

## Unity vs. Fragmentation: The Epistemology of Person-Centered Medicine in the Thought of Giuseppe Rodolfo Brera

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### Abstract

**Objective:** This study analyzes the dialectical tension between bio-mechanical reductionism and the "Paradigm of Unity" introduced by Giuseppe Rodolfo Brera's Person-Centered Medicine (PCM). The research explores how overcoming clinical fragmentation requires a radical epistemological shift that integrates molecular biology, subjectivity, and teleonomy into a unified clinical approach.

**Methods:** The study examines the methodological pillars of the Person-Centered Clinical Method (PCCM), specifically "Diacrisis" and "Clinical Epokè". Central to this analysis is the **Health Relativity Theory (HRT)**, which formalizes health probability through the equation  $H_p = K (I_q \times C_q)$ , where health is defined by the interaction between the Kairological constant (K), interpretation quality (I<sub>q</sub>), and choice quality (C<sub>q</sub>). The biological consistency of this model is evaluated through the lens of **Psychoneuroendocrineimmunology (PNEI)**, allostasis, and epigenetic modulation.

**Results:** The transition from a deterministic model to the **Subjectivity-Biology-Environment (S-B-E) system** reveals that biological reactions are relative to the person's interpretation of existential possibilities of experience.. Scientific evidence from **Maestroni** and **Lissoni** confirms that affective and spiritual states directly modulate cytokine production and neuroendocrine rhythms, while studies on telomere length provide a molecular measure of subjectivity's impact on biological life. Clinical application of the PCCM has demonstrated a 95% improvement in patient understanding and a 70% reduction in

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unnecessary healthcare costs.

**Conclusions:** Contemporary medicine must evolve from a technique of organic repair to a "maieutics of human dignity". By integrating the indeterminism of quantum physics with molecular biology and phenomenology, PCM offers a scientifically superior framework where the relational unity between physician and patient becomes the essential prerequisite for authentic healing.

**Keywords:** Giuseppe Rodolfo Brera; Person-Centered Medicine; Health Relativity Theory; PNEI; Kairology; Medical Epistemology.

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## 1. The Emergence of a New Paradigm: Beyond Bio-Technological Fragmentation

The contemporary medical landscape is characterized by a profound dialectical tension between unprecedented biotechnological progress and a growing identity crisis within the clinical relationship. In this context, the work and thought of Giuseppe Rodolfo Brera represent not merely a critique of prevailing reductionism but a radical epistemological revolution.<sup>1</sup> For Brera, the theme of unity versus fragmentation in the doctor-patient relationship is not a matter of superficial "humanization," but a scientific necessity to integrate molecular biology with the subjectivity and spiritual dimension of the human being.<sup>4</sup>

The fragmentation of the doctor-patient relationship is historically rooted in the triumph of the mechanistic biomedical model, which reduced the human body to a complex machine and disease to a deterministic molecular failure.<sup>1</sup> Giuseppe Rodolfo Brera identifies this as a fundamental epistemological error: the belief that the part can explain the whole.<sup>2</sup> According to Brera, modern medicine is often trapped in an "epistemological illiteracy" that prevents clinicians from grasping the teleonomic unity of the patient, leading to a practice parcelled out among hyper-specializations that lose sight of the individual's face.<sup>3</sup> (Tab. 1)

The transition to Person-Centered Medicine (PCM), officially introduced by Brera in 1998 at the Milan School of Medicine of the Università Ambrosiana, marks the overcoming of this fragmentation.<sup>9</sup> This shift is not merely philosophical; it rests on a solid foundation of scientific interactionism, where health is no longer viewed as the absence of symptoms but as the "Choice of the true possibilities to be the best human person".

