When my Body Becomes my Room: Lifeworld and Illness Experiences

Lucia Galvagni

Abstract – From a phenomenological perspective, the body represents our space in the world and the body defines our way to enter into a relationship with ourselves, to deal with others, and to interact within the world, as Merleau-Ponty and Husserl underscored. In conditions of serious disease and disability, as in confined situations, we are more aware of our body and its limits. The body can become and represent a room in which to stay and live, sometimes feeling ourselves to be confined in it, or locked in it, as happens for people suffering from severe disabilities and illnesses. The lived body and the lifeworld in this and similar conditions reflect a distinctive phenomenological experience of space, time and (inter)subjectivity. The article will present the story of a man, Piergiorgio Cattani, who can provide lived testimony of resistance, resilience and 'bodily' spirituality, as he recounts his lived experience of illness and healing.

Keywords: lived body – disability – phenomenology of illness – intersubjectivity – bodily spirituality

1. The Body: Our Room in the World

From a phenomenological perspective, the body represents our space in the world. People with disabilities or in a borderline situation perceive their bodies and their limits more. More particularly, in a condition of physical disability, the body can be lived and perceived as something that does not allow a free, spontaneous or intentional movement, and for this reason it can be experienced as a form of physical and bodily border and confinement.

In such a condition, reflexivity and self-consciousness increase, since the non-immediacy of bodily movement and negotiation with the body are constant and continuous. Perception and inner experiences also seem to acquire a different, more intense form. This condition may require and activate a person's ability to improve, transform and empower herself, within her more general repositioning in the world. This repositioning is also – and first and foremost – bodily-mediated.

A disability, and the 'confinement' it implies, can also induce a desire for transcendence, a need to transcend and go beyond this bodily condition:

this desire is expressed in different forms and on different levels[1]. There is certainly a psychological dimension, which is manifest in the disabled person's need to review and to restructure her self-perception and balance; there is a relational dimension, in which she perceives the need to relate with others and to renegotiate this relationship in the light of the condition experienced and lived at a bodily level; there is also a spiritual or religious dimension, which reflects a desire to go beyond and implies an openness, an orientation towards something or someone else, be it an object, a situation, a person or an 'Otherness', understood in a more properly spiritual and religious sense.

An essential need in this condition – maybe more essential than for persons who do not experience a demanding bodily condition like disease and disability – is to enter and live in a relationship: a relationship may seem necessary because bodily limitations can reduce abilities and restrict capacities, but it is necessary above all because in this condition people can perceive more clearly what being relational – as human beings – can mean[2], what autonomy means in relational and reciprocal terms[3], and what can be the value and role of living in an interpersonal and communitarian dimension[4]. This dimension can become a community of care in which reciprocity, interconnection and interdependence represent the moral parameters of encounter, confrontation and exchange[5].

How does the lifeworld change in a condition of disease and disability? How can this condition represent a form of bodily confinement, which can be anyway overcome? What role is played by the social and political representation of the body and disability in the perception we have of them?

In a disability condition, as in a situation of temporary difficulty such as confinement, each of us can find ways and means – simple or more

---

1 R. Lemieux, *Psychisme et spiritualité:* là où se noue la condition humaine, in G. Jobin - A. Legault - N. Pujol (eds.), *L'accompagnement de l'expérience spirituelle en temps de maladie*, Louvain-la-Neuve, Presses universitaires de Louvain, 2017, pp. 55-69.

2 P. Ricoeur, *Oneself as Another*, Chicago, University of Chicago Press, 1995.

3 J.-F. Malherbe, *Sujets de vie ou objets de soins? Introduction à la pratique de l'éthique clinique*, Montréal, Fides, 2007, pp. 43-65.

4 C. Mackenzie - N. Stoljar (eds.), *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self*, New York - Oxford, Oxford University Press, 2000.

5 J. Tronto, *Moral Boundaries. A Political Argument for an Ethic of Care*, New York, Routledge, 1993; W. Lesch, *Respect, réciprocité et reconnaissance. L'éthique face aux personnes en situation d'handicap*, in M.-J. Thiel (ed.), *Les enjeux éthiques du handicap*, Strasbourg, Presses universitaires de Strasbourg, 2014, pp. 185-194.

structured – to overcome a limited condition, temporarily or permanently. These ways also include a words exchange, in the form of a dialogue and of a conversation[6], and in the written form of a narrative of lived experiences: these writings, these testimonies can become also ways to share, confront and enter in a dialogue with others in a broader community[7].

