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The Healing Journey: Experience, Practice, Affect, and Imagination in Christian Therapeutic Pilgrimage

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Abstract

Experience and Imagination in Therapeutic Pilgrimage

This article examines Christian therapeutic pilgrimage as a historical form of healing grounded in experiential processes later studied by aesthetics. Drawing on sources from late antiquity to the late Middle Ages, it identifies four intertwined mechanisms—sensory-embodied, ludic-enactive, affective-participative, and narrative-imaginative—through which pilgrimage produced therapeutic effects. Sensory engagement fostered psychophysical balance; distance and penitential practices enabled self-transformation; collective rituals channelled passions into communal attunement; and imagination and narration allowed the reworking of suffering into meaning. Together, these mechanisms articulate a proto-aesthetic model of care in which embodiment, emotion, and imagination converge. The article concludes by suggesting that this framework can illuminate contemporary practices in art therapy and videotherapy, where the interplay of sensory experience, enactive participation, and narrative imagination reactivates the ancient synergy between external representation and inner transformation.

Keywords: History of Aesthetics - Embodiment - Communitas - Narrative Medicine

1. Introduction

In late antique and medieval Christianity, therapeutic practices were inseparable from cultic ritual. Up to the Reformation, these rites relied on highly representational, externalized forms that deeply engaged the senses and the imagination. This paper examines the hypothesis that therapeutic pilgrimage—arguably among the most widespread healing practices in early Christianity and the medieval period[1]—was grounded in experiential, imaginal, and narrative mechanisms that, in the modern age, fall within the purview of aesthetics.

The inquiry is necessarily interdisciplinary: it engages the histories of aesthetics, Christianity, and medicine, as well as anthropology and psychology. Even the history of aesthetics becomes interdisciplinary when it reaches back before the discipline's 18th-century consolidation and the emergence of the system of the fine arts[2]. Such a retrospective approach must draw on poetics, the anthropology of images, gnoseology, practical philosophy, and the philosophy of religion. The chosen context—Christian pilgrimages from the 4th to the 15th century—has been selected for its particular relevance to the relationship between aesthetics and therapy. Although pilgrimage is prominent in all the major historical religions[3]—Hinduism, Buddhism, Judaism, Christianity, and Islam—experience, practice, affect, and imagination play an especially dominant role in the Christian case. This is due to features such as its voluntary character, the partial de-localization of the sacred, and a distinctive dialectic between interiority and exteriority. Moreover, it was in the Christian West that aesthetics emerged as an autonomous discipline. For these reasons, the present study does not focus on modern therapeutic pilgrimages[4]. The parallel development of modern aesthetics and modern medicine reshaped—and in some respects curtailed—the experiential, imaginal, and narrative mechanisms that had once defined therapeutic pilgrimage.

According to Charles and Luce Pietri, the majority of early Christian and medieval pilgrims sought therapeutic ends, particularly among the lower classes: roughly 80% pursued bodily or spiritual healing[5]. The scale of the phenomenon was such that some scholars have linked the development of Europe's travel networks—and, in turn, the rise of trade and economic growth—to the massive movement of pilgrims along the main medieval routes[6].

Along these routes the first "hospitals" arose. The hospices, *xenodochia*, *scholae*, guest quarters, and almshouses established during the Middle Ages—especially amid the so-called "charity revolution" of the 13th century—initially received pilgrims but gradually specialized in assisting the poor and sick, as well as in caring for the dying[7]. These institutions clustered near obligatory transit points—mountain passes, bridges, ports—and, above all, around major sanctuaries dedicated to thaumaturgic saints. In continuity with pagan practices around the healing shrines of Asclepius, Isis, and Serapis, Christians attributed special therapeutic powers to saints such as Thecla and Cosmas and Damian (late antiquity), Martin and Julian (early Middle Ages), and

Anthony and Roch (high and late Middle Ages)[8]. Yet therapeutic pilgrimages could be directed to almost any shrine, particularly local ones[9]. What mattered was to be in the *presence* of a relic—the body of a saint, a fragment of it, or an object that had touched it—or of a cult image, typically an icon, though also statues of the Virgin. Since illness was often understood as a temporary punishment for sin, any penitential pilgrimage could be conceived in a broad sense as a therapeutic journey[10]. Healings concerned body, mind, and spirit, reflecting a holistic conception of health. The therapeutic power—ultimately attributed to divine grace—was attached not only to places and objects but also to particular practices and dispositions.

This paper proposes a classification of the mechanisms underpinning therapeutic pilgrimage, with special attention to their proto-aesthetic dimension. First, I examine the role of sensory experience in practices involving relics and cult images, focusing on the haptic and synaesthetic dimensions of encounter with the sacred. Second, I consider how the voluntary adoption of a foreign status works as a *therapy of distance*, and how penitential practices can be interpreted as *practices of the self*. Third, I discuss pilgrimage as a *therapy of the forces of the irrational*, in which passions that might otherwise lead to mass psychoses and collective frenzy are not repressed but channelled through communal enthusiasm during festivals, homeopathic rituals of possession, and incubation dreams. Finally, I explore the roles of imagination, narration, and memory in the pilgrim's disposition toward pilgrimage—particularly in supplication, in the way the martyr's story enables a working-through of personal suffering, and in the pilgrim's post-pilgrimage efforts to preserve memory so as to renew its therapeutic effect.

2. Presence and Sensory Experience

Hegel famously treats sensory exteriority as a defining feature of Catholic cult, in contrast to the spiritual interiority of Protestant religion. The sensory element—present both in the veneration of relics and in the cult of images—appears, for Hegel, as a necessary stage in the development of religion, enabling abstract spirituality to achieve concrete determination. Once achieved, however, this externality is to be sublated: "The historical elements in Christianity, the Incarnation of Christ, his life and death, have given to art, especially painting, all sorts of opportunities for development, and the Church itself has nursed art or let it alone; but when the urge for knowledge and research, and the need for inner spirituality, instigated the Reformation, religious ideas were drawn away from their wrapping in the element of sense and brought back to the inwardness of heart and thinking"[11]. The stage in which holiness is externalized bears a problematic mark of alienation—a condition in which what is most essential to human beings lies beyond their control: "The Holy as a mere thing has the character of externality; thus it is capable of being taken possession of by another to my exclusion; it may come into an alien hand, since the process of appropriating it is not one that takes place in Spirit, but is conditioned by its quality as an external object.

The highest of human blessings is in the hands of others"[12]. From the vantage points of Protestantism, the Enlightenment, and positivism, the medieval cult of relics and icons was long dismissed as superstition or, at best, as popular belief[13].

