytic terms and was considered to be a disease that separated the sane from the insane. However, if one suffered from an individual traumatic experience in childhood this was, in final analysis, most of the times curable – at least that was the general assumption. In the schizoanalytic episteme sanity and insanity are much closer and less easily distinguishable because of the shared ‘feeling’ of living in a ‘mad world’. It is also less easily curable . . . The difference between the dream in *Spellbound* (Hitchcock, 1945), which is clearly distinguished from reality, interpretable and curable, and the delirious mis-en-scene of *Mulholland Drive* (Lynch, 2001) in which dream and reality, sanity and insanity are more difficult to distinguish and understand and remain mostly ambiguously enfolded in each other, is an exemplary case in point. The epistemological uncertainties that the schizoanalytic episteme entails, puts choice and belief (the choice to believe) before knowledge. As Deleuze has put it: ‘The question is no longer: does cinema give us the illusion of the world? But: how does cinema restore our belief in the world?’ (Deleuze 1989: 181–2).<sup>5</sup>

Of course, the important question remains: how to avoid a breakthrough turning into a breakdown? As I have suggested this is not just achieved by avoiding the family or by immediately going into the world-historical. Since schizoanalysis is so closely related to the mysteries of the brain, and since the brain and the screen are now so fundamentally entangled, we should perhaps look more deeply into neurobiology as Deleuze suggested in ‘The Brain is the Screen’. But of course we will never understand all of the brain’s mysteries. So more pragmatically, all we can do to contain the power of

thoughts (the power of the invisible) to manageable proportions is perhaps to learn how to 'put our mind on a diet' as John Nash in *A Beautiful Mind* (Ron Howard, 2001) chooses to do in order to live with his schizophrenic brain. Or, as Deleuze would put it: to develop strategies to turn madness into metaphysics.