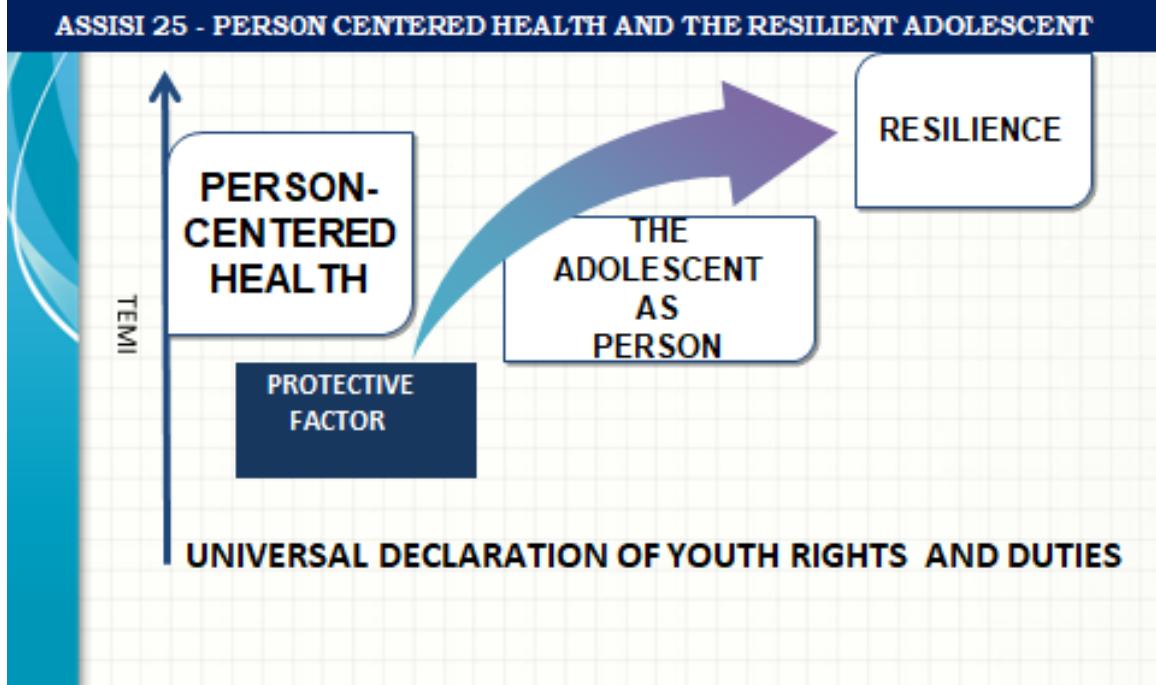


HIGHLIGHTS FROM THE INTERNATIONAL CONGRESS PERSON-CENTERED HEALTH AND THE RESILIENT ADOLESCENT

Assisi (Italy) 24-25-26 October 2025

Domus Pacis – S.Maria degli Angeli



On the 30th anniversary of the founding of Ambrosiana University, 31th of the World Federation and Society of Adolescentology, 33th of the Italian Society of Adolescentology and Adolescence Medicine, their mission continues to inspire education and human dignity, in truth and for the good of humanity.

The Congress is dedicated to S. Carlo Acutis

UNIVERSAL DECLARATION OF YOUTH RIGHTS AND DUTIES

Presented in 1993, at the First International Congress entitled "Assisi '93: Make Peace with Life" aimed to increase global awareness that young people represent the future of the world. Young people are not to be exploited as mere tools of power, profit, and death. Assisi '93 addressed a common ethical code for youths, people, and nations. To defend the rights and duties of young people, the Italian Society of Adolescentology wants introduce to the U.N. Assembly for its formal approval of the **UNIVERSAL DECLARATION OF YOUTH RIGHTS AND DUTIES**. The statement of its points follows:

- 1) The right to a healthy regimen of nutrition sufficient to enable young people to think, study, work and communicate; the right to a healthy and comfortable home where youths can live in a dignified manner;**
- 2) The right to freedom of religion, thought, speech, information, association, movement and the duty to respect and defend such freedom;**
- 3) The duty to respect religions, nationalities, races, ethnic groups and cultures different from one's own and the right to defend one's religious, ethnic, and national appurtenance;**
- 4) The right to an education and the duty to apply oneself in one's studies to be able to develop one's creative resources for individual and social well-being;**
- 5) The right to work and the duty to commit oneself with honor and justice so to build the necessary resources to create and maintain the work;**
- 6) The right to use every means of communication to promote and defend freedom, truth, justice, peace, life and solidarity, to attain individual and social well-being.**
- 7) The duty to maintain one's own state of health by avoiding and obstructing, within one's environment, any means or behavior which could damage one's own or another person's health;**
- 8) The right to have medical aid and care when ill; the duty to aid, within one's abilities, people of every age who are in a state of human and social disadvantage;**
- 9) The right and duty to respect and defend one's own life and that of every human being from conception until death;**
- 10) The duty to aid and respect one's own parents and the right to be aided and respected by them; the right to marry and procreate by constituting a family without cultural, familial, social and religious restrictions. The duty to provide responsibly, along with one's spouse, for: a family environment which is serene and full of love; for the education and development of affective, cognitive, moral and religious resources; for a home; for nutrition; and, for the care of children by building and receiving all the necessary support needed.***
- 11) The duty to promote, conserve and respect works of intelligence and human civilization: the duty to promote, respect and defend the natural environment.**
- 12) The duty to promote, conserve and defend liberty, justice, brotherhood and, universal peace among people and nations with cooperation, commitment,**

