



Journal Homepage: - [www.journalijar.com](http://www.journalijar.com)  
**INTERNATIONAL JOURNAL OF  
 ADVANCED RESEARCH (IJAR)**

Article DOI: 10.21474/IJAR01/3055  
 DOI URL: <http://dx.doi.org/10.21474/IJAR01/3055>



## RESEARCH ARTICLE

### The MYSTERY OF LIFE

**Graziano Giorgio Maria Paolo<sup>1</sup>, Antonino Graziano<sup>2</sup>, Giovanni Castelli<sup>3</sup> and Antonio Di Cataldo<sup>4</sup>.**

1. MD University of Catania Italy Dpt Sciences Medical of surgery and technologies advanced.
2. Aggregate Professor, University of Catania, Medical School Italy Dpt Sciences Medical of surgery and technologies advanced via S Sofia 86 cap 95125 Catania
3. MD Policlinico University of Catania Italy
4. Full Professor University of Catania, Medical School Italy Dpt Sciences Medical of surgery and technologies advanced via S Sofia 86 cap 95125 Catania.

#### Manuscript Info

##### Manuscript History

Received: 01 December 2016  
 Final Accepted: 29 December 2016  
 Published: January 2017

#### Abstract

The treatment of disease, the relief of suffering and the extension of basic care, according to the principle of fairness and justice, are the basic medical art characters. From this perspective comes the need for humanization of medicine that animates and sustains the very idea of scientific progress and the status of medicine, whose purpose is the person. A disease, or another experience pain and sorrow, can play a sort of "task" or function in a life "significant. The anxiety of the post, the sense of boredom and frustration, existential emptiness, the feeling of inconsistency of all, fear, boredom, sadness. It 's all a path that leads to the annihilation of personality. Experience bears out that there are other dimensions no less real and decisive than empirical science can clarify: the poetic dimension and the aesthetic, the reality of which deals with a philosophical mind or the spiritual

*Copy Right, IJAR, 2016.. All rights reserved.*

#### The Concept Of Person:-

The treatment of disease, the relief of suffering and the extension of basic care, according to the principle of fairness and justice, are the basic medical art characters. From this perspective comes the need for humanization of medicine that animates and sustains the very idea of scientific progress and the status of medicine, whose purpose is the person. Many differences are born in the indication of the initial moment of its existence or even in the definition of death or when there is no longer the person failing in some capacity. Boethius said that the person is the individual substance of a rational nature, so an individual of a rational nature which is man. But the person is not a concept, its rationality is linked to human nature regardless of its operations, namely the ability or not to try to be rational. Unlike the concept of utilitarian Peter Singer where every person be rational and self-conscious and therefore the quality of the person is based on the ability to experience pleasure and pain. Undoubtedly self-awareness and rationality are the person indices, but these operations which indicate the person does not identify with it. You can not identify the acts with the subject that produces them. Is there a subject self-conscious, rational and free capable of implementing concepts that would otherwise remain only abstract concepts. Conceive of man as a person means to consider it in its entirety as spirit and body. The transition from power to act never changes the nature of a being, but simply encourages its full manifestation. A being can become what it is by its nature and so nothing can become a person without already being a person. The human individual is ontologically the same substance as a person he was. The substance is not subject to change, but changes its ability to possess certain skills. So all human beings are

persons. We could even say that the person is a unique and unrepeatable individuality of transcendent nature which carries an ontogenetic law of development. The transcendent and spiritual nature of man indicates the sublimity of his being that Christ has revealed himself as the image of God and the source of which is the act of God the Creator: The question of personal identity is reflected in the doctor-patient relationship, as symbolic expression of the human condition marked by the vulnerability. A key issue is the ability to grasp the unity prior to the relationship, namely the experience and living of the person, whose spiritual and psycho-physical integrity, always requires protection, proportionate care, political and social choices based on the principle of Justice. Our person is more of a non-continuous components together: something integrates all the information coming from inside of our bodies both from the outside world, as well as from our personal history, the illusion of being a unique identity. It understands that every human being is a person and that the orderly coexistence for the good implies respect for human rights are grounded in human nature. From the concrete phenomenological existence, you can recognize the dignity of each person, in a universal way. Hence the assumption of responsibility towards their own, but also towards the choices and consequences that decisions and medical actions are likely to cause. In reference to the new biomedical emergencies, together with the challenges of neuroscience, ethics is not enough to restricted regime. The enlargement of the view of the world can promote, through the technological age critical consciousness, a progressive globalization of rights such as the right to life, to subsistence, to the care and protection of persons whose preciousness and beauty transcends the cramped and austere space the individual profit. In the perspective of personalistic bioethics that seeks to reflect on the spiritual integrity, psycho-physical and relational, the ontological status of the person includes a reference to the starting point, that is the original synthetic unity of body and spirit of the human being unit .

