

## **Faith and Religious Experience for Adolescent Health in the Thought of Giuseppe R. Brera<sup>1</sup>**

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This report analyzes the thoughts of Professor Giuseppe R. Brera on the role of faith and religion experience in promoting adolescent health. Brera's work is founded on two core paradigms : Person-Centered Medicine (PCM) and Kairology. PCM redefines the human being as a holistic entity of body, mind , and spirit , challenging the prevailing " bio -techno-molecular " reductionism of modern medicine. Central to this model is the " quest for meaning , " which he formalizes in his theory of "Kairology," the study of the "opportune moment" ( *kairos* ) where a person's life finds meaning in a transcendent truth .

Brera's " Relativity of Biology Reactions " (RBR) theory directly links to person 's spiritual and mental state —specifically the quality of their *coping* and their perception of meaning —to physical health and resilience , positivity that it can even influence epigenetic changes . For adolescents , a period he describes as a " natural calling to give real meaning to one's life," faith is explicitly listed as a primary " protective factor " alongside family relationships and healthy lifestyle habits . He uses the metaphor of " yeast " on " flour " to illustrate how Christian faith acts upon human nature to promote healthy psycho-affective maturation . Unlike descriptive models like James Fowler's stages of faith , Brera's approach is teleological and

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prescriptive, explaining *why* faith is a necessary component for overall health and the realization of one's human nature. In conclusion, Brera's vision posits that faith is not a mere psychological crutch but a fundamental mechanism of resilience, challenging the current scientific paradigm and advocating for a comprehensive, person-centered approach to adolescent health.

Keywords: Person-Centered Medicine ; Adolescentology ; Kairology; Faith and Health; Resilience

## 1. Introduction: The Holistic Vision of Giuseppe R. Brera

### 1.1. Context and Relevance of Giuseppe R. Brera's Thought

Professor Giuseppe Rodolfo Brera (Arona, 1948) emerges as a multifaceted and innovative figure in the Italian scientific and academic landscape, with an influence that extends internationally. Having graduated in Medicine and Surgery in 1972 and specialized in Medical Psychology in 1975, he has successfully integrated various disciplines to establish a holistic perspective on human health.<sup>1</sup> His activity has not been limited to research and teaching, but has led to the creation of fundamental institutions for the dissemination of his theories. Among these, the Ambrosian University, of which he has been founder and rector since 1995, and the Italian Society of Adolescentology ( SIAd ), established in 1991, followed by the World Federation and Society of Adolescentology (WFSA) in 1994, stand out.<sup>1</sup>

The establishment of these institutions reflects his belief that adolescence requires a dedicated and multidisciplinary scientific approach. He himself defines Adolescentology as a "new multidisciplinary science" that cannot be reduced to medicine alone.<sup>2</sup> This initial statement is crucial and serves as a premise for all his subsequent paradigms, underlining his propensity to overcome medical reductionism to embrace an integrated vision of the human being. His contributions span the theoretical, scientific, institutional, and ethical spheres, as also evidenced by his work, "The Choice to Abort:

Motivations and Psychological Sequelae," and the drafting of the "Universal Declaration of the Rights and Duties of Young People."<sup>1</sup>

## **1.2. Purpose and Structure of the Report**

This report aims to analyze in depth Brera's conception of the role of faith and religious experience in promoting adolescent health. The analysis will not limit itself to considering faith as a simple psychological support, but as an intrinsic and protective factor, an integral part of a broader and more coherent vision of the human being. The discussion will focus on the interconnection between his fundamental theoretical paradigms—Person-Centered Medicine and Kairology—and their direct application to the spiritual, psychological, and physical health of young people. The causal logic that unites these concepts will be outlined, and a comparative analysis with other models of faith development, such as that of James Fowler, will be provided to contextualize the uniqueness of Brera's thought within the scientific and academic debate.