Some forms of existence can transform and become forms of R-existence – 'R-esistenza', in Italian – and healing can be read and interpreted through different categories: self-understanding, self-knowledge, or the «know thyself» of ancient Greece – understood as a search for the meaning of life, for a «healing of the soul» – can represent a deeper form of healing, for some the only authentic one.

Let us try to listen to the narrative with which a disabled person recounted his experience of hospitalization and a long convalescence, and the reflections he matured about it, and about himself, bearing witness to how the lifeworld and existence are redefined in a critical condition and during healing.

2. Our Body, Our Room: Boundaries, Limits and Re-Adaptation

Since he was 17 years old, Piergiorgio Cattani had lived with a degenerative neurological disease. After studying philosophy and religious sciences, he worked as a journalist and a commentator in his hometown. Over the years he was hospitalized many times. After a severe crisis, he decided to write his story, and chose the title *Recovery. A Disabled Person with a Red Code* to recount his experience[8].

On starting to tell his story, Piergiorgio wrote: «For 30 years I have been a 'licensed' disabled person. I have always been ill. I look like a person who cannot move anything … My genetic, degenerative, muscle-destroy-

---

6 A. Benmakhlouf, *La conversation comme manière de vivre*, Paris, Albin Michel, 2016.

7 Besides direct written testimonies in the form of narratives and books, we can find many examples of blogs dedicated to the narration of illnesses, where people recount their experience and describe the therapeutic value that narratives can have. See for example the Blog 'Digital Health', edited on the ejournal «Nòva - Il Sole 24 Ore» by the anthropologist Cristina Cenci: https://cristinacenci.nova100.ilsole24ore.com/ (accessed on July 3rd, 2023).

8 P. Cattani, *Guarigione. Un disabile in codice rosso*, Trento, Il Margine, 2015. All translations are my own. The style and language are very authentic and – in many passages – very poetic. In a later phase, Piergiorgio decided to share and discuss the book and his story with clinical professionals and members of his community.

ing disease is Duchenne muscular dystrophy. When I was diagnosed with it – in the late 1970s – I should have lived to the age of 25 at most. Now I am almost 40 ...»[9].

In every life experience, and more particularly in experiences of health and wellbeing, disease and illness, ability and disability, the body tends to be at and return to center stage: it is the space of one's living in the world, and it requires attention and care. The condition where a person «cannot move anything» could be seen and interpreted as a form of bodily confinement.

In phenomenology, the body has been considered a «geometrized projection»[10] because it always mediates the relationship between ourselves and others, as well with the world, determining who we are and how we know reality and how we deal with it. It thus becomes the pre-condition for our experience and capacity to know ourselves, others, and the world[11]. «We are our body and through the body we can close or open ourselves to others», writes Piergiorgio[12]. If the body represents a medium, this mediation implies that there can be forms of encounter, of intimacy and recognition mediated by the body, whilst at the same time our bodily condition can generate times and situations of dis-attention, dis-respect and non-recognition. Sometimes it is possible to experience forms of estrangement as well: «you are giving your body to someone else who decides for you. You have to be intimate with strangers»[13]. The phenomena of shame and respect towards the body are two main ethical dimensions of how people enter into and live relationships[14]: in illness and in disability conditions, as well as in love dynamics and interactions they assume a distinctive intensity[15].

---

9 P. Cattani, *Guarigione*, p. 13.

10 M. Merleau-Ponty, *Phenomenology of Perception*, London - New York, Routledge, 2005, p. 77.

11 See V. Melchiorre, *Corpo e persona*, Genova, Marietti, 1987.

12 P. Cattani, *Guarigione*, p. 29.

13 *Ibidem*, p. 21.

14 See M. Scheler, *Shame and Feelings of Modesty*, in M. Scheler, *Person and Self-Value: Three Essays*, Dordrecht, Martinus Nijhoff Publishers, 1987, pp. 1-85; M. Nussbaum, *Hiding from Humanity. Disgust, Shame and the Law*, Princeton, Princeton University Press, 2004.

15 W. Lesch, *Respect, réciprocité et reconnaissance. L'éthique face aux personnes en situation d'handicap*, in M.-J. Thiel (ed.), *Les enjeux éthiques du handicap*, Strasbourg, Presses universitaires de Strasbourg, 2014, pp. 185-194; V. Melchiorre, *Metacritica dell'eros*, Milano, Vita e Pensiero, 1977, pp. 41-60.