Recent scholarship, however, has shown that medieval Catholic practice staged a more complex, indeed dialectical, relation between exteriority and interiority[14]. As Victor and Edith Turner put it, "if mysticism is an interior pilgrimage, pilgrimage is exteriorized mysticism"[15]. Catholic pilgrimage was never a mandatory practice[16], for the divine was not localized and could be encountered anywhere through prayer. What was embodied, according to early Christian thought, was the human being and its cognition: the soul was so intimately bound to the body that its afterlife fulfilment could occur only in the resurrection of the flesh[17]. The outward pilgrimage was thus conceived as an aid to a parallel inner journey[18]. External, sensory experience in the physical world was not aimed at knowledge acquisition but at cultivating a psychophysical disposition that facilitated inner spiritual experience. The embodied, enactive, and operative dimensions[19] of human cognition require the bodily mediation of a personal encounter. Hence, as Peter Brown observes, the physical presence of the saints was vital—whether manifested through their bodies or represented by their images. The saint is not an abstract model but a person with whom one can enter into relation—a posthumous relation, to be sure, yet one in which relics or other traces *presentify*[20] both the saint's past physical life and their current invisible afterlife within the believer's spatio-temporal horizon.

This applies equally to therapeutic ritual. The Turners observe that, although therapeutic pilgrimages resemble tribal *rituals of affliction*—"performed to propitiate forces believed to be the cause of illness"[21]—they differ crucially in that a pilgrim is not supposed to expect a corporeal remedy *as of right*: "If a miraculous healing occurs, it is attributed to the grace of God"[22]. Pilgrimages are relational: they "depend upon the exercise of free will on both the human and the superhuman side of the encounter"[23]. Only divine grace effects healing; yet human disposition—one condition of encounter—can be activated through sensory experience.

As Alphonse Dupront rightly pointed out, "sensory nourishment" (*nourriture sensorielle*) was an essential aspect of the pilgrimage experience[24]. The encounter with the holy occurred primarily on the sensory level and produced what Dupront calls an *assouvissement des sens*, a "fulfilment of the senses" that generated both individual and collective psychophysical equilibrium[25]. Early Christian and medieval accounts reveal strikingly haptic and synaesthetic features: all five senses were actively engaged in therapeutic pilgrimage. This becomes evident, for example, when reading the *Itinerarium* of the Piacenza Pilgrim (6th century), the *Vita S. Wigberti* by Lupus Servatus (9th century) or the collection of the *Miracles of Our Lady of Rocamadour*, written between 1172 and 1173.

Sight came first, stimulated by the beauty of natural settings[26], the monumentality of architecture, the glow of candles, the multitude of images[27]—frescoes, mosaics, icons,

crosses—and even by the crowds themselves. Hearing was equally engaged through choral voices and the rhythmic repetition of litanies and prayers. Touch, perhaps the most decisive for immediacy, ensured direct communication with the sacred. Pilgrims seeking healing would caress, rub, embrace, kiss, or lie upon the holiest accessible object—a statue, icon, relic, tomb, or even the floor. Affected body parts were brought into contact. When direct contact was impossible, mediation occurred through objects such as *brandea*—cloths pressed against the sacred object by a cleric and then given to the pilgrim. Dust, wax, and liquids—especially oil and water—served as preferred media, allowing physical impregnation and bodily immersion. Ritual ablutions were widespread: even modest shrines possessed small stepped pools that enabled an experience of total participation[28].

Smell also played a fundamental role. Beyond incense, perfumes, and flowers—common in sanctuaries—early Christian and medieval sources frequently report the miraculous emission of a sweet fragrance from relics. This collectively perceived *fragrantia*, the "scent of holiness", often accompanied translations, the arrival of new relics, or the exhumation of a saint and was understood as tangible proof of sanctity[29].

Finally, taste was not excluded: the ingestion of liquids or other contact relics constituted an important mode of incorporation of the sacred. Pilgrims drinking from a holy spring—or from water gathered in a saint's tomb—remarked on its "excellent taste"[30]. The 4th-century pilgrim Egeria likewise commented on the quality of the fruit offered to her as *eulogia* (blessing)[31] by the monks of Sinai (*Itinerarium Egeriae* 3.6).

3. Therapy of Distance and Penitential Practices

Beyond sensory encounter with holy places, the journey itself had therapeutic value. One might suppose travel to be merely instrumental—simply a means of reaching the saints' presence. Yet despite the wide diffusion of relics in the early Middle Ages, long-distance pilgrimages continued to be regarded as more efficacious[32]. Brown calls this a "therapy of distance"[33]; the Turners attribute much of pilgrimage's therapeutic effect to its *liminoid* dimension, likening it to a rite of passage[34]; even secular travel has been recognized as salutary[35].

Distance and the journey to a distant destination also carry symbolic weight: they stage otherness and unmet needs[36]. In Christian tradition, life itself is figured as a pilgrimage—from the land of birth (the secular world) toward the promised land (the Kingdom of Heaven)[37]. Yet it is less the meaning than the experience of distance—and the felt status of being a stranger—that yields therapeutic effect. This estrangement emerges along the route in spatial-temporal distance and cultural difference, and at the sanctuary through architecture. The holy places, in fact, are designed to enhance the sense of distance from the sacred object—and therefore its desire—preventing immediate access through stairs, corridors, inner chapels, crypts, grids, niches, windows, frames[38]. Such devices were not only for security; they also amplified what Walter

Benjamin called the "cult value" or *aura* of sacred objects: "a strange tissue of space and time: the unique apparition of a distance, however near it may be"[39].

Victor and Edith Turner elucidate the significance of travel by drawing on Arnold van Gennep's schema of *rites de passage*: separation, limen, aggregation[40]. The journey corresponds to the liminal phase, marked by ambiguity, transition, potentiality, and heightened transformability. Although Christian pilgrimage cannot be equated with tribal rites—being voluntary and relatively informal—it shares elements of liminality and thus the Turners call it *liminoid*. The detachment from ordinary life brought about by departure opened a state of mind receptive to new configurations—allowing not only the discovery of new things, but the rediscovery of the familiar as new.

Such detachment entails release from the economic-functional order of society and from one's role within it. While the Turners emphasize social and even political aspects of this "anti-structure", the psychological impact is equally profound: a break with daily habits and worries. In the liminoid phase, pilgrims who set out toward otherness become other to locals, then other to themselves, and—upon return—see home and former habits as other[41]. Pilgrimage can thus be read as an apprenticeship in becoming a foreigner, a practice of assuming one's own strangeness so as to enable deep inner change. As Dupront writes, "ultimately, pilgrimage is a rite of rebirth"[42].