The dignity of every person is therefore justified in the same dynamic order of his being. Human dignity resides in the act of the whole person; the presence of the human being stands as question of being and therefore being the person asks as an act of justice Recognition, warmth, hospitality and the defense of its integrity. The transcendent, spiritual dimension of the person has its ultimate roots in the truth of man's creation, intelligent finite being, who lives in a relationship with God in whose image and likeness. Sacred Scripture teaches that man was created "in the image of God" capable of knowing and loving his Creator, and which was formed by Him above all earthly creatures which of them ladies, to govern them and use them for glory of God. And 'within this communion of love that the mystery of all being finds its full meaning.

### **Health and Disease:-**

Reflect on the themes of health and disease, suffering and hope of the human person, it means researching the sense that these experiences have in the personal project of a person's life. I introduce reflection observing what the attitude of contemporary culture in the face of health and pain, in front of the living and dying, has changed in recent decades; a change of the rest are still in place, was so evolution. In a general way we can say that the man of our time has increased the sense of responsibility towards these life situations, from a behavior that accentuated the feeling of passivity and dependence, to a way of being and to manage these conditions in a much more active and responsible. Then the concept of health-illness is then considered in a wider and more articulated. One would say that today's man wants to not only live, but "live fully", attentive to the various dimensions of his being: organic, psychological and social. Against the suffering, it has become more aware of the plurality of causes that can provoke, as well as the variety of ways in which it can express itself. The experience of suffering also is experienced today more as a provocation and challenge not as a reality to accept and to bear patiently. It 'a trend that emphasizes the free and active aspect that arises before the reality with a positive attitude. The result is that every situation of pain, such as illness, failure, and other misfortunes, are seen primarily as a call of freedom and responsibility, as a denunciation of a need, a lack of which it requires the commitment of freedom. And 'then it grew the sense of human responsibility for both the causes that induce suffering and disasters, both man himself must do when a misfortune, suffering is taking place. There is to be borne in mind also the change of the cultural horizon of science and technology of our time, which refers to the evolutionary model of the cosmos and human existence, not without major repercussions on the meaning that illness and pain, health and they have hope for the contemporary man. In science and contemporary culture goes increasingly asserting the dynamic and evolutionary conception of the world and human existence. This conversation begins with a consideration on contemporary medicine. This opening is developing more and more to the totality of the human person. And 'now it entered the common language to talk about a psychosomatic or holistic medicine in order to understand the disease not only as a fact that affects the natural data of the patient, but that affects the existential given, the experience of the subject. No longer considered sufficient to cure the disease, you must get to take care of the sick person, seen in the plurality of its needs that maybe the disease blew chaotically. This is known, in the health sciences of the passage to be implemented by not

only cure, but also to take care of others. It is time to understand the reasons that are driving this transition. I will analyze this aspect taking the concept of health and to disease, trying to bring out the status of the human person when it enjoys the status of good-health and vice versa, when it is in ill-health. In a second step, I propose to raise the interest on the type of rationality suited to the world of health now seen in this broader perspective.

### **Concept of Health:-**

Recently it was Hans Georg Gadamer to draw attention to the difficulty encountered in wanting to define the health condition: We know roughly what they consist of diseases, as they are as it were characterized by the revolt of the fault. They manifest themselves as an object, as something that resists and then must be broken. It 'a phenomenon that one can observe carefully, judging the clinical value, and do it with all the methods provided by a knowledge objectively based on modern science. Health rather curiously exempt from everything, can not be examined, since its essence is precisely to hide. Unlike the disease, health is never a cause for concern, indeed, you are almost never aware of being healthy. It is not a condition that invites or cautions to take care of themselves: In fact implies the amazing ability to be forgetful of themselves. Some help to understand the sense of health as integrity, can be the use of linguistic root of the word "health." Be whole, be identical to themselves it means two things. First, be free from anything that impairs or prevents the integrity; secondly, be intact indicates the implementation of the entire 'potential' available, the achieve the goal using what is proper to man. It reports the conclusion arrived at Jaeger, a scholar of the problems of medicine: the doctor's task is to restore the hidden proportion, when it has been disturbed by the disease. In the state of good health is the very nature that restores or, if you will, is itself the right proportion. The concept so important to 'blend', actually means a kind of balance of body forces, closely connected with that of proportion and symmetry. The nature of work in the sense of a sensible norm. Comment on Real: These concepts of 'proportion', the 'symmetry', as well as those of 'more' and 'less', connecting closely with the concept of "measure", rather than "right size": this is the key concept of Platonic metaphysics, on which it depends to health. Health: "right fit", "harmony", "balance" The concept of health then, for Plato, it depends on the "right fit" or proportion of the parts of the whole organism of the human person, and this is the essential ontological character of reality same.

