



Audiovisual Means to Therapeutic Ends. The Cinematic Dispositif within Medical Humanities

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Dominant narratives across Medical Humanities have been focused on the cultural construction of the notion of medicine as epistemic discourse and social practice, on the role of humanities in medical design of the disease as well as on the humanization of the clinical encounter in order to facilitate the anamnesis, the therapy and the care. Among the main declinations, a more complex point of view arises, suggesting the critical integration and exploitation of a variety of methodologies, previously used by art and humanities research, into a peculiar human-centered dispositif, both narrative and therapeutic, in which audiovisual practices and languages acquire new healing potential and activate bias for unprecedented processes of subjectivization for particular target of suffering human beings.

Based on the aforementioned premises, the essay aims at investigating the *therapeutic set* as performative and methodological model, consistent with art-therapy and narrative-based medical approaches, applicable in specific pathological conditions and health-care contexts. Within such reflexive and operational framework including documentary studies and visual anthropology, self-representational and amateur theories, the therapeutic set becomes a media environment where the formative encounter, both technical and pragmatic, finally ethical, between the self and the world, the action and the awareness takes place.

My purpose is to explore the theoretical pillars of the therapeutic set as transformative interplay between profaned cinematic dispositif and psychotherapy setting, dwelling on bodily involvement, audiovisual gestures and amateur self-representation to which active participants, storytellers of their own illness and treatment, are called in the making of therapy and narrative.

The paper finally intends to illustrate selected interdisciplinary case studies in order to discuss the healing potential of creative participatory processes and self-representations, occurring thanks to the relocation and amateurization of the contemporary cinematic experience.

INTRODUCTION

With the aim of dispelling terminological and definitional ambiguities, in 2014 the Consensus Conference organized by the Italian *Istituto Superiore di Sanità* (ISS) established the guidelines for the application of Narrative Medicine (henceforth NM), understood as 'a clinical-assistance intervention methodology based on a specific communicative competence', which aims to 'acquire,

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understand and integrate the different points of view of those involved in the disease and in the treatment process'.¹

Exploring the different lines of actions outlined in the Consensus Conference,² the Medical-Narrative approach is characterized, on the one hand, by the adoption of narration as a medical anamnesis and a research tool that contributes to the collection of clinical and biographical data of the patients and, on the other — to an extremely limited extent — by a narrative therapeutic approach designed to improve the patient's quality of life.

The leading theory in this area is dedicated to the integration of narrative skills into clinical practice, in particular as a tool for implementing doctor-patient communication, hence facilitating diagnosis as well as the therapy itself.³ In fact, this concept of Narrative-Based Medicine (NBM), in opposition to a physiological, symptom-driven Evidence-Based Medicine (EBM), aims to construct a shared path of personalized care, which is methodologically grounded on the conversation between patient and doctor regarding the experience of an illness, but also on the social, cultural, and personal history of the individual. Here I do not refer, however, to psychological and psychotherapeutic approaches,⁴ which, although differentiated according to specific methodologies, can be broadly defined as specific forms of narration, within clinical definition of Narrative Therapy.

In the following pages, I present performativity and agency as the key concepts of Narrative-Based Therapies, with the aim of framing Medical Narrative techniques and methods within a humanistic lens, and suggesting a fertile, interdisciplinary convergence. From this perspective, the purpose of the article is not only to map out the relationship between Medical Narratives and audiovisual tools, but also to investigate and propose the theoretical, methodological, and then applicative framework of *Therapeutic Set* as a peculiar double *dispositif*. Accordingly, in the following discussion I explore self-narrative forms that are agentive, in a way, and a therapeutic approach that uses narrative as the therapy itself.

HOW VISUAL MEDICAL NARRATIVES (COULD) WORK

In an attempt to take the stock of the theoretical, methodological, and pragmatic state of art,⁵ the contribution of NM to clinical practice would seem limited to the ability to acknowledge, interpret, and act on the stories and plights of others, under a label of a medicine practiced with narrative competence.⁶ A large portion of NM, therefore, deals with meta-clinical elements and paratherapeutic aspects, such as the compilation of medical records, medical training programs and improvements in the effectiveness of the healthcare team.⁷

Within the Medical Narrative approach, the relevance of biographies reported by the patients themselves is also a valuable contribution to the disease's clinical delineation. A narrative interaction conceived in this way enables a

therapeutic dialogue where intersubjectivity arises from the fertile encounter between the patient-narrator and the doctor-listener; the latter is facilitated in investigating the multiple interweavings between physiological symptoms and the patient's verbal and non-verbal narration.⁸

Unlike NM, Narrative Therapy (NT) can be erroneously considered as an equivalent to the macro-category of psychotherapy. While the 'narrative' attribute can be confusing, since 'all therapies are narrative therapies',⁹ White and Epston identify the therapy as the narrative process through which patients shape their identities.¹⁰

More specifically, while psychotherapy requires psychological treatment involving 'either removing, reducing, or modifying specific emotional, cognitive, or behavioral problems, and/or promoting social adaptation, personality development and/or personal growth',¹¹ NT is a peculiar psychotherapeutic approach focusing on the exploration, examination and editing of the stories people tell themselves about their life, in order to trigger hermeneutical and self-storytelling shifts that therapeutically intervene on specific targeted issues.¹²

