

Narrative Bioethics and Film. Some Historical Remarks

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Abstract. The history of medicine, in synergy with other medical humanities, documents the relationships between technological progress, philosophy of care, and artistic vanguards. An important theoretical aspect is the contribution which narrative, in particular via the medium of film, provides not only to the clinical relationship (intended as a therapeutic alliance), but also to the ethical debate. An important instance of these relationships is seen in the evolution of the thinking of three important North American authors: Booth, Schrader, and Wiseman. Study of their works suggests, on the one hand, new lines of research in the fields of history, philosophy, and theology and, on the other hand, a consideration of new forms of clinical bioethics, drawn from aesthetic contributions. In fact, both clinical bioethics (which deals with actions) and film criticism (which deals with texts) seek to rationally justify an evaluation of either a moral or an artistic kind.

Key words: bioethics, film, history, medicine, narrative

How Stories Can Salvage Both Medicine and Ethics

Medicine saved the life of ethics (1). It forced ethics to deal with concrete problems, real dilemmas, personal conflicts, and value-related uncertainties within society. Analysis of the language used and of the construction of theoretical systems thus found fertile application and renewed energy in the domain of day-to-day life, where the beginning and end of existence, the allocation of resources, and the adequacy of clinical care are at stake. Bioethics cannot help but be “empirical” (one hears the term *empirical bioethics*), being forced to consider both the *context* in which certain rules must be applied, as well as the *subjects* for whom certain vetoes are binding (2).

Recently it seems that narrative must, in turn, save the life of medicine. In fact, *evidence-based-medicine* no longer seems to be enough (3,4). Clinical medicine is not a science, nor a sum of sciences, nor a technique that applies sciences, but rather a vital practice, a profession that transforms, in scientifically consistent and technically trained forms, the basic gesture of taking care of someone who is suffering, establishing a *cove-*

nant with him or her. The parties in this agreement are so closely involved, both cognitively and emotionally, that they must imagine the future together (in other words: they must “narrate” it together), before being able to make a *shared decision* (5).

The rehabilitation of the “story” in medicine coincided with a third rescue: narrative prompted the growth of ethics as a discipline! This time literature was assisted by the medical world and by critical, engaging, and highly emotional situations experienced in research and treatment facilities. As many *clinical cases* (described in the context of patients’ personal biographies) as *fictional stories* (novels about illness, theatrical pieces about imaginary doctors and patients, television series that take place in emergency rooms) have invited thinkers to recognize a truth that has been obvious since the beginnings of the very first western moral philosophy, in the words and gestures of Socrates.

Which truth? The truth that narrative, ethics, and medicine are fundamentally intertwined. To explain this simple answer, at least two levels of integration must be identified. The first level: if one does not reconstruct the *historical context* in which an action

took place (for example, the decision to not resuscitate a patient that is hospitalized in intensive care – the “*Do not resuscitate order*”), then he cannot understand the *meaning* of this action (the time in which it took place, the situation as a whole, the intentions of the individuals involved, the existential, familial, and social assumptions and consequences), nor can he subject the gesture to a moral evaluation.

Moreover the second level: ethical theories rely upon *stories-of-origin*, on foundational narratives, on images of the “good life”, from which the concepts, rules, and principles on which these theories are based acquire meaning and establish roots. Clinical cases are a test bench for the consistent, flexible, and universal nature of ethical theories precisely because the latter bear no resemblance to geometrical theorems (which are deducted *a priori* through abstract syllogism), but rather rely on underlying myths which precede intellectual construct and provide the moral perspective essential to interpreting basic human situations, like the therapeutic relationship (6,7).

To respect the complexity of these amalgams, we resisted the naive simplifications which are present in hastily compiled manuals (8). Creating a narrative is not easy. And it is not easy to read or listen to, understand or interpret stories. It is not true that the right words “spontaneously” come to our lips, or that it is enough to be a good listener with a good vocabulary in order to transmit a story effectively. *Training* is necessary. A woeful improvisation in *narratology* leads, for example, to overestimating the *conscious intention* of the narrative voice (whether doctor or patient). What are important are not the statements of the actual author (i.e. the author living in the real world), but those of the text we have at our disposal. In truth, the *text* precedes the division of tasks between the author (one should say author, narrative voices, characters) and the reader. The text forces the author to keep in mind a certain type of reader (one among many possible readers), and the same text forces the reader to seek out an author that is capable of narrating that for which he or she (reader, listener, *narratee*) feels the need (9). As an expert once said: “The problem of the actor is that of both being owned by a piece and of owning it, and his or her freedom hovers between these two contradicting realities (10).”

The historical-narrative dimension of the healing enterprise can be mistakenly examined according to other reductive approaches. We have limited ourselves to several examples. Certain kinds of narrative medicine recklessly adhere to the motto: “tell me everything and I will understand you and you will understand you”. In truth, *that which is omitted* or withheld (lapsus, slip of the tongue, compulsion to repeat), according to Freudian psychology is often more important than that which is “sincerely” shared, written, or narrated. The admonition to tell the truth, the whole truth, and nothing but the truth (a memorable phrase in many American legal dramas) is a false warning and a paradoxical command. We have only a finite amount of time and are therefore forced to omit things. Furthermore, there is no such thing as a “spontaneous” narrative glance: what we see is always what we want to see or what we can see, due to substantial moral preconceptions (and sometimes insidious biases).