In this sense, Christian pilgrimage shares with Hellenistic therapy (*therapeia*) and conversion (*epistrophé* or *metanoia*)[43] a regimen of exercise (*askesis*): both traditions believe that only practice can achieve inner transformation, both Christian pilgrimages and Stoic therapy of passions are exercises aimed at transforming the self and one's vision of the world. Differences remain: Stoic therapy seeks *apatheia*—freedom from irrational emotion—whereas Christian practice channels passion to intensify faith; the Stoic aims to live better in this world, the Christian to be made ready for the next. The medieval therapy of distance presupposed that sin was the cause of illness and that conversion was the condition for bodily or mental healing. Yet even from a secular perspective, this model helps to explain the therapeutic value of detachment from ordinary life, which creates the conditions for working on oneself.

The therapeutic efficacy of the journey, nevertheless, does not lie solely in the sense of distance but also in the practice of travel itself—in the physical exercise of walking. From the early Middle Ages, many pilgrims saw the journey as penitential, a reading encouraged by the rigors of pre-modern travel[44]. Miracles were often seen as "rewards for undertaking long, not infrequently perilous journeys"[45]. The voluntary character of penance appears in practices such as walking barefoot along ritually charged stretches of the path[46]. For Dupront, the pilgrimage's therapeutic foundation lies not only in suffering but in the "commitment of the body" to victoriously continuing the journey to its end[47]. Even partial completion—walking only part of the Camino de Santiago, for example—was thought to carry some efficacy[48]. During or after the journey, further penitential practices could be undertaken: night-long vigils, repeated invocations, prostrations, kneeling,

fasting, the cilice, even flagellation[49]. Every pilgrimage integrated some form of penance; in medieval northern Europe, penitential pilgrimages were imposed as sanctions for moral or legal transgressions, with destination distances calibrated to the gravity of the offense[50]: the greater commitment would provide greater opportunities for atonement. This search for challenge can be read through Michel Foucault's theory of the *practices of the self*[51]. While Pierre Hadot interprets Hellenistic therapeutics as *spiritual exercises*[52]—practical *mental* activities that cultivate good thinking habits—Foucault also analyses *bodily* practices and techniques that are the condition for the development and the transformation of inner mental activity. Long and perilous journeys, walking, and other penitential practices can be seen as bodily exercises aimed at attaining a state of mind that strengthens the effect of prayer and enables self-transformation. Yet, as Hadot cautions, these should not be construed as self-referential practices, like Foucault's expression implies, but rather as attempts to transcend the self[53].

These sustained and demanding actions could at times induce altered states of consciousness[54]. Victor and Edith Turner explain the therapeutic efficacy of the rigorous penitential practices at the Irish pilgrimage site of Lough Derg (St Patrick's Purgatory) by reference to Csikszentmihalyi's concept of flow[55]. As if taking part in a game, pilgrims voluntarily accepted stringent rules: fasting the night before entering the island barefoot and remaining there for three days while performing set prayers. Physical exertion, embodied sensory experience, and mantra-like repetition generated a state of mind in which one tended to forget the worries of ordinary life and to focus on a narrowed field of stimuli[56]. This state of mind closely resembles what Csikszentmihalyi described as "flow" in his research on the pleasurable component of rigorously framed activities of play in games, art, sport, and work—for example, chess, rock climbing, music composition, and surgery. The experience of flow, which Csikszentmihalyi defines as "fulfilling" and "intrinsically rewarding", is that "holistic sensation when we act with total involvement"[57], when "action follows action according to an internal logic"[58], without the need to stop and think. In this state, one is aware of what one is doing, "but cannot be aware that he is aware, or the flow will be interrupted"[59]. This effect is typically produced by the "narrowing of consciousness provided by rules and procedures"[60], a condition as characteristic of games as it is of rituals, yet one that must be reinforced by motivation.

Victor and Edith Turner explicitly draw an analogy between ritual and play, invoking Huizinga's *Homo ludens*[61], a connection that is particularly significant given the ludic dimension attributed to art in modern aesthetics. This suggests the persistence of this therapeutic mechanism from ritual contexts into the aesthetic realm of play.

4. Therapy of the Forces of the Irrational

Pilgrimage—like festivals and other extraordinary collective celebrations—elicits behaviours and expressions of emotions that tend to be repressed in daily life: weeping, shouting, groaning, laughter, singing, expansive gesture and movement, even states of

possession. Several scholars discern a therapeutic dimension in these attitudes, which can resemble collective psychosis. Dupront spoke of pilgrimage as a "therapy of the forces of the irrational"[62].

This phenomenon is particularly evident in group pilgrimages, which were the norm in the Middle Ages. Some expeditions counted as many as twelve thousand participants, such as a pilgrimage to Palestine in 1065[63]. Even the rare solitary pilgrims—if they did not join others along the way—would ultimately become part of the wider pilgrim community at the shrine. In this sense, the medieval pilgrimage bore the features of a festival: "In its fundamental drive, the society of pilgrimage is a society of festive fulfilment"[64]. According to Dupront, even expiatory pilgrimages were experienced as celebrations, for penance led to liberation. One must also consider the communal structure of medieval society, organised into guilds and corporations; yet pilgrimage, by virtue of its liminoid character, tended to generate a new community that, as Victor and Edith Turner observed, displayed the undifferentiated and non-hierarchical traits of a *communitas*[65]. To this collective dimension must be added the *mystical* communion with the saints—mediated by relics[66]—and the *ecstatic* communion with the forces of the cosmos[67].

But in what sense can the collective manifestation of these forces of the irrational be regarded as therapeutic? To begin with, festivals and celebrations—like journeys—possess a liminal, or liminoid, character and bring about a suspension of ordinary time. This disruption, though temporary, has the power to challenge a secular society structured around the cycle of production. "La festa nega la produzione e afferma il vivere di gruppo," writes Clara Gallini[68]. Such a non-hierarchical community opens a space in which one can playfully experiment with alternative forms of collective existence. Many thinkers have emphasised the transformative potential of festivals—whether political or therapeutic—including Walter Benjamin, who contrasted the profane time of the clock with the messianic time of the calendar, as well as Ernst Bloch, Furio Jesi, and Vilém Flusser[69].