## **2. The Theoretical Foundations: The Paradigm of "Person-Centered Medicine" (PCM)**

### **2.1. The "Epistemological Shift" in Medical Science**

At the heart of Giuseppe R. Brera's thought is the theory of "Person-Centered Medicine" (PCM), a paradigm he himself promoted as a "paradigm shift" from traditional medicine, defined as a "bio-techno-molecular" approach.<sup>4</sup> Brera harshly criticizes the reductionism of mainstream medicine, which treats the person as a mere sum of their biological parts, ignoring the non-material dimensions that, in his view, are fundamental to health and well-being.<sup>5</sup> This fragmented approach is seen as

harmful to health, as it mistakenly separates the spirit, the symbolic-affective, and cognitive world from biological variables. For Brera, illness and suffering are not simple "abnormalities" to be corrected with technical solutions.<sup>7</sup> Instead, they are perceived as obstacles, challenges, and even opportunities for the individual to achieve their life goals.<sup>7</sup> This shift in perspective shifts the clinical question from "What's wrong with you?" to "What's wrong with you?" to "What matters to you?", emphasizing the central role of personal meaning and values in health and the healing process.<sup>7</sup>

## **2.2. The Person: a Holistic Entity (Body, Mind, and Spirit)**

The anthropological core of Brera's thought defines the person as a three-dimensional entity, made up of body, mind, and spirit.<sup>8</sup> The body represents the totality of biological phenomena, the mind the symbolic and behavioral world, and the spirit the "quest for meaning".<sup>8</sup> These three dimensions are not independent, but interact in a "teleonomic" way.<sup>8</sup> "Teleonomy" is understood as the natural tendency of the person to interpret and establish his or her own nature in an experienced reality of "truth, love, and beauty."<sup>8</sup> This realization of one's nature is a crucial process, which Brera defines as essential for the quality of *coping* (the ability to face life events) and for the biological processes necessary for recovery from illness.<sup>8</sup> The philosophical roots of this model lie in ancient Greek philosophy, Hippocratic ethics, Aristotelian and Thomistic thought, and Christian theology, particularly in the concept of the person created in the image and likeness of God.<sup>5</sup>

## **2.3. The Concept of "Teleonomy" and Objective Ethics**

As mentioned, teleonomy represents the intrinsic purpose of the person, a path towards the realization of an objective human nature, based on truth, love, and beauty. This concept is crucial to understanding Brera's thought, as it establishes an objective ethical foundation that does not adapt to the subjectivity of the moment.<sup>8</sup> This perception of one's own dignity, linked to the realization of one's own nature, is crucial both for the quality of *coping*

and for the biological processes of recovery.<sup>8</sup> From this perspective, health is not a simple state of absence of disease, but the "best chance of being a human person,"<sup>5</sup> a concept that shifts the focus from the quantity to the quality of existence. The interaction between the search for meaning and biological processes is not accidental, but demonstrates that objective ethics and teleonomy are drivers of health.

#### **2.4. The Theory of "Relativity of Biological Reactions" (RBR)**

Scientifically, the connection between spiritual and biological dimensions is formalized in the "Theory of Relativity of Biological Reactions" (RBR). According to this theory, biological phenomena are inextricably linked to the quality of *coping* and the perception of meaning in one's life.<sup>8</sup> "Resilience" is defined as the action of protective factors determined by "a person's potential and resources for health."<sup>5</sup> Brera argues that the quality of *coping* and the search for meaning (spiritual and mental dimensions) directly influence biological reactions at a profound level, even determining epigenetic modifications at the molecular level.<sup>5</sup> This establishes a direct and scientifically theorized link between the spiritual dimension (the search for meaning, faith) and physical health, transforming faith from a mere psychological support to a mechanism that actively influences biological processes.

The following diagram summarizes the epistemological foundations of Giuseppe R. Brera's thought, highlighting the interconnections between his key concepts.(Tab.1)

Tab.1

Concept	Definition and Scope of Application	Year of Foundation/Theorization
<b>Adolescentology</b>	A new multidisciplinary science for the study of adolescence, not reducible to medicine alone	1983
<b>Person-Centered Medicine (PCM)</b>	bio -techno-molecular" reductionism <sup>5</sup> , focusing on the person as a holistic entity (body, mind, spirit). <sup>8</sup>	1998 <sup>1</sup>
<b>Kairology</b>	Hermeneutics of human nature that distinguishes between <i>kronos</i> (chronological time) and <i>kairos</i> (opportune time). It focuses on the meaning of human action in relation to truth and goodness.	1993 <sup>12</sup>