We also nurture strong suspicions on the presumed “*therapeutic quality of the writing*” or of the narrative practice, whether heterobiographical or autobiographical, and on the corresponding assumptions of *biblio-therapy*, *music-therapy*, or *film-therapy* (11,12,13). To be clear: reading, listening to, or telling stories is pleasurable, comforting, soothing, and at times uplifting and healing, in a broad sense. But the word “therapy” is very exacting and must be defended against the trend of over-medicalization. In other words, no storytelling practice can be certain of alleviating, reducing, or removing mental discomfort and psychological stress. Narrative cannot serve as a “soma pill”, as described in Huxley’s new world: all of the advantages of Christianity and alcohol put together, none of the disadvantages (14). Storytelling and art in general spark a demanding *search for meaning*, but where this will take us, what decisions it will lead to, and whether it will provide comfort or create anxiety is unpredictable. The truth, according to Jaspers, is not something that we possess (so that we may distribute it in pill form), but is our way. As modern ethics have taught us, art, including literature, is “intractable” and seeks the truth for truth’s sake, and for no other reason, not even that of providing someone with greater comfort (15).

Clinical Ethics as Art Criticism

The mere inclusion of stories within our daily experience as professionals or as patients will reveal itself to be a simple exchange of new humanistic *evidence* (of a narrative kind) with another (of a scientific biomedical kind), if the decisive mediation of *ethics* does not intervene. Clinical ethics is the place in which what is explained intertwines with what can be understood; the place where our basic personal orientation, “who I want to be”, combines with “what I have to do” based on “how much it is technically possible to modify, treat, soothe, and rehabilitate.”

The trouble is that the *discipline of ethics is not always ready* to process narrative, symbolic, and emotional expressions due to ancient habits that are rationalistic (“affection clouds reason”), individualistic (for which human beings, isolated and foreign or perhaps even rivals with one another, are impersonal containers of pleasure/pain or satisfaction/preference), or dogmatic (for which the cases/stories are only raw material that serves as a field of application for general rules and precepts, established from the start in a no-man’s-land where an “angelic” disembodied intellect, lacking passions, would operate).

In other terms, what is required is a *narrative re-establishment* of ethics, which recognizes and enhances the aesthetic aspects of moral judgment. We must once again ask ourselves what “*to apply*” means in ethical terms (16). In our opinion “to apply” means to find, or to re-find, the narrative thanks to which we learned to think and in which we comprehend ourselves, others, and God. Once adequate attention has been paid to this narrative, it is necessary to implement a *criticism* similar to that used in the *artistic-literary* domain. Applied ethics, therefore, examines and verifies the compatibility between different kinds of narratives (stories about the “good life”, on the one hand, and smaller stories about our own biographical experiences on the other), and at the same time devises new and cohesive concepts to either justify that action which is capable of solving a moral dilemma or to display the meanings that make that action attractive, persuasive, believable, or even exemplary (17); concepts similar to those used by an art critic to document the quality of a painting, its historical originality, its pictorial success, and the

novelty and consistency of factors and elements that make a work of art beautiful.

For these reasons we availed ourselves of the lessons of Wayne Clayson Booth (1921-2005): literary critic, professor of “English Language and Literature” at the University of Chicago, an internationally recognized teacher of narrative criticism, and leader of the movement known as “Ethical Criticism” (18). “*Literary ethical criticism*” is a concept that converges with our vision of narrative medical ethics.

In the medical humanities it often happens that literature and clinical practice suggest original points of contact and *dialogue* between different sciences and cultural practices which appear heterogeneous among them. In fact, Booth acknowledges the need to investigate the moral dimensions of an artistic work (while avoiding any kind of ideological censorship), to recognize how ethical perceptions and aesthetic judgments are intertwined, to consider the value-based turmoil due to a reader’s entrance into the imaginary world created by the author, and lastly, to examine the consequences of this exploration or immersion with regard to the good of the reader/observer, or rather with respect to that which the reader/observer considers to be his or her own precious moral identity (19,20).

What are Booth’s useful intuitions? The first is that it is necessary to *believe in order to understand* the meaning of a narrative text. It is therefore necessary to have confidence in the hypothesis that those characters in print (or those painted on a canvas, or captured in moving images, to provide examples from other art forms) carry a humanly relatable and meaningful message for those who are nourished by them. The author offers us a pact and we accept it, agreeing or even surrendering to the allure (or to the disgust) which arises in the text. Our consent in this *alliance* obviously remains critical. We can think about it and challenge this narrative pact or even break it. But a preliminary act of trust is necessary. In fact, this is the only way that we can come to discover the individual qualities of a written work (or that of a painting or movie), the uniqueness of its internal rules, or the originality of its revelations. Something similar happens in ethics, as Paul Ricoeur taught us, *comparing the text to the action* (21). If we want to evaluate an action, we must give credit to the hypothesis that this is not a mechanical gesture or

a product of deterministic processes, but rather that it is fully intentional on the part of the person who performs it and that it has intrinsic meaning, a meaning that deserves to be placed within its unique context in order to be properly comprehended.

The narrator (Booth's second intuition) speaks of himself and of his world and invites the reader in. So, can we believe him? What will we gain from the decision to share his company? What *transformations* will this evoke in the spirit, thoughts, and emotions of the audience? No narrative and no interpretation of the story can exclude an *exchange of values*, a comparison and/or a conflict between the visions of the world according to the writer/director and according to the reader/spectator (in the case of film).

