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The Pedagogist with Health and Psyche Professionals

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ABSTRACT

The pedagogist is a social professional with an ancient history that re-emerged in the 20th century after the Sozialpädagogik and other contemporary developments, like other professions that had their scientific foundation in the 19th century and settled socially in the following century. Among the fields in which the pedagogist is called to practice professionally, there are the health and the psyche, in which he can effectively lend his active cooperation at the highest level with medical surgeons, psychiatrists, psychoanalysts and other psychotherapists and with other professionals in the domain. In this paper, the specificity of the pedagogy and the pedagogist is rigorously outlined in order to prevent possible confusion and overlap in professional practice. Some of the physical and mental health problems that can effectively exemplify such professional cooperation are also examined. A brief reflection on health prevention, and medical pedagogy, completes the essay.

Keywords

Health professions, Pedagogist, Prevention, Psyche professions, Social professions.

Premise and Aim

Pedagogy is a social science and a superior intellectual profession with 2500 years of history, such as medicine and surgery and as legal sciences. It has had new and further foundations laid in the second half of the nineteenth century with the Social Pedagogy, with Durkheim and other innovative pedagogists after the Enlightenment. Pedagogy has also been in the same cultural context of the Mitteleuropa in which other human and social sciences were founded that gave rise to professions that would have established themselves in the following century, such as psychology, sociology and psychoanalysis. Compared to several emerging professions, for the pedagogist we can talk about a re-emerging profession and in an expansion of the field of practice.

These historical references, remote and close, are necessary because pedagogy has drawn its tools since antiquity and throughout its history, including the history of education as a school and teaching in other contexts; as care of those in the age of development, as management of educational institutions for all ages and so listing. This explains why the training of the pedagogist has a historical component like no other profession, and also why in the pedagogical professional practice historical contextualization is always essential [1-4].

In his re-emergence in the 20th century, on these renewed foundations and on others, the pedagogist offers his professional practices in social services, in supporting the couple and the family as well as parenting, in prison education, in local authorities and in many other sites. We practise professional pedagogy in all locations that are characterized by a relevant educational aspect, also not fundamental but resulting from the presence of a social and interpersonal relationality. Among these, health is highlighted, in which he works in cooperation with the doctor and surgeon, the psychiatrist, the psychotherapist and the psychoanalyst. While health services don't arise for educational reasons, they are deeply educational in an essential way.

The Paper aims is to outline the specific characteristics of the professional operation of the pedagogist with respect to the upper professionals of health and psychology, and to also bring some significant examples in this regard from the results of professional activities experienced, in a voluntary form to test and corroborate the whole proposal.

About the specificity of pedagogy as a science and as a profession

Pedagogy is a profession essentially practised through the word, which could raise some suspicion of overlap with other professions, and particularly in the medical and psychotherapeutic sectors, with a confusion of skills and roles. It is well known, however, that all this is without any foundation, and for a number of many important fundamental reasons. Let's see some here for everyone else, in an elaborate summary.

a) The pedagogist has no therapeutic task for his intrinsic reasons. Therapy is given, as is known, when there is violated physiology, as it is in medicine and surgery as well as psychotherapy. The same applies to jurisprudence, with reference to the violated legality to be reinstated. However, in pedagogy there is no intrinsic physiology or legality, if necessary, it is borrowed from other knowledge and the natural or social context, and the only rules that are intrinsic to it are the norms of the method, and never of merit. There is no appreciable result from the study of the other meanings of the Greek verb θεραπεύω, having fixed in the long tradition a single and precise meaning of a verb originally polysemic, as is common in classical Greek. The word of the pedagogist is that of a person who is dialoguing between others, at an equal level with those who require professional help. He cannot make judgments, sentences or prescriptions, nor is he required; it can express opinions, points of view, their own, which are as valid as those of its interlocutors or those of any other person. In pedagogy, there aren't words as "the doctor said it!".

b) Those who speak to the pedagogist professionally claim to have problems. The pedagogist must first redefine these occurrences as "problem situations", which become problems when the interlocutor places them as such, that is, he engages with everything himself to try to solve them, to overcome them, to overcome difficulties, to fill the gaps, and does so by creating. Above all, it is never the pedagogist who offers the solution to the interlocutor, but it must be the interlocutor who builds with the exercise of human creativity his solution to the problem he places, which could be different from the solution of another, obviously with the professional help of the pedagogist.