Participation in a group also produces an exaltation effect that Dupront calls the "mass effect"[70], which contemporary research describes as "collective effervescence"[71]. The states of mind of individuals within a crowd tend to become attuned, dulling personal passions while amplifying the intensity of shared emotion. The feeling of "becoming one with the crowd" has been shown to yield both short- and long-term psychological and physical benefits[72]. This emotional undifferentiation reaches its deepest form during collective activity, where it takes on the qualities of a collective flow. The sense of participation blurs the boundaries separating individuals, enabling a deeper connection with the environment and the emergence of a collective self[73]—a *communitas*. In such states of collective effervescence, pilgrims often conflate the sacred with the profane, ritual with play, generating the carnivalesque dimension that Bakhtin described in his analysis of Rabelais[74]. The therapeutic potential of collective experi-

ence has been deliberately harnessed in *milieu therapy*, also known as the Healing or Therapeutic Community. Adapting Victor Turner's concept of *communitas*, Richard Almond developed a therapeutic model in which the "healing charisma" of the therapist is redistributed among all members of the group, transforming therapy into a shared, participatory, and socially embedded process of healing and reintegration[75].

In the context of pilgrimage, shared rituals and penitential practices provided a framework through which the "forces of the irrational" could be expressed, disciplined, and channelled without being repressed. This cultural framework—comprising not only collective practice but also the historical imaginary surrounding the shrine and its architectural space—offered a setting in which passions, fears, and hopes could safely surface and be addressed. It remains unclear, however, whether the regulation of irrational passions to which Dupront refers was achieved through an exercise in attunement—where emotions were harmonised into balanced resonance with those of others—or through their "release," as in corybantic catharsis, in which those afflicted by "enthusiasm" discharged their energy through rhythmic dance. Luigi Canetti has observed that certain homeopathic healing rituals were performed even within Christian contexts. Such was the case of the *energumens*—those "acted upon" (*energeo*)—who allowed themselves to be agitated by demons in order to discipline their suffering. Around the 4th and 5th centuries, energumens would come to the shrine, particularly near the saint's feast day, to be possessed and thereby liberated[76]. Voluntary possessions, or *adorcisms*, often bore theatrical traits. As Luc de Heusch noted, it is difficult to distinguish between genuine and feigned possession, since it is always *performed* in order to be activated and take form[77]. Here the cultural and psychological levels are inseparable.

A similar dialectic between control and loss of control[78] can be discerned in the incubation rituals that Christianity inherited from the Greek world. Pilgrims would visit the shrines of thaumaturgic saints—such as Saint Thecla in Seleucia, Saint Michael in Constantinople, Saints Cyrus and John in Menouthis, and Saint Stephen in Uzalis—and sleep near the tomb in the hope of being visited by the saint in a dream and obtaining healing[79]. The cure might occur directly *in somniis*, or, more rarely, the saint appearing in the dream would reveal a medical prescription to be followed while awake.

5. Sense-making and the Imaginative Dialectic

The penitential acts of pilgrimage were accompanied by supplication. The therapeutic value of supplication is often underestimated, yet the cry for help marks the beginning of recognising one's own illness. From this initial gesture unfolds a slow and complex work of sense-making that engages imagination and narration, contributing in a fundamental way to both the relationship of care and the healing process itself. The ritual of supplication, once again, derives from the Greek tradition: the supplicants[80] presented themself before the god to make a personal request, usually concerning

healing. In the Christian context, this request typically involved a vow and could be formulated either verbally or in writing. The pilgrim would then undertake penitential practices and present an offering to the saint—usually before the healing occurred[81]. Such offerings often took the form of small figurines representing the part of the body in need of care. The supplicatory ritual and these votive gifts helped pilgrims not only to become more aware of the nature of their ailment but also to communicate[82] it more effectively to the clerics of the sanctuary and to the staff of the almshouses who served as caregivers.

As Brown observed, demons were often depicted without faces, for the most terrifying aspect of evil lies precisely in the impossibility of recognising and grasping it. "The demons 'did their business in the darkness'", he writes, "in the sense that they stood for the intangible emotional undertones of ambiguous situations and for the uncertain motives of refractory individuals"[83]. For this reason, one of the exorcists' therapeutic strategies was to name the demons—to circumscribe, isolate, and render them perceptible. In other words, medieval people understood that treatment begins with awareness of the disease.

For this reason, it may be fruitful to examine therapeutic pilgrimages—and supplication in particular—in the light of narrative medicine. According to Rita Charon, recognising, understanding, interpreting, and responding appropriately to stories of illness are essential for identifying the illness more accurately[84]. Doctors and caregivers must cultivate these skills through narrative tools that require the exercise of "clinical imagination"[85]. Yet these tools are valuable not only for health professionals but also for patients, whose emotional work of sense-making forms part of a healing process that "begins when patients tell of symptoms or even fears of illness—first to themselves, then to loved ones, and finally to health professionals"[86].

During the long journey to the sanctuary, pilgrims had time to meditate on their ailments, becoming aware of their condition as they narrated to themselves and to others the purpose of their pilgrimage[87]. It is noteworthy how rare confessions are in pilgrimage travel accounts[88]; one possible explanation is that the act of pilgrimage itself—and supplication in particular—was perceived as a form of confession, thereby acquiring the therapeutic value associated with that practice[89]. The letters and diaries written by pilgrims also played an important role in the healing process, a fact already recognised in early Christianity. According to Athanasius' *Life of Antony*, the act of writing "gives us the impression of being in public, in front of an audience"[90], and could serve the same function as another's gaze, conferring coherence and identity upon one's own story.

In addition to the pilgrim's own story, the stories of the saints and of the holy places also possess a therapeutic function. As Georgia Frank has written, Christianity is "a movement of storytellers"[91], and it was precisely to preserve the memory of the saints' stories that the first *martyria* were built. At first glance, it may seem puzzling to ob-

serve the festive and at times even joyful celebrations of early Christians over the corpses of martyrs who had been brutally tortured and killed. Yet this juxtaposition of suffering and joy is not accidental: it represents one of the most complex and refined operations performed by pilgrims. Brown calls this dynamic an "imaginative dialectic"[92]. The cult of the dead was not intended—at least in early Christianity—as a *memento mori*; on the contrary, it sought to sublate death. The imaginative dialectic consists in *revisiting* the stories of the martyrs' suffering and death while remaining fully aware of their pain and misery, and at the same time *transforming* these stories into images of joy and hope, linked to the faith in eternal life that the saints now enjoy. This imaginative dialectic is active in countless therapeutic rituals in which pilgrims re-enact the stages of a martyr's passion. In the church of St Leontius in Tripoli, Lebanon, for instance, a healing wax was spread on the limbs of sick pilgrims; according to tradition, that same wax or a similar grease—hot and melted—had been used to torture St Leontius[93]. Exorcism rituals, according to Brown, follow the structure of a late-antique judicial inquiry, in which the invisible defendant—the demon—is interrogated and tortured until proven guilty. This was, in effect, a rewriting of the trials endured by the martyrs, but with the roles reversed[94].

