

marco mazzi - MATERIALS 00 - Internet War.

materials 00/01

[Iraq, with a territory that is wedged between the Middle East and Asia, winds through a region linked to ancient pages of history. Mesopotamia, the cradle of ancient civilizations, has been inhabited by peoples, such as Sumerians, Babylonians and Assyrians, who have left indelible traces. Here the Code of Hammurabi was drawn up, one of the oldest collections of written laws. In this land the faith of Abraham was born and the first prophets preached. Here Islam experienced the first dramatic division between Sunnis and Shiites. The recent history of Iraq, where Pope Francis' apostolic journey is scheduled from 5 to 8 March next, is also shaken by events and dramatic conflicts. Since the twentieth century, oil wealth has been the main economic vector of the Gulf country. But precisely these riches were also the origin, and at times the cause, of wars and suffering. The first Gulf War is one of these painful pages in Iraqi history. It is the summer of 1990. Two years have passed since the end of the bloody conflict between Iraq and Iran, which cost the lives of at least one million people, according to some sources. The war, which lasted eight years, caused enormous damage to the economies of both countries. The Iraqi population is exhausted and unemployment reaches unsustainable levels. In 1990 Iraq, which contracted over 70 billion dollars in debt to other Gulf countries to finance the war against Iran, was on the verge of bankruptcy. Among the creditor countries that demand the repayment of the sums disbursed, there is also a small state, Kuwait. For the then Iraqi president, Saddam Hussein, that debt must instead be canceled. He claims that Iraq fought against Iran in defense of the entire Arab nation and the Gulf countries. Saddam Hussein not only refuses to pay off the debt, but accuses Kuwait of illegally extracting Iraqi oil from some wells on the border during the period of the conflict between Iran and Iraq. The accusations are formalized in a letter sent to the Arab League on July 15, 1990. A few days later, we pass from words to military action. On August 2, 1990, Iraqi tanks invade Kuwait City. Thus began the first Gulf War. On August 2, 1990, Iraqi troops cross the border and quickly occupy Kuwait, a small country with rich oil reserves. After the invasion, the Emir of Kuwait asks for the intervention of the United States. The Iraqi president at the time, Saddam Hussein, proclaimed the annexation of Kuwait, which he also declared the 19th province of the country. The annexation is not recognized by the international community. On 6 August the United Nations Security Council votes a first resolution for the embargo against Iraq. On November 29, the UN Security Council approved resolution 678, authorizing, starting from January 15, 1991, the use of all means necessary to force Iraq to withdraw its troops from Kuwait. Ultimatum expired, a coalition led by the United States starts military operations. It is the night between 16 and 17 January 1991. The largest international military operation since the Second World War opens. The air campaign, which began that night, renders crucial Iraqi infrastructure unusable. On February 23, the ground operation for the liberation of Kuwait begins. A few days later the

last stages of the conflict are experienced. On February 27, Iraqi troops begin to leave Kuwait. And on February 28, 1991, the then American president, George Bush, proclaimed a ceasefire.

the day military operations end.

It's February 28, 1991. It's

Iraq accepts UN resolu-

tions. The then US president, George HW Bush, addresses the nation. He declares that Kuwait has been liberated and that the objectives of the allied forces have been achieved. The war, adds the American head of state, is "behind us". But the toll is heavy. The first Gulf War is estimated to have cost the lives of over 5,000 civilians, at least 30,000 Iraqi soldiers and about 500 US-led coalition soldiers. The Iraqi government does not collapse and Saddam Hussein's regime survives for another 12 years. The conflict, which ended on February 28, 1991, also leaves open the wounds that will lead to other tragic pages, such as those related to the second Gulf War, which began on March 20, 2003.

There are several films and novels that have inspired by the first Gulf War. As Silvia Giovanrosa recalls in her profile, among the most significant we can remember the film "Bravo Two Zero", based on the autobiographical essay of the same name by Andy McNab. The author is a former Marine of the British Special Air Service and commander of the Bravo Two Zero patrol. The mission entrusted to him is to sabotage Iraqi telephone lines and discover the location of the missile launchers. The mission will be a failure: some soldiers will die, others will be missing and McNab will be captured and tortured.