The interactions and relationality involved in the therapeutic relationship require time to devote to patients and attention to the experience they are living. Temporality is a very specific dimension, and it assumes a different meaning when and where we experience difficult conditions, as when we are ill or disabled or in confined situations[16]. Time cannot be reduced simply to its chronological dimension: the meanings and forms that time can take are very different, and this is relevant especially in hospitals and in care institutions[17]. From his experience, Piergiorgio stated: «The *time* variable tends to disappear in hospitals»[18]. The lived dimension of time and temporality can become especially intense for patients and for people coping with a profound change – as many of us experienced and perceived during the pandemic outbreak and the confinement it entailed.

In a situation of illness and severe disability, there are many limits and boundaries that people tend to experience, and sometimes they are bodily and temporal. In our biological attitude and from an evolutionary perspective, as humans we tend to maintain our ability to find strength and adaptation in situations that can represent extremes and extreme conditions. In a disabled and limited condition, some extraordinary forms of adaptation and re-adaptation can likewise occur. As Piergiorgio observed: «My body readapted itself. It searched and went back through geological times until the Devonian period, when the first amphibians appeared and were about to conquer land from the sea. Within me some prehistoric footprints awoke»[19]. Also for this reason, it may happen that existence becomes a form of resistance: '(R)-Esistenza' in Italian[20], or – we could say – a form of 'Resilient Existence'.

---

16 J.B. Brough, *Temporality and Illness: A Phenomenological Perspective*, in S. Kay Toombs (ed.), *Handbook of Phenomenology and Medicine*, Dordrecht - London, Kluwer Academic, 2001, pp. 29-46.

17 J.-F. Malherbe, *Elementi per un'etica clinica. Condizioni dell'alleanza terapeutica*, Trento, FBK Press, 2014, pp. 31-33. Illness can bring a modification of the sense of time: this modification can regard the way we perceive time in our life story, our awareness of time, and the way we perceive social temporality and sociality itself.

18 P. Cattani, *Guarigione*, p. 44.

19 *Ibidem*, p. 122.

20 *Ibidem*, p. 95.

3. Symbolic Languages and Communication: A Need for Transcendence?

The extraordinary condition of restriction that a person in a disabled, limited or confined situation can experience does not exclude the desire to move beyond – to transcend – this bodily and temporally demanding existential condition. There are different levels where these needs for transcendence are experienced: we may identify them as a psychological and personal level, an interpersonal and relational level, and a properly spiritual level.

At the first level, there is a physical and psychological need and necessity to deal with limits and borders. The interaction with ourselves requires a deep understanding of our limits and our potentialities, and an ability to deal with the feelings, emotions, desires and passions that inhabit us[21]. Most of all, when as human beings we experience demanding conditions, we generally start to learn how to listen to our bodies so that we can progressively better interpret and manage them. In the words of Piergiorgio, we should «accept limits»[22] and consider our borders and in order to do so we could follow the ancient Greek maxim *gnòthi seautòn* or «Know thyself!»[23].

At a second level, as already observed, there are relational needs, and among the many needs that we have, they tend to be primary. In a condition of illness, the need for relationships, the necessity to find and meet a community of care, are generally very important[24]. Whilst some clinicians maintain a certain distance from patients, and can show a lack of attention and respect, some others instead pay close attention to and take great care of them: Piergiorgio observes: «Physicians try to 'encourage' me: a verb not always present in the ward»[25]. In this sense, physicians and nurses can become 'unrecognized allies' in the process of dealing with the disease because they help the patient to find ways to cope with the situation. Among the different forms of creativity which can be deployed to overcome the limits experienced and enter into a relationship, describing our own ex-

---

21 S. Kay Toombs, *Reflections on Bodily Change: The Lived Experience of Disability*, in S. Kay Toombs (ed.), *Handbook of Phenomenology*, pp. 247-261.

22 *Ibidem*, p. 52.

23 *Ibidem*, p. 149.

24 H. Carel, *Phenomenology of Illness*, Oxford, Oxford University Press, 2016 and F. Svaeneus, *Phenomenological Bioethics. Medical Technologies, Human Suffering and the Meaning of Being Alive*, London - New York, Routledge, 2018.

25 *Ibidem*, p. 124.

perience in writing can be a way to convey it and to share it: this process can become a form of treatment and therapy, and it can be a testimony as well[26]. Sharing this written reflection with professionals and with people who can read it, also through public lectures, as Piergiorgio did, may improve the recovery process.