c) Moreover, there is a more specific difference that distinguishes pedagogy from all professionalism that refers to the psychoanalytic dimension. In the culture of a pedagogist, the psychology and the psychoanalysis have an important and indispensable educational role. The pedagogist can never in any way even hint at entering the unconscious mind of the interlocutor, having neither the competence nor the tools. Instead, there is a whole dimension of thought, experience and planning in each of us that is perfectly conscious, but is left for a long time unspoken, implied, neglected, subjugated, given by tacitly accepted by people closely related beginning with the partner. Bringing this to the explicit is an important resource precisely to help solve one's own problems, which can then be developed with the help of the pedagogist. The pedagogist works on the conscious, on the cultural, social and relational dimension.

We could continue for a long time, but the professional specificity, as well as scientific and cultural, of the pedagogist to the "cousin" professionals of the word and culture is adequately delineated and doesn't allow confusion or possible overlap.

Even those who use the compound term "psychopedagogy" or refer to the specifically pedagogical dimension of "Les sciences de l'éducation" [5,6] or refer to a professional bearer of two professionalism together, which is possible and indeed it's the occasion of positive synergies, a hypothesis in which it would be more correct to write "psycho-pedagogist".

All that has been said is liable to developments that would be of great interest but would take us out of the purpose and limitations of this paper. In these pages, we will take a particular look at the professionalism of the pedagogist in the health and psyche sectors [7].

We cannot express a practical manual of the virtually possible clinical case studies of the pedagogist in health services, but we can give a series of examples of problematic domains, single cases or general casuistries, in which the figure of the pedagogist can make an absolutely specific and particular contribution, which requires its presence and cooperation. The reader will easily notice that under no circumstances will it be possible to even assume that the pedagogist occupies an area however minimal of the professional domain of other professionals, but if anything how his intervention can be a form of help "to therapy and therapist", synecdoche (rhetorical figure, all for the part) to indicate the problematic situations of pedagogical interest that arise wherever a therapy operator practices. These experiences are all shared without exception. several times, by the author as part of his professional research exercise [8].

Access to psychiatric therapy

It is well known that possible patients resist, with all sorts of difficulties, accessing the cure of a psychiatrist or psychotherapist in initiating word-based therapy, or another kind of psychotherapy. Patients display such resistance even in taking the psychopharmaceuticals prescribed by the doctor. Probably, they are not even fully known to the doctor and the therapist himself. However, their full and unreserved overcoming calls into question different professionalism. The pedagogist's professionalism is particularly indicated about his legacy of teaching skills, to teach what can consist of psychiatric therapy with the necessary knowledge of the disease which therapy intends to cure, how much therapy may be necessary and how insidious it is to refuse it or not cooperate in the fullness of its possibilities, or even to flee or sabotage it.

In our experience, prejudices relating to the confusion between milder mental illnesses and extreme hypotheses called grossly "crazy" or "being mad" have been particularly relevant. The fear that the intake of prescribed medicines will give rise even in a very short time to a lifelong addiction and a need to increase doses indefinitely; to feel themselves somehow impaled by the

fact that they need the specialist as well as others; and likewise, the prejudices of the environment that in some way affect in the process of being aware of the use of this professional, that is, the fear that an indissoluble stigma will result.

We have had several cases in this regard, from young people in their twenties to older adults beyond the limits of retirement. A good way to make the possible patients of the reality of the disease diagnosed by a doctor better is to overcome some of the prejudices. It is a form of teaching, to remove the uncultivated and crude obstacles that exist in the subject and free it from them, similar to the ειρωνεία of Socratic dialogue [2,12]. Another resource concerns knowledge of the effect of certain drugs, such as mood regulation when endocrine secretion is not sufficient, due to excessive stress by the environment, or for a malfunction of the glands specifically responsible for this. These are often cases in which the principle of dialogue with a setting at the same level between pedagogist and interlocutor is not valid, but rather the pedagogist "rises to the chair" as the heir to centuries of teaching, even if it is a teaching that must last few meetings.