The film, like a documentary, describes, in great detail, the horror of war. Another autobiographical novel, of which the film version has been produced, is "Jarhead". It is the story of a young soldier who left for Kuwait, who finds himself living the war without fighting it. He and his companions are often employed in heavy training in the desert. They will go home without ever having fired a shot. But they were able to reflect on what they left behind and which, due to the war, has been definitively lost.]

materials 00/02

[The gravity of the situation cannot be minimized in any way, but it remains to be asked whether "the most adequate response in the face of such a provocation is to encourage people to take their own life". Hence the relief that the Pontifical Academy for Life, in a Note, moves to the news of these hours concerning the first patient to have obtained the green light to medically assisted suicide in Italy, a man paralyzed from shoulders to feet for 11 years due to a traffic accident in the car. At the end of a long process, it was the opinion of the Ethics Committee, following verification of his conditions through a group of medical specialists appointed by the Marche health authority, to confirm that all the requirements for legal access were met. to assisted suicide.

The matter is delicate and controversial, the PAV premise and the suffering caused by a pathology such as quadriplegia is certainly understandable. But one wonders: "the legitimization" of principle "of assisted suicide, or even of consenting homicide, does not pose any questions and contradictions to a civil community that considers the failure to assist as a serious crime, and is ready to fight against the death penalty? Painfully confessing one's exceptional inability to heal and recognizing the normal power to suppress, don't they deserve more worthy languages to indicate the seriousness of our oath to take care of our suffering humanity? Is all we manage to express the request to make the gesture of our mutual suppression normal?"

According to the PAV, there should be other ways for a community to take responsibility for the life of its members, favoring the consideration that life itself has value. First of all, "accompaniment - as happens with palliative care - that takes on the set of multiple personal needs in these very difficult circumstances", also in-

cluding the possibility of "suspending treatments considered disproportionate by the patient".

From the information we have it would seem that with this positive opinion the assisted suicide procedure must be concluded. Here, we probably do not have the certainty that this really happens in the absence of specific legislation, especially as regards the medical treatment that should accompany the sick person to death. I would therefore believe that it would be necessary to wait even before evaluating whether this possibility of assisted suicide can occur in the short term without specific legislation. Undoubtedly, the Constitutional Court, in the sentence two years ago (no. 242 del 22 November 2019, ed), had admitted the possibility of assisted suicide with a whole series of conditions that ad today we are unable to verify. I therefore allow myself only to express the drama of the situation and that death was considered only the possibility of solving a problem.

In these moments it is always difficult to comment. Surely, ours is not a judgment on the person, no one can in fact allow himself to judge a sick person who arrives, because he is desperate, to want his death. I can imagine that one of the causes that leads a person to decide to die is loneliness. Not being part of a network of people, of families can be a contributing cause of despair. The defeat is first of all for our society which is unable to be close to people and to convey meaning even in a difficult situation such as that of a sick person who cannot move. Every life has a meaning. Sure, people can figure it out for themselves but it's not easy. We need people who reaffirm day after day that that life has a great meaning for those who live with the sick. If this intimate relationship, of compassion, of friendship is missing, life is inevitably difficult to understand and people can come to want to die.

It is also up to the community to find meaning in one's life or to be able to recognize and rediscover meaning. Leaving people alone in their decision also seems a bit cruel to me. Loneliness creates coldness, despair. Being close and not feeling judged but accepted certainly gives great hope and in hope there is also a meaning. This does not only concern those who are in a precarious state of health, but in general all of us for whom in desperation any way out becomes a solution, even death. It is necessary to increase as much as possible networks of families who also have the task of intercepting situations of desperation in order to freeze such extreme solutions. Everything must be done with a view to welcoming, as Pope Francis teaches us, respecting the freedom of everyone, but that it is an effective, conscious freedom, that you arrive at making decisions after an intimate dialogue that allows you to understand that life has many aspects and many of these can be lived intensely although in a situation of great difficulty. We have to go back to talking to people, to meeting them.

We live in an age where it is difficult to restore the 'village', but we must strive to recreate the quality of those relationships knowing full well that they also had problems, yes, but that allowed them not to be alone. Finding new forms of interpersonal relationships that could be lived centuries ago.

Definitely, one thing we need to avoid today, even we who are called to express considerations is groped to force our communities to take a position. If we now begin to emphasize the question, without a true critical spirit and reiterating that each case is different from the other and that situations can never be compared, we induce a simplification of the problem. Attempting to create - as perhaps the Coscioni association wants to do - a public question on such a personal matter, in my opinion, is a huge mistake both for the patient in question and for the community, but above all for the common good. Because assisted suicide cannot represent a common good but is on the contrary a defeat for the community. It is up to us to talk about this issue responsibly, trying to highlight as much as possible that each case is unique and that it is therefore dangerous to proceduralize death.

Bringing the category of procedure to death is truly something dramatic and cruel.