At a third level, the need for transcendence can entail reference to a spiritual and religious dimension – a dimension that has been and could be called 'interiority', or 'soul', or 'spirit', depending on personal and communitarian beliefs, references and resources, and on the specific context considered. Even if in recent years interest to this dimension has been increasing[27], in hospitals and in healthcare facilities forms of attention to the spiritual and/or religious life of the patients, to their interiority, are not so usual, or still rare. However, in this regard, Piergiorgio realizes that «You can meet physicians and nurses who do everything they can to go beyond the appearance by listening to the interiority of the patient»[28].

In difficult, demanding and extraordinary conditions, in uncertain situations, through imagination and creativity it is possible to find different ways to act and interact, as many experienced the power of gestures and bodily communication during pandemic confinement, when interacting required people to identify, imagine or invent new forms and modes of expression. In a silent condition and with a temporary inability to use ordinary verbal language, symbolic and bodily gestures and languages can be meaningful resources as well. From his hospital experience, Piergiorgio notes: «Closing eyes can mean a negative reply, opening them vice versa an affirmative reply»[29].

In conditions of severe illness and disability, the impossibility to move the body as the person would like, or to apparently force this limited condition and to 'move' it, can be perceived and considered as a form of physical and bodily confinement[30]. In this sense, a person's body can

---

26 H. Lindemann Nelson, *Damaged Identities, Narrative Repair*, Ithaca - London, Cornell University Press, 2001. As Piergiorgio states: «Writing can become the best therapy to 'recover'», in P. Cattani, *Guarigione*, p. 124.

27 See G. Jobin - A. Legault - N. Pujol (eds.), *L'accompagnement de l'expérience spirituelle en temps de maladie*, Louvain-la-Neuve, UCL, 2017 and M. Cobb - C. Puchalski - B. Rumbold (eds.) *Oxford Textbook of Spirituality in Healthcare*, Oxford, Oxford University Press, 2012.

28 P. Cattani, *Guarigione*, p. 154.

29 *Ibidem*, p. 74.

30 Despite the physical immobility in which he lived, Piergiorgio found and maintained ways to move around in the world: he was surrounded by his family and his community, had a very active social life

become his/her 'room'. Sometimes a way to deal with this condition can be to search for means to transcend these limits: material and technological devices are essential resources in this regard and they can help support and improve personal, relational and spiritual needs and resources[31]. They can also become supports in performing forms of resistance in extra-ordinary conditions which – as humans – we can experience[32]. Reflecting on his own experience, Piergiorgio talked of a form of healing which reflected a mode of recovery concerning the spiritual dimension of his condition as well as the bodily one[33].

4. The Centrality of the Body and a Reposition in the World

If the body represents our space in the world, when we cannot move it, and when we should consider the boundaries that our body imposes on us, it may symbolically become our 'room'.

As human beings experiencing a bodily and temporal condition, we can say that we are a space, a situated spatiality, represented by our body. We are a time, a specific temporality; more particularly, we experience and have a life time. Being a body and a time, we are a subjectivity, a specific subject[34]. These different dimensions contribute to defining our identity and Ourselves, and they orient and compose the condition and the story of our life. In restrictive situations, in a disabled, ill or painful condition, and in positive experiences as well, like joy and pleasure, we experience our body and we perceive time differently[35]. Therefore, a

---

and was involved in politics, at a local level and as commentator on Italian and international political life.

31 To move around Piergiorgio used a wheelchair, and was always accompanied. When writing, he used a computer with voice recognition software. All these means became essential components of his everyday life and they were in some cases technologically extremely advanced.

32 In other cases – we may consider ill people who no longer find a meaning in a condition they consider too demanding, who perceive themselves to be 'imprisoned' in their body, or all the people who experienced forms of estrangement and alienation during their confinement due to the Covid pandemic – moving beyond these conditions and transcending them can become a profound necessity: it may entail forms of rejection of the boundaries experienced. See S. Canestrari, *Ferite dell'anima e corpi prigionieri. Suicidio e aiuto al suicidio nella prospettiva di un diritto liberale e solidale*, Bologna, Bononia University Press, 2021.

33 B.J. Good, *Medicine, Rationality and Experience: An Anthropological Perspective*, Cambridge, Cambridge University Press, 1993.

