WORKSHOP

VULNERABILITY AND FRAGILITY OVER THE COURSE OF LIFE
Innovative approaches to the intergenerational dialogue for the health promotion

Background document

To the workshop partecipated as speakers and moderators:

Maddalena Illario, *Public Health Department University of Naples Federico II*
Sara Diamare, *Asl NA1*
Lorenzo Mercurio, *Public Health Department University of Naples Federico II*
Serena De Simone, *Public Health Department University of Naples Federico II*
Padre Pasquale Incoronato, *Pontifical Theological Faculty of Southern Italy-St. Thomas Section*
Anna Marro, *ANTEAS Association of Avellino*
Giancarlo Bracale, *EAPE European Association of Professors Emeriti*
Daniela Lemmo, *Department of Humanities University of Naples Federico II*
Erminia Attaianese, *DIARC University of Naples Federico II*
Leopoldo Angrisani, *DIETI University of Naples Federico II*
Maria Triassi, *Public Health Department University of Naples Federico II*
Sara Aprano, *Department of Clinical Medicine and Surgery University of Naples Federico II*
Rosa Ruggiero, *Asl NA1*
Gugliemo Chinese, *Bact Institute*
Mario Punzo, *Comix Italian School*
Giorgio Cellurale, *ASMED University of Naples Federico II*
Elisabetta Riccardi, *Le Kassandre*
Giuseppina Mansi, *Blue Pink Rescue*

INDEX:

Introduction

In a lifelong perspective vulnerability is defined as the lack of resources (physiological, cognitive, relational, emotional, economic, social, cultural and institutional) that can put individuals at risk of experiencing negative consequences on different levels (bio-psycho-socials), in response to stressful life events, reducing the individual adaptive capacity to critical situations and the ability to draw opportunities when times of transition occur (Spini et al. 2013; Spini et al. 2017). The term fragility, although there is a lack of an unambiguous definition of the concept, is generally used in scientific field to describe a complex syndrome characterized by reduced adaptive capacity and increasing deterioration in the performance of daily activities as a result of decreased functional resources. Signs and symptoms include fatigue, weight loss, reduced ability to perform physical activities, weakness of grip, alterations in walking and stability, and reduced social relationships. Frailty thus originates from a complex interweaving of psychosocial, biological, and physical factors (Andrade et al., 2012; Fried et al., 2004) and represents the syndromic declination of a condition of vulnerability, which in turn represents risk. Aging, as a process characterized by progressive physical and mental decline, leads to the development of vulnerability which, in turn, can induce frailty in the elderly. Therefore, while every frail individual is also vulnerable, not all vulnerable elderly manifest signs of frailty, suggesting the complexity of interactions underlying this condition (Sousa et al., 2021). The incidence of disease and disability increases with vulnerability and frailty, placing heavy burdens on families and health services. Frailty is not an inevitavile consequence of aging, and its prevention requires adherence to healthy lifestyles from pregnancy and early childhood, with health promotion tailored to needs. This proactive approach involves the citizen, is multidisciplinary, and involves elders, families, communities, health care providers, and managers in managing even complex health needs that emerge during the course of life. Biopsychosocial assessment of health needs to prevent vulnerability and frailty is important for all age groups, and involves the effort to identify biological, physical, cognitive, and psychological determinants to promote appropriate measures. Despite progress in understanding frailty, there remain large gaps in available data, particularly in the case of the elderly, due to a lack of consensus on the characteristics to be considered and the criteria for determining frailty. However, it is crucial to continue investigating and addressing the challenge of frailty, as it represents not only an individual problem, nor is it limited to the elderly, but also a social and health challenge that could be responded to in a holistic and integrated manner through intergenerational interventions. The entire life span is characterized by continuous changes that can lead to experiencing both losses in some areas such as (health, such as physical appearance, relationships) and gains in other areas of life (Baltes et al. 1987; Diehl, 2021).

From the perspective of health promotion and healthy aging, it is crucial to attribute a central role to the individual's ability to adapt to different life conditions, given by different interactions between multiple factors at play (age, historical events, and personal autobiographical vicissitudes), both the ability to compensate with residual potentialities for deficient aspects. Identifying an individual's abilities that will contribute to physical and mental well-being throughout life is a process that begins in childhood. For example, adopting healthy lifestyles is an investment in the future, enabling one to better cope with the challenges of old age and enjoy a higher quality of life. In this sense, aging becomes a life journey that begins well before old age (Crimmins, 2015). It is crucial to encourage from an early age an approach to life that includes self-care, respect for one's body, awareness of the importance of a healthy lifestyle, and the pursuit of adaptive skills. Relevant to these goals is the construct of motivation and motivation for health behavior change, which provides a clinical theoretical framework for investigating what people desire and dislike or even fear, and how these desires, ambivalences, and fears are transformed into goals, how people pursue these goals successfully or detach from them if necessary, and how these processes change over time. Recent research has changed the view of motivation from a static trait to a dynamic psychological state that can fluctuate over time in relation to many interpersonal and intrapersonal factors. Thus, motivation is considered an accessible interpersonal factor that can be modified during a process of change (Minlner and Rolnick; Porchanska 2009). The frailties one encounters in life are manifold, and the workshop offers a focus on some conditions that make the person transiently more vulnerable and thus at risk of adverse health outcomes.

Experience of Postpartum Depression

One of the highest risk periods of life for women is pregnancy and postpartum. Epidemiological studies conducted in different nations and cultures show that postpartum depression affects 7 to 12 percent of new mothers. Postpartum depression, if unrecognized and untreated, interferes with a woman's ability to establish an interchange of behaviors and emotions with her baby and attachment, capable of preventing long-term negative consequences on the baby's cognitive, social and emotional development. There are still few women who find the courage to tell their experience of postpartum depression without shame, immersed in the prejudice that it is wrong for this to happen.

A general difficulty in making decisions for self or child is often present, mood is stably low, feelings of guilt and loss of hope for the future are frequent, there is a loss of interest or pleasure in doing things, coupled with the feeling that this pleasure will never return. A mental disorder triggered by childbirth, in which the mother simply stops having the will to live, constant apathy becomes the protagonist, and she pours all energy and attention on her child, completely annihilating herself.

Experience of obesity in childhood

Childhood obesity is a complex issue, linked to social, cultural and economic inequalities, as well as too many calories and sedentary lifestyle. A clear link emerged with the social disadvantage of families and in particular, with the educational level of parents. The survey showed that children in more complicated socioeconomic conditions and whose parents had shorter schooling paths were more likely than their peers to be overweight or obese in adolescence. the parent-child nexus is central for young children, as they grow older (8-10 years) the ways in which kids spend their free time and hours spent on electronic games and smartphones take over to make a difference. In Italy, the chances of growing up fit seem unequally distributed. There are clear territorial differences between northern and southern regions. But not only that. Italy remains among the top countries for childhood obesity (17 %) and overweight (39 %) in the population between 7 and 9 years old. 70 % of them spend at least two hours a day in front of a screen. Schools, even in the field of nutrition, must maintain their formative and instructive role and must work, possibly in close cooperation with the family, to promote correct lifestyles.

In general, the school should:

- Offer equal nutritious and balanced meals and snacks for all
- Avoid placing vending machines in schools
- Ensure movement during recess
- Discourage unhealthy foods such as sugary drinks, pre-packaged salty and sweet snacks from entering the school
- Implement information campaigns on proper nutrition, adapted to understanding for the specific age group
- Encourage movement by adapting gyms and increasing hours of physical activity

Countering childhood obesity through the use of various methodologies is recommended. Among those applied certainly is the treatment of childhood obesity with cognitive behavioral intervention support. This approach is the most frequently used and the one that most often gets good and long-lasting results.

It is based on a medical-specialist and psychological assessment, and once the patient and family are framed, treatment is set. Behaviorally, the psychologist will structure an intervention geared toward motivating the child and family to change lifestyles.

Experience of bullying in childhood

More than one in four students claim to have been bullied according to the study conducted by the Ministry of Education. Twenty-seven percent of respondents said they had been bullied. The problems associated with this violence in real life are compounded by increased risks on the Web. Eight percent say they have been victims of acts related to cyberbullying. Bullies attack for physical appearance, sexual orientation, background, even disability. The most affected group is adolescents between the ages of 11 and 16. Bullying has changed as a function of the fact that times have changed: the adults of reference are different, society has changed, schools have evolved.Unfortunately, today there is a much wider spread of what happens, you are not only harassed at school (main place of events), but you can be hit at any time of the day, even when you are at home, when you are in your comfort zone. There is no longer a real time limit, nor a spatial limit. Potentially billions of people can be reached with a single click. This gives rise to a serious problem, the lack of Empathy in our society. Anyone onlinenot able to empathize and consequently understand the harm that is physically produced, there is a total de-empathizing and disinhibition that exists in presence and not on the web, shame is lost.