This reversal was not only a victory for Christianity but also had a redemptive and liberating effect for all who suffered in life. Transforming a painful collective memory—the passion of the martyr—into a joyful one served as a form of training, enabling pilgrims to perform the same operation upon their own painful memories. The pilgrims' imaginative dialectic can be compared to Paul Ricoeur's notion of the "work of memory", modelled on Freud's "work of mourning", which consists in releasing the past from its negative emotional charge[95]. Through this affective disinvestment—facilitated in pilgrimage by the detachment produced by travel and by the suspension of ordinary time inherent in festivity—one may recall past experiences without resentment or grief, transforming remembrance into narrative and thereby enabling a therapeutic process of working-through.

The central rite of pilgrimage can thus be recognised in the sublimated repetition of the martyr's suffering—and, above all, in the re-enactment of Christ's Passion, particularly through the *Via Crucis*. Even after returning home, the pilgrim continues to practise this imaginative dialectic through a renewed exercise of meditation: the memorial repetition of the pilgrimage accomplished. This takes shape primarily, as already noted, in the written account—the travel narrative. Alongside oral and written narration of the journey, there were other forms of remembrance of the pilgrimage experience. Foremost among these were portable souvenirs and commemorative objects—tokens, images, and badges—some serving primarily as *aide-mémoire*, others as means of sharing in the miraculous virtue of the relic, such as contact relics, *eulogiae*, *brandea*, *pignora*, and *ampullae*. More often, the memorial and cultic values of these objects overlapped: a flask filled with oil that had touched the Holy Cross might

be decorated with images of the Cross and the Holy Sepulchre, evoking not only the memory of biblical events but also the liturgical practices performed by the pilgrim in those places[96]. Even the famous pilgrim badges began as simple souvenirs: visitors to Compostela would collect scallop shells from the shore, which were later replaced by metal or clay reproductions.

Back home, pilgrims gathered in confraternities, annually celebrating the saint's feast and re-enacting the liturgies performed during the pilgrimage. This ritual repetition may have functioned in a way analogous to what is now called *outcome management* in healthcare. After a videotherapy intervention, for instance, regular follow-ups are conducted to monitor and sustain positive results; a therapeutic video may even be re-administered to reinforce its effects[97]. In a similar way, pilgrim tokens, keepsake objects, confraternity meetings, and annual festivals may have helped the transformative experience of pilgrimage to extend into daily life, reactivating the imaginative and narrative processes first awakened during the journey.

6. Conclusion: From Pilgrimage to Videotherapy

The analysis of Christian therapeutic pilgrimage reveals four intertwined mechanisms of healing unfolding across sensory-embodied, ludic-enactive, affective-participative, and narrative-imaginative dimensions. First, presence and sensory experience operate through embodied perception: touch, sight, sound, smell, and taste mediate the sacred encounter, generating a form of sensory fulfilment that restores psychophysical balance. Second, the therapy of distance functions like the construction of a play setting, where separation from ordinary life and bodily practice serves as a means of self-reconfiguration within a context of commitment and flow. Third, the therapy of the forces of the irrational channels passions and collective effervescence through ritual and festival, converting potential disorder into communal attunement. Finally, an imaginative dialectic involving narration and memory enables sense-making, allowing suffering to be re-authored and worked through. Together, these mechanisms—embodied experience, enactive liminality, participatory affect, and narrative imagination—articulate a model of care in which imagination and practice are inseparable.

Today, more and more often, pilgrimages and long-distance walking are recommended by psychotherapists as forms of care. Yet, reconsidered now, such mechanisms also offer valuable insights for expressive and media-based therapies. Art therapy and videotherapy can reproduce the experiential structure of pilgrimage: sensory engagement parallels the tactile and visual participation in sacred images; a ludic framework that sustains therapeutic commitment generates a liminoid suspension from the ordinary, akin to that produced by the pilgrim's journey; the group setting evokes the healing *communitas*; and narrative refiguration mirrors the pilgrim's acts of supplication and self-narration. In particular, by externalising an image of the self that can be shaped and re-edited at will, video reactivates the ancient synergy between external represen-

tation and inner conversion. Through sensory engagement, ludic participation, affective communion, and imaginative re-enactment, videotherapy translates the healing potential of pilgrimage into a secular therapeutic framework that remains profoundly effective today.

Bibliography, references and notes

1. In the early Christian period, the miracles of healing and the exorcisms associated with therapeutic pilgrimages coexisted—and at times competed—with traditional pharmacological treatments, such as those recorded by Marcellus of Bordeaux in *De medicamentis*. Both the ritual practices grounded in the thaumaturgic power of St Martin and Marcellus's magical-pharmaceutical remedies would later prove incompatible with the principles of modern rational medicine. By the High Middle Ages, ritual practice had emerged as the predominant form of therapy, although ancient medical and magical traditions never entirely disappeared. Brown P, The Cult of Saints. Chicago-London: The University of Chicago Press; 1981. pp. 157-165.
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8. Berti R, A Contribution to Better Understand the Therapeutic Incubatory Rituals Within the Greek Antiquity. Med. Secoli 2023;35(3):193-202, p. 199; Pietri C, Pietri L, Ref. 5. pp. 61-80; Mâle É, L'arte religiosa della fine del Medioevo in Francia. A cura di F. Restuccia. Roma: Studium; 2024. pp. 251-267.