While the aforementioned approaches elect the patient's words as the privileged narrative tool, Medical Humanities seems to have taken a visual turn in 2018, when two key events take place: the roundtable *Interdisciplinary Entanglements: Towards a Visual Medical Humanities* convened by Fiona Johnstone and Natasha Ruiz-Gómez during the Association for Art History's 2018 Annual Conference, and the drafting of a Visual Medical Humanities manifesto, which proposed to focus on relevant issues and topics that had previously been neglected:

the value of the visual is not limited to the illustrative (for example, as a way of making existing academic research more 'accessible'); nor to the purely instrumental (for example, as a way of producing more 'empathetic' doctors) [...] A Visual Medical Humanities asks questions about our expectations of what certain types of visual artefact can do for us (recognizing that this 'us' is not a unified singular entity, but plural and diverse); it also notes that these expectations are contingent on context. [...] for example, an artwork might commonly be asked to act as a marker for subjectivity, or as a way of articulating the 'patient experience'.¹³

Despite the theoretical and methodological efforts to establish a disciplinary orientation that relies on visual and narrative-based strategies, these attempts appear promising but remain partial. Indeed, a crucial reflection on the linguistic specificity of one visual field or another appears to be lacking; a reflection that has to be provided by scholars, professionals and experts in the field, and not only by clinicians and psychologists. Nevertheless, the importance of reflecting on 'what certain types of visual artefact can do for us'¹⁴ — and, I would add, *to us* — should certainly be acknowledged.

In short, there would seem to be a lack of specific toolsets for visual-based clinical interventions; this is particularly true of the audiovisual medium, since numerous different approaches are often incorporated within the definition of

Cinematherapy.

Within Film Studies, the methodological and epistemological matrices of the therapeutic models that use cinematic language can be traced back to early cinema theories, which described the cinematic vision as a captivating and enthralling experience, that is potentially pathogenic and pedagogical in equal measures.¹⁵ The attraction exerted by the cinematic apparatus is justified by the technology's specific ability on the one hand to capture attention and stimulate the viewer's perceptual activity,¹⁶ and on the other to address, through technique and sensorial apparatus,¹⁷ therapeutic — prophylactic and curative — potential to the social body it invokes.¹⁸

In identifying used and usable therapeutic narrative tools, one priority goal is not only 'to frame the narrative approach in the context of empowerment and the transition from paternalistic medicine to the relationship model in which the patient is a partner and not just an object of care',¹⁹ but also to cultivate its true innovative potential through the co-construction of 'therapeutic emplotments',²⁰ which pursue a continuous renegotiation of meanings between caregivers and patients.

This raises an important question that merits our attention, regarding the possibility of building up a methodology which could include both therapeutic and narrative interventions.²¹ Within a setting that involves the adoption of a double rhetorical and linguistic register, visual narratives and psychotherapy in its narrative dimension can expand their effects in reciprocal agentivities. In this context, a *double dispositif* arises from the encounter between therapeutic interviews and audiovisual images, creating a symbolic, relational-pragmatic and narrative space which creates fertile opportunities for subjectivation processes.

However, this double narrative — both therapeutic and cinematic — *dispositif*, in which both the spectator (or the 'maker', as we will see below) and the patient participate, might appear doubly binding, determining even more restrictive positions and roles for the patient involved. Far from Baudry's apparatus theory²² and Foucault's early, prescriptive conception of the *dispositif*, characterized by a dominant strategic function,²³ I would imagine such double *dispositif* as a rhizomatic machine that forges links between heterogeneous entities.²⁴ If, according to Deleuze, the *dispositif* already acts by creating a dynamic equilibrium that is analogous to a skein — a multilinear set composed of lines of a different nature²⁵ — and therefore activates an *autopoiesis* — a process of subjectivity formation that is never given and always in the making — this is even more true within a bifid device such as a therapeutic visual medium, in which components interact by mutual interference through lines of subjectivation, becoming fluid and open enough to escaping attempts of totalising control. Consequently, the position and role of the user of this double *dispositif* changes according to different therapeutic approaches, following a dynamic configuration that oscillates between subjection and subjectivation.

Within the outlined bifid and hybrid structure, but also the current debate on visual narrative therapies, a definitional framework appears increasingly

necessary, regarding not only the therapeutic aim, but also the rhetoric, language, and account that may characterize the specific narrative-based approach.

THE THERAPEUTIC SET: FROM CINEMATHERAPY TO THERAPEUTIC FILMMAKING

In reconstructing a brief history of psychotherapeutic approaches that have made use of the cinematic language, as well as of audiovisual tools and techniques, it is evident that the cinematic *dispositif* cannot be totally reproduced and reconstructed in its original form within the peculiar setting that the application of therapeutic functioning requires. Within clinical studies and theoretical contributions on Cinematherapy and Filmtherapy,²⁶ we can find a common tendency to assimilate one another as a therapist-assisted film visions, followed by comments and discussions of therapy-targeted contents.²⁷ In a scenario where psychotherapy seems not to operate any theoretical, procedural and methodological distinctions between techniques and their therapeutic uses, great attention must be paid to the differences, that can be substantial and relative to the position and role of the patient, between Cinematherapy and Filmtherapy. Referring to 'relocated cinema',²⁸ I propose to distinguish between Cinematherapy and Filmtherapy in the light of their *setting and delivery operations*.²⁹ While the setting process coincides with the reproduction of the viewing modes of the cinematic environment outside the movie theatre, thereby provoking in the viewer a feeling of being *almost like* in a cinema auditorium, the delivery process refers to the object of vision, to the movie in itself, its content as the binding evidence of its specific visual language.