Experience of social isolation in the elderly

Loneliness is one of the dark evils of our age. We are increasingly connected, but also increasingly isolated. From an individual problem, loneliness has turned into a collective drama. These are just some of the alarming messages emerging from the many essays and scholarly studies devoted to the issues of social isolation and loneliness. Loneliness, the expression of a subjective feeling of having no one beside one, and social isolation, derived from the lack of communication and contact with other individuals and society, are underestimated problems in the elderly population. This "Condition" is continuously increasing in Western societies and particularly in Italy especially after the recent pandemic. Isolation and loneliness in the elderly person produce serious consequences, not only psychological (depression, anxiety, memory disorders) but also clinical. Those who live alone are in fact more likely to become ill. The risk of developing a form of dementia doubles in the elderly who suffer from isolation and loneliness. This condition also correlates with other diseases such as hypertension, and cardiovascular disease. Even more interestingly, there is no link between social isolation and feelings of loneliness; usually, the elderly person is happy to live alone, almost always preferring it to the possibility of moving to a home for the elderly, making it a principle of autonomy and independence. When, however, being alone, from being a free choice becomes a constraint, when frailty makes slow and difficult, sometimes even risky, gestures and movements hitherto trivial, that is when isolation can become an unbearable burden and result in a feeling of loneliness. So it is hypothesized that a decrease in personal control over one's life causes the increased risk of loneliness. In addition, some theories of aging argue that, as the elderly age, they abandon peripheral and superficial social ties and channel their remaining energy into relationships with a core group of more intimate people so as to maximize positive experiences.

Loneliness is a condition that can affect very frail people, just when Isolation would need more social and emotional support. There is a risk that it is an irreversible situation, especially if the elderly person does not have the resources (health, social, psychological, etc.) needed to reverse it. Indeed, as we have just mentioned, it is sometimes the elderly person himself who selects a limited number of people with whom to maintain meaningful relationships, thus making himself particularly vulnerable in the event of their loss. During the pandemic with the Corona Virus, confinement and the authorities' recommendations to avoid intergenerational contact limited the opportunities to meet with one's family members, suspending the ability to choose how and when to relate to others, to have control over one's life, which, as mentioned, can affect one's sense of loneliness. Also a factor of concern are the lack of interventions to combat social isolation and loneliness. If we look at the three pillars identified by the World Health Organization to create the conditions for "active aging"-health, material security and participation-we find that so far most countries have focused their efforts on the first two aspects, leaving it to associations and local authorities to take initiatives to encourage the participation of older people in society. In contrast, to date, there are no collective solutions-or even awareness or prevention campaigns-to address social isolation and loneliness. The same is true internationally, with the exception of the United Kingdom, which in 2018 created a "ministry of loneliness" with the aim of planning strategies to combat it.

Experience of Depression

In recent decades, anxiety and depression represent the main symptomatological aspects in the population so much so that they are defined in the Consensus Conference (2022), as "Common Mental Disorders" (DCM) or of "Common Emotional Disorders" (DEC). In Italy, the annual prevalence of depressive disorders is estimated to be around 6 percent and anxiety disorders around 5 percent (Gigantesco et al., 2013; WHO, 2017). Today it is believed that the conditions identified by these diagnoses (Common Mental Disorders, CMDs) encapsulate great heterogeneity for a number of variables, and among them, severity assumes an important role. It is therefore useful to consider anxiety and depression as dimensional variables against which individual cases are placed along uncontinuum of severity. From a lifelong perspective, individuals face a number of challenges and changes throughout life that can have a significant impact on the individual's perception of the direction and meaning of his or her life. These turning points, although they can be particularly stressful, also provide opportunities for learning and personal growth (Wethington, 2002). However, the subjective evaluation of these events can significantly influence individuals' psychological well-being (Park, 2006). Indeed, in response to them, individuals may experience a diverse range of psychological reactions, ranging from increased self-confidence to symptomatic responses such as anxiety and depression. Human beings, in fact, have a strong need to perceive their lives as coherent and meaningful, and this need can be threatened by particularly impactful events in the course of life . Closely associated with psychological health and well-being, therefore, are individuals' interpretations of their experiences (Park, 2006). For example, individuals who are able to identify a life-consistent transition in a turning event, interpreting it as a learning opportunity about themselves from which to benefit, tend to have greater subjective well-being. In contrast, those who experience critical experiences without finding positive meaning may experience greater depression and lower life satisfaction (Sutin et al. 2010).

Previous research has shown that both negative affect and frustration of basic psychological needs (e.g. autonomy, competence, and relatedness) can contribute to depressive symptoms (Vansteenkiste & Ryan, 2013; Watson et al., 1988). Depressed individuals at any age including the elderly population often suffer from anxiety disorders in a comorbid setting. Indeed, it has been observed that lingitudinally anxiety symptoms seem to lead ll the onset of depressive feelings, much more so than the reverse. Anxiety disorders therefore can be considered a risk factor for the development of depression later in life (Wetherell et al. 2001; Lenze et al. 2005). By way of example, it is worth mentioning that depressive disorders, in addition to being frequent, are associated with high levels of suffering, disability, impaired quality of life, as well as higher mortality (from suicide and also from other causes), in relation to possible psychobiological effects, higher frequency in patients of less healthy lifestyles, risky behaviors and lower self-care.

1. Intergenerational activities as a tool for resilience.
Maddalena Illario

Intergenerational exchange and knowledge exchange can be pillars for promoting health and giving meaning to the experiences of vulnerability and coping modes experienced in life.
In intergenerational dialogue, elders as carriers of the time and culture of a past generation reopen the three temporal dimensions of present, past and future, thus ensuring diversity of viewpoints through the polyphony of their experiences (Di Ciaccia, 2017). This approach not only values the elderly as valuable community resources, helping them to maintain an active role as educators and transmitters of experience and wisdom (Formenti, 2022), but also creates a continuity of shared cultural and social values, fostering a more cohesive and supportive society, where mutual support and shared resources improve the quality of life for all. Intergenerational exchange not only enriches the social life of the elderly, helping to reduce their feelings of isolation, marginalization and loss of social identity, but also enables them to optimize their leisure time and express their creative potential. In addition, participating in intergenerational exchange activities, through rediscovering the value of belonging and participating together in the area, can improve the mental and physical health of the elderly, keeping their cognitive and physical abilities alive. On the other hand, young people benefit from interaction with the elderly by learning from life experiences different from their own, learning healthy and balanced lifestyles and habits. This kind of dialogue fosters empathy, respect for older people and understanding of the challenges associated with aging (Kessler et al. 2007; Krzeczkowska et al. 2021). It also helps dispel age-related stereotypes and prejudices, promoting a more inclusive and respectful view of all ages.

From left, Sara Diamare, manager ASL Na! and Maddalena Illario, professor Public Health Department

From left, Maddalena Illario and Don Pasquale Incoronato

2. Listening to one's own body as a starting point.

Sara Diamare

On the left and below, Sara Diamare and Michal Novosad. On the right, Sara Diamare and Maddalena Illario. Below, breathing exercises

In 1948 the World Health Organisation declared HEALTH to be more than the absence of disease: a state of complete physical, mental and social well-being. In 1987 the concept of HEALTH PROMOTION was developed, a process whereby people improve control and direct management of their own well-being. Pathogenic conditions are determined by Behaviour and Lifestyle, for one to become responsible for one's own health, one must be an active agent of change and to effectively communicate healthy lifestyles one must calibrate information to one's value system and beliefs, because in regulating health-related behaviour one must consider the emotional world. Motivation and emotion have the same root, positive emotions drive us to pursue goals and nurture motivation. "A motor activity, aimed at psycho-body awareness, contributes to the restructuring of the body image and makes it possible to bring one's character and emotions to consciousness". (W. Reich). The way our body appears to ourselves is the result of all sensory and psychic experiences plastically and continuously integrated in the central nervous system. It is constructed from the first days of life within the interpersonal context of the first attachment relationships. Psycho-body Empowerment© represents the possibility for individuals and groups to increase active control over their own lives, health and well-being.

In the Salotti del benessere, which I designed, the psychologist facilitates communication between the user and the team, aims to empower the patient by promoting the empowerment of participants within the group, encourages adherence to treatment, and mobilises professional and social support. In the Wellness Lounge, the psychologist also leads Focus Groups:

- Progressive Muscle Relaxation Techniques
- Breathing and conscious movement exercises
- Dance therapy workshops.

The Salotti del Benessere promote health and well-being in a relational space
within which communicative openness is fostered through a path of sharing and 'Empowerment', to acquire new tools to improve the quality of one's life.
There are five 'Keys' to access the themes of promoting health and wellbeing from a psychosomatic perspective:

1.The Key of Conscious Breathing
2.The Key of Nourishment
3.The Key ofEmotion
4.The Key toRelaxation
5.The Key toMovement and Empowerment

During the conference we experimented with a relaxation technique based on listening to one's breath and, through it, one's body.

3. The complexity of needs in society between sustainable development and digital transformation.
Padre Pasquale Incoronato

1.The meaning of the term fragility.
«Fragility»: how to define and perceive it? A root of clear content emerges in the terminology: frangere, that is, to break, to reduce into fragments. Fragile is thus that which can break. Fragility is, then, something that in itself is characterized neither as a problem nor as a resource, but, more simply, as a state or limitation of matter and living organisms. Many terms, however, are used as synonyms to connote in the sign "of fragilities" (in the plural, instead of the singular) typically human problematic conditions and situations (individual but also collective), perceived more and more widely and, as it were, expanding, so much so that they appear (because of their very engaging prominence) almost the defining «figure» of the times we live in.

