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Bioethical Voices

Newsletter of the International Chair in Bioethics

Special Issue:

DISCRIMINATION AND DISABILITIES AS DIFFERENT ABILITIES

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Editorial

Different Abilities and Discrimination: a new challenge for Bioethics

Here we are, as we promised. This issue of our newsletter is dedicated to **_Different Abilities and Discrimination_**.

A proposal strongly inspired by the ongoing events and the actual debate, directly related to bioethics in many countries, stemming from a general observation easily shared by all: people with disabilities are often, to say the least, disadvantaged. They face physical, attitudinal, and environmental barriers compromising their full and effective participation in society—according to their right, as human beings—by reason of equality and fairness with "others." In short, those "others" who do not experience this kind of barriers.

We also all agree on the definition of a disabled person. A disabled person is someone who, due to physical, mental, intellectual, or sensory impairments or disabilities, whether congenital or traumatic, has a reduced capacity to interact with the surrounding social environment. Each of us witnesses at least one serious and obvious form of discrimination and disadvantage. For reasons related to disability, a person is treated less fairly than a non-disabled person is, has been, or would be handled in a similar situation.

But given the obvious expectations, paths can diverge immediately thereafter, and even significantly. At the point of communicating and reporting specific situations, and therefore also in the search for solutions.

What you will read in this issue should be understood as the clear opening, with nuances of useful incitement, of a debate from which bioethics cannot escape. So don't expect just generic complaints among the many possible ones. Nor an ordinary, predictable dissertation written to please everyone and not displease anyone, expressly wishing to avoid calling into question any responsibility. This will not be the case, given that responsibilities exist or could exist, all of which must always be disclosed in a democracy.

What you are going to read will represent the beginning of an open debate that—we repeat it once again—bioethics cannot ignore. It is also an invitation to consider disability with the issues it raises as new moral challenges, without fear of facing crucial matters that may only apparently seem polarizing. We are launching a debate open to all and sundry because we want to stimulate public and constructive discussion, without fear of gathering conflicting opinions.

We also want to emphasize that disability is not one problem among many, but a central issue of fundamental interest to bioethics that concerns everyone: the disabled of today and those who may be disabled tomorrow.

We are confident that the debate we are opening will be further developed by dialogues, proposals, and discussions that await us soon at the 17th World Conference on Bioethics, Medical Ethics, and Health Law, in Ljubljana, Slovenia, from November 24 to 26, 2025.

See you next time,
and happy reading!

Giacomo Sado, Editorial Board Director

Paris, September 2024

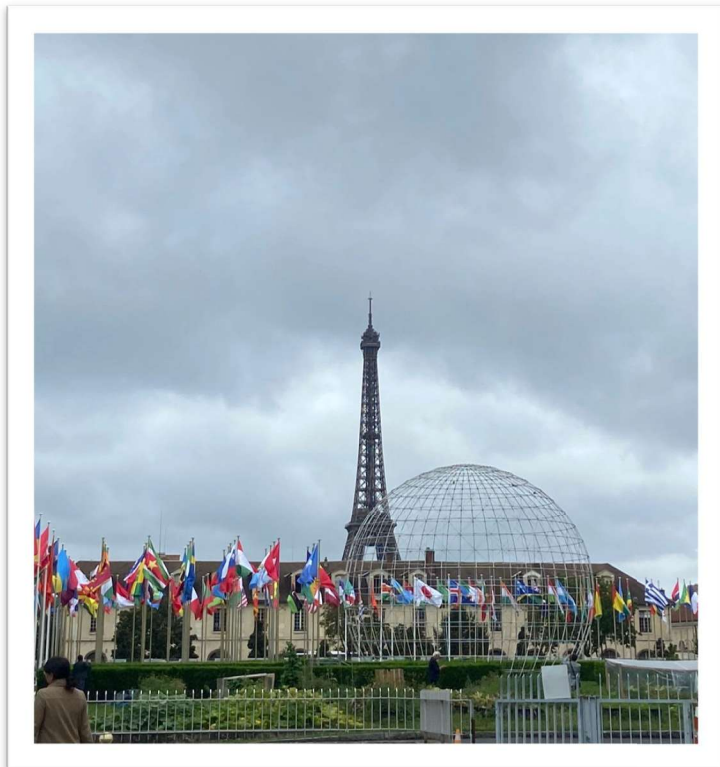
It was during the 15th World ICB Conference on Bioethics, Medical Ethics and Health Law 2023 in Porto that I met Prof. Rui Marcelino Leal. He approached me after the meeting organized to present the ICB Department of Ethics & Disabilities as Different Abilities. He was enthusiastic about the unique event he was preparing in September 2024, hosted in UNESCO Paris house, after the Paralympics games, “Handi-capacities, sports and work”. In brief, the description of this work in progress project, organized by Portuguese Santos Fundacao and French Panathlon International, was to promote *“physical, mental and sensory exercise as an accelerator for adapting the people with disabilities. Let’s stop talking about or highlighting their deficits and value their capacities to succeed in their integration and their socio-professional and sporting maintenance”*

It sounded thrilling and recalled exactly the principles of the ICB Ethics & Disabilities as Different Abilities Department that I run. I was honored to be invited at this event as a speaker, representing Italy, my country, on behalf of the ICB Different Abilities Department.

Despite the incredible misadventure to reach Paris, when I finally arrived at La Maison UNESCO I didn’t imagine the World Heritage Center as a complex of Modernist buildings, a masterpiece created by some of the most representative architects of the last Century. Being the headquarters of the United Nations Educational, Scientific and Cultural Organization, it enshrines inside magnificent artworks realized and donated by the most influential artists, each one representing a different UN country cultural heritage. When I got into the Room I, dedicated for major conferences and cultural events, surrounded by a blue light that matched the UNESCO logo, full of people coming from all over the world, all together with different, visible and invisible, abilities, I was breathless. Everyone, so pleased to share his/her personal story, the ability to dance, to sing and get on the stage, free to express him/herself, ready to personally witness how sport and/or work changed their life, giving them back dignity as a person, proud to feel an essential part of humanity. Like a dream become true, each of us accepted as him/herself, not pretending or desperately trying to be “normal”. Because, at the end of the day, we have to face and finally accept that normality does not exist and is only an abstract concept. Impossible to resume the multiple important contribution that each of us left with all his/her heart. That’s why I kindly invite you to click on the following link to be addressed to some of the videos and audios (some in English, others in French) taken during the event:

<https://handicapacites.com/videos-et-audios-de-levenement/>

I hope you can feel, at least, some of the atmosphere and the feelings guiding the participants. But it was when I got outside the UNESCO building into its huge garden transformed in an open-air museum with other fantastic masterpieces of art, made by artist belonging to different cultures and countries, that I had a “kind of inspiration”.



Taking this pic, I saw the Eiffel Tower from afar prevailing on the background, and I found a strange comparison between it and the paralympic athletes.

The Eiffel tower and the Paralympic Athletes

When we think at Paris, we have in mind the Eiffel Tower, its iconic symbol that was built in record time, 2 years, 2 months and 5 days, for the 1889 Universal Exposition, 100 years after the French Revolution.

But from the very beginning, it was not welcomed by many people, especially artists, who strongly protested against this "useless and monstrous tower..." stretching, like an ink stain, the hateful shadow of this hateful column of bolted sheet metal" as "a gigantic black factory chimney."

This reminds me of the Paralympic Games, and its bold athletes that started as a bunch of World War II veterans in 1948. The paralympic athletes went and go through many kinds of discrimination at different levels. Even if not openly, you can imagine the first reaction of lots of people, thinking that sport should be a metaphor of beauty and power of human beings, who could enjoy the perfect expression of exterior and interior bodies at the top of their performances. How could impaired athletes compare with them, due the evidence of their physical limits in the difficult achievement of their strenuous efforts...that has nothing to do with the classical Greek Olympic model of perfection.

But Gustave Eiffel response seems to satisfy not only the Tower haters but whose did not welcome the paralympic athletes as well:

"I believe, for my part, that the Tower will have its own beauty. (...) Are not the true conditions of strength always in harmony with the secret conditions of beauty? (...) Now, what condition did I have to consider above all in the Tower? Resistance to wind.

Well! I claim that the curves of the four edges of the monument, as calculated, (...) will produce a strong impression of strength and beauty, for they will visually convey the boldness of the overall

design. (...)

*Moreover, there is, in the colossal, a unique attraction and charm to which ordinary artistic theories are hardly applicable."*¹

This will remind us that the concept of beauty is not absolute. There is a unique kind of charm that deeply is rooted in the extreme challenge of a person to overcome its own limits, in resisting all the adverse elements inside and outside himself. It shows all the features of imperfection and disharmony compared to the traditional standard criteria of perfection but is absolutely unique because it expresses exactly how far human beings can train themselves to overcome their boundaries.

So as the "useless and monstrous tower" represents the symbol of the Ville Lumiere, the paralympic athletes become the real metaphor of human challenge, showing their utmost beauty through their perseverance, their courage, the difficulties and the limits they have to face continuously. Because imperfection is what is closer to the real essence of humanity.

¹<https://www.toureiffel.paris/en/the-monument/history> (visited 05/22/2025)

When I came back home to Italy, I thought that it could not end like this.

This incredible event, the experience of being part of it, even for only one day, gave me hope for a future that is not utopia. It could become reality through our daily work and effort on education and solidarity. These are the two fundamental cornerstones to create a new society where normality and its empty meaning will disappear, while the multiple and various different abilities of each person will be enhanced and become the integral part of this wonderful kaleidoscope that humanity is. So, together with the Editorial Board, we decided to dedicate an issue of the ICB Chair's newsletter to Discrimination and Different Abilities.

Let's start this adventure! Enjoy it!

Alessandra Pentone

Head of ICB "Ethics & Disabilities as Different Abilities" Department
International Adviser of Bioethical Voices, the ICB Newsletter

Dear friends, dear colleagues,

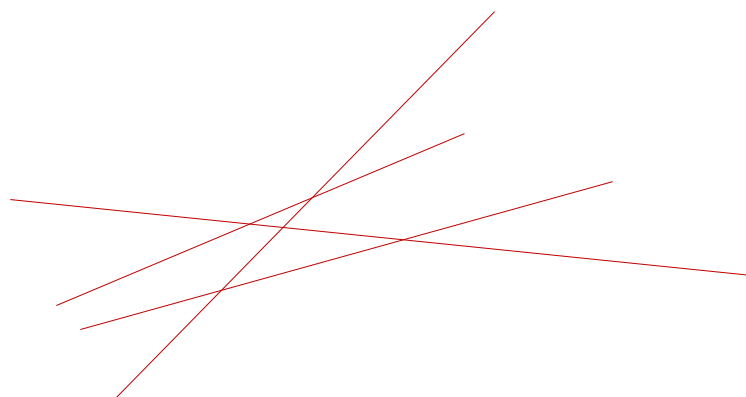
It is with a certain emotion and deep joy that I announce you that the next issue of Bioethical Voices, the newsletter of the International Chair in Bioethics (downloadable for free from the website <https://www.int-chair-bioethics.org/> in the library section), will be entirely dedicated to the topic of Discrimination and Disability as Different Abilities. Normally, it collects news on the activities of the International Chair in Bioethics, the largest and most widespread international organization in the world of experts and scholars of bioethics spread across the five continents, counting more than three hundred units affiliated with universities or hospitals, which include doctors, nurses, physiotherapists, jurists, philosophers, psychologists, sociologists, pedagogists, educators, professors and students and other professionals who carry forward in their own culture, in their own country, in their own life the message of human ethics and bioethics in all its facets. Now, however, for the first time, this issue will be entirely created by you. The idea was born after my experience as a guest representative of the ICB and of my Department of Ethics & Disabilities as Different Abilities of a conference on "Disability, Sport and Work", held immediately

after the 2024 Paralympics at the Maison UNESCO in Paris. We thought that telling this experience was not enough. The desire is that each of you, to whom this message is addressed, can contribute personally with a text of max two pages and if you want a couple of pics and/or images, freely expressing a thought, a personal experience, your social activity, your work or in any case your ability, not essentially linked to the concept of discrimination but showing how the human being is capable of expressing in many ways the ability to overcome obstacles **and create new life strategies** for improving the quality of time lived and in the spirit of solidarity which is what makes us truly human and authentic people. I do not want to use the concepts of empathy, resilience, integration and inclusion, all so cleared by customs that they have been emptied of their meaning. As I often repeat, each of us at the moment we come into the world has our holy right to have our own place on Earth. We do not have to be included, much less integrated in any place. Nor do we need empathy and resilience. If we rediscover our humanity, made up of fragilities and strengths, defeats and excellences, we begin to know our true nature as social beings who need each other, regardless of our status, our health, our culture, language, race, culture. Authentic solidarity represents one of the most important and elevated values, which unites us allows us, not only to improve our quality of life, but also to achieve extraordinary and unimaginable things, surpassing ourselves. So, I kindly ask you to become a piece of this mosaic, to give yourselves and all those who will read you your experience of life, of work, of DIFFERENT ABILITIES that every day, with so much effort and commitment but great will and perseverance, you create, develop and carry forward.

Thank you for your precious contribution, coming from all over the world, concerning the different abilities in multiple fields. Each one was free to send a text, sometimes anonymous, writing a scientific article or a personal story, giving each of the readers a different focus on different kind of problems and realities.

This is only the beginning and...what a start!

For all the people who could not take part to this project or them who could not write their text in time, don't worry! You can always write to bioethicalvoicesnews@gmail.com and your contribution will be included in the Disability as Different Abilities section in the upcoming numbers of the ICB Newsletter.



A new perspective

By **Alessandra Locatelli**
Italian Minister for Disabilities

Italy is carrying out a major reform on disability which is inspired by the UN Convention (CRPD) on the “rights” of persons with disabilities and supported by associations, families, third sector entities.

The great work done at the G7 on inclusion and disability, the first meeting at a political level dedicated to these issues that has ever taken place in history, was a big step to reaffirm - strongly – the value of the CRPD and to promote a new policy perspective.

The final document of the G7, the Charter of Solfagnano, indicates that we have all committed to working on 8 priorities - among which the topic issue of the protection of persons with disabilities in situations of risks such as climate crisis, armed conflicts and humanitarian crisis- and we will not back down!

I am convinced that now is the time to focus on the abilities, talents and skills of people and to develop good practices in education, training, work environment and daily life. Now is the time to invest in their potential and stop looking at the limits of people. Against discrimination and to have a real cultural change.

We need to work together, to give value to people, to offer opportunities and not to leave any one behind!

The challenges are many and complex: we need to improve services, making them more flexible; we need to ensure adequate measures that can support families and caregivers, we need to promote inclusion and universal accessibility in all aspects of their daily life.

Above all, we must push for a leap in cultural quality, a leap in civilization, in Italy and in all our countries.

The data tells us that the number of people with disabilities is constantly growing, we cannot ignore it and we must focus on policies that value people.

We must reverse the order of priorities, in political actions and in economic investments in our countries! Our communities must be not only inclusive, but economically sustainable for all, also through new technologies, and must be able to offer opportunities.

In particular, Italy is acting on 2 fronts: promote more integrated policies by overcoming the fragmentation between health and social responses, in favor of tailor-made projects, which start from the desires of each person; guarantee specific and adequate resources for the development of more innovative and flexible services to support autonomous and independent living.

This is why Italy has decided to dedicate a 380 million euro fund to promote everyone's right to full participation and to a life project.

From here and for the future we can work together on a shared strategy to promote the centrality of the person.

If we work together we can do more and better for all.

ICB Newsletter

Discrimination and Disabilities as Different Abilities

Rui Nunes

Head of the International Chair in Bioethics

The purpose of the International Chair in Bioethics (ICB) is to promote a Global Network of Institutes of Bioethics and Medical Ethics in both developed and developing countries, in accordance with the UNESCO's Universal Declaration of Bioethics and Human Rights. Following Prof Amnon Carmi's vision of creating this international network, the Chair is now an independent international organization and has the statute of a Cooperation Center of the World Medical Association (WMA). More recently the ICB has assumed as its strategic goal to become the United Nations of Bioethics. Meaning that all countries, cultures and traditions are welcome, and that all people, without any discrimination, are an integral part of this global project.

As an international organization that promotes bioethics and human rights, the inclusion of all people despite their differences, namely a specific disability, is one of the main concerns of the ICB and is at the core of its activities. Departing from the perspective that a disability should be progressively regarded as a difference, the International Chair in Bioethics is deeply committed to promoting inclusive societies at a worldwide level, also considering that very often there are intersectional conditions that must be dealt with for instance, disability, gender, ethnicity, etc.

To deal with these issues the International Chair in Bioethics created a specific department – *Ethics & Disabilities as Different Abilities Department* – chaired by Prof Alessandra Pentone, with the support of Prof Miroslava Vasinova, one of the founders of the chair. At the core of its activity is the promotion of inclusiveness at all levels of modern societies.

To accomplish this goal ICB has an ambitious agenda namely holding conferences, conducting studies, or publishing white papers to influence global public opinion on the importance of this issue. This agenda includes promoting access to inclusive education, providing access to the healthcare system that considers all the specificities of people with disabilities, and the exercise of a dignified profession. The promotion of inclusive sports and recreation, the participation in social events, and in artistic and cultural activities – within a broad vision of cultural prescription – will also be a strategic priority for enhancing social skills. Considering that AI inclusiveness is another relevant aspect to consider, it is essential to promote the use of online platforms, virtual reality experiences, and online gaming to provide opportunities for social interaction. All these initiatives will reduce social isolation, improve mental health, increase self-esteem, confidence, and a greater sense of belonging.

As the Head of the International Chair in Bioethics, I am personally committed to promoting international strategies for the inclusion and non-discrimination of all people, and to fostering cooperation between different international organizations that share the same values and objectives. In this way, it will be possible, all together, to promote a more peaceful, tolerant, and developed global community.

A Short Note: Disability as a Source of Unique Perspective and Ability

Shai Linn, MD, DrPH

Former Dean of the Faculty of Welfare and Health Sciences and former Head of The School Of Public Health at the University of Haifa, Israel.

The idea of disability as a form of unique ability offers an important and valuable perspective. People with disabilities or challenges can contribute significantly to society by offering insights into what truly matters and demonstrating the diverse ways individuals can make a difference. For instance, individuals who have become disabled due to injury or illness can emphasize the importance of early intervention, treatment, and prevention. Their experiences can inspire reflection on how to make our lives and environments safer and more inclusive.

Moreover, people with disabilities often lead the way in developing innovative solutions—such as new sports, alternative methods of medication delivery, or improved systems of transportation and education. Their perspectives can also drive breakthroughs in scientific research, particularly in fields like neuroscience, which not only benefit those with disabilities but enhance our overall understanding of human health.

Importantly, the perspectives of people with disabilities have the power to transform every field of science and reshape society. In a broader sense, we all face limitations in different ways. Those with visible disabilities often show us how to discover our inner strength and inspire new approaches to building a better future for everyone.

The changing perspective of disability from the reconstructive perspective of different abilities

Tommaso Spasari

Professor of Occupational and Legal Medicine and BioLaw at the Niccolò Cusano University of Rome.

Introduction

The concept of disability is vast and not necessarily related only to the physical dimension but also involves the mental one. Therefore, in the past, disability was primarily understood as a physical, sensorial, or cognitive limitation. However, it is increasingly being framed within the paradigm of "different abilities." Thus, the modern notion transcends the traditional medicalized perspective and focuses on the specific aspects that define the uniqueness of each individual. In light of this new understanding, the outdated perspective that equated diversity with a deficiency has been partially overcome, instead considering it an enrichment for society. Unfortunately, in certain workplaces, backward mentalities and unacceptable forms of discrimination persist,

preventing the full social inclusion of people with disabilities.

In reality, the concept of "different abilities" is based on the belief that every person, regardless of the presence of a motor or cognitive disability, possesses different skills, talents, and potential. The modern medical approach to assessing the degree of disability contrasts with the traditional view that tends to highlight the shortcomings and limitations of individuals with disabilities. The goal, therefore, becomes the recognition, valorization, and promotion of each individual's unique abilities rather than emphasizing their functional limitations.

Therefore, in education and the workplace, this perspective implies the implementation of inclusive strategies, as well as reasonable accommodations and the creation of individualized pathways, to enable individuals with different abilities to contribute effectively to collective progress. In this innovative vision of education, school inclusion also serves the function of physically integrating students into a classroom, as well as ensuring access to suitable tools and methodologies to foster effective and active participation.

Types of discrimination

Discrimination against people with disabilities can manifest itself in various direct or indirect ways, such as architectural barriers, i.e., the presence of physical obstacles that impede mobility and access to essential services such as schools, transportation, public offices, or the workplace. However, many critical issues arise in this area, such as the lack of elevators large enough for wheelchairs, ramps, and accessible restrooms.

Another critical issue concerns social exclusion, i.e., the invisibility of individuals with disabilities in society, but also in the media, art, and culture. Unfortunately, there are still many prejudices and stereotypes based on scientifically unfounded beliefs, which assume that disabled people are unfit or unable to participate in work or social activities.

Institutional discrimination also persists within the regulatory framework. This refers to laws or regulations that fail to guarantee equal opportunities, but also fail to provide effective accommodations to compensate for disability in the workplace.

Furthermore, there are also forms of indirect discrimination, which occur through seemingly neutral practices that nevertheless have negative effects on people with disabilities. Indeed, some educational or employment selection systems fail to consider the specific needs of candidates, eliminating those with physical or mental disabilities through specific practical tests designed for able-bodied people.

The consequences of discrimination

Discrimination against people with disabilities can have multiple consequences that could negatively impact their health, self-esteem, and social participation. These forms of discrimination can exacerbate the isolation and depression of people with disabilities, partly due to fewer employment opportunities, as society often fails to adequately value diversity and fails to implement specific inclusive policies.

It should be noted that a lack of inclusion collectively implies a loss of individual capabilities and potential. Therefore, societies that fail to value diverse abilities forgo the unique and important contributions that each person can make through their work.

Prevention of disability

Medicine has made significant progress in recent decades, especially in understanding the causes of diseases that can lead to disability. However, the public is mistakenly convinced that disabilities are congenital, occurring at birth or at a young age. Conversely, many diseases, including road accidents, work-related accidents, and especially some autoimmune diseases and some can-

cers, can cause serious disabilities. Furthermore, cardiovascular and cerebrovascular diseases are the most likely and most serious causes of death, illness, and disability in the Western world. Indeed, ischemic and hemorrhagic strokes in particular cause severe hypoxia and direct brain damage, resulting in aphasia (the loss of the ability to speak and understand verbal and written language), apraxia (the loss of the ability to use tools and various objects), and dysphagia (difficulty swallowing food and liquids). Finally, severe brain injuries can permanently impair the ability to walk, thus impairing people's independence, leaving them unable to care for themselves or even perform normal daily activities. In these cases, the loss of health coincides with the loss of self-sufficiency and a higher risk of accelerated cognitive decline. Therefore, precisely from this reconstructive perspective, a comprehensive preventative approach is more essential than ever to avoid the onset of new disabilities, which, in a context of limited resources, significantly increase the emotional and economic burden on families and caregivers, who remain the most exposed to long-term negative psychological consequences.

The rights and protection of disabled people in the Italian legal system

The UN Convention on the Rights of Persons with Disabilities has internationally highlighted the importance of eliminating all discrimination, promoting equality, and encouraging respect for diversity and acceptance of individuals with disabilities. In the Italian legal system, Law No. 67/2006 provides judicial protection for victims of discrimination based on their disability. Furthermore, Law No. 104/1992 establishes the right to social, educational, and occupational integration for persons with disabilities.

Promoting the social inclusion of disabled people

To effectively combat discrimination, intervention is necessary at various levels, especially regarding the education of future generations, and especially by raising awareness among teachers, students, and families of the value of differences as a factor in the evolution of the human race. It is also essential to encourage an inclusive cultural model starting from childhood.

Furthermore, it is important to focus on a universal design system, implementing policies and practices that increase everyone's participation in the social life of the community. Therefore, accessible spaces should be created and adequate technological aids provided.

Another key aspect is increasing the active participation and presence of people with disabilities in all social, cultural, and work contexts.

Finally, vocational training is essential, creating personalized career placement and support programs that enhance personal skills.

Concluding remarks

It must be reiterated that recognizing disabilities as different abilities is a fundamental prerequisite for building a truly inclusive society, capable of valuing and promoting the diversity present in the human population. However, to achieve this, prejudice and discrimination must be definitively overcome through education, regulatory innovation, and the active participation of all. Indeed, simply removing physical and architectural barriers is not enough; the greatest challenge lies in eliminating social and cultural prejudices, ensuring all citizens enjoy equal dignity and equal opportunities in all areas.

FROM THE PROTECTION OF INVALID PEOPLE TO THAT OF PEOPLE WITH DISABILITIES

Marco Massari

MD, Legal Medicine and Occupational Medicine specialization Past Coordinator of the INPS (Italian National Social Security Institute) Apulia Region Legal Medicine Center

Being grateful for the opportunity to briefly describe my medical background, I would like to underline that this experience is the result of approximately forty years of work in the field of Italian legal social security and welfare medicine, particularly as a physician belonging to the largest European social security institution. The role of the medical examiner in Italy is to combine the biological condition we examine in each single clinical case within the legal framework, we are required to evaluate.

Therefore, in the field of social insurance, it is essential to recognize the rights due to the patients who are meeting the requirements satisfying the requested conditions, and, at the same time, to deny them to those who do not deserve them.

During my forty-year experience, we began in the 1980s, when the protection of the “invalids” (both in social security of insured workers, and, even more, in welfare of ALL citizens, including minors and the elderly) was conceived merely in economic terms. There was therefore essentially a monetary benefit in the form of compensation upon the occurrence of a disability beyond certain thresholds. In the 1980s, 1990s, and 2000s, this led, among other things, to unhealthy appetites aimed at hoarding the disbursed sums; hence, a particular focus on public finances by politicians, as well as the phenomenon of false invalids, which impacted the national economy and led legislators to implement various controls and verification measures on beneficiaries.

A first, radical shift in the concept of people to be protected occurred in 1992, with Law 104 (protection of the disabled), which no longer provided for direct economic assistance (which, however, remained in place according to other previous laws), but primary needs were met through the granting of multiple welfare aids (work permit, leave of absence, tax relief, and other benefits) to support the situation of disability or social disadvantage suffered by the individuals. This thus entered the realm of a medical but also social assessment, aimed at identifying and quantifying the disadvantages caused by a given clinical condition.

I therefore developed believing, repeatedly reiterated at congresses, conventions, and technical meetings, that it was necessary, if not to leave forever, at least to strongly integrate the concept of compensatory protection, as “merely direct financial protection”, in order to achieve service protection; providing disadvantaged people with the aid they need, especially in the most serious cases of dependence, where the provision of personal assistance services, instead of or together with the attendance allowance, would have been much more of help to the primary needs faced by families.

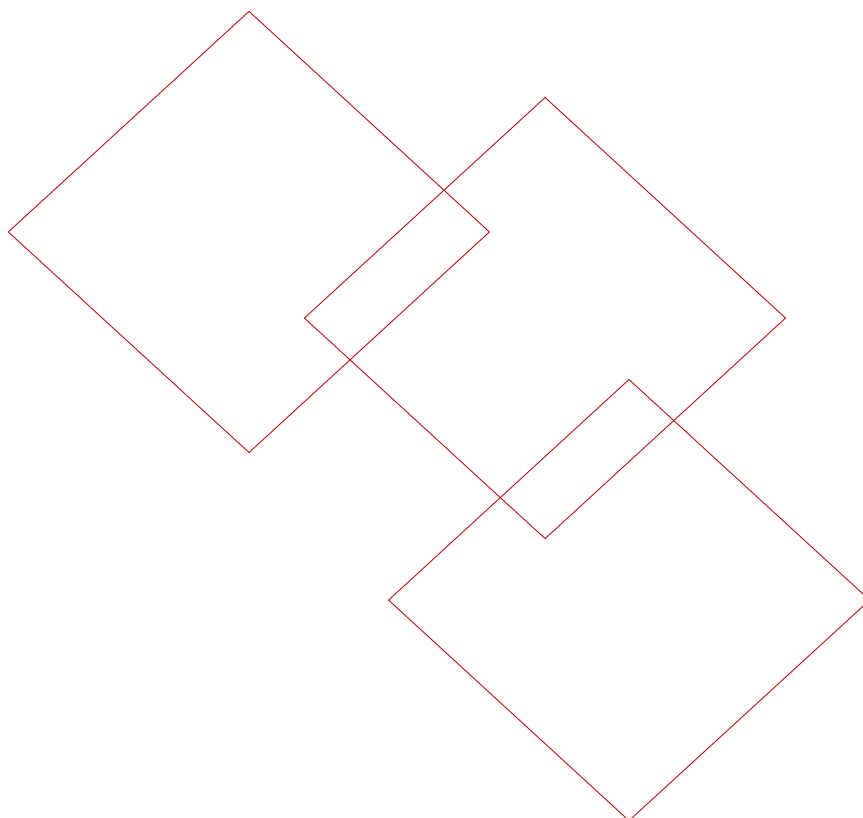
Well, in 2024, with Legislative Decree 62, enacted by the United Nations Convention on the Rights of Persons with Disabilities (New York, December 13, 2006), approved and put into effect in Italy through Law March 3, 2009 (being extremely late!), the term “handicapped person” was banned and replaced by “person with disability.” This is certainly not just a semantic or trivial is-

sue. Indeed, the focus of the project is the PERSON; the State must make every effort to ensure that the disability of a person does not hinder him/her in any aspect of life, promoting full inclusion in school, work, and society.

This is certainly a significant step forward for the protection of persons with disabilities, as the law provides among other things, new concepts such as the life plan (aimed at achieving the objectives of the person with disabilities improving personal and health conditions in various areas of life, facilitating social inclusion and participation in various life contexts on an equal basis with others) and the “reasonable arrangement”, where the State identifies the necessary, relevant, appropriate, and adequate measures and adapts that do not impose a disproportionate or excessive burden on the required person.

