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SIPMU

*Italian Scientific Society of Clinical
Hypnosis in Psychotherapy and
Humanistic Medicine*

Newsletter

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SIPMU is a constituent
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Table of Contents

P. 3

To the memory of Angelico Brugnoli
by Maria Paola Brugnoli

P. 8

Letter from the President Alessandro Norsa
Thinking about the past while planning for the future

P. 11

History and Mission of SIPMU
by Maria Paola Brugnoli

P. 14 SIPMU Board of Directors

P. 15 The SIPMU Ethics Committee

P. 18 Mission SIPMU

P. 20 SIPMU Consensus

P. 24

Centrality of the person in Humanistic Medicine
by Giorgia Salatiello

P. 26

The conceptual legacy of Milton Hyland Erickson as a legacy for a Humanistic Psychotherapy
by Francesco Malvasi

P. 28

Short introduction to Consciousness between Neuroscience and Bioethics
by Maria Paola Brugnoli

P. 35

Latest published books SIPMU

P. 40

SIPMU Editorial Collaborations



SIPMU

To the memory of Angelico Brugnoli



The first SIPMU newsletter is dedicated to the memory of ANGELICO BRUGNOLI

(Verona, Italy, 1929-2015) Family Doctor, Psychotherapist and Hypnotherapist, Researcher of clinical hypnosis and modified states of consciousness.

I want to dedicate the first SIPMU newsletter to my father Angelico, a family doctor, psychotherapist and researcher since the 1960s of clinical hypnosis, meditative states and modified states of consciousness.

Angelico Brugnoli was born in Verona on 15 June 1929. He graduated in Medicine and Surgery in 1953 with Specializations in Hydrology and Medical Climatology, and Psychotherapy.

After graduating, he did a few years' internship at the Internal Medicine Department of the then Civil Hospital of Verona, and then worked as a family doctor in Verona until his retirement. We remember him not only for his great qualities as a doctor, husband and father of four children and as a man, but also as a scientist in various studies in which he was a pioneer.

Since he was a boy, a student at the Scipione Maffei classical high school in Verona, he has been fascinated by philosophical research on consciousness, through the studies of the ancient Greek and Latin philosophers, and by Hippocrates' study of the influence of meteorology on the human organism. While attending university, he supported his studies by working as a meteorologist at the Hail Centre in Verona. From then on, he began to analyse weather variations and climatic changes on the human organism, which would later lead, with his specialisation in Hydrology and Medical Climatology, to a more than thirty-year collaboration with the University of Milan. In fact, since 1981 he has been actively cooperating, as a specialist and lecturer in Medical Hydroclimatology, at the Chair of Medical Therapy and Thermal Medicine of the University of Milan, and the Research Centre in Medical Bioclimatology, Biotechnology and Natural Medicine of the University of Milan directed by Professor and friend Umberto Solimene, and with them, at the Biometeolab, Laboratory of Biometeorology, and as an expert of the IPCC, Intergovernmental Panel of Climate Change, the Italian sector of ENEA.

<https://www.femteconline.org/Bioclimatology/bioclimatology/meteolab.html>

These collaborations lasted until his 84th birthday in 2014, when he began the serious illness that would lead to his death in 2015.

During his years of scientific research in medical bioclimatology, he collected thousands of photographs of atmospheric phenomena, in order to better document his scientific work published with the University of Milan, and the numerous books he published. Angelico Brugnoli's bioclimatology books include:

1. Brugnoli A. et Al. Meteoropathies. The atmospheric conditions affecting health and mood. Red Editions, 2002. (Italian)

2. Brugnoli A., Solimene U. Meteorologia e Climatologia Medica. Mediamed Scientific Editions, Amazon, 2000. (Italian)
3. Brugnoli A. Tutta colpa della luna. Red Editions, 2003. (Italian)
4. Brugnoli A. Mare e Clima fonti di benessere. Published by the University of Milan, 2003. (Italian).

The following are excerpts from an interview with Angelico, published on the website of the Veronese Association of meteorology Meteo 4, which he founded with his friend, meteorologist Emilio Bellavite, in 1948, during their last years of high school and then their working opportunity, as university students, at the Anti-hail Centre in Verona:

"I am delighted to be part of the Meteo 4 Forum which I founded, together with Emilio (Bellavite), in 1948. We met when we were in the third Maffei grammar school. We realised we had the same passion for weather changes and, with the few means we had at our disposal - a thermometer, a hygrometer and a rain gauge - we tried to make our first observations. In those days we were looked upon more or less as rare animals and we were often asked if it was true that the weather was about to change, because grandma's corns hurt... The best days were when we were waiting for the snow, which even then, as now, gave us 90% disappointment, especially when we heard the news from other neighbouring provinces. In Vicenza and Brescia there was often a lot of snow, and here in Verona it was raining, even if it was only +1. However, we had learned that when the NE wind arrived, the omelette was complete and the snow in the city disappeared faster than "like snow in the sun". But we had not yet discovered the foehn lexicon, as we had no data for comparison. And so many years have passed. If you continue along this path, the young sapling Meteo4 will, in time, become a majestic tree, with rich and large foliage, under which it will rest as if in its mother's arms in moments of less activity, and then resume the path of research towards all the roads of knowledge, along all the paths of the planet. If you will be and we will all be united with great patience in listening to the ideas of others, with unwavering constancy in the assiduous and important research of the various regional

and provincial microclimates, with irreducible perseverance in pursuing proposals of ever greater commitment, with crystalline strength of will in never allowing ourselves to drift, even in difficult moments, we will be able to achieve goals that are still unthinkable today and be increasingly united in the name of science, but also and above all of true friendship, that which starts from the heart, that which never wanes. I will try to be present among you as much as possible. Climate change is still a cause for great discussion and interest nowadays by all the world's research centres, especially as regards certain types of phenomena that seem to be effectively different. But something has certainly changed, not only on a planetary scale, but also on smaller and smaller scales. Extreme events have gradually increased with the passage of time, rain, at least for us, is gradually decreasing, while the temperature is slowly but surely rising. There are undoubtedly many causes that are still being studied. It has just been reported that the temperature seems to be rising throughout the solar system. We have neglected our star and its influence on our planet too much. Passion, interest and enthusiasm are the driving forces behind every discovery in all fields of knowledge (Angelico Brugnoli). <https://www.meteo4.com/mt/index.php/42-climatologia/327-angelico-brugnoli-la-mia-presentazione-allassociazione>

This interview shows how important it was for Angelico to share his studies with young people and scholars who could develop them in the future. This is why I think it is important to remember him as a precursor of SIPMU. An important peculiarity of his was his generosity of teaching, as a person who does not centralise his knowledge on himself for personal benefit, but shares it for the well-being of many. This was the purpose of his studies throughout his life.

In the last decade of his life, in addition to his contribution to the University of Milan, he actively collaborated on meteorology and atmospheric studies with professor and friend Dino Zardi, a full professor at the Department of Civil, Environmental and Mechanical Engineering at the University of Trento, and now coordinator of the Master's Degree in Environmental Meteorology: International and Interdisciplinary at the University of Trento. <https://webapps.unitn.it/du/it/Persona/PER0004222/Didattica>

Parallel to his studies in hydroclimatology and medical meteorology, in 1965 Angelico founded with fellow physician and psychiatrist Gualtiero Guantieri from Verona, and other medical scholars from all over Italy, the "Bernheim Centre for Clinical Hypnosis" in Verona, which later became the Italian Institute of Clinical Hypnosis and Psychotherapy "H. Bernheim". Bernheim" of Verona, and four-year School of Specialisation in Psychosynthetic Psychotherapy and Ericksonian Hypnosis. He was also a lecturer in clinical hypnosis at the Four-Year School of Psychotherapy, recognised by the MIUR, where he received an honorary specialisation in Psychotherapy from the Board of Directors. From 1965 Angelico and other colleagues began to assiduously study international publications and books on hypnosis such as the psychiatrist Milton Erickson, who had just founded the ASCH American Society of Clinical Hypnosis in 1963 in the USA. Angelico was a polyglot: he spoke English, German, French, Spanish and a little Russian.

With great commitment, Angelico laid the important foundations for an international and interdisciplinary collaboration for the study of hypnosis in medicine and psychotherapy. We remember his presence as a speaker in 1973 in Uppsala, Sweden, where on the occasion of the World Congress of Clinical Hypnosis, Angelico Brugnoli is still remembered as one of the founding members of the ISH International Society of Hypnosis. He is mentioned on the web page of the history of the founding of the ISH in Uppsala as follows: "... present were Ernest Hilgard, Martin Orne, Ainsley Meares, Josephine Hilgard, Kay Thompson, Herbert Spiegel, John Hartland, Per-Olaf Wikstrom, A. Brugnoli and Erika Fromm, to name but a few of the world-renowned professionals". <https://www.ishhypnosis.org/about-ish/history-of-ish/>

In Uppsala, Angelico presented a paper entitled "Hypnosis and Meditative States", a research that would later fascinate him and deepen his studies and books throughout his life. We also find Angelico and the members of Bernheim at the first international congresses of the ESH, the European Society of Hypnosis: in 1978 at the first ESH congress in Malmö (Sweden), in 1981 at the second ESH congress in Dubrovnik (Yugoslavia).

I also remember the participation of Angelico

and the Bernehim doctors as speakers at the 9th International Congress of Hypnosis and Psychosomatic Medicine on 22-27 August 1982, organised by the ISH, International Society of Hypnosis and sponsored by the University of Glasgow, Scotland, and the Royal Society of Medicine, London. Angelico also participated as a speaker in 1984 at the third International ESH European Society of Hypnosis Congress, in Abano Terme, under the patronage of the: Italian Ministries of Health and Education, the Italian Army Health Service, and the University of Padua. In 1985 he was a speaker at the National Congress of Clinical Hypnosis at the University of Verona, where all the then existing societies of Clinical Hypnosis in Italy participated. He continued his career as a scholar of altered states of consciousness and clinical hypnosis, as a lecturer at Italian schools of psychotherapy and at numerous congresses.