2.Our time, the culture we breathe.
Our time seems to have renounced high-profile ideal goals, retreating into the accommodating ephemeral along with an exasperated pursuit of well-being (built exclusively to the individual's measure) are flourishing an image of the physically and psychologically rocky efficient man, aesthetically inclined to the perfect (or nearly so) rampant in search of success (i.e., of assertion of his own power over others), morally and ethically normative to himself, bent on living beyond his own limits, determined to defend his own private self (which tolerates no intrusions whatsoever), ultimately ready to disregard the needs of others; but, behind the facade of so much strength and security, how many dramas of inferiority (physical and psychic), dependence and loneliness, narrowness and selfishness, sterility! So what is happening to us? Why do our frailties constitute so much of a problem? Why do we try to hide them from being seen? Perhaps, we have turned so many dreams into needs? What has made us so much more fragile than just a little while ago, almost to the point of losing our fortitude? We are all children of fragility!
The child experiences it without realizing it and makes it his strength because, trusting, he overcomes the limit and in the arms of dad and mom he feels safe. The young person is fragile because the future is uncertain; because true love eludes him; because he seeks meaning in things and does not always find it. The adult who is aware of his failures is fragile because of his failure to achieve what he dreamed of and his inconsistency with his commitments. The elderly person is fragile because he is more vulnerable to illness and infirmity; because he no longer has the authority he once had; because he is scarred and often overwhelmed by loneliness. Fragility, in fact, is a condition that accompanies the human adventure from birth to death; on a personal and societal level Those who touch humanity touch the fragility that challenges us both individually and as a community of believers.

3.Being human
"But what a splendor you are, in your fragility. And I remind you that we are not alone in fighting this reality. I believe in human beings. I believe in human beings. I believe in human beings who have courage, courage to be human." (Marco Mengoni, Human Beings)

With a disarming simplicity, this song reminds us, despite our differences, that we are all "human beings," strong and fragile, unique because we are the bearers of a priceless treasure that is enclosed in our souls, and imperfect since we are naturally prone to make mistakes, but also endowed with pietas, that feeling inherent in human nature that should lead us to respect and love our neighbor and forgive each other our faults.
On the stage of life, we tend to hide our true face, with its fears and frailties, behind masks, which in addition to distorting our being, conceal our uniqueness, flatten us and make us uniform, making us as others would like us to be, instead of as we really are.
We avoid showing ourselves without masks and disguises, because we fear that they might judge the truest but at the same time vulnerable part of our being, seriously hurting it. 'Human Beings' is an invitation to put aside the masks that society forces us to wear, to move against the tide, to rediscover ourselves, albeit through fears and tears, and to strip ourselves of the various disguises that are easily negotiable and bargainable according to various situations. We are so afraid of our frailties, but we do not realise that these are the very traits that characterise our condition as human beings, suspended between what we are and what others expect of us; they are not limits to our industriousness, but rather insights into ourselves, inputs to know ourselves better and understand who we really are.
Being human does not mean showing ourselves to be infallible and invincible, finding preconceived solutions to the most intricate problems, striving to always be right, denying suffering, but having the strength to ask for help, the humility to question ourselves and the courage to rise from the rubble of defeats and disappointments.

Maddalena Illario and don Pasquale Incoronato, Pontifical Theological Faculty of Southern Italy - St. Thomas Section

The many faces of fragility are like a shield that defends us from misfortune because usually what we consider a defect is instead the virtuous attitude that allows us to establish a relationship of empathy with those close to us. The fragile is the man par excellence because he considers others his equals and not potential victims, because where force imposes, repels and represses, fragility welcomes, encourages and understands. The Christian faith, which has at its heart the unprecedented revelation of God made man, fragile flesh, invites us to look at our fragilities from another point of view, that of one who knows how to welcome them with tenderness and patience. In fragility, in fact, each person can find meaning in his or her existence and be an authentic witness to the Gospel, drawing on the hope that flows from Christ, Crucified, Forsaken and Risen, the bread broken for the life of the world. "One becomes stronger if one learns to know and accept one's own strengths and insufficiencies". (Etty Hillesum, Diary)

Don Pasquale Incoronato

1.My fragility

My fragility means that I need the other. Through fragility, man seeks help, seeks bonds, to exchange fragility, and by leaning one fragility against another, the world is held up. Fragility does not push to win. Fragility knows the least and not only the strong. Fragility does not believe in strength, in power, it knows that it is only simulation, a masquerade dance to hide fear. Love, on the other hand, is made of two insecurities that are lost within the certainty of a whole that becomes rock. It is the experience in which the other becomes salvation, and one knows that at the same time the saved saves the one who saves him. Love is beautiful and only fragility grasps it. You save the child, the child saves you. The mighty man does not know how to love. The iron man is cold, he knows how to bind to subdue and enslave.

Power is founded on the culture of the enemy. Without this category, power becomes misery. The gospel intends to eliminate even the very concept of enemy: love your enemy. Fragility does the same thing.... I am so fragile that I always think of love, and I feel the desire to be loved in order to be able to love, to be strong. Fragility is not a defect, a handicap, but the expression of the human condition. Fragility is not weakness, it is not poverty, it is not an inability to do or to think, it is not a disability, it is simply a vision of a world that is no longer divided into winners and losers, where the winner is the strongest, the most violent, the most cruel, the most deadly. But a world where the winner is the one who gives and receives love. On this is weighed the bliss of life. I seek a God of frailty, a lesser God not to be worshipped and adored, but who laughs and plays with his children in the warm games of sea and summer. A God who knows how to listen and wait near me who fears pain and the desert. A small God, not the almighty, who makes me rich with his poverty. The God of the mighty, the king of kings, the eternal, does not interest me, I want the God who seduces me with his beauty, a beautiful God. In love. I do not want a God who stands in absolute justice, in unlimited power, in perfect intelligence.
That would be a God who does not feel the need to caress while wailing in pain. Instead, my God is Jesus: who knows the pressure of fear, the pain of rejection, the passion of embrace. And he grants me the right to be weak, a cracked reed, a smouldering lampstand, not to be a hero. And he does not condemn me if my flame is weak, but he takes this thread of smoke of mine, presage of possible fire, and works it and protects it, until he makes the flame sprout again. It does not finish breaking the cracked reed that I am, but wraps it up like a wounded heart. Three verbs that can help us think of a journey from fragility to fortitude:

a. Seeing (greek verbs orao) fragility.
We happen to shy away from even hearing about the physical and psychological ills of others because they upset us. Or we run the risk of being too morbid and 'spectacular' in our attention; compassionate, but detached; interested only because it belongs to others. The qualitative leap to be made is to 'move from non-seeing to awareness'. A first glance is directed at the forms of fragility in order to name them, ranging from physical suffering to psychic discomfort; from the traumas that tear apart a person's dignity to the plagues that pollute the planet; from the problems within families to the denial of rights practised by groups and societies. Not just a list, but a living memory of human wounds. The first look is at oneself and one realises that one is fragile psychologically, spiritually, relationally and, certainly, physically. Each of us is marked by limitations and weaknesses, contradictions and fears, selfishness and aggressiveness. A baggage that accompanies, with different accents, the human adventure and conditions its manifestation in everyday life. Similarly, social subjects are ill in government structures, economic systems and forms of technological progress. Even the ecclesial community manifests forms of infidelity to the original inspiration and difficulties in its proposal in today's culture. And it suffers from all this.
We must think about how to educate a gaze that recovers the root of the fragility present in all of us. This exercise helps us to remain vigilant with regard to ourselves so as not to ignore the reality principle and, with regard to others, to exercise the evangelical rule.

Transforming our gazes, in our seeing beyond, making them become an invitation, like that of "wearing the skin of the other" considering the travails of those who belong to the same humanity. Knowing well that my humanity and the humanity of others are not enclosed within that limit, are not identified with that fragility.

b. Embracing frailty.
It is the fundamental attitude that allows man to come into the world as well as every creature to continue to subsist in its weaknesses. The welcoming gesture with its infinite nuances speaks of the decision to accept, to make one's own, the condition of every neighbour. It is a matter of closing a circle, which is born in God and returns to him, through our acceptance of the other. And thus care, attention, caring, a sense of participation is generated for all those who cannot be sufficient for themselves. The passage to be made and worked on as educators is the one that leads "from the delirium of omnipotence to the acceptance of the limit". Unfortunately, the philosophy that guides our culture is characterised more by the exaltation of health, beauty, and success than by the integration of reality marked by illness, social problems, and personal failures with the heap of anguish and frustration they bring. (think of performance anxiety). Alongside situations of human sensitivity to disadvantage, there is an ethical and aesthetic deficit that prevents one from taking on fragility. The focus is elsewhere not on the structural and structuring limitation, but on a model of 'perfection at all costs' that distorts but above all feigns reality. The utopian dream of these times, that of full and all-embracing fulfilment, is only an alluring and pathetic need that fuels the consumer economy. As individuals and as believers, we are urged to recover a scale of values inspired by some strong references that point the way to acceptance:

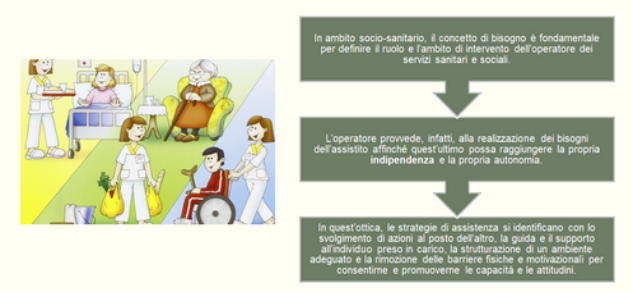
- There is the person and the story of Jesus who takes up residence in situations of precariousness and is incarnated in fragility, right up to the last one which is death, giving them voice and meaning.
- One internalises the experience of being generated and of one's own limitation, that is, of not being enough for oneself and of the need one has for others. This opens one up to the otherness of God capable of filling the existential void and the demand for the absolute.
- A double dynamic is cultivated: being inside and looking beyond fragility. One must learn to believe that it is God who works, to have hope.