From this point of view, Cinematherapy may be defined as a *setting process*, through which the therapist recreates in the therapeutic setting the environmental characteristics that make the patients feel as though they are in a movie theatre, also possibly involved in a collective vision together with other patient-spectators, and eventually using a movie theatre itself as a therapeutic setting.

In Cinematherapy, both the therapeutic setting and the movie theatre maintain reciprocal relationships, being configured as enlargements of the patient-spectator's living space through an illusion of continuity: experiencing fictional reality at a safe distance, within a 'liberated embodied simulation'³⁰ framework, the patient-spectator faces the viewed fictional reality in which alternative events are possible, and consequently achieves a different perception and manages her/his own agency in relation to illness and treatment.

Filmtherapy, on the other hand, is configured as a *delivery process*, in which the therapist, using filmic content, tackles particular issues that are told and treated in the movie. The movies, selected on the basis of the targeted

therapy goals, are therefore seen, alone or together with other subjects, during psychotherapeutic sessions.

In both Cinematherapy and Filmtherapy, the patient-spectator is the privileged recipient of the effects produced by the double *dispositif* previously mentioned: the cinematic apparatus capable of affecting relationships between a seeing subject and the object of the vision, and the therapeutic setting — the latter constituted, in the case of Cinematherapy, by the modes and location of viewing, and in the case of Filmtherapy, by the choice of the film to see and then comment on.

While Cinematherapy and Filmtherapy can be defined as circumscribed manifestations of the cinematic *dispositif* within the therapeutic setting, where the act of vision is limited to a series of exclusively spectatorial practices, Therapeutic Video Recording, frequently generically called Videotherapy, requires the patient not only to pay attention and listen actively, but also to participate through a creative presence.³¹

Used in selected settings or supervision sessions, Therapeutic Video Recording offers an opportunity for cognitive and emotional distancing between one's own mental image and the *picture*³² of oneself acting on the screen, in order to activate a process of Self Video Confrontation.³³ As the main character, and no longer just a spectator of someone else's movie, but also participating in some creative choices — like, for instance, the camera movements during the session — the patient starts to resemble a spectator-performer, not only for the active attitude of creating her/his own experience of vision, but also for creatively engaging in amateur and performative grassroots practices. In the light of the used footage technique, I define this videotherapeutic approach as Documentary Videotherapy.³⁴

In this way, the therapeutic setting begins to include the movie set: it disciplines both the liminal and heterotopic experience to which they provide access, hybridising each other thanks to the relocation of procedures, dynamics and roles that shape a spectatorial experience, without stating a hierarchical and binary distinction between bodies and images, or between material reality and its representations.³⁵

On the Therapeutic Set the patient can be involved in an increasingly narrative-performative process through Therapeutic Filmmaking.³⁶ In the Therapeutic Filmmaking methodology, the participatory mode and the bodily involvement that it carries with itself is crucial.³⁷ The participatory documentary model has been therapeutically theorized by Jackie Shaw and Clive Robertson, who conceive Participatory Videotherapy as characterized by a strong focus on the production process, as well as on customized interventions based on the social and emotional needs of the participants. According to this kind of relational therapeutic model, self-representation reveals itself as the starting point of a transformative intervention to overcome trauma and treat ailments, as well as of the cultivation and realization of the potential of each individual.³⁸

Even before Shaw and Robertson's therapeutic methodology, in the 1950s Fernand Deligny's artistic and pedagogical project of, in the context of *La*

Grande Cordée, used cinematic language as an educational tool for taking care of children and adolescents with Autism Spectrum Disorder outside traditional structures. In this way, he contributed significantly to the implementation of therapeutic practices based on the participatory and interactive production and fruition processes, as well as on subjectivation dynamics through an iconic register.³⁹

In therapeutic viewing techniques, the presence of a multimodal spectatorship was already evident, with cinema vision impacting not only the disembodied psyche, but, also, on a kinesthetic subject that touches and is touched by the representation taking place both on and off the screen.⁴⁰ Recalling a therapeutic participatory (and performative,⁴¹ as I am going to further explain later) model, Therapeutic Filmmaking involves the patient's creative and self-narrative agency, not only as a social actor but also as the material maker of her/his own stories of illness and therapy. In the framework of a substantial theoretical modification of the spectatorship paradigm, the everyday media user is no longer just prosumer, but also a *serious amateur*,⁴² who is increasingly audiovisually literate and frequently aware and engaged in self-narrative processes, which occurs first and foremost through a bodily act and an artisanal-technological creation.

In fact, as Maya Deren has argued, the advantage that the amateur can enjoy over the professional consists in a freedom that is both artistic and physical: 'the most important part of your equipment is you: your mobile body, your imaginative mind and your freedom to use both'.⁴³ Identically to the amateur audiovisual producer, then, the *patient-author* is inextricably body-grounded during the whole Therapeutic Filmmaking process, under clinical supervision and creative facilitation, s/he is materially entangled in filmmaking process, from screenwriting to the editing phase, that allows her/him to translate her/his pathological history into audiovisual narratives, gaining technical and creative, but, mostly, cognitive and emotional abilities to reinvent the trauma or disorder and reshape it into a re-narrativized version of the Self.