<b>Teleonomy</b>	Natural and unconscious tendency of the person to realize his or her own nature, based on the search for "truth, love and beauty". <sup>8</sup>	Fundamental concept of PCM, inspired by Aristotelian and Thomistic philosophy
<b>Relativity of Biological Reactions (RBR)</b>	Theory according to which biological phenomena are correlated with the quality of <i>coping</i> and the meaning a person attributes to their existence. It establishes a direct link between the spiritual dimension and physical health	Fundamental concept of PCM, linked to the theories of allostasis and epigenetics

### 3. The Kairologic Paradigm: The Integration of Faith, Existence, and Health

#### 3.1. Definition and Origin of Kairology

The "kairological paradigm" is a "new hermeneutics of human nature" conceived by Brera, officially presented in 1993 in Assisi during the 1st International Congress of Adolescentology.<sup>12</sup> The term derives from the Greek *kairos*, which indicates not a simple chronological time ( *kronos* ), but an "opportune moment" or a time of grace. Kairology is the field of

study that deals with bringing the time of our life together with the meaning of our existence, or our "being".<sup>11</sup>

### **3.2. The Being and Meaning of the Human Act**

The kairological paradigm questions the meaning of every human act, asking: "Is it true that this (act) is good for me (and for others)?"<sup>11</sup> In this perspective, every action—be it affective, cognitive, spiritual, or physical—acquires value only if it "arises from being," that is, if its meaning can be traced back to the "will of God, revealed by Jesus Christ as love and truth."<sup>8</sup> Brera argues that *kronos* becomes *kairos* only if we accept that the ultimate meaning of everything is "being."<sup>11</sup> Faith, in this context, is not a passive belief, but an existential act of courage, which Brera describes as "going against the current."<sup>11</sup> It is this active choice that gives meaning to existence, allowing the individual to face the adversities of the world—the "waves that try to crash onto the shore"—and to mature into a healthy and cohesive person.<sup>11</sup>

### **3.3. The Interconnection between Faith, Biological and Psychological Life**

The connection between the kairological paradigm and health is explicit and profound in Brera's thought. He states that faith is "continuously interconnected with biological and psychological life."<sup>11</sup> At the existential level, an act that has a meaning consistent with God's will, and therefore "arises from being," is capable of influencing a person's well-being. This interconnection is not merely symbolic or psychological, but translates into a mechanism of health and resilience. The act of faith, understood as adherence to an objective truth and a higher meaning, provides the existential "backbone" necessary for the Effective *coping*. Adversity, which for reductionist thinking is merely a source of stress, becomes, in this view, an opportunity for growth and fulfillment of one's "being," a process that directly impacts biological processes, as evidenced by RBR theory.

## 4. Faith and Religious Experience as Protective Factors for Adolescent Health

### 4.1. Adolescence: The "Time of Love" and the Search for Truth

Adolescence, in Brera's view, is a crucial age. It is the period in which the individual discovers a "natural calling to give real meaning to their life."<sup>13</sup> This profound search for meaning, which has nothing to do with parents or the media, is the very essence of this stage of development. It is the perception of a "power to be for someone and something" that leads the adolescent to not feel like "a grain of sand in a desert."<sup>13</sup> The maturation of psycho-affective and sexual structures makes adolescence the "time of love," while the development of logical-hypothetical-deductive thinking determines the "pathos" of adolescence, that is, the awareness of the infinite possibilities that open up.<sup>13</sup> It is in this context of existential quest that faith and religion acquire a fundamental role.

### 4.2. Religion among the recognized protective factors

In his book *Il tempo di Ulisse e il tempo di Penelope (The Time of Ulysses and the Time of Penelope)*, Brera explicitly lists "religion" among the main protective factors for adolescent health.<sup>14</sup> This positioning is not accidental, but is structural to his holistic model of health. Religion is placed alongside other crucial elements such as the "positive quality of maternal care and family relationships (QRF)," family cohesion, nutrition, sports, and leisure time.<sup>14</sup> This demonstrates that, for Brera, faith is not an accessory element, but an essential pillar for building youth resilience and well-being.