34 L. Galvagni, *Narrazioni cliniche. Etica e comunicazione in medicina*, Roma, Carocci, 2020, pp. 205-208.

35 See S. Kay Toombs, *The Meaning of Illness. A Phenomenological Account of the Different Perspec-*

disabled or ill condition, as a situation of restriction and confinement, and a pleasant bodily situation, tends to modify us as subjects, and can modify our subjectivity, as Paul Ricoeur observes[36].

As phenomenology has underscored, the body is the main means we have to enter into a relationship with the world. Therefore, every modification of the body, of its physical, temporal or relational conditions may imply the development of a different ability to reflect: we may thus experience a body-mediated reflection, or a body-mediated ability to reflect. In this condition, we can also experience a different inner perception and self-awareness: it seems that the importance of the inner life and of interiority tends to change and be strongly perceived. At the same time, the extraordinary ability of the body to adapt and re-adapt itself seems to replicate at an individual level the adaptive abilities of the human species in evolution. The body exhibits a distinctive adaptability understood as an ability to transform, improve and enhance itself when necessary.

Bodily spatiality is not only a 'physical' position; it is also a 'situated' spatiality because it is related to the perception and representation of our position in the world. We are always able to 'reposition' ourselves in the world, finding and experiencing different possible modes of being-in-the-world. As regards verticality, Susan Kay Toombs writes: «Verticality is directly related to autonomy. Just as the infant's sense of autonomy and independence are enhanced by the development of his ability to maintain an upright posture and 'sally forth' into the world unaided, so there is a corresponding loss of autonomy which accompanies the loss of uprightness»[37]. Apparently, our bodily posture and position also deeply influence the different possible ways to enter into relationships and interact with others: in an illness condition, in a confined condition, losing one's upright posture – or being restricted in one's ordinary mode of acting and interacting – may generate a feeling of losing one's independence and modify the ways in which a person relates with the world and with others[38]. For this reason, some expressions reflecting our body posture and position are not only metaphorical: «In 'looking up to' the doctor, and 'being looked down on', the patient perceives himself to be on an unequal 'footing' with his physician, concretely diminished in his auton-

---

tives of Physician and Patient, Dordrecht - Boston, Kluwer Academic, 1992; H. Carel, *Phenomenology of Illness*.

36 P. Ricoeur, *Les trois niveaux du jugement médical*, in «Esprit», 12, 1996, pp. 21-33.

37 S. Kay Toombs, *The Meaning of Illness*, p. 65.

38 *Ibidem*.

omy»[39]. Therefore, the spatiality of the body is not simply a 'physical' condition: it is primarily a 'situated' spatiality related to how we perceive and represent our position in the world.

In a condition of confinement due to disability or illness, autonomy seems to be redefined by means that become essential in movement and daily life – a wheelchair, a computer, a well-organized context and environment in which to live – since the condition in which a person lives is profoundly influenced and marked by the environment in which s/he finds her/himself[40]. Generally, in these conditions also the sense of interdependence, interconnectedness and mutual interaction becomes stronger: Piergiorgio evidently felt the necessity not to live in isolation, but to interact with family members, with friends, caregivers, and society. The living environment itself can become a community of life and can represent a community of care: for some authors it can become an enabling environment as well[41]. The sense of justice, the perception of what is right, equal and good in an ill or disabled condition, can be defined or identified through the body, which can represent and become a «criterion of justice»[42].

In many respects, how we consider disease, illness and disability reflects their social representation and the cultural representation of limits – induced by disability, illness, disease or confinement – tends to have a strong impact on life habits, on ordinary activities, and on social roles. Some authors underscore that there is a process of 'handicap production' in which personal, cultural and environmental factors play a leading role[43]. However, we may modify how we consider disability and illness by adopting other frameworks. Instead of regarding them as opposites, or as extremes, where health is counterposed to disease, wellness to illness, 'normality' to handicap, ability to disability, freedom to confinement, we can look at all these physical and bodily conditions – from a phenomenological perspective – as varieties along a continuum composed of the

---

39 *Ibidem*.

40 L. Galvagni, *Dynamiques existentielles, èthiques et anthropologiques autour du handicap*, in M.-J. Thiel (ed.), *Les enjeux éthiques du handicap*, pp. 289-299.

41 See P. Falzon, *Enablig Environments, Enabling Organizations, Enabling Interventions: A Constructive Ergonomics Viewpoint*, in «ECCE '15: Proceedings of the European Conference on Cognitive Ergonomics 2015», July 2015, pp. 1-3. See J. Tronto, *Moral Boundaries*, and J.-F. Malherbe, *Sujets de vie.*

42 See H. Carel, *Phenomenology of Illness*; M.-J. Thiel (ed.), *Les enjeux éthiques du handicap*; L. Galvagni, *Narrazioni cliniche*.