From a technical standpoint, the law will then provide (the law has not yet been implemented, other than an initial, partial, and incomplete trial) a bio-psycho-social assessment, with the participation of physicians, but also of professionals belonging to the psychological and social fields. However, the financial compensation protection already provided for by the previous legislation remains fully in force.

On the eve of the law's implementation (unfortunately, it has already been postponed for a year, with its full entry into force in 2027), many questions need to be asked: will the protection of people with disabilities be fully implemented? Is this law truly disposed by the legislature, or is it merely required by the application of international conventions? Will it be possible to gradually transition from the concept of compensation to the concept of services I advocate? Posterity will have the arduous task.



INPS (Italian National Institute for Social Security) Apulia Region: new projects and challenges

Vincenzo Tedesco

INPS Director ad-interim of Apulia region INPS Director of CAMPANIA region

Dorotea Iolanda Ciccolella

INPS institutional relationships and management secretariat Apulia region

INPS (Italian National Institute for Social Security) is strongly committed to inclusion and equity, partly because its responsibilities include providing financial and non-financial assistance services to people with disabilities. These duties have fostered awareness and development among the employees involved in these activities, who are driven themselves to implement initiatives facilitating user access to the services offered.

Here are some of the activities carried out by the Institute in Apulia Region.

Beginning in 2019, partly following the proposal of an Institute employee, a Memorandum of Understanding was signed with Bari General and Pediatric Hospital. In collaboration with the Joint Consultative Committee, an information desk dedicated to patients was activated. In 2024, this desk welcomed 220 contacts, primarily focusing on procedures, timeframes, and requirements for accessing services.

Last year, the Bari General Hospital hosted two six-hourlong training sessions held by INPS on disability-related benefits, addressed to approximately thirty patient associations affiliated with the CCM.

Inspired by the outcomes of these seminars, a Mini-Guide on disability-related benefits was developed and distributed. Its aim is to provide users—as well as associations, welfare agencies, general practitioners, family planning clinics, and local health authorities (ASL)—with a clear overview about healthcare and administrative procedures required for disability status recognition and healthcare benefits provided by law. This tool, sent to all local health authorities (ASL) and hospital facilities, regional welfare agencies, professional associations, and patient associations, is available on the website of the Puglia Disability Ombudsman and on the Puglia Salute app. The Guide was promoted at meetings with stakeholders and events dedicated to disability and is displayed at URP offices, CML offices, and local agencies. It has also been published on the Press Office app.

The Lecce Medical Legal Center has launched the "INPSmiles – Kid, there's a present waiting for you" venture, which is achieving resounding success. This 12-square-meter play area is designed for the kids who visit the medical legal office, who are delighted to be able to pick up and take a toy with them. During the Christmas season, a "dynamic tree" is set up, while chocolate eggs are distributed during Easter. Likewise, at the Bari Medical Legal Center, a 6-square-meter play area was set up in December according to the "Christmas for all: Let's give children a smile" venture. During this time a fundraiser was launched in order to build this area, so that young patients can feel a more relaxed and reassuring atmosphere while waiting for their medical appointment. To guarantee the ongoing project, toys, books, and drawing materials can be offered all year long.

In our region, moreover, seven mobile help desks are available, including those at the Casarano Complex Agency, and a "Voice Help Desk" service is available at the Bari office, overall being eight direct contact points. As part of the EVCAN (Evolution of Channels for Fragile Users) project—dedicated to vulnerable groups such as the blind, deaf, and 100% disabled over 75—in ad-

dition to the assigned telephone line, email address, and services on the INPS Web site, a second-level consultation service is available, managed by specialized operators, accessible in person, by phone, or via web meeting. The web meeting service is currently being implemented, which will involve the support of an Italian Sign Language (LIS) interpreter, to ensure full accessibility and inclusion in remote consultations.

On February 28, 2025, a collaboration agreement with the Italian Multiple Sclerosis Association provides information and services to a group of users especially requiring assistance. According to this collaboration, an informational event entitled "Disability and Invalidity: The Evaluation Process from Current to Future" was organized in the council chamber of Bari Municipality. In this occasion, the INPS Regional Medical-Legal Coordinator detailed in her presentation the most significant medical and healthcare aspects of the new legislation. The interaction between the parties allowed for significant in-depth debate concerning this subject. People attending expressed considerable appreciation for the initiative, emphasizing the importance of such opportunities for discussion and updating. Above all, the symbolic and substantial value of the INPS-AISM Puglia protocol, one of the first in Italy on the topic, was underlined.

Another highlight is the Foggia INPS Provincial Directorate, which periodically promotes Blood Donation Day, organized in collaboration with Avis Foggia, the GINA Association, and the Riuniti Foggia General Hospitals transfusion service.

Other initiatives concerned gender-based violence.

At the Brindisi Provincial Directorate, the "Eleonora Manta" Room was inaugurated in memory of the young newly hired woman victim of a tragic event. Meanwhile, the Puglia Regional Directorate, in collaboration with the CUG and the University of Bari, promoted a meeting for all staff on health and well-being, with a particular focus on psychosocial risks, mobbing, and conflict prevention in the workplace.

In the same period, during the audit of the certifying body for the equality certification process, regional initiatives promoting equal opportunities were presented and sample interviews were conducted on the topics of inclusion, gender equality, and staff integration.

During the International Day for the Eradication of Violence against Women, INPS, in collaboration with INAIL (National Insurance Institute for Accident at Work), released an awareness-raising poster and distributed the "8-Step Guide for Women Victims of Violence," promoting a charity collection for support organizations and decorating public spaces with evocative symbols. A "pink helpline" was activated at regional offices to provide information on prevention and protection against gender-based violence.

On January 31, 2025, the "INPS Network for Inclusion - Action Line for Women Victims of Gender-Based Violence" protocol was signed with Arpal Puglia - the Brindisi, Lecce, and Taranto areas - to start a collaboration aimed at facilitating access to INPS information and services for women and minors who are victims of violence. Specifically, the Institute offered its availability for dedicated meetings, online or in person, even in protected spaces, to provide the requested counseling and assistance services by employment centers. Moreover, we would like to highlight the "Presentation of the 2024 Puglia Gender Report. Actions, Best Practices, Future Strategies," held in Bari on June 24, 2025. This event provided an opportunity for a collective and in-depth reflection on the topic of gender inequality, fostering synergies to adopt decisions safeguarding women equal opportunities in every sphere of social and economic life, according to objectives set out

in national and European legislation, including the 2030 Agenda (Objective 5). Finally, we would like to point out the identification of a regional Disability Manager, whose role is to act as a facilitator in the area, assessing critical issues and, where necessary, proposing corrective actions to local employers in the region, in order to simplify access, stay, and return to work for people with disabilities. The initiatives listed, in addition to the daily activities involved in processing benefit applications, represent the Institute's commitment throughout the region to supporting certain categories of users, ensuring they are properly guided in protecting their rights. Our hope is to be helpful by ensuring the availability of public administration services when needed.

Multi-dimensional value proposition: creating a network between Employment Centers and Healthcare Social Services of Apulia Region

Dr Maria Cristina Altieri

In the current Italian context, can labor market policies and social and health policies be considered converging systems or parallel worlds? The 'reorientation' of the service system tailored to the individual's real needs and the direct involvement of users in the creation of personalized plans. The historical and cultural period of recent years, characterized by Covid-19, global geopolitical instability, and significant legislative and social challenges (NRRP as National Recovery and Resilience Plan, Next Generation EU), in addition to creating a watershed with the past, has partially redesigned a new path for local public services. This has led to the emergence of new legislative and operational scenarios, thus highlighting the urgent need to collaborate synergistically to build public value along this path. From this analysis originates this paper, which began with a multilevel analysis of the needs and resulting in ordinary and emergency strategies offered to citizens in the welfare sector, both in local social settings and in the Active Labor Policies sector of the Apulia Region. The focus of the analysis is on young citizens participating in targeted placement programs and vulnerable groups. From a target group for which purely welfare-based responses have been developed, detached from the ability to address actual and transformative organizational needs, to a reinterpretation of the public entity's mission that transforms the insidious "we've always done it this way" logic into a new value paradigm. The biopsychosocial model encompasses all areas of public policy intervention, particularly welfare, health, education, and employment policies. These policies require intersectoral collaboration and an integrated approach. Alongside solutions that improve health and reduce disability, there is a need for renewed political attention to the sector, aimed at supporting the local capacity to connect services, policies, and tools in a systemic approach. Indeed, social needs, with the traditional boundaries between different categories of actors blurred by major systemic changes, are constantly evolving and can play a central role in an epochal challenge for public administrations, whose guiding principle is increasingly the promotion of social inclusion, rather than the non-guarantee-based and residual focus on combating social exclusion. Furthermore, social innovation is no longer characterized entirely by collaboration between public, private, and non-profit sectors, but rather helps in bringing together actors operating at different institutional levels, from local to regional, from national to European, thus fostering new forms of governance that are both multi-actor and multi-level. As highlighted in the introduction, the construction and, above all, implementation of the network in local contexts presents both light and (very) dark sides. In our case study, integration needs and challenges emerge when designing and performing targeted interventions in a unified and joint manner between employment services and social and health

services. Undermined by several key and collateral factors, the development of public services, hoped for and praised by many sources, is idyllic on paper, yet in reality remains stuck in a bottleneck or enacted through one-off initiatives. How can this vision be transformed into reality in such a heterogeneous context? Understanding the benefits and the ability to generate appreciable, short-term, and sustainable benefits can make the difference, and define how this opportunity is seized or endured. Building on the arguments outlined thus far, the project concept outlined in the following paragraphs begins with this paradigm. For the WHO, the perception of health and disability takes into account the complexity of interactions with the life context. The new definition of disability therefore becomes a health condition in a disadvantageous environment. Consequently, disability is no longer the problem of a minority group within the community, but rather a condition that anyone can experience during their lifetime. A topic that concerns everyone, as anyone can have a health condition that, in a given environmental context, becomes a disability. Social inclusion, therefore, becomes a transversal concept and strengthened in theory, less so (perhaps) in practice. Considered by the PNRR as one of the central themes on the agenda of policy makers and one of the cornerstones (in line with the United Nations Convention on the Rights of Persons with Disabilities, of the projects to be developed), the right to work of for disabled people, with its regulatory aspects that have emerged over time, has as its primary aim the promotion, inclusion, and integration into the workplace through support services and targeted placement.

This new challenge, if not adequately supported by new interpretative lenses, risks becoming an exclusively administrative obligation, reducing the institution to a Fordian chain of bureaucracy and numbers, rather than a performance-based reform with significant value and innovative impact. Targeted placement, on the other hand, is a means where one of the main clusters is young people with disabilities whose need can no longer be limited to certifying their situation “on paper”, but to offering them joint and effective responses through and with employment, social, and health services. Is it possible, therefore, to strengthen this system that begins with the users and transfers it to a system that aims to satisfy an often-unexpressed need for multidimensionality? The opportunity to rethink processes and management methods dedicated to the (sensitive) group of young people with disabilities in prime working age, addressed toward a default certification process for access to Employment Centers, identifying needs, and collaboratively co-creating their professional and life paths, can truly be a beneficial combination for the organization and, more broadly, for the community. This upgrade from an organization with extremely administrative tasks and improvise user management to one whose service is embedded in a life experience and the expectations of each beneficiary, defining the dimension of value within the context, pinpointed by the way a public service impacts the individual. In the core areas of this project—social and labor—further skills are required in terms of flexibility and dynamism, in addition to the ability to fix the needs of autonomy, identification, and organization of one's mission. To overcome the logic of activity that results in the multiplication of organizational silos, it is essential to break away from the established path, making visible the need for change and its benefits—individual and collective, material and symbolic. A strategy that reconnects interdependencies by developing a shared network vision and reacts promptly to citizens' multiple needs. Overcoming the logic of fragmenting individuals by recognizing their needs, whether they are "objectifiable" and therefore measurable and remunerable (or potentially so), placing the organization as a synergistic promoter in a maieutic manner with other public actors, clarifying a series of personal and social dimensions that are not strictly preset. A "dynamic" and evolutionary, technically-oriented implication leads to the identification of problematic and distinguished value propositions, doable with each other, and allows for dialogue between different social actors in designing inclusion paths by introducing a project-based functional strategy through the

definition of temporary responsibilities and the creation of transversal working groups. Multidisciplinary teams, heterogeneous in terms of professional cultures, motivation levels, and organizational models, shape the different lenses through which the service is interpreted, and situations in which different solutions are present simultaneously. They can carry out a sort of tailoring work on the users that can in turn generate independent and broader value (development of social, financial, and work autonomy). The reference parameter for sizing is represented and broken down both in terms of work (improving the employment of individuals) and social and health (reduction in requests for economic benefits and independent life planning). Catching the dynamism of these experiences, investing in inclusive strategies and understanding how and to what extent service innovation is possible, can contribute to the creation of public value, not only promoting equality but also boosting the region's economic growth. Just as the GNH (Gross National Happiness) is an indicator for calculating the well-being of Bhutan's population, whose criteria include air quality, citizen health, education, and the richness of social relationships, for public administrations, particularly local ones, accountability can represent a forerunner to renewal and social impact. In addition to considering our GDP (Gross Domestic Product), therefore, it would be preferred to focus on the overall well-being of citizens and implement the Gross National Happiness (GNH) indicator; because, in terms of citizen well-being, even a small country can be one of the best in the world. The next service season for local authorities must be one focused on engagement with recipients and the creation of value, in which street-level bureaucrats can embody the challenging yet fascinating role of creators and leaders of a new and evolved concept of service, a different channel of interaction with citizens, a new system of aid delivery; crossing the mere technological and, above all, quantitative framework. A challenge of widespread and integrated value and managerial skill, a new welfare system to be embraced with appropriate planning and enthusiasm. "We are trying to build a more inclusive society. We are about to create a country where no one is left out." F.D. Roosevelt

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Healthy environment and safe climate for human life

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Contributing to your own development and growth is a constructive thing, while participating in positive and effective work in your community is an honor. This is what I have strived for ever since I became aware of volunteer and teamwork toward those around me: my family, friends in my school, my university colleagues, my society, environment, and our climate.

The path has not been easy; it requires serious study, careful listening, experience, and, in many cases, representative performance. In fact, what has been most important to me for more than 25 years is my own commitment to what I advise others for successful action.

Reading with awareness and insight is the most important characteristic of a good lecturer.

er. Often, I have to be ready for the ambiguous and provocative questions! and I, in turn, must struggle to find clear and simple answers.

Environmental science and climate are essential for every specialist and non-specialist. The healthy Environment and safe Climate are the continuation of humanity's existence; they are the home that surrounds us all: biodiversity, including humans, animals, plants, microorganisms, and all materials, including soil, water, and air.

Climate Change is one of the issues that concerns us all, as it is a global problem. Greenhouse gases concentrations and efforts to reduce them are among the most important mechanisms that fall under the responsibility of most countries worldwide. Adapting to climate change has become an urgent and critical need. Many developing countries, which are not responsible of the causes of climate change, suffer from severe weather phenomena such as hurricanes, violent storms, floods, drought, and desertification, which impact their food and water security and their survival.

Therefore, it is necessary to develop national, regional, and international strategies and policies, as well as plans for capacity building, education, training, awareness, and cooperation with national and regional stakeholders, to help our societies. Without sufficient awareness, there will be no appropriate response to establish strong solutions towards Climate Actions.

I have worked with many groups of different ages, cultures, and nationalities. All are eager to learn to varying degrees. Children are the closest to my heart specially whom in the early stages of primary education. They are attentive, preoccupied with many questions, and even proactive in offering convincing solutions to address environmental problems. Sometimes, they, along with their families and relatives, are shocked by how to communicate information to their loved ones so they can become effective contributors to the environment and climate. I won't hide that I often listen to fellow lecturers in many fields, and I am extremely pleased to update my knowledge to enlighten my path in this vast world. One of the most influential milestones in forming a clearer picture of climate action is working with international organizations. The United Nations Framework Convention on Climate Change is one of the most important entities that plays a significant role in shaping policies and also finding solutions by facilitating capacity building, technology transfer, and providing the necessary financing for developing countries.

Listening to the member states in the negotiating consultations—which are held annually in a country around the world in November to develop an effective collective solution to save humanity from the dangers of climate change—is healthy and necessary for convergence of international and regional perspectives.

For nearly fifteen years, I have been striving to align the objectives of Articles 6 and 9 of the UNFCCC with my country's national interests in its climate action, including reducing emissions, adapting to climate change, transferring nationally appropriate technologies, and raising awareness among citizens.

Awareness-raising is an ongoing process that involves reading, understanding, analyzing, and simplifying information, as well as engaging in constructive dialogue with others to ensure that information is successfully translated into action for the benefit of our mother planet the “Earth”.



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THE COLOURS OF THE SOUL: AT THE EDGE OF THE POSSIBLE

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It is not easy to be born blind.

It is not easy to be born blind in a southern Italian city. It is not easy to live blind in the outskirts of such a city.

I was born in Bari in 1980 and, just a few months later, my family and I moved to the San Paolo neighbourhood — a true periphery of Bari. Back then, the city was far from what it is today: the outskirts were even more disconnected, socially and structurally, from the urban fabric.

Today, I want to share what it meant for me to build a life by learning to know myself, to understand and accept my limits, and try — little by little — to shift them just a bit further. My starting point was double fragility: disability and social marginalisation.

My parents discovered I was blind only when I was about two years old. After the initial shock, which you can easily imagine, they tried to raise me in the best possible way — which for them meant “just like everybody else”.

Let me tell you two episodes that might clarify what I mean.

In many peripheral districts, you can find large communal gardens in the middle of tall buildings — an unusual privilege for other parts of the city. That’s where I first learned to socialise. My father was determined: I had to be with the other children and do what they did, no matter what.

One day, a football match was taking place in our building’s pitch, and my father literally pushed me into the game. I ran around blindly, fell, bumped into others and the ball, but I stayed in the game. Slowly, my little friends got used to me and kept including me. I even played as goalkeeper — partly because they thought it would be easier to score, but also because in those spaces, de-

mocracy is sacred: everyone must take their turn in goal.

That was one of my first lessons in real social inclusion — long before I even knew what the term meant.

Acceptance: that's the key. Accepting that you are different, understanding that some things you can do and others you cannot. And this doesn't apply only to people with disabilities. It's a universal process.

It has never been easy, and even now, speaking like this, I can tell you: accepting my limits has been one of the hardest things I've done. Learning which ones I can challenge, and which are — at least for now — unchangeable. For instance, not being able to drive has always felt like a heavy burden, especially as a teenager living in a neighbourhood totally isolated from the rest of the city after dark. I would watch Knight Rider and dream — and who knows, maybe one day, driverless cars will give blind people like me the freedom we once only imagined.

Another memory I want to share is of my solitary moments in that same garden. There was a small hidden path that led to a quiet corner, and I used to sit on a low wall and gaze at the dark sky. I only have light perception — I see shadows and brightness in a very minimal way. As time goes by, light decreases, and the shadows increase. But luckily, this is inversely proportional to the inner light I've cultivated over the years.

As a teenager, I would sit in silence, feeling the immensity of the universe above me. It helped me understand how small we are — and yet how significant. That awareness made me realise something vital: I am not wrong — but the world around me might need to adjust so I can thrive within it.

And sometimes it does. I had the great fortune of collaborating with international artist Pamela Diamante on a piece of art, exhibited at the PAC in Milan and at the Nuvola in Rome, that captures exactly that: the dialogue between personal limitation and collective adaptation.

So yes, I'm here to tell you that by diving deep into ourselves, recognising our limits, but always leaving a door open to transformation, we can build a positive life — where light can overcome darkness.

As a child, my father used to take me near the airport runway to feel the vibrations of planes flying overhead. It wasn't entirely safe, but it was magical. I tried to catch those fleeting shadows in the sky, never knowing that one day, between 2001 and 2005, I would board many of those planes to speak at international conferences, representing my university and advocating for the rights of people with disabilities like me. In 2007, I worked at the European Disability Forum in Brussels, and in 2013, I spoke at UNESCO in Paris.

Today, I serve as the Regional Ombudsman for the Rights of Persons with Disabilities.

No one would have guessed this future for a blind boy growing up in a forgotten corner of Bari. And yet — it happened.

So I say: the world holds more than our minds can conceive. Never give up. Look inward to grow, and outward to dream. Keep your eyes — or your heart — fixed on the horizon.

Since 2006, my journey has also been accompanied by the paws of my guide dogs — first Dolly, now Gemma — who have given me the freedom to live fully, on my own terms.

Perhaps today I can say: My eyes are unique — because they travel on four legs.

The meaning of Disability

Maria Stragapede

Healthcare social worker

The word disability is associated with physical or mental limitations, and with the lack of abilities that everyone normally has. But who can say that nobody has none of these shortcomings?

There are those who cannot walk, but also those who cannot walk any path.

There are those who cannot speak and those who cannot express their feelings.

There are those who cannot hear and those who cannot listen.

These limitations are disabilities that affect us all and unite us, suggesting a mutual exchange of understanding, respect, and empathy, allowing us to accept all our shortcomings with courage and without shame.

“Out of Order: The Lift is Broken, and So is the System”

Ms. Amna Farooq,

Masters in Islamic Bioethics

Discrimination is a reality present in different forms. One of the forms is silence, broken ramps, elevators that never seem to work and the absence of questions like, “What do you need to be included?” These oversights may seem minor, but for those affected, they represent exclusion, invisibility, and systemic failure. Inaccessible spaces are not just architectural flaws; they are moral and social blind spot.

I observed this kind of discrimination and disability exclusion not in some outdated dusty office, but in a newly built workplace filled with people who proudly wore the badge of progressiveness. These were people who spoke of integrity, respect, and inclusion. And yet, in that very space, I saw how some individuals remained invisible hidden behind layers of ignorance, poor planning, and a lack of will to truly see.

It’s easy to overlook everyday use things like elevator until you desperately need one. A colleague with a temporary injury once struggled up three flights of stairs. Watching him cling to the railing, breathless, made it clear: this wasn’t just a minor inconvenience. It was a message. A message for all of us to think about inaccessibility and discrimination.

“It’s been out of order for a week,” someone said with no apology and no alternative. So, the lift wasn’t just broken, it represented a broken system. These failures reveal that inaccessibility is not just technical it is moral and when no one notices or addresses it, we send a message “You are not expected here.”

Imagine someone who uses a wheelchair. When they first arrived and appointed in such offices, they were greeted with warm emails, welcomed in the name of “disability quota”. But quickly, that welcome wore thin. The elevator to access meeting rooms and offices on upper floors remained out of service more often than not. Sometimes blocked by deliveries, other times just

broken. And that's the heart of the matter, that the workplace isn't just physically inaccessible for wheelchair dependent people, it is structurally exclusive and is designed for a very specific kind of body, a specific kind of worker, and sadly the "only kind" our typical system considers important.

In stated example of offices and failed infrastructure, the broken elevator isn't just a malfunction. It shows how our systems consistently fail those who don't fit the assumed norm. People with disabilities are expected to adjust to a world that refuses to adjust for them and recognize the problems. Worse still is the quiet expectation that these individuals wouldn't/shouldn't complain. They are expected to carry on, deliver excellence and show up. But the price of silence is steep: exclusion from key conversations, the pressure to constantly prove one's worth, and the heavy feeling that requesting access is somehow asking for a favor rather than a right.

We must ask ourselves: What if the problem isn't the person in the wheelchair, but the building? The planning? The thinking? What if disability, rather than being viewed as a limitation, is seen as an invitation to redesign our spaces, our systems, and our minds? Why don't we begin with the question, "What do you need?" instead of assuming what works for all? When we stop asking, "What can they not do?" and start asking, "What are we not doing to include them?" As Stella Young said, *"My disability exists not because I use a wheelchair, but because the broader environment isn't accessible."*

This all-too-common situation of architectural inaccessibility teaches us a harsh lesson. Inaccessibility isn't merely the result of poor design it reflects a deeper social failure. It is about what we collectively allow, ignore, and normalize. Disability discrimination thrives not just through broken ramps or absent elevators but through the silent consent of those who walk past without questioning. It lives in the minds of people, in their assumptions, their indifference, and in the comfort of systems that exclude.

So yes, the lift is broken. But more than that, the system that constructed a multi-story office without viable alternatives is broken too. Until we address and fix that, we will continue to enable quiet forms of exclusion. Most people will not notice them. But for those affected these quiet failures take away their most basic rights.

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www.smdc.edu.pk

For DHEP Admissions: <https://smdc.edu.pk/dhep/>

For Ethics Consultation: hec@sihs.org.pk or <https://forms.gle/1GRGRwichkR31pRy7>

¹ Stella Youn, comedian, journalist, and activist
<https://www.brainyquote.com/authors/stella-young-quotes>

DISABILITY AS A RESOURCE

Marianna Papapicco

utor and manager for students of Tourism School, freelance journalist, ex- healthcare social worker

Five years ago, I was employed as a disability healthcare social worker, never believing that this experience would have such a deep impact on me and my life. I worked in a group home housing people with psychiatric disabilities and reduced mobility patients. Every day, I dealt with new challenges as opportunities for my personal growth, allowing me to improve both professionally and individually. Working with people with disabilities often means facing hard realities belonging to individuals fighting every day for their own dignity and respect. One of the most enriching aspects of my life was learning to communicate in a different way. Disability is not an obstacle to communication; it is simply a different way of expressing oneself. This taught me the importance of truly listening, of looking beyond words, of picking up subtle cues, such as body language. Working with people whose life experiences are different from our own ones has broadened my view of the world. It has taught me to be more open, patient, empathetic, and respectful of diversity. Every person, with his/her unique characteristics and troubles, has an enormous worth. Each day spent working with people with disabilities has been an opportunity for enhancing, enriching me in ways I could never have imagined. Every step we've taken together, every challenge we've overcome, and every result we've achieved has become a part of me. This work has taught me that every difficulty can be transformed into an opportunity to improve, and that inclusivity is not just a value to be supported, but a path that enriches us all.

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Beyond Disability...Being. YOU add, not subtract!

Domenica Ladisa

Professional Educator, Pedagogue

It's the fear of being marginalized that sometimes pushes us to conform to a concept of normality that doesn't exist, that can't exist in absolute terms... It's this fear that often leads us not to look at diversity as a treasure, but (rather) as something "troublesome," that doesn't fit perfectly into society's standards. This gives rise to the discrimination and exclusion of people with disabilities, because they're deemed incapable or in need of help.

In my personal and professional experience, I've met people with disabilities who have disclosed to me a different reality than the one society tries to make us consider.

I'm sure that each of us has a talent to pursue. Someone needs more time to find out and express it, but it's there, regardless of their physical and/or mental state. I've increased awareness that we are made, indeed, of talents, but also of "dysfunctions"; Some might smile or be surprised by

this statement... I think of those aspects of our character, the fears that lurk within us and sometimes hold us back and prevent us from living fully. If only we recalled and assumed our frailties and the hardship of facing them daily, we could feel closer and more akin to those who have received a special and heavier "burden" from life and must live with it, consciously or unconsciously.

From people who are considered "with disabilities," I have learned what it means to be able to overcome obstacles and reshape life's challenges. They often confront physical, social, and emotional barriers that can seem overwhelming, yet, despite this, they go onto working, learning, creating, contributing...and they don't give up. (I wonder if I could do that?!)

Their strength and courage should be an inspiration to all of us. They show us that disability isn't necessarily a limitation and that, often, we create our own limits.

Then there are people with disabilities who aren't fully aware of it... A few years ago, I began exploring this reality as an educator, and I discovered a world of extremely sensitive people, unafraid to express their feelings, who are moved by little, who know how to empathize and share smiles that warm our hearts. When they have a bad day, they openly communicate it, and if they want something, they stubbornly demand it, because if life has taken so much from them, now they claim that little. As I write, I think of each of them and their unique qualities...the openness that stands them out and that made me feel welcomed from the start, but I necessarily think of the struggle, the big and small challenges they always face, the suffering of some that is embedded in their souls. I daily strive in my work with them, with commitment and respect, to guide them in achieving specific goals, to encourage them, and to make them aware of their different abilities. For too long, they have been persuaded they are "different," they can't do it, they have to make do with it. I speak to each person differently, but the idea is the same, and I would like to erase this belief. In these years, I have received more than I have given. I have learned so much from them, even from those refusing to exchange their glances, from the anger of those who still can't accept it, and from the catching enthusiasm of who is capable to rejoice with little and become children again.

Each meeting is a privilege, a discovery, and the opportunity to deeply question myself. My quite superficial understanding of disability, in its various shapes, has allowed me to go beyond appearances, to get the essence of the person and ensure proper respect. That's my suggestion to the readers: don't be afraid to go beyond.

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BEYOND

Giusy Simone

Physiotherapist

When I began writing my contribution in response to this call, I found myself offering a highly technical, over precise, and perhaps even somewhat aseptic interpretation of the requested topic. I'm a physical therapist and could hardly be anything other than professional, but rereading my words, I found them a bit too numb for a subject that instead engages me in a way I never imagined. My job has undergone significant changes over time; for a long period, I was solely a private practitioner in a high-profile medical practice whose clients were chiefly wealthy, upper-middle-class, with conditions that, in rare cases, resulted in permanent disability. Life, opportunities, or perhaps even missed opportunities, then cause great changes. For almost five years now, I have become part or rather, I feel belonging to a new world in which advanced and significant amount of knowledge read in university textbooks takes shape on faces, makes me listen to its voices throughout the hours of my day, and walks in the most hidden corners of myself. I began working in a residence for disabled people close to a day center, starting on tiptoe, a little scared at first, with overwhelming fear.

This new world, which amazed me every day, has transformed itself before my eyes, changing me, too. It's a world that sometimes makes me feel useful, and on other occasions totally inappropriate. It's contradictory. I feel privileged in my position and role, in being able to be close to all of them and offer technical support, but also, to give love and truly receive it beyond any expectations. I feel frustrated having to stop facing legal guardians or families' denial, people who I suspect that sometimes care little about people beyond the signatures they can write down. It's a world that has changed me completely, that has made me discover a new side of myself. I grew up with Gino Strada's books, among Emergency's traveling rallies; my dream was to become a war surgeon, I wanted to truly help and make a difference in the lives of others. Then something completely different happens. Sometimes I consider this occasion that life has given me a different attempt to try to succeed in doing it anyway.