**Tab.1 Epistemological Comparison: Fragmentation vs. Unity**

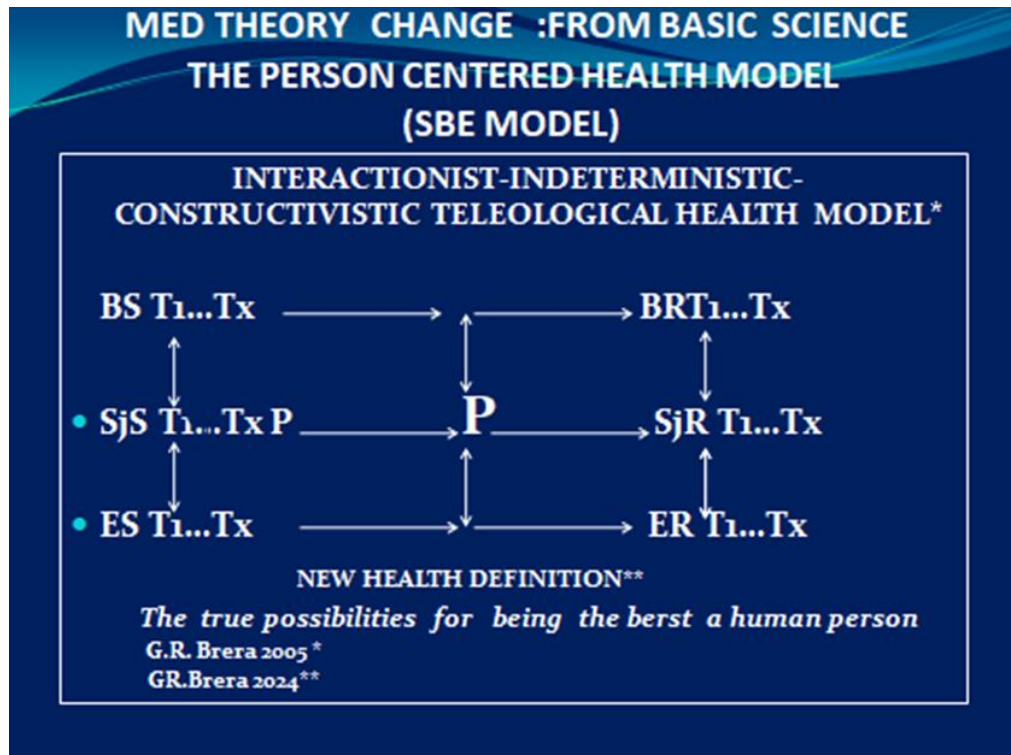
| Dimension                  | Paradigm of Fragmentation<br>(Bio-mechanisms)                                             | Brera's Paradigm of Unity<br>(Person-Centered Medicine)                                                                                                                                                     |
|----------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Reality conception</b>  | Determined natural laws<br>whose knowledge must be<br>reduced in numbers<br>( Positivism) | Truth revealed by the subject-object interaction in the knowledge act and depending on the person's quality. Expression of natural laws relative to the person's quality<br>( Phenomenological personalism) |
| <b>Epistemology of man</b> | Deterministic<br><br>The man is a pre-determinate biological machine                      | Indeterministic<br><br>Transcendental subjective indeterminism inspired by phenomenology (Husserl). Being a human person is a natural call to teleonomic                                                    |

|                  |                                                                                                                                                                  |                                                                                                                                                                                                                                                                           |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  |                                                                                                                                                                  | and meaningful unity of body, mind, and spirit trusted to the individual's interpretation of experience possibilities regarding quality of life, whether to answer or not the fundamental human nature questions of truth, love, and beauty.                              |
| <b>Health</b>    | Psychophysical wellbeing (WHO-1946-1948) resulting in Homeostasis (Cannon "adaptation to constancy")                                                             | The choice of true possibilities for being a human person ( 2011-2024) Multifactorial and multidimensional construct piloted by the person's quality (Fig 1) resulting in allostasis as psycho-physiological adaptation to change.<br><br>(Sterling P. and Hejer J 1988 ) |
| <b>Pathology</b> | Alteration of biological laws subject to linear causality — a stimulus–response relationship resulting in loss of physiological constancy in adaptive processes. | Multifactorial and multidimensional allostatic changes in adaptive processes resulting from interactions between the individual and the physical and anthropogenic environment, leading to epigenetic modifications of                                                    |

|                                    |                                                                      |                                                                                                                                                                                    |
|------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    |                                                                      | gene expression.                                                                                                                                                                   |
| <b>Clinical Objective</b>          | Clinical recovery through repair of biological damage (Cure-therapy) | Clinical recovery non-separable from being a human person through semiologic interpretation of disease, promotion of resources (resilience) and the person's dignity (Care & Cure) |
| <b>Method of Analysis</b>          | Bio-molecular mechanistic reductionism                               | Person-centered interactionism and indeterminism                                                                                                                                   |
| <b>Doctor-Patient Relationship</b> | Technician vs. Object (Asymmetric)                                   | Person vs. Person (Maieutic Alliance)                                                                                                                                              |