Now, we

should expect a parliamentary debate on this issue. This worries me not a little because, if it is done without the precautions I mentioned earlier, our community will be divided in an evident way, because everyone is afraid of dying and suffering. The lack of delicacy on this issue will create a spirit, close to the Christmas, gloomy. We hope to be able, even in our narrative, to highlight the beauty of life, but not of an abstract life but of a concrete one. A society that pushes people to die is a society that loses in hope.]

materials 00/03

[" Let me go now." David had almost made it . He had convinced the Swiss doctors to start assisted suicide : " I am tired of this pain, it never leaves me, they could put out a cigarette on my legs that I would not notice ... Enough! When I saw that DJ Fabo had made it I envied him. At least he was free , " he told the man in the white coat who listened to him. She smiled at him. She passed a hand on his shoulder in a kind of caress. But in the end Davide had to wait one more time night: " We can't do it in the evening, because then we have to call the police... and the agents ask us not to call them even at night ".

It will be today, Thursday, therefore, unless Davide changes his mind at the last minute: he will get ready in his room, the doctor will fix the cannula, then Davide sucker à il Pentobarbital. After a few tens of seconds he will slip into sleep which in about ten minutes will lead him to death (this article was written in the night between 13 and 14 April. Then, in the morning, the confirmation of David's death, read here).

He doesn't call it that, he says " vacation ". " It took me a long time to make up my mind ", said Davide who until 1993 was a bartender near Massa. He left his story written in a last letter: " My name is Davide T., I am 53 years old, I am ill with multiple sclerosis. For the first few years in a more tolerable form, then, the " bitch " was transformed into the "more bitchy " form : the secondary progressive. Over the years, I've really tried them all, from interferon, first the weekly one, then the one I self-injected (then my hands worked!) Every two days, then the horrible chemo period began! I have tried them all. I was one meter and ninety-two tall and now I have become a scrawl with long legs, hunchbacked almost to the ground, but above all excruciating and truly unbearable pains 24 hours a day.

Now I spend every day, absolutely everyone, either in the bathroom on the toilet, or on the bed in some way, with the opium-based pill to try to calm the pain ".

It sounds like the hopeless message from a man who can hardly move anymore, who has to struggle to say every word. But is not so. Davide continued to joke until this morning. Like when he asked for his last supper last night: " You don't want to starve me to death. " Or when he got out of the car and noticed that he had punctured the rubber of his wheelchair: " Damn, I forgot the pump at home! ". And Mina Welby: " If you want to go back for it, we'll take you home again ". Davide had no doubts: "No, no, no". Already, by now he has decided.

It's like it's already gone. " It took a long time, but now I'm sure ", the physical pain in the end was stronger than the fear of death. And of the thought of leaving his mother Anna alone who has assisted him over the years: " I know it's hard now - he said last night - but if you really love me, you too hope that I stop suffering like this".

There aren't many left with Davide, he tells you without rancor.

The girlfriend who followed him for the first few years is gone, many of the friends have drifted apart. It is difficult to live with suffering for too long. Davide thought about it for a long time in the Massa apartment, with the window overlooking other buildings. Then a few months ago he asked his mother to contact the Swiss clinic of Dignitas. He had

been waiting since December. He followed the last hours of DJ Fabo knowing that soon it would be his turn too . " I just can't take it any-more, without any prospects, every day I'm definitely worse than the day before, and after a very long reflection I decided to go to Switzerland for assisted suicide. I have to enormously thank the Luca Coscioni Association, which raised funds to help me with my shopping ". Davide wanted to reach his destination and never go back: " I very much hope that Italy will become a more civilized country, finally making a law that will allow us to put an end to enormous suffering, without end, without remedy, at home , near to loved ones, without having to go abroad , without excessive expenses . I also hope that legalization, or at least the therapeutic use of marijuana, will soon arrive in Italy. I am, living in Tuscany, among the few in Italy to promptly receive my marijuana maps through the ASL , with a doctor's prescription, and I know its benefits very well, fortunately I have been very familiar with the great for almost 20 years. " Dowries " of Mary. Soon I will leave for my long-dreamed " vacation " ! Hurray. Health for all and above all a lot but a lot of serenity for everyone ". Who knows what Davide's holiday will be. He sees nothing: " Because I do n't believe in God, I'm an atheist. But it will still be a liberation " .]