So, this morning I decided to delete the previous text, with its definitely technical approach, from the physiotherapist's, to offer the evidence of someone who truly has a say in this matter. Her name is Rossella, she's 52 years old: hypoxia at birth caused her a motor and cognitive deficit, dyslexia, not taking away her gift of straightforwardness, even at the risk of often being boundary-pushing. At the end of our session, while I was tying her shoes, she took my hand and thanked me for the love she feels I have for her.

She said she perceives it in my hands; she detects it on her body. She notices the difference in hugs held tightly with the heart or just with the head; she feels the detachment, the distance of someone who says he understands but is actually **"out there."** She used simple but powerful words. She made me feel I'm in the right place.

This is exactly what I experience with them: simple yet powerful and strong events and emotions. Unfortunately, however, the truth is that, no matter how much sympathy we show, we always understand too little, and too seldom do we truly succeed in changing their destinies and making their lives easier.

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“Looking for home, finding Our Home”

Grazia Mastromarco

Healthcare social worker, biologist

The widespread and pressing demand for performance characterizing our era often generates a sense of inadequacy and frustration, yet we feel compelled to respond to it in order not to be excluded from the general approval. The global market and the need to show off seem to largely define and limit the abilities of each of us. Those who lack captivating talent, skill, or specific and profitable knowledge, those who don't have sway over the audience or are not suited to the general target, are recklessly rejected. People with obvious motor or mental disabilities are even more quickly excluded from the usual channels, even eliciting discriminatory reactions, regardless of the "factory defect" displayed on the stage of this huge talent show that has become everyday life. In fact, we are immediately singled out, categorized, and labeled; although we express ourselves plentifully in terms of inclusive rights, in reality the superhuman struggle falls to those with alternative resources who must adapt their existence to what the world around them offers.

I don't know whether it remained a legend or has been proven true, but the Spartan practice of abandoning deformed newborns deemed unfit to become skilled warriors on Mount Taygetos will not sound felonious to those who promote selective practices to relieve the world of some burden. There was a widespread belief that physical deformities were linked to moral unworthiness, which would have been extremely complex to prove; certainly, the effort to correct and treat these newborns would have been disproportionate to the goal of creating a disciplined and powerful army.

Luckily, against the delirium of omnipotence that affects humanity, Darwin's law has not excluded the least fit from natural selection, nor can it prevent accidents and incidents, debilitating diseases, whether congenital or genetic progressive disabilities, old or emerging psychiatric illnesses bearing down on an alienating and dehumanizing society or down on the technological modernism whose man is both creator and victim.

In short, we will always have dis-abled people with us, and despite the control we would like to exert over their numbers, life surprises us and can put even those who turn up their noses and make the necessary gestures into wheelchairs. Because it needs to be stated clearly: disabled people are troublesome. They cause discomfort, annoyance, inconvenience. Or embarrassment, pity, compassion. Or rejection. Or freezing in approaching them, in verbal exchange, in managing the situation. Or overwhelming difficulties in dealing with them.

In the super-world of supersonic speed, a disabled person is slow; in a society claiming an instant satisfaction of needs, he requires time and care; in the widespread habit of exhibit one's features of beauty in shop windows, a disabled person does not meet the required standards; in economic terms of performance and efficiency, a disabled person is a wasted resource that causes a disproportionate expenditure of resources; they are incapable of autonomy and require comprehensive and long-term assistance; rather than generating income, they are a burden whose cost falls on the community.

And yet...

And still meeting with one of them can knock your heart out.

Experience is what has an impact, teaches and changes your life. You can't call yourself patient if

you've never stood in line at the post office or in traffic; if you never make a mistake, you don't learn mercy; if you don't experience contradictions and limitations, you don't learn gratitude; if you don't fall and hurt yourself, you won't be able to rejoice in healing. And so, you must educate yourself and do it by experience.

Allow yourself to be together, to be moved by a life so different from your own, so full of certainties, comforts and advantages, habits and satisfactions; let gift yourself with new perspectives and a disconcerting and surprising rhythm affecting your own time; one occasion would be enough to give yourself new eyes on reality, one meeting would be sufficient to make your life limitless more human. It will make a difference. This experience allows you to rise above and within the hidden folds of reality.

Try to put yourself in those shoes, give yourself time, listen, and come into the world of those with other abilities, by a slow and respectful pace. The others, in their complexity, break through, overcome your borders and come into your life; they force you to escape from yourself. This time takes place nakedly, defenseless, completely exposed. It cannot be avoided, overcome, or cancelled; it is not easy to manage because it creates discomfort. The person with disability tangibly expresses discomfort, shatters certainties, overturns judgments, offers different ways of thinking. And I tell you this because I have allowed myself such an experience. Because I proved it, because I have had the privilege of meeting such special people who have offered my mind, my heart, and my routine the opportunity to change and “rev up my engine”.

In spring 2023, while I was searching for a new apartment to meet my family's changing needs, I accidentally stumbled upon a visionary and eccentric person who had found a new home for a group of special, as well as eccentric and original people. And given that fate doesn't exist, my search for a home ended with me landing in "Our Home" ("La Nostra Casa") coincidentally located just steps away from the house I would never have left because I stopped searching. The reason was that they, honored guest of my life, living all together in a group home for psychiatric disabilities and reduced mobility patients, “decided” my new life set-up. And the following summer, I volunteered with my husband on their week-long summer vacation at a holiday village in Marche region. I experienced the wild, insane joy of an experience that overstepped human borders and took on the undefined contours of a revolution, with the overwhelming victory of fragility, limitations, weakness, and vulnerability over my search for a more suitable and comfortable living arrangement. And after that extraordinary vacation, I literally pulled an old, unused social health worker's diploma out of a drawer and used it shortly thereafter working in this new house that has become my new abode, my extended family. Where not only the spaces but the soul had expanded to make room for their faces, their bodies, their eccentricities; their countless needs draining your strength and energy that punctually and incredibly renew themselves so the next day you are ready to take care of them again, to clothe them with dignity, to dedicate your tiredness and your vitality to each of their requirements. I, who until then had chosen not to work to dedicate myself to my family, now doing my first new job was captivated by a unique family and by all their simplicity, their innocence, their stereotypes, their obsessions, their repetitive and obsessive thoughts, their toothless smiles, their spontaneous words of affection that repeat themselves the same every day; by their gratitude, by their enthusiastic greetings when they see you arriving from afar, by their farewells asking when you'll be back on shift. I was enchanted by their dependence on help and assistance, by their purity and naiveté, by their candor, their eccentricity, their shameless cuddles, and by me, exercising a never-ending patience sprouting by unknown inner sources. I literally experienced my disability firsthand and became fully aware of the richness, variety, and immense heterogeneity of the human soul. I discovered that I had prejudices

being awkward and embarrassed, too because I felt different and lucky for no reason, and that because of this, I believed I couldn't be of help to anyone. Instead, this experience became enlightening. And I found that I have nothing different, nothing great, nothing better than they have. Because there is a human value that goes behind any gift and that makes each and every one of us special, capable of being together with anyone. And it's called solidarity. And it's called heart. And it's called outstretched hands.

I realized that reality doesn't change despite all your efforts, but that small, quite invisible commitments of yours are necessary, indispensable, and crucial, in a network plan, a relay of good that must never be stopped. Being there even when it seems useless, being there despite certain situations are unchangeable, staying close even when it's difficult, when you're out of energy, when you see no progress, when it seems illogical, feeling and helping changes lives from within, changes yours and theirs, drop by drop.

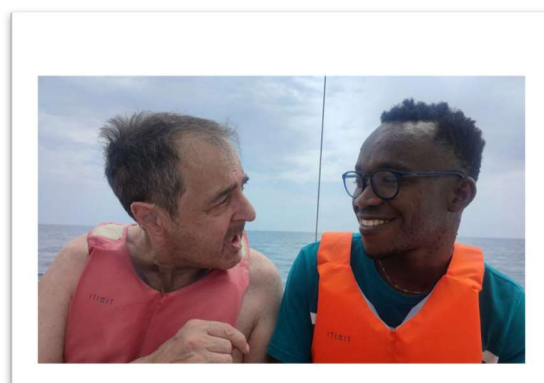
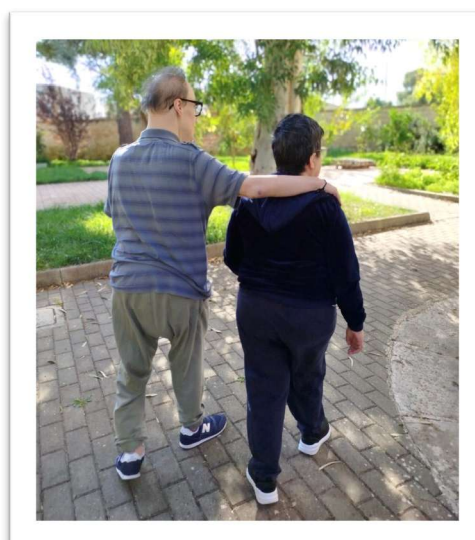
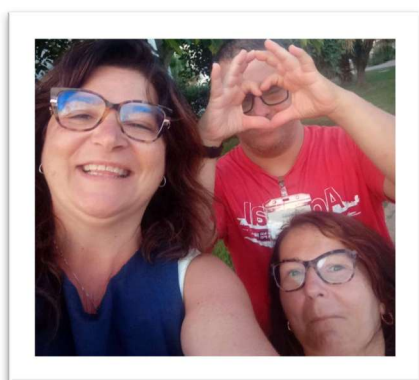
And so, I remain, in the routine of my uncomfortable work, searching for invisible pieces of paradise, tiny and tiny, in the lively and grateful eyes of my special friends, inside their home surrounded by greenery, hidden in a concrete suburb from which a sublime song of joy and life rises to the sky, crying silently on the world stage.

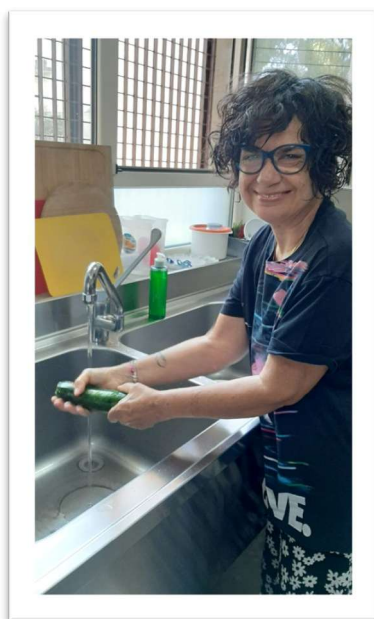
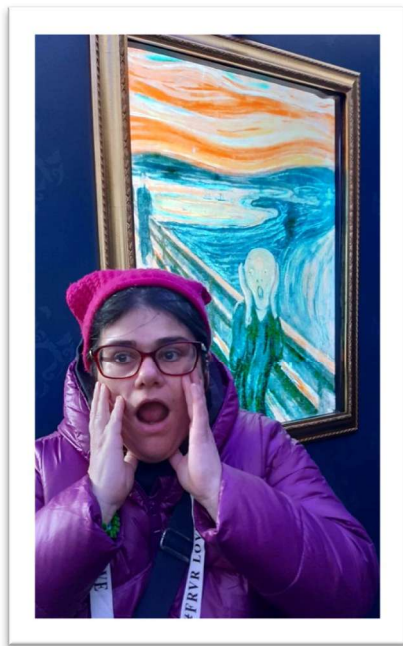
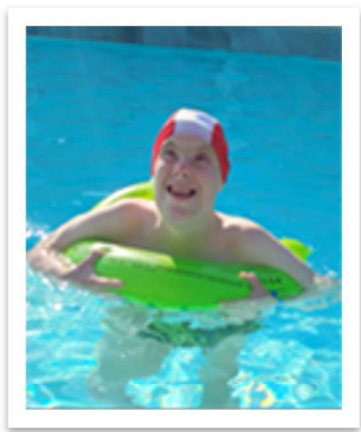
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Social pasta factory

Alessandra Ancora, Michele Fiore

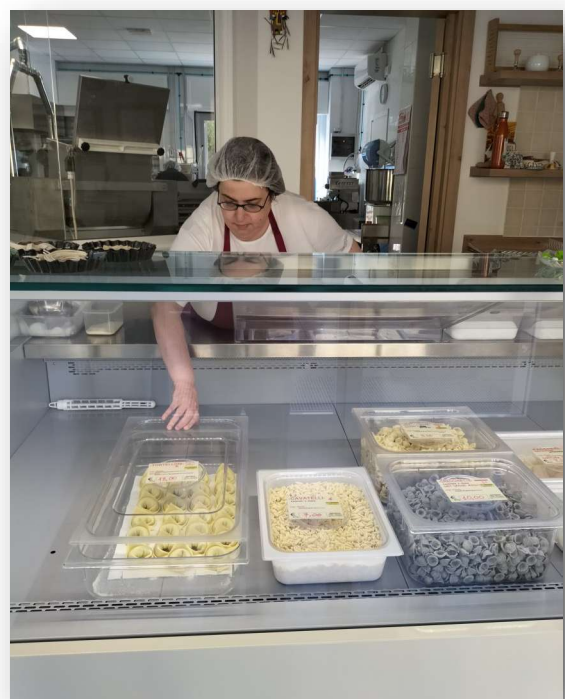
We've been master pasta makers for two generations, and while I grew up in my parents' pasta factory, my husband had been taught from spending time with me that his ability to learn and acquire competence in this field was something.

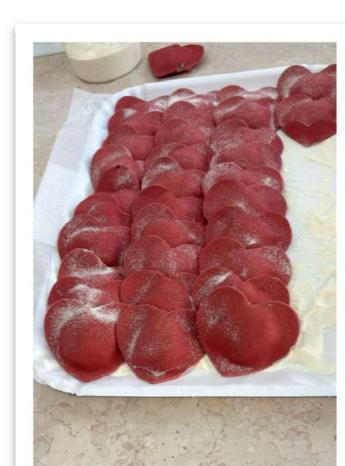
Our pasta factory began almost from scratch, in part supported by our parents (financially and professionally), but with almost no customers.

Over the years, we've achieved a reasonable reputation that has brought us many rewards. When our daughters came of age, we faced a crossroads: their career choices were headed in other directions, so what should we do? Continue by ourselves or make a complete change? The desire to get back into the game overcame, embarking us on a life-changing experience: moving to another country! In London, we collaborated with people of different nationalities, ideas, cultures, and social backgrounds. Our way of thinking completely changed. We broadened our perspectives, widened the meaning of the term inclusiveness, but above all, improved the sense of freedom and respect for "diversity." Old stereotypes are abandoned to create new people. We were convinced that our return to Italy wasn't meant to be for something trivial, and the opportunity to open a social pasta factory that includes people with disabilities didn't seem impossible; rather, it gave our return a sense of purpose and an almost celebratory value. Now, this workshop is gradually growing, with three young people with disabilities collaborating there, doing what they can. The journey isn't without obstacles, but their tenacity is planting seeds in the soft soil. We are eagerly waiting for the first shoots.

INSTAGRAM: https://www.instagram.com/mopasta_bari/

FACEBOOK: <https://www.facebook.com/michele.fiore.5268>





Students with Disabilities: Contributing to Society through Education

Rakhat A. Satybaldieva

*I.K. Akhunbaev Kyrgyz State Medical Academy
Department of Philosophy and Social Sciences
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I work as an associate professor in the Department of Philosophy and Social Sciences of the I.K. Akhunbaev Kyrgyz State Medical Academy, and I teach philosophy. In the early 2000s, I also taught philosophy and history at a secondary school founded at the academy for students with disabilities. This educational institution had just started its activities. Students with visual impairments, the visually impaired, and the blind studied there. Despite the peculiarities, the curriculum was almost identical to other medical streams, but special conditions were created considering their needs.

Before the first lesson, I had mixed feelings. I wondered: how can they contribute to medicine if they need help themselves? There were 12 people in the group, most of them were girls. After getting acquainted, I asked them the questions that worried me: how did they find out about this education opportunity? What medical professions were they planning to master? Was it difficult for them to study? It turned out that they were seriously studying anatomy and physiology, mastering massage. I was especially struck by their level of knowledge. There were also older young men in the group. Their desire for knowledge was especially vivid. We often discussed topics on philosophy, history, famous thinkers, and so enthusiastically that we did not notice how time flew. Despite the lack of vision, their thinking was deep. This inspired me too. I began to look for more information to make the lessons more interesting. Later, I found out that they read a lot of books in audio format (at that time mainly in Russian), which helps them actively expand their horizons. After working with such students, I changed my attitude towards people with disabilities. I stopped looking at them with pity. They are the same as everyone else, with their capabilities and strengths.

Years passed. One day, I went to see a neurologist at a city clinic. After the appointment, the doctor recommended a massage and especially praised one specialist. She said that he was blind, but very talented. Imagine my surprise when I recognized him as my former student. We talked, he was married to his classmate, they had children, and both had work. His wife established a mini-workshop for baking buns, and he said with a smile that her income was even higher than his.

Thus, I want to say that people with disabilities can contribute to medicine, society, and the state. They can live a full life, be independent, and find their place in life. Moreover, they serve as an example for others, change stereotypes, and prove that education and the desire for knowledge can open any doors of opportunity.

Today, the I.K. Akhunbaev Kyrgyz State Medical Academy has created all the conditions for the education of students with disabilities; there are ramps, elevators, adapted materials, consultations, and support. Every year, students with disability get their diplomas and become professionals. On June 3, 2025, another group of such graduates got diplomas and entered professional life. Good luck to you, dear graduates!



Photo 1. 1st year students with vision disability during classes

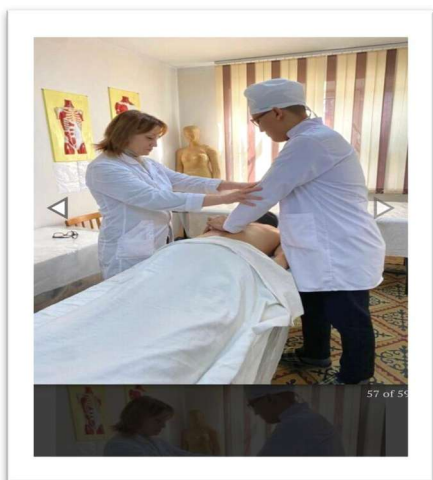


Photo 2. 1st year students with vision disability during classes

Photo 3. Students with vision disability during practical training at the Center for testing and developing clinical skills.



Photo 4. Students with vision disability during practical training at the Center for testing and developing clinical skills.

Photo 5. The 2nd year students with vision disability who have demonstrated high leadership potential and academic achievement receive a scholarship of 20,000 soms from the Social Center for the Visually Impaired "Siloam" of the Republic of Korea





Photo 6. During the event, "White Cable" demonstrated their skills with songs and dances

Photo 7. The 2nd year student of the Medical University at the Kazan State Medical Academy Yemtseva Anastasia participated in "Paramarathon CIS-2022".

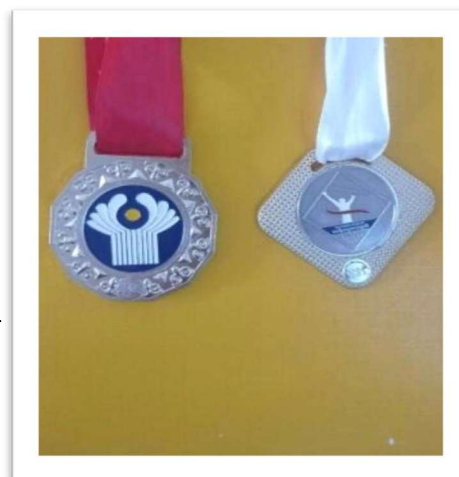


Photo 8. Student with vision disability Abdykadyrova Alina took 3rd place in the 3000m race among women at the Republican Para marathon - 2022



Photo 9, 10. Student with vision disability awards

Different Abilities in Nursing Education in Canada

Dr. Kristen Jones-Bonofiglio PhD, RN

Lakehead University Centre for Health Care Ethics, Thunder Bay, Ontario, Canada

Director & Associate Professor, School of Nursing | Director, Centre for Health Care Ethics | Head, Unit of the International Chair in Bioethics | AMS Phoenix Fellow

The number of students with disabilities who require accommodations to meet their learning needs is increasing (Epstein et al., 2021; Ramjan et al., 2025). In this article, I will avoid writing about the low hanging fruit of empathy, resilience, integration, and inclusion that so often dominates the disability literature. I will instead focus on capabilities, strengths, and opportunities to create (and co-create) new strategies to overcome challenges, as this is what all humans face as they attempt to navigate life. It is my observation that nursing students with disabilities have choices to make that students without disabilities will rarely (if ever) be aware of or confronted with. Decisions such as, to take the risk to ask for assistance, or to take the risk to hide any differences and cope in silence. The outcome of this choice, often at a time in their young lives when they may have few life experiences to draw on, could mean that they cannot fulfill their dreams of becoming a nurse. Therefore, the stakes are high while the support to make those choices is variable and can be inconsistent.

Academic literature and key legislation define key responsibilities for post-secondary institutions regarding accommodations. However, what is called for is more than just academic hospitality or hostile demands that this must occur (with no guidance on how it could be done well). Perhaps the Cree word ‘tawâw’ can best capture what is needed. This Indigenous language word is often translated as ‘welcome’, but it can be further defined as ‘there is room for you here.’ There needs to be room for everyone in academia and not just out of a nervous sense of serious legal obligation. I would anticipate that many faculty interactions with students with disabilities actually go unnoticed. Perhaps the term, “hidden in plain sight” comes to mind. However, Neal-Boyland et al. (2018) note that a healthy academic community must include students with disabilities who are actively receiving accommodations.

Konur (2002) writes of the game of accessing nursing education. This brings to mind that there are additional cognitive and emotional loads for nursing students with disabilities/different abilities as they navigate accessibility services that are underfunded, under resourced (e.g., few staff, staff without expertise and advanced training), and that may be overwhelmed with day-to-day requests and/or uncoordinated activities. This game adds to the already heavy burdens that any university student undertakes.

Evans (2013) writes about post-secondary students with disabilities in terms of identity position. There are three positions that a student may adopt:

Embracer- open, communicative, and proactive

Passive Engager- difficulties in embracing (as noted above), but accepting of reality

Resister- refrain from embracing (as noted above), willing to highlight some challenges to others.

The choice to embrace, engage, or resist will be influenced by past experiences, present uncertainties, and anxiety about the future. Further, students may not realize that generally facu-

It may have positive attitudes toward supporting students' learning through accommodations (Levey, 2014), yet it is true that discrimination continues to exist (Neal-Boylan et al, 2018).

In a profession such as nursing, there are also additional challenges in assessing and providing accommodation for lab and clinical learning environments (such as noted by Ramjan et al., 2025). Schools of Nursing in Canada have [requisite/essential skills and abilities](#) to refer to, but these offer no specific guidance. The final litmus test for accepting or denying accommodations in nursing education should be patient safety. What may keep a patient safe, may not meet a learner's needs. What may meet a learner's needs may not be safe for a patient. Who makes that final call? It is here that legal and ethical issues abound. Ultimately, if a student comes through a nursing program to achieve a degree but can never practice as a licensed/registered nurse (or is fired and/or reported for safety violations after graduation) then we have not achieved much.

There is extensive work to be done in Canada to have evidence-informed guidelines in nursing education about how to truly offer tawâw to nursing students with different abilities. As Watson (1995) astutely noted 30 years ago, we need to have core performance expectations in nursing education. To do so will require a keen focus on capabilities, strengths, and opportunities to create (and co-create) new strategies. New technologies, such as simulation (Azzopardi et al., 2005), may be helpful in taking much needed next steps.

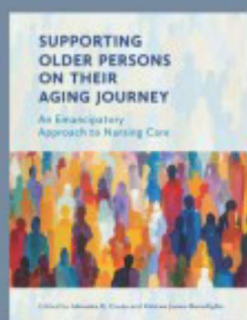
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Workplace ageism

S. Buechner

When I decided to study medicine, I was motivated by curiosity and interest, but also by the desire to help others. As time has passed, the relationship between doctor and patient has changed significantly. Everything is taken for given, everyone knows everything, respect and gratefulness are becoming increasingly rare... This changes itself have not really made the work any easier. But I never thought that working as a doctor would also become difficult in terms of the workplace. My sister, who worked in a bank, was telling me already a few years ago about the so-called "ageism," i.e. discrimination against older employees. Unfortunately, this phenomenon has also reached my workplace at the hospital.

Due to the shortage of doctors, younger colleagues can essentially choose where they want to work. In addition, their way of thinking has changed a lot, which is certainly a positive development in some aspects: they desire more free time and are no longer willing to be the professor's "lackeys," but instead want to make career without such exploitation. A permanent job position is no longer so important. If they are unhappy, they simply change workplace. Our generation, the older one, was always focused on a permanent employment. We were willing to do almost everything to achieve this, and often waited years for it. Due to our strong sense of responsibility, it was easy to exploit us. We worked hard and the patients were highly important to us.

Now that we are older and a somewhat "tired", we would like to work a little bit less and focus on what we have specialized in over the past few years. In some countries, once you have reached a certain age, you don't have to do night shifts or working on weekend anymore. Instead, you can focus on your area of expertise. Unfortunately, that's not the case at my workplace. On the contrary. In order to keep the younger employees happy - because after all, the hospital management doesn't want to lose them - they are provided with privileges such as part-time work or 75% working hours, time for research or smart working. After all, the older employees will retire in the near future, and it is unlikely that they will leave, as they are usually well-established in the city and their workplace.

It is completely right to promote younger employees, because they still have their careers ahead of them. Therefore, they are offered additional training, participation in renowned congresses, language courses, etc. Of course, what they learn must then be put into practice. This means more highly specialized outpatient clinics and fewer night/weekend shifts or routine work.

All of this is reasonable, logical, and justified. Unfortunately, however, there is still the "normal" work, i.e., working on the ward or being on call in the emergency room, on weekends, or at night. And this raises the question: who should do this routine work? Paradoxically, it seems to be the older employees. They tend to complain less because their responsible nature causes them to be habituated to being "taken advantage of." And if they don't like it, they can leave at any time. After all, there are younger and more enthusiastic employees.

But it gets worse: if an older employee requests a 75% reduction in working hours or fewer night shifts - because these have become really exhausting with increasing age- they are told that unfortunately there are not enough resources to meet this request.

Younger people always talk about how everyone is equal. That's absurd in itself, because 20-30 years of professional experience is really valuable, especially in medicine. But who's talking about equality here anyway? The work situation is not balanced at all. And when an older employee complains, she/he is accused of being unmotivated and of spreading bad atmosphere and unrest; she/he should be more open to new ideas....

Of course, all that is frustrating, especially because there seems to be no solution. Leaving? But where to? Would that change anything? The working situation is similar elsewhere, as our society has changed. And moving into the private healthcare sector after such a long time is not an easy step to take.

Thankfully, there are still moments where work is satisfying; there are still grateful patients; and over time, some colleagues have become dear friends; and the passion for medicine is still there. That's why there is hope and the desire to make the best of it. And perhaps these perceptions are not even, correct? Because younger employees often complain as well. So, for now, we're staying.

From the Subject of Desire to Institutional Practice: A Possible Ethics in Disability

Cifre Carrillo, Vecchio Martin, Fernandez Amado

There are moments in institutional practice that teach us more than any theory. A group of participants at a Day Center expressed the desire to be artists and exhibit their work. It was not about showing pieces made in workshops, but about publicly presenting themselves as artists—with their own name, signature, and intrinsic value. This request prompted us to reflect on how we accompany, how we intervene, and, above all, from where we do so.

This text proposes an articulation between Jacques Lacan's concept of the direction of the treatment (1958) and the contributions of complex thought (Morin, 1990) and transdisciplinarity (Nicolescu, 1996), within the framework of an institutional clinic oriented toward working with people with disabilities. Far from standardized models, we uphold a conception of intervention as a situated, ethical practice, in dialogue with multiple forms of knowledge, institutional effects, and social coordinates.

Complex thought allows us to accommodate uncertainty, articulate heterogeneous knowledge, and challenge established practices. Transdisciplinarity, for its part, proposes a collective endeavor that is not organized by disciplines, but rather by the construction of singular responses together with the subjects involved.

From this standpoint, we return to the three levels proposed by Lacan in the direction of the treatment: politics, strategy, and tactics.

Politics: Creating the Conditions for the Subject to Emerge

Politics is guided by a fundamental ethical principle: allowing the emergence of a subject of desire, singular, traversed by their history, language, and unconscious marks. This is not about the "subject of disability" but about a subject with desire—one who relates to the situation of disability as a characteristic among others, not as an essence that defines them.

This implies that the institution should not organize its interventions based on generic goals such as “social integration,” but in accordance with each person’s subjective path. It is about opening spaces—recreational, cultural, work-related—where desire can be set in motion and the subject can become actively involved.

Strategy: Following the Logic of Desire in Transference

Institutional strategy is built case by case, oriented by what emerges in the transference. Even when general objectives exist—such as “inclusion”—what guides us is not a slogan, but desire in action.

Returning to the initial example, the strategy was not simply to organize an exhibition. The team aimed to accompany that desire in its unfolding, recognizing its subjective power. This meant working together with the participants, listening to their ideas, their timing, their ways of doing things.

Tactics: Concrete Interventions from an Ethical Position

Tactics refer to the concrete actions the team designs together with the participants, taking into account both their personal history and the contingencies of the present. In this case, it included helping to write letters, prepare portfolios, find exhibition spaces, organize events, set prices for the artworks, invite musicians, and give space to a unique aesthetic. The team accompanied without replacing or obstructing the desire, avoiding positioning itself as the “Other who knows.” It was not about “including them” as people with disabilities, but about enabling their presentation as artists.