Fig. 1

## Health Definition <sup>5 6</sup>



P = the Person, BS = Biological Stimuli; BR = Biological reactions (eg. gene expression) SjS = Subjective Stimuli (Eg: quality of coping, emotions, affects, behaviors, values); SjR = Subjective reactions E.S. = Environmental Stimuli Educational, environmental variables (non-controlled by individuals), e.g., quality of parental care - culture- religion- natural, environmental, social, and political events; ER = Environmental Reactions ; T<sub>1</sub>...T<sub>x</sub>= time 1...time x, x= is the unpredictability constant ;T...Tx = means the variables' assessment during the Person's different lifetimes; The arrows' direction means the variable actions on the Person and the Person actions on variables. The variables' quality of knowledge is relative to the scientific progress, which is unpredictable because it belongs to the hypothesis generation determined by another unpredictable factor: creativity.

From: Brera G.R. Epistemology and medical science: change of the paradigm. Paper presented at the conference: Return to Hippocrates: Quality and Quantity in Medical Education. Milano, 27-28 May 2005

## 2. Epistemological Roots: Interactionism, Teleonomy, and the

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## Logos

Brera's thought is deeply anchored in an anthropological vision that rejects Cartesian dualism and adopts the personalist phenomenology based on the Aristotle's metaphysics. While modern fragmentation stems from the "Cogito ergo sum," which separated thought from matter, Brera proposes the reversal "**Sum ergo cogito**": the light of the Logos exists before thought, and being precedes cognitive activity.<sup>14</sup> Aristotle's being categories, drive the person's qualities knowledge and the cognitive-affective person's symbolic processes that are synthetized in qualities of being-knowing-loving (St. Augustine). This metaphysical premise is fundamental to understanding the unity of the person: the body is not an envelope but the biological expression of a spiritual subjectivity, correspondent to the meaning of of the person's being in existence, <sup>4</sup>

Interactionism and teleonomy constitute the supporting structure of this revolution.<sup>2</sup> Teleonomy describes the intrinsic direction of human nature toward truth, love, and beauty, discovered in adolescence as meaning questions for being a human person.<sup>4</sup> When the clinical relationship is fragmented, this direction is ignored, and the patient is left alone in their *pathos* without a framework of meaning. Brera argues that man is naturally oriented toward a noble destiny and that suffering itself is a "work of being" necessary to reveal its own identity and inseparable from allostatic processes alterations resulting in pathology.<sup>4</sup>

The influence of Christianity and classical philosophy (Socrates, Plato, Aristotle, St. Augustine, St. Thomas Aquinas) is explicit in the Epistemological Manifesto of Person-Centered Medicine . Brera recognizes the root of individual dignity as a divine gift, an element that transforms the medical act into a sacred duty to defend life from conception to natural death .

### 3, Kairology as Hermeneutics of Being: Meaning in Pathos

One of Brera's most original contributions to human nature hermeneutics is **Kairology**, established in 1993 . Born from the clinical analysis of adolescence, Kairology serves as the hermeneutics of human nature, reading signs of unity where traditional clinics see only fragments of pathology.<sup>7</sup> The term derives from *Kairos* (the propitious moment), contrasted with the linear time of *Chronos*.