This is what happens in the *ethical pluralism* of our societies as well. Discussing a moral dilemma means entering an arena of dialogue in which our moral position always has something to teach and, reciprocally, to learn with regard to different or even opposing ethical traditions. Only a dogmatic or skeptic thinker (one that is entirely relativist) can turn their nose up at the importance of reciprocal listening.

This kind of comparison is not exclusively logical-intellectual, but also sentimental and imaginative, for *we are the stories in which we believe* and therefore the analysis of specific moral problems, for example regarding the concept of justice, is strictly tied to the vision of the good, just, and brotherly society in which we wish to live (22). The task of the ethicist is not that of balancing material data or events (pleasure, pain, joy, frustration), but rather of perceiving and discerning the values of a gesture or an omission, values that manifest themselves within a historical context, a biographical event, an ideal of health, or a vision of the good life; values that are interwoven with narrative components. In short, we could say that ethics (as a rational justification of moral evaluations) is a criticism of the *story which we are*. It will be the job of medical history to remind ethics that a moral judgment has inherent narrative nuances.

Film: Narrative Content and Style

As we were saying, the *truth* which a *text* explores is never simple. In the case of film (the narrative form

to which we dedicated most attention in our recent study as clinical ethicists and professors in a school of medicine), three kinds of allusions can be identified (23).

A film explores a *theme*, an argument, for example an illness, like cancer of the larynx which strikes a surgeon who is then unable to communicate in the movie *The Doctor*, starring William Hurt (USA, 1992) and directed by Randa Haines. Any plot can be legitimately read from a psychological, social, or political standpoint, but nevertheless each story focuses on specific events that are directly represented in the sequence of scenes and immediately perceived by the observer (24). A medical historian, as he watches a film about a specific clinical case, will certainly ask himself: According to the way in which this pathology is portrayed, to what historic-cultural period does the illness pertain? Is this event realistic with respect to that time period and to that era of medical progress?

The medium of film also explores the kind of *gaze* that conceived, filmed, and edited a particular movie. This is the second meaning of any visual text. We are referring to the gaze of the director, his mental attitude, exploratory style, and creative expression. He is the author, or more precisely, he is the author-implicit-in-the-text, he who frames the events and either shows them to us or conceals them from us, choosing the pace of the editing, a certain kind of music, the cinematography, the scenery. Before any of this, it was he who experienced the hopes and fears of the characters. In the example of the film *The Doctor*, the feelings of the sick surgeon have infected, through an empathetic imagination, the sentiments and thoughts of the director, who then conveyed her distress about the cancer diagnosis to us, the spectators (25).

Finally, film also explores the very experience of *making movies* and *going to the movies*, an experience that has "pathological" characteristics (to remain with the theme of "illness"), given that the cast creates a "parallel" and fictitious world and given that we, as spectators, stay quiet for two hours, motionless in our seats, in the dark, among strangers, giving value to made up stories in a *willing suspension of disbelief*, as Coleridge wrote. In other words, film is, in its own way, an illness. Therefore, we can interpret the surgeon-protagonist's muteness (having undergone an operation

on his larynx) as the silence (muteness or blindness) of the movie camera, like the darkness of the screen, like those communicative gaps, those unexplained mysteries which a film prepares, represents, and offers to its audience at the same time that it offers a fuller, more virtuous, and more eloquent revelation.

Film is an art, and as such it refers, even in its fragmented texts, to an *unconditional truth*, to visions that no one has ever seen before, to a “beauty” that seeks to impose itself upon anyone who contemplates it. This tension is what unites a quality film with an exemplary moral gesture, through which each of us attempts to express an unconditional value, committing ourselves without reserve to a good cause, for an absolute good. Ethical decisions are motivated by a person’s desire to lead a good, happy, worthy and respectable life. *Aesthetics and ethics* cross paths and exchange images. As the philosopher Gadamer wrote, citing Plato: the concept of good and the concept of beautiful are closely connected, so much so that, in an attempt to find good in and of itself, the good takes refuge within the beautiful, which is more likely to be grasped. In other words, in the search for good, beauty reveals itself (26).

From this perspective, we can now implement a historical analysis, studying the transformation of a book’s thesis (with 46 years between the first and second editions), starting with the main assertion of the author, Paul Schrader, which is that a privileged *cinematographic style* exists for *representing the absolute*. The author is referring to the religious absolute, the divine, the Wholly Other (27). But in this paper we ethically interpret his bold theory and also refer it to the notion of good. How is it possible to translate into images that *good* which imposes itself on our will like an unconditional obligation, rule, imperative, or value? As film critic André Bazin (1918-1958) said: like death, so too sanctity, sex, and, more generally, love and kindness, which are evident in a noble life, *are to be lived* and not visually flaunted (28). These topics seem to escape ostentation in images. Special effects are of no help either; on the contrary they reduce these “sacred” experiences to mundane content and transform exemplary human experiences (like those of doctors and researchers who risk their lives for the good of the sick, in many motion pictures) into superhero comics.

To learn about life from film, to acquire the ability to discern a right, just and noble gesture from movies, spectators need *new eyes*, something which film - like a miraculous organ transplant - can provide, showing them the most real aspects of day-to-day existence for the first time and in original ways, even if less-than-dramatic. Only in this way will narrative be able to salvage ethics. But to explain this trick, we must begin with some *historical remarks* on Schrader’s evolution of thought.