A Clinic that Does Not Crystallize, but Transforms

This way of intervening prevents the institution from occupying, as Soba warns (Peusner, 2010), the place of partner to mental weakness, fixing the subject in a passive position dependent on the knowledge or action of the Other. On the contrary, it is about sustaining spaces that foster an active, creative subjectivity responsible for its own desire.

Conclusion: A Praxis Between Discourses, Effects, and Transferences

The direction of the treatment within the institutional framework cannot be reduced to protocols or standardized techniques. Strategy and tactics must be subordinated to a politics oriented by desire and the ethics of psychoanalysis.

Every intervention takes place in transference and must accommodate singularity. This praxis is constructed at the crossroads of discourses, institutional effects, and transferential logics. Constant questioning, openness to complexity, and transdisciplinary work make it possible to transform practices, relationships, and the institution itself.

Where others may see deficiencies, unexpected abilities emerge—new ways of being in the world. And perhaps, too, a different way of understanding what it means to be human.
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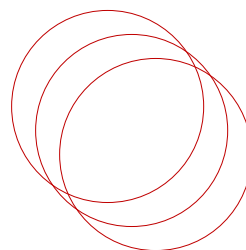
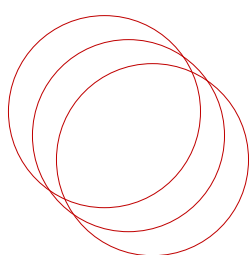
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The Archè Theater

The Archè Theater cultural association was born in 2008, with a simple, yet radical dream: to create a space where everyone could bring themselves, without asking permission, without the need to adapt or "be integrated" - a place where one does not measure oneself with perfection but with truth. Where you are is enough. Since then, we have carried out theatre workshops, projects, activities around Apulia, and especially in the peripheral neighborhood of Bari. Inclusive pathways, a word that today sounds outdated, well worn, almost bureaucratic. The truth is, it's not about "including" someone, it's about being there together, without labels, without discounts, without rhetoric. On this journey, we saw kids labeled "difficult" step onto a stage and move adults who believed they had nothing more to learn.

We've heard trembling voices become powerful. Hands clenched in fear open in meaningful gestures. We've learned that theater doesn't change people but offers them a space to be fully themselves, without fear. Working with diversity—of age, ability, background, or personal history—is not a mission, it's the norm, if you look at it all without judgment. Because when we stop asking others to "fit in," we begin to see how rich the human puzzle we inhabit is. Hearing someone say, "Here I feel alive" is worth more than any recognition. Alive, not happy, not good, not accepted, but alive. Because the quality of spent time is not measured in results but in intensity. In that moment, when you look at each other and know that you are building something real, even if fragile, and perhaps, precisely because it is fragile, authentic.

Solidarity therefore becomes not "giving a hand", but walking alongside, sometimes being a guide, sometimes letting oneself be guided. It's not needing the "right" words but being present, constant, human.

It's learning every day from those in front of you, behind you, next to you, even when it seems like you're the one teaching. Over the years, we've not only seen projects, shows, and collaborations grow, but we've also seen bonds emerge, and bonds, the true ones, need no definition. They endure, evolve, and thrive.

In the theater, as in life, there is no "the right word to recite", there is the voice to find, the courage to show oneself, the possibility of existing as one is. This is why we continue, with effort and joy, to pursue this path, because we believe that everyone has their own uniqueness, everyone has and must find a place in life and in the world, and art, when it is alive, reminds us of precisely this: we are already complete, even if imperfect. We don't need to be "fixed" but welcomed and then put into dialogue with each other, to build together something that doesn't yet exist, but that is worth imagining.

This is our dream, this is our journey.

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Instagram https://www.instagram.com/archeteatro_teatro/

Facebook <https://www.facebook.com/Arch%C3%A8-Teatro-819203601476981/>

YouTube <https://www.youtube.com/channel/UC3xL4tgrFaSBI66MEVBI7tg>

Belly Dance

Movement, Culture, and Self-Development for All

Barbara Klumpp

I have been passionate about belly dancing for 35 years, and I have been teaching this beautiful oriental dance for over 20 years.

Belly dance is a fascinating art form that represents a beautiful connection between different cultures. Originally born in the countries of the Middle East, particularly in Egypt, belly dance has spread to many regions of the world over the centuries, always maintaining its cultural diversity. The dance is characterized by flowing movements, rhythmic hip sways, and expressive gestures that tell stories and keep traditions alive. Through its universal way to be performed, belly dance builds bridges between people of different backgrounds, promotes understanding of other cultures, and connects communities in a unique way.

In a world often characterized by differences, belly dance shows how beauty, music, and movement can bring people together—regardless of language, religion, or origin. Belly dancing is a dance form that can be practiced by people of all ages, genders, body types, and cultural backgrounds. It's a dance that doesn't require any strict prerequisites or special physical skills. Belly dancing offers an inclusive, creative, and health-promoting activity that breaks down barriers and leads to the joy of movement. It's a beautiful way to harmonize body, mind, and soul while experiencing a sense of community. This builds self-confidence and promotes a positive body image, regardless of external beauty standards. It's a pleasant way to exercise regularly while having a lot of fun.



It's therefore not just a dance form, but also a symbol of cultural diversity and mutual respect



Gender Bias in the Rehabilitation of Persons with Disabilities

Dr. Sreekala V K

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Gender bias is the tendency to give preferential treatment to one gender over another. In health care and rehabilitation, gender bias refers to differences in treatment that are **not medically justified** (Risberg, Johansson, and Hamberg, 2009). Unfortunately, treatment decisions are often influenced by societal attitudes that discriminate against women.

Globally, research shows that **90% of people are biased against women**. Men are stereotyped as aggressive, assertive, ambitious, and confident, whereas women are often viewed as emotional, less confident, and less suited for leadership. This bias impacts women in every sphere of life including health care, employment, and rehabilitation.

Women are more likely to be victims of sexual harassment in the workplace because they often occupy insecure and vulnerable positions. For women with disabilities, the situation is even worse. They face a **double disadvantage**:

- Oppression from being a woman.
- Oppression from being disabled.

U.S. feminist writer and researcher Susan Rendall describes the woman with disability as “a rejected body.” Yet women with disabilities have the same desires, ambitions, emotions, and expectations as any other person of their age group.

The blunt truth remains: **men still run the world**, and gender inequality begins the moment one is born. Women with disabilities from different socio-economic backgrounds may experience the consequences of disability differently, but the underlying discrimination is universal.

Case Scenario 1

During a field visit as part of a community rehabilitation program, we met with a 50-year-old divorced woman living in a small hut. She had a 22-year-old daughter with spastic cerebral palsy and severe intellectual disability who was bedridden and unable to walk. The daughter, unmarried, had a two-year-old girl child and had undergone medical termination of pregnancy twice. The mother pleaded for her daughter to be sterilized to prevent further pregnancies. She also wanted to place her granddaughter in an orphanage to protect her from abuse in future, a reflection of her deep fear that history would repeat itself.

The backstory was harrowing: the woman’s husband had divorced her solely because she gave birth to a daughter with intellectual disability. The daughter had been sexually exploited by men in the neighbourhood while her mother was away earning a livelihood.

Had the child been male:

- The husband would not have divorced her.
- Even if divorced, her life would have been more stable with a disabled son

Case Scenario 2

A lady doctor with severe congenital kyphoscoliosis, a deformity causing grotesque curvature of the spine, remained unmarried, possibly due to her disability. Later, she developed breast cancer and required extensive treatment. Her 75-year-old mother was her only caregiver, praying she might outlive her daughter because no one else would be there to care for her.

Had the patient been male:

- Even with a disability, he might have married an able-bodied woman.
- They likely would have had children.

The entire family's focus would have been on his well-being.

A man with disability is often considered as a “wounded male” — someone worthy of care, sympathy, and attention. In contrast, a woman with disability is far too often perceived as a “burden”.

The Harsh Realities

Women with disabilities belong to **the most marginalized** group in society. They are:

- Less likely to be educated or employed.
- Less likely to access proper health care.

More vulnerable to violence, abuse, neglect, and exploitation.

Global literacy rate among persons with disabilities is just 3%. Among women with disabilities, it is less than 1%.

Overcoming a disability requires immense willpower, perseverance, and hard work. A woman with disability deserves the same care, respect, and family support that would be extended to a man in a similar situation.

The **Convention on the Rights of Persons with Disabilities** was adopted by the United Nations General Assembly on 13 December 2006. India signed it in 2010. Yet, even after 15 years, gender-based discrimination in disability rehabilitation remains entrenched.

The Way Forward

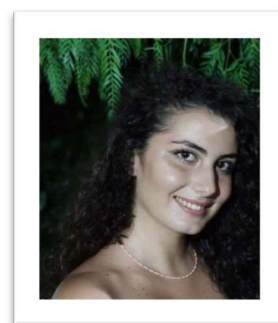
- Promote awareness about gender bias in disability care.
Provide strong social support systems and state-backed assistance to ensure equal access to education, employment, and health care for women with disabilities.
- Challenge and dismantle stereotypes that limit opportunities for women.

A truly inclusive society will only be possible when women with disabilities are recognized as **equal human beings**, deserving dignity, opportunity, and care — not as burdens, but as individuals with the right to live, love, and thrive.

Working in a women's shelter: experiences of resilience and transformation



Dr Sabrina Ciambrone, *Psychologist*



Dr Annalisa Nicolini, *Psychologist*



Dr Ersilia Martina Greco, Psychologist



**Prof. Maria Rosaria Juli, Psychologist- Psychotherapist-
Università Magna Graecia di Catanzaro Professor of General
Psychology**

Working in a women's shelter means losing myself daily in the stories of women who have gone through profound trauma and are trying to rebuild their lives. In this context, I have observed firsthand how resilience, understood as the ability to adapt and grow, is not an innate trait, but a dynamic process, built through relationships and the environmental context. Multiple studies confirm that many women exposed to domestic violence develop high levels of resilience, often thanks to individual, relational, and community resources (Howell et al., 2018). Across cultures, they emerge as protective factors that are crucial in promoting well-being (Mantler et al., 2022). In a study of 501 women in South Africa, 42% showed resilience, with a strong connection between psychological well-being and community bonds (Mantler et al., 2022). The adoption of a socio-ecological perspective has highlighted how the activation of integrated resources, personal, family, and community support, fosters a process of change and strengthens confidence in the future. I have worked with women from very different backgrounds, in terms of age, culture, sexual orientation and personal history, including migrants, young girls, single mothers, and old women. I learned that diversity is not a limitation, but an opportunity: every experience brings with it new perspectives, strategies, and visions of resilience. This also reflects what has emerged in the literature: ethnic identity and the sense of cultural belonging are key elements in building resilience. In heterogeneous groups, discussion among women of different ages and backgrounds has generated a positive connection, fostered a sense of collective self-esteem and strengthened the ability to make independent choices. Some women, at the end of the program, have developed greater relational trust, desiring to develop healthier relationships; many mothers have improved their relationships with their children, developing new educational and communication skills. My work has confirmed that the resilience of women survivors of violence is a collective process, rooted in social networks and the appreciation of diversity. When the anti-violence center becomes a place of plural listening, women discover that they are not alone and that their differences can become a shared resource.

For the future, the challenge is to continue developing strategies that:

1. Recognize the specific needs of each group through culturally effective protocols;

2. Promote awareness that resilience is an ongoing process, fueled by a supportive community, self-esteem and autonomous planning. Life is full of adverse events—trauma, bereavement, natural disasters, and violent situations—that require extraordinary effort to be faced. Resilience, as defined by Self, (2020) is “the ability to successfully adapt to life experiences that involve significant challenges”. It does not simply consist in returning to the previous state, but in overcoming the event strengthened by a new awareness. Daniel Goleman has added a fundamental dimension to this path of rebirth: social intelligence.

It is divided into two components: *social awareness* (empathy, emotional attunement, understanding of non-verbal signs) and *social facility* (ability to act constructively in relationships). This intertwining between individual resilience and social intelligence produces collective strength: people do not face difficulties alone, but together, thanks to emotional connection and mutual support. According to Santagostino (2025), resilient people share characteristics such as emotional and cognitive flexibility, self-esteem, self-efficacy, and a strong internal locus of control.

This means believing they can positively influence their own life conditions. Resilience alone is not enough: it requires spaces of solidarity, empathy, and cooperation to flourish. Bonanno's work shows that potentially traumatic experiences are very common:

between 50% and 84% of the population experiences it at least once in their life. However, only a minority develops PTSD (5–10%). Resilient responses are the norm (35–65% of cases), confirming that resilience is a natural and widespread adaptive capacity.

Domestic violence is one of the most severe forms of relational trauma: it is not just an episodic act, but a system of control that includes psychological, physical, economic, and sexual abuse. According to WHO (2021), one in three women worldwide has experienced violence by a partner at least once in a lifetime. Despite this, many women manage to regain their lives, albeit through a long, not regular process. Judith Herman, in *Trauma and Recovery* (1992), says that: “healing occurs only in the context of relationships that provide security, trust, and respect”. Relational resilience is therefore essential: strength does not arise from nothing, but is built in relationships. The study by Anderson et al. (2012) identifies three fundamental resources: awareness of autonomy, access to support services, and the presence of positive bonds that strengthen self-efficacy. Alongside natural resilience - linked to personal traits - a social and relational resilience emerges, which develops through new connections, daily acts of self-determination, and the acknowledgement of one's own value. In many cases, women do not only resist, but grow: the concept of post-traumatic growth (Tedeschi & Calhoun, 1996) shows how some survivors reformulate priorities, acquire new skills, and commit to helping other women, becoming agents of change. Diversity is a precious resource. Each individual brings with them experiences, cultures, and languages that, if valued, enrich the community. Gardner (1983) and Cox (1993) highlight how diversity fosters innovation, adaptability, and social cohesion, essential elements for building resilient communities. Solidarity revealed itself through emotional bonds, concrete assistance, and active participation. Taylor (2007) underlines the importance of social support in reducing stress and promoting psychological well-being. Mutual aid practices, such as volunteering and civic engagement, as showed by Putnam (2000) contribute to building solid and lasting social capital. The community plays an irreplaceable role in promoting well-being: it offers

material, emotional and symbolic support. Local institutions, NGOs, and the third sector facilitate access to services and create protected environments where people can feel welcomed, listened to, and valued (WHO, 2019). Resilience and solidarity are two inseparable dimensions

of human well-being. As a psychologist, I have seen with my own eyes that resilience does not come from solitude but from encounter: with oneself, with others, and with a welcoming and supportive community. Valued diversity, authentic empathy and mutual support thus become pillars of real change. May these reflections inspire those going through difficult times to seek strength not only within themselves, but also in others. Resilience, ultimately, is not just resistance: it is collective rebirth. In shared fragility, our deepest human strength can be born (Herman, 1992).

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You need a village to raise a child

Ester Annunziata Brunetti

That's what they say, because that's how it's always been done and because that's how it should be.

But why do you need a village?

Because when a child is born, indeed, a baby, who needs everything, is delivered, but suddenly, an unaware mother and father come into existence, too.

I'm not talking about milk, colic, diapers, and sleepless nights; that goes by nature through your surviving instinct or your preserving of the species. Rather, I'm talking about the fact that a newborn father and mother are not aware of themselves; from one moment to the next, they become something they've never been and don't know about.

This, in my opinion, is what a village is for: to let a newborn mother and father not feel alone; they must learn to know each other in order to take the best care for their baby. It happened to me exactly the opposite. It was January 2020, when my husband and I with my sixth-month-pregnant belly moved from Trieste to Monza, unaware, as the rest of the world was, of what would happen in a couple of months.

March 2020: the world got stuck. We all know the story so well.

My childbirth was expected on the first ten days of April, my parents being over a thousand kilometers away...

Who would help me in the hospital? When would I be able to hold my daughter in my parents' arms? I couldn't have predicted this...

The days immediately following the birth were difficult, as they are for many women, but the hardest part was the months later, once we came back home.

I was forced to stay alone all day with a newborn, in an unfamiliar city, populated by strangers, without the opportunity to go out, to talk to other mothers, to "share" my baby. Yes, because sharing your daughter helps you realize what happened, to process the wave of joy mixed with dread that overwhelms you when a child is born.

This context made me not understand how beautiful it was about having a daughter, to no longer recognize myself, to dissociate myself from reality, to cry a lot... to be unable to see the clear line between the days that followed and the end of life.

Suddenly, a thought crossed my mind: I have to go back home.

The desire to "heal" is something I owed to myself and to the family I was creating, and it manifested itself in the desire to return to the place where my loved ones awaited me, the social network that that mother and father needed to live life to the fullest and to give their best to the most beautiful and joyful gift that Life could give them.

And so, six months after her birth, I went to take my village and was reborn as a mother and as a person, I found myself in my parents, in my friends, in my work, in my colleagues/friends and in my country. So, I hope, I have given my daughter the joy that all children in the world deserve.

Perinatal bereavement

That morning, it was He who woke me up, with a big kick. I was thirty weeks pregnant, and our baby still didn't have a name. Come to think of it, he was the only baby in the antenatal class who didn't have one yet. I was even behind on packing my suitcase: onesies bought, but still to be ironed, a knitted blanket made, but still with threads to cut, and a doormat still to be designed. My husband had a favorite name, and that morning I finally decided to indulge his wish. At least one thing was done!

That afternoon, we were supposed to go to the hospital for a check-up for the first time in thirty weeks, so we set off.

We waited several hours before seeing our baby on the ultrasound screen: he was lively as always, but after about an hour of observation, the doctor decided to admit me. Then suddenly, that damned bradycardia, the rush to the operating room, the vision of the surgical field and my little one being extracted from my belly, torn by a C-section.

Thereafter the darkness.

I woke up in a room in the ward and heard my father say, "Will she be able to have more children?"

That night we hugged our baby, we hugged each other, but the void left by that wonderful creature who flew to heaven too soon was bigger than us.

And from the next day: you cancel the stroller, organize the funeral, decide where to "lay the little body," and recover from surgery. So much, too much pain!

The family stood by us, as the friends did: so much love and closeness.

But there were also "it happened to me too, I was in the eighth week," "it happened to me in the fourth month," "I also had a miscarriage."

My pain increased, I became more and more aware, that sense of incompleteness tore me apart, I cried day and night, every day I brought flowers to my baby.

Then one day, by chance, I met a math professor I knew from living in the same neighborhood. He had lost a daughter my age in a car accident a few years earlier. He was with his wife. Looking me in the eye, he said something simple, direct, without even judging my grief: "Get up in the morning, decide what to do, and do it. Think about the day!"

I can't explain how much this encounter helped me, a meeting of devastated, broken hearts, who must find the strength to move forward after the greatest, most unnatural loss.

This same advice is what I offer to the people I meet who are going through a difficult time, with the hope that I can offer the same help that was given to me.

P.S.: A year and 10 days after the birth and death of our first child, our second child was born, the one I call "the child of salvation." Three more years later, our little one was born. They both know their older brother through our memories.



DEALING WITH

Giuseppe Freccero

About thirty-eight years of work as a male nurse, thirteen were spent in the Army, ten in home care, and the last fifteen in community pediatrics.

I remember an event from when I was still a student at the Nursing School. It was December 6, 1990, when a military plane, following a malfunction, crashed into the Salvemini Institute in Casalecchio. Twelve young men and women died, and about ninety were injured, some seriously. That day, a Thursday, I was serving as an intern in the Orthopedics department of the Maggiore Hospital in Bologna. The emergency was triggered, and the orthopedics department, after being transferred to the emergency room. There were several teens who had suffered trauma and fractures as a result of the event, as well as the pilot of the plane who, having lost control of driving, had saved himself by parachuting, but was nevertheless injured on impact with the ground.

Now that I'm writing about it, I just realized I'm keeping on dealing with that tragedy. During those days in orthopedics, I witnessed the pain of the teens who, in addition to their own psychological and physical trauma, were mourning the loss of their friends. I was also shocked to get into a room, slightly aside, where the pilot had also been an inmate for a few days. His pain, for what he had unintentionally caused, must have been significant.

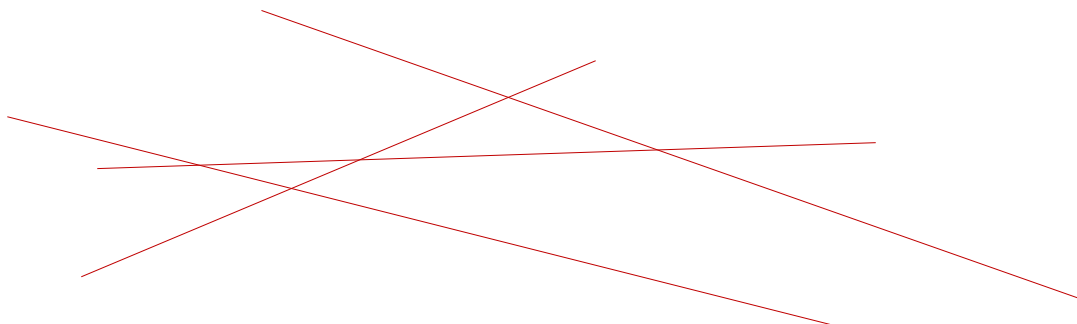
Years later, at the Military Hospital in Bologna, when some of those involved in that crash had been examined by the Disability Board for their checking and assessments, Looking at them, I couldn't remember if I'd met any of them before, but I felt I already knew them.

Subsequently, during the years of home care nursing, I treated a relative of one of those teens as a patient. He told me that his nephew hadn't apparently suffered any disabling consequences, but since that day, he said, "I've never seen him smile the way a boy should smile."

Finally, about ten years ago, it occurred to me to vaccinate the daughter of one of the survivors. In this last case, I was already working in the Community Pediatrics Unit, and I learned about the "mother's" previous history by talking to her after her daughter's vaccination. Usually on these occasions, people say that fever may develop, that the child may be distressed, that her leg may swell... in this case, after the technical information, it was the mother who, as it were, felt the need to add something, to share something about herself and that event.

As she did so, it seemed to me that she was saying:

"I did it. That day was horrible, it was very difficult to move on, I will never forget it, but I did it."



ME, HIM, AND BORDER

Luciana Gagliardi

Social worker

"I speak to you, I don't understand,
we speak different languages,
then you go back to being yourself.
Border is gone, I sigh.
You caress me, I look at you.
I understand you are back.
How much longer will I have with you before he
comes back?
I'm scared, you're scared,
I look at you, you don't recognize yourself,
I remind you that he's gone, you breathe.
Your mind feels heavy,
you can't control it.
I feel a slap.
No, it's not you, but Border is back.

**Luciano: The Beautiful Secret of Becoming
A journey through autism and silence towards
the accomplishment of inner transformation.**

Caterina Eusebio

I am an English teacher at 'A. and F. Solimena' Middle School, in Nocera Inferiore, a town in the South of Italy. I have an autistic son, Luciano, now 23 years old, who is attending his second year of a Master Degree in Clinical Psychology. What I am going to recount is not merely the story of a diagnosis—it is the unfolding of a soul. Luciano's path is one of silent revolutions, of invisible battles fought with grace, and victories carved in the heart of complexity. Through the lens of a mother's gaze and the strength of a young man's will, this article explores what it means to grow, to understand, and to bloom, when the world seems built for others. It is a tribute to courage, to difference, and to the extraordinary beauty of a mind that dares to dream beyond its own boundaries.

Within every human being lies a veil of inscrutability—a quiet enigma each soul strives to unravel, confronting its own shadows while seeking the light that might illuminate them. It is a journey inward, an effort to trace the contours of the mind's walls in order to continue the ascent of personal growth.

The secular intellect, in its disciplined pursuit, often resists the notion of miracle, favoring in-

stead a methodical and rational unfolding of events. Yet this disposition does not shield it from awe, nor does it silence its yearning to inquire, similar to science itself, which is born out of wonder and supported by questions.

To my mind, the gap between faith and science is neither absolute nor enduring. They are sisters— occasionally quarrelling, often intertwined. As with all siblings, rivalry may arise, driven by the desire to assert, to distinguish. Anyway, their bond resembles more a syncretic union: a marriage in which neither can truly exist or evolve without the other.

Intelligence, as Archimedes wrote centuries ago, has served as our lever to elevate the human spirit. But it is faith that offers the fulcrum—the point upon which we lean, the unseen strength that steadies our reach toward the infinite.

Luciano was born on June 3rd, 2002—a quiet arrival into the world, eyes closed for days, as if shielding himself from a reality too vast to grasp. In his early years, he is affectionate and serene. Yet beneath this calm lies a singular rhythm: he prefers solitude, playing within invisible boundaries drawn by his imagination. Sleep eludes him and his attention drifts like a feather in the wind. His bond with the family is profound, especially with his older brother and his mother, who become both his anchor and his guide.

At five, school reveals the first cracks in the surface. Luciano struggles to read and write, and begins to show subtle stereotypies—fluttering his arms like a bird, unable to maintain focus. Though sweet and gentle, he remains distant from his peers, his true companions living in the vivid landscapes of his mind. A series of evaluations later on confirm the diagnosis: autism.

From that moment, a long journey begins. Therapy becomes a constant presence, and Luciano slowly starts to decode the world. Letters become words, words become meaning. His universe expands, filled with signs, labels, and stories. Each discovery lights up his eyes with joy. He writes notes to his loved ones—his first, scribbled to his mother on the back of a supermarket receipt, becomes a sacred token of hope.

Guided by her, a teacher by profession, Luciano studies with fierce determination. He attains his high school diploma with top honours. He has fought a titanic inner battle—a civil war between self and shadow. School becomes a trial ground, sometimes harsh, but always transformative. Drawn by the desire to understand his own mind, Luciano chooses to study Psychology at university. He seeks to unravel the mystery within, to free himself from the chains that once seduced him with false freedom. His therapist, fearing the path too ambitious, tries to dissuade him—even using harsh words that wound his sensitivity. But Luciano chooses autonomy. He breaks with the therapist and walks forward alone, carrying the inner tools he has been given over those years.

Children like Luciano do not forget. They analyse, they look for meaning, they wrestle with anxiety born of deep self-awareness. Luciano learns to manage his behaviors, reserving them for private moments of play and imagination. He lives in many worlds, but grows ever more conscious of the one he inhabits. He is no longer captive to the forces that once entranced him—he now holds them in his hands. It is his secret. His beautiful secret.

Luciano shows the world around him that change is not external—it is within us. As Heraclitus said, *panta rhei*: everything flows. Life moves like a film reel, like pages in a novel, and memory

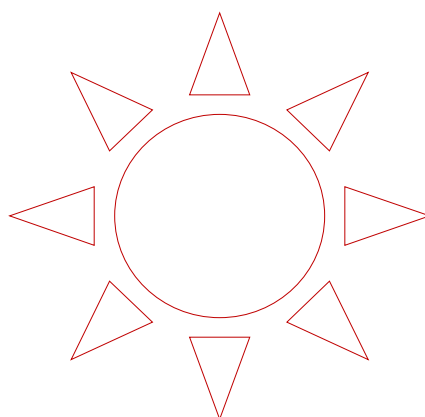
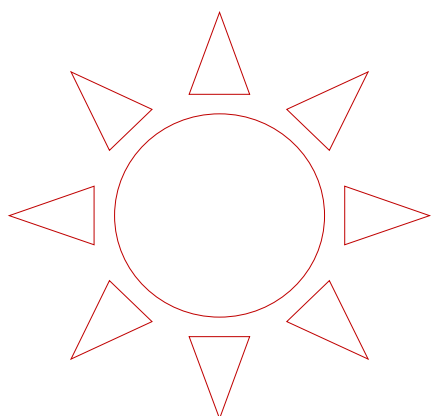
is its ink. Life is impulse, and impulse is creativity—a fragment of Luciano’s essence that endures. It is the ability to “see life within things,” the pursuit of the best possible world, grown in the garden of the self.

There is no universal method for tending that garden. Each patch of soil responds in its own time. In some of them, like Luciano’s, the space may seem overtaken by a misty labyrinth, where a child plays alone, unwilling to leave. To outsiders, it may appear senseless. But if we dare to enter with patience, love, and courage, and wait for the child to accept us, he will take our hand and lead us out, guiding us to a garden where blossoms bloom beyond expectation.

The labyrinth does not vanish. It coexists with the flowering garden in a lifelong process of teaching the mind to perceive harmony—the deep logic that sustains life. The battles will continue, the adversities will remain, together with countless variables. Luciano is aware of that, but the joy of each victory carries with it a singular flavor, for he has turned the invisible into the impossible made real.

Luciano’s journey is not a tale of overcoming, but of becoming. It is the quiet unfolding of a soul that refuses to be defined by limits, choosing instead to sculpt its own path with imagination, courage, and relentless love. His story reminds us that difference is not deficit—it is depth. That the mind, even when mysterious, holds a brilliance that cannot be measured by conventional standards.

In a world that often rushes past what it cannot immediately understand, Luciano teaches us to slow down, to listen, and to enter the labyrinth not with fear, but with wonder. Because sometimes, the most extraordinary flowers bloom in the gardens we once thought unreachable. And when they do, they color the world in ways we never knew we needed.



Siblings of Persons with Disabilities

Federico Girelli

My sister Maria Claudia is a 47-year-old woman with Down syndrome.

She was born when I was almost six. I found it a bit strange that several days passed before she and our mother came home from the hospital. I remember that my father was in a bad mood (something that, at the time, I couldn't quite understand) but I don't have any clear memory of my mother from that day.

Something was clearly wrong.

I'm not sure if it happened that day or soon after, but I remember turning to Giovanni, our older brother. He told me that Maria Claudia was ill, that her heart didn't function properly, and that, despite being so young, she would soon have to undergo a very delicate surgery.

I asked him if, assuming the operation was successful, she would be cured. He replied that she would be. But then he added that there was more to it. So I asked: «Will she be healthy after the surgery?» He said yes. That was enough for me.