In medicine, fragmentation manifests when the clinician sees only the chronological duration of a disease. The kairological vision, however, interprets illness as an opportunity (*Kairos*) for introspection and change.<sup>5</sup> Kairology reveals from adolescence that human nature is a mysterious quest for meaning; truth-love-beauty, and reality of being a human person is joined through an true interpretation of experience of unforgettable possibilities in unforgettable propitious times. A disease could be one these if a doctor is prepared to act as an "existential counselor" and a maieuta of human dignity . The natural tendency of the person to unity toward the being a human person in existence is inseparable from allostatic processes depending on cognitive and affective symbolizations on alterations resulting in pathology and unhealthy coping qualities

#### **4. The Person-Centered Clinical Method (PCCM): Diacrisis and Person Diagnosis**

The practical translation of overcoming fragmentation is the **Person-Centered Clinical Method (PCCM)**, introduced in 1999.<sup>7</sup> This method changes clinical operations by introducing "**Diacrisis**" to precede traditional nosographic diagnosis . Clinical fragmentation is often fueled by "diagnosis anxiety"—the physician's urgency to label the disease to discharge technical responsibility. Brera teaches physicians to practice "**Clinical Epoché**" (suspension of judgment), derived by the Husserl's phenomenology, bracketing the search for the symptom to focus on the "Diagnosis of the Person", if there isn't a biological-clinical emergency.<sup>9</sup>

**Tab. 2 Procedural Phases of Diacrisis and Person-Centered  
Diagnosis (1<sup>st</sup> phase of PCCM)**

| <b>Phase<br/>1-6 Diacrisis<br/>“ Who is the person”</b> | <b>Clinical Action and Pro-<br/>cedure</b>                                                                                  | <b>Epistemological<br/>Significance</b>                                                                  |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>1. Generation of the An-<br/>thropic Field (ACH)</b> | Physician’s generation of an<br>atmosphere of Acceptance,<br>Comprehension, and Help                                        | Foundation of initial<br>relational maieutic unity                                                       |
| <b>2. Empathic Assessment</b>                           | Diagnosis of empathic phe-<br>nomena and analogical<br>thinking                                                             | Deep connection<br>beyond verbal data                                                                    |
| <b>3. Interlocutory Beginning</b>                       | Listening to the personal<br>problem before the clinical<br>one                                                             | Time for the symbolic<br>expression of the<br>person’s problem-<br>centered word                         |
| <b>4. Clinical Epoké</b>                                | Suspending nosographic di-<br>agnostic anxiety<br>( if there is not a biological<br>life threatening clinical<br>emergency) | Respecting the human<br>mystery by opening<br>clinical method as<br>individual existential<br>space-time |
| <b>Interlocutory-anamnestic</b>                         | Interlocutory addressed to<br>identifying existential his-                                                                  | Relativity of health<br>factors to the existence                                                         |

|                                                                           |                                                                                                                                                                                                                                                                                                          |                                                                                                 |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <p><b>time</b></p> <p><b>“Giving body to word”</b></p>                    | <p>tory of the person where previous diseases are inserted, Life quality and psycho-physiological habits, social and familiar context, spiritual-affective-emotional symbolizations-looking for menaces, strength points, problems resources of the person must be assessed.</p>                         | <p>quality. Unity between existence and health.</p>                                             |
| <p><b>5.Physical examinations</b></p> <p><b>“Giving word to body”</b></p> | <p>Traditional patient’s physical examination and physiological assessment aimed at identifying a hypothesized clinical picture.</p>                                                                                                                                                                     | <p>Unity of empirical symptoms and biological variables with empathic- verbal symbolization</p> |
| <p><b>6. Person Diagnosis</b></p>                                         | <p>Assessment of menaces, strength points resources, problems to assess resilience and vulnerability in three dimensions: spirit ( the question meaning) -Mind (affective and cognitive symbolization processes- interpersonal relations. coping quality), Body ( Clinical and biological variables)</p> | <p>Unitary vision of risks and health potentials.</p>                                           |

|                                             |                                                                                   |                                                                                                        |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>5.1. Cross-Ratio Model<br/>(S-R-M-P)</b> | Synthesis of Subjective,<br>Clinical . Biological, and<br>Environmental variables | Multidimensional-<br>multifactorial<br>assessment and<br>integration in the<br>familiar-social context |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

## 5. Health Relativity Theory: Mathematical Formalization of Existence

Against deterministic fragmentation that views health as a static datum depending only on genetics or pathogens, Brera introduces the **Health Relativity Theory (HRT)**.<sup>3</sup> This theory postulates that biological reactions are relative to the quality of the person's interpretation and choices.<sup>7</sup>