The following diagram illustrates how religion is positioned among the protective factors for adolescent health in Brera's thought. (Tab.2)

Tab. 2

Category of Protective Factors	Examples
<b>Primary Relationships</b>	Positive quality of maternal care and family relationships (QRF), family cohesion. <sup>14</sup>
<b>Religiosity and Spirituality</b>	Religion, understood as a protective factor for health. <sup>14</sup>
<b>Healthy Lifestyles</b>	Nutrition, sport, free time. <sup>14</sup>
<b>Training and Guidance</b>	Training of health workers, training of parents. <sup>14</sup>

#### 4.3. The Christian Faith: Metaphor of "Yeast" over "Flour"

To explain the functioning of Christian faith in the life of an adolescent, Brera uses a powerful and illuminating metaphor: faith is the "leaven" that acts on the "flour" of human nature.<sup>13</sup> He emphasizes that, without the "flour" (human nature), the "leaven" (the gift of faith) cannot act.<sup>13</sup> The condition for faith to promote healthy "psycho-affective maturation" is that there is "attention to the person."<sup>13</sup> This image suggests a synergy between divine grace and human nature. A religious experience that fails to consider

the person as a whole, that fails to respect their "flour" (their nature and needs), can inhibit their growth and damage their health. Authentic faith, therefore, is that which is embodied in the person and respects their teleonomy

#### **4.4. Content Analysis of "The Adolescent Person and Person-Centered Medicine"**

The connection between adolescent health, morality, and faith is further explored in Brera's edited book, *The Adolescent Person and Person-Centered Medicine*.<sup>15</sup> Chapters 14 ("Adolescence, the Meaning of Life, Ideals") and 15 ("Anthropology of Morality and Christian Faith in Adolescence") are specifically devoted to these topics.<sup>15</sup> Brera raises the question of whether it is "anthropologically, scientifically, and clinically correct" to propose faith in Jesus Christ as the answer to the adolescent's search for truth.<sup>13</sup> His implicit response and his stance on other public issues reveal the intrinsically ethical nature of his vision of health. His critique of ignorance that "extinguishes the healthy and necessary unconscious conflict between genitality and pregenitality" and the loss of awareness of an objective "good" shows that for him, health is not merely the absence of pathology, but a process of maturation toward a moral and sexual identity consistent with a "natural truth of the good."<sup>9</sup>

## **5. Comparative Analysis: The Brera Model vs. James Fowler's Stages of Development**

### **5.1. The James Fowler Model: A Psychological and Developmental Approach**

To fully understand the specificity of Brera's thought, it is useful to compare it with another influential model in the study of faith and psychology, namely James Fowler's theory of the stages of faith development. Fowler, in his work, outlines six stages of faith development, three of which (mythical-literal faith, synthetic-conventional, and reflective-individual faith) apply to the period of adolescence and youth.<sup>18</sup> His perspective is primarily psychological and descriptive, considering faith as "an investment of the heart" in what a person believes to be supreme, rather than as adherence to objective and revealed truths.<sup>22</sup> Fowler's model describes *how* faith develops, showing that adolescence is a period of criticism and examination of one's beliefs, which can lead to a more personal and mature faith.<sup>18</sup>

### **5.2. Points of Contact and Fundamental Differences**

Both models recognize adolescence as a time of intense search for meaning and critical examination of one's beliefs. Both emphasize the need for adult "guides" and authentic models of faith, whom young people can respect and trust.<sup>18</sup> However, the differences between the two approaches are profound and crucial. For Fowler, truth is a complex and multidimensional concept that cannot be fully articulated through "any particular statement of faith."<sup>20</sup> His model is descriptive and psychological. For Brera, on the other hand, faith is an act of courage that recognizes the existence of an objective and transcendent truth, namely the existence of God the Creator.<sup>8</sup> His model is prescriptive and teleological, as it does not simply describe how faith develops, but explains *why* faith (in God) is a necessary asset for the health,

resilience, and fulfillment of the human person.