Time passed (months, perhaps a year) and I began to hear a strange new expression being used around the house: "mental retardation." This time, I knew I needed help from a different kind of specialist, not Giovanni the "heart surgeon", but our sister Raffaella, the second eldest. She explained it to me the way Maria Claudia's doctor had explained it to her: «You know how in Mickey Mouse comics, when a character has an idea, or solves a problem, a light bulb appears above their head?», she asked.

«Of course», I said.

«Well, Maria Claudia gets that light bulb too. Just a little later, sometimes much later».

That was "mental retardation" (nowadays the term would be "intellectual disability"). I understood perfectly. I grew up knowing that Maria Claudia had Down syndrome. There wasn't a precise moment of revelation.

This is just a small example of solidarity between siblings (or, more precisely, little siblings) without disabilities.

Mutual support among sisters and brothers of persons with disabilities can, and does, extend much further. That is precisely the focus of the [Siblings Committee – Sisters and Brothers of Persons with Disabilities](#), which has been active in this field for many years.

Almost thirty years ago, the Siblings adventure in Italy began with a phone call from my (now) brotherly friend Giulio Iraci. He asked if we could meet, to talk about ourselves, not to talk about our siblings with disabilities.

Together with the other people who joined us in that first experience of mutual exchange and support, we decided - on the advice of Anna Serena Zambon Hobart - to call ourselves "Siblings." We chose the English term because it includes both genders, whereas the literal translation of "fratelli" in Italian refers only to male siblings.

The word siblings, then, simply means "brothers and sisters." It doesn't inherently mean "brothers and sisters of persons with disabilities."

If it has come to be utilized in the latter way today, perhaps we are partly responsible, for we

were among the first to emphasize that families with a member with disabilities consist not only of that person and their parents, but also of their siblings. In short, we wanted to say: «We are here too, as brothers and sisters, and we would like to be recognized as such».

When addressing the realities faced by persons with disabilities and their families, it is not helpful to indulge in fairy tales. What is needed is a strong sense of practical realism.

And yet, I find emblematic the fairy tale brought to the big screen by Disney: “Frozen”. It was my daughter Dora who introduced me to it. I recommend it to everyone.

The true protagonist of the film is not Elsa, but Anna. Anna overcomes countless trials and dangers in her quest to be close to her sister and to have her role as a sister acknowledged.

Above all, talk to your children. Trust them.

I’ve heard the same story many times: a child standing alone in a dark hallway, light spilling out from the half-closed door of their parents’ room. Whispering is heard inside the house. Grandparents enter the room. Aunt and uncle enter the room. Mom and dad are crying. Grandparents leave the room. Aunts and uncles leave the room. Everyone wears a serious expression.

«Why? Shouldn’t we all be happy? The new baby has come home; so why does it feel like something is wrong? Why is no one saying anything to me?»

Speak with your children. They will understand. In fact, they probably already understand by the time you choose to speak with them.

What matters to them is simply the chance to be a sibling.

To help avoid these (unnecessary) fears and confusions, the Siblings Committee actively contributed to the drafting of the “Multidisciplinary Guidelines for the Integrated Care of Persons with Down Syndrome and Their Families”, officially adopted by the Italian National Institute of Health (Istituto Superiore di Sanità).

Siblings are the first to advocate for their brothers and sisters with disabilities to lead free and dignified lives in a society that knows them and welcomes them.

The essential starting point for such a virtuous process is true inclusion in schools, an inclusion that benefits all students, not just those with disabilities.

The normative power of Article 34 of the Italian Constitution couldn’t find a better expression: «School is open to everyone» («La scuola è aperta a tutti»).

Let me say it again: this is not a fairy tale. It is all very difficult.

You will encounter painful experiences, but also enriching, transformative ones. My family was deeply blessed, for example, to meet people like Giorgio Albertini.

My sister Maria Claudia does not speak, read, or write, and her personal autonomy is very limited.

But that is not always the case. Many persons with Down syndrome, if adequately supported, can achieve a fair degree of independence and, in some cases, even find meaningful employment.

Growing up together was not easy: for me, for my other two siblings, for our parents, and certainly not for Maria Claudia.

But it has also been (and continues to be) something wonderful.

Spoken from the heart of a brother.

www.siblings.it

Myasthenia gravis: a lifelong companion

Maria Cristina Altieri

"Myasthenia gravis is an autoimmune disease that affects acetylcholine receptors at the neuromuscular junction. A subtle disease that can outbreak with variable, intense, and diverse person-to-person symptoms." Summarizing in short, this is the clinical and scientific description of the disease, which, to paraphrase Professor De Bono, if accepted, would resemble a white hat. Myasthenia gravis affects mostly young, active women, fully engaged in life. Often, the already rich menu is spiced up by the diagnostic process, devious, fraught with suffering and a deep, bitter lack of understanding. A new awareness. You are a new, rare being, feeling like a nerd at a hippie party, with a battery constantly ready to die without warning, with a presence that you know will be your lifelong companion.

You seek the sun and love this life tenderly and madly, putting your heart in anything you do and no matter what. And so, while you manage to find your ancestral balance, or try to do it with all your strength and with all the pieces slowly falling into place, with love, so much love, that comes to you from out there, powerful and permanent, something else arrives, from outside, something you never would have imagined. Running aground terribly, shattering, like a domino effect, many certainties...

"Discrimination is an unjustified distinction (exclusion) based on an aspect of the discriminated person's identity that should not be relevant..." A definition, according to the Treccani dictionary, absolutely direct, sharp, clear. At times, perhaps, obvious to me. "...It should not be relevant," I read it, again and again. Yet, it shouldn't be that way, especially in a world overshadowed by the glamorization of words and concepts, often together with the reputation of individuals and organizations, who compete to publish the most impactful social media photo, the best charter of values, the most beautiful, the most inclusive, the most diverse mission. And precisely in comparison with a social media page, the one belonging to my management, full of beautiful words and glossy images about inclusion, the reality of everyday work has instead set aside a sharp and constant edge for me. It arrived like this, people looked at me: a smiling, well-groomed woman, multitasking and efficient. But they didn't really see me: no, that can't be! Sometimes with dignity, sometimes clumsily concealing the daily struggle to be myself, which then became too burdensome. A framework that can no longer be sustained and suddenly falls. Ruinously.

So, you become invisible and too troublesome. From every angle, self-evident rules and protections conceived with heart and mind, and by those who truly want to change the world, you know they are there. But to you, without a reason, regulations and safeguards result in distant, unreachable. A flaw, a condition to be "fixed," to be escorted (without courtesy to guests) on the way out, rather than an aspect of human diversity to be cultivated and valued. All wrapped up in months, too many, of collective and meandering mortifications, and a noun, one of those that says it all: dishonesty. Wham! piercing, lucid, embittered. Yes, it was happening, really, from those who, with badges on their disability manager jackets, should have understood and protected.

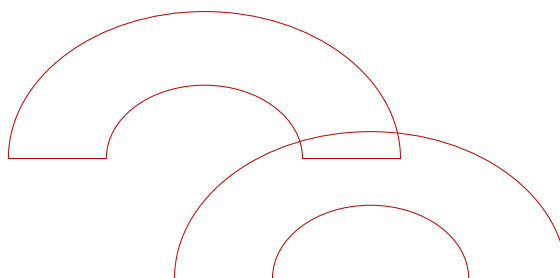
"The word empathy has Greek origins, from en ("inside") and pathos ("suffering," "feeling"). It is the ability to deeply understand the emotions, thoughts, and feelings of others, putting oneself in their shoes and perceiving reality from their perspective. Maintaining a healthy balance, remain-

ing close to the other but without losing one's own identity, and being able to be more helpful, the inclination not to judge other people and situations, which allows for a more open welcome and deeper understanding.”

I confirm, I've always had a soft spot for this concept, which encompasses a multitude of precious and irreplaceable assumptions. A unique event that transcends any latitude or historical period and reminds us of the beauty of human connections, positive and life-saving. A never-ending comparison with feelings, instincts, and actions far less educating for humanity. Empathy, a legitimized word? Perhaps. Is it actually applied, and where should it be? Inwardly, I hope, but with a grounding in reality: what I, humbly, doubt.

Nature itself, an inspiring teacher, shows the sacred cyclical essence of events and renewal. But at the same time, all this personal experience has impacted my emotional sphere with countless lessons, and like a prolonged-release drug, it leaves and will leave reflections and new scenarios in progress. Empathy has been my light in a circumstance of all-encompassing events, people, and contexts I hadn't chosen, nor even remotely considered to live with. Perhaps not by chance, yet I was in it, with all my strengths and with a single thought: I would emerge more structured and with the awareness of what I never wanted to be, become, or endure. Delicate yet powerful, an empathetic presence has shown the way, arriving from unexpected presences or constant certainties in my life, actions and resources coming like rays, shedding light, a beacon in a stormy sea. An impact, a lesson, and a profound gratitude for every beautiful person I've met. Unique, just like people are: special and unrepeatable. In a previous paragraph, I reflected on the possible application of empathy at work and social contexts—in short, in all contexts of our lives. What is this word, a word that until a few decades ago was, only or mostly, the prerogative of scholars? Is there a risk today of abusing such a precious concept? Is it sufficiently studied and incentivized in organizations, or is it left to a mere individual component, which, if structural, can improve governance and the climate? Are we born empathetic or do we become it? As a hasty and crude summary of this story, I sense that if empathy (and not only that) is lacking, we will continue to witness the unfortunate woman forced to face an unequal match, and, ultimately, to go elsewhere. Obviously, I have no answers, but I have hope, a great deal of it, especially today because I am beginning, with renewed awareness, a new personal and professional journey, because, as a great man, Don Tonino Bello, said, "Hope is the attitude of one who, while tribulations gather on his shoulders, does not let the song die out on his lips."

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Let's respect each other

Pietro Carenza

This signing of mine
is like words, it makes no noise
moving hands seem like magic
is like poetry.
Signs that speak to you with love
directly from my heart
with respect and dignity
to achieve equality
and break down the invisible barriers
that divide the borders
of disability
by integrating without difficulty.
Friends,
let's respect each other

Give voice and visibility to signing

Marianna Zanni

Psychologist, psychotherapist for deaf, LIS (Italian Sign Language) Interpreter

Dear readers, I'm writing these few lines to share and, perhaps, attest my personal experience of inclusion, attempting to shed light on deafness.

Let's start by saying: deafness is a more or less severe reduction in hearing, a seemingly invisible sensory deficit. In fact, it becomes apparent and noticeable only when the communication process begins and it begins using the vocal channel.

Deaf people can be bilingual, using Italian Sign Language and Italian, or using only Italian. Furthermore, some people use hearing aid devices or cochlear implants, which, while providing better understanding of speech and certain environmental sounds, do not guarantee unimpaired hearing.

Deafness, in the absence of auditory input, forbids the physiological and spontaneous acquisition of spoken language, so deaf children can experience linguistic deprivation if they are not exposed to attainable input. It may therefore happen that some deaf people don't read and write in "correct" Italian, and this may be due to significant linguistic deprivation, not intellectual and cognitive limitations.

Often, when thinking about this disability, people commonly associate the idea that deaf people are even mute, a belief that also stems from the incorrect use of the term "deaf-mute." In this regard, I'd like to share a video that very simply explains this incorrect approach: [World Deaf Day 2022 - Words that Matter - Video – RaiPlay](#). In fact, unless there are pathologies affecting the vocal organ, deaf people are not mute but speak. The particular modulation of the voice is due to having to learn and reproduce the sounds of a language without being able to hear them at all or only in part.

We can therefore debunk some misconceptions about deaf people's disabilities by stating that deaf people can read, write, drive, work, travel, etc., like many other people, with one difference: they primarily use visual or visual-gestural communication to communicate with the world. However, there are clearly many nuances to this disability, because, quite simply, not everyone is the same.

There are deaf people who do not know LIS (Italian Sign Language) and use spoken/written Italian and lip-reading; others prefer to use LIS, spoken/written Italian, or choose based on the context, so as to feel more comfortable. There are many shadings that depend on each individual's experience and personal background; what matters is always guaranteeing freedom of choice and autonomy for each individual.

Those who know sign language generally feel a sense of belonging to the deaf community. In these cases, deafness is perceived as a positive otherness and not just a deficit; one feels part of something, so much so that LIS is recognized as a natural language, as happens in all linguistic communities.

LIS, which the Italian Republic decided to recognize, promote, and protect on May 19, 2021, is a language that uses the visual-gestural channel, integral to deaf people. It is therefore fully accessible, rich, and complex, and visually expresses everything that oral language conveys acoustically (and beyond). Each country has one or more national sign languages, so LIS is not universal. However, there is the International Sign Language, a sign language developed by the World Federation of the Deaf in the 1950s to enable communication between deaf people, even if they come from different nationalities and therefore use different sign languages.

What can foster successful inclusion is providing deaf people with all the communication tools that are useful, indeed indispensable, for their education and individual growth, encouraging a bilingual approach to raising deaf children, including spoken/written language and sign language. Good lip articulation alone is not enough to allow deaf people to achieve a better quality of life: this can only be achieved and guaranteed by respecting fundamental human rights, namely by building accessible institutions: promoting available schools tailored to the needs of deaf children, encouraging integration into the workplace, implementing subtitling and interpreting services in all social settings and on TV, and thus promoting full accessibility to our society's services and resources in every way.

And it is against this backdrop, and the right to full accessibility, in which I believe, that my story unfolds.

At the age of six, accompanied by my aunt, I began taking my first steps in the world of volunteering. From the very beginning, I shared my life with people and friends with disabilities. After my university education in psychology, I began specializing in psychotherapy, but I had harbored a desire ever since I was a young girl, ever since I began to encounter and observe with great interest the communication styles of some deaf people who frequented the community club next to my family business. They didn't speak. They signed. Over time, I learned they used sign language. My youthful introversion led me to believe that there are a multitude of ways to communicate. And many times, and in this case, for many people, I realized that words are useless. They weren't the primary tool.

That cherished wish, over time, took on more and more space and shape. Thus, in 2013, I began the first level of the Sign Language course at the National Institute for the Deaf in Bari.

After several years of training, while I was about to complete my studies at the psychotherapy school, I attended the sign language interpreter course, succeeding, in August 2022, in gaining my interpreter qualification.

One thought, among many others, that drove me to become an interpreter was linked to the desire to make **myself accessible**. I told myself: **I want to be available; I want to be at deaf people's disposal**.

Architectural barriers are often an issue, and what was ringing in my head was the desire not to become another "architectural" founding barrier for this deaf people society.

This is why I made myself available, and I wanted to do so with competence and skill, not only in the places and spaces where I daily hang out, but also in my practice, for deaf people who wished and chose to undertake psychotherapy.

Being in Italy only a few deaf and hearing psychotherapists expert in Italian Sign Language, deaf people who are undergoing psychotherapy are forced to call hearing psychotherapists who ignore sign language. Therefore, these patients are also required to contact an interpreter to communicate, compelling them to feel the discomfort of having a third party (the interpreter) "listen" to their moving experiences, often full of psycho-emotional relevance. As if sharing them with a psychotherapist weren't yet exhausting enough.

In light of all that, this story aims to inspire sharing and reflection on the limits that an invisible disability, such as deafness, can face. It highlights how important, and indeed essential, it is, despite all the difficulties we may find, for everyone to champion a culture that fosters full accessibility and thus makes **true inclusion** truly possible.

mariannazanni1@gmail.com

Lorenzo Bertani

I was born in Padua, where I currently live. I am 62 years old. While working, I earned a Master's Degree in Diagnostic and Technical Health Professions from the University of Padua. I then completed a two-year Master's Degree in Bioethics and Education from the Catholic/Pontifical Lateran University in Rome, a three-year Diploma in Existential Counseling—focused on helping relationships- established by the C.I.S.S.P.A.T. (Italian Center for the Study of Short-Term Psychotherapy Development) in Padua, and a Master's Degree in Critical Criminology and Social Security, once again from the University of Padua.

I am retired due to health reasons, having a particularly disabling congenital motor disability, after having worked for almost 34 years in the Public Health System, in which I firmly believe. I have traveled extensively, in the West and the Middle and Far East, for the pleasure of learning, exploring, and growing as person.

I have had a long collaboration with national and international journals, publishing articles concerning the field of bioethics, including "*Humanity, diversity, freedom - an unusual mirror game*", Bioethics Voices-Newsletter of the UNESCO Chair in Bioethics, Haifa, January 2016, Year 2, Issue 5; and "*Virtuous human acting in caregiving: a basic component of common good*", Newsletter of the UNESCO Chair in Bioethics, Haifa, May 2016, Year 2, Issue 6. My current areas of greatest interest, although not limited to, are disability, various forms of vulnerability, socio-cultural discrimination, and the beginning and end of life. For several years, I have also been studying violence within heterosexual and homosexual relationships. For the latter, and on June 21, I was awarded the "Presidency" prize, Journalism - Violence against Women and Minors section, in the International Literature and Visual Arts Competition "What Cain Doesn't Know," promoted by the Academy of Arts and Philosophical Sciences of Foggia, for the article "*Violence in an Affective Relationship: Evolution of a Paradigm*".

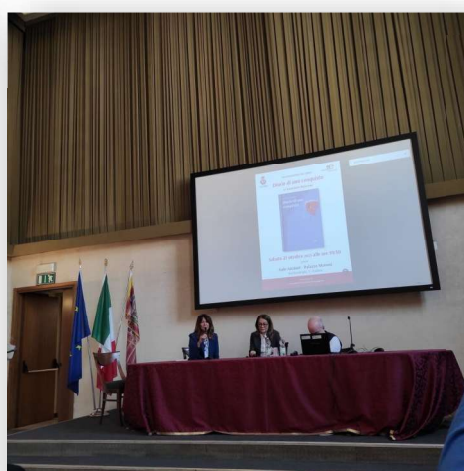
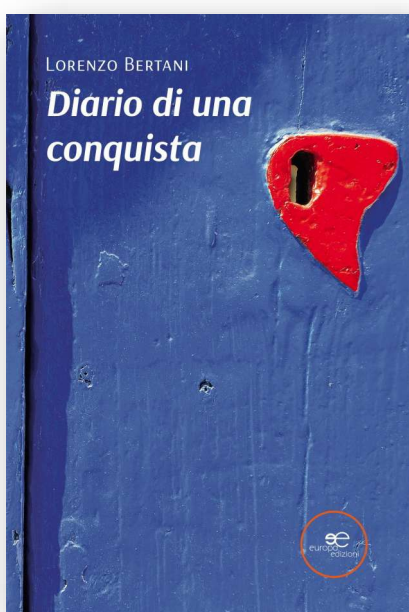
In August 2023, I published my first novel, "Diary of a Conquest," by Edizioni Europa. As I often say at the beginning of my book's presentations, the desire, the will, and perhaps even an unconscious need to write down about certain things that took shape towards the end of the distressing period of the COVID pandemic that also affected my country, Italy. Even now, though time has passed, it's still not easy for me to pinpoint the reasons I began writing: I just felt an urge that drove me to put into words, experiences, memories, feelings, and anxieties I had experienced and was still experiencing, perhaps catalyzed by a strong and disturbing sense of uncertainty fueled by the fear of illness. I continued writing, erratically, even letting time pass, precisely because I had no idea what would happen next, until one day I put my final words onto paper, knowing at that point that they would truly be my last words.

After some time had passed, which helped me to set clearly my thoughts on what I had written, and also motivated by the suggestion of some friend, made long before, about trying to publish something of my own, without telling anyone, I decided to contact a few publishing houses, and surprisingly, two of them responded. Having made my choice, I began my collaboration with the publishing house, aware that I was absolutely new to this world. After various revisions and formal definitions, advised by the Publisher's Press Office, I began presenting this book in a few bookstores, but above all, in the sociocultural settings of municipalities in my region, Veneto, and subsequently in other regions.

I have to admit that the experience of presenting my novel in various premises with actual readers was probably one of the most exciting and constructive experiences I've had so far. Although the starting point of these meetings was the same, each time the discussion, the questions, and the attitudes—both mine and those of my hosts and the audience—changed, creating new emotions and new stimuli.

This journey, which has now counted more than 35 stops, to this day, continues and, undoubtedly, represents one of the greatest satisfaction in my life.

On July 5, 2025, I was awarded a special mention for participating with my novel in the 23rd edition of the international Diary Competition "La Lanterna Bianca." In the "Published Fiction Book" section of the Il Convivio 2025 "Poetry, Prose and Figurative Arts" Award, my novel "Diary of a Conquest" was a finalist.



1: Book cover.

2, 3: First public presentation October 21, 2023 at the Sala Anziani of the Municipality of Padua.

Asiago

Adria

Caldogno

Vigevano

Novara

Montebelluna

Nonantola

Rovereto

Badia Polesine

Massa Fiscaglia



Luca Flocchini

Words can sometimes feel like a burden. Some people spend hours searching for hidden meanings, while others completely ignore what really matters. It's a bit like social media: everyone posts only the most spectacular photos and brilliant successes, seeking a few more likes, leaving aside everyday life, the life of unexpected events and simple moments, which are often the most meaningful.

I chose a different path, perhaps because I didn't have much to offer... I decided to lay myself bare in my book. Anyone who has read it knows what I'm talking about. It's not about seeking approval, but about showing reality without filters. Because in the end, we're all a little imperfect, and that's what makes us human. So, while you enjoy other people's perfect photos, remember that real life is much more. That being said, I wish you a good life, filled with laughter and authentic moments!

August 14, 2025

On days like this, I find myself thinking about what kind of person I could have become if only that "well-known" event hadn't happened when I was almost 25. I imagine myself as a young man, busy with commitments, different hobbies, having something like a girlfriend, and seemingly endless dreams... Ah, what good times! The expression "time flies" looked like perfect then, but for 26 years, time has decided to take a prolonged coffee break.

Without work, being sports and work out of the question, and reading as my only companion, I feel a bit like a king without a kingdom. And those unbearable pains? They're like my roommate now, always present, however unwanted. So, I seek solace in the pages of books, or rather, in the voices of friends and actors who read for those like me, who can't see or move.

I paraphrased and made my own Foscolo's quote: "He who doesn't read, at seventy, will have lived only one life: his own. And he who reads, well, will have lived five thousand years."

A bit like having a passport through time, without customs' hassles. But speaking of luck, I've met people who have faced unimaginable losses, and in comparison, I feel almost privileged.

Quite a few years ago, I confided to a friend that I considered myself the luckiest man on the planet. Maybe I overstated, and she wrote a little story about it.

And as I see friends living their full lives, a little regret creeps in. But then, looking at my wonderful family and thinking of those who have suffered much more, I can't help but stop and listen to Jovanotti singing: "I'm a lucky boy." And who knows, maybe one day time will decide to start flying again! All I can do is "run" and become an ascetic.

<https://www.youtube.com/watch?v=16ckRcEW08Y>

Embrace yourself

Domenico Calia, Luciano Magno, Lilia Spada, Magdalena Wawrzyk

Embrace yourself during the chaos of life,
take care not to lose yourself,
cherish your essence.
Embrace yourself when you're alone,
seek warmth within yourself.
Find your way back in the touch of a glance.
Embrace yourself in the darkness of your heart.

A gift called bulimia

Our daughter A. was in her fourth year of high school when we received a letter from her best friend. She revealed to us an aspect of A.'s life that she had kept well hidden, without us even receiving a hint about it: A. was bulimic!

At 17, we all have had teen problems to a greater or lesser extent, especially when it comes to questioning our parents, which is why A.'s rebellious attitudes didn't alarm us that much. The discovery of the letter's content threw us into a dark limbo, a thousand questions coming to our minds, and the first was: WHAT DID WE DO WRONG?

As parents of twins, we were confident of our true fairness; we always tried not to express any bias between them. At this time, we delve into the world around us: school, dance school, friendships, and social media.

In short, the first glimmer of light took several years to finally appear.

Life spent away from her family for university studies and her new friendships have brought a new dimension to her routine and encouraged her to look at the world with renewed eyes. It must however be noted that the greatest motivation she got came by the psychological help during her university years, kept doing performed by other specialists as she began working. We as parents, aside supporting and encouraging her, didn't do that much, always being afraid of making mistakes. Personally, as a mother, I felt guilty for of her distress. A. has discovered within herself a strength and self-esteem that had been hidden, if not repressed. Now that she's a new mother, she's shown herself to be more capable than we supposed. She's not completely free of the problem, but the journey never ends; perhaps it slows down. What matters today is that she's a happy person, full of desire and hope.

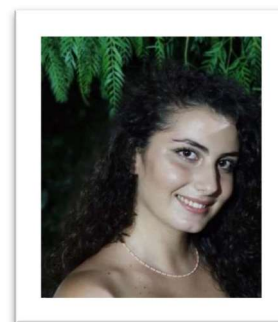
May God support her and support us.

A.' mother and father.

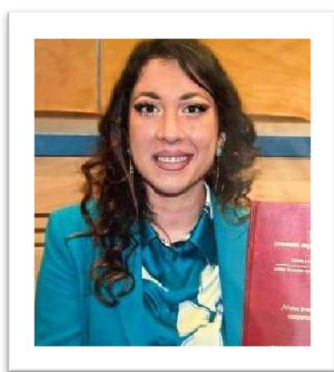
Eating disorders: pain, complexity, rebirth and the silent role of caregivers



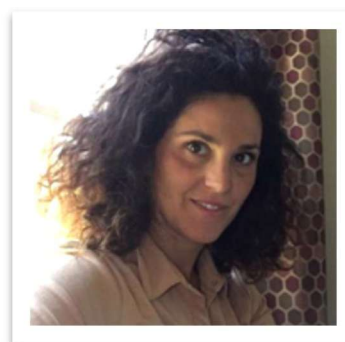
Dr Sabrina Ciambrone, Psychologist



Dr Annalisa Nicolini, Psychologist



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Eating and nutrition disorders represent far more than a clinical challenge: they are a deep experience of pain, weakness, and sometimes of rebirth. They show themselves in the body but their roots lie in the mind, in relationships, in the family and social context. An eating disorder never affects just one person: it spreads itself into relationships, in glances, in unspoken words and those shouted too loudly. The suffering of those affected by it unavoidably impacts on those close to him, too.

And among these, caregivers—parents, siblings, and partners—often play the silent leading role in the therapeutic journey, becoming companions in a battle they don't always know they're fighting.

During my professional internship in the management of eating disorders, I had the chance to become close to this complex, multilayer and never consistent world. Every day was an opportunity to face unique stories, often painful, but even blessed with great strength, sometimes hidden under the surface.

The encounter with suffering

One of the first patients I met during my internship was F., a seventeen-year-old affected by restrictive anorexia. I was immediately struck by her extreme thinness, of course, but even more so by the way she tried to make herself invisible: she walked on tiptoe, spoke in a low voice, avoided any eye contact.

During the activities of the therapeutic group, she just observed but behind that lifeless look there was a very sharp mind, and a deep wound linked to a family history of emotional absences and demands for perfection. I remember one session where, in an almost inaudible voice, she spoke of how she felt "not enough": not beautiful enough, not good enough, not worthy of affection. In that moment, I understood how the body, in these cases, becomes a language: a request for help masked by control.

Another relevant experience was with D., a 25-year-old woman with a long history of bulimia. She had already been through several therapeutic treatments, but always resulted in coming back to the starting point. During a one-on-one interview I attended, she described "hunger" as something more than a simple desire for food: it was a hunger for attention, for contact, for love. I was deeply impressed by the clarity of mind with which she was able to describe her disorder.

"Bulimia is like a familiar voice that lulls me and then destroys me. But at least it's mine. Anyway, it makes me feel something." Strong words, which compelled me to reflect on which a symptom, however destructive, can also have a protective, identity-building function.

Emotional involvement: learning to stay within the relationship

During the therapeutic journey, it is impossible to remain completely indifferent. Therapeutic neutrality, if not joined by authentic presence and empathy, risks becoming distant. Some stories have struck a chord with me, leaving a profound mark, not only as a future psychologist, but also as a person.

One of the most intense experiences was with a group of adolescent patients, all girls between the ages of 15 and 19, each with their own troubled relationship with food, their body, and their personal value. During expressive workshops, particularly by writing and art therapy, emotions emerged that often found no space in verbal language. I remember one afternoon when a woman, after drawing a chained female figure, burst into tears. "That's how I feel. Trapped. By myself."

It moved me how, despite knowing nothing about art, she managed to represent with such intensity the internal conflict she was experiencing.

In moments like these I learned how important it is to know how to "stop": don't act too quickly, don't comfort too quickly, but supporting that emotional space so that the pain could be accepted, contained, and only then transformed.

The role of caregivers: between helplessness and redemption of caregivers.

Another fundamental dimension that I was able to explore during my internship was that linked to the role of the caregiver.

Parents, partners, brothers and sisters who often feel excluded, misunderstood, accused, or responsible. Their suffering is silent but intense. I think of G., the father of an adolescent patient,

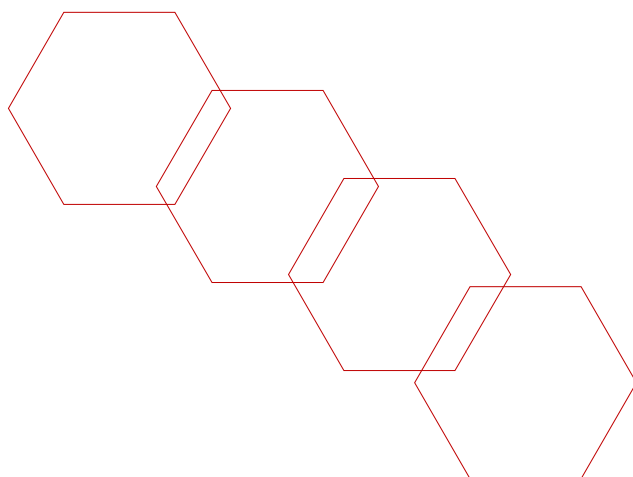
who, during a family meeting, declared that he felt "useless," that he no longer knew how to approach his daughter without being perceived as an enemy. "I feel like I'm losing her a little more every day," he said in a broken voice.