The conclusion is that you can not treat the human body without addressing the totality of the body. But even you can heal the body, or a part thereof, without even cure his soul, his psyche, ie the totality of man. This is confirmed by the latest medical research, where it is increasingly clear that the explosion of a disease, be it organic or psychological, is always the culmination of a story with complex ramifications and not always easy to decipher, however, where it is clear that the ultimate roots of evil invariably belong to two orders that constitute us, the body and the spirit. There is always a connection between the two dimensions, even if the specific origin is in either dimension. In connection with the plan of life, the person's health is therefore to be considered in a dynamic way, as tension to establish a balance between the different dimensions that make up the human person, and in the multidimensional sense that concerns man in his unit and in 'articulation of its size. Health can still be understood and studied at different levels, from the physical and psychological, to the level of interaction between the body and the psyche, or a good balance between individual and community. It should however be understood in its entirety then targeted on the basis of the "meaning of life" and located a spirit level: human well-being depends essentially on living a meaningful existence. And 'therefore a dynamic-evolutionary condition and not a "state" fixed and stable, but a point of arrival, a route to go, a vocation to answer in dialogue with other experiences of life: joy, suffering, disease, successes and failures, disappointments and achievements. It meets the human subject in the first person, because it is not a condition that just "happens" to the man, an event which should only take note, but it involves a definite stance on the part of man. Also in this case the man is a "you decide", that decides about himself, the manner in which it now intends to handle this situation. And 'note the definition of WHO's health since 1948 as a "state of complete physical, mental and social." Therefore understand properly the condition of man, means inscribe in their personal "biography", ie taking it in his conscience, make it the object of decisions integrated into a framework of values within which be implementing their own existence. Summarizing, I would say that the state of man's integral well-being can be understood in various ways, depending on the level of integration of man's essential dimensions:

- a. at a first level, which depends on the good functioning of the organism. We are in the order of the plant or animal life; this first conception of health is dependent on the condition of well-being of the human person, solely or mainly on the person's well-being. To which the man gets sick when there is a dysfunction in his psychophysical organism. In this case, health is the recovery of the lost wealth, and if it is obtained, it is considered life existentially over, meaningless.
- b. At the second level, health is seen in the order of interaction between body size and mental and moral dimension of man, as well as the good relationship between the individual and the community. The spa at this

level is primarily a condition of equilibrium: within the subject in the first case; Good personal relationships in the second. If that balance is missing, here is the "disease" and "ill-being"; the state of health is in restoring the right proportion.

- c. The third level of the concept of health, refers to the "meaning of life", and is located in the order of the spirit: human well-being now depends on living a meaningful existence. As there are many examples of men and women who have given meaning to their lives while living it in situations of poverty, or suffering, of illness or misfortune! Experience shows, then, that the same condition of illness or suffering of another, does not necessarily exclude the meaning that life continues to have. The subject experiences this inner balance, this paradoxical correspondence between the condition of poverty or pain, and their own life project. Sometimes it even get the impression that the same pain, misfortune, illness or other, play a positive role in conferring an important meaning to life. Not the evil in itself is capable of so much, but rather it is the attitude with which the person lives that experience to confer this sense. It seems therefore that even a disease, or another experience pain and sorrow, can play a sort of "task" or function in a life "significant." In a personalistic conception of health, it is clear that the three levels that I mentioned, are designed in mutual reciprocity: what happens at one level, is reflected in the other, as there is a deep connection between biopsychic size, socio-environmental and ethical -spiritual. The person "healthy", then, is first of all he / she who lives in a harmonious and balanced manner the relationship between these different dimensions of health, in an order that tends to the affirmation of a meaningful existence. And 'therefore also capable of integrating the inherently limited character of man, and does not allow you to isolate health since suffering ... A healthy man should also be able to face suffering, he is called to live it ... you can not detach the subjective experience of a person from the values with which that person faces life. there can be a positive experience if you can not make sense of suffering, to the limit and death.

