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Introduction *Aesthetics & Therapeia*

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Several years ago, an experimental study coordinated by the psychogeriatrician Giancarlo Savorani¹ and carried out at the public residential care facility ASP Giovanni XXIII of Bologna showed promising improvements in a selected group of patients in the early stages of Alzheimer’s disease. The patients were “administered” so-called *memofilms*: carefully edited short films, each about ten minutes long, relating in different ways to the patients’ own biographical past — family life, work, leisure — drawn mostly from home video recordings collected over the years. These were interspersed with newly produced sequences, created specifically for the project, featuring places, objects, and above all people — especially their closest caregivers — with whom the patients had a particular familiarity².

The experiment, designed in collaboration with the Cineteca di Bologna and its then President, Giuseppe Bertolucci, was unfortunately interrupted due to a lack of funding. Two years ago, however, in revisiting that expe-

rience — which I had first learned about at a conference where Savorani himself and Eugenio Melloni, the filmmaker whose original idea inspired the project, presented their work — and by engaging a number of colleagues and young scholars interested in the topic, and more broadly in filmic and digital practices not conventionally considered “artistic” (among them many of the contributors to this issue), we proposed a PRIN PNRR project intended to follow in the footsteps of that original idea. Assessed by medical professionals, it was subsequently funded and gave rise to an ongoing research initiative, whose results can also be found in this special issue of *Medicina nei secoli*, which has generously agreed to host them and has provided the ideal venue for their presentation.

First, why do I describe *Medicina nei secoli* as the ideal venue? Because, as a journal devoted to the history of medicine and to medical humanities, it truly provides the most fitting place for a project that seeks to philosophically regenerate an ancient notion such as therapy and, at the same time, along with it, a modern notion such as aesthetics. The two disciplines, in fact, can come to each other’s aid: philosophical aesthetics can help medicine resist the tendency — sometimes dominant in clinical contexts — to conceive of treatment, including that of mental and behavioral disorders, in exclusively somatic terms; similarly, humanistic medicine can help a philosophical discipline such as aesthetics to correct the abstractions into which the distinctly modern concept of “disinterestedness” — that is, the idea that art and aesthetic judgment, to be genuine, must be purified of practical and cognitive purposes — has confined it, and to retrace its ancient path. In that tradition, what Modernity came to designate specifically as “art,” and what Greek antiquity associated with the other τέχναι, distinguishing it only as ποιητική τέχνη, was considered to have a precise therapeutic function (one example for all is that of the theatrical tragic κάθαρσις).

Within such a framework, once disciplinary boundaries — useful in themselves, yet often rigidified to the point of artificiality — are broken down, questions begin to multiply on both sides of the problem. Why is it that, even in illnesses with a well-established neurodegenerative component, the administration of what might aptly be called symbolic medicines proves beneficial? Why can a narrative be therapeutic? And further, why should strictly individual diseases — affecting the brain of a single person — derive significant benefit from practices such as those implemented through *memofilms* or — much discussed in this issue — the so-called *videopharmakon*³, which foster interaction between patients and their caregivers? In short: what kind of interaction should we envision between brain and consciousness? And ultimately, what does it mean “to do good”?

All these questions, which I would describe as having a Hippocratic root — since they all descend from the ancient idea, already affirmed by the great physician of Kos, that it is the patient who must be treated before the disease — bring medical and philosophical concerns into resonance with one another, concretely amplifying and deepening the

meaning of both. This is precisely what the contributions gathered in this issue, each from its own perspective and often from very different backgrounds, seek to advance.

Daniele Guastini

At the centre of this renewed dialogue between aesthetics and the expanded context of care and therapies lies the question of how contemporary tools, media and practices — especially those that mobilise body, self-representation, and shared attention — can be used, enhanced, and mobilised in multiple ways within health-care field⁴. This is where the experience of the *videopharmakon*, repeatedly examined in the essays gathered here, becomes particularly significant. Emerging from clinical contexts very different from those in which the *memofilm* model was first tested, the Video-Pharmakon project has, since its inception, explored the therapeutic potential of audiovisual medium among children and adolescents with Autism Spectrum Disorder⁵. Its methodological shift is decisive: while it retains an initial phase in which the patient is the spectator of an edited audiovisual product, the core of the intervention is no longer centred on the reception of images or on the evocation of autobiographical memories. Instead, the young patient becomes the primary agent of the process, taking on the role of filmmaker, author, and director of a narrative that concerns them directly. The therapeutic space is thus relocated from the screen to the act of filming itself — from the administration of symbolic medicines to their fabrication, from the screening room, or from the domestic or institutional viewing space, to the setting of participatory creation and production, from viewing to making and reviewing. Such a shift is not merely technical. It presupposes a redefinition of the therapeutic field as a materially and narratively malleable environment, one in which images are not only consumed but shaped, manipulated, rehearsed, and re-experienced in the presence of clinicians, educators, caregivers, and peers. By means of this shared practice - part game, part artistic experiment, part improvisation, part clinical protocol - the child negotiates sensory and communicative challenges, rehearses social scripts, explores alternative points of view, and tests modes of embodied interaction that would remain inaccessible in more strictly verbal or behavioural settings. The transitional and multi-modal quality of the audiovisual device, its capacity to hold together fiction and reality, distance and proximity, self and other, makes it an especially effective and affective medium for conditions that affect the intersubjective space and the socio-communicative sphere. What is produced through this practice is not simply a therapeutic “result” but a form of collaborative and distributed authorship that reframes the relation between patient and caregiver, between body and narrative, between vulnerability and agency. From this perspective, the *videopharmakon* - much like the *memofilm*, though through different means - compels us to reconsider how therapy operates when it is medi-