Within a medical-narrative treatment, enrolled in a holistic dynamic that is not only psychic but also bodily and pragmatic, the patient can finally evolve from a simple beneficiary to an active and co-creative participant within an exquisitely narrative psychotherapy, which the cinematic approach helps to facilitate and implement.

SELF-REPRESENTATIONAL THERAPY: A VIRTUOUS CIRCULAR AGENCY

Within such an increasingly participatory and performative framework, the Therapeutic Set that hosts the whole therapeutic process is a singular audiovisual fieldwork: a ritualized set in which 'social and ritual dynamics intersect with scenic ones due to the presence of the movie camera'.⁴⁴

The procedural and material creation through which patients produce an audiovisual narrative on the Therapeutic Set confers a specific agency on their audiovisual artefacts, that is both therapeutic and iconic. As *imagines agentes* assuming a decisive role in shaping our experiences with relevant impact on life and experience,⁴⁵ visual artefacts can exert agency through an embodied cognitive process that Alfred Gell has called the 'abduction of agency' by the means of Peircean material indexes.⁴⁶ In this context, the productive and receptive events would be intentionally made by acting and producing entities, both of which are connected to the creators and to the recipients of these iconic products. If the model developed by Gell partially overcomes the cultural dichotomies between the subject and the object as social agents, the performative nature of selected iconic representations, their potentiality to act as 'performing images',⁴⁷ inevitably requires a continuous de-constructive and reconstructive process that has to take into account the social, intersubjective, as well as evenemential dimensions,⁴⁸ and this essentially happens through an experiential and participatory creation.⁴⁹

In my opinion, this theoretical and methodological premise constitutes a starting point for the reconsideration of an iconic, possibly therapeutic, agency, not to be found in the power of pictures in themselves, but in the experiential power of the process. In this perspective, I propose an interpretation of self-representations as paradigmatic intersections emerging from the constitutive relationship between the living medium (the body) of perception, projection, image acquisition, and technological medium. Material agency, which is conveyed by *picture* and *image* as essential to the emergence of an iconic power,⁵⁰ can potentially shape a transformative process and a singular experiential effectiveness, both relying on bodily involvement and interactional living in its environment.

The amateur patients-filmmakers⁵¹ in fact transfer their agency to amateur videos through their bodily and creative intervention, making them *secondary agents*, capable of bearing agency themselves. This kind of symbolic exchange does not work from agent to patient in their immutable roles,⁵² but indeed, 'in any given transaction in which agency is manifested, there is a *patient* who or which is another *potential* agent, capable of acting as an agent or being a locus of agency'.⁵³ Operating bidirectionally, agency can be therefore theoretically traced back to Merleau-Ponty's chiasm and the reversibility of the living subjective body in the world of beings and things, as a mutual *passion of the material*.⁵⁴ The therapeutic efficacy would also seem to be enhanced by a *performative surplus*⁵⁵ which involves the participants as they tell their stories in front of a camera. If, still, patients are pigeonholed in a double *dispositif*, the opportunities for subjectification are very many, in particular due to the narrative and therapeutic *parallax effect*⁵⁶, that determines a repositioning of the participants' point of view — since, previously, patients-subjects were exclusively 'observed' and passively treated.

In this regard, the linguistic form of the selfie, as self-representational, democratized audiovisual form, is emblematic.⁵⁷ Crystallizing the authorial

trait in the material representation of the gestural production,⁵⁸ the practice of the selfie 'constitutes a deictic movement of the body that draws attention to the immediate context in which the observed image is inserted and towards the observer's activity'.⁵⁹ The technical gesture of shooting, zooming and selecting the frame contains a connective performance, which is not exclusively characterized by its reference to the represented subject, but related to the production of a trace of reality which concerns its own operator or agent. In amateur and self-narrative audiovisual representations, such indexical and productive circles materially bind the self-portrait to its creator, as well as the subject to its objectual representation. The amateur video as gestural act therefore constitutes an autographic artefact, whose identity can only depend on the technical and experiential conditions of its production and on the material immanence of its object, the bearer of an indexical trace of its creator and agent as singular human being.

By experiencing the triple role of main character, creator and spectator, the amateur filmmaker-as-patient of a medical-narrative treatment is uniquely entangled in a material, perceptual, emotional and self-reflexive relationship between her/his own audiovisual self-representation, between the images on the screen and their agency on the targeted pathological condition off the screen. Conceived in a post-phenomenological perspective, within a procedural art nexus, this technical and material processuality determines a complex abduction of agency and a possibly beneficial reversibility between the subject and its self-representation.

In my theoretical and methodological proposal so far, the potentially therapeutic agency of amateur audiovisual self-narratives is determined by the activation of a suspension of the threshold⁶⁰ and the consequent permeability between the story on the screen and the reality off the screen, within an agential, deictic, and representational circularity between subject and object, as is particularly evident in amateur audiovisual self-narratives.

ICONIC *PHARMAKON*

In 2007 the Cineteca and the ASP Giovanni XXIII in Bologna launched an experimental clinical trial which aimed to use audiovisual language for the treatment of dementia and Alzheimer's disease. A team consisting of a doctor, a licensed psychologist and a director created a customized, audiovisual short movie, specifically edited for the patient, using a collage of clinical data, filmed testimonies on the patient's everyday life, and photographic material provided by family and friends.

