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Preface

In a famous letter addressed in March 1636 to his friend Marin Mersenne, René Descartes writes that the aim of his Discourse on the Method *is trying "to demonstrate the existence of God and of the soul separated from the body…". The progress of modernity has decreed that such an attempt must be regarded as entirely outdated — at least in terms of* apodeixis*, that is, of demonstrative proof — and that, although subsequent tradition has rightly placed its author and* la methode *he proposed among the great founding moments of modern subjectivity, Descartes's original intention must be relegated to the antiquated remnants of thought.*

It is certainly no longer the time to think in terms of a soul separated from the body, still less of apodictic proofs of the existence of God. Even if today, when the most markedly materialistic neurophysiological theories and practices are proving — in the eyes of the most discerning neuroscientists themselves[1] *— increasingly unconvincing in their ability to account in depth for how the human mind functions and how it can be cured, it seems that the discussion should not be considered closed once and for all. Nor does it appear groundless to challenge the opposite tendency as well: that of regarding the body*

[1] See, for example, the dialogue between Vittorio Gallese and Daniel Stern in Onnis (2016). In this respect, see also the recent work by Gallese and Morelli (2024).

and its practices of care as entirely devoid of any relation to a consciousness and an identity that does not appear reducible to physical processes and that, in deference to tradition, we may still call "soul".

Certainly, the problem lies entirely in the meaning to give to this term. In its designation one may well avoid introducing explicitly "metaphysical" traits; yet one cannot avoid incorporating qualities that psychology has described as Gestalt-*like and that philosophy has consistently associated with the power of imagination. These are qualities that human beings undoubtedly possess, and that cannot be reduced to mere biochemical processes.*

Further support for such considerations can be found in the theoretical reflections and practical experiments carried out in recent years within the European Project (PRIN PNRR) entitled Aesthetics and Therapeia*, which funded the conference "Memory, Identity, Narration", in which the contributors to this issue of* Critical Hermeneutics *took part. Although inspired by a clinical experiment — namely, the one conducted some years ago at the ASP Giovanni XXIII in Bologna, coordinated by the geriatrician Dr. Giancarlo Savorani together with his team on a selected group of Alzheimer's patients in the early stages of the disease, to whom so-called "memofilms"*[2] *were "administered"—the project raised a distinctly theoretical question. In light of clinical evidence showing improvements in many of the patients who underwent this treatment (Savorani, Pini 2013), the question arose as to why forms of representation—that is, practices belonging*

[2] That is, carefully edited films of approximately ten minutes in length — whose production, unfortunately later discontinued due to lack of funding, was carried out in collaboration with the Cineteca di Bologna under its then President, Giuseppe Bertolucci — focusing in various ways on the patients' biographical pasts: family life, work experiences, and leisure activities. These films were drawn largely from family footage recorded over the years and interspersed with newly produced sequences created specifically for the project, featuring places, objects, and people — most notably their closest caregivers — with whom the patients were particularly familiar. The data from this important experience are collected in Grosso (2013).

to the symbolic order—can have an effect on diseases such as neurodegenerative disorders, whose physiological component is well established.

From that conference, and a fortiori from this issue of Critical Hermeneutics*, a few answers to this question emerge. Indeed, if — as many of the following articles will argue — personal identity is constituted by the continuity of an individual's personal and collective memories, it follows that "administering" one's own story to someone who is losing it as a consequence of illness cannot but have a therapeutic effect. It constitutes, as Plato would have said, a* pharmakon*, or, as Aristotle would have said, a form of* katharsis*, that is, a compensatory process addressing something that has been lost at the level of perception and that prevents cognition from functioning at its best.*

In short, if we cannot do without somatic drugs that slow neurophysiological degeneration, neither can we do without symbolic drugs that slow the dispersal of a personal identity that is not merely biological. But what, then, is this identity?

In response to this question, the name most frequently invoked in the articles that follow is that of Paul Ricoeur. This is hardly surprising. Ricoeur is the philosopher who, perhaps more than any other in contemporary thought, has reflected on the nature and history of subjectivity, and who has most convincingly articulated the link between personal identity and narrative identity. Ultimately, this offers another way of expressing what has already been said about the influence of the symbolic order on the somatic one, while introducing a decisive dimension: temporality.

Ricoeur emphasized with particular force the temporal and progressive — indeed, finally fragile and transitory — character of identity and rendered almost paradigmatic its manifestation as ipseité *(selfhood) and* otherness *prior to what he calls* mêmeté *(sameness)*

(Ricoeur 1990: 13) and substantial groundedness, features, the latter, that are characteristic of the Cartesian ego that thinks and doubts. The narrating self, whether located within or outside the narrated text, is always a character constituted primarily by the experiences it recounts and inseparable from them.

In other words, drawing above all on Aristotle's analysis of Attic tragedy — where, as stated in the Poetics, mythos *takes precedence over* ethos*, plot over character — for Ricoeur it is narrative that constructs identity, rather than identity that precedes narrative.*

Now, Ricoeur never approached this issue, at least to my knowledge, from a therapeutic standpoint. Yet by drawing on the categories developed in his reflection on subjectivity — a reflection that leads him, well beyond the Cartesian foundation of the cogito, to speak of the self as a "disciple *du texte" rather than as* "maître *de lui-même" (Ricoeur 1986: 54); a reflection that leads him to locate the founding core of the subject more in* otherness*, in a manner reminiscent of Augustine of Hippo, than in a property of the ego; and that ultimately leads him to conceive identity as refracted through interpretation, in an activity in which the self places its own intentionality while being traversed by the tradition that interpretation bears — we can derive a number of answers to the questions raised above.*

Indeed, if we include in the word "text" also the patient's lived experience, we can identify a central mechanism of the symbolic care mentioned earlier. This concerns a form of narrative care *which, when combined with somatic treatment, enables the patient who is losing the world from which they come, who can no longer retain it, to reappropriate it, insofar as this remains possible, thereby preserving something of the memory of their life and past relationships: that is, of their very identity.*

In short, to paraphrase the titles of two of Ricoeur's major works, what is at stake here is a movement from text to action *and an understanding of* oneself as another*, even for therapeutic purposes.*

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