An Aesthetic Trend in the History of Cinema

Paul Schrader is an American screenwriter and director, whose writing credits include *Taxi Driver*, *Raging Bull*, *Bringing out the Dead*, and *The Last Temptation of Christ* (all movies directed by Martin Scorsese) and whose directing credits include (among others films) *American Gigolo*, *Mishima*, *Affliction*, and *First Reformed*. Schrader’s thesis was first formulated in his doctoral dissertation and published into a book in 1972. It was then re-explored and articulated in the new Introduction to the book *Transcendental Style in Film* (2018). Schrader thus had the opportunity to explore the fifty-year history of contemporary film and to draw a map of the poetical styles of the most important directors. In our opinion, this excursus does not relate simply to film criticism, but also - more in general - to the evolution of aesthetics and ethics, providing a significant historical contribution to the studies conducted in the field of *medical humanities*. Let’s begin, first of all, by summarizing the content of Schrader’s premise.

According to Schrader, transcendental style in film has always existed, basing itself on the hierarchic rigidity of Byzantine icons and the abstract lines of Zen gardens and rituals. This style was used particularly by Japanese director Ozu, French director Breton, and, partially, by Danish expressionist director Dreyer. Fragmented stylistic elements are also found in films by other directors: Antonioni, Rossellini, and Pasolini, to name a few Italian examples. *The absolute is not perceived directly, but through a three-stage process*: everyday life, division, stasis. Film does not reproduce reality, but manifests its hidden truth. Transcendental

film does *not*, therefore, have specific mystical *content* to offer spectators, but forces them to participate in an artistic-creative process and, in so doing, to approach a sacred epiphany. It is, therefore, the *form* (not the narrated events, nor the informational message) that reveals the absolute. What counts is the way in which the sequences are constructed, edited, and offered up for reinterpretation by the spectator (intended as co-director). How and in what moments is this stylistic tactic articulated?

First stage: *day-to-day images* are presented in the simplest, most repetitive, stylized, and inexpressive way possible, like a documentary with no embellishments. The cinematography focuses on humble details: a door that squeaks, empty gazes, delicate facial profiles photographed head on. The asceticism of flat, “two-dimensional” vision weakens the seductive strength of the artificial, spectacular, “three-dimensional” action. It is like returning to Byzantine painting. The mundane, ordinary, and tedious aspects of everyday life are revealed. The camera is slow or stationary. The plot is monotonous. The pure silence or ambient noise have no need for an artificially added audio track. The audience reaction is that of curiosity and uncertainty, of boredom and inquiry, as it is unable to feel invested in the event as it normally would be. The spectator asks himself: What am I supposed to watch? What can’t I see? Is everything equal? Why is what I’m seeing so different from the perceptions that I’m used to?

Second stage: all of a sudden the true motives of the characters are revealed, motives that day-to-day life was concealing in its detachment, but which the spectator perceived inwardly, as in the first anxious contractions of labor. In the reality of everyday, an extraordinary event takes shape, an event that casts suspicion on everything “normal” that was patiently described to us previously. In this way a *disparity*, a division, a disunity between human beings and their environment takes place. The schism culminates in a *decisive action* that fractures the story. For example, a protagonist suddenly expresses his anxiety, his social maladjustment, with a gesture that breaks out of the cliché of the surrounding cultural environment and that uproariously frees the emotions that were previously held back, because this gesture reveals the hidden desire which he had always felt. The spectator senses

intense emotional distress, as before a sudden acceleration; he or she feels both astonished and tormented, as when observing a scene that evokes fear and pity, like in an ancient Greek tragedy. The same spectator comes up against an explosive spiritual message that no longer allows for neutral observation. It must be either accepted or denied.

Third stage: *stasis*. A symbol, a scene, a frame are brought into our field of vision, which hold together the two broken aspects of reality (separated from one another in the second stage) and transcend them, without resolving their contradiction. The pacification does not offer naive comfort, but rather represents the crystallization of an eternal conflict, the appearance of the *intimate unity of all things*. A successful film gives an aesthetic shape to reality (the reality that was previously shattered) and inspires respect and an almost religious devotion on the part of the audience towards the art of film; an art that has given up on entertaining or amusing an audience, using the allure of a beautiful image as an end unto itself or employing the psychological tricks of suspense and surprise.

Schrader finds several examples of *stasis* in Bresson’s films. “In *Diary of a Country Priest* it is the shadow of the cross, in *A Man Escaped* it is the long shot of the darkened street with Fontaine and Jost receding in the distance, in *Pickpocket* it is Michel’s imprisoned face, and in *The Trial of Joan of Arc* it is the charred stump of the stake” (29).

Rewording the author’s conclusions, transcendental style is a way of understanding the truth about the world, the human soul, the ultimate destination of our lives, the principle of hope, which some call God. It is a path toward that symbolic, hybrid, syncretic image that coagulates and reveals values, in which the lines of *art, ethics, and religion* meet and interpenetrate one another.

Rethinking a Style, Fifty Years Later

The *history of medicine* has the important task of connecting technical-scientific and cultural transformations with medical philosophies and ethical theories (including those governing the kind of applied, clinical bioethics that examine the dilemmas of healthcare). In

our case, the evolution of a director-essayist's thinking, and the discussion around it, indicate and document important social changes that have taken place.

The edition of Paul Schrader's text, which appeared in 2018, deserves a brief summary. As he explains in the Introduction, the transcendental style has blossomed into what Schrader calls *slow cinema*, thanks to the contribution made by French philosopher, Gilles Deleuze (1925-1995), and Russian film director, Andrei Tarkovsky (1932-1986). The transcendental style preserves, in certain rare films, its unique characteristics (the phases of day-to-day life, disparity, decisive action, stasis), but in slow cinema this has evolved.