The research group hypothesized that the periodical administration of Memofilm — that is the name of the project — would positively impact the patient's memory, modifying not only the recovery of the past, but also the self-perception of her/his agency in the present. And in fact, within a timeframe of five years, seventeen Memofilms have proved to be effective in treating specific

symptoms and pathological behaviours related to the targeted disorders.⁶¹ Not only did the Memofilm designate the patient as the main character, object and subject of the person-centered narrative treatment, but it was also plot-based on the unique life story specifically designed for that one patient as its single spectator.

If, therefore, the Memofilm, as exemplification of Documentary Videotherapy, can activate a symbolic exchange between a pathological condition and its narratively reconstituted real life,⁶² the therapeutic art nexus that involves the patient — who is also the patient in the secondary agency enhanced by the Memofilm — has significant beneficial effects on the condition that the patient passively undergoes. Through an embodied vision and a cross-modal sensory viewing, the patient-spectator therefore experiences the Memofilm by placing him/herself simultaneously on the screen and outside it. Unlike fictional or documentary movies, where the action and interaction of characters act out a plot, in the Memofilm the viewing experience is about real life: this is the content of vision and the action of its singular and unique spectator. Indeed, the Memofilm is conceived to give the patient access to the screen in order to access her/his life's story on which the plot — and the corresponding therapeutic strategy — is based. Furthermore, the clinical and creative intervention of the team, together with the participation of the patient as spectator and main character, are decisive for the configuration of Memofilmic Therapeutic Set which symbolically, pragmatically, and operationally intervenes on the targeted pathology.

In the second research-intervention project I am going to describe, the Therapeutic Set requires an even more consistent attendance and participation by the spectator. The Video-Pharmakon project is designed to treat children and adolescents with Autism Spectrum Disorder (ASD) through a complex corpus of videotherapy techniques and methodologies.⁶³ Like Memofilm, this methodology consists in the administration of customized audiovisual products edited by the videotherapeutic team, made up of a filmmaker, a child neuropsychiatrist, and a trained and licensed psychologist. Though the patient's position and role as spectator is maintained during the initial therapeutic phase, the Video-Pharmakon protocol differs with regard to a set of crucial elements that serve the therapeutic goals. In fact, the role of the patient as spectator and main character of the final product constitutes only a marginal phase; rather the patient's creative intervention as author and director, as filmmaker of her/his own self-portrayal and autobiographical narrative, prevails [Fig. 1].

To be more efficient with regard to the behavioural difficulties typical of ASD, mainly related to the socio-communicative sphere,⁶⁴ the protocol is designed with a methodological focus on the Therapeutic Filmmaking technique — at the expense of Cinematherapy and Documentary Videotherapy, which are used to a less substantial extent. During Therapeutic Filmmaking, young patients use cameras to tell their own fictional or autobiographical stories, transforming themselves from patients to agents, in an audiovisual field that is configured as a transitional, materially moldable, and narrative therapeutic context. Within



Fig. 1
On the Therapeutic Set ©
Video-Pharmakon project

their role as facilitator on the Therapeutic Set, the professional filmmaker only assists the participants in creating their audiovisual story, oscillating between self-representational and inevitably participatory narratives. Simultaneously, the psychologist works on targeted issues during every creative phase on the Therapeutic Set, according to the narrative therapy principles and framework.

This processual mode leads to the realization of a Video-Pharmakon, which can be understood as the material outcomes of a horizontal collaboration and as a dynamic audiovisual object of which patients, clinicians and filmmakers are simultaneously the authors, main characters and spectators. [Fig. 2]

Created and then re-viewed by the participants themselves, the Video-Pharmakon produces its therapeutic effect not only during the patient-spectator's re-vision, but also within the productive and creative process itself: the relationship between authors and their audiovisual narratives, as well as the intersection between the authorial and the same spectatorial self, make



Fig. 2
Directing patient © Video-
Pharmakon project

the therapeutic process effective according to specific therapeutic behavioural goals.

As an intermedia montage⁶⁵ of the amateur patients' footage with the documentary video recordings collected by videotherapeutic team during each production phase, Video-Pharmakon is a complex linguistic assemblage of self-representational and documentary forms, able to help the participants to recognize their own proactive role not only in the creative process but also, transitively, in their own lives.



Fig. 3
At the movie theatre ©
Video-Pharmakon project

Thanks to the iconic and experiential agency derived from a deictic self-representational process, the therapy is finally enabled by the re-visioning of oneself in the act of reinventing the trauma or disease on the set of everyday life, but also in all the procedural phases of anamnesis, conception, shooting and editing, which are all delivered by the patients themselves.

The whole experience, embedded in the patients' bodily involvement in the material act of filmmaking, which therefore acquires the ability to affect a pathological reality thanks to the *spectauthorial* role finally gained by the participants.⁶⁶ Such *spectauthorship*, characterized by a circular processuality which involves the patient firstly as spectator, then as author, and finally as *spectauthor*, finds its methodological roots in the self-representation and body performativity of creative audiovisual acts, as discussed so far.

CONCLUSION

Within the current context of the Medical Humanities, therapeutic audiovisual approaches still require field-specific reflections on definitional and application possibilities. This discussion has provided attempt in this regard, in shaping a participatory-ascending path regarding the roles of patient and spectator. By

enabling participant access in a double *dispositif*, that is both therapeutic and narrative, and through their physical and gestural inscription within the self-portrait form, the amateur, self-representational process has the pragmatic potential to trigger, thanks to a material, perceptual, emotional and self-reflexive entanglement, a potential reversibility between the movie on the screen and its agency in everyday life. From a Medical-Narrative perspective, a specific, iconic agency arises in the embodied relationship between the amateur audiovisual creator and her/his own self-representation, in a deictic circle of subject and object representation.

