

BEYOND THE DISEASE: "...AM I MY BROTHER'S KEEPER?"

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SUMMARY

Today, the concepts of health and illness require a global vision of man; the suffering of the person places the entire environment in great difficulty: health professionals, family, society. It is important not to simplify the response to a purely health-focused view of the disorder, because fragile people possess a deep need to feel welcomed, listened to, understood and accepted.

Service provision that is respectful of the dignity of the person is an important challenge both for those who are responsible for providing services to individuals and their families as well as for the entire community. Therefore in providing care the human qualities of the health professional and not only his technical skills come into play: blending together science and humanitarian ethos. The provision of care therefore "forces" us to broaden our horizons and requires us to face the challenge of responsibility towards the Other, the human condition of being-for. However, ethical capacity cannot be born solely out of sharing standards or adhering to regulations and respecting prohibitions: it stems from high and unconditional moral values and meanings. The ME-YOU relationship represents the primary ethical factor of the human being: my responsibility towards the Other is unconditional.

In the book of Genesis when the Lord asks Cain: "... where is Abel, your brother?" He responds with another question: "Am I my brother's keeper?" In this biblical passage Cain kills Abel: the rejection of brotherhood and the care of the other only leads to the death of the Other.

"Where is your brother?" This question is crucial in today's day and age and must be taken seriously: it is the decisive question that forces us to decide how to place ourselves in relationship with the other and with the world: do we choose proximity or distance, connection or indifference?

Key words: care relationship - vulnerability - responsibility - ethical attitude - mirror neurons

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INTRODUCTION

A recent World Health Organization survey shows that 75% of patients have no obvious organic disorder.

This survey highlights how the traditional medical model is in difficulty: it is clear that the organicistic approach adopted mainly by health workers is no longer sufficient to meet the demands and needs of caring for people.

Today, the concepts of health and illness require a comprehensive view of man; the suffering of the person, made even more complex by the presence of one or more deficits, puts the whole environment in great difficulty: health workers, family, society.

Complexity and multiplicity are concepts that are now part of the construction of any model of support and care.

First of all, it is necessary not to reduce the type of responses to a purely health-focused view on the disorder or deficit, because people with vulnerabilities need to feel welcomed, listened to, understood and accepted.

Providing care responses that respect the dignity of the person is an important challenge nowadays, not only for those who have the task and mission of providing services to people and their families, but for the entire community.

In the assistance and care processes, the human qualities of the health workers thus come into play, not only their technical knowledge; it is not a matter of questioning scientific knowledge, but of avoiding the

domain of technicalism: science and humanitarian ethos to be fertilised together (Jaspers 1991)

It is urgent to provide health professionals with knowledge and tools that, combined with specialised skills, can enable the vulnerable person to feel welcomed and understood in his/her entirety as a human being.

THE CARE RELATIONSHIP

In care relationships, the human dimension of professional action begins, first of all, from the type of "look" through which the operator "sees" the person with a disability.

A look that labels with a diagnosis, risks turning the person into a "classified object", prevents us from recognizing them through their experiences and makes us forget even that that person has a life story.

This gaze conveys stigma and prejudices, hurts and distances the person (Goussot 2011). The purely technical view of the expert (as well as the pietistic gaze) risks making us see the person with vulnerabilities only as a symptom, a problem, an unhappy being.

Alexandre Jollien, French philosopher and writer who had been diagnosed with cerebral motor and intellectual insufficiency as a child, states that what makes a person with vulnerability sick is not the complexity of the deficit, but the condition of permanent humiliation in which they find themselves living: "... a look that has caged me in a category, a gaze that paralyzes and makes you powerless" (Jollien 2003).

The type of gaze through which each of us sees, interprets or considers the other and the facts of the world, however, does not depend only on the perception of external stimuli, but also derives from "internal perceptions", which originate and develop in relation to our past.

Our inner world in fact, continually projects on others, more or less unconsciously, images, problems or possibilities that also refer to us, to our experiences, to our passions, desires, sufferings, to our limits.

Establishing a relationship of care, first of all means seeing the other as a person, it means taking pleasure or sorrow by looking at them realistically, turning to him with interest in a continuous exchange of emotions, feelings and thoughts.

It means going to meet the person in a creative way, exploring their potential, fantasising about them: the most varied images will emerge in us, sometimes far from reality, as in fairy-tale or mythological characters.