materials 00/04

[Protecting the human rights of all those who live in contact with the sea is the joint commitment for which the Holy See and FAO work in support of seafarers engaged in the fishing sector and their families. Despite the efforts made to implement conventions and agreements concerning working conditions, safety at sea and illegal, unreported and unregulated fishing, fishermen and workers in the sector are still victims of exploitation, forced labor, slavery and trafficking.. A condition that mortifies the dignity of man and with it every possibility of authentic social and economic development. Pope Francis observes in his Encyclical " All Brothers " that only " when the dignity of man is respected and his rights are recognized and guaranteed, does creativity and enterprise flourish and the human personality can deploy its many initiatives to favor of the common good ". It is to call attention to the condition of sea workers that Stella Maris, at the Dicastery for Promoting Integral Human Development, the FAO and the Permanent Observation Mission of the Holy See to the FAO, the Ifad and the Pam, promote the Conference on November 22 on the theme: " Stemming the tide: together we can stop human rights violations at sea ", or " Stemming the tide: together we can stop the violations of human rights at sea". A necessary reminder also to in the face of the worsening of working conditions at the time of the pandemic, which directly affects the fishing and aquaculture sector, affecting the health of workers and hindering socio-economic development. Prevention and control measures have influenced trade of fish, created changes in consumer demand, generated logistical problems around distribution channels and access to markets and fishing areas. limited year the availability of migrant workers. Factors that reduce the income of workers in the sector and of communities that depend on fishing, and that can favor the reduction of the budget for food - with an impact on food insecurity and malnutrition - the increase in child labor and the level of nutrition of women for loss or reduction of income.]

materials 00/05

[The fight against the abuse of minors and vulnerable people also involves a twofold action: to stimulate the Bishops' Conferences to study the problem in

depth in collaboration with the academic world and to strengthen the relationship between Church and lay institutions, starting from by governments. In the aftermath of the European Day for the Protection of Abused and Sexually Exploited Children - at the same time as the Italian Church has instituted a Day of Prayer for Victims and Survivors - is Professor Ernesto Caffo, founder of Telefono Azzurro and member of the Pontifical Commission for the Protection of Minors, to reiterate that "this understanding is necessary and that there is an increasing need for great training, especially of educators and families."

It is a step that must be taken, says Caffo, "knowing that, on the one hand, there are many victims who ask for listening and help and, on the other, the social and ecclesial communities are suffering from tragic events that they often remain hidden. "

One of the main themes is that of being able to carry out independent research. Every Bishops' Conference must be able to have a picture of what has happened. I must say that, in this sense, the experiences of the Conferences have been greatly appreciated. French, Portuguese, Polish and Austrian bishops: they have begun a path of sharing between the laity, the academic world and the various expressions of the religious world in order to be able to address the critical issues. Transparency: this is what is important. Transparency in data collection and in the resolution paths that must be shared more and more.

First of all, it should be noted that the pandemic has made the phenomenon worse. lie and communities need to be helped to keep their children in the educational circuit.

Education is very important and even Unesco places emphasis on this aspect. In addition, economic and health care must be provided to those who are really poor. If this is not done, families will continue to allow their children to carry the burden of unsustainable work on their shoulders.

"Statistics leave you speechless. But we cannot allow our reaction to them to obscure their purpose: to evaluate the measures taken by the Church to deal with this scourge and to make all the recommendations needed to transform a system that has failed quantitatively and qualitative ". Thus in a message the Cardinal Seá n Patrick O ' Malley, president of the Pontifical Commission for the Protection of Minors, he addresses those who are taking part in the European Day for the Protection of Children against Sexual Exploitation and Sexual Abuse, on the theme "Making the circle of trust truly safe for children". In Rome, in particular, the international conference organized by Telefono Azzurro on the theme "The right to trust" with the participation of experts from all over the world, to develop concrete actions, guidelines and protocols, for the protection of children.

So take a cue from a tragic global reality that the figures describe, to "transform a failed system". The cardinal starts from here, citing WHO data. About 120 million girls and young women under the age of 20 have experienced some form of forced sexual contact; 1 in 5 women and 1 in 13 men report having been sexually abused before their 18th birthday, while in some parts of the world 1 in 2 children have been sexually abused and due to the associated shame, stigma and fear at the experience, at least 60% of victims and survivors never disclose their abuse.

Equally "gloomy" the data that the cardinal summarizes on the extent of this problem in the Catholic Church.

Cited France with the estimate of 216 thousand abused children from 1950 to 2020, as reported by the investigation Independent Commission (CIASE). Also in Australia it appears that - notes the cardinal - 40% of the sexual abuse of minors in the period examined by the Royal Commission of Inquiry occurred in an area linked to the Catholic Church.

The president of the Pontifical Commission for the Protection of Minors underlines in this regard the importance as a Church of "learning from the progress of civil society and the academic world in terms of scientific research models", in order to implement a "more informed approach to our prevention strategies and protection policies, on field and online ". Thus, by exchanging and learning

from each other, it will be possible - he remarks - to obtain global protection, understood as a priority, and this requires "an investment in the creation of relationships of trust and inter-institutional support". Unclear memories make room in my mind, many uncertainties and many unbridgeable gaps.]

materials 00/06

[in the community, but unfortunately my condition was so bad that at that time I hardly remembered my name. If I look back into the past I can only see a girl of just sixteen trapped in the body of a little girl, with a sunken face and bulging eyes, pale and frozen skin, protruding and aching bones, so fragile that it seemed they could break at any moment. And finally the memory of a weak heart, with too slow and irregular beats, a heart begging for mercy and seemed to be near the end of its rhythmic process.