Angelico, a man and doctor of broad views and great humanity, was therefore an important catalyst, not only in Italy, but also internationally, of modern clinical hypnotherapy and hypnological psychotherapy. In fact, as early as the 1960s, he had an active interdisciplinary collaboration with many Italian physicians specialising in different fields at Bernheim, in order to create in Bernheim and in Italy a multidisciplinary and innovative study group on hypnosis.

In the 1990s and early 2000s, he also participated as a speaker at numerous national and international congresses, both on the various aspects of clinical hypnosis, in particular pain therapy and different or modified states of consciousness, and as a speaker on climate and climate change, in particular with the Universities of Milan and Trento.

In 2005 he founded in Italy the AIST, the Italian Association for the Study of Pain Therapy and Clinical Hypnosis, and was its president until 2014, when AIST closed due to lack of funds. During the 10 years of his presidency, AIST organised numerous courses, lectures and congresses, both national and international, on clinical hypnosis, trying to integrate not only the study of hypnosis in the different fields of medicine and psychology, but also the studies of the different national and international hypnotic societies. He was therefore a great personality and a milestone in the field of clinical hypnosis in

medicine and modern psychotrapy, both in Italy and abroad.

He is the author of numerous scientific publications also in the field of Medical Hypnology and in the study of altered states of consciousness: his first scientific publications on clinical hypnosis in pain therapy, indexed on PubMed, date back to the 1970s. His PubMed-indexed publications in the field of hypnology are:

1. Vannoni S, Brugnoli A. [Hypnotherapy in orthopedics and traumatology]. *Minerva Ortop.* 1971 Mar;22(3):77-83.PMID: 5579742 Italian.

2. Brugnoli A. [Hypnotherapy of pain]. *Minerva Med.* 1974 Sep 12;65(63):3288-95. PMID: 4422563 Italian.

3. Brugnoli A. [Hypnotic therapeutic methods for pain]. *Minerva Med.* 1974 Jun 20;65(47):2637-41.PMID: 4422565 Italian.

4. Brugnoli A. [Hypnotic therapeutic methods for pain]. *Minerva Med.* 1974 Jun 20;65(47):2637-41.PMID: 4844365 Italian.

His daughter Maria Paola has the complete text in Italian of these publications.

He has published numerous books in the field of medical hypnology and the study of modified states of consciousness:

1. Brugnoli Angelico (2005) *Stati di Coscienza Modificati Neurofisiologici*. La Grafica editrice, Verona.

2. Brugnoli Angelico (2004) *Stato di Coscienza Totalizzante alla Ricerca del profondo Sé*. La Grafica editrice, Verona.

3. Brugnoli Angelico (2006) *Un Passo Oltre*. La Grafica editrice, Verona.

4. Brugnoli MP., Brugnoli A., Norsa A. (2006). *Nonpharmacological and noninvasive management in pain: physical and psychological modalities*. La Grafica Editrice, Verona, (English).

5. Angelico Brugnoli (2009) *Il risveglio del profondo sé*. Gabrielli Editori, Verona.

6. Brugnoli Angelico et Al. (2010). *Le tecniche*

della comunicazione nella relazione d'aiuto. Gabrielli Editori, Verona.

7. Brugnoli Angelico et Al. (2010) –capitolo in: “Cosa fare quando le emozioni bloccano la persona. Manuale pratico in comunicazione e capitoli monografici” SIMP Società Italiana di Medicina Psicosomatica. Editore Stimmgraf, Verona.

8. Angelico Brugnoli (2013) *Archetipo donna. Ponte tra terra e cielo*. Gabrielli Editori, Verona.

9. Brugnoli Angelico (2014) *Commedia Seconda per gli alieni Umani*. Edizioni Delmiglio Editore, collana Spiriti libri, Verona.

10. Brugnoli Angelico (2015) *La Nuova Commedia*. Edizioni Delmiglio Editore, collana Spiriti libri, Verona.

11. Brugnoli Angelico (2015) *Commedia Terza*. Edizioni Delmiglio Editore, collana Spiriti libri, Verona.

12. Brugnoli A. Brugnoli MP (2016) *I sentieri spirituali nelle Cure Palliative: manuale pratico di rilassamento, auto-ipnosi e meditazione*. (pubblicato dalla figlia Maria Paola postumo alla morte di Angelico) Gabrielli Editori, Verona.

13. Brugnoli Angelico, Brugnoli Maria Paola, Recchia Luca (2016) *A new Classification of the modified states of consciousness: a peer reviewed, referenced resource*. (pubblicato dalla figlia Maria Paola postumo alla morte di Angelico). Lambert Academic Publishing (English).

Most of the books published are in Italian, but it will be the task of his daughter Maria Paola to republish them also in English. I have made a list of all his main works, so that those who would like to delve into his writings will know what they are.

In this very brief summary of the scientific, philosophical and humanistic studies of my father Angelico, a doctor, father and man of high inner and spiritual calibre, I dedicate as a conclusion to this interview about him, a sentence of great love and serenity, which he left us on his computer, shortly before he died in August 2015, after a year of serious lung disease, which made him

disabled in a wheelchair, and forced him to live attached to oxygen 24 hours a day. During his illness, he never complained; on the contrary, at all times he had pity, love, comfort and gratitude for us family members who looked after him and who would have suffered from his separation; we were the ones assisted psychologically by his love, as he had done throughout his life with his patients:

"I hope that my writings will serve the peace of the soul of those who read them, perhaps even just a brief summary of each topic, so as to keep them fresher in the memory, especially of all those who have followed me from 1960 until today. Not that they are all as compact as they were then. Unfortunately, many have died, others have gone to distant countries, many no longer even wonder if they are still alive, and others still have not understood heart and soul as I intended to describe them.

But the hard core of friends has remained, and will last for several more decades, even in children, grandchildren and great-grandchildren.

Now for me it is late, very easily too late, but I think for many who have already read something, it is still not. But so be it.

Life goes on... its merry-go-round.

-Everything passes and is forgotten, everything must come to an end-, says an old song of my youth.

And indeed it all passed in a moment, in the blink of an eye, in a nanosecond!

Almost as long as a moment of spiritual enlightenment or a flash in the night!

And everything seems to return immediately to the deeper darkness of before. But there is always a small light at the end of the tunnel, however long it may be.

A small light to encourage, a small light to give strength, a small light to show the way, a small light to tell us that there is still hope, a small, small, but very important light: faith in God.

And so my sowing, which has just begun, will bear fruit over the decades. Sowing for friends,

grandchildren and great-grandchildren.

Happy to find in time a help for physical and psychic problems, a probable moral support, a support in the difficult moments of the dark night of the soul, an important aid in the unpredictable and inevitable falls along the way.

This is my heartfelt wish in this beautiful start to summer.

In the meantime, I am preparing to make the last, wonderful quantum leap.

(Angelico Brugnoli, June 2015).

Angelico left us 2 months later, in August 2015. He passed away peacefully at home after a serious illness that lasted a year, preserving until his last breath his love for life, for his studies and for all of us who continue his studies on consciousness.

I am truly proud and happy to have had a father like Angelico, and to be able to continue his studies with friends and colleagues of the SIPMU Italian Scientific Society for Clinical Hypnosis in Psychotherapy and Humanistic Medicine, some of whom were Angelico's students in clinical hypnosis. Some SIPMU Sections in Italy are dedicated to the memory of Angelico.

Dr. Maria Paola Brugnoli, Medical Doctor, Specialist in Anaesthesia and Intensive Care, Pain Therapy and Palliative Care, Neurobioethics, Hypnotherapist; PhD in Neuroscience, Psychology and Psychiatry; Past Research Fellow at the US Government Medical Research Center NIH National Institutes of Health, Clinical Center, Pain and Palliative Care, Bethesda, USA; Coordinator of the International, Interdisciplinary, Interreligious Group of Consciousness Studies, Neurobioethics Research Centre GdN, at the UNESCO Chair of Bioethics and Human Rights, Pontifical University Regina Apostolorum, Rome, Italy. Director of the Ethics Committee SIPMU Italian Scientific Society of Clinical Hypnosis in Psychotherapy and Humanistic Medicine. Member ASCH American Society of Clinical Hypnosis, ESH European Society of Hypnosis, ISH International Society of Hypnosis.

Letter from the President Alessandro Norsa

Thinking about the past while planning for the future

It is difficult to draw the line between the beneficial action of a chanted mantra, an evoked image or a prayer. The insertion of invented expressions, lowering the tone of voice and whispering are techniques used in the hypnosis practices employed by every hypnotherapist with the people he cares for in his daily work.

They are recent methods that have a very ancient history: in fact, they were already known by Greek priests, who in their "magic papyri" used formulas in Egyptian evoking powerful deities in order to ward off evil from people, while those later adopted by the Romans were characterised by words in Greek, and finally, from the Middle Ages the healers' evocations were in Latin. History teaches us that reciting formulas in another language, making them indistinguishable by lowering the tone of voice or whispering them has a twofold effect: the polarisation of the attention of the person assisted and, at the same time, his loss of control over what is said.

In ancient times, hypnosis consisted of prayers interspersed with signs of blessing. The personal feeling of those who underwent these practices was one of reliance on an intercessor who acted as an intermediary with a superior entity that cared for the suffering. Conditions could be felt amplified in other experiences when the voice was accompanied by the melody of a song or accompanied by musical instruments, and even more enhanced in environments charged with perfumes or vapours. All these methods facilitated in the patient a communication channel with an inner world made of symbols and deep images. In every culture there are local mythologies that can have an effect on the unconscious intrapsychic production and that can reveal themselves through a natural or evoked dream condition, or the inner images can be the effect of personal, family or social history.

The balance of people comes from a harmony of communicating systems. The psychic or psychosomatic problem therefore results from predispositions of personal fragilities, from present conflicts or from the repetition of old traumas that compromise stability and therefore serenity.

Psychosomatic medicine, as it is modernly defined, aims to identify those traumatic mental mechanisms and experiences that translate into physical symptoms. Psychic traumas are real, objectively stressful experiences, sensory registered by the person who suffers them; the event, being sudden, intense, terrifying, has a damaging action on the possibility of processing it at the level of the attribution of emotional and cognitive meaning. The body's way of reacting to traumas, for defensive purposes, is to enunciate suffering and, in the worst cases, to damage itself, even leading the person to death.