43 P. Fougeyrollas, *Le funambole, le fil et la toile: trasformations réciproques du sens du handicap*, Québec, Les Presses de l'Université Laval, 2010; D. Pagetti Vivanti, *Histoire des représentations autour du handicap*, in M.-J. Thiel (ed.), *Les enjeux éthiques du handicap*, pp. 25-29.

many possible ways of being-in-the-world[44]. This continuum represents the different bodily situations that we as human beings can experience: we can also call this continuum 'life'.

5. Resistance, Resilience and Spirituality

In a condition of bodily restriction, as happened during the Covid outbreak, we all perceive our body more clearly and have a different sense of time. When forms of 'restriction' persist, we may realize what it means to exercise resistance and resilience. Perhaps we can also better understand our idea of humanity if we consider and interpret confinement, illness and disability as potentially extreme conditions. Tzvetan Todorov observed that, in face of the extreme, we can experience our authenticity and our truth, as human beings, and we can understand them better, even if these extreme conditions should and cannot last too long[45].

In experiences of disability and disease, illness and recovery can be perceived as 'resistance and giving up', and from this perspective 'recovery' can become an existential process, and a spiritual process as well, of self-understanding and repositioning of the body and in the body. At the same time, this generally implies a different way of looking at the world and of comprehending it. Piergiorgio notes: «Talking of recovery is an absolute paradox for me … Recovery will never come. But many types of healing exist»[46].

Body and embodiment always have and reflect an inner life. Maybe for this reason Piergiorgio considered his story as a narrative about a «recovery of the soul»[47]. He writes: «Sometimes I feel as if I have recovered … maybe because I consider disability not as a disease, but as a distinctive individual condition. Or because I have inwardly recovered from my disability *through a mental and spiritual process* that may now have reached

---

44 As Christina Papadimitriou underscores, it is possible to interpret the so-called 'normal' and the so-called 'pathological' as «different varieties along a continuum of modes of being-in-the-world. Just as normative upright posture is a mode of being-in-the-world, so is physically disabled embodiment», see C. Papadimitriou, *From Dis-Ability to Difference: Conceptual and Methodological Issues in the Study of Physical Disability*, in S. Kay Toombs (ed.), *Handbook of Phenomenology*, pp. 475-492, here p. 485.

45 T. Todorov, *Facing the Extreme. Moral Life in the Concentration Camps*, New York, MacMillan, 1997.

46 P. Cattani, *Guarigione*, p. 146.

47 *Ibidem*, p. 155.

its maturity»[48]. He explains the process thus: «It has been the 'recognition' of limits and abilities of my body that has defined what I call 'recovery', understood as a continuous process of self-understanding. This should happen on a biological level, so that we consider our embodiment not as an element distinct from our inner sphere, but as constitutive of the person». He remarks: «We need another form of listening; we should perceive the echo of our more intimate dimension»[49].

In a process of continuous confrontation with the body, its perceptions, emotions, and inner states – and in confrontation and relationship with others, in interaction with the communities in which we live – we also experience situations which can be at the borders and at the limits of what is sustainable, but which still represent and are forms and conditions of life. Nothing is obvious, nor predefined, in this kind of situations.

Piergiorgio observes that the dimension of wisdom and the awareness about ourselves and on the meaning of existence correspond to the ancient Greek philosophical doctrine of *gnòthi seautòn*: «G*nòthi seautòn* concerns the meaning of life»[50]. Maybe through this knowledge of ourselves, of our body as a potential room, we may experience a different sense of ourselves, a deeper, more spiritual sense of our identity and of our being-in-the-world.

In fact, how we conceive disability reflects our notions of humanity and human beings: another way to define humanity can thus be derived from a broader conception of humanity, one that includes the many different bodily and temporal conditions that as human beings we may encounter, experience and live with.

We all as human beings need to adapt to new contextual and bodily conditions that are and remain extremely demanding: those who experience the most extreme conditions and have to cope with them every day may represent true 'super-humans'[51].

---

48 P. Cattani, *Guarigione*, p. 147.

49 *Ibidem*, p. 148.

50 *Ibidem*, p. 149.

51 In the video *We're the Superhumans*, prepared for the Rio Paralympics 2016, athletes present themselves: the video is available at https://www.youtube.com/watch?v=IocLkk3aYlk (accessed on July 3rd, 2023).