I see a girl of just sixteen who didn't stand still for a billionth of a second, too scared of being able to stop and perhaps too scared by the idea that, if she stopped, her greatest phobias would end by reaching it, thus bringing his mind into a state of despair such as to see death as the only solution.

I'm Luna, I'm 19 and I suffered from a serious eating disorder: anorexia nervosa. My story begins in the summer of 2016, one of the most critical periods of my life.

I was losing all the people I loved most and every day a part of me dissolved with them.

Everything seemed to be wrong, every piece of my life seemed not to be compatible with that of the others, I no longer had a fixed point to hold onto and everything I did, feelings of guilt began to emerge until my life it didn't quite turn into a huge sense of guilt. We already had a lot of problems in the family and I felt I was just a major burden on everyone. I was in pain, but I didn't want to prove it, because the very thought of making others feel bad because of me made me feel selfish and only increased my inner state of discomfort. So I made a choice: I decided it was time to suffer in silence.

I fell into an abyss that seemed endless and totally lost control of the situation, thus finding myself in a new period of my life: the period of self-destruction.

I had no escape, I was finally reaching my goal, I was finally reaching the people who had left me and above all I was losing the will to fight. I was abandoning myself to nothing.

What was the point of fighting a war where I was the protagonist on both sides? What was the point of fighting a war where I would have lost so much in any case?

I did not know and I did not want to know until however, when my strength left me completely, someone else had to decide for me and in doing so he finally gave me a second chance.

I had to heal or at least try. I had to do it for myself.

The problem was that the place I was staying was not the right place to cure my ailment. So after long searches on June 5th I went to visit the community directed by Dr. Mendolicchio and on the same day I was hospitalized urgently.

It's been almost three years since that day, but I think it will always remain one of the most important dates of my life. The day the path to regaining my life began, the day my true healing process began. The day I started loving again.

Up until that moment everything around me was blurry, inaccurate and unstable, but once I got into the community, things started to change. That day, I realized it wasn't over.

A new door opened in the community, that of hope and within it I found the hands of salvation, those of Doctor Mendolicchio and all the other members of the team.

I was not a simple patient, I'm aware of that, but maybe that's what struck me most about that place. We were able to bring out the best in people, even when everything seemed useless. In community I was reborn, I regained my life piece by piece, I finally

let someone throw the reality in my face, that if I didn't agree to collaborate things would have ended badly. I was able to listen to the words of the Doctor. Mendolicchio, I treasured it several times and I understood that every flower could be reborn if cared for carefully. And I was that flower. I decided it was time to say enough. So, slowly and with ups and downs I began to take back my body and especially myself. In the community I have not only treated a broken body, but a sick life. I started loving and smiling again.]

materials 00/07

[In these times of lockdown and restrictions on freedom of movement, the problems relating to eating disorders are becoming even more frequent. It is no exaggeration to speak of " mental prison " when it comes to anorexia. If it is Maria Elena also notices that in the newspaper article she comments: " the disturbance food does not come from food but from the mind ". In the treatment of ailments food is essential to work on the ways of perception of the reality of anorexic subject, also involving the same family members as active support. Family members above all are able to recognize signs such as loss of appetite, excessive use of the scale to control weight, the use of drugs such as diuretics, etc., which can reveal the existence of a problem. In the presence of such situations it is advisable to promptly contact the assistance of an expert. As a psychologist and psychotherapist, in my interventions against the eating disorders I apply the concepts of Brief Strategic Therapy, which is particularly effective in forms of anorexia youth. [I believe that the focus should be placed not so much on physical lightness as on other aspects. There is no doubt that feeling light and fit can help, however it is important to focus on more relevant aspects. Psychological tranquility, technique and performance. The physique certainly plays an essential role, however the key thing is not to enter the vicious circle of having to be thin at all costs to be able to climb. We must think of sport and climbing as a significant moment for our health and well-being. Sport must be lived as an experience that makes us feel good, not as a way to lose weight, not gain weight or even lose it. If climbing, or doing sports in general, creates difficulties with regards to food dynamics, it is important to stop and reflect and work on how to find a psychological balance again. That's right: a trap, which paradoxically we build ourselves and from which we then struggle to get out. There are signs that allow you to understand what is happening, for example at the table chewing very slowly, or going to the bathroom immediately after eating, perhaps to expel food through self-induced vomiting. Or even drinking large amounts of water that make you feel full but don't really nourish. Sport often becomes a way to lose the calories consumed during meals, but when physical activity becomes the reason for not eating, we really risk turning the trap into something impenetrable. In situations like these, the most sincere advice is always to contact a specialist, to discuss with those who know the problem thoroughly and can help us start a path of change. It often happens to me that I receive phone calls about problems with eating disorders and direct people by providing advice that I consider valuable or at least useful. Being aware of such complex situations is not easy. At first it is certainly an unconscious process and unfortunately, once the " trap " is built, then getting out of it becomes difficult. Within my psychotherapy courses I apply a fundamental concept, that of starting with increasing awareness of the relationship between food and one's