In the methodological path outlined so far, within the context of visual Narrative Therapy, Cinematherapy and Filmtherapy, on the one hand, consist in a cinematic fruition with a high interpretation rate, that is nonetheless controlled by the workings and the rules of the therapeutic setting; on the other hand, Therapeutic Video Recording, Documentary Videotherapy, and Therapeutic Filmmaking offer an increasingly interactive and performative relationship with the filmic text.

From this perspective, the audiovisual product distinguishes itself for its counter-gifted nature, acting therapeutically as a self-reflexive, creative and iconic subjectivation process. This ecological progression – consisting in an amateur *spectauthorial* creation and a metanarrative Video-Pharmakon vision, based on a kind of agency which can only be bodily, material and *self-made* – contains the condition of possibility for beneficial effects of audiovisual therapy.

Notes

¹ ISS-CNMR, 'Conferenza di Consenso. Linee di indirizzo per l'utilizzo della medicina narrativa in ambito clinico-assistenziale per le malattie rare e cronico-degenerative', *I Quaderni di Medicina de il Sole 24 Ore Sanità*, 7.24 (2015), 3-24 (13) (my translation).

² Ibidem. The ISS defines four different Narrative Medicine theoretical and methodological approaches, 13-15.

³ I am referring to the seminal work of dr. Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford University Press, 2006).

⁴ *The Handbook of Narrative and Psychotherapy: Practice, theory and research*, ed. by Lynne Angus and John McLeod (Thousand Oaks, CA: Sage Publications, 2004).

⁵ In this regard, see at least Rita Charon and others, *The principles and practice of Narrative Medicine* (New York: Oxford University Press, 2016); Maria Giulia Marini, *Languages of Care in Narrative Medicine: Words, Space and Time in the Healthcare Ecosystem* (New York: Springer, 2018).

⁶ Not to be overlooked, in my opinion, is the related concept of subjunctive medicine. Cf. Doug Hardman and Giulio Ongaro, 'Subjunctive Medicine: A Manifesto', *Social Science & Medicine*, 256 (2020), 113039.

⁷ See, at least, the seminal work of Trisha Greenhalgh, 'Narrative Based Medicine in an Evidence Based World', *BMJ*, 318.7179 (1999), 323-25; Megan M. Milota, Ghislaine J.M.W. van Thiel and Johannes JM van Delden, 'Narrative Medicine as a Medical Education Tool: A Systematic Review', *Medical Teacher*, 41.7 (2019), 802-810.

⁸ On this matter, Ann King and Ruth B. Hoppe, 'Best Practice for Patient-centered Communication: A Narrative Review', *Journal of Graduate Medical Education*, 5.3 (2013), 385-93; *The Routledge International Handbook of Embodied Perspectives in Psychotherapy: Approaches from Dance Movement and Body Psychotherapies*, ed. by Helen Payne, Sabine Koch and Jennifer Tantia (London, New York: Routledge, 2019).

⁹ John McLeod, *Narrative and Therapy* (London: Sage, 1997), X.

¹⁰ See Martin Payne, *Narrative Therapy* (London: Sage, 2006).

¹¹ Philip Barker, 'The Healing of the Mind: Meaning and Method', in *Talking Cures: A Guide to the Psychotherapies for Health Care Professionals*, ed. by Philip Barker (London: Nursing Times Books, 1999), 8.

¹² See at least Michael White, Wijaya Made and David Epston, *Narrative Means to Therapeutic Ends* (New York: WW Norton & Company, 1990).

¹³ Fiona Johnstone, 'Manifesto for a Visual Medical Humanities', *BMJ Medical Humanities Journal*, <<https://blogs.bmj.com/medical-humanities/2018/07/31/manifesto-for-a-visual-medical-humanities/?mscLinkId=9ce56c6cc4d911eca26a069a9b58d3f0>>, [accessed 23 April 2022].

¹⁴ Ibidem.

¹⁵ Mireille Berton, *Le corps nerveux des spectateurs: Cinéma et sciences du psychisme autour de 1900* (Lausanne: L'Age d'Homme, 2015); *Moralizing Cinema: Film, Catholicism, and Power*, ed. by Daniël Biltereyst and Daniela Treveri Gennari (London, New York: Routledge, 2014).

¹⁶ Vittorio Gallese and Michele Guerra, 'Embodying Movies: Embodied Simulation and Film Studies', *Cinema: Journal of Philosophy and the Moving Image*, 3, (2012), 183-210.

¹⁷ Christian Metz, *The Imagery Signifier: Psychoanalysis and the Cinema* (Bloomington: Indiana University Press, 1982).

¹⁸ Walter Benjamin, *The Work of Art in the Age of Mechanical Reproduction* (Penguin UK: London, 2008).

¹⁹ 'Conferenza di Consenso', 19, my translation.

²⁰ Cheryl Mattingly, 'The Concept of Therapeutic Emplotment', *Social Science & Medicine*, 38.6 (1994), 811-822.

²¹ This mixed therapeutic methodology is not new to the field of Art-Therapy, on which I am, however, not going to dwell in this discussion: in this regard, see Cathy Malchiodi, *Art Therapy and Health Care* (New York: Guilford Press, 2013).