9. Sigal PA, L'Apogeo del pellegrinaggio medievale: i secoli XI XII e XII. In: Chélini J, Branthomme H (eds), Le vie di Dio: storia dei pellegrinaggi cristiani dalle origini al Medioevo. Milano: Jaca Book; 2004. pp.119-149, p. 141.
10. Turner V, Turner E, Ref. 3. p. 194; Sigal PA, Marcheurs de Dieu: Pèlerinages et pèlerins au Moyen Âge. Paris: Gallimard; 1974. pp. 12-25.
11. Hegel GWF, Aesthetics: Lectures on Fine Art. Translated by T. M. Knox. Oxford: Clarendon Press; 1975. p. 103.
12. Hegel GWF, The Philosophy of History. Sibree J (trans.). New York: Wiley Book Co.; 1944. p. 377. Quoted by Brown P, Ref. 1. p. 86.
13. We owe to Momigliano and Brown the questioning of the category of popular belief. See: Momigliano A, Popular Religious Beliefs and the Roman Historians. In: Cuming GJ, Baker D (eds), Popular Belief and Practice. Studies in Church History, vol. 8. Cambridge: Cambridge University Press; 1971. pp. 1-18; Brown P, Ref. 1.
14. On the themes of the sensory mediation of sanctuary healing and of votive practice, see Canetti L, Impronte di gloria. Effigie e ornamento nell'Europa Cristiana. Roma: Carocci; 2012 and Canetti L, Immagine e sacrificio. Un'antropologia storica della statuaria votiva tra Antichità e Medioevo. In: Canetti L (ed.), Statue. Rituali, scienza e magia dalla Tarda Antichità al Rinascimento. Firenze: SISMEL-Ed. del Galluzzo; 2017. pp. 365-401.
15. Turner V, Turner E, Ref. 3. p. 7.
16. Except in the case of penitential pilgrimage, where what truly matters is the penitential act of travelling rather than access to the sanctuary.
17. Brown P, Ref. 1. pp. 70-80.
18. Natalucci N, Introduzione. In: Egeria, Pellegrinaggio in Terra Santa. Bologna: EDB; 2015. pp. 7-33, p.14.
19. Warfield HA, Ref. 4. p. 865. On this topic see: Gallagher S, Embodied and Enactive Approaches to Cognition. Cambridge: Cambridge University Press; 2023. Noë A, Action in Perception. Cambridge, MA: MIT Press; 2004.
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21. Turner V, Turner E, Ref. 3. p. 14.
22. *Ibid*. Of course, magical beliefs were not absent from medieval Christian pilgrimages. However, even these beliefs were embedded within a Christian conception that implied a dialectic between exterior action and interior moral condition: "the water will not work a cure, nor the litany a benefit, unless the subject's 'heart' is penitent, absolved and therefore cured" (*ibid*.).
23. *Ibid*.
24. Dupront A, Il sacro. Crociate e pellegrinaggi. Linguaggi e immagini. Trans. M. Cardini, S. Marchignoli. Torino: Bollati Boringhieri; 1993. p. 469.
25. Dupront A, Ref. 24. p. 471.
26. As Dupront observes (Dupront A, ref. 24. pp. 392-394), holy places are often significant from a naturalistic, or even geological, point of view, being marked by the presence of distinctive features such as a rock formation, a spring, or a lake. In other words, the very elements that once signalled the holiness of a site are those which, in the modern age, define the beauty of a landscape. On this point, with particular reference to the Franciscan tradition, see Cuniberto F, Paesaggi del Regno. Dai luoghi francescani al Luogo Assoluto. Vicenza: Neri Pozza; 2016; Restuccia F, Pilgrimage and the Prehistory of Landscape. Aisthesis 2025;19(1):25-41.

27. Among the images that stimulated the pilgrims' visual memory, one must also include the frequent dreams. In some cases, it is even possible to speak of a genuine form of Christian incubation. See: Canetti L, Sogno e terapia nel Medioevo latino. In: Paravicini Bagliani A (ed.), Terapie e guarigioni. Firenze: SISMEL-Edizioni del Galluzzo; 2010. pp. 25-54.
28. Maraval P, Pellegrinaggi in Oriente dal I al VII Secolo. In: Chélini J, Branthomme H (eds), Le vie di Dio: storia dei pellegrinaggi cristiani dalle origini al Medioevo. Milano: Jaca Book; 2004. pp. 31-52. p. 48; Pietri C, Pietri L, Ref. 5. p. 82; Dupront A, Ref. 24. pp. 412-413.
29. Dupront A, Ref. 24. p. 471; Brown P, Ref. 1. p. 128; Chélini J, Ref. 7. pp. 101-104.
30. In Egeria's diary, the "excellent taste" of the water appears as a sign of its holiness. When she asks the monks what kind of water it is—"so special and so good"—they reply that it is the very water which Moses gave to the children of Israel in the desert (*Itinerarium Egeriae*, 11.2).
31. Originally denoting blessed bread or food offered to pilgrims, the term *eulogia* later came to refer to small blessed objects or tokens carried away by pilgrims from a holy place. From late antiquity onwards, it designated tangible souvenirs imbued with the *virtus* of the holy site or saint—such as small flasks containing oil, water, or dust from a shrine (*ampullae*), cloths, or medals that had been touched to relics. In this sense, they may be compared to *brandea* and *pignora*. See: Dupront A, Ref. 24. pp. 471, p. 414. On the practice of ingesting symbolic objects and even images, see: Koering J, Iconophages. A History of Ingesting Images. New York: Zone Books; 2024.
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33. Brown P, Ref. 1. pp. 87-88.
34. Turner V, Turner E, ref. 3. p. 12.
35. Leed E, The Mind of the Traveler: From Gilgamesh to Global Tourism. New York: Basic Books; 1991. p. 79.
36. Brown P, Ref. 1. p. 122.
37. Dupront A, Ref. 24. p. 42.
38. Brown P, Ref. 1. p. 123. According to Sigal, sacred space was typically organised into five concentric zones (Sigal PA, Ref. 7. p. 158). Alongside this spatial framing, a temporal framing can also be discerned in the calendrical structuring of pilgrimages, which followed precise ritual rhythms (years, months, hours). See Dupront A, Ref. 24. pp. 408-410. On the phenomenology of framing from an aesthetic perspective, see Pinotti A. La cornice come oggetto teorico. In: Ferrari D, Pinotti A (eds), La cornice. Storie, teorie, testi. Monza: Johan & Levi; 2018. pp. 51-68.
39. Benjamin W, The Work of Art in the Age of Its Reproducibility. In: Eiland H, Jennings MW (eds), Selected Writings, Volume 3: 1935–1938. Cambridge MA, and London: The Belknap Press of Harvard University Press; 2002. pp.101-133, pp. 104-105. See also Pinotti A, Piccola storia della lontananza. Milano: Raffaello Cortina Editore; 1999.
40. Turner V, Turner E, Ref. 3. p. 2.
41. The Latin term for pilgrim, *peregrinus*, originally identifies a foreigner, or more specifically a resident alien. See Dupront A, Ref. 24. p. 382.
42. *Ibid*., p. 391, my translation.
43. Hadot P, Philosophy as a Way of Life. Oxford: Blackwell; 1995. pp. 81-83.
44. Significantly, the word "travel" might ultimately derive from the Latin *tripalium*—an instrument of torture—, through Old French *travailler*—hard work—suggesting the arduous and painful connotations originally associated with the act of journeying.