emotions. It is the beginning of the journey for the change towards the balance of eating habits.]

materials 00/08

monophobias, the irrational fear of a particular reality, can arise at any age and can also be related to other fears, such as fear of food, eating disorders and obsessive-compulsive disorders. fear of vomiting is often, but not always, triggered by a negative experience with vomiting. The risk of a fit may be greater when a person remembers vomiting in public or having a long experience of uncontrollable vomiting. Some experts believe that emetophobia may be linked to the anxiety that accompanies the feeling of nausea and the fear of loss of control. When the subject is in the company of other people or in a very busy place (such as a supermarket, train, public transport, the cinema) a crisis of nausea can even lead to a panic attack.

Those who suffer from emetophobia often develop some very particular behavioral patterns in the attempting to protect yourself, for example by keeping a towel by your bed at night or identifying the shortest route to services, when in a place other than those you usually frequent. Many people with emetophobia experience frequent symptoms of nausea and digestive upset; these are extremely common symptoms of anxiety and can lead to a self-replicating cycle, meaning that the fear of vomiting causes nausea and stomach pain which in turn stimulates the feeling of need to vomit. Emetophobia can be successfully treated with brief strategic therapy. A practical approach that aims, through specific intervention strategies, to overcome this problem and this illogical fear. In brief strategic therapy there is no exposure to the vomiting itself. The person will only face situations and activities that could lead to vomiting once this fear has been overcome. The work on anxiety and on the reduction of fear, favors a re-appropriation of one's life, and therefore face all those situations in which one could be induced to feel nausea and want to vomit, such as sitting in the back seat of a car, eating at buffet tables, and so on.

Vomiting is almost always quite unpleasant and the treatment does not try to change the perception; rather, the purpose of treatment is to help people live their lives and engage in activities that are important to them, without being limited by an excessive phobia of vomiting.

The fear of sweating in public is a type of problem that should not be underestimated, pathological fear can take irrational paths that we often don't even imagine. The perception of "threatening" situations that worry and frighten us can significantly accentuate the physiological symptoms of anxiety. These symptoms complicate the quality of our life and consequently tend to make us avoid situations and contexts in which fear, and in particular the fear of sweating, can become a problem.

Our body naturally activates the sweating process in order to regulate its temperature (thermoregulation process) by releasing liquids rich in mineral salts. Excessive sweating (hyperhidrosis) can be caused by various factors, for example: genetic and biological aspects, intense physical activity, or simply when on hot summer Sundays the outside temperature is particularly high. Sweating can also be derived from emotional factors, in the presence of states of tension; some conditions of anxiety and or stress are psychological factors that greatly influence sweating (eg sweating from fear).

Sweating is one of the typical symptoms of anxiety, obviously there are others too, such as palpitations, nausea, vomiting, which can negatively affect a person's life. Today we will focus on sweating and how this phenomenon can become a source of embarrassment in the course of normal daily activity.

The story I would like to tell you today is that of Antonio (invented name), a manager who has been successfully consulting for an important Italian company

for about twenty years. Had it not been for his foresight and his skills as a consultant, the company would not have achieved such significant improvements. From about a year on, Antonio began to lose his classic serenity, the personal characteristic that made him the best on the market. Everyone used to say that with his mere presence and a friendly smile he was able to put people at ease, conveying an idea of calm and trust. Unfortunately, following an important unsuccessful consultation, a real ordeal began for him. On that particular occasion Antonio accused for the first time a strong abdominal tension and a consequent beginning of profuse sweating, as if it were a real shower. At the end of the meeting he had to go home to change his clothes, completely wet with sweat. At the time, what happened was not explained and he continued to work without particular problems, but this unusual annoying physical reaction appeared more and more often. While realizing that from a relational point of view excessive sweating was not an advantage, nevertheless Antonio thought that things would settle down sooner or later. He always carried with him a change of clothes and tried to deal with the situation, even if at a deeper level he felt the impression of losing control and feeling like he was dying. Realizing that the problem had to be faced and resolved definitively, Antonio finally decided to undergo a course of psychotherapy. In his specific case, the sweating process is the physiological response mechanism to the stimuli of fear, a reaction that triggers a state of excessive anxiety, out of the ordinary.