A fundamental concept introduced by psychosomatic medicine is that of the organ dimension, i.e. the symbolic condition through which the body expresses itself and the predisposition to manifest a symptom with one or more organs. As man is in fact a system of organs in relation to each other, when one of them becomes ill, the rhythm of its activity changes, radiating the message of the pathology to the others. This creates a general functional distortion in which the individual, as a whole, is reduced to the dimension of the diseased organ.

The therapeutic intervention consists in identifying the meaning that the pathologies may have for each specific patient, taking into account the essential principle that every disturbance is the reflection of a symbolic condition experienced intimately on the soma. The symbolic value of the organ in psychosomatic

theory is considered universal. By conducting this research I was able to refine the idea that specific cultural aspects can be inserted into different ethnic groups with reference to circumscribed mythologies or ways of understanding. This condition is also valuable from an anthropological point of view: anthropology from a modern perspective is increasingly differentiating itself from global interpretative models by devoting itself more and more to a local, detailed study in which the history of the place reveals a particular importance. With regard to the historical dimension, I also believe that there is a dialogue between macro-history and micro-history, between the universal and the particular.

In my personal conception, I believe that the individual is simultaneously susceptible to different balances. People, in fact, immersed in their daily lives, are at a crossroads between a global and a regional history, immersed in local culture that has been built up over time with the various changes in the past and in which different dynamics intervene that influence personal balances including: family relationships, social relationships and harmony in the work context.

The sum of these psychological factors influences bodily functions and neuro-endocrine-immunological balances. On the other hand, at the same time, there is a condition that comes from deep within the human soul and that interacts in a way that is not always completely conscious with the external and physiological body systems: in it are deposited the memories of the beginnings of childhood and of the environmental, cultural and family educational conditioning.

This intrapsychic structure, which is in itself very sensitive and which expresses itself through dreams and evoked images, has a biunivocal value, i.e. on the one hand it can be influenced by external behaviour, on the other hand it can condition it. Since this part is susceptible to tensive, stressful factors and low emotions, it resonates with harmonising elements. The body, in these cases, acts as a conduit. It resonates physically and always because sound productions generate waves that reverberate through the body. Depending on the timbre, the rhythm, the waves can be perceived as positive,

energising and harmonising, or the opposite. Since the body is a physical link between the outside and the inside, the waves produced by the interlocutor (through speech) or by an instrument (through music) not only have the capacity to consciously influence the interlocutor but also to awaken memories, images and emotions stored deep in the soul.

The symbolic aspects that the therapist can collect through the evoked images are a means to access the intrapsychic contents and to interpret them according to the cultural scheme of reference. For example, the interpretation of the dream of a snake involves differences for a pagé of Yawanawa ethnicity and a Freudian analyst: the former will refer to local mythologies, the latter, for reasons related to the history of Europe that has blocked for hundreds of years the normal flow of sexual impulses, will find symbolic addentellas that refer, precisely, to aspects related to a blocked sexuality.

The cultural points of reference that gave impetus to the scientific study of hypnosis starting from a positivist culture (such as Bleuler, Freud and Bernheim) and those that followed them by proposing new theories or revising their positions (such as Jung and Erickson) have left a deep mark on the collective of our profession. Personally, I believe that the field of investigation of the subject is broader than that proposed and ploughed for a long time, in fact research in every hypnological field produced in the last few decades has demonstrated a multiplicity of aspects that have contributed to extending knowledge. I associate with this idea the image of that statue known to Africans as the 'tree of life' in which previous generations support successive ones on their shoulders in rings that proceed unanimously upwards.

An image that is well suited to the world of research in which the founding fathers laid the foundations for the study and gave subsequent ones the opportunity to proceed. This image is even more significant if we think that the top of the sculpture is represented by a large basket containing grains of wheat, the fruit of the small or large contributions that each person has made.

Much remains to be explored in the direction of

the origins of hypnosis in history and in other cultures, of the scientific exploratory dimension (e.g. neuropsychoneuroendocrinological, neuropsychophysiological studies) of the fields of application of hypnosis (psychosomatic, pain therapy psychotherapy), hypnosis in psychology and Humanistic Medicine in particular in the relief of all kinds of psychological and moral suffering and, why not, also giving space to the possibility of the formulation of new theories more suited to our era, so different from that of the founding fathers.

In the research work SIPMU will enjoy the collaboration with the Pontifical University Regina Apostolorum in particular with the research group in Neurobioethics (bioethics explained in neuroscience that is part of the UNESCO Chair in Bioethics and Human Rights). I therefore extend my sincere wishes to all those who wish to contribute to the research of SIPMU, bringing with their scientific work a few more grains of knowledge.

History and Mission of SIPMU

by Maria Paola Brugnoli



The founding members of SIPMU 28 February 2020, the day of the notarial deed

In 2019 a group of physicians and psychologists from different regions of Italy, and trained in clinical hypnosis, began to meet in Verona in the office of Dr. Maria Paola Brugnoli, to study clinical and therapeutic issues on clinical hypnosis together.

The study appointment is once a month and, as the months go by, the group becomes more and more numerous. In autumn 2019, it is decided to found a new scientific society of clinical hypnosis, which can have sections and diffusion throughout Italy, to deepen in an official form multiple works and researches of clinical hypnosis.

The group of professionals and therapists

began to work on the statute, which would be brought to the notary, and on the code of ethics, so that a scientific society with a high professional profile could be founded, in order to bring clinical, educational and research experiences on hypnosis in psychotherapy and in the clinic, throughout Italy and abroad.

It was decided to establish study sections in various Italian cities and regions. It was decided to appoint a Scientific Committee and an Ethics Committee in addition to the Board of Directors.

In January 2020, on the WhatsApp group of future founding members, we search together for the most appropriate name to give to this scientific society: a name that expresses our



The founding members of SIPMU 28 February 2020, the day of the notarial deed

intentions to study and research not only hypnosis in medicine and psychotherapy, but also hypnosis in the field of psychology and humanistic medicine.

On the morning of 28 February 2020, SIPMU: Società Scientifica Italiana Ipnosi Clinica in Psicoterapia e Medicina Umanistica (Italian Scientific Society of Clinical Hypnosis in Psychotherapy and Humanistic Medicine) was officially founded by notarial deed in Verona.

The SIPMU logo and website were created by Alessandro Recchia, Graphic Designer from Vancouver, Canada.

Website: <http://progetto101.com/>

In alphabetical order:

Dr. Agrosi Chiara, Psychologist, Spec. in Psychotherapy and Hypnotherapy, author of numerous scientific articles, Venice, Italy.

Dr. Barone Giuseppe, Medical Doctor, Spec. in Nuclear Medicine, Acupuncture, Homeopathy, Holistic Medicine, Hypnotherapist, Technical Consultant of the Court of Bologna, Medical Captain of the Italian Red Cross, Bologna, Italy.

Dr. Brugnoli Maria Paola, Medical Doctor, Spec., Anaesthesia and Intensive care; Pain Therapy and Palliative Care, Psychogeriatrics and Psychogerontology, Paediatric Anaesthesia, Acupuncture, Neurobioethics; Second level Master in Integration between Western Medicine and Traditional Chinese

Medicine; Doctorate in Neuroscience, Psychology and Psychiatry; Hypnotherapist; Past Research fellow at NIH National Institutes of Health, Clinical Center, Pain and Palliative Care, Bethesda, USA; Coordinator International, Interdisciplinary, Interreligious research subgroup on Consciousness at GdN Research Centre in Neurobioethics, UNESCO Chair of Bioethics and Human Rights, Regina Apostolorum Pontifical University, Rome. Author of numerous scientific articles and books on consciousness, clinical hypnosis and humanistic medicine, Verona, Italy.

Dr. Carandina Francesca, Medical Doctor, Specialist in Anaesthesia, Intensive care and Pain Therapy, Master in Clinical Hypnosis, Hypnotherapist, Medical Doctor at Anaesthesia and Intensive care Department, Pieve di Coriano Hospital, Mantova, Italy; author of numerous scientific articles, lives in Ferrara, Italy.

Dr. Catalano Settimo, Psychologist, Specialist in Psychotherapy, Specialisation in Neo-Hericksonian Psychotherapy, Developmental Psychotherapy, Hypnotherapist, Psychosociology of Organisation; author of numerous scientific articles and books on psychotherapy, lives and works in Milan, Italy

Dr. Cichero Giorgia, Clinical Psychologist, Specialist in Psychotherapy, Hypnotherapist, author of numerous scientific articles, Genoa, Italy

Dr. Fiorentini Andrea, Clinical Psychologist, Specialist in Psychotherapy, Hypnotherapist, author of numerous scientific articles, Milan, Italy.

Dr. Laurini Stefano, Psychologist, Specialist in Psychotherapy, Hypnotherapist, Vice-President AMISI Italian Medical Association for the Study of Hypnosis, author of numerous scientific articles, Milan, Italy.

Dr. Marzolla Roberta, Medical Doctor, Specialist in General Medicine, Family Physician and Palliative Care Physician, Hypnotherapist, Master in Science and Faith at Pontifical Athenaeum Regina Apostolorum, Rome. Lives and works in Pisa, Italy.

Dr. Norsa Alessandro, Clinical Psychologist, Spec. Psychotherapy, Anthropologist, Hypnotherapist, Specialization in Neurobioethics, President SIPMU Italian Scientific Society of Clinical Hypnosis in Psychotherapy and Humanistic Medicine; Coordinator International Research Subgroup, Interdisciplinary, Interreligious in Neuroaesthetics at GdN Research Centre in

Neurobioethics, UNESCO Chair of Bioethics and Human Rights, Regina Apostolorum Pontifical Athenaeum, Rome. Author of numerous scientific articles and books on consciousness, clinical hypnosis and humanistic medicine. Lives and works in Verona, Italy.

Dr. Piccinin Paolo, Clinical Psychologist, Specialist in Psychotherapy, Jungian Psychotherapy, Clinical Hypnosis, Psychosynthesis and Humanistic Medicine, Ericksonian Psychotherapy, Master in Clinical Hypnosis, Hypnotherapist, lives and works in Pordenone, Italy

Dr. Pizzardo Giulia, Clinical Psychologist, Specialist in Psychotherapy, Hypnotherapist, Rovigo, Italy.