²² Jean-Louis Baudry and Alan Williams, 'Ideological Effects of the Basic Cinematographic Apparatus', *Film Quarterly*, 28.2 (1974), 39-47.

²³ Michel Foucault, *Power/Knowledge. Selected Interviews and Other Writings 1972-1977*, ed. by Colin Gordon (New York: Pantheon Books, 1980), 194-195.

²⁴ Gilles Deleuze and Félix Guattari, *Rhizome. Introduction* (Paris: Eds. de Minuit, 1976), 18-19.

²⁵ Gilles Deleuze, 'What is a *dispositif*?', in *Michel Foucault: Philosopher*, ed. by Timothy Armstrong (London: Harvester Wheatsheaf, 1992), 159-166.

²⁶ See, among others, Linda Berg-Cross, Pamela Jennings and Rhoda Baruch, 'Cinematherapy: Theory and Application', *Psychotherapy in Private Practice*, 8.1 (1990), 135-56; Danny Wedding and Ryan M. Niemiec, 'The Clinical Use of Films in Psychotherapy', *Journal of Clinical Psychology*, 59.2 (2003), 207-215. Also see the more recent Christie Eppler and Jen Hutchings, 'The Use of Cinematherapy to Illustrate Systemic Resilience', *Journal of Clinical Psychology*, 76.8 (2020), 1463-1471, Sayyed Mohsen Fatemi, *Film Therapy: Practical Applications in a Psychotherapeutic Context* (New York, Routledge, 2022).

²⁷ Cinematherapy/Filmtherapy has frequently been considered a form of Art-Therapy, cf. *Materials and Media in Art Therapy*, ed. by Catherine Hyland Moon (New York, Routledge, 2010). In this discussion, I instead try to frame it within Film and Media Studies.

²⁸ Francesco Casetti, *The Lumière Galaxy: Seven Key Words for the Cinema to Come* (New York: Columbia University Press, 2015), 60-71.

²⁹ *Ibidem*, 96-102.

³⁰ Vittorio Gallese and Michele Guerra, *The Empathic Screen. Cinema and Neuroscience* (Oxford: Oxford University Press, 2019 [2015]).

³¹ This therapeutic concept may be defined as a set of video recording techniques used during the psychotherapeutic session, cf. *Videotherapy in Mental Health*, ed. by Jerry Fryrear and Bob Fleshman (Springfield: Charles C. Tomas, 1981); Ira Heilveil, *Video in Mental Health Practice: An Activities Handbook* (New York: Springer, 1983); Lou Furman, 'Video Therapy: An Alternative for the Treatment of Adolescents', *The Arts in Psychotherapy*, 17.2 (1990), 165-169.

³² I am referring to the image/picture distinction proposed by John W. Mitchell, *What do Pictures Want? The Lives and Loves of Images* (Chicago: University of Chicago Press, 2005).

³³ In this regard, see at least the seminal study of Gérard Bléandou, *La vidéo en thérapie. Le choc de l'image de soi dans les soins psychologiques* (Paris: ESF, 1986).

³⁴ I have described this approach to a higher level of detail in Anna Chiara Sabatino, Valeria Saladino, Valeria Verrastro, *Cinema terapeutico. Linguaggi audiovisivi e percorsi clinici* (Rome: Carocci, 2021), 57-62.

³⁵ In fact, 'it is rather a question of discerning multiple and continually varying interactions among what can be defined indifferently as bodies and as images', cf. Steven Shaviro, *The Cinematic Body* (Minneapolis: University of Minnesota Press, 1993), 256.

³⁶ Cf. *Video and Filmmaking as Psychotherapy*, ed. by Joshua L. Cohen, Lauren Johnson and Penelope P. Orr (New York: Taylor & Francis, 2015); Małgorzata Jakubowska and Monika Michałowska, 'Filmmaking as Therapy: between Art Therapy and Resilience Theory', *Panoptikum*, 18 (2017), 227-236; Rivka Tuval-Mashiach, Benjamin Patton, and Charles Drebing, "'When You Make a Movie, and You See Your Story There, You Can Hold it": Qualitative Exploration of Collaborative Filmmaking as a Therapeutic Tool for Veterans', *Frontiers in Psychology*, 9.1954 (2018), 1-11; Anna Chiara Sabatino and others, 'Therapeutic Filmmaking, Strategic Psychotherapy and Autism Spectrum Disorder: An Integrated Approach', *Journal of Psychological & Educational Research*, 29.2 (2021), 56-89.

³⁷ Participatory video manifests itself in multiple forms: from collaborative video, developed in the 1960s within the Fogo Process movement, in which the camera remains in the hands of the facilitators (see Donald Snowden, 'Eyes See; Ears Hear: Supplement to a Film Under the Same Title', *Memorial University*, 1984, n.p.), to projects in which the participation is more consistent (for instance, the *Video in the Villages* by Vincent Carelli in 1987 and Terence Turner's *Kayapo Video Project* in 1990 *Navajo Project*); see Terence Turner, 'Representation, Politics, and Cultural Imagination in Indigenous Video: General Points and Kayapo Examples', in *Media Words*, ed. by Faye D. Ginsburg, Lila Abu-Lughod and Brian Larkin (Berkeley: California University Press, 2002), 75-89 and also Sol Worth and John Adair, *Through Navajo Eyes: An Exploration in Film Communication and Anthropology* (Bloomington: Indiana University Press, 1972).