The path of strategic therapy has focused on favoring a progressive approach to fear through the concept that "faced fear becomes courage", and therefore with a slow exposure to fear through targeted specific intervention strategies. Irrationally, working on himself, looking fear in the eye, this last one has slowly begun to reduce its negative effects, also resulting in a reduction in the sweating mechanism.

Antonio's story illustrates in a paradigmatic way how the physical reaction of sweating, triggered by an initial feeling of fear, in turn has the effect of increasing tension, bringing it to its peak and generating a perception of potential loss of control. It also makes us understand how the brief strategic psychotherapy intervention, addressed in a functional way to the specific problem, can really be decisive and effective.

[Wakes up early, still stunned from consumption, doesn't even know if he's really slept or if he's been up all night. He has been using cocaine for a few years, but only on weekends, with friends. His wife has always remained in the dark about everything, the very careful economic management allowed him to consume without attracting attention. Then in the moment of quarantine the situation worsened. The stress of working at home - his company has always remained open - and the inability to leave the house led him to consume cocaine at home. At first he was able to hide and use it only in the evening hours, then the situation got out of hand, his wife discovered it and from that moment problems came. commented S, who defines himself as "a cocaine addict not a cocaine addict". In reality he never considered consumption as a problematic aspect: the usual round of friends on Saturday night, a little headache the next day, but overall the use was limited to the weekend, and not particularly excessive. During the quarantine he felt a desire he never felt, a sort of irrational push that led him to take coke every day. Emotionally he enters my studio in pieces. He knows that it will not be a simple battle, that he will have to contend with the trust of his wife, with the desire for substance that grips him, but he feels that a motivation is maturing inside him that he never had.

Addiction is like a snake that coils and squeezes you, slowly choking off the ability to breathe. Only by truly believing in it, by getting naked and at stake is it possible to get out of it. Normally my strategic psychotherapy courses are able to help patients overcome a moment of great difficulty with addiction; in other situations, psychotherapy is useful to prepare for more structured community programs or to get in touch with the Addiction Service, where you can also

be treated from a medical and social point of view.] Phenibut (beta-phenyl-gamma-aminobutyric acid) is a central nervous system inhibitor, with anxiolytic and stimulating effects, used in the treatment of anxiety, insomnia and numerous other pathologies. The substance was discovered in Russia in the 1960s and according to its characteristics it was prescribed and administered to Russian cosmonauts to facilitate their concentration in times of stress or crisis. While acting on the anxious dimension, Phenibut did not damage cognitive skills, however determining a situation of excellent performance for the cosmonauts. Also in Russia in the 60s, Phenibut was also prescribed to children with psychiatric problems, with a calming function.

We usually use the term smart drugs to indicate those substances, natural or synthesized, capable of causing an important change in the cognitive abilities of the person. However, it is important to make a clarification: the most correct term scientifically speaking is not the one that has entered current use (smart drugs), but that of Nootropics, i.e. substances capable of acting on the supply of oxygen to the brain, stimulating its functionality and skills. _ The term derives from the Greek and can literally be translated into " to change change the mind " .

The risk associated with the consumption of Phenibut is that of creating a form of mental addiction. The fact of improving some of our mental performances - and in part also physical - without suffering particular side effects, can lead to experiencing reality in a difficult way in the absence of taking the substance. The reality experienced under the effect of the drug becomes "distorted", that is, it does not shine, and for this reason the difficulty becomes that of continuing without the " help " of the drug, that is, with one's own resources.

The story I want to tell you today is that of Maura (not her real name) a young college graduate girl. The preparation of the thesis was a particularly stressful period for her, during which she discovered this drug on the internet and decided to try it, starting to take it. The stimulating effect did not take long to make itself felt, immediately felt a sense of lucidity never felt before, the goals of the thesis and graduation were easily achieved, by appealing to the energy and cognitive forces generated by the drug.

The problem arose after graduation, when he stopped taking Phenibut and started looking for work. Without the positive contribution of the substance she felt lost; the clarity and skills experienced under its effect had vanished and Maura began to suffer from the burden of addiction. The therapy adopted in her specific case was to address primarily the aspects related to addiction, trying to increase her self-esteem, bringing out the resources that she herself is able to put in place without the use of substances. Maura still fights her personal battle today, but she is aware of how much the Phenibut has compromised and weakened her awareness and her personal certainties.