Deleuze made a distinction between (a) movement-image and (b) time-image (30,31). In (a) what counts is the action of a projected image, the movement of which, perceived on screen, continues in our minds. In (b) the creative desire associates images over time. But in this case, the *action is irrelevant*. Consciously telling stories is less important than communicating memories, fantasies, and dreams to the viewers' subconscious. If nothing happens, our minds are wired to complete an on-screen image. We, as spectators, create patterns from chaos. We complete the action (29). Therefore, (a) creates suspense; (b) nurtures introspection via duration.

Analogously, Tarkovsky valued style over content. The power of film is not to manipulate reality through the montage, but to *enable spectators* to choose what they want to see. The image of things is the image of their duration. Tarkovsky's films study time by means of long, meditative shots, which make the audience-mind work in order to assess, and even create the different meanings of a sequence. Dead time, long takes, still-life images, slow camera, and minimal narrative make *time become the story*. What counts is time, or rather the factor that ties events, people, and things together. Time is indeterminate, it is *das Um-greifende*, as philosopher Karl Jaspers (1883-1969) would have said. It is what envelops all real or fictional entities, embraces concrete events and manifests itself within them (32).

Generally speaking, the *techniques* of slow cinema include: static frames, languorous dolly movements, wide angles, minimal coverage, off-set edits (the film is cut either too early or too late, giving the sensation of

a post action lag), images are preferred over dialogue, visual flatness, repeated compositions, and unnecessary doubled or redundant information. These devices keep the viewer at a strange *distance*. We have the impression that something important cannot be seen directly and that it lies beyond the frame, in infinity. Moreover, the spectators are pushed away from easy empathy, participatory action, and emotional involvement. They have to contemplate or reject the visual text. Slow cinema assails you through *the strength of boredom*, sucking you in with idle time and cooled situations, in which you are expected to reflect on the meaning of a few, dissonant, and immobile details by yourself. In this way, you are democratically invited to construct your own film, with all the comfort of a prolonged, wandering visual exploration and a subsequent mental rearrangement. Meanwhile, the anxiety of waiting grows. Will there be a revelation? Will something essential happen (or is it perhaps already happening), despite the fact that the visual experience is empty, alienating, delayed, and irritating?

Historically, Schrader adds, film has moved *away from narrative* and has headed in one of three directions: (a) the *Surveillance Camera* (simply put, turn the camera on and let it record: no actors, no story, no set; reality made art by the all-seeing eye of the closed-circuit camera); (b) the *Art Gallery* (which uses pure, abstract photographic images, produced by light and color; in which time is manipulated to make a collage of impressions, to follow an obsessive stylistic path, or to interact with drawings based on computer algorithms); (c) the *Mandala* (this is a film of inaction which leads to quiet contemplation or a film of extended duration which makes one observe to the point of trance). "Warhol pioneered this sub-genre with academic exercises like the eight-hour observation of the Empire State Building, *Empire* (1964)" (29).

In tandem with Schrader's research, other recent film studies have paid fresh attention to the *flesh of film*, thus putting into focus not only the concepts which a film presents, but also the technical choices through which a vision of the world takes shape. Film techniques (sound, editing, lighting, close-ups, shot length) serve not only the form, but the content as well. This content deserves, in particular, a postmodern theoretical analysis (in terms of philosophy and, espe-

cially, theology) which would be able to demonstrate the director's message regarding anti-authoritarianism, anti-individualism, and anti-nihilism and would be, generally speaking, in favor of communitarian views. Cinematic institutions, art criticism, and cultural debate compel individuals (who are watching a movie) to find meaning through others. "Reading the flesh can reveal the word, but only through inter-subjective conversation with those who dwell among us" (33).

Ethics, Film and Historical Changes

Alongside film, many things have happened in the *field of ethics* over the past fifty years as well, which are the first five decades of the discipline known as "bioethics". We will now indicate some shifts in perspective, shifts which we obviously find important from our point of view as clinical bioethicists.

The outcry over special cases of border ethics aside, moral vigilance has also focused on *day-to-day ethics* (34). The critical gaze and social judgment do not focus only on the results of noteworthy interventions due to highly technological progress and extreme medical specializations, on spectacular news, or on the clamorous conflicts between opposing visions of the world, but are applied to the experience of illness and treatment and how these occur and are experienced in society's common spaces: the city, the home, the clinic, the nursing home, the therapeutic community. What come to light are, therefore: the communicative challenges among patients, family members, and doctors; the ways in which discomfort is commonly expressed and, unfortunately, often misunderstood; and the *medicalization of life* (which in turn causes specific damage known as "cultural iatrogenesis") (35). Medicine cannot humanize if it does not make a pact with a more just society. The same clinical ethics (and related ethical committees) risk becoming another specialization, a bureaucratic and conformist excuse that is used to preserve the previous communicative impasse and to confirm a misguided operative-institutional brutality.

A good example of the help which film, medical historiography, and ethics can provide one another is found in the *film-documentaries* of Frederick Wiseman, an American director born in Boston in 1930,

who chronicled day-to-day events without editorial comments. His stylistic characteristics (an observational film style that used slow or still shots with little outside interference other than editing and careful recording of the ambient noises) and his anthropological point of view have produced several interesting works. *Near Death* [USA, 1989; photography by John Davey; among the consultants who worked on the documentary there were several well-known ethicists] is a black and white full-length film (lasting approximately six hours) that was filmed in June 1989 at Beth Memorial Israel Hospital in Boston with a grant from the National Endowment for the Humanities and thanks to the willingness and cooperation of patients, family members, and hospital staff.