In that moment, I understood how much caregivers also need a space to share, to feel validated in their struggle, in their fear, in their love, which often doesn't know how to express itself. This is why I found the groups dedicated to family members extremely valuable. In those moments, I've seen parents question themselves, learn a new language, understand that "doing everything possible" doesn't necessarily mean "doing everything alone." I saw it in the eyes of F.'s mother, who after months of group discussions said: "For the first time, I don't feel alone. And maybe she doesn't anymore either."

In this world of fragility, however, there aren't only falls. There are also moments of light, of recovery, of authentic transformation. Discharge from the center, when the patient is ready to continue her journey independently, are moments of profound emotion. I remember L., 22, affected by binge eating disorder, who, after seven months of treatment, during the last group meeting, thanked everyone: "I thought I'd be stuck forever. But now I've learned that I can nourish myself without punishing myself." At that moment I saw a new light in his parents' eyes, made of hope and gratitude.

This internship taught me that eating disorders never consist only of symptoms to be treated. They are stories to be listened to, identities to be rebuilt, relationships to be repaired. They are wounds that demand to be recognized, not judged. And as mental health professionals, it is our duty to never forget that behind every suffering body lies a person, a network of affections, a turbulent internal world. Intervention cannot ignore a human, empathetic, and welcoming perspective.

Healing is possible. But it is never linear. And it often begins right there, where someone—a therapist, a family member, a group member—has chosen to stay, not to give up, to believe in something that cannot yet be seen.



Inclusive VITABalance-Med and Bioethics: the *SANITUS* Foundation educative cornerstone

António Rui Leal, MD, PhD; Álvaro Ribeiro, MEd, PhD.



BACKGROUND: The **SANITUS Foundation** is a Portuguese non-profit organization that was founded in 2005 in Oporto. It promotes health education, congress and training based on the new concept of **inclusive VITABalance-Med (iVBM)**. This last concept was presented at the *Congress “Handi-Capacités, Sport & Travail”* in 2024, at UNESCO’s House. Motivated by our next Congress in Créteil (2025), we are also preparing the publication of the **“Pyramidal Manual”** (for school teachers) and the **“Handi-Capabilities Game-Book”** (for families), in partnership with *“Les Amis du Plateau”* and Marc Kucharz, among others. After the conception phase (2005-7), the pilot project (2008-10), and the district phase (2011-14), we are now developing a potential programme at the national level. We also shared results at several conferences and in countries such as India, Romania, France, and Ecuador, which have expressed interest in collaborating on this research/international expansion. The next international phase starts in Paris, (November the 15th) with the **Congress “Handi-Capacités: Éducation & Travail”** (see *flyer* attached) and will continue in the **17th World Conference Bioethics, Medical Ethics and Health Law**, in Ljubljana (Slovenia), on the 24th and the 25th of November, 2025. The national phase is being conducted in an eco-inclusive format, with Portuguese universities which are collaborating on this reassessment through validated lifestyle questionnaires. We are also creating a multidisciplinary training centre, which will be called **Institute for Integrated Intervention in Health Education (IIIES)** to implement training programs, pedagogical materials and expansion policies. This centre will seek to ensure Global and Inclusive Health, particularly in schools, through this new concept. **IIIES** is about guaranteeing a high-quality, integrated training service aligned with the needs of education in several countries (respecting a multicultural environment) using the ongoing best pedagogical practices. **IIIES** will include research for the validation of intercultural results, assess of cost-effectiveness and other topics, at a European and international level. Please visit our website and digital store, and let us know your opinions at <https://sanitus.pt/>.

THE iVBM’s TREND: As an emerging philosophical trend, **iVBM** intersects bioethics and healthcare education. Its implementation in Portugal emphasises holistic human care integration at the school and work level, prioritising the quality of life for Portuguese students and also workers, their families, and even the community, regardless of their background, condition, or life circumstances. **iVBM** addresses solidarity, human dignity, and ecological living as main idea. It ad-

dresses how medicine, biology and ecology advancements can unite us and give some life sense, improvement also our quality of life and increasing our capacities to surpass ourselves. Authentic solidarity is particularly challenging to practice when it comes to obesity /CVD prevention in school-age children and workers. Since the pandemic has enlarged cardiovascular and psychosocial risks and altered human behaviours, digitising our society and exacerbating problems such as isolation, sedentary lifestyles, depression/anxiety, and uncertainty, this has led to a growing health and mental crisis in childhood and adults. The challenges to overcome this reality are often framed by the obstacles lived by students and also workers, and their families. **Bioethics** enters here as the cornerstone of overcoming the inherent personal limitations, organisational vulnerabilities, and social inequalities, respecting the dignity of each student, parent, teacher, worker and manager. **iVBM** extends this commitment to ethical action, proposing a model of healthcare that transcends traditional notions of medical treatment and the alleviation of physical ailments. It emphasises the whole person, recognising the emotional, spiritual, and social dimensions of health. It transforms obstacles into opportunities for growth and healing. Bioethically, it aims to educate students and workers experientially, enabling them to become responsible and autonomous individuals in their lives. **iVBM** wants also to learn what students, parents, teachers, workers and managers should do to live better, and to improve students' and workers' quality of life and capabilities. Wants to know how the school and home, and the workplaces, should be structured to contribute to improving students' and workers' health and quality of life. Wants to know how a society should be organised for its students and workers to live a healthier preventive life. The problem resides in knowing how each student and worker should accommodate in their system of moral values the dimension of their relationship with others, and what priority they should give to the interests of others, over their own interests. This is where **iVBM** and Bioethics intersect most profoundly, since it creates new health education life strategies that improve not only the quantity of life but also its quality. It seeks to enhance the overall experience of living, by addressing factors such as mental health, environmental well-being, and social connection.

PEOPLE FLOURISHING. Two significant examples collected by **iVBM** team in Portugal concern the training in enterprises and overweight individuals. In the first case, after administering a knowledge assessment questionnaire at different times, interspersed with training sessions in cardiovascular prevention, adequate exercise, sustainable nutrition, bioethical behaviour, and inclusive environment, respondents with lower academic levels increased their rates of positive responses about 20% to 30%, after one hour of training. According to the information gathered in the field notes and the responses to unstructured questions, the new visual-based educational model poster and the five health pyramids support the training of workers with comfort and dignity, grounded in the bioethical principles of respect for autonomy and non-maleficence. These strategies promote a holistic view of care, offering individuals the opportunity to experience meaningful and compassionate moments as they navigate their adult learning. The second case involves a 17-year-old young man weighing over 120 kilograms who wants to improve his physical condition. After being exposed to the concept and training of **iVBM**, the young man was able to access preventive care, mental health support, and early intervention programs to improve his life outcomes. Here, the principle of authentic solidarity was of utmost importance, since it opened the door for interconnectedness between the multidisciplinary **iVBM** team, and him and his family, turning them inextricably linked to the well-being of others. The solidarity compelled all involved to act in ways that are just and compassionate, ensuring that every person has the resources and support they need to live a life of dignity. People became committed to equitable healthcare for all, regardless of race, gender, disability, or socioeconomic status, for the young students/workers and their families.

CONCLUSION: **Inclusive VITABalance-Med** is deeply rooted in empowering the young people and

its families to participate actively in their global health and ecological well-being, assuming a preference for ***Salutogenesis*** as this concept was coined by Antonovsky (1987). ***iVBM*** fosters collaboration among all providers and communities to create supportive environments where everyone can thrive, regardless of their starting point in life. ***iVBM*** acts in a way that promotes living a life that is true to oneself, characterised by choices that align with one's values and dignity. The bioethics of ***iVBM*** involves respecting individuals' rights to make decisions about their own lives in the context of healthcare. It creates spaces where workers and the young students (and his families) can express their doubts, needs, and even fears, and see their bioethical choices respected. They also learn how to have responsibility concerning their healthcare decisions, ensuring that they are not reduced to mere subjects of treatment, but as active participants in their health outcomes. ***Inclusive VITABalance-Med*** is this way is an important innovative model to change our notions/habits, understanding the importance of the health balance (homeostasis) and to promote the sense of surpassing of ourselves ecologically, regardless our handicaps, weakness or cultural differences. **So, if you want to help or join us**, please visit our web site (sanitus.pt) and go to Paris or/and Ljubljana this year, and then in Rome, in 2026! You are always welcome!

“Handi-Capacités: Éducation & Travail!”

(La construction d'un nouveau paradigme...)

MAISON des ARTS de CRÉTEIL Congrès SANITUS - 15-nov-2025

Projet initié par la Fondation SANITUS en 2022, présenté internationalement à la Maison de l'UNESCO en 9.9.2024, au Congrès « *Handi-Capacités, Sport & Travail* », après les Jeux Paralympiques, deux moments judicieux pour revisiter le modèle d'intégration du handicap. On propose à nouveau...



Fondation Sanitus

Avant la semaine du Handicap (17-23 nov), une nouvelle vision de valorisation des capacités, au-delà du handicap...! Pour engager la Société dans un nouveau paradigme...

Le Project VITABalance-Med Inklusif, c'est une nouvelle proposition au niveau des Écoles et du Travail - accompagné de son Poster, Manuel Pyramidal, et le Jeu-Livre entre autres...!





Programme préliminaire

Tables rondes :
 “Éducation : Projets VITABALANCE-MED inclusive et autres...”
 “Travail : Handi-Capacités, le nouveau modèle et ses implications...”

Master Conférences :
 “HANDI-CAPACITES au Travail – quelles problématiques faut-il dépasser ?”
 “Éducation et concept HANDI-CAPACITES ; Une nouvelle opportunité pour la Société ?”

MOTS de la Mairaine (Sílvia São Miguel) et du Parrain (Thierry Bovin)

MOMENT SPECIAL avec KAPIDanse.

Invités Spéciaux : Représentants du Portugal et de la France + Maire de Créteil



RIDING KINDNESS

Olga Venosa.

Founder, CEO, Writer, and Coach



We Are Stroger Charity is an anti-bullying and anti-violence registered charity in Italy and in the UK, born from a real-life story, mine. I was the victim of sexual abuse for 10 years of my childhood and as a consequence I was bullied, and I have got into bulimia. It took me a very long journey to discover myself and unwind the effects of the trauma I had experienced, and eventually I have decided to set up We Are Stronger with the mission of helping others and preventing them from being hurt.

The charity provides antibullying and anti-violence prevention programmes to schools, universities, and workplaces. It is the sole antibullying charity in the UK to provide both legal and psychological support, free for any target of violence.

Since 2021 it has also started creating and publishing children's books to prevent bullying, violence and spread awareness on correlated thematic. The primary school "kindness series" has been successfully received from the public with its first book "kindness is all around" to prevent bullying and eating disorder at young age and its latest children's book and project "riding kindness" created to prevent bullying and cyberbullying and to spread awareness on disability, and the correlation between discrimination and different ability.

What is unknown can generate fear or discomfort, and what education does is to reassess those feelings, by replacing them with curiosity and the joy of learning something different, hence new. The book and project tackle the problem by developing emotional intelligence, increasing mental health at young age and creating diverse and inclusive environments in primary schools. Children are free from judgments and with their imagination can see beyond what an adult can. Their actions and words are the result of our examples. Any adults have the power to contribute to, but also the responsibility to affect younger generations.

Educational activities such as reading, provide opportunities to discuss complex concepts to children by showing practical example of real life thematic like bullying and disability, effective for prevention and for positively influencing the child's empathy and growth in stigma-free environments.

Intervention programmes that promote children's growth and emotional intelligence require the development of both positive actions and thoughts, safe spaces where everyone is listened to and understood, in addition to the prevention of troubled and antisocial behaviours.

The project gives identity to the bully and the target of bullying. Both characters learn through empowering scenarios to create authentic and responsible relationship between them, and a stronger self-awareness.

Tools are provided to promote respect, empathy, kindness, and team bonding where differences are recognised as opportunities to learn from. With our trainings and activities, we enable a mechanism that persuades any child to report physical and/or psychological violence to any "role model" (adults, source of inspiration that the child trusts and admires).

It also provides tools to put anyone in someone else shoes so to identify not just others' difficulties, but also the potential for developing different and useful skillset otherwise kept dormant. The book stories are based on the combination of a lot of true-life experiences fictionalised to arouse the reader interest and explore the world of diversity from different point of view: the person with different ability, parents, friends, and strangers.

What is important is the avoidance of labelling while keeping realistic the essence of each condition.

The book has been published in three languages English "RIDING KINDNESS", Italian "A CAVALLO DELLA GENTILEZZA", and Spanish "LA AMABILIDAD VIAJA EN CABALLO" to reach a greater audience and being able to create a wider social impact.

The project is running and will run through all 2026 in Italy and in the UK and has already received excellent reviews from schools' staff, students, and parents. Limits are soiled in the eyes of those who see them, there's no normality as such as we are all different and that's the beauty of life.

<https://www.wearestrongercharity.org/>



The moral disengagement in bullying and cyberbullying

Dr Guillermina Carnicina

Psychologist- Psychotherapist, specialized in criminology and educational strategies

In this article, we describe the mechanisms underlying the implementation and repetition of certain aggressive behaviors, intentionally performed by an individual or group against specific "victims." These behaviors, present in various spheres and contexts of everyday life, including school, are considered within the context of the phenomena known as *bullying* and *cyberbullying*. If bullying represents a sort of social sanction against those who are or appear to be different from the majority, it is clear that boys and girls belonging to a minority (foreigners, disabled people, homosexuals) are the most vulnerable to victimization. We can therefore ask ourselves: what can drive children to vent their anger towards a classmate with a disability? Why does a foreign child become the target of bullying from his classmates?

Referring to the extensive existing literature, it can be declared that those who engage in aggressive and socially unacceptable behaviors, such as those characteristics of bullying and cyberbullying, tend to justify their actions while maintaining a positive self-esteem. This psychological construct is explained through the mechanisms of so-called *moral disengagement*: the various ways in which individuals justify immoral or harmful behaviors, thereby reducing their sense of responsibility and guilt.

The concept of *moral disengagement* was introduced in 1996 by Canadian psychologist Albert Bandura¹ to explain how individuals are capable of committing immoral actions and harming others, against their own values and beliefs, while still feeling at peace with themselves and thus maintaining a sense of personal integrity.

To legitimize aggression, specific cognitive strategies are employed, allowing the offender to disengage from moral sanctions, relieving the guilt and shame that may arise from their actions. These forms of moral disengagement can settle down and organize themselves, eventually becoming a pattern of behavior for the individual, capable of freeing him from rules, norms, and moral principles. According to the conceptual model proposed by Bandura, moral disengagement is a cognitive mechanism consisting of eight sub-mechanisms, each of which can be activated, even separately, to justify one's behavior in different situations. These eight sub-mechanisms are organized into four main groups, called "loci," corresponding to the different points or moments where moral "disconnection" can occur.

1. Behavioral Locus: Redefining the Harmful Action Toward Another Person

This group includes three mechanisms of moral disengagement that allow the individual to cognitively transform a harmful behavior into a positive, or at least more acceptable, one:

- **Moral justification:** This consists of convincing oneself that the wrongful action is actually justified by a higher or morally valid goal. The individual reinterprets their harmful behavior as if it were in the service of moral principles, such as justice, group

¹ Albert Bandura, *Disimpegno morale. Come facciamo del male continuando a vivere bene*, trad. di R. Mazzeo, Erickson, Trento 2017.

protection, or the defense of higher values. An example might be a boy who forwards a pic of his girlfriend naked to his friends, as a result of a breakup or argument. His justification might be expressed in these terms: "It's right to share her photo without clothes because she cheated on me and deserves a lesson." In this case, the harmful action (the sharing of private material) is justified as a form of revenge, "morally" acceptable due to the alleged wrong suffered. Other fairly

common examples include creating an online group to slander someone, under the excuse of "protecting others from this person" or "seeking justice"; allowing or ignoring offensive jokes targeting a person with a disability, believing that they "help ease tension" or that "they're just humor, without wickedness," thus prioritizing group cohesion (based on discriminatory irony) over respect for the individual. Another example of disability discrimination could be not making a place accessible (a shop or an office), explaining the decision with "excessive costs" or "it's not cost-effective, given the limited number of people affected." Economic considerations are thus prioritized over the right to accessibility.

- **euphemistic language:** this involves using "softened" words or expressions to describe the harmful action. By using neutral or even positive terms, the action is made less serious or negative, thus masking the true nature of one's behavior. In a case of full-blown classroom bullying, the perpetrator might say, for example, "I was just teasing him a little, I was joking." This "cleaner" language lessens the perception of the negativity and severity of the act, in this case the humiliation of the classmate. Another example is the exclusion of a classmate with a disability from an activity or a school trip, justified with the intention of "giving priority to students who can keep up." In cyberbullying, euphemistic language is used when repeated threatening messages are considered simple "pranks." Compared to organizing online group attacks (*flaming, hate speech*), these are often sublimated as "healthy trolling" or "participating in a heated debate," while spreading online gossip is transformed into "sharing gossip or updates."

- **advantageous comparison:** this involves comparing one's own harmful behavior to other behaviors deemed worse. In this way, one's action, while negative, appears less reprehensible by contrast. Systematically avoiding interaction with a person can, for example, be interpreted in these terms: "I'm not isolating him, I'm just keeping to myself; there are people who do worse." Or, a student who insults a classmate online might think, "I just commented on his photo in the post with 'you're a loser,' there are people who use much worse terms!" Or, "I just pushed him, not punched him." By comparing one's own behavior to worse actions, one tends to minimize one's own guilt. In the context of cyberbullying, the author of an offensive post might think, "I didn't share his private photos, like so-and-so did." Or, "It's just a comment; there are people who post death threats." When engaging in online stalking, someone might think, "I'm not stalking or hitting him in real life, like bullies do; I just posted comments on social media." "I just shared a stupid meme; I didn't create a group to defame him, like others do."

2. Locus of Responsibility: Avoiding Direct Responsibility

This category includes two mechanisms that allow individuals to reduce or deny their personal responsibility for the harm inflicted:

- **Responsibility Shift:** This mechanism occurs when individuals attribute responsibility for their actions to authority figures or external circumstances, claiming they were simply following orders or being forced to act a certain way.² For example, someone might justify themselves by saying, "I forwarded my classmate's photo to the chat because the class president asked me to."

"I did it because the older kids told me to." Or a person who behaves offensively might say, "I acted that way because my boss told me to." There are numerous examples of cyberbullying, such as forwarding an offensive message or photo by saying, "A friend sent it to me, I just shared it in the class chat"; "I had to do it, otherwise I would have been excluded from the group." Even cruel comments can be justified: "I responded that way because they provoked me."

- **Diffusion of responsibility:** This mechanism is activated when the harmful action is committed collectively. Responsibility is distributed among all members of the group, thus reducing individual guilt or responsibility. If "everyone, does it," no one feels fully responsible. For example, a class member might think, "It's not my fault, we all did it together."

"I wasn't the only one, there were others, too." Or, in a group where a person with a disability is being mocked, someone who doesn't speak up for the victim might justify themselves by saying,

"There were so many of us, the others saw it, too, it wasn't just me who had to intervene."; "No one said anything, why should I?" Consider the case of a committee that decides not to fund an inclusive project, where each member feels less responsible because the decision is "the group's." Or, for example, participating in a *shitstorm* (a collective online attack) against a person with a disability is justified as follows: "Hundreds of us were commenting and liking, it's not just my fault." In a group chat where derogatory content about disabilities is shared, not speaking up or participating with minor comments might be justified as follows: "Everyone was doing it."; "I just added a little joke, the others did worse."

3. Locus of Effect: Minimizing or Ignoring the Harm Caused

In this case, moral disengagement is activated when one cannot easily escape responsibility, and allows one to warp, minimize, or deny the harmful consequences of one's actions:

- **Carelessness, misrepresentation, denial of harmful effects:** this involves downplaying or even denying the negative consequences of one's actions, minimizing their consequences: "After all, we didn't do anything!" After a cruel joke about someone's disability, one might think, for example, "Oh no, we know he doesn't care about these things"; "It was just a harmless joke, I don't think she was hurt." Or one might ignore the frustration of someone unable to access a service: "It's not a big deal; he'll find another way." The emotional impact of social exclusion might be denied in these terms: "They're used to being alone anyway." Compared to cyberbullying, minimizing its often-devastating effects can result in thinking, "It's just online; nothing happened in real life; they couldn't have suffered so much." Or ignoring the victim's signs of distress (posts alluding to their state of despair or sadness, social withdrawal, etc.), or even believing they're "faking" or "exaggerating." And again, after posting an offensive comment, one might justify themselves by saying, "Oh, yeah, in a few days no one will remember it."

in regard of, see also Stanley Milgram, Obbedienza all'autorità, trad. di R. Ballabeni, Einaudi, Torino 2003.

4. Victim's Locus: Distorting the Victim's Perception

The final category includes mechanisms that affect how the perpetrator perceives the victim, making them an easy target for cruel behavior:

- **Dehumanization:** This mechanism strips the victim of their human qualities, viewing them as inferior, despicable, and unworthy of respect or empathy.³ By attributing to victims an absence of human feelings, the emergence of a sense of guilt for their suffering is inhibited from the outset. This mechanism affects an individual's capacity for empathy: when the humanity of the other is "degraded," empathic correspondence can be lost. Among the mechanisms of moral disengagement, the most commonly used in cyberbullying is dehumanization: the lack of real contact between the bully and the victim can, in fact, facilitate the lack of empathic mirroring. Some examples of this include: referring to people with disabilities in derogatory terms ("handicapped," "retarded"), or focusing on their "pathology" or "deficit," ignoring their individuality, interests, and relationships; treating people with disabilities (especially cognitive or communication disabilities) as if they couldn't understand or hear, talking about them while they're present as if they weren't there; using derogatory nicknames or referring to the victim by reducing them to their "weirdness," their appearance, or a flaw ("that idiot," "the loser," "the whale"); treating the victim like a *bot* or *troll* deserving only attacks, rather than as a real person, with their own emotions and feelings; creating fake profiles to taunt or insult someone, viewing the victim as an impersonal target. In online language, we frequently encounter the use of direct, disability-based insults ("idiot," "mongoloid," "handicapped"), used in a derogatory sense to denigrate not only the person with a disability, but also those they intend to target by stigmatizing the attribution of a deficit. We also see the creation or dissemination of memes, GIFs, or images that mock or caricature people with disabilities, reducing them to objects of ridicule, or

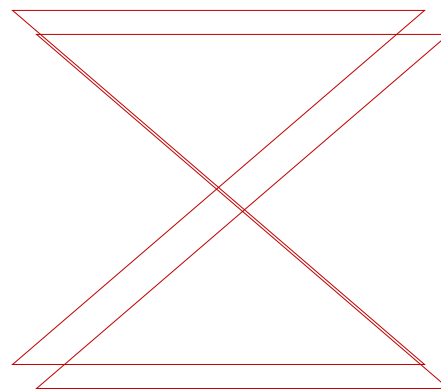
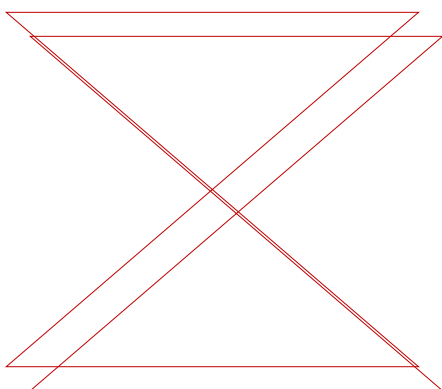
the publication of comments that compare them to animals or objects ("he's a vegetable," "he's useless like..."), denying their human dignity.

Blame attribution: this involves shifting the responsibility for what happened onto the victim. Rather than taking responsibility, the attacker accuses the victim of having "provoked" or "deserved" the treatment they suffered: "He provoked me"; "He asked for it, with the way he dresses, speaks, and behaves." When someone is being aggressive on someone with a visible disability, comments like these may appear: "She asked for it, she shouldn't be seen like that online"; "She posted a photo that was too provocative, it's normal for her to be insulted." Attacks against someone with an intellectual disability can be justified by saying: "She's too naive" or "She doesn't understand social media rules," thus shifting the blame onto the victim's supposed "inability." To explain why a person with a disability has been discriminated against, one might say: "She's not trying hard enough"; "She doesn't want to fit in"; "She's too weird, it's normal that no one wants her." Sometimes, a person with a disability may be accused of "using her condition" to obtain preferential treatment. Finally, blame can be placed on the victim by accusing them of being "too sensitive" or "not knowing how to take a joke."

3 A critical review of the various theories aiming to explain how people can turn into executioners, including the mechanism of "dehumanization" of victims, can be found in Richard Rechtman, *The Ordinary Lives of Executioners*, trans. by V. Zini Einaudi, Turin 2022.

Operating at different levels (behavior, responsibility, effects, victim), these mechanisms show how individuals, despite being capable of prosocial behavior, can be driven to inflict suffering on their peers. In conclusion, the conceptual model of moral disengagement is an effective critical tool, insofar as it allows us to understand both how bullying and other forms of violence (such as gender-based violence and domestic violence) arise, and how prejudice and discrimination can persist, thanks to the internal justification of those who perpetrate or tolerate them. Recognizing these mechanisms is the first step in attempting to counteract them.

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When we speak and write about inclusion, according to Italian current legislation, we usually think of pupils and students with Individualized Educational Projects, learning disabilities (DSA), or more generally special educational needs (SEN), as provided for by Law 104 of 1992, Law 170 of 2010, Ministerial Decree of December 27, 2012, Legislative Decree 66 of

2017, Legislative Decree 96 of 2019, and Ministerial Decree 182 of 2020.

Nevertheless, in this chapter, we would like to refer to the children and young people who attend our schools as a whole, without drawing any boundaries between standardized cases and situations characterized by disabilities. The lines of demarcation are uncertain and unstable, subject to change over time; many difficulties are not necessarily diagnosed or diagnosable, and in their fluidity, they can be confused with apparently normal situations. Inclusiveness is a dimension that concerns everyone and belongs to everyone.

Inclusive education necessarily involves the act of building a community: on the one hand, inclusive school focuses on teaching design, organization, and management of the educational environment, with the direct involvement of students and families in the process, as well as openness to the needs and resources of the local community. On the other hand, it strongly believes in the uniqueness of each individual and the valorization of diversity, thus giving everyone the opportunity to grow in a fair environment, ensuring respect for individuality and equal opportunities for all students, in the firm belief that everyone is endowed with dignity and inalienable rights.

Beyond school, other places offer opportunities for learning and acquiring knowledge. However, school is the only context in which an educational mission that considers the whole person is carried out: it aims to provide space to disciplinary knowledge, to education through self-knowledge, to relationships with others (classmates, parents, teachers, and the various figures with whom one interacts in the microsocial dimension), and interaction with society (institutions, work, associations, the community, local authorities).

The classroom is organized and structured as a learning environment where everyone is guaranteed full enjoyment of the right to education and training, respect for the right to non-discrimination, the right to education, choice, and individual support. This last one allows each person, according to their talents, to follow their aspirations, deepen their interests, strengthen their motivations for choice, enhance their abilities, fill previous gaps, and gradually shape the skills that allow them to build their future, contributing to the progress of the context in which they live.

Currently, in inclusive schools, each individual with standard and/or special educational needs is supported in their learning by professional teachers, both in terms of mastery of subject content and in relational and psychopedagogical areas. They are able to understand the needs of each student, identify early vulnerabilities and potential risks of dropping out, develop inclusion strategies that foster the well-being of each student, and propose personalized paths that allow them to achieve the desired goals.

This chapter simply lists some of the elements characterizing inclusiveness: they cannot be missing in a school that aims to pursue the educational success of every student who attends it.

The following are some defining elements:

- Respect for each individual: no one should be excluded or marginalized. All students (children, teenagers, and young adults), regardless of social class, gender, ethnicity, or initial abilities, must be provided with an educational program (a path) consistent with their starting point and their talents (personal resources). Students must be treated equally (with absolute respect), even though they follow different paths to achieve the same goals.
- Student-centeredness: class teachers develop personalized learning activities, respecting the needs of each individual student. For example, different teaching methods are proposed based on the specific needs of each student, their starting level, and their resources. Thus, different methodological techniques are adopted in different ways: problem solving, laboratory work, cooperative learning, team work, real-world tasks, or other approaches based on the specific needs of the class group. The centrality of the student consists in the fact that he is systematically involved, stimulating both his cognitive and emotional spheres, so that he is the protagonist during educational activities.
- Care for students' well-being, which makes them feel empowered and comfortable within the classroom and the entire school; by extension, the teachers who interact with them experience the same. Emotional and psychological well-being is a fundamental concern, but this does not mean that everything related to physical well-being is secondary. It is therefore hoped that not only classroom environments but also school environments foster shared well-being: classrooms, laboratories, corridors, common areas, gyms, locker rooms, and restrooms must be accessible to all, comfortable, clean, and safe. Furthermore, all teachers, the school principal, and his staff are committed to ensuring an educational approach based on respectful, open, and effective communication methods, and to ensuring proper hygiene, health, and personal care practices. In an inclusive school, there should be no architectural or mental barriers.
- Care for the organizational climate, which is positive, welcoming, and stimulating. Student-centeredness involves ensuring a positive organizational environment that welcomes all those who come into contact with the school. This does not mean creating an accommodating and inert environment from an educational and teaching perspective, but rather a proactive and stimulating one: individual and group initiatives are encouraged be-

cause they reward the pursuit of individual and social improvement, the effectiveness of teaching, and, in general, the efficiency of the school service.

- The protection of minors from the risk of abuse and violence, both verbal and physical, means that every student understands, experiences, and lives the values of a civic education consistent with the constitutional principles of respect for one's rights and duties, freedom, participation, and democracy. Everyone is encouraged to protect themselves and others and to fight to remove obstacles to the respect of human rights. The adoption of a code of ethics that governs relationships between teachers and students is fundamental: it is based on the Student Statute and the rules shared in the classroom and at school, in harmony with this document.
- Family involvement: Parents and students' legal representatives are included in the educational process and guidance, both through individual discussions and meetings aimed at sharing their children's educational path, academic progress, and emotional and health conditions, as well as through activities open to all.
- Openness to the community. Inclusive education is not only for students starting an educational program, but also for all the stakeholders active in the community and positively connected to its smooth functioning and the quality of student learning. This requires the ability to understand the needs of the economic and social context, designing student educational profiles based not only on the institutional framework and student requirements, but also on the needs of local businesses, institutions, and associations.