work, and moral and intellectual courage, in the God's spirit of eternal and universal Truth and Love;

Written in the name of God, in the seat of the Italian Society of Adolescentology by Giuseppe Rodolfo Brera, M.D. Milan, Italy, Europe - December 25 1992,* December 18 1994, March 5 2012**

Approved by the Council of Delegated of the Italian Society of Adolescentology - January 24th 1993

Presented at the International Congress " Assisi 93; make peace with life"- October 22,1993

Registered in Milan, Italy, Europe by the notary Carlo Corso on January 30th 1993 with Public Act n. 59567/4946.

Ethical fundament of the World Federation and Society of Adolescentology and the Ambrosiana University in Milan, Italy

Recognized by Ecuador, by the President of Haiti J.B. Aristide, approved by the King of Spain Juan Carlos de Borbone, Romania

In Italy Recognized by Regione Lombardia (1996),

In 2025 re-presented at the Conference:" PERSON-CENTERED HEALTH AND THE RESILIENT ADOLESCENT Assisi (Italy) on 24 October 2025 approved and discussed by the adolescents delegates of the Italian schools.

In 2025 sent for recognition to 140 States including Vatican and Italy.

HIGHLIGHTS



1. Epigenetic reprogramming of adult stem cells, new paradigm of therapy is the new frontier therapy for cancer and neuro-degenerative disease, revolutionizing the paradigm of health and therapy, shifting it toward the epigenetic informational process as constitutive of biological matter.

Piermario Biava, nominee for the Nobel Prize in Medicine



2. The interactionist spirit-mind-body teleonomic paradigm of human nature of Medical science and Medicine constituting in 1999 the Person-Centered Medicine epistemological revolution in research and clinics , allows an indeterministic and semantic Person-Centered conception of Health and human nature reality, founding “ Health relativity” to the person’s quality as “ The choice of the true possibilities for being the best human person”, from the health current impersonal conception as : “ Psycho-physical well-being”. The foundation of the World Society of Person-Centered medicine, born in the Congress, is aimed to lead health systems to Person-Centered Medicine, according to the World Health Charter. **Giuseppe R. Brera**



3. PNEI, interactionist fundament of Person-Centered Medicine (PCM), the current paradigm of Medicine, today represent, in fact, the only medical discipline that regard illness as inseparable from the patient, who remains a person even when ill. For this reason, they focus therapeutic attention on the characteristics of the patient rather than on the disease, implicitly conceived as separate from the person and from his or her real life. They consider, first of all, the patient's biological response, which is itself influenced by psychological and spiritual experience. PNEI is therefore nothing other than the study of the psycho-neuro-immunological biochemical mediation of the spiritual and inner state of the person. It must be said that every medical conception presupposes an underlying, more or less conscious, conception of the human being, even if it is generally never made explicit. Psycho-neuro-endocrine immunology, opened new effective road in cancer therapy, to date not yet practiced in clinical oncology. **Paolo Lissoni**



4. Family structure (intact vs non-intact) significantly affects attachment patterns and psychosocial adjustment. Youth raised in intact families without regular non-parental care reported stronger attachment to both parents. Attachment emerged as a key factor distinguishing adolescents from the general population and those from clinical settings, suggesting that attachment patterns mediate the relationship between family structure and psychological well-being. **Claudio Violato**



5. The diversity of family models today should inspire a search for shared foundations that support the psycho-physical and spiritual well-being of individuals. These common values can help revitalize the role of the family and offer adolescents greater emotional security. The ideal family is envisioned as a space of emotional closeness, open dialogue, mutual respect, and intellectual stimulation. It fosters responsibility, empathy, and openness to others, while discouraging harmful behaviors and promoting resilience and autonomy. Within the family, parental roles are naturally and culturally distinct. The father traditionally symbolizes rationality, truth, social engagement, and action. The mother represents nourishment, emotional containment, education in autonomy, and the capacity to begin again. Together, they form a relational environment that nurtures growth and emotional development. The optimal parent is one who listens, shows affection, respects the child's individuality, responds to needs, encourages growth, sets clear rules, and serves as a positive role model. This framework supports adolescents in building a sense of time, space, and identity.