Only in this way is it possible to transform fragility into strength and to recognise the "strength of fragility". Because one accepts weakness, one takes oneself by the hand, allowing oneself to be guided by God. It remains indispensable to think of an education of conscience through indicators of meaning, which enable each of us to have a high reference point, which supports and offers a reason in the complexity and fragmentary nature of everyday life.

c. Serving fragility.
In other words, 'take care', and the thought runs to the man in Samaria who spreads his compassion on the wounds of the man by the roadside. And to his one word: "Take care of him" (Lk 10:35). The history of our Christianity is interwoven, from its genetic make-up, with this solicitude, but it remains a space that always needs to be filled. This implies the passage to be made that leads "from indifference to responsibility" as Christians walk through the meaninglessness of the cross that opens from ultimate annihilation to the glory of resurrection.

This is the path that leads us as Christians to feel part of the tears of the world and thus become companions of frailty. Every act of compassion, care and attention brings us back to the awareness that every living being is a being of need and desire at the same time. It is as if, on the one hand, it learns to accept the pain that makes it fragile and, on the other, intervenes to lift the physical and spiritual miseries of others. Seeing, accepting, serving frailty; three moments of a single gesture: one that brings together faith and humanity, people's abilities and feelings.
It is precisely the patient and purified contact with frailty that can show its other side, giving a glimpse of its opportunities. Above all, that of changing the logic of approach to the 'world of the fragment'. Those who are touched by it change, because they are marked in body and spirit: they can no longer be as they were before. Those who are visited by fragility, especially if they are young, learn to proceed more calmly and learn priorities. In life, in relationships, in values, what matters most emerges. Those who are visited by frailty, through family contact or solidarity, perceive, through their physical and inner limits, the contours of a new and different humanity. One that 'has value' for the simple fact of existing. And, with the help of the eyes of faith, because we are all daughters and sons of God, we come to the point of not categorising people, but accepting them because they are them and because they matter and are dear to us. As well as being infected by the strength to go on, to have hope. It must be said that the outcome can also be different and result in the more or less overt rejection of fragility, thus renouncing one's creaturely condition and the difficult but generative situation of fragility. However, the antidote of Christian hope can generate the word capable of nourishing fragility.

4. Health needs from the socio-health perspective.
Anna Marro



IIn the health and social field, need is understood as the lack of something which, if not satisfied, gives rise to a problem or a state of discomfort. It is perceived as the lack of something determined and circumscribed.

- Health need from the socio-medical perspective is a complex concept encompassing several dimensions:
- It refers to the need of an individual or a community to maintain or improve its state of health.
- It is not limited to the absence of disease, but also includes physical, psychological and social well-being.
- It is influenced by a number of factors, including: social determinants of health (income, education, access to care), lifestyles, environmental factors, biological and genetic characteristics.

One must, therefore, classify needs into:

- **Primary needs**: physiological needs essential for survival (e.g. food, water, shelter)
- **Secondary needs**: psychological and social needs (e.g. spiritual, socio-cultural, belonging, esteem, self-fulfilment)
- **Individual needs**: specific to each person. -needs vary from individual to individual depending on age, psychophysical conditions, geographical areas of origin and characteristics of the social structure.
- **Collective needs**: concerning the entire community (e.g.: access to adequate health services, disease prevention).

Individual health needs are those that concern the treatment and prevention of illness on an individual level. They may be physical, psychological or social in nature. The most common individual health needs include:

- Medical care needs: visits to the doctor, diagnostic tests, pharmacological or surgical treatment;
- Rehabilitation needs: physiotherapy, speech therapy, occupational therapy;
- Need for psychological support: psychotherapy, counselling;
- Social support needs: help with daily activities, accompaniment, day or residential services.

Collective health needs are those that affect the health and well-being of an entire community. They may be related to environmental, social or economic factors.

The most common collective health needs include:

- **Need for access to quality health services:** hospitals, outpatient clinics, mental health centres
- **Health promotion needs**: awareness campaigns, health education, healthy lifestyle interventions
- **Need for disease prevention**: vaccinations, screening, control programmes
- **Environmental protection need**: air and water quality interventions, waste management, reclamation of polluted sites.

What is the socio-health approach?

- Recognise the interconnection between health and social factors,
- Focusing on the promotion of health and well-being
- Requiring the collaboration of different sectors: health, social services, education, environment and work,
- Promote a holistic and personalised approach to personal care.

In the social-health field, the concept of need is fundamental in defining the role and scope of intervention of the health and social services worker. In fact, the carer provides for the realisation of the needs of the assisted person so that the latter can achieve his or her independence and autonomy. From this perspective, care strategies are identified with carrying out actions in the place of the other, guiding and supporting the individual in care, structuring a suitable environment and removing physical and motivational barriers in order to enable and promote his/her abilities and aptitudes. The social and health approach is an evolving method that must respond to new challenges such as the ageing population, the increase in chronic diseases and globalisation. Some of the emerging themes within the socio-health perspective are:

- **Chronic diseases**: How best to manage chronic diseases, which represent an increasing challenge for health systems worldwide.
- **Health inequalities**: How to reduce inequalities in access to care and quality of health care.
- **Mental health**: How to promote the mental health and psychological well-being of the population.
- **Technological innovation**: How to use new technologies to improve the quality of care and the efficiency of health systems.

The assessment of the social and health needs of the population is fundamental for a correct definition of the objectives and makes it possible to elaborate an adequate planning and a performing management of the intervention projects of the health and social services, of the available human, structural and economic resources. In the health and social welfare field, the identification of needs is the first step to intercept the real needs of individuals and the community. In order to define and identify the health needs of an individual or a group of individuals, it is necessary to collect reliable, up-to-date and shareable information and data. What are the tools for assessing health needs? Health indicators, i.e. statistical data measuring the health status of a population (e.g. mortality rates, morbidity); health surveys: collect information on the health status and needs of a specific population; individual needs assessment: a process to identify the specific needs of an individual or a family (multidimensional assessment tools).

5. Life extension: lights and shadows.
Giancarlo Bracale

Life expectancy in the world in 2024 is 73.33 years (+0.22% from the previous year and 72.81 years in 2020), with significant differences between the various areas and socio-economic levels. Italy occupies 6th place (84.20 years), after Hong Kong (85.83 years), Japan, Switzerland, and others, almost completely recovering the loss of life years expected from the Covid-19 pandemic. The gaps between the northern regions remain (life expectancy in the Autonomous Province of Trento is a good 3.3 years higher than in Campania (80.90 years), last in Italy, despite being the land of the Mediterranean Diet and including a 'blue zone' (high concentration of centenarians) in Cilento (as in Barbagia and Ogliastra, in Sardinia). While life expectancy is lengthening, life expectancy in good health is much lower (59.2 years in Italy, lower even than the 61.0 years before the pandemic), with a progressive fall in the quality of life, with cardiovascular diseases, the main cause of morbidity and mortality, neoplasms, degenerative neurological and osteo-articular diseases, with progressive mental deterioration and disability, becoming increasingly common with age. Among the vascular diseases, in terms of incidence and severity, particular mention must be made of carotid stenosis, with the risk of stroke (the leading cause of disability in Italy), aortic aneurysms, which grow in size to the point of rupture, and diabetic arteriopathy of the lower limbs (over 3.5 million diabetics in Italy, up to 21% over the age of 75), the cause of over 7000 amputations/year, half of which are major. The diagnosis and treatment of thrombotic complications of the limbs, venous and arterial, arising in patients affected by Covid-19 (up to 31% in the most critical patients and long-stay patients in intensive care) presented particular problems. The development of imaging diagnostics (US, CT angiography, MR angiography, etc.) allows early diagnosis of these diseases and monitoring (carotid plaque type and degree of stenosis, calibre and morphology of the aneurysm, etc.), which is useful for appropriate and timely therapeutic timing, in aid of the clinical indication (symptomatic or not). Due to the evolution of techniques and materials, it is possible to prefer endovascular procedures, which are minimally invasive and more indicated in patients who are frail due to advanced age and high surgical risk.