Ultimately, inclusive education is strictly connected to the assumption that each student has their own unique characteristics, learning style, and specific timeframes to achieve the goals set by the various levels and study programs. This not only requires teachers to differentiate their curriculum based on the needs of each student, but also requires them to "educate" students to understand that diversity is a strength in the learning process and that the learning process is more effective when cooperation between students, teachers, parents, and the community is increased.

In the light of these considerations, inclusive education helps students think about and implement their own "life plan"—unrepeatable, recognizable, and unique.

Diversity is not an obstacle, but rather a source of wealth and opportunity: in fact, the engagement with all that is different sets the basis of an authentic and meaningful relationship with others, that is not self-referential, but plural, open to the acquisition of new knowledge, skills, and competencies, and promotes lifelong learning. For example, openness to different cultures allows for discussion and acceptance of one's own and others' diversity and allows for an understanding of educational differentiation: in fact, this one is necessary for each student in order to achieve the same goals as others, while each following their own path, or personalized plan.

If we want to create an inclusive school, let's consider the role of school management: it is of

primary importance. This leadership team consists not only of the Headmaster, but also of the entire management staff and the coordination figures required by the current system, such as department coordinators, class coordinators, and system figures responsible for instructional planning, guidance, etc. An inclusive school is aimed to improve the organization of its central (teaching) service and its ancillary, supplementary, and complementary services, so that no student feels excluded.

Moreover, the valorisation of differences concerns not only students, but also teachers and their teaching styles: they must be valued, utilized daily, and worked together to develop knowledge, skills, and competencies. Indeed, organizational flexibility, teaching autonomy, and research and development have been hallmarks of the Italian school system for 25 years, allowing for more effective curriculum development to achieve educational success for all students, including, of course, students with disabilities.

In this regard, it is important to clarify the difference between Individualization and Personalization (or differentiation).

Individualized learning and training sets common goals for all class members, but it is implemented using diversified methodologies, based on the individual characteristics of the students, with the goal of ensuring that everyone achieves the core curriculum skills. It consists of individual remedial activities that students undertake to strengthen specific abilities or acquire specific skills.

Personalized learning and training aims to give each student the opportunity to better develop their potential and, therefore, to set different goals for each student, being closely linked to their individual characteristics. Therefore, it tailors the teaching offering and the interaction methods to the specific characteristics and educational needs of the students in a class, by considering individual differences, especially from an educational perspective. This approach is aimed at encouraging student participation and involvement, developing their preferences and talents, and strengthening their self-esteem.

Inclusion requires a relationship and a dialogue with the context, through which experiences are shared, learning is initiated together with others, and goals and work strategies are condivided. This interaction cannot be left to chance or the initiative of a single teacher, but must be planned and implemented within a context organized as an educational community.

A school that bases its project on inclusive teaching "transforms" both in its planning and its organization: it pursues continuous improvement processes to support learning participation on the behalf of all students. And since needs evolve according to the characteristics of the students participating in the teaching-educational program, the model flexibly adapts to the learning needs (styles) of the students attending the school.

Consequently, teachers must be familiar with many teaching methods (and tools), through which they can adapt the organization of the educational environment to each individual's needs.

The guidelines for achieving truly inclusive teaching include multiple possible approaches, which can be found in the literature. From these, we can draw some key points that will be present in a school pursuing inclusive teaching

It is essential to:

- develop a positive classroom climate, using tools that help us understand the characteristics of each student;
- build pathways (design curricula) aimed at acquiring the skills required for the exit profile, taking care to assess the starting point (knowledge and skills) of incoming students;
- create an orientation curriculum that can make students aware of where they are in their learning path and the choices they must make responsibly;
- accompany students' journey with orientation teaching, involving all teachers in the class;
- use the performing arts (music, theater, dance, video, etc.) to anchor teaching to students' talents and vocations, enhancing their diversity;
- implement teaching based on laboratory work, real-world tasks, and cooperation; team work represents a key tool for fostering individual learning;
- develop work experiences in secondary schools, in order to enhance skills related to the exit profile;
- design curricula taking into account the specific needs of each student and ensuring personalization, both in contexts where it is expressly required by the institution (vocational education) and in contexts where it is still left to the school's planning;
- develop non-cognitive skills relevant to the individual and transversal to all study paths. These fundamentals lead to some important considerations to keep in mind if we want to create an inclusive school:
- Reduce the time spent on repetitive, uncreative, and engaging teaching methods (frontal lectures, worksheets to fill in, repetition of concepts and rules removed from a real context, repetitive activity patterns: explanation-study-questioning, etc.). Reducing does not mean eliminating, as these patterns can also play a role in active methodologies such as problem-solving and cooperative learning;
- Work on students' strengths by proposing tasks suited to each student's learning styles and using the performing arts to motivate learning (task development);
- Foster classroom dialogue by using team work to complete a task, as a defining methodology for laboratory work;
- Minimize weaknesses (spelling errors, slow execution, lack of autonomy), not to lower self-esteem and performance levels. Rather, we need to work on managing errors, viewing them as an opportunity for growth and understanding, not for penalizing and punishing.

In the light of these reflections, we can propose a sort of outline for a teaching segment, such as a learning unit in Physics/Mathematics/Greek or Latin Syntax/Science/English or French Grammar, that makes explicit the principles of inclusive teaching:

- Ensure the presence of the prerequisite knowledge and skills needed to complete the learning unit; prepare a group reflection phase during which, for example, using flash questions, students can ascertain whether or not they meet the requirements. If not, recall and provide the information (definitions, concepts, practical elements) needed to proceed;

- Conduct a brainstorming session (using visual and graphic methods, posters, post-it notes, or other techniques) to bring out students' prior knowledge, opinions, and thoughts, so that each student can "enter" the topic, contributing their own perspective and creating a sort of conceptual map of the topic being addressed;
- Compare the material that emerges, encouraging different skills related to the learning object of the lesson segment, so that all students in the class find space in the activity and their motivation is encouraged;
- Assign real-world tasks to be completed in pairs or small groups to encourage cooperative activity, ensuring that the group is the source of learning for each member (student learner);
- Summarize the progress of group work with moments of sharing, during which the teacher does not provide solutions, but summarizes the current state of the art, assesses each group's learning, and, if necessary, provides ideas for further development. (This activity is crucial because cooperative work allows each student, including students with special educational needs, to express their cognitive abilities. Indeed, interaction with the learning group creates a kind of mediation for the development of each group member's skills, as knowledge and skills spread from individual to group and from group to individual.)
- Finally, discuss the results of each group's work in a plenary session, during which individual solutions are shared and the teacher can offer reflections on the diversity of solution strategies and a summary. At this point in the process, theoretical aspects can be proposed that are more receptive to learners because they have completed empirical-practical work that makes theories and laws/rules more comprehensible. These theories would otherwise be difficult to grasp if formulated only theoretically without any experiential induction.
- Record the key moments of the teaching segment (presentation of work and final summary), which could be provided to students for further study (using the flipped classroom approach or other teaching methodologies based on digital innovation).

This framework contains various methodological approaches (problem solving, cooperative learning, peer education, multisensory teaching, digital teaching, flipped classroom) and allows for extreme flexibility based on the choices of the class council and individual tea

The importance of oral health to (be able to) smile at life

Dr Chiara Marini, MD, Odontologist

Very often, especially in the past, little or insufficient attention has been paid to the care of the mouth and teeth, the health of which has sometimes been neglected or underestimated, probably because the most frequent dental-stomatological pathologies in industrialized countries rarely involve a direct risk to life.

However, particularly in the most vulnerable groups (children, the elderly, pregnant women), in disadvantaged social groups and in developing countries, a dental emergency (pulpitis, abscess, tooth fracture, destructive caries) can easily lead to serious complications. In these cases, in addition to specific pharmacological therapy, it is important to be able to involve the specialist intervention of a dentist, or at least of an appropriately trained health worker.

In general, however, both acute and chronic dental diseases can be responsible for a series of significant problems: pain, fever, inability to work and study, overlapping and worsening of other pathologies (AIDS, hepatitis, tuberculosis, malnutrition), focal diseases.

For all these reasons, the importance of oral health has been widely reevaluated in recent decades, both due to its correlation with systemic diseases and its social and economic implications. At the same time, a different civic awareness has developed within the community, resulting in a general greater humanitarian sensitivity and openness to the needs of disadvantaged communities or the most vulnerable groups. Consequently, in Italy, as in other Western countries, since the 1980s, a series of volunteer associations have emerged in the dental sector, both nationally and internationally, with emergency and/or development projects.

With this in mind, in 2011 I joined a group of doctors from Apulia, each with a different specialization (with whom we later founded the VOLONTARIA/MENTE association). Based at La Croix Hospital in Zinviè, Benin (a French-speaking West African country), we began working in the departments of general surgery, obstetrics and neonatology, pediatrics, general medicine, lab tests, and dentistry.

A dental chair and appropriate equipment were donated to set up a basic dentistry clinic, with sufficient supplies to perform checkups, scaling, tooth extractions, and conservative treatment with ART (Atraumatic Restore Treatment).

Funds were also raised to finance and implement a series of infrastructure projects in neighboring villages (aqueduct, water purification system, latrines, school desks, etc.). Finally, health education and training programs were implemented, particularly in schools.

It's crucial to disseminate the concept of oral health prevention in schools, especially in the context of oral health, and to emphasize the importance of daily use of fluoride toothpaste for effective prevention of tooth decay. A healthy mouth is essential for eating properly, speaking regularly, and smiling appropriately, presenting oneself to the world with joy.



What I am about to tell you is, I believe, what a mother transmits to a son and a son tries to put into practice...

I am Sonja Romito, a lawyer, daughter of Professor Grazia Pario Romito, a Literature teacher for over 40 years. A short time ago my beloved mother suddenly and unexpectedly passed away.

When she left I found myself with her "precious" private library of over 300 books. For her, books were like "bread". In fact, she always told me: "Books are a precious asset. By reading them, you not only learn to write correctly, you learn to have a refined language and you enrich yourself culturally. Books are not thrown away..."

Obviously I didn't feel like going to leave them in a paper bin but I thought about how to keep alive the name of my mother who taught so much to her (almost) 8000 students and do "good" to others...

So I decided to give the over 300 books to the guests of the Bari prison. However, not receiving an immediate response, I wanted to leave a tangible sign to the Municipality of Bari. Therefore, with exhausting research, I managed to track down a former student of my mother - Raffaele Diomede - a professional educator and former councilor of the Municipality of Bari who immediately accepted my proposal to receive my mother's "bookstore" as a gift. With my mother's books, on 09/12/2024 the "Liberty Community Library" was inaugurated - in her memory - which is located right in the Libertà neighborhood where my mother taught for over 30 years and has, therefore, culturally "raised" many children - now adults - one of these Raffaele Diomede. Therefore, I have managed not only, I hope, to leave a tangible "sign" of what my mother was and represented but, I believe, I have made happy all those who will be able to benefit from reading these books kept in the Libertà Community Library.



Good morning everyone, I'm Sonja Romito and I practice law. In this context, however, I would like to briefly tell you about a very personal experience of mine that, I believe, can be included in the general and, after the death of my beloved Spotty (a mongrel) and a European cat (Tich), both "picked up" on the street (the first one tortured by some thugs who had stuck the pump of a compressor in his rectum and the second one beaten to the point that all his teeth fell out) I swore to myself that I would never take an animal again (I would continue to feed the poor creatures that randomly showed up in the street).

Then he arrived: Chicco... who "tricked" me...

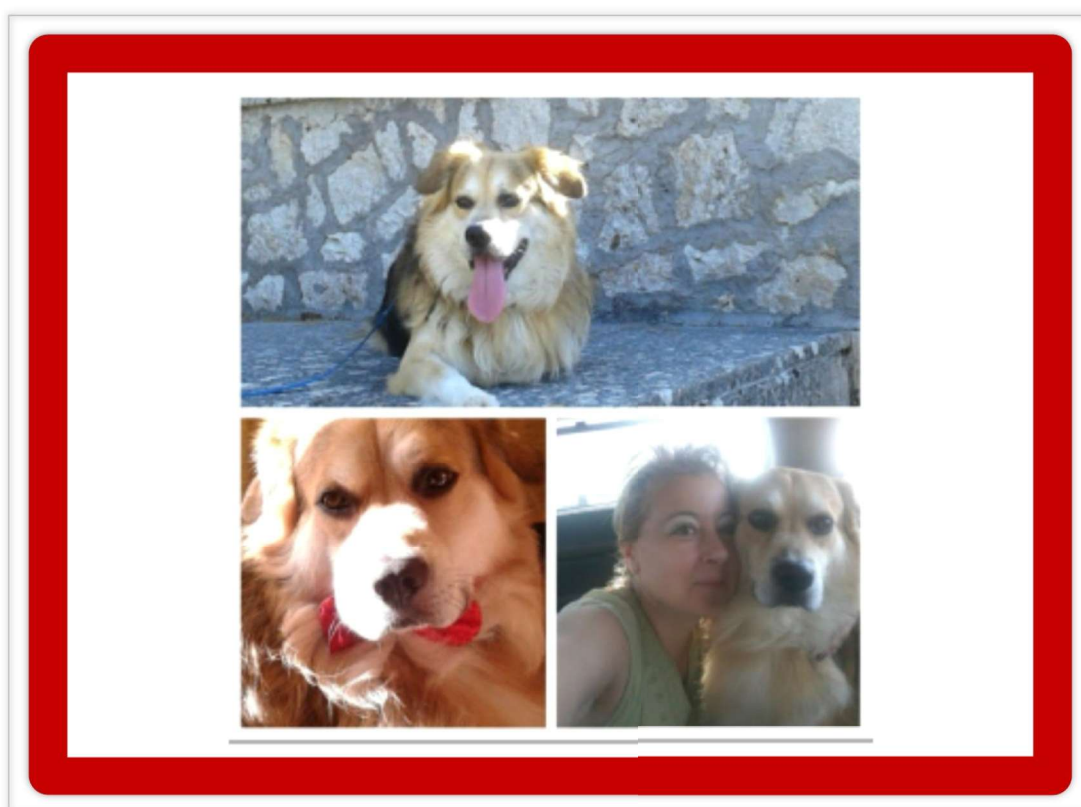
He was the dog of a mechanic near my house who, at a certain point, started beating him, not giving him food anymore and.... throwing him out on the street when he decided to close the workshop.

Chicco wandered around the neighborhood for months... he was disarmingly kind. However, he would not allow anyone to put a collar and a leash on him... until Easter day 2014 when a team of dog catchers decided to capture him to take him to the pound, definitively depriving him of his beloved freedom. I could not allow this...

With the complicity of my beloved mother, I approached Chicco and said: "what are you doing? Are you coming with me?" showing him a collar and a leash. I did not even finish the sentence that Chicco, wagging his tail, followed me on the leash. I kept him with me for 9 wonderful years. he was my shadow. He had such a sweet nature and an infinite depth of soul. proof of this is the fact that after 9 years - 20 days after the premature and sudden passing of my mammy - Chicco followed her....destroyed by melancholy for the loss of his "grandmother"...

He went on the "rainbow wave" in my arms leaving me a wound that still bleeds....

The "eye" witness of Chicco's story is the excellent Dr. Alessandra Pentone...



PSYCHOPHYSICAL HEALTH WELLBEING

Monica Pica



My name is Monica, and for over thirty-five years, I have dedicated myself to PSYCHOPHYSICAL HEALTH WELLBEING, both through study and passion. I have always chosen not to divide these two worlds because I believe that only by keeping them together can balance be achieved.

Over time, by experience, and by learning, I have decided to dedicate myself to "special" children, people affected by motor disabilities and progressive pathologies, too. My mission is to join them every day finding together exercises that give meaning and quality to their lives.

I have followed a woman with MS for several years: when we met, she walked and trained with me at my gym, then came the cane, later on the wheelchair, along with a progressive loss of mobility. Today, she can only perfectly use one arm, YET she hasn't stopped training and "MOVING" in the deepest sense.

She continues to train with me, even though she can't reach my gym-center. The architectural barriers that surround us have forced us to reinvent our workspaces: at home, in the courtyard, in the park, wherever possible, where life continues to flow.

Even with all the special kids I work with (autistic, with DS, etc.), my work begins with the body, observing their gestures and their way of expressing themselves and interacting with the world. I don't seek inclusion or integration; my task is to search for a possible LANGUAGE, whether verbal or non-verbal, a common channel, a shared rhythm.

The title of my dissertation for my degree in psychology was: "WHAT IS NORMALITY?" After so many years, the question still haunts me.

NORMALITY doesn't exist,
There is only the UNIQUENESS of each of us.

My role is to find the uniqueness in the people I meet on my life journey, seeking the conditions for their energy and potential to emerge, thus generating change in them.

Every person has the right to live not by conforming, but by building environments that make their lives accessible, nurturing their self-esteem, their hidden abilities, and allowing them to be part of the world by bringing out their inner strength. I believe that to achieve all this, the mind-body connection is inseparable.

I believe that true change comes when we learn to see the UNIQUE richness of each person, looking for connections that make shared life possible for everyone.

I continue to learn every day from the people I follow: they remind me that life, even in difficult times, always consists in... relationship, movement, possibility.

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SPORTS AND DISABILITY

Ferdinando Amendola, MD Pediatrician, cardiologist, sports medicine, SSC (Social Society Football) BARI doctor

SPORT IS A RIGHT FOR EVERYONE, EVEN MORE FOR PEOPLE WITH DISABILITIES

The topic of "disability and sport" is broad and encompasses social, psychological, educational, and cultural aspects.

Sport for people with disabilities is not just a physical activity, but a powerful tool of inclusion, autonomy, and personal development.

In Italy, the commitment to promoting sport for people with disabilities is growing, although there are still challenges to be faced.

Now let's look at the fundamental concepts.

PHYSICAL AND MENTAL WELL-BEING

Practicing sport helps improve physical condition, coordination, balance, and independence, and enhances mobility, strength, and overall health.

Mentally, it strengthens self-esteem and self-confidence, reduces stress, anxiety, and depression, fights against isolation, and fosters a sense of belonging.

SOCIAL INCLUSION

Sport offers a unique opportunity for people with disabilities to interact with others, overcome barriers, and feel part of a community. Through sport, people with disabilities can feel like an active part of society. Integrated sports projects (in which people with and without disabilities play together) are a concrete example of inclusion. They promote mutual understanding and break down stereotypes.

SKILLS DEVELOPMENT

Through sport, athletes with disabilities develop resilience, discipline, team spirit, and problem-solving skills.

COMPETITIVE OPPORTUNITIES

For many, sport is also a way to compete at the national and international level, culminating in the Paralympic Games (the Paralympic movement was born after World War II), which have helped to enhance sport as an expression of self-realization.

BARRIERS AND CHALLENGES

Despite progress, many obstacles still remain:

- 1) Architectural barriers in sports centers, gyms, and fitness centers;
- 2) Lack of trained instructors;
- 3) Persistence of cultural prejudices

BUT WE ASK OURSELVES... WHAT CAN BE DONE?

Promoting inclusive school sports even more, in younger classes.

We must ensure greater accessibility to various sports and non-sports facilities.

Training specialized coaches.

Raising public awareness.

Encouraging politicians and institutions at all levels.

Supporting inclusive sports associations with incentives.

CONCLUSION

Sport, practiced by people with disabilities, is not an exceptional act, but a concrete expression of equality and active citizenship.

Investing in sport for all means building a more equal, open, and supportive society.

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VALERIA'S CHALLENGE

Valeria was born at 23 weeks of twin pregnancy, along with her sister Sara and a brother who sadly died. She was resuscitated in the neonatal intensive care unit at Miulli Hospital and spent six long months there, switching between peaceful and traumatic days. A few months after birth, she contracted cytomegalovirus infection, which led her to complications (jaundice, hair loss, and oxygen deprivation). Unfortunately, among other problems, she also suffered retinal detachment in both eyes (ROP, retinopathy of prematurity). Several surgeries were performed, leading to a vision loss in her right eye, and to a visual impairment in her left eye. Despite this disability, Valeria never gave up; rather, she has always been a strong-willed, determined, and tireless girl! Last summer, before Valeria started attending Cartesio High School in Triggiano, her new special needs teacher, Professor Maragelli, called me in order to meet her. During this first meeting, Valeria told her that she loved running but had never pursued it. As soon as school started, the teacher spoke with the gym-teacher, Professor Mauro, suggesting to try getting Valeria to run. He immediately noticed her running ability and entrusted her to his colleague, Professor Giuseppe Rossano. He was able to provide Valeria with support and confidence, and after a few months of training, in March 2025, she won her first medals at the Italian Indoor Athletics Championships organized by FISPES in Ancona. Two medals: a bronze in the 60 meters and a silver in the 200 meters. Valeria was overjoyed. She never thought she'd achieve such a great reward, much less wear a medal at her first Paralympic race. Yet another race, yet more medals, this time at the Italian Senior Championships, also organized by FISPES in Grosseto: two silver medals in the 100 and 200 meters, significantly improving her best time. But medals aside, Valeria is making many friends, special people like her who share anxiety, fear, and joy that only sport can bring.



PINK SPORTS

A.S.D. Pink Sport Time, better known simply as PINK, is a sports association founded in 2001 by a group of four friends from Bari (Patrizia Aldini, Isabella Cardone, Chiara Marini, Alessandra Signorile) who were passionate about sports and in love with their city, with the aim of revitalizing women's sport in Bari.



With this in mind, we have activated a youth club for girls with aptitude for soccer and basketball, both areas of interest to the Pink sports club: in over twenty years of activity, with considerable sacrifice but with indomitable perseverance, excellent results have been achieved.





PINK BASKET

Within the basketball sector, currently competing in the national B League championship, a collaboration agreement has been signed for next season with Angiulli, the other prestigious basketball club from Bari (a historic rival), joining forces with the aim of improving the achievable goals





PINK SOCCER

In the football sector, after years of playing in the top national championships (seven years in A League, one championship won in the Spring championship), we start again this season in League C (after also winning the regional Apulia Cup).





Despite the ever-present difficulties, passion and strongly bond to the healthy values of sport will make this extraordinary PINK adventure continue again and again.



Doping in Parathletes

Giuseppe De Franciscis, MD Orthopedist, CONI (Italian National Olympic Committee) FMSI (Italian Medical Sport Federation) Sports physician

WADA (World Anti-Doping Agency), as the World Anti-Doping Agency, has established the rules on doping, which are implemented and applied by the International Sports Federations, Sports Organizations, the IOC (International Olympic Committee), and the ICP (International Paralympic Committee).

"DOPING" is defined as "the administration or use of drugs or biologically or pharmacologically active substances, and the adoption or submission to medical procedures not justified by pathological conditions and capable of modifying the psychophysical or biological conditions of the body in order to alter the competitive performance of athletes," according to the Italian Law L.N. 376/2000 on Anti-Doping: "Regulations on the health protection of sporting activities and the fight against doping."

Unfortunately, we are saddened to note that the number of positive doping tests among parathletes is constantly increasing, as shown by data provided by the Anti-Doping Commission of the CIP (Italian Paralympic Committee): a total of 24 athletes tested positive for doping in the last Paralympics!

Also, at the European Championships in Stadskanaal (Netherlands), an athlete from the Italian Paralympic athletics team tested positive for doping.

It should be noted Paralympic athletes take pharmaceutical products for therapeutic purposes, exclusively for therapies used in the treatment of a series of pathologies related to the main clinical conditions specific to disability, such as neurogenic bladder and its complications, spasticity or chronic pain syndromes, etc., such as diuretics for the treatment of hypertension and neurogenic bladder, corticosteroids for asthma and in the treatment of acute musculoskeletal disorders, B-blockers for the treatment of glaucoma and arterial hypertension, B₂-agonists for bronchial asthma, morphine for otherwise intractable chronic pain syndromes, and insulin in athletes with insulin-dependent diabetes. However, these substances must be communicated in advance to the competent Federations/organizations.

Stanazol, an anabolic steroid widely widespread in power sports, is frequently used because it increases muscle mass and endurance. It's a long-known substance, the same one that led to the disqualification of Canadian sprinter Ben Johnson at the 1988 Seoul Olympics.

Also worth mentioning is "boosting," also known as "poor man's doping." This practice is specific to athletes with limb amputations: they no longer feel pain and can therefore self-harm to raise their blood pressure and improve performance. This practice has been banned since 2004. Since 2016, the maximum blood pressure for competing has been 160 mmHg.

Unfortunately, Paralympic doping is constantly increasing, as are the earnings related to the athletic performance of disabled athletes.

To study and contain the phenomenon, research was launched by the IUL Online University, under the patronage of the Italian Paralympic Committee. This study will not only investigate the traditional doping issue, but also related areas, such as the risk of taking unnecessary or excessive unprescribed supplements, the practice of boosting, or other little-known doping methods.

EGIDIO MARCHESE



On January 10, 1997, I had a terrible car accident, which changed my life from there. I had undergone a very delicate surgery on my descending aorta; The doctors immediately told my relatives that I would most likely never walk again. I was transferred to a functional rehabilitation center where my stay lasted ten months. At a certain point, as time passed and I didn't see any improvement, many thoughts began to cross my mind. Fortunately, with the support of my wife and my parents and relatives who were there for me, I slowly began to face my days more calmly. I re-took my driving license, testing cars adapted with steering wheel controls, and thus achieving complete independence in driving and loading and unloading the wheelchair. We've adapted the house to my needs so that I can carry out all daily activities completely independently.

In fact, I lead a normal life, always keeping in mind that I need a wheelchair for my travels. I continued my work as a surveyor, becoming an expert consultant for overcoming architectural barriers and for the construction of accessible homes for people's needs.

One of the strongest motivations to go on and not to give up was meeting people who had gone through the same experience as me, people who, as normal people, found themselves living daily life with a motor disability. Back in 1982, they founded the Aosta Valley Paraplegic Association that has always been committed to eliminating architectural barriers throughout the Aosta Valley, standing alongside the institutions for better or for worse. For better, it has provided technical support to eliminate and overcome architectural barriers, and for worse, it has reported to the public prosecutor's office when the regulations regarding the removal of architectural barriers are not respected. In 1989, some members of the AVP founded DISVAL, which specifically deals with sporting activities. As an active member, I created the project "FITNESS 4ALL" that I will explain below. Another challenge of my life was and still is Wheelchair Curling.

I discovered Wheelchair Curling in 2000 when a friend of mine called me and told me there was a wheelchair sport I could try. Out of curiosity, I decided to give it a try. I contacted the able-bodied kids in Courmayeur who were already practicing this sport, and with Andrea Tabanelli,

also a paraplegic, we started throwing our first stones in the Courmayeur ice rink.

The curling rink at the ice rink is fully accessible, with no architectural barriers and accessible restrooms. As we played, we became so passionate about it that in January 2001, we participated in the World Championships in Sursee, Switzerland. We continued training in Courmayeur waiting for the Wheelchair Curling World Championships, which take place every year towards the end of January. In 2005, we went to Scotland from January 16th to 21st, and so on until nowadays we regularly take part to national and international competitions. Above all, we have tried and continue to try to introduce disabled curling to as many people as possible, also because wheelchair curling doesn't require any investment on the part of the disabled person. Curling can be practiced in a normal wheelchair and doesn't require much physical effort. It can be practiced by people with more severe disabilities. The only precaution you need to take is to wear very warm clothing because you're on the ice for an average of two hours per game. In my opinion, it's a way to break away from everyday routines and an opportunity to meet and socialize with other people.





In November 2022, Egidio Marchese was awarded the rank of Officer of the Order of Merit of the Italian Republic by President Sergio Mattarella

“THE FITNESS 4ALL” PROJECT

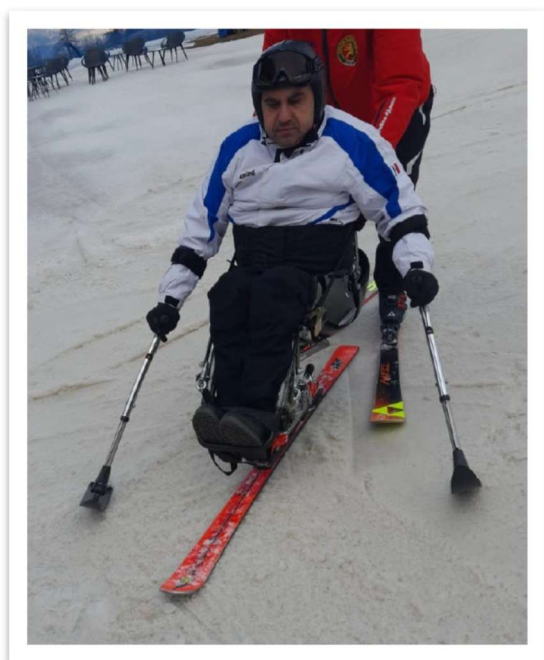
Disability is a complex, evolving, and multidimensional concept. Disabilities impact people's lives in many areas, such as mobility and transportation use, access to buildings, participation in education and training, the labor market and leisure time, social contacts, and economic independence. Disability, therefore, is a concept that continually changes depending on the interaction between the individual and the living environment that contributes to its creation. With particular reference to the enjoyment of free time, the results of numerous sporting initiatives now allow us to concretely recognize physical education, physical activity, and sport, in their various cultural expressions, both as part of humanity's intangible heritage and as important factors capable of producing individual and social benefits, including health, the active participation of young and old in common activities, as well as the improvement of relationships between individuals and social groups.

The psychomotor activities typical of sport form the basis of all learning and follow an individual's development at every stage. Their educational impact is therefore evident, offering people with disabilities an invaluable opportunity to compensate for educational and developmental gaps due to specific deficits. Furthermore, sports practice allows for the productive fulfillment of specific human needs related to the experience of play, movement, competitive spirit, and teamwork—dimensions that are integrated into sporting activity.