These creative fantasies, in a symbolic form, can also express and represent the potential of the person with vulnerability: each person has limits, but the resources of life are nevertheless varied and manifold.

If we look at the other as in a photo, we will behave in an impersonal and un-creative way; the person, on the other hand, is never something static: a person is life, past, present, future and is continuous development (Guggenbuhl & Craig 1987).

In the care relationship, it is common for the operators to often find themselves facing extreme and very serious situations where it seems impossible to establish any communicative relationship with the other; in these moments specific personal efforts are required: "... *put yourself in their shoes!*" is perhaps the most used expression to indicate empathy, a way to enter the impenetrable world of the other.

Empathy is certainly a "tool of the trade" of the health worker which is very useful in care relationships, but often it is not enough to understand a need or a desire when they are expressed in an "encrypted" way through body language, a self-injurious or bizarre behaviour or with a prolonged silence.

When any form of mutual communication seems impossible and we are faced with an obstacle that seems insuperable, what Husserl expresses with the word *enteropathy* can help us; this word expresses the characteristic attitude through which the person "lives" within themselves the experiences of others: it is possible to understand the experiences of the other, when we assume them as analogous to ours (Husserl 2016).

It is not a matter of identifying with the patient, it would be pure sentimentality: it means, instead, having an acute and painful awareness of illness, vulnerability and limits as expressions of human life, which concern everyone and unite us with one another.

This experience is also expressed effectively by Manicardi, a brother of Bose, commenting on the

parable of the Samaritan: "... *it is painful to be struck by situations that afflict man ... the Samaritan becomes neighbour not because he is a philanthropist, not because he is motivated by the intention to do good, but because seeing a wounded wayfarer breaks his heart*" (Manicardi 2016).

Here is the experience of taking care of the other and of fraternity founded on the common vulnerability.

In the care relationship, therefore, when all the doors of access to understanding seem to be closed, a key to opening them is certainly to ask oneself to listen to the suffering of the other and, in reciprocal mirroring, to listen to oneself.

On the other hand, it is a common experience that, in every relationship, we communicate much more than what is expressed in words or gestures.

However, this type of listening requires a further effort: to create a benevolent "inner place" that is conducive to mutual exchange; in this place "... *we must be cautious and humble*".

The health worker's caution and humility can bring people who are injured in the body and in the psyche closer than the batteries of tests and observation grids (Goussot 2011)

This human approach has always been taken into very little consideration by official medicine, because it is considered scarcely scientific; today, instead, it finds its own legitimacy in the latest scientific acquisitions of neuroscience.

THE CARE RELATIONSHIP AND NEUROSCIENCE

The scientific answers to the fascinating questions concerning the human and therapeutic aspects of the treatment relationships come from the discovery of "mirror neurons", a particular population of neurons identified with neuroimaging techniques by a group of researchers from the University of Parma led by Giacomo Rizzolatti.

This discovery is considered as one of the most important in recent years in the field of neuroscience; the scientist Ramachandran states that: "... *mirror neurons will be for psychology what DNA has been for biology*".

The peculiarity of mirror neurons consists in the fact these neurons are activated not only when a person performs actions, but also when the person observes the same actions performed by others.

The latest acquisitions of the mirror system are even more surprising: even when the person does not see the conclusion of an action performed by another, specific mirror neurons are immediately activated in a distinct area of the cortex. This suggests the presence in man of a natural ability to recognise in advance also the aims of a given act, differentiate it from others and respond in the most appropriate way.

Today neuroscience demonstrates the presence in man of an innate ability to understand the intentions of the Other (Rizzolatti 2018).

The neuronal mirroring of human behaviour, active from birth, reveals that in the brain structure the image of the US is present even before the psychological development of the EGO.

The fundamental importance of these data for clinical activity has led to the development of new heterogeneous lines of research united by a single objective: the study of reciprocal "*affective attunements*" in human relations, starting from the analysis of the very first phases of the mother-child relationship (Schore 2004, Tronick 2008, Imbasciati 2009, Feldman 2010, Terranova 2013).

Actually, neurosciences demonstrate much more: they provide the evidence that we are human because we succeed in identifying ourselves in the other, we are human because we can experience and feel what the other experiences and feels.

We are human because life means being in relation to the Other.

Today we can say that the visions of life, man and human existence proposed by an anthropology that, over the centuries, has been nourished by Greek philosophy, the Bible, the thoughts of St. Augustine, Kierkegaard, Kant, Husserl, Heidegger, Freud and Jung, to name a few of the best known sources, also had a demonstrable scientific basis.