Giancarlo Bracale, EAPE European Association of Professors Emeriti president

6. Motivations for life-long self-care: resources and obstacles in changing health behaviour.
Daniela Lemmo

Daniela Lemmo, researcher in Clinical Psychology

The lifecourse approach to health emphasises a longitudinal and cumulative view according to which the health trajectories that develop throughout life are the result of the interaction between man, nature and the environment and of the alternation of critical/sensitive periods that - by posing challenges and changes - can contribute to improving and/or worsening their quality. Vulnerability is defined as a lack of resources (physiological, cognitive, relational, emotional, economic, social, cultural and institutional) that can put individuals at risk of experiencing negative consequences at multiple (bio-psycho-social) levels, in response to stressful life events, thus reducing the individual's adaptive capacity. One of the main objectives in healthcare is to facilitate the ability of individuals to maintain and promote their health throughout their lives, even under conditions of chronic illness, as building skills and mobilising resources in self-care helps to reduce health problems and improve well-being. It is essential to promote, from an early age, an approach to life that includes self-care, respect for one's body and the environment in which we live, awareness of the importance of a healthy lifestyle, and the ability to adapt. From a health promotion and healthy ageing perspective, clinical psychology can play a crucial role in promoting engagement for healthy ageing through change factors such as motivation.

In health decisions, the construct of motivation offers a clinical theoretical framework to investigate what people desire and dislike or even fear, and how these desires, ambivalences and fears are transformed into goal-oriented behaviour.

According to Prochaska and Diclemente's Transtheoretical Model of Change, motivation is understood as a dynamic process that can fluctuate over time in relation to many interpersonal and intrapersonal factors. The main dilemma in the area of motivation for taking charge of one's own health and changing health behaviour such as adherence to medical treatments is ambivalence and the approach-avoidance conflict. Going through ambivalence is a natural step in the change process that cannot be separated from subjective concerns and perspectives. Motivational Interviewing (Miller & Rollnick, 2012) is a widely used and scientifically tested intervention method based on a supportive, collaborative and oriented counselling style that pays particular attention to the language of change and is designed to reinforce knowledge, motivation and commitment (goal-oriented) through facilitation and exploration of the person's own reasons for change. This contribution emphasises the collaborative nature of the method, which in recent years has been receiving considerable interest from public health and medical professionals to address other health-related behaviours, such as smoking, diet, physical activity, diabetes control, pain management, screening, sexual behaviour and medical adherence. Therefore, the use of motivational interviewing in health care settings should be implemented as a psychological intervention tool for the promotion of self-care in the different areas of life, starting from primary care contexts up to specific outpatient clinics, districts, advice centres, in preventive dietetics, in screening centres, at the outpatient clinics of general practitioners (GPs), paediatricians of free choice (PLS) and competent doctors.

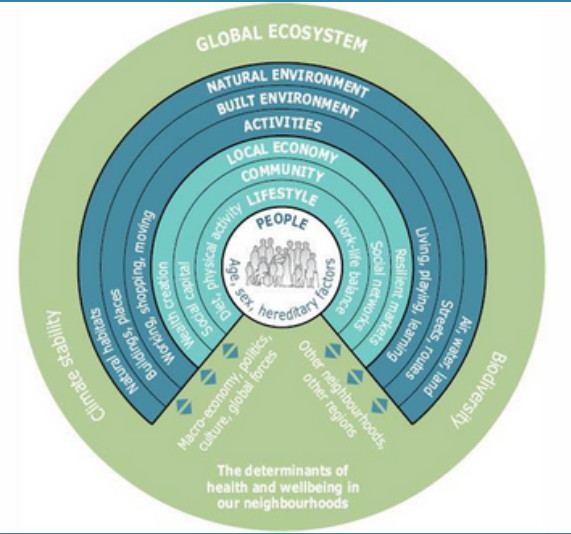
7. The environment as an enabler for health and well-being.

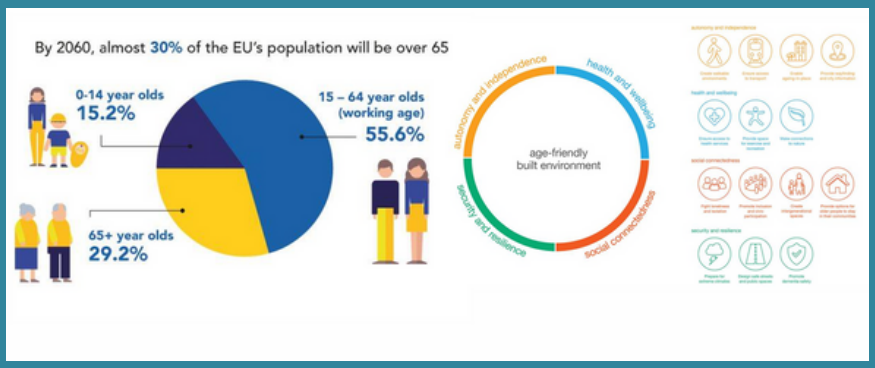
Erminia Attaianese

The current Community and national guidelines (PNC) and the new framework of collective prevention and public health promoted by the PNRR have highlighted, in a renewed perspective, the strong interdependence between health, environment, biodiversity and climate, in line with the 'One health' or 'Planetary health' approach. These connections make it necessary to rethink the built environment not as an aseptic, indifferent scenario, but rather as a habitat. The concept of habitat defines the relationship between the individuals of a species and the abiotic component of the environment in which the species lives, a sensitive context whose physical and environmental characteristics can allow the individuals of a given species to develop and evolve, guaranteeing quality of life. Indeed, the global challenges resulting from socio-demographic transformations and an ageing population, the pervasiveness of digital technologies and the ecosystem effects of climate change require, today and in the future, different organisations of the living space and its surroundings, capable of responding adequately to this changing and multifaceted scenario through the provision of human- environment-centred living environments. Conceiving the living space and its surroundings in a human- environment-centred way implies developing a multi-level and multi-organisation approach that integrates indoor and outdoor space design, combining accessibility and usability of the built environment with resilience to climatic and pandemic effects. The objective to be pursued is to guarantee multifunctional health-friendly, flexible and autonomous living contexts, which become collaborative and cooperative physical and social places able to position themselves, in the urban context, as a factor of environmental protection, in the awareness that this qualification represents a primary factor for the health of the population, especially the most fragile. Moreover, the recent definition proposed by the WHO, connects

Erminia Attaianese, Architecture Department professor

health to the individual's ability to adapt to the surrounding environment and to maintain his or her autonomy, aspects that depend directly on the built environment, on its level of adequacy with respect to people's needs and their health and well-being requirements. Meeting the various health needs today must be understood in a multiple perspective: dynamic, life-course and multigenerational, but also social and community, as well as individual and personal. The need to guarantee low environmental impact, "climate-proof" and "post-pandemic" living environments also poses the need to integrate person-centred and user-friendly qualities, with environmentally sustainable requirements and specifications of living spaces, in relation to health needs seen in a global perspective, which are also linked to the reduction of energy requirements, climate adaptation, responsiveness and self-sufficiency with respect to multi-risk conditions, in relation to the use of indoor and outdoor spaces by the occupants.





Leopoldo Angrisani, Engineering Dipartment professor

8. Digital technologies as a tool for inclusion: opportunities and risks.
Leopoldo Angrisani

In the increasingly interconnected context of contemporary society, digital technologies play a fundamental role in shaping the way we live, work and communicate. Crucial is to ensure that these technologies are tools of inclusion rather than sources of inequality. In this context, it is essential to examine the opportunities and risks involved in using digital technologies as a tool for social inclusion. Among the opportunities can certainly be counted:

- access to information. Digital technologies offer unprecedented access to information, opening the doors of knowledge to people of different age groups, educational levels and socio-economic backgrounds. This can help reduce the knowledge gap and enable disadvantaged individuals to participate more actively in the information society;
- enhancing communication and connection. Digital platforms foster communication and connection between individuals, creating inclusive spaces for people with disabilities or those living in remote geographic areas. The ability to interact through different digital channels helps to bridge distances and foster social inclusion;
- new job opportunities. Digital technologies have opened up new employment opportunities, enabling remote working and facilitating access to global markets. This can be particularly beneficial for disadvantaged groups, offering the chance to participate in the labour market without having to overcome geographical or logistical barriers.

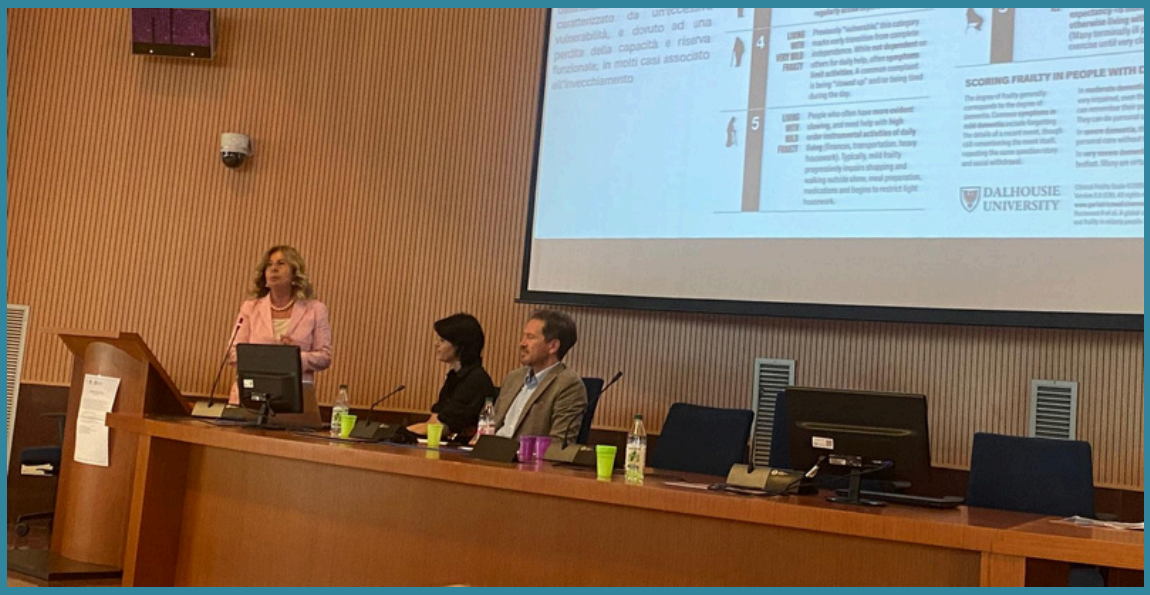
Among the risks can be considered:

- the digital divide. Not everyone has access to the same digital resources. The digital divide may accentuate existing inequalities, leaving behind those without reliable devices or connections. This could exclude entire communities from access to the opportunities offered by digital technologies;

- digital illiteracy. While digital technologies offer opportunities, digital illiteracy may limit the effectiveness of these resources for some people. Lack of skills in the use of technologies can contribute to perpetuating inequalities, marginalising those unable to take full advantage of them;
- exclusive use of technology/digital mediation. In some cases, the exclusive use of digital technologies may lead to the exclusion of groups who prefer or need non-digital alternatives. For example, older people or people with disabilities may find it difficult to fully adapt to a digital environment, risking feeling marginalised.