We have had to convince some non-serious patients to return to talk\s even several times in the face of repeated opposition, to have to point out wrong behaviour in the intake of drugs that have been prescribed, disorderly or below the minimum level necessary. Sometimes it could be of a higher intake than prescribed by the doctor for misunderstandings of exaggeration of discomfort, or with the simplistic argument that a higher dose "does better". In any case, and in the others we could bring, the work of the specialist has also gained an undoubted benefit [3,11].

Access to other therapies

The discourse is, however, much broader and even more general. Prejudices that hinder access to a whole huge variety of medical and psychotherapeutic interventions are several and analogous.

Here it is enough to mention the prejudices that persist even in the most advanced societies and cultures towards full access to the care of the gynaecologist and the andrologist, even more than the sexologist. Medical procedures that could lead to surgical operations considered disabling, rightly or wrongly; to an attitude of distrust towards any medicine similar to psychopharmaceuticals, as a devious dependency bearer and the beginning of an endless escalation; up to the most uncultivated cases of rejection of a regular dental or orthodontistic prophylaxis, leading to the ruin of one's teeth; to the refusal of eye visits with all the risks for a non-perfect sight that could be easily corrected with glasses or contact lenses or in increasingly frequent cases with easy microsurgery operations. Every competent on pedagogy, or education, can continue this list very long and in diverse ways.

Depression, (perhaps) the ancient melancholy

For us pedagogists, who give the historical dimension up to antiquity that places fundamental importance on what we have said, the origin of the idea of depression as an excess of "black bile" or μέλαινα χολή is of great interest. In other words, black mood. Μελαγχολία was described by Hippocrates of Kos (460-377),but there are interesting precedents in classical literature, although not properly medical, for instance, the descriptions of King Saul's disease of the Old Testament, the description that is of a depressive syndrome (1 Samuel, 11th century); as well as the history of the disease that would lead to the suicide Αΐας ὁ Τελαμώνιος from the Iliad of Homer (8th century?) to the Epic Cycle (7th-6th century), both from previous oral tradition, then resumed in various Greek and Latin works.

Latine loqui, the term "lugubriousness" comes from the Latin "lugere", whose meaning ranges from crying to bringing mourning, not the mournful fact but the subjective condition that comes with it.

In cases like these, the professional practice of the pedagogist, who is not a doctor and is not a psychotherapist, is particularly susceptible to success. Sometimes a person has difficulty digesting certain foods or food in certain quantities; in that case the digestive drugs replace the limits of the functioning of the relevant organs, after which it is suggested to avoid certain foods, or to strictly control the amount ingested. The metaphor is illuminating for reactive or "situational" depressions, as they require mood regulators in such quantities that the organism is unable to separate or receive them. It would be advisable to remove situations that cause melancholy, or are depressogenous, but when this is not possible for any reason the intake of the drug constitutes the obvious rational response of defence of the organism and the psyche in particular.

Are today's depression and classical melancholy different? This is a medical issue, not a pedagogical matter; the help of the pedagogist does not change.

Especially since the demand for endocrine secretions over the possibilities of the organism is often attributable to environmental attitudes that undermine the mood of the subject. It involves a whole set of logical actions to be carried out with people close to the sick person, with the people that constitute his first social environment. It is not even necessary to talk to the interlocutor but it is necessary to talk to his loved ones who, not having the same predisposition, may not realize at all how their behaviours become opportunities for depressive or melancholy access to him.

The ancient hysteria

We have sometimes witnessed hysterical scenes or pantomimes. In particular, on the part of a young man of not even thirty years: the young man, without a situation that rationally could be camped out to justify or unleash, began to scream out loud insolence towards his parents and in particular the beloved mother from whom he was in certain measures dependent. He also pointed out the tip of the knife or the sharp blade to the throat of the mother herself challenging and threatening her. At the end of the scene, that lasted a time that could seem very long to those who had to undergo it, but in reality it was a few minutes, the young man returned as nothing had happened to his natural voice nor altered, without the slightest evidence of the cries emitted just before, with the skin of the natural colour, and not even a hair out of place or a sign