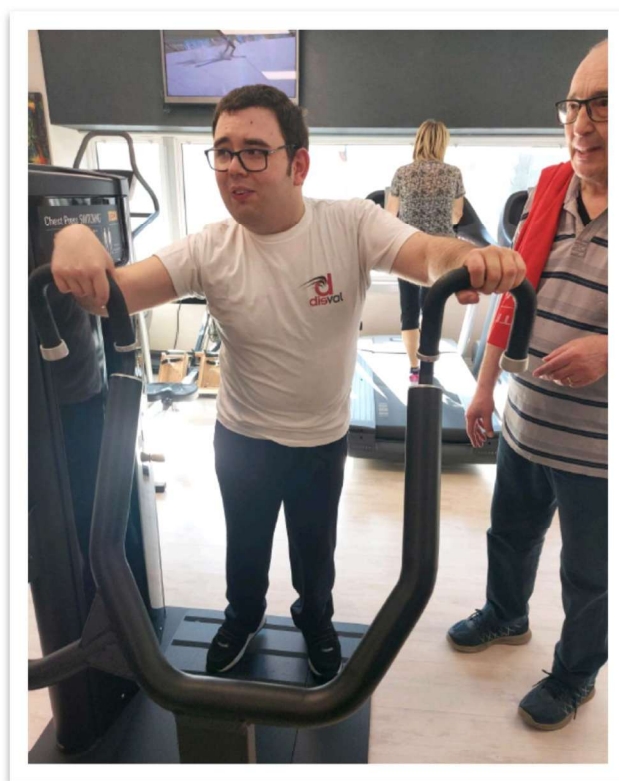
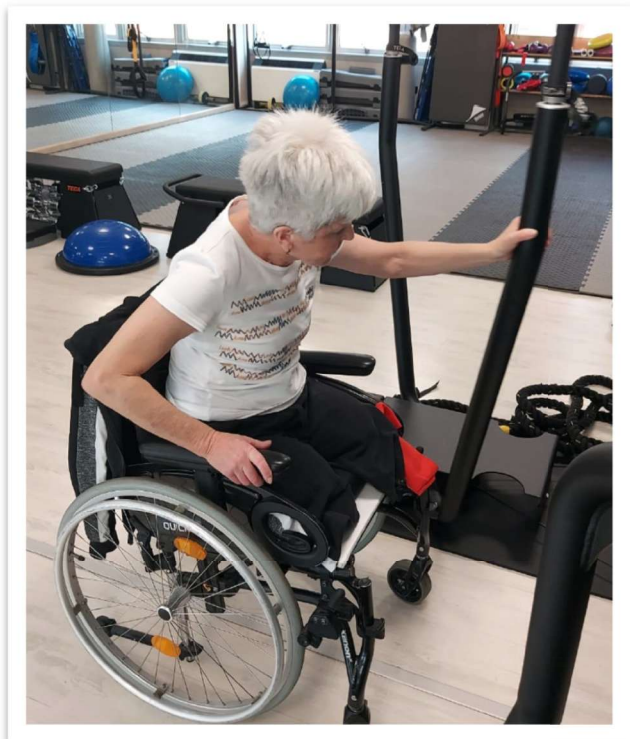
As reiterated by the European Commission in 2012 with the "White Paper on Sport", *"sport is one of the most effective tools for social integration and, as such, should be promoted and supported to a greater extent by the European Union and believes that these opportunities should be extended in particular to the organizers of sporting events that promote integration and involve disabled people"*.

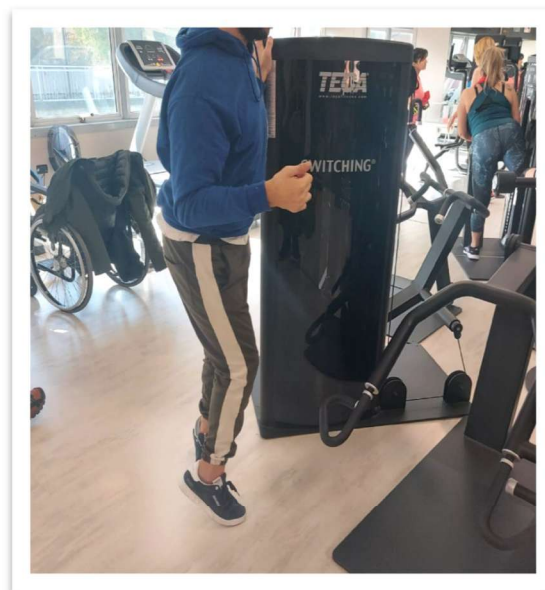
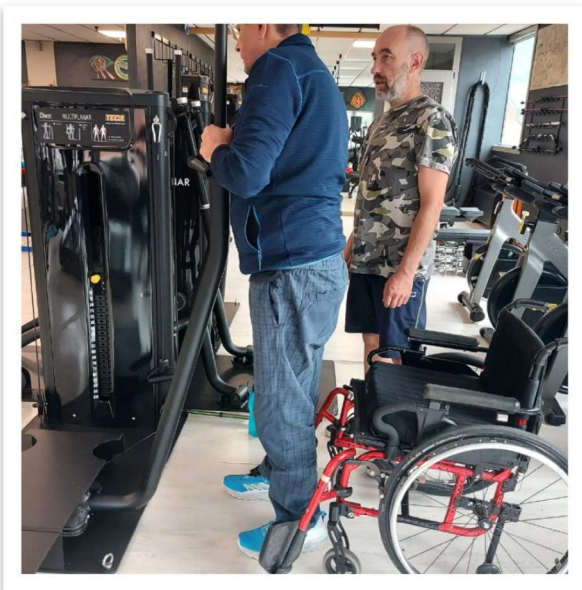
The DISVAL association, born from the far-sighted meeting of sports managers, experts in the

field and professionals, as well as people belonging to the world of disability, aims to promote, through concrete actions, the approach of citizens to physical activity and sport, regardless of their economic, cultural and social conditions.



As already implemented in previous initiatives aimed at introducing people to the practice of various sports such as Handy bike, wheelchair tennis, athletics, downhill skiing and Nordic skiing, the current project aims to allow young people with intellectual, sensory or motor disabilities, enrolled in the school system or using dedicated services in the area, to live "free time" intensely and profitably, in an atmosphere of personal affirmation and serenity, in the context of a gym open and accessible to all, from which no one should be excluded, equipped with safe and suitable equipment to allow full use of the sports activities practiced there, with the support of an instructor who will assist the user in identifying, based on personal characteristics, the activities best suited to their needs. full adaptation of the existing Fitness 4 all gym to the motor needs of people with psycho-physical disabilities full adaptation of the existing Fitness 4 all gym to the motor needs of people with psycho-physical disabilities not only from an eminently legal point of view, of compliance with the regulations on accessibility, but also considering it an indispensable prerequisite for strengthening the concept of equality and respect for people. A gradual approach to gym-based sports will be developed through an individualized training program, to be followed alongside a specially trained professional and under the supervision of a sports doctor. This will also ensure that the individual's planned activity levels are maintained over time. It also aims to promote the inclusion of young people and adults registered through their involvement in sporting events set in the "active urban and regional context, thus giving life to moments of solidarity, participation and socialization, with a view to implementing citizenship".





IT'S WORTH IT

I would like to share with you the memory of March, 30th twenty-five years ago, at 7.00 p.m. in Bologna, when I was riding my scooter going to attend my singing lesson and a car hit me breaking my life. I was 29 years old. From that time on, everything changed. It is very difficult to explain, and I don't even know exactly why I am trying to do it, but I can consider this my 2nd birthday. Yes, because even if I was still alive, there was nothing else remaining of the old myself. Everything was different, I had to be born again and completely forget what I have been before. So, I started to fight, as every single day I do, for multiple things and it is really hard. I can take the occasion to thank all of you, all the family and especially all my friends all over the world, that supported me all the time. Most of them thought I would commit suicide, knowing how the old Alessandra was free and independent without any boundaries or constrictions. But this did not happen. Despite the physical pain, the devastating loss of my freedom, and the quite impossible remaining autonomies I still have to gain every day, something strange happened. I started to enjoy little things, like moments of joy when my pain was relieved, my perspective changed and I felt grateful for what I was and had. All the challenges, physical and mental, became my aims that I tried to achieve with patience and strength. All the love and support of the people around me multiplied my energies, and today I can say how thankful I am for all this. Last but not least I want to thank my sister Anna who was always by my side, night and day, during all these incredible years, always believing in me and helping me never to give up. Let's believe in life and enjoy every moment in the best way possible. **It's worth it.**

Alessandra

THE SEA LOOKS LIKE ME

“Our Home” residents

The sea looks like me. It has eyes
like mine, eyes that see everything
through, as transparent as the soul.

The sea looks like me: it has my
mouth wide open in the depths when
I am gripped by the dread of being
alone.

It has my windswept hair when the
wind rises and my anger and
suffering move like fleeing waves.

The sea has my white beard; I cover
the cliffs with foam when I am
unable to take care of myself alone.

The sea has my candid, sincere,
quiet smile, when I am at peace with
the world and no wind blows to
ruffle my thoughts.

The sea has my arms wide open,
immense like the love I feel for my
son whom I cannot protect, for my
mother whom I cannot save, for
humanity whom I cannot
understand.

The sea has my legs, they don't stop,
the restless waves flee far away

World Bioethics Day - 2025



World Bioethics Day

Protection of Environment,
the Biosphere, and
Biodiversity
19th October 2025



*Celebrated by
International Chair in Bioethics Units from*

*Afghanistan, Albania, Argentina, Armenia, Australia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina,
Brazil, Bulgaria, Cameroon, Canada, China, Colombia, Congo, Croatia, Cuba, Cyprus, Czech Republic,
Denmark, Fiji, Finland, France, Gabon, Georgia, Ghana, Greece, Iceland, India, Indonesia, Iraq, Ireland,
Israel, Italy, Japan, Kazakhstan, Kenya, Hospital and University Clinical Center Kosova, Kyrgyz Republic, Latvia,
Lithuania, Republic of North Macedonia, Malaysia, Malawi, Mexico, Moldova, Montenegro, Mozambique, Nepal,
Nigeria, Netherland, Pakistan, Philippines, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia,
South Africa, Spain, Sri Lanka, Sudan, Taiwan, Turkey, Uganda, Ukraine, United Kingdom,
United States of America, Uzbekistan, Venezuela, Vietnam, Zambia*

worldbioethicsday.icb@gmail.com

Honorable Members of the International Chair in Bioethics,

World Bioethics Day Department of International Chair in Bioethics, WMA Cooperating Centre, is excited to announce the celebration of **TENTH WORLD BIOETHICS DAY** globally on **Sunday, 19th October 2025**. All the Units of the Chair across the world are invited to celebrate the '**Common Program**' as part of their commitment to proliferate the awareness and practice of Bioethical principles documented in the UNESCO *Universal Declaration on Bioethics and Human Rights 2005*.

The theme for this year's celebration shall be '**Protection of Environment, the Biosphere, and Biodiversity**'. This theme is inspired by **Article 17** of the UNESCO *UDBHR*. The world is witnessing unprecedented climate events: heatwaves, wildfires, flooding, rising sea levels, and loss of arable land. These crises disproportionately affect vulnerable populations and future generations, making it a core ethical issue, not merely a scientific or political one. Linking bioethics with environmental responsibility emphasizes that protecting the planet is not optional but a moral duty of humanity.

Ongoing conflicts and wars have environmental consequences—damage to ecosystems, pollution, destruction of farmlands, and forced migration. War is not only a humanitarian but also an ecological disaster. Choosing this principle highlights the bioethical obligation to minimize harm to the environment during human conflicts. Rapid species extinction and habitat loss increase the risk of zoonotic diseases (as seen in COVID-19). Preserving biodiversity is directly linked with preventing future pandemics—a reminder that health and environment are inseparable.

The UN's 2030 Agenda for Sustainable Development prioritizes climate action, sustainable ecosystems, and responsible stewardship of natural resources. Anchoring World Bioethics Day 2025 in this principle aligns bioethics with international commitments and urgent global goals.

This theme allows participation from medicine, environmental science, law, philosophy, social sciences, and policymaking. It broadens the reach of World Bioethics Day beyond health professionals, fostering a truly global, multidisciplinary discussion.

The Common Program and Timeline of the events for **World Bioethics Day 2025** shall be as follows:

International Program: (To be coordinated by Unit Heads)

1 .Name of Event: World Bioethics Day 2025.

- a .**Official WBD logo** (on the top left and sent along with this email): It should be used for all the documents, programs, banners/flyers related to WBD 2025.
- b. **Official logo of International Chair in Bioethics, Porto** (on the top right of this page and sent along with this email): It should also appear on all the documents, programs, banners/flyers related to WBD.

c.Official WBD Banner is prepared by WBD Department and circulated to all Units along with the email containing this program.

d.Official WBD Banner of Units: Every Unit should prepare its own official WBD banner as soon as possible. The same should bear the official logos, as mentioned above under point no. 1(a) and (b).

2. First announcement: Units of the Chair should announce the celebration of World Bioethics Day 2025 within the **first week of announcement by the WBD Department** through their Universities/Institutions and institutional website(s) and/or other methods to all stakeholders (teaching faculty/students/nurses/private practitioners/public etc.) **by publishing the official WBD 2025 banner** released by the WBD Department. The International collaborators of Chair, e.g., WMA, IFMSA etc. shall also announce the program through their website(s) or by any other means as deemed fit and decided by them

3. Promotion of Program by Units: It is advised that Units should try to expand the program **beyond the limits of their Institutions to city, regional and national levels** and ensure involvement of other stakeholders. It may be either in the form of celebration beyond the physical boundaries of Institution and/or actively involving various relevant professional organizations of the city in which unit operates, such as doctors, nurses, physiotherapists, lawyers, judges, hospitals (municipal/ corporate), philosophers, speech therapists, psychologists, social workers, journalists etc. Different groups of citizens should be invited to take active part in various programs organized by the Units, such as seminars, posters, debates, panel discussions, films etc. Units may collaborate with such professional organizations for the celebration of World Bioethics Day.

4. Submission of entries for various International Competitions:

Due to some technical issues, the WBD department is NOT conducting the International Competitions this year. However, the Units are advised to conduct the competitions for the students at their level. The categories of competitions for students may be:

- I. Artistic Poster Competition
- II. Poetry Competition (English only)
- III. Photography Competition
- VI. Short films/ videos Competition
- V. Scientific Poster Competition
- VI. Scientific Research Paper Competition

5. Progress Information and Video conferencing:

a. Unit Heads should keep their **Regional Coordinators** (as per the Steering Committee details mentioned below) informed about the developments and any hindrances/difficulties faced by them.

b. **Regional Coordinators** shall share the information about developments in their region and any issues faced by them/raised by Units with Head of WBD Department, so that necessary and timely measures can be taken to resolve the same. This may be facilitated by video conference meetings of Unit Heads with Heads of Regions and/or the WBD department.

6. **Submission of Final Program by the Units: On or before Saturday, 11th October 2025** to WBD Department by uploading the file on [WBD 2025 Final Program Submission Form](#)

7. **The Report of WBD 2025 celebration:** Units should submit a report on **World Bioethics Day 2025** as celebrated by their Units on or before **10th November 2025** to WBD Department worldbioethicsday.icb@gmail.com and to 'Bioethical Voices' Newsletter Editorial Board at bioethicalvoicesnews@gmail.com in the MS Word file format including pictures in the same file.

8. **Special WBD issues of the Bioethical Voices Newsletter:** Bioethical Voices will publish Final Programs of Units; and December 2025 issue will contain WBD 2025 reports of Units.

Suggested Common Program for Units (to be celebrated on or around 19th October 2025): Session I: (Morning Session)

Part 1.

- a. Opening speech by Head of the Unit or Head of the Institution.
- b. Speech (es) by Head(s)/ representative(s) of collaborating Professional Organization(s).
- c. The greetings of International or local representatives of International Chair in Bioethics, WMA Cooperating Centre.
- d. The presentation of an award to an active member of the Unit.

Part 2. Guest lecture/Panel Discussion/Webinar/Symposium on 'Protection of Environment, the Biosphere, and Biodiversity', by experts in Bioethics/Senior Faculty and **involving student representative(s)**. Targeted audience should be junior staff, PG residents, UG students and Paramedics (Nursing and other supporting staff) and other stakeholders as decided by the Unit.

Session II (Afternoon Session): To encourage and enhance students' participation in the program, this session should include student activities and may include the following:

Part 3. Scientific Paper/ Poster Presentation/ Student Debate on 'Protection of Environment, the Biosphere, and Biodiversity'.

Part 4. Drawing/ Rangoli/ Poetry/ Singing/ Dance Competitions: (On 'WBD Theme of the Year')

Part 5. Display of entries of Scientific/Artistic Poster Competition, Short film/ video Competition and Photography Competition.

Part 6. Valedictory Function.

(PS: Units are permitted to make appropriate changes in the common program to suit their requirements. Units are entitled to plan their celebration on a different date in the month of **October ONLY** subject to local conditions.)

In addition to the local level competitions other Unit level events suggested are:

I. Essay writing competition.

II. Skit/Play/Drama/Theatre/Music/Dance

III. Symposia.

VI. **Bioethics fair/ exhibition/ museum walk.** Students may put up stalls and have street plays to create awareness among their colleagues, practicing doctors and laymen. A walk to the bioethics museum for the students and visitors can be organized.

V. Media appearances (Television/Radio).

VI. Newspaper articles.

Units can choose any of the above or plan any other additional activities, depending on the feasibility.

Program for Students' Wings of the Units:

Students' Wings of the Units should be actively involved in the celebration of the event. Unit Heads, Steering committees of the Units and of Students' Wings should ensure maximum participation of the students in the event. Students should proactively participate and play an important role in conduction of most of the ceremonies.

Students can also be involved in some social activities, depending on the feasibility of individual Unit and Institution. These can be:

- a. Awareness programs at community level in the form of talks, role plays, skits etc. based on the theme of the World Bioethics Day 2025.
- b. Service/support programs for underprivileged/ war affected individuals/families.
- c. Any other.

Common Program for Students' Associations:

IFMSA along with its associate medical associations worldwide will actively participate in the celebration of World Bioethics Day 2025. IFMSA should prepare the WBD plan and release the same for their member associations. IFMSA should release the tentative/ confirmed dates for various planning milestones for their member associations, as deemed

fit to them.

Important Notes (For all):

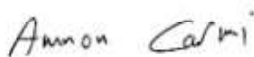
1. It is suggested to include as many stakeholders as possible in the celebration of the program.
2. Organizers will have the liberty for minor modifications/additions/deletions to the program.
3. All Units/student associations should celebrate WBD and participate in International Competitions.
4. All correspondence related to World Bioethics Day 2025 should be done ONLY on: worldbioethicsday.icb@gmail.com
5. Having weeklong celebrations: Units may hold weeklong program as per their feasibility.
6. Please like, follow, and share the World Bioethics Day Facebook page of International Chair in Bioethics (<https://www.facebook.com/internationalchairbioethics/>) for regular updates.

World Bioethics Day Department Steering Committee – 2025

Name	Profile	Email
Prof. Amnon Carmi	Honorary Head, ICB	amnoncarmi@gmail.com
Prof. Rui Nunes	Head, ICB	ruinunes@med.up.pt
Prof. Praveen Arora	Head of Department	dr.praveen2811@gmail.com
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Prof. Pierre EFFA	Head, African Division	effapierre@yahoo.fr
Prof. Russell d'Souza	Head, Asia-Pacific Division	russell.f.dsouza@gmail.com
Prof. Moty Benyakar	Co-Head, Ibero America Division	mbenyakar@gmail.com motybenyakar@fibertel.com.ar
Prof. Rui Nunes	Head, Portuguese Language Countries Division Co-Head, Ibero America Division	ruinunes@med.up.pt
Prof. M. Vasinova	Head, Official Newsletter Division	mvasinova@libero.it bioethicalvoices@gmail.com
Prof. Daniel Fu Chang Tsai	Head, Official Website Division	fctsai@ntu.edu.tw
IFMSA representative	Students Associations Coordinator	lme@ifmsa.org
Creative Arts Section (for Artistic Posters and Poems)		
Dr. Princy Louis Palatty	Section in-charge	princylp@aims.amrita.edu
Dr. Mary Mathew	Member	marymathew883@gmail.com
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Dr. Altin Stafa	Member	astafa@hotmail.com
Dr. Alessandra Pentone	Member	pentonealessandra@gmail.com
Photography and Film Section (for Photography and Short Films)		
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Dr. Shailaja Mane	Member	dr.shailajamane7@gmail.com
Dr. Anu Sharma	Member	anuashwani@gmail.com
Dr. Srikumar Vasudevan	Member	srikumarvsd@gmail.com
Prof. Chantal Morosso	Member	c.morosso@mail.scuole.vda.it
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Prof. Shai Linn	Member	slinn@univ.haifa.ac.il linnshai@gmail.com
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Prof. Patrizia Borsellino	Member	patrizia.borsellino@unimib.it



Dr. Praveen Arora
Head
World Bioethics Day Department



Prof. Amnon Carmi
Honorary Head
International Chair in Bioethics



Prof. Rui Nunes
Head
International Chair in Bioethics

Final Program Submission Form

(To be filled by Unit Head)

Note:

- I. Please fill the online form and upload the **MS WORD FILES** of filled up forms given below at [WBD 2025 Final Program Submission Form](#)
- II. Please send the filled-up forms **on or before 11th October 2025**.

Name of the Institute:

Name of the Unit:

Name of Unit Head:

Date of Establishment of Unit (dd/mm/yyyy):

Student's wing of Unit: Yes/No **If yes, Date of establishment (dd/mm/yyyy):**

Program Details (Date of Celebration of event):

Session I (Morning Session):

Part 1. (Time of inauguration and duration of Part 1 of program)

a. Opening speech by Head of Unit/Institute:

I. Name:

II. Title:

b. Speech(es) by Head(s)/ Representative(s) of Collaborating Professional Organization:

I. Name:

II. Title:

c. Representative of International Chair in Bioethics:

Name:

Title:

d. Award for active member:

I. Name:

II. Title(s):

III. Brief description of contribution:

Part 2. Details of Guest lecture/ Panel Discussion/ Webinar/ Symposium:

Timings and duration of Part 2:

a. Title of the Activity

b. Name(s) of the speaker(s):

c. Affiliation(s) of the speaker(s):

Session II (Afternoon Session):

Part 3. Scientific Paper/ Poster Presentation/ Student Debate: (Timings and duration of Part 3)

Part 4. Drawing/ Rangoli/ Poetry/ Singing/ Dance Competition: (Timings and duration of competition)

Part 5. Presentation of entries for Scientific/ Artistic Poster/ Short film/ Photography/ Poem/ Scientific paper Competitions: (Timings and duration of competition)

Part 6. Valedictory function: (Timings and duration of competition)

Additional plans (if any):

Place:

Date:

Signature of the Unit Head

Name:

Email Id:

Mobile number (with country code):

Ljubljana World Conference 2025

17th

Ljubljana

24-26 november 2025

World Conference Bioethics Medical Ethics and Health Law

Presidents of the Conference:

Prof Rui Nunes • Prof Jadranka Buturović Ponikvar

Honorary Presidents:

Prof Amnon Carmi • Prof Igor Švab

International Honorary Committee:

Prof Štefan Grosek (Head) • Prof David Gordon • Prof Gabriela Renault • Dr Lujain AlQodmani
Dr Otnar Kloiber • Prof Russel D'Sousa • Dr Vedprakash Mishra • Dr Vivek Mady

International Scientific Committee:

Prof Moty Benyakar (Head) • Prof Chandradant Bhaskar Mhaske • Prof Daniel Fu Chang Tsai • Prof Daniela Keidar
Prof Evie Kendal • Prof Ivone Duarte • Dr Jack Resneck • Prof Mary Mathew • Prof Michel Fariña
Dr Miroslava Vasinova • Prof Pierre Effa • Dr Ramin Parsa-Parsi • Dr Sofia Nunes

International Organizing Committee:

Prof Guilhermina Rego (Head) • Mrs Annabel Seeböhm • Dr Bama Ganguly • Prof Elizabeth Omart • Dr Fortunato Silva
Prof Francisca Rego • Dr Helder Morgado • Prof Igor Milinkovic • Dr Jasna Karacić Zanetti • Prof Mónica Correia
Dr Paulo Oliva Teles • Prof Praveen Arora • Prof Sashka Popova • Mrs Shoshana Golinsky
Mrs Yiota Skitini Flourentzou

National Organizing Committee:

Prof Igor Švab • Prof Jadranka Buturović Ponikvar • Prof Štefan Grosek • Prof Radko Komadina
Prof Bojana Beović • Prof Viktorija Žnidaršič Skubic • Ms Ana Seta Puchar

Scientific Program Coordinator:

Prof Natália Oliva Teles



Conference venue
Grand Hotel Union

www.bioethicsljubljan2025.com



Events

Jeudi 9 Octobre 2025

34 rue Laffite PARIS 75009

Entrée gratuite mais inscription obligatoire

- 19h30 : Accueil des participants – Cocktail dînatoire
- 20h00 : Intervention du Ministère des personnes en situation de handicap (sous réserve),
Dr Valérie Briole (présidente de l'URPS Médecins Libéraux Île de France)
- 20h30 : Présentation de l'URPS et du livret Handicapacité (version numérique)
Dr Marc Rozenblat, médecin du sport et coordonnateur de la commission santé publique
- 21h00 : Témoignage d'un athlète handisport de haut niveau : retour d'expérience et réflexion sur la place du handicap dans le sport
M. Ryadh Sallem, athlète de l'équipe de France de rugby fauteuil (sous réserve)
- 21h30 : Échanges avec le public – Session Questions / Réponses
- 22h00 : Clôture de la soirée

A DIFFUSER - Merci

A bientôt



Dr Marc ROZENBLAT

URPS
MÉDECINS LIBÉRAUX
ILE-DE-FRANCE

*Co-Coordonateur
de la commission santé publique de
l'URPS Médecins libéraux Île-de-France*
Mob: +33 607101352
marc.rozenblat@urps-med-idf.org

HANDI-CAPACITÉS

Un nouveau regard sur les personnes
en situation de handicap

Présentation
Jeudi 9 octobre 2025
à Paris



URPS
MÉDECINS LIBÉRAUX
ILE-DE-FRANCE

Message of Chair's Holder

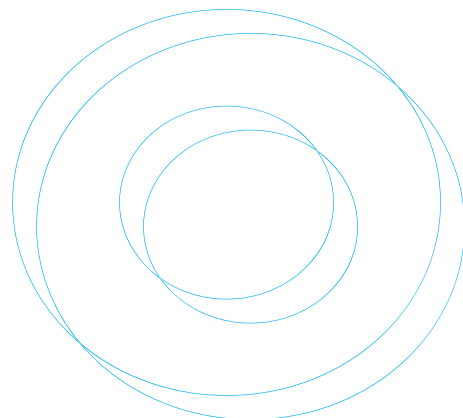
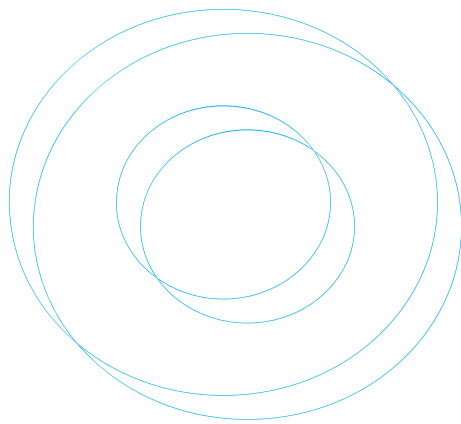
The International Chair in Bioethics is organizing in Ljubljana, Slovenia, the 17th World Conference in Bioethics, Medical Ethics & Health Law. The conference will take place from November 24 to 26, 2025. It is the largest bioethics conference in the world, with participants from every continent. The participation of all ICB Newsletter readers is crucial due to the enormous importance of the topics addressed at this conference, especially with regard to the social inclusion of all citizens, including people with disabilities.

All the best,

Rui Nunes, MD, PhD

Head of the International Chair in Bioethics

www.bioethicsljubljan2025.com



Editorial Board Communications

NEWSLETTER'S CONTRIBUTIONS REQUIREMENTS

The contributions for the next Bioethical Voices newsletter must be forwarded to the Editorial Board before **20 November 2025**. They should be written in good English and in Word Format, with some photos (where possible) and their contents should be of international interests. Each author is personally responsible for the contents and the language of his/her own contribution. Contributions must be signed.

INDEX

Chair Holder's Message, Editorial, Bioethics in the World, Bioethics VIPs and Institutions, About Legislation and Judgments, Bioethics and Disability, Education, Youth Bioethics Education, Research, Publications, About Units, Focus on Units, World Bioethics Day, Events, Past and Future Chair's Conference, Editorial Board Announcements. The structure of the Newsletter is still in progress.

AIM OF SECTIONS

Bioethics in the world (300 words max.): description of a concept /idea and its interpretation/application in the different geographical contexts or a news.

About legislation and judgments (300 words max.): news from Law associations, Court decisions, developments in national or international legislations

Education (max 300 words): announcements of creation of working group or networks, list and a short description of courses, seminars, workshops (including the target, the dates and organizers), trainings, university programs.

Research: ongoing research projects: title, authors and short description.

Publications: title, authors, year of publication.

International events (no national events); title, date, place and short description.

The structure is to be decided, based on the contributions we receive (evolving).

Editorial Board



Giacomo Sado
Director



Alessandra Pentone
International Adviser



Carlo Pasetti
Scientific Adviser



Claudio Todesco
Technical Adviser



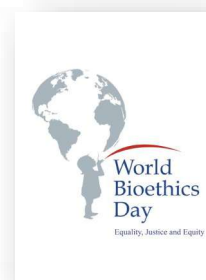
Miroslava Vasinova
Coordinator

I

Manuela Buccelli -

World Bioethics Day's Logo Author

Newsletter's Logo Author



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