### **Existential Analysis of the disease state:-**

To the extent that is emerging this conception of good or bad health condition, it understands the need for medicine, having to move from one approach to the person primarily of sick character "natural" and "objectivist", an attitude that embraces "subjectivity" of the patient, her past psychological, social and spiritual. At this stage of our reflection, it is essential that the health care professional is aware of what happens in the sick person. The human sciences and philosophy, especially that attentive to 'Humanum', applied to the world of health, they offer a very thoughtful and provocative description of the existential condition in which people suffering from a serious medical condition. E 'was above all the existential analysis of this situation to describe acutely real and what is happening in the inner space of the person seriously ill. I present concisely the results. In this case, the existential analysis is to describe "how the man in suffering." We must begin by recalling the human figure in his opening to life. Now the man emerges into existence, by asking questions; He is a seeker of meaning. Kant summed up that incessant ask three key questions: What can I know? What should I do? What can I hope? These questions arise on the spur of the desire for life, then he asks to be made true in a specific project. This is then implemented through a network of relationships that the subject establishes with others, with things and with the environment and with himself. Whether it is of a believer, it is also crucial the type of relationship that he lives with God. If we take into account cross this attitude with which the human person is placed in life, you realize what is happening in his inner space when surprise and overrun with a serious illness. That desire for life and the existence of the project are now being questioned, if not crushed. The new condition of life is first lived as a negation of the vital dynamism. Change the attitude towards existence under the pressure of a life form that is especially expressed as a breakdown in communication with the reality of existence. We can clarify this statement by resorting to studies on the disturbance produced by the "disease state". Reflexive analysis the disease is as "a concrete form of existence, not reducible to pure organic accidental." From the point of view of phenomenology, disease status is expressed as pain and weakness. For the sufferer becomes essential anxiety of what will come next. On a purely psychological level, there is a narrowing of his world, a self-centered attitude of tyranny and addiction at the same time. At a deeper level, in the interior and existential space, you can be glimpsed:

- a. the occurrence of a subjective unit break, a fracture between "body" and "cogito". The body degrades in "object representation", is unrelated to the subject of acquiring a condition of otherness and strangeness: psychosomatic states, such as fatigue, fever, pain, showed a rupture personnel unit, an inner disharmony;
- b. towards others and things, the sufferer experiences a crisis of communication and interpersonal relationships. The disease fact compels the sufferer to attention almost exclusively to itself, which in itself implies the darkening of the consciousness of others. The universe shrinks in your room. It has a strong awareness of the dependence on the 'other self, which is the loss of autonomy;

- c. the power of attorney disease a strong experience of limits: it is known that this experience arises fundamentally from the inadequacy of the ego with itself, there is therefore innate and always accompanies our consciousness. But there is a pathological condition in a specific manner, concrete and immediate experience of the radical fragility of one's being. And 'experience of limits of life, in its duration and in its quality. For this reason the idea of death is always present, albeit in different forms and at different levels of consciousness, in every type of disease;
- d. you can then derive a feeling of dereliction especially if the evil is getting worse and branching, or you see a way out. And 'the feel abandoned, "thrown away" from life, as a last and summary accordingly. Have various moods that lead: the anxiety of the post, the sense of boredom and frustration, existential emptiness, the feeling of inconsistency of all, fear, boredom, sadness. It 's all a path that leads to the annihilation of personality. It 'a state of anxiety that threatens to invade the entire inner space of the person. If there is a sense in this situation, it is easy to fall into obscurity, in rebellion or despair and see the disease in view of the totality of the person. Now more and more and the empirical sciences, and humanities and philosophy, they inform us that this patient's state of existence is not a "neutral" condition in respect of organic disease. If health and disease, as I quickly called, must be read and interpreted in the light of the complex and articulated unity of the human person, it is clear that both the diagnosis and treatment should take into account the totality of the subject, the diversity and complementarity of size compose it. You can not, in other words, treating the biological dimension, regardless of "taking care" of the entirety of the person, because "sick" is not so much a "part" of the person, but is the subject that is such. It must therefore implement a shift "from the illness the sick person". In medicine so-called "natural" there is a darkening of subjectivity, which is put in brackets. The new approach that is being born, or which in many ways is re-emerging, asks to introduce the subject in the same biology; short calls attention to what is specifically "human" in sickness and in care. Healing in fact, in this perspective, it is no longer seen as mere reintegration into previous state, but as an existence regain by the patient. By itself the cure always involves a novelty in the patient compared to the previous condition; It includes an increase in the consciousness, of a change in lifestyle, a different understanding of self and others. This type of healing, can not exist without the active participation of the patient: the subject - that is, the sick - is the fundamental unifying moment between the different dimensions: biological, psychological, relational, which then converge on the personal biography of the subject itself. But it is the subject itself which can hinder this dynamism, because they generally prefer to delegate to others "specialists" in the industry, responsible for managing the process of the disease and therapy. The greatest obstacle to the integration of the illness or healing process in the biography of the subject, to say the scholars of the phenomenon, is in not wanting to see the truth in other aspects of our spiritual life. And this concerns both the patient and the physician. Bioethics wants to help deal with this task, in the belief that you can not have a proper orientation toward life, understood in all its forms, even those tiring and painful, if not through the assumption of responsibility in the management of existence . In the case of disease-healing, liability case concerns both the health professional that the patient, to be exercised in a different way by each other, but always in mutual complementarity. Mostly we have the tendency to oppose the two attitudes that they face to the disease: understanding and delete. We just play the first function of the second. And if it happens, it remains in the disease with all the risks that I reported above. As should learn to integrate those two attitudes, identifying the position that healing is still in the very first attitude: in fact understand the meaning of the symptom, in itself it brings in a certain sense to integrate it, to add that in a broader context of meaning of life. And yet it is clear that the doctor is asked to deal with a specific dimension of the human subject, ie organic aspect. Yet, from the perspective of "cure and care" he will constantly present the entirety of the sick person, including attention to the proper subjective dimension of the patient.