³⁸ Jackie Shaw and Clive Robertson, *Participatory Video: A Practical Approach to Using Video Creatively in Group Development Work* (London, New York: Routledge, 2008 [1997]).

³⁹ Fernand Deligny, 'La caméra outil pédagogique', *Vers l'éducation nouvelle*, 97 (1955).

⁴⁰ This matter is extensively discussed by Vivian Sobchack, *Carnal Thoughts: Embodiment and Moving Image Culture* (Berkeley: University of California Press, 2004).

⁴¹ I am here referring to performative documentary as defined by Stella Bruzzi, *New Documentary* (London,

New York, Routledge, 2006), 185-217.

⁴² David Buckingham, Maria Pini and Rebekah Willett, "'Take Back the Tube!': The Discursive Construction of Amateur Film-and Video-Making", in *Video Cultures*, ed. by David Buckingham and Rebekah Willett (London: Palgrave Macmillan, 2009), 51-70.

⁴³ Maya Deren, 'Amateur versus Professional', *Film Culture*, 39.1 (1965), 45-46 (45).

⁴⁴ Simone Moraldi, *Questioni di campo. La relazione osservatore/osservato nella forma documentaria* (Rome: Bulzoni, 2015), 87, my translation.

⁴⁵ In this regard, see, at least Horst Bredekamp, *Image Acts* (Berlin: De Gruyter, 2017).

⁴⁶ Alfred Gell, *Art and Agency: an Anthropological Theory* (Oxford: Clarendon Press, 1998), 13.

⁴⁷ Chiara Cappelletto, 'Performing Image, or how the Visual Dimension is Enacted by Pictures', in *TransVisuality. Dimensioning the Visual in a Visual Culture*, ed. by Handers D. Christensen, Tore Kristensen and Anders Michelsen (Liverpool: Liverpool University Press, 2013), 59-74.

⁴⁸ I am referring to a performance concept as defined by Judith Butler, 'Performative Agency', *Journal of Cultural Economy*, 3.2 (2010), 147-161.

⁴⁹ I previously argued this elsewhere. Cf. Anna Chiara Sabatino, 'Performance', *International Lexicon of Aesthetics* (Milan: Mimesis, 2021), 3.

⁵⁰ In this regard, see at least David Freedberg, *The Power of Images: Studies in the History and Theory of Response* (Chicago: University of Chicago Press, 2013 [1991]).

⁵¹ See, with respect to amateur filmmaking forms, *Amateur Filmmaking: The Home Movie, the Archive, the Web*, ed. by Laura Rascaroli, Gwenda Young and Barry Monahan (USA: Bloomsbury Publishing, 2014).

⁵² This is how Gell defines the users of the agency: as 'patients', see *Art and Agency*, 21-23.

⁵³ *Ibidem*, 22

⁵⁴ Sobchack, *Carnal Thoughts*, 294.

⁵⁵ Gauthier Guy, *Le documentaire: un autre cinéma* (Paris: Armand Colin, 2007).

⁵⁶ Faye Ginsburg, 'The Parallax Effect: The Impact of Aboriginal Media on Ethnographic Film', *Visual Anthropology Review*, 11.2 (1995), 64-76.

⁵⁷ André Gunthert, 'Viralité du selfie, déplacements du portrait', *L'Atelier des icônes*, (2013) <<http://histoirevisuelle.fr/cv/icones/2895>>, [accessed 20 April 2022].

⁵⁸ Regarding the artistic trait, Jean-Luc Nancy, *Le regard du portrait* (Paris: Galilée, 2000 [1995]).

⁵⁹ Paul Frosh, 'The Gestural Image: The Selfie, photography theory, and kinesthetic sociability', *International Journal of Communication*, 9 (2015), 1607-1628 (1615).

⁶⁰ What was discussed lies within an aesthetic of the performative context that redefines the very concept of boundary, strongly emphasizing the experiential moment of trespassing and passage and configuring a threshold as a space in which anything can happen: see Erika Fischer-Lichte, *The Transformative Power of Performance: A New Aesthetics* (London, New York: Routledge, 2008).

⁶¹ *Memofilm. Creatività contro l'Alzheimer*, ed. by Luisa Grosso (Milan: Mimesis, 2013).

⁶² Memofilm does not propose a fictional, restorative version of the pathology, rather it attempts, through documentary language, to positively convert the events in order to intervene on patient's perception and dysfunctional behaviours.

⁶³ The Video-Pharmakon research-intervention project was born out of my doctoral research, and it has involved me as on field as lead researcher and filmmaker in therapeutic team. The therapeutic protocol was approved by the Institutional Review Board of the University of Cassino and Southern Lazio (Italy) and by the Ethics Committee of the University of Salerno (Italy). This is described with a higher level of detail in Valeria Saladino and others, 'Filmmaking and Video as Therapeutic Tools: Case Studies on Autism Spectrum Disorder', *The Arts in Psychotherapy*, 71 (2020), 101714.

⁶⁴ Cf., among others, Konstantin Yenkovyan et al., 'Advances in Understanding the Pathophysiology of Autism Spectrum Disorders', *Behavioural Brain Research* 331 (2017), 92-101.

⁶⁵ In this regard, cf. Pietro Montani, *L'immaginazione intermediale: perlustrare, rifigurare, testimoniare il mondo visibile* (Milan: Meltemi, 2022 [2010]).

⁶⁶ This is extensively explained and described in *Cinema terapeutico*.