45. Turner V, Turner E, Ref. 3. p. 6.
46. Sigal PA, Ref. 7. p. 155. Wealthier pilgrims who travelled on horseback would walk the final section of the path to the sanctuary.
47. Dupront A, Ref. 24. p. 388.
48. Cozzo P, In cammino. Una storia del pellegrinaggio cristiano. Roma: Carocci; 2021. p. 87.
49. Sigal PA, Ref. 7. pp. 159-162.
50. Dupront A, Ref. 24. pp. 50, 387; Vogel C, Le pèlerinage pénitentiel. Revue des Sciences Religieuses 1964;38(2):113-153. These institutionalised pilgrimages, however, lost their voluntary dimension and thus their liminoid character, becoming once again akin to tribal, liminal rites of passage.
51. Foucault M, The Hermeneutics of the Subject. New York: Palgrave Macmillan; 2005. See also Foucault's concept of spirituality: "I think we could call 'spirituality' the search, practice and experience through which the subject carries out the necessary transformations on himself in order to have access to the truth", *Ibid*., p. 15.
52. Hadot P, Ref. 42.
53. Hadot devoted an essay to commenting on Foucault's use of his own theories. In this text, Hadot criticises Foucault's excessive focus on subjectivity, individuality, and the self in his discussion of ancient culture, which—even in the Hellenistic period—cannot be regarded as subjectivistic. In both Stoicism and early Christianity—for instance, in Seneca and Augustine—the conversion to "the best part of oneself" refers to the part that transcends the self: a reason that participates in universal Reason—or, for Augustine, Christ as *intus Magister* (see Augustine, *De Magistro*). The practices of the self, therefore, should not be understood merely as a movement of internalisation, since ancient interiority was ultimately directed towards self-transcendence and universalisation. See: Hadot P, Réflexions sur la notion de "culture de soi". In: Defert D, Ewald F, Lagrange J (eds), Michel Foucault philosophe. Rencontre internationale, Paris, 9-11 janvier 1988. Paris: Seuil; 1989:261-270.
54. In this sense, rather than Hellenistic spiritual exercises, penitential practices seem to recall the breathing techniques of archaic magical-religious traditions associated with cataleptic trances. See Hadot P, Ref. 42. p. 116, n. 79; and Dodds ER, The Greeks and the Irrational. Berkeley and London: University of California Press; 1963.
55. Turner V, Turner E, Ref. 3. pp. 103-139; Csikszentmihalyi M, Beyond Boredom and Anxiety: The Experience of Play in Work and Games. San Francisco: Jossey-Bass; 1975.
56. Greek—and also Bengali Hindu—incubation rituals involved a series of procedures that pilgrims voluntarily undertook, leading them into a meditative state of mind known as *hesuchia* (tranquillity, concentration). See Berti R, Ref. 8. p. 195. Even in sources describing the Christian practice of incubation, one finds expressions such as *clara quietis* ("clear tranquillity"). See Canetti L, Ref. 26. p. 43. Berti regards the pilgrims' journey as part of the exercises that produce the state of mind necessary for dreaming in the *abaton* (p. 199). He explains the therapeutic value of incubation by reference to the "conscious work hypothesis", which recalls what I have called—together with Brown—the "therapy of distance": the detachment from ordinary life as a condition for attaining a state of mind that enables one to work through an unresolved inner problem.
57. Turner V, Turner E, Ref. 3. p. 137. See also: Csikszentmihalyi M, Play and Intrinsic Rewards. Journal of Humanistic Psychology 1975;15(3):41-63.
58. Turner V, Turner E, Ref. 3. p. 254.

59. *Ibid*.
60. *Ibid*., p. 139.
61. *Ibid*., pp. 36-37. Huizinga J, Homo Ludens: A Study of the Play-Element in Culture. Trans. by Hull RFC, London-Boston-Henley: Routledge & Kegan Paul; 1949. Among others, Walter Benjamin also explored the analogies between ritual and play, viewing them as the two poles of a historical dialectic that accounts for the secularisation of art. See Benjamin W, Ref. 38. pp. 106-107.
62. Dupront A, Ref. 24. pp. 446, 449.
63. Sigal PA, Ref. 9. pp. 122-123.
64. Dupront A, Ref. 24. p. 423.
65. Turner V, Turner E, Ref. 3. pp. 13-39.
66. Brown P, Ref. 1. pp. 29-37, 50-68.
67. Dupront A, Ref. 24. pp. 478-479.
68. Gallini C, Il consumo del sacro. Feste lunghe di Sardegna. Bari: Laterza; 1971. p. 32.
69. Benjamin W, On the Concept of History. In: Eiland H, Jennings MW (eds), Selected Writings, Volume 3: 1938-1940. Cambridge MA, and London: The Belknap Press of Harvard University Press; 2003. pp. 389-400; Bloch E, Games, regrettably. In: Bloch E, Traces. Stanford, CA: Stanford University Press; 2006. pp.10-14; Jesi F, La festa e la macchina mitologica. In: Jesi F, Materiali mitologici. Torino: Einaudi; 1979. pp. 81-120; Jesi F, Cesare Pavese dal mito della festa al mito del sacrificio. In: Jesi F, Letteratura e mito. Torino: Einaudi; 1968. pp. 161-176; Flusser V, To Celebrate. In: Flusser V, Into the Universe of Technical Images. Minneapolis: University of Minnesota Press; 2011. pp.149-157. These thinkers—particularly Jesi and Flusser—also emphasise the ambiguity of festivals, whose transformative space remains safe only when collectively self-organised; otherwise, it risks becoming an apparatus of manipulation.
70. Dupront A, Ref. 24. p. 472.
71. Pizarro JJ, Zumeta LN, Bouchat P, Włodarczyk A, Rimé B, Basabe N, Amutio A, Páez D, Emotional processes, collective behavior, and social movements: A meta-analytic review of collective effervescence outcomes during collective gatherings and demonstrations. Front Psychol 2022;13. https://doi.org/10.3389/fpsyg.2022.974683
72. Kronsted C, Collective Effervescence as Self-Organization and Enaction. Journal of Social Ontology 2025;11(1):1-27, p. 2.
73. This collective self may also be understood through Simondon's concept of the "transindividual". See Simondon G, Individuation in Light of Notions of Form and Information / Psychic and Collective Individuation, trans. Adkins T. Minneapolis: University of Minnesota Press; 2020.
74. Bakhtin M, Rabelais and His World. Trans. Iswolsky H. Bloomington: Indiana University Press; 1984. It is important to note that this contamination between the high and the low spheres is not yet profanation, but rather the specific mode in which Christian sacredness manifests itself. If in Rabelais we still find this carnivalesque creatureliness typical of the medieval Christian festival, we also see, according to Bakhtin, the beginning of the end of that model: no longer a festival itself, but a literary staging of the festival, addressed to readers who no longer participated in such celebrations. It is no coincidence that Rabelais, influenced by the *devotio moderna* movement, was among the first modern opponents of pilgrimage.
75. Almond R, The Healing Community: Dynamics of the Therapeutic Milieu. New York: Jason Aronson; 1974. Milieu therapy remains a valid and dynamic field of research and