The day-to-day events of the intensive care unit were filmed, in which most of the patients recovered (as specified in the closing credits), but some patients in the terminal stages of their illnesses simply received palliative care. Everything is shown for what it is, without trying to provide audiences with a captivating plot, a dramatic script, an exciting adventure. There are doctor's visits, shots, patients undressing, nurses chatting in the hallways, and meetings among staff during breaks or in the reporting rooms. There are conversations between doctors and patients' family members. There are extremely long waits, silent moments, routine gestures, live conversations that seem like they were filmed in slow motion (*ralenti*). In a previous full-length film, *Hospital* [USA, 1970, duration: 84 minutes, filmed at the Metropolitan Hospital of New York], spaces and moments outside of the wards were filmed, like the long periods spent in waiting rooms.

The movie camera, both patient and curious, rests its *contemplative gaze* in silence; on the one hand it is impotent (life continues to swirl around it), and on the other hand it asks the spectator certain key ethical questions: What happens when death approaches or threatens to approach? What illnesses are worth treating? What communicative defects prevent a true therapeutic alliance? What does the patient truly need, for this is the primary thing (whether secular or religious) on which the entire routine should be focused? What has changed historically with regard to hospitals since the start of the 20th century? What has medicine become?

Wiseman gives the movie camera (which acts as an invisible angel) the fearless mandate of recording, documenting, and making people think. We as spectators can thus *imagine ourselves to be in those places of suffering*. We are like involved “voyeurs”, situated, however, a few steps back. Our eyes are given a close-up view of these “near to death” experiences, but from a safe distance, hidden behind a veil, located in another place. It is for this reason that those who watch a film see “themselves” in those on screen, like in a mirror. However they are free of material tasks, of reparative duties, and can allow their attention to wander and fluctuate freely, fully immersed in this lengthy contemplation. The audience can dedicate itself to the study of meaning outside of the strict clinical context, full of doctors, nurses, family members, rabbis, and other religious advisors, as well as consultants of every kind.

Wiseman’s message seems to be that, ultimately, we (director, cast, audience, real characters) are at a stalemate and that in *end-of-life visual bioethics* we are all working to prepare for a humane and compassionate separation (allowing one to die, turning off the life support machines, releasing a patient that has gotten better, advising family members). We are working to create an end that is consistent with our values and style and that of the patients being filmed. In the *standing meetings* or in the staff’s grand rounds, it is not only the experiences of the patients that emerge, but also the emotional resonance (sense of guilt, aggressiveness, sadness) of those providing care. The language of the clinical history is intertwined with the memories, fantasies, and biographical symbols of each subject and his or her most sacred values. There is, obviously, something artificial in all of this. The presence of a movie camera inevitably encourages certain false postures, histrionic behavior, melodramatic poses, and showy gestures, but it also contributes to raising the communicative standard of the staff. Then comes the end of the film, with the bodies being prepared for the funerals and short blurbs that tell us what happened to the patients, thanking all those who made the film possible.

Previously, Wiseman had already made the film *Titicut Follies* [USA, 1967, his first documentary, duration: 89 minutes] which chronicled day-to-day life in the Bridgewater State Hospital, a criminal asylum in

which the patients performed in little shows (*follies*), but suffered all of the contradictions of a *total institution*: they were interrogated, undressed, and monitored. “Total institution” is the term used by sociologist Erving Goffman (1922-1982) in his book *Asylums*, 1961 (36), to qualify the social conditions of mental patients and other inmates, the stigma that surrounds them, the ritual behavior of their social interactions, and the distorted methods of communication used (37). Conditions of imprisonment have improved since 1966, according to the Supreme Court of Massachusetts in reference to the documentary *Titicut Follies*, but what we see is not encouraging. The tics of the interrogators, their deviations from reality, the rhythm of their questioning, the cigarette smoke that they breathe are all unsettling. Everyone, both the patients and the operators, must survive this confinement and madness.

As we can see, the directorial quality of these documentaries elicits an empathetic *ethical evaluation* and cleanses the gaze of moralists from inopportune abstractions, bringing moral theories back to the *elementary experiences*, in which everyone perceives vulnerability, closeness, fear, aggressiveness, and a desire to be free from harm. We could say that, like through a *surveillance camera*, modern ethics feels a renewed need to “reset” the theories or, better yet, to rethink the critical language that we use to describe critical situations. Phenomenological philosophers would say that we need to, in the words of Edmund Husserl (1859-1938), “return to the things themselves” (“Wir wollen auf die «Sachen selbst» zurückgehen”), setting aside the prejudices that cloud our vision. We must move from the naive consideration of an object, to the essence of that object in the *experience of the person holding it* (38).

Moral reflection must therefore let go of presumed neutrality (neutrality of values, motions, sentiments) in the description of events, and instead recognize which are the implicit values that guide apparently natural *observation*, in order to initiate a comparison and a dialogue with other visions of good. In this transformational process, the constant allies of ethics are literature, clinical history, and film. In fact, what we referred to as “implicit values” often resemble *visions*, stories, and images of the world, epochal paradigms which, as we were saying, color our intellectual argu-

ments, sometimes without us even being aware that they are doing so. The lessons of Booth, Schrader, and Wiseman are useful because they force the gaze (of the clinical bioethicist who interprets the dilemma at the patient's bed-side as well) to acquire a new sobriety, to inform an ascetic outlook, and to eliminate grossly rhetorical evaluative components.