Dr. Zanette Giovanni, Medical Doctor, Specialist in Psychotherapy, Hypnotherapist, author of numerous scientific articles, Vice –President and president elect SIPMU, Verona, Italy.



The founding members of SIPMU 28 February 2020, the day of the notarial deed

SIPMU Board of Directors

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Dr. Alessandro Norsa, Psychologist, Spec. Psychotherapy, Anthropologist, Hypnotherapist

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VICE-PRESIDENT and PRESIDENT ELECT

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Dr. Fiorentini, Clinical Psychologist, Spec. Psychotherapy, Hypnotherapist

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ETHICS COMMITTEE DIRECTOR

Dr. Maria Paola Brugnoli, Medical Doctor, Spec. Anaesthesia and Intensive care, Pain Therapy and Palliative Care, Neurobioethics, Hypnotherapist; PhD Doctorate in Neuroscience, Psychology and Psychiatry.

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The SIPMU Ethics Committee

As SIPMU is a scientific society by statutory definition, study collaborations are envisaged with organisations, universities, hospitals and other scientific societies in the field of the study of clinical hypnosis and humanistic medicine. For this reason, in addition to the scientific committee, an ethics committee has also been established. The SIPMU Code of Ethics has been approved by the Board of Directors.

The ethics committee: role and function

The Ethics Committee is a body of consultation and reference for any problem of an ethical nature that may arise in a scientific society, both in relation to clinical practice and in relation to biomedical research. Its main objective is to protect the rights, safety and well-being of subjects taking part in research and/or clinical trials.

In 1998, three ministerial decrees and subsequent amendments redefined the composition, role and tasks of the Ethics Committees, assigning them new responsibilities (Ministerial Decree of 19 March 1998 on the criteria for recognising the suitability of centres for the clinical testing of medicines; Ministerial Decree of 18 March 1998 on the reference guidelines for the establishment and operation of Ethics Committees - published in the G. U. n. 122 of 28 May 1998). U. no. 122 of 28 May 1998-; Ministerial Decree of 18 March 1998, on the modalities for exemption from the investigations, referred to in Presidential Decree no. 754 of 21 September 1994, on medicines used in clinical trials -published in G.U. no. 122 of 28 May 1998-).

The presence of an ethics committee in scientific societies where research is carried out is synonymous with significant attention being paid to patients and their rights.

An Ethics Committee is an independent organism, made up of healthcare and non-healthcare personnel, which protects and publicly guarantees the rights, safety and well-being of subjects participating in clinical trials. The law stipulates that an Ethics Committee must be made up of experts in scientific,

clinical, medical, legislative and ethical-moral matters from different fields.

The current national structure is hierarchical: there is a National Bioethics Committee (recently appointed, <http://www.governo.it/bioetica/index.html>), which provides general guidelines and settles disputes, a number of regional ethics committees, which act as a single ethics committee or as a reference and supervisory committee, and many local ethics committees. The 1998 decrees make the local level responsible for approving most clinical trials and research. Research is now evaluated in the places where it is conducted and no longer by government committees and commissions at central level.

Ethics committees are also responsible for:

- monitor the progress of studies
- promote information and training for doctors and patients
- provide advice and guidance in the event of specific requests, both at an individual level (e.g. what should be done in particular cases where there is uncertainty about the best treatment to apply) and at the level of general policy and practice (e.g. when decisions have to be taken for groups of patients).
- In the new national decree, it is emphasized that the Ethics Committee must check that the costs of the trial are financially covered.
- and that the research protocol must provide for the right to publication by the investigators irrespective of the sponsor's opinion.

Before the patient is involved in scientific research, the Ethics Committee assesses:

- 1) the scientificity and clinical relevance of the protocol (i.e. the novelty brought by the study, its necessity and appropriateness in view of the evidence and uncertainties existing at the beginning of the study, the way in which it is conducted, the objectives, etc.);

2) the feasibility of the trial in the context in question;

3) the compliance with national and European laws and regulations

4) aspects of ethical protection for the patient, in particular those concerning the type and quality of the information provided to the patient (the so-called informed consent report) and the protection of the patient's privacy (confidentiality and privacy of data).

The role of the local ethics committees is crucial in assessing: the quality and appropriateness of the study, the independence of the study, the benefits to the population; the quality of the communication to the patient, the patient's understanding of the information, his freedom and capacity to make decisions.

During the trial phases, the local ethics committee is obliged to monitor the progress of the research, to monitor any adverse events that may occur (adverse events attributable to the trial procedures) and to maintain relations with all the organisations involved in the trial, which by law must be informed, by signing their consent, of the existence and progress of the studies.

At ethics committee meetings, the submitted studies are discussed and a final judgment is made.

The main reference for the decisions and general activity of an Ethics Committee is the Declaration of Helsinki (in its most up-to-date version) and the Oviedo Convention, as set out in the SIPMU Code of Ethics, approved by the founding members and the SIPMU Executive Board.

Members of the SIPMU Ethics Committee:

1) Ethics Committee Director: Dr. Maria Paola Brugnoli, Medical Doctor, Spec, Anaesthesia and Intensive Care; Specializations in: Pain Therapy and Palliative Care, Psychogeriatrics and Psychogerontology, Paediatric Anaesthesia, Acupuncture, Neurobioethics; Second level Master in Integration between Western Medicine and Traditional Chinese Medicine; Doctorate in Neuroscience,

Psychology and Psychiatry; Hypnotherapist; Past Research fellow at NIH National Institutes of Health, Clinical Center, Pain and Palliative Care, Bethesda, USA; Coordinator International, Interdisciplinary, Interreligious research subgroup on Consciousness at GdN Research Centre in Neurobioethics, UNESCO Chair of Bioethics and Human Rights, Regina Apostolorum Pontifical University, Rome. Author of numerous scientific articles and books on consciousness, clinical hypnosis and humanistic medicine. Lives and works in Verona, Italy.

2) Prof. Father Alberto Carrara, Member of the Pontifical Academy for Life (PAV) <http://www.academyforlife.va/content/pav/en.html>; currently Visiting Professor of Philosophical Anthropology and Neuroethics at the Faculty of Philosophy of the Pontifical University Regina Apostolorum in Rome and the European University of Rome (EUB); priest of the Congregation of Pontifical Right of the Legionaries of Christ; degree in Chemical-biological laboratory technician, Doctor of Medical Biotechnology, graduated in Philosophy and Theology; humanistic studies at the College of Humanities Studies in Cheshire, Connecticut (USA); Founder and Coordinator of the Research Group on Neurobioethics (GdN); Fellow of the UNESCO Chair in Bioethics and Human Rights; Member of the Neuroethics Society and SINE, Italian Society of Neuroethics. Author of numerous scientific and bioethical works and book chapters in Neurobioethics. Lives and works in Rome, Italy.

3) Dr. Alssandro Norsa, Clinical Psychologist, President SIPMU Italian Scientific Society of Clinical Hypnosis in Psychotherapy and Humanistic Medicine, Spec. Psychotherapy, Anthropologist, Hypnotherapist, Specialization in Neurobioethics, Coordinator International Research Subgroup, Interdisciplinary, Interreligious in Neuroaesthetics at GdN Research Centre in Neurobioethics, UNESCO Chair of Bioethics and Human Rights, Regina Apostolorum Pontifical University, Rome. Author of numerous scientific articles and books on consciousness, clinical hypnosis and humanistic medicine. Lives and works in Verona, Italy.

4) Dr. Roberta Marzolla, Medical Doctor, Specialist in General Medicine, Family Physician and Palliative Care, Hypnotherapist, Master in Science and Faith at the Pontifical

Athenaeum Regina Apostolorum, Rome. Lives and works in Pisa, Italy.

5) Dr. Settimo Catalano, Psychologist, Specialist in Psychotherapy, Specialisation in Neo-Heurichsonian Psychotherapy, Developmental Psychotherapy, Hypnotherapist, Psychosociology of Organisation; author of numerous scientific articles and books on psychotherapy, lives and works in Milan, Italy.

6) Dr. Paolo Piccinin, Psychologist, Specialist in Psychotherapy, Jungian Psychotherapy, Clinical Hypnosis, Psychosynthesis and Humanistic Medicine, Ericksonian Psychotherapy, Master in Clinical Hypnosis, Hypnotherapist, lives and works in Pordenone, Italy.

7) Dr. Francesca Carandina, Medical Doctor, Specialist in Anaesthesia, Intensive care and Pain Therapy, Master in Clinical Hypnosis, Hypnotherapist, Medical Assistant first level at the Department Anaesthesia and Intensive Care, Pieve di Coriano Hospital, Mantova, Italy. She lives in Ferrara, Italy.

8) Dr. Giuseppe Barone, Medical Doctor, Technical Consultant of the Court of Bologna, Medical Captain of the Italian Military Red Cross, Specialist in Nuclear Medicine, Master in Acupuncture and Homeopathy, Hypnotherapist, lives and works in Bologna, Italy.

9) Dr. Giorgia Salatiello, Degree in Philosophy, Professor Emeritus of the Faculty of Philosophy at the Pontifical Gregorian University and Invited Professor of the Institute for Advanced Studies on Women of the Pontifical University Regina Apostolorum and the Master in Philosophical Counseling and Existential Anthropology (APRA-UER-IFACE crf). Coordinates the subgroup of Neurobioethics and Sexual Difference of the Neurobioethics Research Group of the Pontifical Athenaeum Regina Apostolorum. Coordinates the interdisciplinary research group on The difference between man and woman of the Faculty of Philosophy at the Pontifical Gregorian University. Collaborates with L'Osservatore Romano. Author of numerous articles, book chapters and books on Philosophy. Lives and works in Rome.

10) Marianna Brugnoli, Civil Lawyer, Verona

Court, Italy. Lecturer in the postgraduate course 'Stato di Insolvenza e Gestione della Procedura di Liquidazione' (State of Insolvency and Management of Liquidation Proceedings), Department of Legal Sciences, University of Verona. Lives and works in Verona

11) Emanuela Cerasella, Lawyer at the Court of Rome, Italy.