The following diagram summarizes the key differences between the two models.

Tab-3

Comparison Criterion	Model by Giuseppe R. Brera	James Fowler's model
<b>Origin</b>	Medical, psychological, theological. <sup>5</sup>	Psychological, based on cognitive development. <sup>19</sup>
<b>Scope</b>	Prescriptive and Teleological: Explaining <i>Why</i> Faith Is Necessary for Health. <sup>5</sup>	Descriptive and psychological: explaining <i>how</i> faith develops. <sup>22</sup>
<b>Conception of Faith</b>	An act of courage and a relationship with God the Creator. <sup>8</sup> A metaphor of "leaven" over the "flour" of human nature. <sup>13</sup>	Investment of the heart in what is believed to be supreme. <sup>22</sup>
<b>Source of Truth</b>	Objective and transcendent: the truth revealed by God. <sup>8</sup>	Relative and subjective: it cannot be fully articulated in a single statement. <sup>20</sup>

<b>Clinical Application</b>	Foundation of "Person-Centered Medicine" (PCM) and "Kairology". <sup>5</sup>	Used in pastoral <i>counseling</i> and spiritual care. <sup>20</sup>
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### 5.3. The Scientific Debate and Clinical Implications

Recent studies in psychology confirm Brera's intuition, demonstrating that religiosity and spirituality are indeed protective factors that contribute to a lower incidence of psychological problems such as depression in adolescents.<sup>23</sup> These empirical data support the idea that believing in the proximity of a divine figure can help adolescents overcome developmental challenges, steering them away from maladaptive trajectories.<sup>23</sup> This is closely related to Brera's theory, which emphasizes the centrality of "maternal care" and family relationships as primary protective factors.<sup>14</sup> An integrated analysis of the data shows a consistent causal chain: the quality of primary relationships, particularly that with the maternal figure, influences the ability to

*coping*. This capacity, in turn, determines the possibility of placing trust in a divine figure.<sup>23</sup> Consequently, the ability to benefit from the protective factors of faith is directly linked to the quality of early relationships, connecting relational health, faith, and psychophysical health into a single coherent system, exactly as theorized by Brera.

## 6. Practical Applications and Critical Considerations

### 6.1. The Clinical Application of PCM and Kairology

Brera's theoretical approach translates into concrete clinical practice

through the "Person-Centered Clinical Method" and medical *counseling*.<sup>15</sup> This method, also applied in hospital settings, aims to treat the individual as a whole, not just the illness.<sup>16</sup> The results of a 2003 study on the effectiveness of the Person-Centered Clinical Method highlighted a better understanding of patients, an improvement in their quality of life, and a reduction in unnecessary tests and medication prescriptions.<sup>5</sup> The application of this method reflects Brera's belief that true healing lies not in mere technology or the administration of drugs, but in the ability to establish a human relationship and support the patient in their search for meaning and resilience.

## 6.2. The Role of Family and Institutions

Brera's vision extends responsibility for adolescent health beyond the individual, actively involving the family and institutions.<sup>14</sup> Parental education is considered a fundamental pillar, as highlighted in the book *Il tempo di Ulisse e il tempo di Penelope*.<sup>14</sup> Likewise, Brera does not hesitate to criticize institutions, including the Church, when in his opinion they fail to fulfill their role of ethical and spiritual guidance. He urges them not to give in to "ignorant illiteracy" and not to adapt to a "deviant subjectivity" that can hinder the moral development of adolescents.<sup>9</sup> This position underscores his belief that healthy psychophysical development is inseparable from a solid ethical and value framework.

## 6.3. Critical Issues and Position of Brera in the Public Debate

Brera's thinking on topics such as abortion, vaccinations, and social issues, such as the Zan bill, often places him at odds with the prevailing positions in scientific and public debate.<sup>1</sup> These positions are not unrelated, but are a

direct consequence of his ethical and teleological vision of health. For example, his critique of the management of the COVID-19 pandemic, which he defines as a "failure" born of "epistemological ignorance,"<sup>26</sup> is based on his paradigm of Person-Centered Medicine. He favors an approach that strengthens the subject's intrinsic resources—such as natural immunity and *resilience*.<sup>27</sup>—compared to an approach that relies solely on biotechnological solutions.<sup>5</sup> This vision leads him to positions that question *mainstream science*, but which are perfectly consistent with his philosophy. His criticism is not directed at science itself, but at a certain use of science that, in his opinion, ignores the deepest dimension of the human being.