of sweating. The specialist had a lot of work to do on that young man but help to his parents had to be given by the pedagogist who knew the situation well and had adequate cultural competence. It is a work that requires a lot of patience. The first time I had told the mother that her son suffered from a form of hysteria, she reacted with a bitter laugh as if mine had been an unhappy joke. I had to work for a long time, even in this case more as a teacher than as a social pedagogist, to drive her culturally to a positive role towards the son she loved so much, and equally for her husband and father. Neither of them lacked the necessary culture and intellectual abilities, but both of them lacked that provision that we pedagogists call openness, that is, the willingness to question their ideas, their convictions and their choices, ultimately all themselves.

We are well aware that hysteria also was described for the first time by Hippocrates, who was slightly younger than Socrates (470/469-399), which was undoubtedly identified as a female sex disease, so much that the diction derives from the Greek ὑστέρα which means uterus, or even other details of the anatomy and physiology of female reproduction. It is interesting to know how the resumption of this conceptuality was accompanied by the particular polarization of the genres to which education aimed according to the bourgeois spirit from the late 1700s onwards, since it is a disease that arises where there is a compulsion to live in a different way from how the subject would feel, to act, to embody parts not their own but somehow demanded by the environment or the relationships of proximity and, together, to declare themselves happy and satisfied and to demonstrate even this false self-fulfilment that entails further difficulties. These are all constructions that initially concerned the 18th century female, the mother and wife of the nuclear, or conjugal, family. However, as early as the 1800s the first cases of male hysteria appeared and were reported, and the one that is no longer called in this way but by several denominations that we leave to the readers specialists of some recent edition of the DSM. At least in Western society it would seem statistically prevalent in male sex. Moreover, the importance of the Studien über Hysterie for the future psychoanalytic elaboration of Sigmund Freud (1856-1939) should not be forgotten.

At first, Freud devoted himself to the study of hypnosis and its effects in the care of psychiatric patients, influenced by Joseph Breuer's studies of hysteria, in particular the case of Anna O. (i.e. Bertha Pappenheim, future founder of the welfare state and female emancipation movements), to whom he became interested based on Charcot's considerations, which identified in hysteria a disorder of the psyche and not a female reproductive system, as previously thought. From the difficulties Breuer encountered in the case, Freud progressively built up some basic principles of psychoanalysis related to doctor-patient relationships: resistance and transfer(t) [9].

As for the pantomimes of the young man to whom I witnessed, the diagnosis was expressed and confirmed by more than one specialist even when adopting different dictions. The situation had a very bad evolution precisely in the family context, and that young man would never be able to give himself a socially and familiarly constructive position as is generally asked of his peers. The attempt to help those parents failed woefully. On the other hand, it is to be put into account the possibility even for the professional exercise of the pedagogist, whenever the openness in the interlocutors is not present, whose absence functionally amounts to a psychoanalytic psychotherapeutic treatment to lack of compliance.

In other cases, however, the help of the pedagogist was valuable according to family members of other people suffering from that particular syndrome. We could talk about the husband of a lady of about 40 years, for whom the role of the nuclear family wife had been unacceptable and unsustainable despite all the goodwill. She had always lost control in front of the public, difficult breathing, drinking and swallowing, rejecting her husband and lascivious behaviour clearly. Her husband followed the pedagogist by taking on a role less as a nuclear family husband, more respectful, more equal and sharing almost everything.

Or, we could talk about the case of an elderly man who behaved as to be drunk in full style from north-east Italy without taking a single drop of wine, while normally taking wine and spirits in quantities compatible with the lifestyle of his environment without producing any such effect.

In this and other psychological syndromes, the help to be provided is essential to the family members and the next of kin of the patient and finally to the patient. The pedagogist must arrange a good reception of a reliable specialist medical diagnosis, and it must support his help and must not in any case interfere with drug prescriptions, but only favour compliance and remove any obstacles arising from lack of culture.