12) Tania Cerasella, Lawyer at the Court of Rome, Italy.

Mission SIPMU

SIPMU is a non-profit scientific society, which has several main aims:

Scientific research activities in the field of clinical hypnosis both in psychotherapy and in all specialisations of medicine, for a humanistic psychology and medicine, which has human ethics and respect for the individual at its core.

Training activities for doctors and psychologists in hypnosis in psychotherapy and in medicine. In this regard, SIPMU was recognised in 2020, on the basis of its statute (memorandum of association), its code of ethics, written by the founding members, and the curricula of the founding members, as a constituent Society of the ESH European Society of Hypnosis and as an Accredited Training Society of the ESH, that is, an Italian scientific society authorised by ESH for the national and international training of physicians and psychologists in clinical hypnosis and hypnotic psychotherapy.

<https://esh-hypnosis.eu/about/constituent-societies/>

One of the most imminent aims of the SIPMU and of our ethics committee will be the publication of one or more volumes, with the collaboration of other SIPMU members, of the ESH ethics committee and of scholars of clinical hypnosis from all over the world, so that hypnosis may be recognised by the World Health Organisation as a genuine medical and psychological therapy, which may therefore only be practised by qualified persons at university level, with a degree recognised in their own countries. This step is now necessary because unqualified people often manipulate people's psyche with obvious possible damage.

One of the most important aims of SIPMU is also to be formally recognised by the Ministry as a scientific society, as soon as we meet the requirements of the law.



(From 29 July to 27 October, scientific societies and technical-scientific associations of the health professions that meet the requirements set out in the Ministerial Decree of 2 August 2017 and the clarification note of 23 October 2017 may submit an application to join the list.

For further information see the page:

Elenco delle società scientifiche e delle associazioni tecnico-scientifiche delle professioni sanitarie.) Italian Ministry of Health http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4988

Currently SIPMU, as can be seen on our website (April 2021), consists of 12 sections (with as many coordinators) in 7 different Italian regions.

Collaborations with Italian and foreign universities, hospitals and other scientific societies are planned for the study of hypnosis in psychotherapy and medicine, with particular regard to Humanistic Medicine.

The SIPMU MISSION is to promote Clinical Hypnosis and the study of States of Consciousness in Psychotherapy and in Humanistic Medicine. It means supporting a new scientific and ethical humanism that places man and his virtuous actions at the centre.

Promoting both scientific and practical-intellectual action, attentive to the relationship with nature and between people in nature, a mutual action, capable of sharing, collaborative, empathetic, emotional.

Promoting action that develops scientific research, knowledge and deeper thinking to enhance and alleviate the suffering of the soma and the psyche.

To promote action that stimulates a new ethical conscience, capable of producing a change that brings technology back to its original dimension and opens the way to a humanly social, respectful, compassionate world of communion, where man is not robotised and parcelled out.

To promote an action capable of generating a holistic medical and psychological science

no longer based only on a hyper-specialised, procedural approach, but a science that uses scientific and logical research, specialisation, reason and technology, but also intuition, emotion and the heart.

Promoting action that provides the mind with what it needs to imagine and thus create a better world.

To promote action that is open to national and international cooperation, between different schools of thought and points of view, that educates the innate potential of mankind, cooperation between cultures and religions, and that expands humanity to a universal consciousness, linking the interests of past and present generations to those of future generations.

SIPMU Consensus

1) CLINICAL HYPNOSIS: American Psychological Association Division 30 Scientific Definition

In 2014 (published in 2015), the Div. 30 Executive Committee of the APA American Psychological Association, introduced the following internationally recognised scientific definition of Clinical Hypnosis.

- "Clinical Hypnosis: is a state of consciousness that develops focused attention and reduced sensory awareness of peripheral stimuli, characterised by an increased ability to respond to hypnotic suggestions.
- Hypnotic induction: is a procedure designed to induce clinical hypnosis.
- Hypnotizability: is the individual's ability to experience physiological changes in sensations, emotions, thoughts and behavior, during hypnosis.
- Hypnotherapy: is the use of hypnosis in the context of Medical or Psychological Therapies". (Div. 30 Executive Committee: Elkins GR, Barabasz AF, Council JR, Spiegel D., 2015; Barabasz AF, Barabasz M., 2015)

The APA Division 30 (Psychological Hypnosis) thought of formulating this scientific definition, in order to better explain hypnotic phenomena and clinical hypnotic procedures, both in the fields of scientific research and bioethics, and in the medical and psychological therapeutic fields. In 2015 and 2016 other researchers have better specified the APA definition, as follows in the scientific literature. Hypnosis is therapy.

From the internationally scientifically accepted APA Division 30 definition of hypnosis and modern scientific and neuroscientific studies of hypnosis, it is described that hypnosis is a medical and psychological therapy. From a therapeutic and ethical point of view, this is an important starting point on which we will study future Italian guidelines.

SIPMU promotes the training of physicians, psychologists and dentists certified in clinical hypnosis, and in the scientific study of hypnosis, for new clinical and research protocols of hypnosis in medicine, psychotherapy and psychology.

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2) HUMANISTIC MEDICINE AND PSYCHOLOGY

Humanistic Psychology is a current of psychology that developed in the middle of the 20th century. It was born as an alternative to the two main forces: behaviourism and psychoanalysis. It tries to give a different answer to the problems of the human being, offering a different point of view, in terms of physical, psychological, social and spiritual health, rather than just illness.

The humanistic perspective exalts mental health and all the positive attributes of life. It considers the person as an individual to be looked at with a multidimensional, ethical and personalised perspective. The roots of Humanistic Psychology and Humanistic Medicine are to be found in the philosophical current of European existentialism.

"Man is self-fulfilling when he commits himself to the meaning of his life". (Viktor Frankl)

Characteristics of Humanistic Medicine and Psychology:

They contemplate a broad, interdisciplinary and holistic perspective. Consciousness, thoughts, body, emotions and the spiritual realm relate to and influence each other. They are the main way for the individual to find himself.

Human existence is embedded in an interpersonal context, so it is important and necessary to

establish a Humanistic Medicine and Psychology that respects the dignity of the individual.

Humanistic Medicine and Psychology studies the path of self-realisation of man in his entirety of body, mind and spirit.

Humanistic Medicine and Humanistic Psychology are ethically centred on the individual.

In accordance with the latest studies on ethics and philosophy of medicine and psychology, neuroscience and biomedicine should be placed side by side and complementary to a humanistic and ethical model of care and respect for the dignity of the person (Stern DT, Cohen JJ, Bruder A, Packer B, Sole A., 2008; Shapiro J, Coulehan J, Wear D, Montello M., 2009; Ferry-Danini J., 2018; Stergiopoulos E, Ellaway RH, Nahiddi N, Martimianakis MA., 2019; Canales C, Strom S, Anderson CT, Fortier MA, Cannesson M, Rinehart JB, Kain ZN, Perret D., 2019; Friedman HL, Brown NJL., 2018; Jakovljevic M., 2017).

Humanistic medicine and psychology should be an active part of the education of doctors, psychologists and health professionals.

SIPMU intends to promote scientific researches, guidelines and educational programs, not only of Clinical Hypnosis in Psychotherapy and Humanistic Medicine and Psychology, but also for the study of medicine, psychology, ethics, neurobioethics and philosophy of consciousness and human relationship, in the different medical and psychological realities, with training programs of humanistic sciences addressed to all health professionals.

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Centrality of the person in Humanistic Medicine

by Giorgia Salatiello

On the one hand, the ever-increasing specialisation of the various branches of medicine has undoubtedly and enormously positive repercussions in terms of therapeutic results.

On the other hand, however, it contributes to losing sight of what is at the heart of medical practice, namely the relationship between the doctor and the patient.

Even this relationship, however, if not correctly understood, does not constitute the deepest truth of medicine, because it can be conceived as an attribution of roles that, as such, disregard the existential concreteness of the subjects involved, who are not recognised in their uniqueness and unrepeatability.

Therefore, it is necessary to go deeper and affirm that the true heart of medicine is a relationship between persons, beyond roles and functions, and this requires that both the vision of medicine that is proposed here and the crucial concept of person are made explicit.

It is necessary to start from the concept of person because, once this is clarified and deepened, it will be easier to outline which should be the face of medicine appropriate to it.

The person is configured as a "unicum" that, as it has been said before, is absolutely unrepeatable in its irreducible singularity and, in this sense, it is radically different from the abstractness of the individual, since the latter is a concept that disregards the differences of the subjects to recognise the same status to all of them.

The concept of person, on the other hand, implies all diversities and, in this way, everyone is a person with the totality of his biography and his constituent dimensions, making it impossible to think that there can be two identical persons,

even though they all have the same human dignity.

The concept of the person is therefore a holistic one that implies an indissoluble unity of body, psyche and spirit, and none of these dimensions can be assumed in isolation from the others, if we do not want to fall into reductive and unilateral visions that fail to grasp the reality of the subject.

The person, moreover, is an intrinsically relational subject and cannot be understood without taking into account his interpersonal relationships that enter into the structuring of his identity.

Last but not least, it should be noted that the person is endowed with that capacity that is self-consciousness and which enables him to say 'I'.

To avoid serious misunderstandings, it is necessary to emphasise the distinction between the capacity for self-awareness, which is present in all members of the human species and which is constitutive of the concept of the person, and its exercise, which can be diminished, or even totally absent, without this implying a diminution of the person's dignity and absolute value.

Now it becomes easier to outline, in extreme synthesis, which is the face of the medicine that corresponds to the traits of the person, which have been highlighted and it can be defined as humanistic medicine, that is able to correspond to the totality of the human needs.

In the first place, it must be relational, that is to say, it must focus on the relationship established between two people, each with his or her own humanity, which gives it absolute value.

Secondly, it must be holistic, i.e. it cannot

consider the symptom or the disease without taking into account the totality of the subject to be treated, in the complexity of its dimensions and the web of interpersonal relationships in which it is embedded.