Flavio Della Croce



6. The first global study on epidemiological data in Italy and US on the mortality and incidence impressive raising of brain and blood cancers, as well as cardiovascular diseases in 2021-2024, compared with 2017-2020, is associable to the epigenetic earthquake induced by anti-COVID mRNA vaccines. **Giuseppe R. Brera**



7. In adolescence the new awareness of the human nature natural question of truth-love-beauty, as highlighted by Kairological theory , depicts this existence period as essential to be aware of human nature freedom and dignity and deep transcendence question, raising the need to choose an answer to the a natural question meaning. Christian faith as constituted by his Master, discloses Him self- meaning the human being - as the unique Person-centered possibility and road to induce the human nature realization of meaning in existence. **Vito Galante**



8. A comprehensive, caring, person-oriented system is needed to accurately assess a patient's overall health. A skilled diagnostician who listens to the patient can be lifesaving. When patients are met with a single, unhelpful perspective, it can lead to feelings of hopelessness. Health systems must be addressed to build individual health responsibility where the person can choose the best path , "standard" or "alternative", to heal and stay health. **Richard Fiordo**



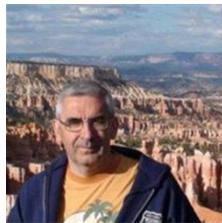
9. Research has shown that adolescents exposed to war-related events are at increased risk of developing mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). Studies conducted in post-conflict regions like Sri Lanka and Ukraine highlight the importance of social support and resilience in mitigating the adverse effects of war on adolescent mental health. Perceived social support and resilience have been negatively correlated with depression and hopelessness, suggesting that these factors can serve as protective buffers against mental health issues **Roy Kallivayalil**



10. Psychoanalytic polemology is an essential tool to interpret and resolve wars that are based on the victory of the death instinct through guilty senses projections constituting the enemy as phantasmatic product produced by the need to be saved by the mourning depression from the lost of a love object, mainly death as anthropological research depicts. Ukraine-Russia war originates from need of both to save the identity of their cultures, inducing a defensive splitting between people (bad object to be destroyed) and territory (good object to be saved). West countries and Europe do not create peace possibilities because have benefits to maintain the war that allows catharsis of guilty senses caused by the Herod-Caiaphas, Polyphemus pandemic syndromes. **Giuseppe R.Brera**



11. The Adolescent Therapist's Decalogue, written several years ago) and inspired by the principles of Person-Centered Medicine , remains relevant as a guide for relationships with adolescents , for treatment and inducing resilience.. Each point of the Decalogue is important, but it can be summarized in the three steps taught in the unique world courses of Adolescentology at the Ambrosiana University. They are listed in the 3A (WLA) rule: “ Accoglienza-Ascolto-Alleanza” (Welcome-Listening-Alliance) In hospital **Mariangela Porta**



12. Adolescent counselling in hospital settings, particularly through the Kairological method, represents a pivotal opportunity to foster self-awareness and resilience in young patients. This Person-centered clinical approach emphasizes the holistic understanding of the adolescent, transcending the immediate medical complaint to engage with the individual's emotional, psychological, and existential dimensions. The Kairologic method encourages clinicians to "bracket" the pathology and instead focus on the patient's affections, values, beliefs, resources, and hopes, thereby cultivating an empathic therapeutic alliance. **Paolo Garascia**



13. In the context of modern medicine, Person-Centered Medicine (PCM) represents a significant paradigm shift. This innovative approach focuses on caring for the patient in their entirety, integrating biological, psychological, and spiritual dimensions. It promotes a vision of health as the fostering of genuine possibilities for individuals to become their best possible selves. Central to this approach is a theory of human nature founded on teleonomic interaction. Teleonomy is viewed as the individual's natural tendency to construct a reality based on truth, love, and beauty.

PCM is realized through the Person-centered or human-resource-centered clinical methodology. (Person-centered Clinical Method) ,that every doctor should learn and apply with patients of all ages. **Vito Galante**



14

Person-centered or Kairological Medical Counselling is a structured diagnostic and therapeutic journey founded on the Person-centered clinical method or resource-based approach. This methodology embodies the paradigm of Person-centered medicine, aiming to build and/or restore health, thereby fostering an individual's best resources to become their best possible self. Person-centered medicine is realized through the Person-centered or human resource-focused clinical methodology.

The counselling methodology integrates seamlessly with the clinical approach, and medical counselling fundamentally remains an interactionist treatment, thus not solely applicable to psychological-behavioural issues. Counselling becomes the kairos (the propitious moment) for individuals to engage their resources and achieve self-realization, offering a genuine response to the adolescent's evolving "new self" and its fundamental questions of love, truth, and beauty. By addressing these profound inquiries, human beings perceive their own dignity, becoming truly authentic persons. This perception significantly impacts the quality of coping mechanisms and the biological processes essential for healing.