BEYOND THE DISEASE AND THE PATIENT

The relationship with the Other is certainly an *interpersonal* affair, which also has *intrapersonal* effects as it changes the mental state and the biology of the individual.

Being next to the person with vulnerability in fact, as Jollien says, not only "*educates everyone to know each other better*" but also reveals "*the degree of humanity, solidarity and respect for the others in a community*" (Jollien 2003).

The care relationship "*forces*" us to broaden our horizons and requires us to face the challenge of *responsibility towards the Other*, the human condition of *being-for* (Bauman 2018).

The growth of the ethical component of man, however, cannot be separated from the recognition and integration in the EGO of the *shadow* elements, which prevent the person from interacting with the Other through ethically significant behaviours.

In this context, Jung believes that the shadow represents that portion of the Ego designated as "bad and unwanted", thus hidden and relegated to the unconscious part of the psyche.

Therefore, the function of the shadow is to channel all our negative aspects into the unconscious.

Suffering, shame and humiliation deriving from the recognition of these "renegade" aspects of the Self, are faced through the projection to the outside: one's negative sides are attributed to someone else, e.g. to a friend, relative, colleague, lover or even one's child.

Having an ethical behaviour implies, first of all, recognising that the reprehensible aspects of the other actually belong to us too; the key element to really recognise the Other and to deal ethically with them is the withdrawal of our shadow projections (Jung 1982, 1986, Christopher 2003).

But, is our ethical attitude innate or learned? Over the centuries, human thought has produced copious theoretical orientations, distinguished on the basis of the importance attributed to the influence of nature or education.

Today, in the light of scientific contributions too, an integrated model that sees a combination of environmental influences and innate components, seems the most likely hypothesis.

Neurosciences reveal in fact the presence in humans, since birth, of a device unifying neurobiology and the external environment, an integrated circuit that plays a key role in relational processes with the other.

Nature did not make us monads, but people who continually react with others and are able to participate in others' lives (Christopher 2003, Rizzolatti 2006, 2018).

The first ethical experience of the child, obviously lived on an unconscious level, consists in the struggle between dependence on another person (who guarantees nourishment and care) and their aggressive impulses (Jung 1986, Winnicott 2004)

The individual faces the choice between good and evil since the first moment of the encounter with the Other, long before we are told what is "good" and what is "evil" (Bauman 2018).

But in everyday life, how can we establish a relationship with the other that is the expression of an authentically ethical attitude?

Bauman considering that "*... US is not the plural of EGO*", believes that being an ethical person means being the guardian of the other, whether they have the awareness of having duties to the other. "*... My responsibility to the other is unconditional*" regardless of whether the other behaves in a moral way or not.

The ethical capacity therefore does not arise from sharing and adhering to rules, prescriptions or prohibitions, but derives from high and unconditional human values and meanings (Bauman 2018) to conform to universal ethical criteria (Jung 1986).

The ME-YOU relationship is therefore also the primary ethical factor of the human being: we are not born to be selfish, but we have an archetypal basis that makes us altruists.

On a personal and professional level, our authentic ethical attitude in the relationship develops, however, only starting from the overcoming of narcissism, both

individual and collective, a veritable epidemic of current times (Cesareo 2016).

The current narcissistic epidemic manifests itself through a collective attitude of exploiting the Other and the environment for the exclusive fulfilment and immediate gratification of one's desires.

It is an *ideal ego* built on a model of childhood narcissistic omnipotence that prevents the development of an authentic *ideal of the Ego* that integrates the personal physiological narcissistic needs with collective ideals (Chasseguet & Smirgel 1991).

Ethical behaviour also means taking responsibility for the world we live in and for future generations.

In the book of Genesis (4,9) when the Lord asks Cain: "...Where is your brother Abel?", he answers with another question: "Am I my brother's keeper?"

Levinas observes that every immorality began with this angry question asked by Cain, because "... it is certain that I am responsible for my brother; I am a moral being until I ask for a special reason to be so ... my brother's well-being depends on what I do or refrain from doing "(Levinas 2008).

In the Genesis, Cain kills Abel: the rejection of brotherhood and care of the other leads only to the death of the Other.

Where is your brother?

This question is crucial today and must be taken seriously: it is the decisive question that asks us how to place ourselves in relation to the other and the world: do we choose proximity or distance, involvement or indifference?

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