ated by narrative and image, or, in other words, when it is remediated by audiovisual media. It shows that healing may occur not only through the symbolic power of representation, but also through the situated, participatory, and multisensory labour and distributed agency that precedes and follows it: the material learning-by-doing, the embodied negotiation of roles, the embedded shaping of a story that must be told with one's own gestures, one's own voice, one's own way of seeing. Placed within the broader horizon traced by this issue, the Video-Pharmakon project illustrates a more general thesis: that therapy, if understood in its ancient and expansive sense, is inseparable from the acts and the potentialities of imagining, narrating, and co-creating that make a life and an experience communicable to itself and to others. In this sense, audiovisual practices do not merely accompany or facilitate clinical work; they redefine its conditions and open new pathways for understanding what it means to care, and to be cared for, in contemporary contexts of fragility.

Filippo Fimiani

The essays collected in this issue of *Medicina nei secoli*, dedicated to the project "Aesthetics and Therapeia," map a broad and multifaceted territory where philosophical reflection, artistic and audiovisual practice, and therapeutic intent intersect. Together, they illuminate how aesthetic experience can function not merely as an adjunct to clinical intervention but as a constitutive dimension of processes of care. By examining historical lineages, contemporary case studies, and speculative methodologies, the contributions demonstrate that the interplay between sensory perception, creative expression, and embodied vulnerability generates new paradigms for understanding healing. This interdisciplinary constellation ultimately reframes therapeia as an inherently imaginative and relational practice.

The issue opens with Giuseppe Santesarti's reconstruction of Jacob Bernays's medical interpretation of tragic katharsis, which reorients the Aristotelian concept away from moral and aesthetic readings toward a proto-psychological understanding of emotional regulation. By revisiting Bernays's hypothesis in light of Aristotle's ethical and poetic thought, Santesarti reopens a foundational dialogue between philosophy, medicine, and art that grounds the subsequent explorations of the volume. Francesco Restuccia continues this dialogue by tracing the experiential logic of Christian therapeutic pilgrimage as a historical matrix for aesthetic forms of care. His analysis of the sensory, participative, and imaginative mechanisms of pilgrimage reveals an ancient genealogy of healing through experience — one that resonates with contemporary practices in art therapy and videotherapy. Dario Cecchi's contribution further expands this reflection by situating art within the paradigms of care and therapy in aesthetic theory. Through a critical reading of Kant, Dewey, and contemporary bioaesthetics,

and via the example of Marco Bellocchio's autobiographical cinema, Cecchi argues that care should be conceived as a central aesthetic category mediating between communal meaning and individual healing.

Paola Lamberti's study turns to the affective economies of the present, analysing audiovisual and digital narratives of eco-anxiety as expressions of collective vulnerability. Through a comparative reading of environmental documentaries and youth micro-narratives on TikTok, she shows how media practices transform anxiety into a form of affective self-care, reframing suffering as a shared and productive emotional resource. A similar attention to embodiment and vulnerability underpins Anna Chiara Sabatino's essay on crip media aesthetics, which redefines audiovisual practice as an embodied and epistemological gesture of care. By foregrounding sensory and cognitive difference, Sabatino proposes a politics of seeing grounded in fragility, attention, and relation.

The following two studies move from theoretical reflection to empirical and applied frameworks. The case study by Marta Reichlin, Sara Agnelli, Luisa Pupo, Giovanni Leva, and Pier Maria Battezzati examines the integration of Medical Humanities into medical education at the University of Milan, demonstrating how early encounters between students and patients, supported by reflective and humanistic learning, foster empathy and ethical awareness in future physicians. Venusia Covelli and Martino Feyles's contribution extends the logic of narrative care to the audiovisual field through the Audiovisual Identity Card (AID), a tool designed to support relationships between patients with dementia and their caregivers. Their preliminary results suggest how audiovisual self-representation can sustain memory, identity, and recognition even in contexts of cognitive decline.

The issue concludes with a collective Manifesto for an Audiovisual Turn in Practices of Care (Anna Chiara Sabatino, Mireille Berton, Filippo Fimiani, Bregt Lameris, Marta Reichlin, Valeria Saladino, and Magdalena Zdrodowska), which articulates the shared horizon toward which all the preceding contributions converge.

The manifesto calls for a renewed alliance between medicine, the humanities, and the media arts, advocating for participatory and multisensory forms of therapy that transform screens and devices into environments of empathy and repair. Building on this premise, it argues that contemporary healthcare must move beyond narrowly biomedical frameworks to embrace modes of perception, narration, and interaction that acknowledge the full complexity of human experience. In this view, technologies are not merely tools for diagnosis or delivery but potential interfaces through which patients and practitioners co-produce meaning, cultivate resilience, and reimagine the conditions of well-being.

This expanded orientation challenges traditional hierarchies of expertise by foregrounding the therapeutic value of aesthetic engagement — listening, witnessing, and creating — as integral components of care. Digital media, when thoughtfully

designed, can facilitate forms of relationality that overcome spatial, sensory, and psychological barriers, enabling individuals to inhabit their vulnerabilities in supportive and imaginative ways. Rather than treating artistic expression as supplementary, the manifesto situates it at the heart of clinical practice, insisting that healing requires attention not only to the body but also to the narratives, images, and gestures through which individuals understand themselves. Together, these essays trace the contours of a new aesthetic paradigm of care — one in which imagination, embodiment, and representation are not ancillary to healing but constitutive of its very possibility.

Valeria Verrastro

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