#### **What is "rational" for the world of health?**

Compared to the promising development of neuroscience, and attention to the marvelous progress of modern medicine, however, it remains perplexed by the emergence in recent years, within the cultivators of the same medical sciences, of a strong trend that refers only the technical-scientific rationality for understanding the reality of life and of human life itself. Recent acquisitions extraordinary understanding of the human brain, are considered by many scholars to such a value to consider them the "turning point" more radical than any change that so far human history has known. And yet, from these acquisitions they originate questionable claims of some scholars of this trend. They believe that only this kind of rationality is capable of understanding the reality of human life, and therefore it can only tell us what human life in its origin, in its development and in its decline; also they claim that only this science can and must address the problems of bioethics and humanization, or there is more to expect reliable answers from philosophy, ethics, religion or human and theological sciences; and it is just this kind of science that can give sensible answers to the questions of "who" or "what" is the man, when and why it actually

becomes "human beings" and when and why you fell from this condition. The reason that justifies these statements are essentially the epistemological status of the techno-scientific rationality: this deals with the given immediate and immediately perceptible, empirically verifiable, while the other rationality remain ambitious and smoky in their results, always postponing to an indefinite "beyond" achieving the goal of happiness. For this, they conclude, the techno-scientific rationality is the only proper use of human reason. And this is where the error: reduce the way of seeing and understanding the human life to what happens in it only biologically, neglecting what is the *proprium humanum*, that man as such. The medicine in the time of modernity If we wanted to trace the origins of this thought, we should take care of two problems: one concerns the history of thought in the West, the other that of knowledge, scientific and philosophical. In fact, we should revisit the eighteenth-century Enlightenment, and some of his deviance in modern and contemporary. These seem to have originated the claims of some researchers, for which reason it is conceived only in the version empirical-positivistic. But we should also analyze the cognitive dynamics of the human person according to what they tell us the sciences, natural and human perception. We should understand what requirements or "prejudices" that allow people to know and to progress in his cognitive capacity. Would emerge as the "mental patterns of perception" that if on the one hand enable man to know and to evolve his mind, on the other hand can also block this dynamism, leaving him "fixed" to previous thought patterns or mental patterns reductive. I do not think that this is the moment to go into these issues. Here it presses rather occur in practice these claims of that kind of rationality applied to health care world. For if now all of Western medicine is committed to recovering his ability to understand the patient's person in the multiplicity of its dimensions for a proper diagnosis and appropriate therapy, doubts inevitably arise in relation to such claims and pretensions