Health is formalized through a formula integrating the kairological dimension:

$$Hp = K (Iq \times Cq)$$

- **Hp (Health Probability):** Health seen as potentiality.
- **K(Kairological Constant):** Represents the natural quest for meaning.
- **Iq (Interpretation Quality):** How the person interprets their experience.
- **Cq (Choices Quality):** The quality of choices made in freedom and truth.<sup>3</sup>

### 6. Biological Unity: Allostasis –PNEI- Epigenetics

Brera anchors his paradigm in advanced bioscience.<sup>3</sup> Fragmentation is maintained by a medical class that ignores the shift from Cannon's homeostasis to the physiology of **allostasis** of Sterling and Heyer.<sup>3</sup>

Allostasis explains how the organism maintains stability through change, mediated by the brain's perception of the environment. In this process, **epigenetics** plays a key role: Brera cites the research of Moshe Szyf and Michael Meaney on gene modulation and Pier Mario Biava on the epigenetic code that can reprogram cancer cells.<sup>3</sup> The unity of the person is confirmed by **Psycho-neuro-endocrino-immunology (PNEI)** and Elizabeth Blackburn's discovery of the correlation between telomere length and perceived quality of life.<sup>7</sup>

### 7.. Conclusion: Medicine as Maieutics of Human Dignity

The thought of Giuseppe Rodolfo Brera compels us to look beyond medical technicalities. True unity in the clinical relationship is realized when the physician recognizes the patient not as a "case," but as a person created for truth, love, and beauty and naturally addressed to realize these in existence.<sup>4</sup> Fragmentation is the wound of modernity—a split that has deprived medicine of its maieutic soul. The physician, acting as a "maieuta of human dignity," helps the patient to live his/her disease, whose pathogenesis is inseparable by the person's quality, as an opportunity to recompose the fragments of an existence wounded by illness, offering a possibility for transcendence , meaning .and realization of the true human identity.

### Riassunto

**Obiettivo:** Questo studio analizza la tensione dialettica tra il riduzionismo bio-meccanico e il “Paradigma dell’Unità” introdotto dalla Medicina Centrata sulla Persona (PCM) di Giuseppe Rodolfo Brera. La ricerca esplora come il superamento della frammentazione clinica richieda un radicale cambiamento epistemologico che integri biologia molecolare, soggettività e teleonomia in un approccio clinico unitario.

**Metodi:** Lo studio esamina i pilastri metodologici del Metodo Clinico Centrato sulla Persona (PCCM), in particolare la “Diacrisis” e l’“Epokè Clinica”. Centrale nell’analisi è la Teoria della Relatività della Salute (HRT), che formalizza la probabilità di salute attraverso l’equazione

$$Hp=K \cdot (Iq \times Cq)$$

dove la salute è definita dall’interazione tra la costante kairologica (K), la qualità dell’interpretazione (Iq) e la qualità della scelta (Cq). La coerenza biologica di questo modello viene valutata attraverso la lente dell’Allostasi, della Psico-neuro-endocrino-immunologia (PNEI), e della modulazione epigenetica.

**Risultati:** Il passaggio da un modello deterministico al sistema Soggettività-Biologia-Ambiente (S-B-E) rivela che le reazioni biologiche sono relative all’interpretazione delle possibilità d’esperienza esistenziale fatte dalla persona. Le evidenze scientifiche di Maestroni e Lissoni confermano che stati affettivi e spirituali modulano direttamente la produzione di citochine e i ritmi neuroendocrini, mentre gli studi sulla lunghezza dei telomeri forniscono una misura molecolare dell’impatto della soggettività sulla vita biologica. L’applicazione clinica del PCCM ha dimostrato un miglioramento del 95% nella comprensione del paziente e una riduzione del 70% dei costi sanitari non necessari.

**Conclusioni:** La medicina contemporanea deve evolvere da tecnica di riparazione organica a “maieutica della dignità umana”. Integrando l’indeterminismo della fisica quantistica con la biologia molecolare e la fenomenologia, la PCM offre un quadro scientifico superiore, in cui l’unità relazionale tra medico e paziente diventa il prerequisito essenziale per una guarigione autentica.

**Parole chiave:** Giuseppe Rodolfo Brera; Medicina Centrata sulla Persona; Teoria della Relatività della Salute; PNEI; Cairologia; Epistemologia Medica.

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