In conclusion, digital technologies present significant opportunities to promote social inclusion, but only if the associated risks are properly addressed. A balanced approach that considers accessibility, digital literacy and diversity of needs is essential to ensure that these technologies are true tools of inclusion for all, thus contributing to building a more equal and inclusive society.

9. Fragility downstream of the Pandemic: intergenerational aspects.
Maria Triassi



Maria Triassi, Public Health Dipartment professor

Frailty is defined as physical deterioration, characterised by excessive vulnerability, and due to a loss of functional capacity and reserve, in many cases associated with ageing. The concept of frailty has changed since Covid; it is now no longer linked to pathology, but to the structure of the individual, tested by vaccines viruses and whatnot. The data I am about to present to you, in fact, show a situation of frailty in Europe pre-Covid, which is certainly better than the current one. According to 2019 data in Europe, Italy, together with Spain and Portugal, holds the record for male frailty, the female population is relatively 'saved'. Focusing on fragility in Italy, there is a higher number of fragile males than females, while Campania, despite having a higher number of young people than other regions, does not rank among the top for absence of fragility. Since Covid, then, frailty is no longer a condition predominantly dictated by age, but many respiratory, cardiological, neurological, endocrine, hepatic and other diseases also affect the less elderly. The impact of the pandemic on frail patients has been devastating. The risk of ineffective vaccine response and mortality has been significantly increased in the frail population. There is now an urgent need to reorganise primary care in the post-Covid era. The health district must increasingly qualify as a basic reference point for the citizen, for all non-emergency health services and for all prevention activities. Therefore, a reorganisation of the Territorial Medicine is needed in consideration of the new Health Pact and the projects of the National Recovery and Resilience Plan. The reforms that should be made concern:

- Proximity health services, i.e. structures and standards for assistance in the territory: homogeneous structural, organisational and technological standards for territorial assistance and the identification of the structures assigned to it should be defined, as well as the new institutional set-up for prevention in the health, environmental and climatic fields;
- Reorganisation of the IRCCS network: i.e. updating the Ministry's research policies and strengthening the relationship between research, innovation and care.

A Community Hub House should be established every 40,000-50,000 inhabitants with multi-professional teams that can be a reference point for the population. It would be a proximity and easy-to-find physical location where the community can access the health and social care system. The CoC promotes an organisational model of an integrated and multidisciplinary approach through territorial teams. It constitutes the privileged location for the planning and delivery of health and social integration interventions'. Community Homes should, therefore, include:
-Multi-professional teams (GPs, PLSs, outpatient specialists, ...);
-Medical and nursing presence at least h12 - 6 days a week;
-PUA;
-Outpatient services for high-prevalence pathologies;
-Nursing services including the activity of the Family and Community Nurse (IFeC);
- Screening programmes;
- Link with the Community hub;
- Integrated booking system linked to the company CUP;
- Community participation and enhancement of co-production.

Prevention Departments should then be set up to 'promote actions aimed at identifying and removing the causes of harmfulness and disease of environmental, human and animal origin, through coordinated initiatives with the districts and departments of the local health authority and hospital companies, providing for the involvement of operators from different disciplines'. One department for every 500,000 inhabitants (maximum threshold), in order to guarantee the protection of collective health, pursuing objectives of health promotion, disease and disability prevention, and improvement of the quality of life. The functions exercised specifically are:
-Surveillance, prevention and control of infectious and parasitic diseases, including vaccination programmes
-Health and safety protection in open and confined environments
-Surveillance, prevention and protection of health and safety in the workplace
-Animal health and veterinary urban hygiene
-Food safety
-Consumer health protection
-Chronic disease surveillance and prevention, including promotion of healthy lifestyles and organised screening programmes; nutritional surveillance and prevention
-Medical and legal activities for public purposes.
In case of emergencies it becomes the technical-operational reference point between national, regional and local authorities.

The last element that should be integrated is telemedicine, which does not mean replacing doctors, but constant patient support without burdening the already heavy hospital load. The frail patient will need a doctor all his life, but one cannot think of continuous hospitalisation.

10. Lifestyles: a multidimensional approach to individual and collective health.

Sara Aprano

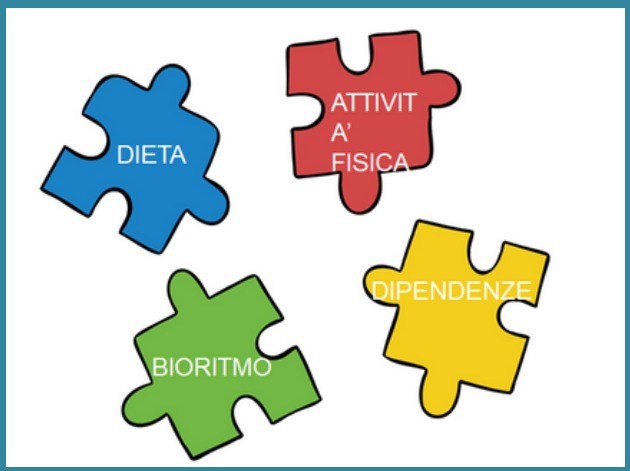
Sara Aprano, resident in the Department of Clinical Medicine and Surgery

The current epidemiological picture of chronic degenerative diseases calls for a focus on health promotion and prevention through the study of health determinants, i.e., the set of personal, socioeconomic, and environmental factors that impact health. The effectiveness of public health and therapeutic education intervention programmes, as well as the collaboration of the health system with other sectors of society, should focus on actions to address potentially modifiable determinants of health, not only those related to individual actions such as behaviour and lifestyle, but also factors such as income, social status, education level, employment and working conditions, access to appropriate health services and the physical environment. The combination of these factors creates different living conditions that have an impact on health. The most important lifestyles for health are those related to the four risk factors included by the World Health Organisation (WHO) in its strategy (2006): physical inactivity, cigarette smoking habits, unhealthy diet, alcohol abuse. One of the first goals for health promotion is health education, i.e. the set of consciously constructed learning opportunities aimed at improving health literacy, increasing knowledge and developing life skills that contribute to the health of the individual and thus the community (Life skills education in schools. WHO 1993). Life skills are the personal, interpersonal, cognitive and physical skills that enable people to control their environment and modify it. The WHO places health education for chronically ill patients among its care priorities. As part of education and health promotion,

The UNESCO Chair in Health Education and Development at the Federico II University of Naples, represented by Prof. Annamaria Colao, has as its objectives

- Health education through information and training of citizens by means of scientific dissemination events on lifestyle, prevention techniques and access to treatment, with respect to economic sustainability;
- The promotion of prevention initiatives in the field focusing on non-communicable pathologies (e.g. obesity, diabetes and metabolic syndrome, cardio and cerebrovascular pathologies, respiratory, neoplasms and neurodegenerative diseases, infectious diseases and the role of vaccinations), to be organised in the form of 'Health Campuses' (specialists and diagnostic tools in the squares of large cities), educational campaigns in schools, dissemination and education in the area of the Mediterranean diet as an example of a biopsychosocial model.

As a result of the above, the achievement of adequate health education requires, first-hand and community involvement. Involvement can extend to a large-scale collaboration with the participation of national institutions, e.g. with outreach and education or research activities, as well as the involvement of the third sector.



11. Vulnerability and fragility decline in a thousand different contexts.
Rosa Ruggiero

They belong to all ages, to men as well as women, to children, to all social classes, they are, so to speak, 'transversal phenomena'. The impact of fragility is to be stemmed with targeted actions, at social, health, psychological level, to varying degrees in relation to the specific type of vulnerability and fragility.
The methodology of 'taking charge' is similar, and consists of:
1) decrypting the actual need;
2) identification of the most effective and appropriate "taking charge" modality;
3) implementation of appropriate measures to meet the need;
4) step-by-step evaluation of progress;
5) closure of the case management process, i.e. stabilisation of constant and periodic interventions.
Chronic diseases are the most common causes of frailty. Correct forms of prevention could already represent an important tool for reducing their number (anti-smoking campaigns, incorrect diet, e.g. with consequent more or less disabling respiratory pathologies, or overweight and obesity).
A correct territorial takeover of frailty is fundamental, between general medicine and territorial districts, to promote correct lifestyles and detect frailty as early as possible, assigning to each case the right professional, the right pathway, adequate resources for the correct governance of vulnerability.