In the last case summarily dashed, which we followed with positive results, that subject had pharmacological therapies to follow, and also resorted to alcohol: a consumption, indeed, not too high, in line with the common behaviour of the area, and which he held for decades. His family tried to prevent alcohol from entering the house because they felt they were incompatible with the medications the doctor had prescribed: let's face it, the doctor has never confirmed that incompatibility, this perhaps was hypothesized in the "bugiardino" (drug instruction sheet). And indeed in the reserved office precisely that specialist doctor pointed out to the pedagogist that even according to him the deprivation of the intake of a small amount of alcohol by a person who had always taken them could have been more harmful than the possible synergy with some of the prescribed drugs, which however had been prescribed with full knowledge of the lifestyle. The only effect that obtained the contradiction of the family members was to make worse the subject, who took in the pub the amount of alcohol on the whole even higher than he had been accustomed to taking in his home and his family.

We did the calculation several times together and had always the same result. It was enough to restore the status quo ante, even concerning domestic alcohol, and those pantomimes from fake drunks ceased.

But it's not just psychiatry and psychotherapy: women's disabling diseases

The professional cooperation of the pedagogist with professionals in the psychiatric, psychotherapeutic and psychoanalytic areas is among the most immediately readable in the health field, and the reasons can easily be guessed, at least by those who have jurisdiction on both sides. However, these are special cases (however remarkable!) of a general discourse: pedagogy is "cousin" science of the entire medical-surgical science and legal science, and so is the related professions, for the 2500 years and beyond of common history, for the common origins in the classical world. What has been exemplified so far should therefore be read as a start of implementation of the virtuality of the pedagogist's cooperation with anyone who is a medical doctor and surgeon, or health professional.

The cases are among the easiest to describe, but among the most difficult and critical to deal with are those in which surgical removals of all or part of the breast system, or essential parts of the female reproductive system, are necessary. The disinterest of the husband or partner, the devaluation of the malaise in women for the consequences of those deprivations devalued as if they were a matter of intrinsically weak sex, even a more or less convinced attempt to instil in the partner the idea that those deprivations were not important, are immediate causes of many aggravations of the deprivation which that woman has had to suffer and will have to suffer for life. And this, not to mention the complacency, more or less flatly expressed by the companion for the definitive absence of contraceptive complications: a bit as if you wanted a woman with all its feminine characteristics, but completely sterile.

The problem is acting like a male and a partner in such a way as to make the partner feel like a real woman, just as if it had not been taken away from what was of great importance to her. This is not easy for the woman as a woman, nor for the male as male, but especially for every person educated according to the polarization of gender of the eight-nineteenth century, so the sexual role of the woman, beyond reproduction, was exclusive of rebalancing and satisfying male needs. If the children are already there, to a deliberate or at least acceptable extent, many males believe that in the end those mutilations of the partner can also be well, thus becoming themselves further mutilating towards their mate as a person, unaware as much as one wants, but still such in fact.

Moreover, there is an opportunity to bring the speech to the supplementary, and to wonder what attitude a woman can and should take towards a partner who is disabled in his generative faculties, or even in his facultas coeundi.

We need an education in mutual respect, which means education in the fullness of being a person of each of the two with all the prerogatives of one's sex, which is not reduced to genitalia, but for which we must first conquer the equality of rights and opportunities, then enhance the differences. The differences are neither anatomical nor physiological, except in a hypothetical first instance, gender differences persist even when the genital organs are lacking for some reason.

Gender differences are not only anatomical and physiological. Where it was possible to obtain the accommodation of the couple according to a paradigm equal and mutually respectful of all differences, the results were largely positive. In some cases, the persistence of prejudices of past centuries, disguised as pseudo-scientific considerations and with improper references to "nature", constitute those cases in which the author was called to intervene but could not make major contributions.

Anorexia and bulimia: why don't you like you? Why do you think you don't like him?

We know that the two nouns in the title recall families of pathologies that require a high expert opinion on the part of the psychotherapist and possibly also other medical specialists. Consequently, as pedagogists we must look at these pathological phenomena with due detachment, even if they are problems of which we are constantly invested. The strictly pathological aspect of these phenomena does not belong to us, and we must not fall into the deceptive temptation to get involved, even if the human case can make us react with powerful empathy. After all, we pedagogists must use a particular form of empathy, but we call it with the original term "Einfühlung".