The physician-adolescent relationship can be this propitious moment (kairos)—a space and time where and when the pathos of illness can be viewed as an opportunity to discover the person's true dignity. The most significant innovation in the person-centered clinical methodology is the knowledge and empathetic, affective understanding of the ill person through analogical reasoning ,

Vito Galante



15 Person-Centered Medicine (PCM), as conceptualized by Brera (1998), represents a paradigm shift in medical thought, emphasizing the holistic integration of body, mind, and spirit. Central to PCM is the Kairological method, which introduces the concept of “Kairos”—the opportune moment in clinical interaction where the physician and patient engage in a shared space of dignity, empathy, and transformation. Kairology allows for the experience of objectivity within subjectivity, enabling clinicians to interpret the patient’s reality beyond pathology and symptoms. PCM redefines health not merely as the absence of disease but as the realization of protective factors that neutralize risks through personal resources and quality of life. Its application with the adolescent, in a developmental stage marked by identity formation, vulnerability, and social pressures, enables unimaginable therapeutic success. Adolescents often seek figures to believe in and be believed by, positioning the physician as a potential ally and guide in their existential journey. **Domenico Francomano**



16 The heart represents the center of psycho-neuro-physiological integration, regulated by the balance between sympathetic and parasympathetic systems, and by autonomic neuro-regulation integrated with the brain and mind according to allostasis. In adolescents, chest pain is often an expression of underlying issues, and once organic causes have been carefully excluded, a physician trained in the person-centered clinical method and counselling may offer a resolute approach. **Antonio Licari**



17 A paradigmatic case of a 25 yo woman with severe chest discomfort, palpitations, and marked functional impairment is presented, After the exclusion of organic cardiac disease, given the patient's autonomic symptoms and psychosocial background, a bio-psycho-physiological model is applied. This integrated approach leverages heart rate variability (HRV) biofeedback, affective neurocardiology, and psychophysiological coherence models to restore autonomic balance and cognitive-emotional integration. Through empathic attunement and relational synchrony, the physician facilitated a shift in the patient's neurocardiac interaction. Emotional resonance, characterized by authenticity in conveying hope, compassion, and emotional containment, modulated the patient's vagal tone, reduces amygdala hyperactivity, and improves prefrontal-limbic connectivity. This regulatory cascade promotes a recalibration of the central autonomic network (CAN), favoring parasympathetic predominance and facilitating coherent afferent input from the cardiac plexus to cortical centers. The resolution of symptoms of this patient shows that emotional resonance, characterized by authenticity in conveying hope, compassion, and emotional containment, modulates the patient's vagal tone, reduces amygdala hyperactivity, and improves prefrontal-limbic connectivity. The case highlights the role of emerging heart-brain alignment as a catalyst for systemic coherence, offering a non-invasive path to restoring autonomic function and psycho-emotional resilience **Antonio Licari**



18 Growing up in adolescents experiencing social or other deprivation significantly compromises cognitive development and social skills. Indeed, the phase of brain development during adolescence is the most critical and, in part, irreversible. The brain, however, never stops "evolving" and developing new synapses. Adolescents who drop out of school and/or isolate themselves experience a decline in their reasoning ability, and this also occurs in adults, even more so in the elderly. Replacing social stimuli with those offered by electronic media produces a loss of pre-frontal cortex-limbic system connections submitting behaviour to drives. Virtual reality detached from interpersonal life reduces mirror neurons activity that is empathy. It means that effects of smartphone addiction are devastating for affective integration, emotional intelligence, and working memory. **Ettore Ruberti**



19 Neurobiological processes of adolescence—characterized by a paradox of heightened plasticity and vulnerability—are not merely mechanical changes but a biological crucible for the development of a mature "person. The neurobiological foundations of adolescent cerebral maturation, highlighting the asynchronous development of the early-maturing limbic system (emotions and reward) and the late-maturing prefrontal cortex (programming, executive functions and impulse control). This neurobiological disequilibrium is shown to be the basis for characteristic adolescent behaviors, such as impulsivity and emotional volatility. The essence of the development could be interpreted through neurobiology and psychology: adolescent suffering could be seen as a necessary effect of synaptic reorganization, subjectively mediated. Morelli's "pain of growth" and Recalcati's loss of the symbolic "Law" hinder the emergence of authentic desire. Brera's Person-Centered Medicine provides the epistemological framework that unifies biology, environment, and subjectivity, characterized by the conflict need between genital (adult) and pre-genital (child) unconscious conflict for the affective-cognitive maturity. **Vito Galante**