In other words, medicine is humanistic when, recognising the centrality of the person, it succeeds in combining all the resources of contemporary science with the ancient vision of medicine as an art, in which neither of the two subjects, the one who treats and the one who is treated, is replaceable by others and is involved in a relationship that cannot be delegated to instruments or equipment, however sophisticated they may be.

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The conceptual legacy of Milton Hyland Erickson as a legacy for a Humanistic Psychotherapy

by Francesco Malvasi

In 'A Farewell to Arms', Ernest Hemingway writes that "the world breaks us all, but only some become stronger where they have been broken".

Milton Erickson's approach to patients owes much to his personal life experience and the rehabilitation he had to undertake. He embodied the archetype of the sick doctor who learns to heal others by healing himself first.

His traits of humanity, integrity and lifelong values predisposed him to treat patients as he had treated himself, teaching his unconscious mind to recover lost resources and unexpressed potential by using every element necessary to achieve concrete goals even when the most adverse circumstances in one's life cycle result in the most varied psychopathological infirmities.

Many of Erickson's earliest memories are of how, due to various constitutional problems, his perceptions differed from those of others: he was colour-blind, suffered from tonal deafness and dyslexia, and twice was struck down by polio. The misunderstandings and confusion that resulted from these differences from the worldview that was common and 'normal' in others might have impaired another person's mental functioning, but in Milton they led to a series of unusual experiences that formed the basis of a lifelong investigation into the relativity of human perceptions and the problems that resulted.

He discovered hypnotic phenomena - ideodynamic - in complete autonomy from an early

age, although he did not leave us a defined and structured body of theories. His psychotherapy also derived from his profound knowledge of the psychology and psychiatry of his time but, unlike the establishment prevailing at the time, Erickson had a very respectful attitude towards his patients. He regarded them as active and competent subjects whose weakened strengths and temporarily dormant resources needed evocative language to be actualized in behaviour.

He had faith in the dignity of the suffering and warned his students not to try to imitate him but to discover the value of sincerity and authenticity towards future patients.

Erickson became interested in naturalistic methods, i.e. without formal induction of a trance and this led him to use clinical hypnosis creatively as a special multilevel communicative style: a special relational communicative situation. He was able to induce a trance from anecdotes, reminiscences about episodes in his life or other strange stories and unusual facts that were only apparently out of context with the patient's problem. The patient, sometimes enraptured, sometimes bored by these strange monologues, was dismissed without realising that he had spontaneously entered and left the trance several times. The unconscious described by Erickson is not Freud's, but a friendly and benevolent force that nevertheless works by metaphor and metonymy. If Freud can be considered the Einstein of theory, Erickson is the Einstein of Psychotherapy.

The RELATIONSHIP with the patient is the quid

that makes the difference in the Ericksonian approach and it is what cures and allows, today, to approach Ericksonian hypnotherapy to Humanistic Psychology which, in its most famous academic exponents - Abraham Maslow, Carl Rogers, Rollo May, etc. - underlines the need for a genuine, empathic and accurate understanding of what the patient brings to the psychotherapist's office. - It emphasises the need for a genuine, empathic and accurate understanding of what the patient brings to the psychotherapist's office, also by openly expressing their own experiences and avoiding the temptation to hide behind professional masks, moment after moment.

A relationship can be established when the therapist also manages to be what he really is, with his own imperfections.

The SIPMU offers a vision of the health professional-patient relationship in which these elements, in a synergistic way, allow patients to realise their own unique and unrepeatable nature. The use of metaphor, dissemination, open-ended suggestions, the use of confusion, play, humour, etc., are based on the implicit and the analogical and do not tend to bring about preordained changes; they have the aim of putting the recipient in a position to identify, by his own means, alternatives to his own habitual patterns of behaviour. In our way of understanding psychotherapy, resistances are not an enemy to be defeated, but an indirect communication modality to be respected and used, as they are part of the motivations for which patients ask for therapy. Our activity in the session is modulated in response to the patient's initiatives, in an ecological and useful way for him/her, in the awareness of the changing flow of his/her feelings and emotions.

In our practices, in fact, there are always at least three of us: us, our patient and the Unconscious. And our interest is aimed more at the growth and maturation of our patients than at their deficits, precisely because Erickson taught us that the boundary between limits and resources is more blurred than is commonly thought.

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Short introduction to Consciousness between Neuroscience and Bioethics

by Maria Paola Brugnoli

The American psychologist and philosopher of the mind Daniel C. Dennett poses a fundamental question in his book 'The Intentional Attitude': "How are we able to understand, describe and predict the attitudes and activities of human beings?". And again: 'We will not be able to give satisfactory answers to this question if we rely only on scientific methods and concepts. A different approach, familiar to us since childhood, seems capable of making sense of this complexity: it is called 'common sense psychology'. The concepts on which it is based are those of belief, desire, knowledge, fear, pain, expectation, intention, intellect, dream, imagination, self-consciousness. In this attitude, we implement an interpretative strategy in which the rationality of the people we want to understand or predict is assumed.

Intentionality is one of the key concepts of philosophy of mind and cognitive science. Intentionality indicates that complex of psychic events that intentionalize the mind in the act of thinking about a given object.

Already the title of Dennett's book is indicative of how the author sees intentionality: as a strategic attitude of humans in the face of the most diverse situations they encounter in everyday life. Dennett considers the concept of intentionality essential, that is, the strategy we adopt when we define an intentional system in terms of beliefs/desires; in fact, the intentional attitude accounts for our tactics in interpersonal relationships, and is very effective because it is the result of a sort of evolutionary cunning of the mind with respect to the external world, where we continuously assume an intentional strategy to explain the explicit behaviour of the phenomena of the reality that surrounds us, and

of the objects that we encounter in it. Dennett writes: "How are we able to understand, describe, predict the attitudes, the activities of our fellow human beings?" It is clear that to answer this question one must not only question the scientific point of view, which is useful and fruitful within certain limits, but also the psychology of common sense, rooted in concepts such as beliefs, desires, consciousness and self-consciousness.

For some decades now, the Philosophy of Mind and Consciousness has been fuelling a heated debate. Names such as Putnam, Davidson, Fodor, Searle, Nagel, Chalmers, Damasio, Dennett, Raz, describe multidisciplinary and often very differentiated scenarios, with proposals, working hypotheses and questions which start from the theme of consciousness.

The study of consciousness and of the different states of consciousness, testifies to a great interest capable of involving philosophy, neuroscience, cognitive science at different levels, dating back to the 1970s, when the linguistic perspective suddenly seemed insufficient to account for a series of rather complex aspects, such as: mind-body interaction; the neuroscientific structure of the mind and of cognitive dynamics; the exact way to study the processes related to consciousness in all its forms or to elaborate representative models.

We should take very seriously the gnoseological paradigm that comes to us from the perspective of the philosophers of mind John Searle, Jarry Fodor and Thomas Nagel, who, beyond the great differences in temperament and sensibility, represent a unitary current, because of the common, very important affirmation of the

value of the autonomy of the mind with respect to the external world.

Nagel's position contributed to the reevaluation of qualia, i.e. the qualitative aspects rooted in cognitive experience. Close to this line of thought, G. Strawson (*Mental Reality*, MIT Press, Cambridge 1995) maintains that the psychological dimension is an information process.

There is a difference, however, between those who accept the mind-computer analogy, like Fodor, and those who decisively reject it, like John Searle who, in his 1980 work *Mind, Brain, Intelligence*, criticises the hypothesis of Artificial Intelligence, for which the mind is a sort of biological computer. Searle affirms the irreducibility of mental facts to only neurobiological phenomena that can be interpreted through mathematical models (quantitative), and therefore the impossibility of thematizing a credible analogy between the human mind and the artificial brain.

Jerry Fodor, philosopher of the mind and psychologist influenced by Chomsky's ideas, in his work *Psychological Explanation* (Random House, New York 1968) is part of the psychological turn of the analytical perspective on consciousness.

The break with Putnam's functionalism, is in primis with behaviourism, accused by Putnam of considering causes "logical constructs from their effects", for example considering the mental state "pain" to be "the set of its behavioural manifestations", rather than their cause.

In the field of philosophy of mind, Fodor is the leading exponent of functionalism. His "Computational Theory and Representation of Mind", contained in "The Language of Thought" of 1975, is considered the quintessential formulation of functionalist theory after Hilary Putnam's early one.

Fodor's functionalism is at a deeper level of analysis than Putnam's: he considers it wrong to stop at considering the functional aspect of the mind in terms of macro-processing of inputs and outputs. According to Fodor it is the internal mental states that are functionally organised according to semantic properties and syntactic

relations between them, with the neuronal states implementing these mental states in different ways.

Like Putnam, Fodor also distances himself from behaviourism and the reductionism of identity theory, and affirms the possibility of rejecting dualism while accepting the existence of mental states that generate behaviour.

Compared to the theory of anomalous monism, formulated by Donald Davidson a few years earlier, Fodor considers the scientific study of the mind possible, even if not reducible to that carried out only by neuroscience.

Fodor's thought is also interesting with respect to bioethics. Fodor wonders about the origin and meaning of mental states, and finds this answer: mental states are 'relations between organisms and internal representations'. In *The Modular Mind* (1983) Fodor describes the structure of the mind as described in representational terms.

These theories were reiterated in his most important work, *Psychosemantics* (1987), which deals with meaning within the philosophy of mind, and draws from this theme a reflection on the need for a scientific theorisation of intentionality, the foundation of every mental act (beliefs, desires, introspective thoughts). Today and modern neuroscience teaches us that indeed our mind and consciousness are also based on bottom-up and top-down mechanisms, but there is much more to it than that.

The brain employs a bioelectrical signal to flow a continuous stream of information between neurons, while it uses the discontinuous stream of neurotransmission to synapses to create sensations and mental images. Consequently, the conversion capacity, through processes of encoding and decoding of neuronal signals, allows the brain to translate the complexity of the physical stimulus into the simplest sensory and emotional response of our consciousness.

Simplifying, we can in fact attribute to the two cerebral hemispheres the differentiations of functional reciprocity of thought, a) the Deductive one) and b) the Intuitive-analogical one, which from their comparison determine the creation of conceptual maps through which

consciousness is created. This concept is also at the basis of modern research on the brain connectome.