When you can be sure that medicine in its various specialties could explain all possible intervention on these subjects, then we can make our contribution too, and the questions that complete the title of this paragraph are an extreme, reductive summary of how to set up our intervention. However, we do not believe in the omnipotence of pedagogy and we know its limits, although we would like to be able to do more every time.

It is certainly not a problem that in the search for one's aesthetics and boditily follow patterns and models considered in force at that time or in fashion. It is not even a problematic phenomenon today. We can find its precedent even in times gone by and also in antiquity. Another problem is that this adherence to models considered to be reproduced is more often presumed and self-built, than real.

No one wonders what the measurements of the models exhibited are, beyond some choice of clothing or hair you do not really go, you go only virtually, hypothetically. In short, there is a whole personal construction, and we emphasize that it is a conscious construction, through which the subjects believe to imitate some idealized model, but in reality they are imposing on their body hard sacrifices and the increasingly penalizing restrictions without this corresponding to anything real externally. Bulimia can become a way of punishing yourself for failing to do so, or a refuge in food in illusory research and that will never be satisfactory of the pursuit of the goals you believe to have missed in life.

It's all about the "project of life." Having said that the pedagogical component is only part of the problem, and part of any solutions, we can answer affirmatively, with regard to the intervention of

the pedagogist: yes, we must act on the project of life, aware that this is not and will never give "everything". We always remember that the "project of life" is not a plan or a program: like any project, we could talk pedagogically about its relationship with its "programming", as it is always susceptible to any modification, adaptation, revision, remaking that personal experience and contextuality make necessary or, at least, appropriate.

What is "medical pedagogy"?

As is well known, the Association for Medical Education in Europe (AMEE) has existed since 1971, and is a worldwide organization with members in 90 countries on five continents. In Italy, in particular, the Smith-Kline Foundation favoured the establishment of the national company SIPeM (Società Italiana di Pedagogia Medica) in 1984, establishing a valid meeting point for health professionals and pedagogical and didactics professionals.

The discourse on the merits is prevalent concerning the problems of the initial and continuous training of doctors and health staff, with [14] some extension to the psychological and psychotherapeutic dimension. In the realities in which there is a heavy selection in the entry as in Italy, this too becomes an object of discussion for its obvious pedagogical and docimological relevance.

This is certainly medical pedagogy, from which important contributions are expected. However, it is a part, as relevant as one wants, and in which we cannot expect results proportionate to the great commitment made without breaking down the barriers of discourse towards its general domain and not simply operational and didactic. Very few consider "education" the six years of initial training of the medical doctor and surgeon or dentist or dental surgeon or others, the subsequent years of specialization and in any case of initial postgraduate training, or the initial training of other health professionals. On the other hand, the acronym ECM (in Italian) is always valid in the field, that is , "continuous education in medicine", but that it is really education and not teaching or training, and that the professionals on duty and practice are educators, no one would seriously consider it. And also, education is the initial training as is the continuous one, and the health professionals are educators like every other intellectual worker and like every other human person. The professions of the health, medical, surgical, dental, psychological and psychotherapeutic areas, are professions that are concerned with man, the object of exercise up to the highest levels is in corpore vivi in the body alive and not in corpore vili in vile bodily, as well known. There is no professional operator of these domains, however courteous and reductionist, who thinks that this human destination is a purely physical, anatomical-physiological entity.

Of course, every single organ or apparatus, every detail of the human body is so wonderful that no craftsman would be able to reproduce it; but it is also so essentially problematic that any craftsman would refuse to produce it as such if they could.

It has long been said that the first medicine and the first remedy that the doctor gives to the patient is himself; perhaps sometimes we forget, more often than not we know how to make such a very important drug and preside over the use that would be better for the patient, or we do not have the sufficient availability to dispense as much as it would be possible and necessary. As you can see, the didactical and scientific training dimension immediately expands to the vocational and the general pedagogical dimension.