## 7. Conclusions: Faith as a Foundation of Resilience in a Fragmented World

### 7.1. Summary of Brera's Vision

In short, for Giuseppe R. Brera, faith is not simply a secondary psychological factor in adolescent health, but the very foundation of their resilience and well-being. Through his paradigms of "Person-Centered Medicine" and "Kairology," Brera has constructed a model in which the spiritual dimension, understood as the search for and adherence to an objective and transcendent meaning, directly influences *coping skills* and biological processes. His theory of the "Relativity of Biological Reactions" provides the mechanism through which this interconnection manifests itself on a physical level, even influencing epigenetic modifications. Health, in this vision, is not merely the absence of pathology, but a dynamic and teleological process of fulfilling one's human nature.

### 7.2. Implications for Adolescent Health

Brera's thinking has profound implications for clinical practice and

education. To heal adolescents, it's not enough to address symptoms or clinical pathologies; it's necessary to recognize and support their innate "calling" to find meaning in life. Faith, understood as a relationship with the Creator, provides the ethical and existential "backbone" needed to navigate the adversities of adolescence and mature into a cohesive and healthy individual. This approach invites health professionals and educators to look beyond disciplinary fragmentation and consider the person as a whole—body, mind, and spirit.

### 7.3. Future Prospects

Brera's thought represents a radical and provocative challenge to the reductionism of contemporary medicine. His "epistemological revolution" invites a profound interrogation of the concept of health and the role that meaning and spirituality play in personal care. While his positions on specific issues may be subject to debate, his holistic model of health offers a valuable and perhaps necessary perspective for addressing the complexities of youth health in an increasingly fragmented and secularized world, where the "search for meaning" remains one of the greatest challenges.

### Riassunto

Questo rapporto analizza il pensiero del Professor Giuseppe R. Brera sul ruolo della fede e dell'esperienza religiosa nella promozione della salute adolescenziale. Il lavoro di Brera si fonda su due paradigmi centrali: la Medicina Centrata sulla Persona (PCM) e la Cairologia. La PCM ridefinisce l'essere umano come un'unità olistica di corpo, mente e spirito, mettendo in

discussione il riduzionismo “bio-tecno-molecolare” dominante nella medicina moderna. Al centro di questo modello vi è la “ricerca di senso”, che Brera formalizza nella sua teoria della “Cairologia”, lo studio del “momento opportuno” (kairos) in cui la vita di una persona trova significato in una verità trascendente.

La teoria della “Relatività delle Reazioni Biologiche” (RBR) di Brera collega direttamente lo stato spirituale e mentale della persona — in particolare la qualità del coping e la percezione del significato — alla salute fisica e alla resilienza, sostenendo che tali dimensioni possono persino influenzare cambiamenti epigenetici. Per gli adolescenti, una fase che egli descrive come una “chiamata naturale a dare un significato autentico alla propria vita”, la fede è esplicitamente indicata come un fattore “protettivo” primario, insieme alle relazioni familiari e alle abitudini di vita sane. Brera utilizza la metafora del “lievito” sulla “farina” per illustrare come la fede cristiana agisca sulla natura umana favorendo una sana maturazione psico-affettiva.

A differenza di modelli descrittivi come gli stadi della fede di James Fowler, l’approccio di Brera è teleologico e prescrittivo: spiega perché la fede sia un elemento necessario per la salute globale e per la realizzazione della natura umana. In conclusione, la visione di Brera sostiene che la fede non sia una semplice stampella psicologica, ma un meccanismo fondamentale di resilienza, capace di sfidare l’attuale paradigma scientifico e di promuovere un approccio comprensivo e centrato sulla persona alla salute adolescenziale.

**Parole chiave:** Medicina Centrata sulla Persona; Adolescentologia; Cairologia; Fede e Salute; Resilienza

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