A connectome is a comprehensive map of neural connections in the brain.

The concept of the connectome was introduced by a scientific article by Sporns in 2005. The production and study of connectomes has moved from a small-scale description of a detailed map of the set of neurons and synapses in a part or all of an organism's nervous system, to a large-scale description of the structural and functional connectivity between all cortical areas and subcortical structures. The term connectome is first used to represent the neuroscientific effort to map and understand the organisation of neural interactions within a brain and the development of human consciousness. One such effort is the Human Connectome Project, sponsored by the NIH National Institutes of Health, Bethesda, USA, whose goal is to build a map of the network of the healthy human brain. Overall, the Human Connectome Project will lead to major advances in our understanding of what makes us uniquely human (including in relation to artificial brains) and lay the groundwork for future studies of abnormal brain circuits in many neurological and psychiatric disorders.

Depending on the scientist, the term connectome may or may not also include the learning-relevant molecular states in each synaptic connection (the 'synaptome') and any learning-relevant changes in the nucleus of each neuron (the 'epigenome'). At the level of whole brains, there may be fly connectomes, mouse connectomes, human connectomes, whale connectomes, and so on. We can also speak of connectomes of specific brain subsystems, such as hippocampal connectomes, thalamic connectomes and cortical connectomes.

Scientists have long suspected that characteristics of human mental behaviour - from general abilities such as intelligence to afflictions such as depression and diseases such as schizophrenia - are related to specific features of the brain. However, until now they have not had the precision tools needed to fully investigate these hypotheses. Once equipped with the ability to

build human connectomes, scientists will be able to effectively address fundamental questions about how the physiology of the human brain correlates with abilities and behaviour. Comparing the wiring patterns of different human brains will reveal much about the mechanisms underlying both mental exceptionalism and pathology. This could in turn lead to the development of advanced, targeted psychological therapies, or the personalised use of drugs, specific surgeries and personalised neural prostheses in neurological disease or rehabilitation.

There is an even more important reason for reconstructing human connectomes. Many neuroscientists now believe that memories are stored primarily in the synapses between neurons, and to a more limited extent in nuclear changes in the cell bodies of each neuron. They hypothesise that new memories are formed as these synapses strengthen and weaken, and as new synapses form between neurons. Until now this theory has been difficult to test, but with the progression of study in the field of connectomics, scientists will finally be able to investigate the neural underpinnings of memory storage and retrieval, which forms so much of our knowledge and consciousness.

Talking about our mind and thought in a broader way, we can consider two ways to understand how consciousness develops by means of a double modality of "problem setting" and that is either as a systematic logical thinking of cause and effect, or intuitive-inductive (from particular cases to the general idea), or through an analogical process of "similitude" or "substitution-translation" of images and sensations, in which it is more possible to accept ambiguities and interpretative flexibility.

Analogical thinking by relating different events, looking for similarities or differences between them, is "lateral", because it moves away from the hierarchisation of linear logic and, with the game of metaphors, visualisations, similarities, it becomes useful to open new capacities of relating to share knowledge.

Even the computer related to an artificial intelligence, behaves basically like an analogical-digital converter with high performances in terms of sampling frequency and resolution, with very low power consumption per bit, and

this similarity of behaviour would seem to partly explain some aspects of our consciousness. However, human consciousness is much more than that. And here a universe of fascinating studies opens up in all fields of human knowledge. In medicine and humanistic psychology, we want to consider studies that focus on the centrality and dignity of the human being.

Consciousness, dignity and philosophy of mind

When we talk about consciousness, there are neuroscientific, psychological and philosophical concepts about which we know or think we know a lot, until the moment someone asks us to define them! Among these is undoubtedly dignity, which is often mentioned without even indicating it as a subject of discourse.

Philosophy of mind is the philosophical study of the mind, acts, consciousness and mental functions and their relationship to the brain, the body and the external world. Philosophy of mind delves into the underlying questions and methodological problems behind scientific and neuroscientific research on the mind, taking into account the results obtained in empirical and instrumental research, which today can make use of PET, positron emission tomography, and fMRI, functional magnetic resonance imaging.

In the history of philosophical thought, fire is the element on which all natural transformation depends. Empedocles, in fact, lists it among the four constituent elements of the Universe: earth, water, air and fire. The first three are the states of aggregation of matter, which are transformed into each other by means of the fourth element. With fire we introduce into philosophy the concept of becoming, a concept later elaborated by Heraclitus. Whatever the condition that gives man a certain "dignity", it cannot be immutable. We can, therefore, identify in the becoming the procedural element of consciousness, which produces effects through its biological, neuroscientific, cultural, social and spiritual components. By entrusting man to his own responsibility, God points to knowledge as the only means of integrating the biological and spiritual order: "You will know the truth, and the truth will make you free" (Jn 8:32).

Antonio Damasio is one of the first neuroscientists to study the relationship between brain,

consciousness and awareness. Damasio's hypothesis to account for the role played by consciousness is that "at the mental level, the complexity of sensory phenomena facilitates the integration of different modalities, for example visual and auditory, or tactile, etc.". Moreover, the existence of the mental level could also allow the integration of real images that can be traced to any type of sensory modality with other relevant images recalled by memory. The answer, then, could be this: mental images would allow an ease of manipulation of information that the level of neural maps would not. In this view, the contribution of the conscious self to the adaptation process, for Damasio, can only be a kind of monitoring, performed at a very special level: "The sense of self introduces, at the level of mental processing, the following idea, namely that all current activities represented in the brain and mind are relevant to a single organism whose needs for self-preservation are the fundamental cause of most events being represented. Consciousness, in Damasio's perspective, acts as a mediator between the needs felt in a given moment by the organism (corresponding to the current state of the body) and the information coming from the environment (indicating the possibilities of satisfaction offered by the environment itself), acting as a complex monitor which receives a large number and variety of signals, and from which it is possible to send commands to intervene effectively in the world. This is a suggestive and quite plausible image, especially in view of the fact that consciousness only presents us with the final results of the processing carried out at the nervous level, and presents them to us in the form most directly usable for the purposes of action.

In the case of man and his consciousness, the physical processes that occur in the nervous structures and the representations at the mental level should be seen as closely related, to the point that in many respects they can be considered by the latest theories of the brain connectome, as different manifestations of a single phenomenon.

Giulio Tononi, a neuroscientist already well known in Italy for having published "Un universo di coscienza" (2000), written together with Gerald Edelman, has subsequently undertaken

several works on consciousness. He begins by observing that, despite the fact that neurosciences have had an amazing development in the last 40 years, with in-depth studies on the mechanisms of memory and attention, on motivation in its relations with behaviour, on language and thought, consciousness in its complexity, which goes beyond neurosciences, seems to have remained a sort of Cinderella. According to Tononi, the reticence of scientists in dealing with a topic like consciousness is due to the widespread conviction that it is not suitable for scientific investigation. According to Tononi, consciousness stems from the complexity of a large number of different sub-systems, which are closely interconnected at various levels, forming a single, highly integrated system. "What matters for consciousness is the number of states that can be differentiated by an integrated system. So the substrate of consciousness must be an integrated entity capable of differentiating between an extraordinarily large number of different states."

Consciousness, at least in its active expression, which is commonly called will, presupposes a relative autonomy with respect to ordinary physical phenomena, which are governed by laws of a universal nature. On the other hand, from a rigorously scientific point of view, any manifestation of the mind (hence also the will and free will) can only be the product of brain activity, which, however complex and organised, must be made to fall within the aforementioned laws, and is therefore inevitably deterministic. The attempt to reconcile the human will, at least in the sense in which it is traditionally understood, with the scientific method, is therefore a very intricate path.

Many authors, including Marvin Minsky and Paul Churchland, albeit with the differences that mark their respective perspectives, have come to the conclusion that the will does not exist and that it constitutes only an illusion on the part of men to give meaning to their existence. On the other side are the so-called 'compatibilists', for whom the existence of an autonomous will is in no way in conflict with the scientific worldview. What does all this mean? It means that, for some authors, the problem of reconciling will and scientific method can only be overcome at

the price of profoundly changing the terms of the problem, so as to transform it into something else.

Among the writings on the subject of free will recently published in Italy, special mention should be made of philosopher John Searle's essay, 'Free Will and Neurobiology'. According to Searle the traditional mind-body problem can be easily overcome if one assumes that "all our conscious states are higher or systemic features of the brain, being caused, at the same time, by lower micro-processes which are produced in the brain. At the systemic level we have consciousness, intentionality, decisions and intentions. At the micro-level we have neurons, synapses and neurotransmitters. The behaviour of the microelements, which make up the system, determines the characteristics of the system'.

Thus, for Searle, in line with his declared naturalistic position, consciousness would be a mere expression of brain activity. However, for a free will to be possible, it is necessary to presuppose a capacity of intervention in the choices and in the activities carried out by the individual: it is necessary to recognise to consciousness a causal power over the objects of the physical world. On the other hand, Searle himself denies that consciousness is "something which is added, something which intervenes "above and beyond" neuronal behaviour". Therefore, it would not remain for Searle to consider it as an intrinsic characteristic of the brain.

If, however, we base ourselves on our ordinary experience, the idea that genuine freedom cannot be separated from the existence of a self seems quite plausible. Only if we postulate a relatively autonomous self (with respect to ordinary neurological, deterministic phenomena) can we speak of a free will and thus of a faculty of choice and decision. Searle shows that he is in line with the need for such a recognition when he writes: "To explain our apparently free behaviour we must postulate a non-reducible notion of the self".

It is worth pointing out that these apparent contradictions are inevitable outcomes for any scholar who is motivated by the need to safeguard the deeper concept of consciousness and free will, but at the same time is not willing to

give up a neuroscientific concept of mind.

And here is the question we have to answer: is the presence of a brain enough to possess a consciousness? Our body loves, hates, feels, expresses feelings, gives orders to other bodies, continuously accompanies language with its continuous gesticulation, in short, it becomes an active part of our mental life. Husserl is absolutely right when he states that: "among the bodies of this nature reduced to what belongs to me I find my own body, which is distinguished from all the others by a unique particularity: it is the only body within the abstract layer, cut out by me in the world to which, in accordance with experience, I coordinate, in different ways, fields of sensation; it is the only body of which I dispose in an immediate way as I dispose of its organs".