There is a page in Schrader's book which we could easily paraphrase into current ethical terms (29). He is talking about transcendental style when examined from the perspective of film criticism. We would like to apply his statements to the kind of "art criticism" that we believe is represented by ethical analysis of clinical cases. The moral agent who experiences, in the "everyday" (*le quotidien*), confused emotional discomfort and a strong *conflict in values* sprinkled throughout his or her personal history (especially in times of sickness and medical treatments), experiences emotional torment, which culminates in the so-called decisive event. This event (typical of the stage which Schrader calls "disparity") is not necessarily real. It can be the image of a gesture or the anticipation of something that has not yet happened. It can be a daydream or, as director Stanley Kubrick (1928-1999) would say, a dream with one's "eyes wide shut". *Eyes Wide Shut* is Kubrick's well-known 1999 film which talks about (while we are on the topic of stories about doctors) eyes that are both wide open and closed at the same time. The desire for stability (for "stasis", the third phase) fuels the search for a new balance that does not forget or lose track of the historical contrasts, but weaves them together and surpasses them in a new form or *Gestalt*. If the solution is found, then it works on both the objective plane (building a new structure of values in which to believe) and on the subjective plane (acquiring a new personal attitude towards moral principles).

The release of the dilemma is of *both ethical and aesthetic importance*. The moral agent can, in fact, confirm, correct, or even reject his or her previous moral vision (ethical aspect), and, at the same time, establish or dismantle and transform the previous perceptive style (aesthetic aspect), the manner of behavior, and the judgmental criteria of beautiful/ugly, worthy/unworthy, successful/mediocre: judgments that have been made before about concrete, specific situations. The emotional turbulence has not, therefore, been largely

removed, nor has it been pacified or received psychological reassurance, but rather has sparked an ethical and aesthetic investigation. The individual experiencing the crisis begins to sense the moral absolute (the supreme value, the categorical imperative, the latest principle of practical judgment) in a new light, represented by new symbols, inside new models of virtue and new paradigms of behavior.

In attempting to correlate the various forms of spirituality in art, Schrader (quoting French philosopher Jacques Maritain, 1882-1973) claims to prefer an entirely unartistic, yet *ethical*, metaphor; one which does not rely on aesthetic techniques, but instead refers to types of "good works" and considers two kinds of *means* (29). There are *abundant* temporal means, which demand a certain measure of tangible success and which are concerned with practicality, physical goods, and sensory feelings. And then there are *sparse* means, less visible yet more effective, which focus on the development of wisdom and on the elevation of the soul. The protagonist of a Bresson film, for example, is a person in realistic human form, whose physical needs are like our own (he or she benefits from abundant everyday means), but whose conduct is a model of sparseness.

We, as ethicists (adhering to a personalistic narrative definition of ethics), would rewrite this thesis by affirming that the moral evaluation of a deed takes into account primarily the *meaning* of the action and the *virtues* of the moral agents, rather than the visible effects, the mundane weight, and the measurable consequences of a decision. A fair gesture might be identified by the qualities of *claritas*, *integritas*, and *debita proportio* (in aesthetic words), qualities that Medieval scholastic philosophy ascribed to a beautiful object. In Schrader's case, "abundant means" are equivalent to *basic* or fundamental goods (in the Christian sense, to take an example from religious ethics). "Sparse means" meet *supreme* goods or values. As transcendental style in film sets the viewers in motion, pushing them from wealth to asceticism, so does ethical training urge a person to go deeper and deeper into his own quest for a moral truth, a truth that might entirely transform and shape his life. Slow cinema tries to provide (still in Schrader's words) a silent experience, to broaden the perspectives of the inner and outer world, to open a tranquil region untouched by the unreliable vagaries of individual

emotions. Emotions, sentiments, and feeling are still worthy, but they do not at first belong to the psychological domain. Rather, they take root in an ethical and aesthetic experience.

Bioethical Conclusions: How Philosophy and Theology Make Use of Stories and Images

Many scholars have recently dedicated an enormous amount of effort to understanding the *theoretical qualities of film*, demonstrating not only that philosophical assumptions exist and that gnoseological, ethical, and metaphysical concepts are applied, but also indicating the reasons why a speculative truth requires a story in order to be understood and justified (39,40,141,42,43). We have commented elsewhere on this substantial concentration of interests, which reevaluates the role of medical humanities (and, among these, the history of medicine) in the modern debate on the relationship between ethics and narrative (44) and which makes an assertion such as the following possible: "A modern Plato would compare his cave to an underground movie theater, where the audience watches the play of shadows cast by the shapes passing before a light at their backs" (45).

In other words, nowadays film is a relevant *source of myths* which establishes a world of values (offered to the new "believers" of this experimental religion), organizes secular rituals that include a participatory performance (46), touches the audience at the sentimental level (47), and stimulates a re-figuration and new self-awareness of one's physical and emotional identity (48). Therefore watching a motion picture may resemble an enlightening immersion into a sea of truths and a liberating upheaval of an entire personal vision, a sort of emergence from a dark cave. Film makes philosophers more fully contemplate their traditional and timeless issues (49).

In this brief essay of ours we have cited two important critics, Booth and Schrader, according to whom *ethics and aesthetics* pertain to one another. We would like to reiterate that which for us is the fundamental reason for this relationship. Thinking in *images* (images connected to one another within a story) and in *concepts* (concepts which every narrative is full

of, concepts which are connected to one another via a rational argument) are two aspects of the same search for philosophical meaning (50). Such has been the case since the dawn of Greek thought. Ethics can, or rather must, criticize the myth (without presuming to dismiss it once and for all as unphilosophical) and the myth, story, literary or cinematographic plot provides food for thought on the theoretical level (if one does not want a narrative symbol to degenerate into dogma).