We recalled that Hippocrates was roughly contemporary of Socrates, and that Western surgical medicine has the same cultural origin as pedagogy. Perhaps we tend to forget that the ancient Greeks were great scientists, in the medical field such as in the field of astronomy, geometric, acoustic, arithmetic, geographical, biological etc. They could not make useful and practical use of so much science, that is, they were pure scientists and not of applications or technicians. It is therefore particularly remarkable that the surgical medicine of Hippocrates and the ancients were essentially operational, even if they would have been given dogmatic readings in the Middle Ages. This particularity of medical science compared to the complex Greek-classical science is explained by the reference to man, the same reference that founded philosophy, pedagogy and other social sciences. Compare it with the study of geography and astronomy that Greek people could realize as a people of navigators, traders and colonizers overseas and even beyond the cabotage; Moreover, for those who know the human realities of the mountain near the sea, the discourse is very clear.

It is the analogue for law in Roman civilization. The Romans were great technicians, without being scientists until they learned it from the Graecia capta (from 146 BC, destruction of Corinth). Medicine and surgery would continue to operate and develop, always around man. Furthermore, while originally at the Romans, the pater familias was also the sanitary authority, with philosophy and high culture, the conquered Greeks also brought to the Romans the professions. As Quintus Horatius Flaccus wrote, "Graecia capta ferum victorem cepit et artes intulit agresti Latio" (Epistulae,Il, 1, 156).

In essence, medical pedagogy also means the attitude of the doctor and any professional in the enlarged health area as a human subject who dialogues with another human subject. There is not only psychoanalysis or Frankl's logotherapie as a direct descendant of Socratic dialogue [10-12], all medicine can be understood as a dialogue. Even in the limit case of a surgeon who is called to operate a patient already unconscious, and who leaves the operating room to the care of the anaesthesiologist, however, he would have given himself humanly to the patient, even if he had operated through robots and machinery., While the patient had not been aware of it, bore in itself the traces of such human relation. Machinery and robots are also man-made for humans, and to be controlled and managed by humans [2,3].

Even if we dusted off the dualism between EBM and narrative medicine, we should not escape the fact that the first term is essentially human as the second, the fruit of human creativity for man, to solve human problems: a fruit however not arbitrary, i.e.

scientific. And this, regardless of the meaning in which we take the term "evidences" [12].

We learn all this, and we will see that the different professions, each with its peculiarities, are always acts of dedication of a man who has a certain competence to another man that needs the outcomes of so much competence [3,8,13,14].

Health education and prevention

All discussions should be made about the contribution of education to healthy living conduct and health prevention. Prevention that is a human act: and pedagogy is prevention, projection into the future, forecasting, essential attention to the deferred consequences as theorized by Pragmatists and epistemology of the 20th century [3,15].

Such discourse should consider the competence of a specific professional, that is, of a pedagogist with experience in the health world, in communities, in nutrition and ecology. But even in this case, as in others, the recent eighteenth-nineteen-twentieth century tradition leads too many to believe that it is all a matter of general experience of life and common sense, of thinking well and nothing professional. In Italy, in particular, there is a tendency to consider, for example, the indisputable and infallible expert parents of the education and health of children as parents, and given the responsibility that is something else. In short, we returned to Rome before the civilization that brought to you the Greek culture, only that instead the pater familias also became health authorities, both parents of the nuclear family, and in particular the mother. Recall that not all fathers were pater familias: only one was the pater familias, and only death sanctioned its succession, consistent with the patriarchal nature of that society.

The analogue is found in sport, associations and volunteering: good will, human availability and daily experience confused with that competence that only professionalism can guarantee.

Expensive and challenging multimedia campaigns have been conducted against risky behaviours, smoking, alcoholism, driving motor vehicles without prudence and without respect for the road code, the weekend massacres and by listing, not forgetting the fundamental importance of preventive and control visits one or two times a year by a wide range of specialists. But the results were almost nothing. Ask the expert specialists, and not the creatives who can, if anything, provide instrumental help. Given the social goals, how do you educate? What role does education play in human, social, healthy, promotional life? [13].

Conclusion

The discourse is open, the research as the professional practice are interminable processes. We can, if anything, pass an ideal witness in the relay between academic research, which in pedagogy is always in direct and organic relationship with social commitment, the reality subject of study, the responsibility and the educational care, to professionals operating.

They expect the feedback needed for the scientificity of the whole system, and the evolution of professional practice as well as knowledge.

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