### References:-

1. S. Boezio, *Contra Eutichen et Nestorium*, c. 4. Per Boezio sono persone tutti gli esseri umani , anche quelli che a causa di un grave handicap mentale non indicano operazioni della ragione.
2. Cfr. P. Singer, *Etica pratica*, Liguori, Napoli 1989. In questo caso nella vita vegetativa persistente cessa la vita personale e rimane la vita biologica, che da sola non può dare ad un essere il connotato di persona. Nel malato terminale o nello stato vegetativo c'è la vita biologica ma è cessata la vita biografica. Il corpo è vivo ma la persona non lo è più. Tali esseri vivi soltanto in senso fisico, senza nessuna prospettiva di riacquistare la coscienza, non hanno nessun connotato di persone. Seguendo i presupposti singeriani, il cerchio dell'etica non soltanto lascia fuori gli esseri umani incapaci di soffrire, ma anche tutti quelli che non sono solo in grado di soffrire. Ciò giustifica la soppressione di tutti quegli esseri umani la cui vita sarebbe così penosa da non essere degna di essere vissuta.
3. Cfr. G.Castelli, *Ritorno da Benj Suef*, Editrice Istina, Siracusa 2015.
4. *Gaudium et Spes*, 12.
5. D'Agostino, *Parole di Bioetica*, Giappichelli, Torino 2003.
6. H.G.Gadamer, *Dove si nasconde la salute*, tr. it., Raffaello Cortina Editore, Milano 1993,107.
7. Si osserva infatti che "sia nella sua forma romanica che in quelle germaniche e slave (rom.: *salus*, salute, salut; got.: *hails*, paleoslava: *celu*), il termine denota radici indogermaniche che stanno a significare 'essere-integro'.
8. Per la cultura occidentale ritengo di notevole interesse, per il tema che ci occupa, un recente saggio di Giovanni Reale: *Corpo, anima e salute. Il concetto di uomo da Omero a Platone*, Raffaello Cortina Editore, Milano 1999 . Vi viene recuperato il senso dell'integrità della persona umana. Propriamente, lo stato di salute è inteso come "giusta misura", equilibrio, armonia e integralità della persona. In un confronto serrato con i testi di Platone, l'Autore dimostra come il grande filosofo greco, partendo dal concetto di salute che gli forniva la medicina del tempo, l'ha poi ampliato e fondato sui principi della sua filosofia, pervenendo ai fondamenti metafisici dell'essere. Il fulcro attorno al quale ruota il concetto di salute, è visto nella "misura e proporzione conveniente"
9. W.Jaeger, *Paideia. La formazione dell'uomo greco*, tr. it., Bompiani, Milano 2003.
10. Cfr. G. Reale, *Corpo anima e salute*, cit.
11. Una buona interpretazione in tal senso è offerta da V. Frankl, *Logoterapia e analisi esistenziale*, Morcelliana, Brescia, 1974.
12. G.Cinà, E.Locci, C.Rocchetta, L.Sandrin, *Dizionario Teologico di Teologia Pastorale Sanitaria*, Ed.Camilliane, Torino 1997, 1081-1082; si veda anche: A.N.Terrin, *L'impotenza di fronte alla sofferenza e l'emergere del concetto salute-salvezza*, in: *Credere oggi* 1 (2005), 25-27. V.Frankl, *Alla ricerca di un significato della vita*, Mursia, Milano 1993; Id., *In principio era il senso. Dalla psicoanalisi alla logoterapia*, Queriniana, Brescia 1995
13. Vedi M.Merleau Ponty, *Il primato della percezione*, Medusa, Milano 2004.
14. Oggi, nello spostamento delle "cure a domicilio" del paziente dimesso dal centro sanitario, è più facile verificare l'inizio di questo "passaggio" si veda in S.Spinsanti, *Curare e prendersi cura*, Ed. CIDAS, Roma

1998, 113-124. Ovviamente, la “riduzione” della razionalità entro l’ambito tecno scienista, non riguarda solo le scienze mediche: oltre ai due discorsi di Benedetto XVI, si può vedere anche: I.Sanna, L’antropologia cristiana tra modernità e postmodernità, Queriniana, Brescia 2004; L.Casula e G.Ancona, L’identità e i suoi luoghi. L’esperienza cristiana nel farsi dell’umano, Edizioni Glossa, Milano 2008.

15. Ibidem

16. Vedi S.Rachamandran, Che cosa sappiamo della mente, Mondadori, Milano 2004; M.S.Gazzaniga, La mente etica, Codice edizioni., Torino 2006.

17. Allport G.W., Psicologia della personalità, PAS-Verlag, Zurigo 1973, pp.220-234; L.M.Rulla, Antropologia della vocazione cristiana, Piemme, Casale Monferrato 1985, pp.89-143. 165-199. La vita dalle fondamenta: “perché, e perché proprio ora, e perché a me? Ha ancora un senso la vita? Valeva la pena di nascere se poi bisognava arrivare a questo?...Alla fine, insomma, chi sono io?”