What criticism of a text accomplishes is equal to what applied ethics produces: the *rational justification of an evaluation* (aesthetic or moral). In particular, what Schrader teaches us ethicists is that the absolute imperative, the idea of good in general, and the unconditional norm are not objects of abstract intuition a priori, nor are they the result of the balancing of isolated empirical facts. On the other hand, good, as such, appears *in the drama of life*, when the crisis of day-to-day activities is interrupted by an event that causes disunity and which urgently requires decisive action. This trauma allows a new symbol to emerge slowly (the stasis stage), which transcends previous contradictions and inspires renewed trust as it refers to a more convincing icon of justice, brotherhood, health, and care.

Even *contemporary theology* has recognized that the religious moral norm (as a rule of the second part of the Decalogue) is valid without exception if it is symbolically understood as the expression of an individual attitude of care for other people (following the example of Christ, the actual parable of divine love) (51). One religious commandment refers to the *history of liberation*, in which this injunction or veto was offered to the people of Israel as instructions for following a path to salvation; instructions that are nourished by the memory of gifts received and that are open to the promise of making all things new, branding the law into the heart of the believer.

In this regard, Schrader's considerations on *transcendental style* become relevant once again. It is about changing the shape of one's life, rather than externally repeating codified rituals. Behaving well implies obeying a figure of beauty and honoring a worthy lifestyle, without being able to retrospectively verify, at each step, the benefits earned, and without the guarantee of achieving that which one hoped for in front of everyone else.

Moral theology has not merely examined the relationship between ethics and film (52,53), nor has it been limited to the study of the relationship between film and religion (54,55,56), but rather has reclaimed the need for an overall narrative approach and for a *dramatic anthropology* in order to be able to talk religiously about freedom (57). In fact, freedom is not a natural state, present at birth before one creates their personal history. The more mature freedom “to want” is established and nurtured by the daily revelations of life, and it grows further in the making of a promise, in the importance given to a hope, in the wonder one feels before events of liberation, and in the grateful memory of care received without merit.

According to Schrader, slow cinema documents the ethical desire for absolute goodness, which passes through and transcends individual histories and that inoculates against the commonplace seduction of an exciting or thrilling story line (“away from narrative”, is the motto of the new currents in film) in order to foster more profound and mature contemplation; a contemplation of *time* itself, rather than surrendering to the hypnotic power of clamorous, stirring moving images. The perception of the lived-time (*temps vécu* in French phenomenology) (58) of our biographical plot requires that we become the mature movie-directors of our life, that we create patterns from dark disorder and build creative and persuasive courses of actions, following the image of a good, just, and happy human existence.

But that’s not all. *Imagination* itself acquires a crucial role in theology (59), not due to a postmodern trend or a didactic exemplification, but due to the central role that the experience of faith and theoretical thought assign to the concrete history of Jesus, the man, raised in Galilee and considered the perfect *icon of the invisible*. If we examine, above all, the Apocalypse and the parables as special paradigms of the biblical story, we discover that revelation touches and stimulates the imagination, nourishing its many functions (contemplation, representation, exploration, interpretation, discernment, teaching).

Faith is, in fact, a type of *believed narrative*. It is a global vision of the world that allows the believer to interpret existence, know things, and meet people (60). From this perspective, films have even been interpreted as forms of prayer (sometimes entirely unaware of

this fact), analogous to the biblical psalms, as expressions of lament, praise, joy, confession, anger, reconciliation, and obedience: “allowing us to enter the theater as we would a sanctuary in which a prayer is about to be offered” (61).

“The matrix of film is connected for the most part to two categories which are fundamental in theology as well: ‘the image’ and ‘the word’ (62)”. The old Jewish rule against fabricating *arbitrary representations* of “anything in the sky above or on the earth below or in the waters beneath the earth (*Exodus* 20.4)”, imposes a rational and ascetic faith, preventing idolatrous devotion (63). But theological discourse cannot exist without image and symbol, not only because “from the greatness and beauty of created things their original author, by analogy, is seen” (*Book of Wisdom* 13.5), but because in the face of Jesus of Nazareth one sees the “image of the invisible God, the firstborn of all creation; for by him all things were created, in heaven and on earth, visible and invisible” (*Colossians* 1.15–16) (64). The creativity of the narrative language (which explores the notions of icon, εἰκών, *eikón*) helps religion to contrast the triviality of the dominating media representations, or rather those that are tyrannical, consumerist, and opportunistic. This struggle forces us to “re-see” the world, as much on the cognitive plane as on the emotional one (65).

In conclusion, philosophy and theology explore stories and images, working with and for them. In this sense *stories can salvage both medicine and ethics* (secular and religious). The history of medicine informs us of how much the dialogue between biomedical practice, the narrative of clinical cases, ethics consultation, and philosophical counseling will be further elaborated in the coming years. In the *history of scientific progress*, the art of narrated images (film in particular) plays a role that is much greater than that to which it is commonly assigned. As the great painter and scholar Paul Klee (1879–1940) wrote, “Art does not reproduce the visible; rather, it makes visible.” “Art unknowingly toys with the *ultimate* things” (66) in the sense that art examines daily facts and events from the perspective of their final eschatological significance.

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