Rosa Ruggiero, dirigente ASL Na1

12. Living labs for healthy and active aging. eGEA living lab

Maria Cira Improta

Maria Cira Improta, eGea testimonial

I am a retired teacher and I met Professors Iaccarino and Illario during Covid when I learnt of my health problem. Once I got over the most difficult phase, that of therapy, I joined the AFA Programme and took part in the workshops proposed by Prof. Iaccarino. I was fragile at the time and agreed to follow this path so that I wouldn't feel alone and to get moving again. With them, I resumed the physical activity that had always been present in my life, but not at that moment, and I accepted to participate in meetings and classes that were useful for the moment I was living. We also do physical activity at home thanks to the support provided by Prof. Iaccarino and artificial intelligence. The workshops, on the other hand, range between different disciplines: nutrition, psychology, wellness, fall risk, etc. We also participate in conferences. What is crucial, is to be available and open to this approach, many friends, for example, did not want to follow me on this path because they do not want to accept frailty and the ageing process, they prefer to stay at home, watch TV and are afraid of the disease itself. By participating in the lessons and the Adapted Physical Activity plan, I realised, on the contrary, that one should not be afraid of the disease, but face it.

12. Focus on youth: schools' point of view.
Guglielmo Chinese e Mario Punzo

The round table, from left, Elisabetta Riccardi, Guglielmo Chinese, Mario Punzo, Giuseppina Mansi, Maria Cira Improta, Giorgio Cellurale

Guglielmo Chinese

The ITS BACT Foundation is a Higher Technological Institute, whose areas of competence are Tourism and Cultural Heritage. Our target group is young people, which includes the age group, roughly speaking, between 20 and 30. This age group is characterised by major personal and professional transitions, which can expose individuals to various forms of vulnerability. Addressing these challenges requires a multidimensional approach involving psychological support, academic and social resources. Uncertainty about the future, difficulty in achieving goals, whether academic, professional or financial, and estrangement from family and friendship contexts give rise to a strong sense of weakness, insecurity, and dissatisfaction that leads to progressive isolation and closure towards external society. Educational institutions need to take a proactive approach in recognising and addressing vulnerability. This may include training staff on how to identify signs of distress, promoting a culture of inclusion and implementing pro-mental health policies. Addressing vulnerability among students in their 20s and 30s requires a holistic and multidimensional approach. By combining psychological support techniques, social support programmes, skills development and integrated, preventive and personalised approaches, it is possible to create an academic environment that fosters students' well-being and resilience. Educational institutions, together with families and the community, play a crucial role in providing the necessary resources and support to help these young people overcome difficulties and reach their full potential.

Mario Punzo

In recent decades there has been, especially in Japan, but now also here, the Hikikomori phenomenon, putting oneself aside. My generation experienced gaming as something momentary in the day, it was not part of life, but a moment separated from reality. Today by games we mean comic books, video games, board games, role-playing games, and for kids entertainment takes on a different role, it represents a sort of confusion between play and reality. The phenomenon has increased so much in recent years that in Italy alone it has reached at least 100,000 youngsters and thus aroused public interest. These are young people between the ages of 17 and 18 who decide to isolate themselves from life either partially because they continue to have lunch and dinner with their families, or totally because they have their parents bring food to their room, or they sleep during the day and live at night. It is mistakenly believed that the basis of this phenomenon is video game addiction, but this is not the case. It is a confusion between reality and estrangement from it. It arises from social, school or family pressure based on the expectations the family sets for itself. It can come to an end or last a lifetime or even reoccur during the course of one's life on the occasion of certain episodes. My role as a game operator has brought me closer to this world to try to understand young people.

3. Focus on university students.

Antonino Esposito

When it comes to university students, it is imperative to broaden the analysis to the entire 18-25 age group, which accommodates a large proportion of university students experiencing a phase of life characterised by significant transitions and new challenges. This period, often referred to as the 'emerging age', is a crucial time of development when individuals make the transition from adolescence to adulthood, taking on more responsibility and making important choices for their future. During these years, young people face substantial changes in various areas of their lives, such as starting university studies, often related to moving to new cities, entering the world of work and exploring new personal and social relationships.

However, age 18-25 is also a period of increased vulnerability. University students, in particular, may face significant pressure related to their academic commitments, financial problems and family and personal expectations. These challenges can put a strain on their emotional and mental balance, making them more susceptible to disorders such as anxiety and depression. In this context, it is crucial that students develop stress management strategies and adopt a balanced lifestyle. This means finding the right balance between study and leisure, cultivating their passions and devoting time to activities that contribute to personal well-being. Promoting mental health and general well-being during this crucial phase can help students successfully overcome the challenges of university life and prepare for a stronger professional and personal future. Focusing on the condition of medical students, we see that this is characterised by high levels of stress and academic pressure. Epidemiological studies in different societies show that Burnout affects between 25% and 50% of students, manifesting itself in emotional and mental exhaustion, feelings of disillusionment, and decreased personal effectiveness (Bhugra, 2021). This condition can interfere with learning and developing clinical skills that are essential for their careers, as well as impairing the ability to interact empathetically with patients. Burnout, if left untreated, can lead to serious mental and physical health consequences, including anxiety and depression. Students often hesitate to share their Burnout experience for fear of being stigmatised or judged. This silence can lead to feelings of isolation and sometimes to dropping out of studies. To prevent Burnout, it is crucial that students adopt a balanced lifestyle between study and leisure and it is essential that academia accommodate them appropriately by structuring a set of active policies to assist students in this process. Dedicating time to one's passions and interests outside studies can provide an outlet and an important source of well-being. Cultivating social relationships and maintaining a good routine of physical activity and healthy eating helps improve quality of life and maintain motivation. Attending well-designed and well-functioning environments to stimulate well-being is also essential, which is why it is necessary to invest in hospital-university facilities that are suitable for the lives of students and the academic community as a whole, offering dedicated spaces for rest and relaxation and wellness programmes. Ultimately, encouraging students to develop balanced lifestyle habits from the outset can help prevent burnout and promote long-term well-being.

The support programmes and resources provided by university institutions can play a crucial role in helping students cope with challenges and maximise their potential during their university years.
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Giorgio Cellurale

Participation in the conference 'Vulnerability and fragility throughout the life course: innovative approaches to intergenerational dialogue for health promotion' gave us the opportunity to discuss various aspects of health promotion in relation to the continuous changes that can improve or worsen the quality of health during the various stages of life. Among the various topics, it emerged how much the environment in which we live can make a difference for each of us and changes during the course of our lives, reflecting our changing needs. Of great interest was the focus on the vulnerabilities of university students, which gave the students present the opportunity to feel that their needs were being listened to. It was a moment that made it possible to give voice to university fragilities, also enabling the promotion of services such as the SINAPSI university centre. Particularly appreciated was the involvement of students during the conference; involvement that took place from the beginning - when we were asked to participate in a questionnaire on the meaning we attributed to fragility - to the end - with debates between speakers and students. Among the most appreciated moments was an interactive break during which a psychologist introduced the participants to mindfulness and, afterwards, a personal trainer illustrated some exercises, mainly stretching exercises, which were also very useful to be repeated independently during study breaks between lectures, given the sedentary lifestyle we often lead due to the hours spent studying. The handling of this break was particularly appreciated because it provided tools that could also be used independently in the future and, moreover, was perfectly in line with the objectives of the conference, which were realised in a practical way in this break. Finally, the speech by a priest who, in informal language, reached out to all students, illustrating with personal experiences the importance of social inclusion and equal rights for citizens, especially the youngest, was very moving. It was precisely the youngest who were the most impressed by this last speech, so much so that they open-heartedly expressed their own life experiences and how, thanks to the world of video games, they had found alternative strategies they needed, independently. The discussion with the students of the Italian Comix School was also very interesting. Nicolò Silvestri was the spokesperson for the 4 young people who took part and, when the round table was closed, he told me: 'We will take home a good experience with respect to the topics tackled and the attention paid to these topics, because as I said during the debate we do not always pay the right attention to these issues. A small negative note might have been the low participation of the young people present, which was a pity, because it was really about us. Our presence, as Comix students, I hope served to make them realise that the world of video games is a truly effective tool to combat all the 'monsters' that arise in the minds of young people.

The conference as a whole was well attended by the students and this is attributable to both the importance of the topics covered and the inclusion of the students themselves during the various activities.