Ketamine is a chemical related anesthetic drug of Phencyclidine, better known as "angel dust", reported by the World Health Organization in the "list of essential drugs" indispensable for a hospital. As it will seem, Ketamine is primarily a drug, its effects are expressed on the Central Nervous System (CNS) influencing the perception of pain and stimulating particular sensations. Its main use is as an anesthetic and precisely because of these outstanding characteristics it was widely used by the Americans in the Vietnam War. Recent studies indicate that low doses of Ketamine can even be used on patients suffering from depression, to obtain an improvement in mood. But there is another side of the coin, linked to the problems deriving from the " recreational " use that is made of this drug.

Ketamine, chemical formula 2- (2-chlorophenyl) -2- (methylamino) cyclohexanone, is a liquid substance, very similar to water, which can be ingested or injected intravenously.

For recreational use it can be heated until obtain by evaporation a whitish powder to snort or ingest, if in tablets. Depending on the dosage they can to experiment different types of effects. We go from light stimulation, to euphoria similar to that caused by the consumption of alcohol, up to to experiment a very completely dissociative state intense, which can lead to severe hallucinations. Its prolonged use can be addictive.

As with other hallucinogenic substances, the use of ketamine can lead to a profound inner and dream-like experience, a real " inner journey ", a sort of entry into another reality. For this reason, ketamine is also called an entheogenic substance, that is, a psychoactive substance capable of exerting a psychedelic or hallucinogenic effect such as to favor mystical and spiritual experiences. As it is easy to guess, when you live a visionary experience such as to procure dissociative states of hallucination between mind and body, the risk on a psychological level becomes enormous.

[We recount the Ketamine - consuming experience of a patient, Mario (invented name), who still remembers those moments with extreme concern today. Mario used to attend " rave parties ", self-managed and illegal music parties, often organized in abandoned industrial areas or in open spaces such as woods, quarries, forests, with a variable duration that can even reach a week. Mario says that during the "raves" he consumed large quantities of psychotropic substances, ecstasy, amphetamines and cocaine. In the last period he had also started to take Ketamine and all in all the experience did not displease him, on the contrary it had contributed to increase the inner sensations of a spiritual journey into music. Then all of a sudden the experience turned out to be too intense and from that moment Mario realized that it was necessary to stop. It was day, early in the morning, suddenly Mario began to see everything black, there was no longer anyone around him. Suddenly green strips appeared out of the dark, like strange hieroglyphs ; looking closer he realized that they were the same codes as the Matrix, a famous science fiction film of the late nineties. Without either realizing this he felt light and started a strange dance, a series of instinctive movements who couldn't stop, in a context in which he had lost completely the conception of the space-time relationship. Seen from the outside, some friends have described Mario's movements as those typical of a martial art, to the point that at the end of his performance Mario would have declared " I am a kung fu master ". Actually Mario _ he had played football as a boy and never had frequented any martial arts gym. This "drug" experience had left him uncertain and confused, disoriented to the point of having a hard time understanding his real identity.]

materials 00/09 - ambiguity / - This "drug" experience had left him uncertain and confused, disoriented to the point of having a hard time understanding his real identity.

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materials 00/11 - ambiguity /- This "drug" experience had left him uncertain and confused, disoriented to the point of having a hard time understanding his real identity.

materials 00/12

- is a phenomenon known since ancient times and reported in various peoples around the world. It is so present that in almost every human culture explanations and related remedies have been provided over time.

Historically, sleep paralysis has always taken on magical and supernatural contours.

The difficulty of explaining this condition of mental alertness, while the body remains dormant, has favored the emergence of theories and explanations related to the presence of demons, called nightmares and succubi, malefics or alien abductions (Clancy, 2007). over the years, however, interest in this disorder has also increased in the scientific world, making it possible to identify physiological causes and potential therapeutic interventions (Sharpless & Grom, 2015).

Sleep paralysis is defined as a period of time, during sleep or awakening, in which voluntary musculature is inhibited, but the ability to voluntary eye movements is present (AASM, 2005). It is characterized by a persistence of muscular atony typical of the REM sleep phases during (semi-) wakefulness. In this state, the person can experience bizarre phenomena such as visual and auditory hallucinations, a sensation of being outside the body, a sense of levitation, sensing the presence of intruders (often shadows) inside the bedroom (Jalal, 2016). sensations of tightness in the chest and difficulty in breathing are common which, however, can be explained by the respiratory rhythm assumed by the body during the REM phase and which persists despite being awake. The association between somatic symptoms of the REM phase combined with the awareness of not being able to move produces a fear response in the brain (fight-flight response) which, given the immobility, often exacerbates the symptoms and agitation.