has been further developed in several recent studies, such as De Leon G, Unterrainer HF, The Therapeutic Community: A Unique Social Psychological Approach to the Treatment of Addictions and Related Disorders. Front Psychiatry 2020;11:786; Hodgson C, Krishna R, Akasaka K, Milieu Management and Therapeutic Groups in Inpatient Child and Adolescent Psychiatry Units. Child and Adolescent Psychiatric Clinics of North America 2023;32(1):71-84; Kwak YT, Milieu Therapy in Patients with Dementia. Front Psychiatry 2025;16:145-162.

76. Canetti L, Tra Dioniso e Cristo: Posseduti danzanti nella tarda Antichità. Rivista della Società Italiana di Antropologia Medica 2024;57:15-37.
77. De Heusch L, La transe et ses entours: La sorcellerie, l'amour fou, saint Jean de la Croix, etc. Bruxelles: Éditions Complexe; 2006.
78. On this dialectic, see Velotti S, The Conundrum of Control: Making Sense through Artistic Practices. Leiden-Boston: Brill; 2024.
79. Canetti L, Ref. 26; Canetti L. L'incubazione cristiana tra Antichità e Medioevo. Rivista di Storia del Cristianesimo 2010;7(1):149-180. See also Maraval P, Ref. 27. p. 49; Sigal PA, Ref. 9. p. 144; Sigal PA, Ref. 7. p. 162; Dal Covolo E, Sfameni Gasparro G, Introduzione. In: Dal Covolo E, Sfameni Gasparro G (eds), Cristo e Asclepio. Culti terapeutici e taumaturgici nel mondo mediterraneo antico fra cristiani e pagani. Roma: LAS; 2008. pp. 1-18; Dupront A, Ref. 24. p. 414.
80. The term for supplicant (*hiketes*) comes from ancient warfare tradition and used to identify someone who, in order to save their life, threw themselves at the enemy's knees before being struck. See Naiden F, Hiketai and Theoroi at Epidauros. In: Elsner J, Rutherford I (eds), Pilgrimage in Graeco-Roman and Early Christian Antiquity: Seeing the Gods. Oxford: Oxford University Press; 2005. pp. 73-95.
81. Sigal PA, Ref. 7. p. 164. It was only around the 14th and 15th centuries that it became customary to leave the offering *after* the healing.
82. Significantly, in pagan healing sanctuaries the goddess of memory, *Mnemosyne*, was often worshipped together with Asclepius, as memory is indispensable to remember and narrate the therapeutic dreams. See Berti R, Ref. 8. p. 200.
83. Brown P, Ref. 1. p. 110.
84. Charon R, Narrative Medicine: Honoring the Stories of Illness. New York: Oxford University Press; 2006.
85. *Ibid*., p. 2.
86. *Ibid*., p. 65. On the patient as narrator see also Charon R, Medical interpretation: Implications of literary theory of narrative for clinical work. Journal of Narrative and Life History 1993;3(1):79-97. The curative power of narration is excellently witnessed by the art project "La Cura" (2012) by Salvatore Iaconesi, which began after the artists' brain-tumour diagnosis. Refusing to be reduced to an "algorithmic patient", he obtained his clinical files, converted them into accessible formats, and published them online, inviting anyone to "grab" his data and offer a cure—medical ideas, artworks, visualizations, texts. This biopolitical hack reclaimed agency over data and image, turning private diagnostics into an open, participatory montage. "La Cura" sought three intertwined cures: for himself (elaboration of trauma), for data/images (restoring testimony), and for everyone (rethinking illness collectively). See: Capezzuto S, "Autenticare" dati e immagini in rete. L'hacking biopolitico de "La Cura". In: Capezzuto S, Ciccone D, Mileto A (eds), Dentro/Fuori. Il lavoro dell'immaginazione e le forme del montaggio. Siena: Il Lavoro Culturale; 2017. pp. 144-151.

87. See Warfield HA, Ref. 4. p. 861: “During the pilgrimage, the pilgrims gained a narrative framework for coping with their past pain, and after the pilgrimage, reported that they experienced emotional healing regarding their previously silenced pain”.
88. Sigal PA, Ref. 7. p. 162.
89. Hymer S, The therapeutic nature of confessions. Journal of Contemporary Psychotherapy 1982;13(2):129-143.
90. Hadot P, Ref. 42. p. 135. See also Hadot P, Ref. 52. pp. 264-266; Foucault M, L’écriture de soi. Corps écrit 1983;5:3-23.
91. Frank G, Pilgrimage. In: Harvey SA, Hunter DG (eds), The Oxford Handbook of Early Christian Studies. Oxford: Oxford University Press; 2008. pp. 826-841, p. 828.
92. Brown P, Ref. 1. pp. 71-109.
93. Dal Covolo E, Sfameni Gasparro G, Ref. 78. p. 6.
94. Brown P, Ref. 1. p. 108.
95. Ricœur P, Memory, History, Forgetting. Trans. by Blamey K, Pellauer D. Chicago-London: The University of Chicago Press; 2004. See also Michel J, The Reparable and the Irreparable: Being Human in the Age of Vulnerability. Lanham: Lexington Books; 2023. The idea of releasing an experience from its negative emotional charge might also be compared with Aristotle’s tragic catharsis, which had the primary effect of converting the pain accompanying a passion into pleasure. See Guastini D, Commento. In: Aristotele, Poetica. Ed. by Guastini D, Roma: Carocci; 2010. pp. 160-171.
96. Frank G, Loca Sancta Souvenirs and the Art of Memory. In: Caseau B, Cheynet J-C, Déroche V (eds), Pèlerinages et lieux saints dans l’Antiquité et le Moyen Âge. Mélanges offerts à Pierre Maraval. Paris: Monographies du Centre de Recherche d’Histoire et Civilisation de Byzance – Collège de France; 2006. pp. 193-201.
97. Sabatino AC, Saladino V, Cinematic Psychotherapy: Audiovisual Languages, Therapeutic Strategies, and Autism Narratives. London-New York: Routledge; 2024. p. 128.

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