14. Focus on gender-based violence.
Elisabetta Riccardi

"Any act of violence directed against the female gender which causes or is likely to cause physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life" (United Nations Declaration 1993). ISTAT data show that 31.5 per cent of women aged between 16 and 70 (6 million 788 thousand) have suffered some form of physical or sexual violence in their lifetime. The quantification of the phenomenon and its incidence in society, together with the dissemination and knowledge of this information, is in itself already a prevention action. Knowledge of the features characterising the phenomenon, its determinants, as well as its consequences, the most effective methods of intervention and the most frequently encountered obstacles go 'to fill those gaps that often make political action against violence difficult and hinder the spread of a social awareness of the problem' (Sgritta, 2007). The Italian Centres for combating violence against women are for the most part traceable through the 1522 telephone number that allows women in case of difficulty to contact the nearest Centre or Counter. According to ISTAT data, 60,751 women contacted anti-violence centres at least once in 2022, an increase of 7.8% compared to 2021 and 39.8% compared to 2017. Slightly more than 26,000 women in 2022 are facing their way out of violence with the help of one of the 385 Anti-Violence Centres (CAVs) distributed throughout the country. As far as the city of Naples is concerned, 887 women from December 2022 to April 2024 turned to the city's five anti-violence centres managed by women's and feminist associations. The direct experience of the centres that are part of the 1522 network confirms that violence against women occurs mainly within family relationships. It is important to point out that it is a violence that, in different forms and proportions, involves women of all social backgrounds and cultural levels. For various reasons, violence that occurs within the family environment is the most complex to deal with, as it tends to include several forms of abuse at the same time: physical abuse, psychological, sexual, economic and sometimes even spiritual violence. Moreover, it presents itself as a protracted phenomenon that tends to become almost a daily occurrence and causes not only physical harm but also serious mental health consequences (anxiety, depression, post-traumatic stress disorder). There is also another difficult factor: women who suffer violence for years end up considering it inevitable and deny it to themselves, relatives, friends and doctors. The activity of the centres aims at identifying women's needs from the perspective that they relate to relational, cultural and political dimensions and require adequate and timely responses. The function of the Anti-Violence Centres is to contribute to the theoretical elaboration and practical application of culturally innovative intervention models, free from mere welfarism and oriented instead towards the experimentation of methodologies and tools designed and implemented from a gender perspective.

The Centres support individualised paths that support women's autonomy through psychological and legal support, job training, the search for employment and, where necessary, access to housing that can guarantee the woman and her children an independent and dignified life. The awareness-raising action that the Anti-Violence Centres carry out through information campaigns and cultural activities (seminars, national and international conferences, theatre, music and film shows, etc.) is also fundamental. A specific strength of this awareness-raising action is the one that is carried out in schools through courses on gender-based violence, bullying and aggressive behaviour. Working on the basis of the dissemination of a culture that enhances subjectivities, fostering relationships and overcoming stereotypes, makes it possible to foster a prevention that stems from a whole, intrapsychic development of new self-perceptions and relational selves, enriched by shared experience (Riccardi, 2013).

15. Focus on post-partum depression.
Giuseppina Mansi

Birth is not always a time of joy for the whole family. Some babies, in fact, as soon as they are born, already struggle to survive and need complex and advanced care to embark on their life journey. These are the babies admitted to the Neonatal Intensive Care Unit. To them is dedicated the Associazione Soccorso Rosa-Azzurro Onlus, a non-profit organisation of social utility, which for 20 years has been concentrating its resources and all its efforts on improving the care of little patients who have just been born and whose lives are already in danger.
The constant updating of technology and the integration of electro-medical equipment are fundamental to the Neonatal Intensive Care Unit of the AOU 'Federico II' of Naples and the Neonatal Emergency Transport Service of the Campania Region, but hand in hand with the integration and upgrading of electro-medical equipment, there is all the support activity reserved for parents, and in particular the mothers we meet on the ward. Parents are accompanied and supported alongside the cots from the moment their child is admitted to the NICU, creating a protected welcoming dimension for them. We build together a space of containment for their emotional experiences, so that they can start a correct and early processing of the negative emotions that this experience necessarily entails. In a study we conducted, we observed that one year after the NICU experience, the mothers of the young patients suffer from post-traumatic stress disorder. Our mothers are clearly under extremely high emotional stress, on a par with any other event considered traumatic. When these same mothers return for outpatient appointments and are asked whether they have suffered from postnatal depression, the answer we systematically get is: 'I haven't had time'. This, of course, represents a considerable difference from the mothers of healthy, full-term babies, in whom postnatal depression is more likely to be found. According to data from the Ministry of Health, the incidence of postpartum depression (DPP) or puerperal depression ranges, with varying levels of severity, from 7 to 12 per cent in new mothers. The disorder generally begins between the 6th and 12th week after the birth of the child. Very often, the initial signs and symptoms of postnatal depression can be confused with 'Maternity Blues', which, however, generally resolve themselves within a short time. The substantial difference can be found
in the onset and duration of symptoms. Facing life changes during and after pregnancy and caring for one's baby requires enormous physical and emotional resilience. Postpartum depression in recent years is a psychopathological condition that is increasing exponentially in young mothers.

La storia di Michela e della sua Depressione Post-Partum

Michela is 30 years old and has been living with Luigi for 7 years. She has just graduated from university and the birth of her first daughter, born healthy and full-term, coincides with the start of her job. Michela, has a six-week-old daughter, healthy and born at full term. She turned to a psychologist because she was experiencing symptoms of post-partum depression. Her malaise started immediately after giving birth. Michela gave birth by emergency caesarean section and very early on experienced feelings of guilt for not being able to give birth to her daughter naturally. In addition, she was unable to breastfeed due to a health problem and felt even more inadequate as a mother. The constant presence of her parents to help her with the baby makes her feel trapped and inadequate (suffocated and incapable). She is unable to express her disagreement in the presence of her parents so as not to hurt them and begins to feel lonely and isolated. Recurring thoughts arise that she is not a good mother and cannot take care of her daughter. These thoughts make her feel even more depressed and isolated. Michela seeks help to overcome her postnatal depression and regain confidence in her abilities as a mother. During the first sessions, she was able to express her worries and fears about her postpartum experience. Together we learnt to recognise and address her negative thoughts regarding her ability to be a good mother. We worked to identify the causes of her postpartum depression and to find new ways of managing her emotions and coping with daily challenges. The integration of psychological therapy with antidepressant medication reduced Michela's symptoms of depression, improving her mood and her ability to care for her daughter. As time went by, Michela began to have more confidence in her abilities as a mother and to appreciate her role in her daughter's life. She learnt to ask her parents for help and support (when needed) without feeling guilty or trapped. Over time, she began to have more energy and motivation to carry out her daily activities, such as taking care of the house and the child, and she started to participate in social and recreational activities, and began to cultivate her passions again.
Thanks to psychological and family support, Michela was able to overcome her post-partum depression and recover her self-esteem. She learned to better manage her emotions and appreciate the beauty of life with her daughter, managing to have a healthier and more fulfilling relationship with her.

Conclusions

The workshop provided an important opportunity to reflect on issues that, as the morning's proceedings revealed, are too often not dealt with properly. The key words of the meeting were:

- ATTENTION. Each of the focuses discussed requires more precise and timely attention from the professionals involved in various capacities. The population is getting older and older, but even the younger part since the Covid era is no longer exempt from pathologies, as Prof. Bracale and Prof. Triassi pointed out. Dr Marro pointed out the necessary criteria on which the socio-healthcare approach to health must be based:

-Recognising the interconnection between health and social factors,
-Focus on the promotion of health and well-being
-Recognise the collaboration of different sectors: health, social services, education, environment and work,
-Fostering a holistic and personalised approach to personal care.

- **SENSITIVITY:** The numerous focuses discussed during the morning highlighted different fragilities and vulnerabilities at any stage of life: young people are fragile, harassed by performance, personal and parental expectations, and goals to be achieved; women are increasingly subject to post-partum depression or gender-based violence; adults are often subject to depression triggered by numerous personal or work-related factors; the elderly are vulnerable not only in terms of health, but also in terms of loneliness. The common society, understood as the set of professions and people who revolve around our lives, can do much to counter these phenomena or at least support people in difficulty. Community houses, prevention departments, structures closer to citizens that can assist them more quickly can be set up, just as much can be done by telemedicine, as Prof. Triassi explained. We can increasingly expand reception centres for mothers who have their children in intensive care, because assisting them, accompanying them on this difficult journey and supporting them is of fundamental importance. It must be understood, and this is an increasingly evident social problem, that women who suffer violence are alone and this must not happen. The function of Anti-Violence Centres, as Dr Riccardi explained, is to contribute to the theoretical elaboration and practical application of culturally innovative intervention models, free from mere welfarism and oriented instead towards the experimentation of methodologies and tools designed and implemented from a gender perspective. Lastly, volunteers who can accompany doctors, families and carers in the difficult task of caring for the elderly, who are sometimes bedridden, very often alone, with pathologies of various kinds that make their daily lives complex.

- **INTERGENERATIONALITY**: Life is a closing cycle: those who helped when young, must be helped when old. Intergenerationality can play a very important function in the life process, because it can make those who have the strengths support those who are weaker, but at the same time, those who have the experience can pass it on to those who do not yet have it. Different generations can support each other, learn from each other and solve together many of the fragilities and vulnerabilities that emerged during the workshop. Intergenerationality is the synthesis of ATTENTION and SENSITIVITY: a young person can be a car giver, he can keep a lonely elderly person company; an elderly person can listen to a teenager in difficulty and, with his experience, accompany him by helping him to overcome difficulties and fears.

More and more spaces should be identified where young people and adults can meet, discuss, compare notes, in an osmotic enrichment. It would be an opportunity to learn to understand each other more and also respect each other more, creating an integrated, healthy and active ecosystem.