Reality, too, is bound up with the human. On the one hand, in fact, our being subjects endowed with vivid consciousness and the ability to refer to something (Intentionality) is the result of an evolutionary offshoot of natural processes and therefore in this sense Searle is right when he states that "consciousness....is a biological property of the brain of human beings and of some other animals determined by neurobiological processes: like photosynthesis, digestion or mitosis, it is an integral part of the biological order".

On the other hand, it is our biological incompleteness that allows us to be open more than any other animal to hetero-referentiality with the conscious social world of relations that surrounds us. In virtue of this openness to reality, in this potential and enormous capacity to acquire - moreover inscribed in our species (hence phylogenetically) and in our personal biological bond (i.e. our body, hence ontogenetically)- any state of reality and the world, man can develop mental and cognitive capacities, hence consciousness, intentionality and all the characteristics connected to them, and consequently acquire culture and produce culture, in a process that, if we were not temporally determined, would be temporally indeterminate openness, hence always a new acquisition and cultural construction. This process differs from artificial brains in that it is endowed with emotions and free will.

The human mind is therefore a process in continuous extension towards the surrounding reality. Being a process indicates being dynamic, i.e. 'being in time'.

By also analysing the dimension of time, through human life, we understand that with the time-mind relationship we have the possibility to go beyond the neuroscientific materiality of the human being, and we can understand the relationship between man and time in the existential totality of Being.

In the well-known 1924 lecture on the "Concept of Time", Heidegger illustrated to his audience of theologians the "existential categories" relating to being, to human existence, which would also be present in his fundamental work of 1927: "Being and Time".

Dasein is a German term used by Heidegger, in the well-known 1924 lecture on the 'Concept of Time'. He explained it to his audience as being or presence, often also translated as existence. It is a fundamental concept in Martin Heidegger's existential ontology. He uses this expression to refer to man's experience of being. It denotes a form of being that is conscious of and has to deal with issues such as being a person, being mortal, and the paradoxical dilemma of living with other human beings while existing, fundamentally, alone with oneself.

There are eight constitutive components of Dasein, as follows:

- 1) Beingness is characterised by being in the world.
- 2) Every being-in-the-world involves a 'being-with': this is the social dimension of our species.
- 3) Language characterises being.
- 4) Being is determined as I am.
- 5) The 'I am' does not determine the separability of being from one another; we are always subject to rules, norms, customs.
- 6) Dasein is also characterised by caring for the world.

7) Beingness encounters itself in being in relation to something from time to time, which means that even in everyday existence we 'care'.

8) Beingness can neither be demonstrated nor shown but is given in the self-interpretation in which beingness has itself from time to time. Therefore, being is given and cannot be grasped, but this aporia of grasping being is not in its limitation but rather in the fundamental possibility of its being, which derives from our being intrinsic possibility, time intent on the future: "being, understood in its extreme possibility of being, is time itself, and is not in time".

Being is mutable, temporal, subject to becoming and as such our being conscious and knowing entities, our mind, can be defined as "the self-consciousness of the lump of time made body in the human. Mind is therefore awareness. Consciousness is therefore the proper dimension of knowing, it is that mental status which is necessary - but not sufficient - for any form of awareness and knowledge to take place through human relations. A specific form of knowledge that eludes a conscious state of mind is Intuition. Knowledge is the highest exercise of the intellect, of rationality, it is above all a general method of the mind that is independent of a specific object to be known. Knowledge is rationality but also emotion, knowledge is understanding and acceptance, it is will, it is renewal, knowledge is interaction, it is nourishment for the Mind and the Spirit.

Knowledge allows us to build a personal Knowledge that is the foundation of our identity and, at the same time, of our free will.

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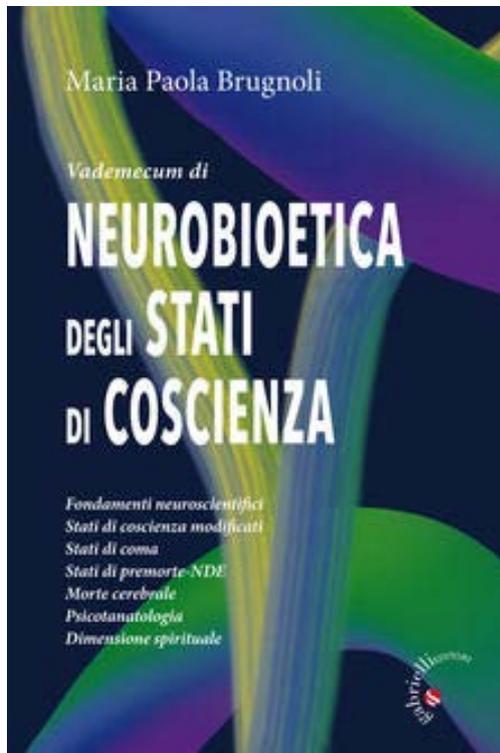
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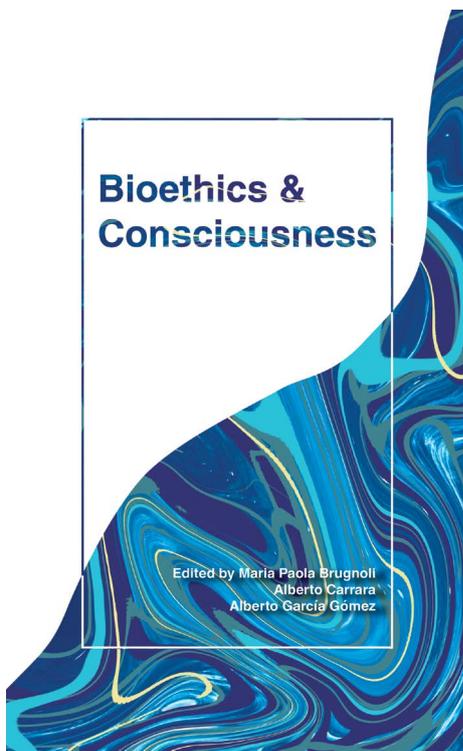
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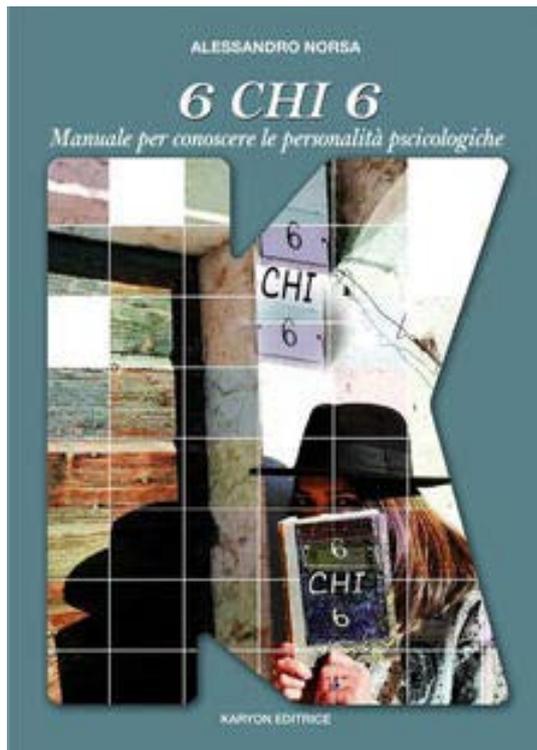
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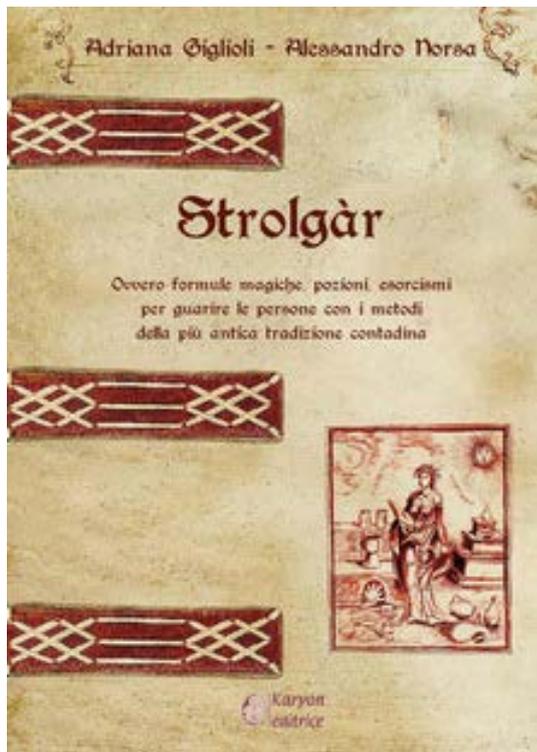
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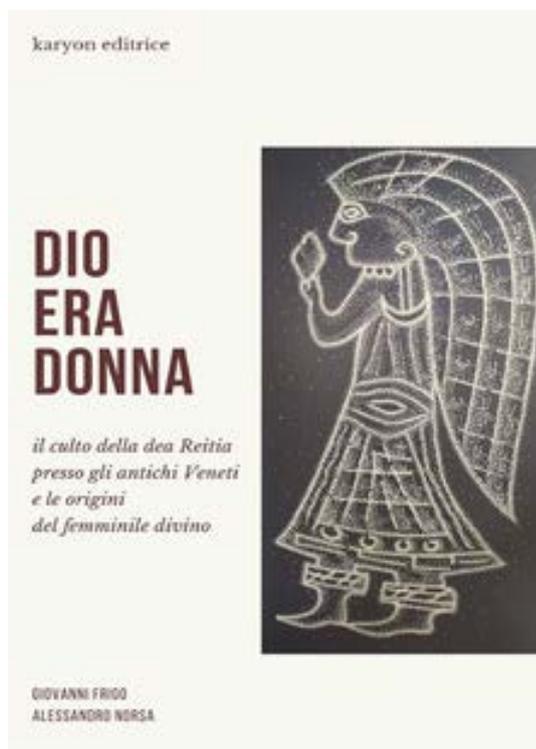
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