

In Search of the Relationship Between Pedagogy and Medicine: Towards a Holistic Paradigm of Well-Being Education

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Abstract

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This article posits care as a fundamental paradigm for understanding medicine and pedagogy, highlighting its deep roots in human existence. Rich in philosophical insights, care is seen as the very essence of human communication, nurturing, and education. This study examines the complex interplay of care within these fields, advocating for a hermeneutic approach to illness. Drawing on philosophical perspectives, historical legal frameworks, and contemporary epistemological shifts, it explores how care has become central in various disciplines, transcending traditional boundaries. The traditional view of care, initially focused on disabilities and rights, has expanded to include holistic well-being and individualized attention. This shift recognizes each individual's unique needs and potential, emphasizing their value in the care process. With a holistic understanding of illness, contemporary medicine integrates care as crucial to healing. Similarly, pedagogy moves towards a "pedagogy of the person," acknowledging individual needs and ensuring they feel valued and respected. This article underscores the ethical dimension of caregiving, highlighting the responsibility and anxiety of physicians and educators. It calls for a shift from "curing" to "caring," focusing on the person rather than symptoms. By adopting a hermeneutic lens, physicians and educators interpret signs of competence and potential, fostering a collaborative and interdisciplinary understanding of human complexity. Ultimately, the article advocates reconceptualizing care as fundamental in medicine and pedagogy, emphasizing holistic care for effective well-being education.

1. Introduction

The relationship between pedagogy and medicine, mainly through the lens of holistic education, has garnered significant scholarly attention. The care concept, deeply ingrained in human existence, is a pivotal paradigm for comprehending both fields. Care is a fundamental aspect of human life, influencing interactions, nurturing, and education. Philosophically, care is seen as the essence of human existence, underscoring the interconnectedness of individuals and their environments. This perspective aligns with the holistic paradigm, which views individuals as integrated beings whose well-being is influenced by various physical, emotional, social, and spiritual factors.

In medicine, the traditional view of care focuses primarily on addressing disabilities and safeguarding patients' rights. However, contemporary medical practice recognizes the importance of holistic well-being and individualized attention. This shift moves

beyond mere treatment to embrace care as integral to healing. It emphasizes everyone's unique needs and potential, ensuring they feel valued and respected in the care process (Allen, 2010; Schreiner, 2009).

Similarly, pedagogy has undergone significant transformation. The traditional education model, which often views students as passive recipients of information, is being replaced by a "pedagogy of the person." This approach acknowledges and nurtures each student's unique needs and potential, fostering a respectful and dignified learning environment (Kunac, 2020). By emphasizing relational dynamics and holistic development, this paradigm shift underscores the importance of viewing students as whole individuals deserving of comprehensive care (Sidorkin, 2023). In the following paragraphs, we will explore the strong connection between pedagogy and medicine as human sciences.



2. A philosophical, legal and historical framework for human care

The care concept has a deep philosophical foundation, stretching back to ancient times. Historically, care has been considered a fundamental aspect of human life, central to individual well-being and societal cohesion. Philosophers like Martin Heidegger have explored care as a fundamental existential condition, mainly through the notions of "being-with" (Mitsein) and "care" (Sorge) in his seminal work *Being and Time*. Heidegger posited that care is intrinsic to the human condition, influencing our interactions and understanding of the world (Heidegger, 1927).

The notion of care has evolved significantly. Along with Heidegger, philosophers such as Husserl, Merleau-Ponty, and Polanyi have contributed to understanding care as a holistic concept that transcends traditional boundaries (Kretchmar, 2013). These philosophical insights have been instrumental in shaping contemporary views on care, emphasizing its ethical and relational dimensions. The shift from a biomedical to a more holistic approach in medicine and pedagogy reflects these evolving perspectives (Roets et al., 2017).

In contemporary philosophy, the ethics of care has gained prominence, mainly through the works of feminist philosophers such as Carol Gilligan and Joan Tronto. Gilligan's *In a Different Voice* highlighted the moral significance of care and its role in human development, contrasting it with the justice-oriented approaches traditionally emphasized in moral philosophy (Gilligan, 1982). Tronto further expanded on this by outlining care's political and ethical dimensions, emphasizing its importance in public life and policy (Tronto, 1993).

It is widely recognized that a human becomes a person, in the complete and authentic sense, through educational activity, with someone interacting with, caring for, and educating them. According to Heidegger, humans possess an original openness to the world and things. He called this "openness to the world," facilitated by language, "Sorge" (care). It is precisely this Sorge that "projects" our "being" into the world. From this philosophical perspective, the most authentic care allows a person to become "who they are," fostering an openness to the world through an authentic autopoietic and self-educative process of personal maturation. Care is a human prerogative linked to personhood (Gorton, 1987).

The law has permanently enshrined the importance of the legal guardian as a figure whose function is to accompany and protect the rights of minors until they reach the age of majority and become "autonomous individuals." In ancient Roman private law, the *curator* was appointed to care for someone or manage their estate. This role involved "supplying" care and sometimes acting on behalf of those who were "unable" to act due to age or illness.

Modern law continues to highlight the role of the legal guardian, appointed by the magistrate to assist partially incapacitated persons. Legal guardians intervene when a minor's assets are mismanaged by parents or relatives or in protecting a newborn's assets upon the father's death. Judicial administrators also handle the administration of inheritances and manage the assets of bankrupt individuals, proceeding with liquidation in the interest of creditors and the bankrupt person themselves. Law allows us to understand "care" in a dual sense that is useful for our hermeneutic approach to illness:

- 1) As an adjunct to a disability or incapacity.
- 2) As protection of the rights and interests of a person who, for various reasons, cannot assert them.

Legal frameworks have historically influenced the notion of care by formalizing responsibilities and rights associated with caregiving. For example, laws governing medical practice establish the duty of care that healthcare professionals owe to their patients, grounded in principles of beneficence and non-maleficence. These frameworks require providers to act in patients' best interests and avoid harm.

The evolution of patients' rights has significantly shaped the care concept within the medical framework. Legal frameworks increasingly recognize the importance of informed consent, patient autonomy, and the right to dignified and respectful care. These developments reflect a broader shift towards a holistic understanding of care that values individual preferences and experiences (Safadi & Abushaikha, 2021).

Etymologically, "care" derives from the Latin word *cura* and encompasses many meanings. *Cura* means "thought," "solicitude," and "administration," but also "restlessness," "labour," and "pain of love." It is synonymous with "nurture," "cultivation," "study," "application," "zeal," and "treatment of a disease." Thus, care involves the "search for new remedies" and the "curative action" of a physician or anyone diligently engaged in a task.

In law, the device of care is triggered when there is an "interest," meaning the protection of a person's or group's rights. Care is a "solicitous concern" directed by one or more persons towards someone or something. Hence, care is "consideration" and "solicitude." That includes "family care," attentive to the education and maintenance of children, and "care of the body," which ensures one's health (Ahlzen, 2011).

Care is connected to "worrying", which expresses a constant interest in someone or something, often indicating the object of one's energies, thoughts, and attention. The object of care, requiring constant commitment for its protection, becomes an "object of concern," anxiety, and sometimes fear or pain. The caregiver projects their "interest" onto the object of care, treating its needs as their own.

Care, as a concept connected to Latin *cura*, also implies a significant commitment to "doing," embodying "attention," "accuracy," "diligence," as we have seen in the paragraphs above. This practical aspect of care involves all practices aimed at "directing," "leading," or administering or governing someone or something.

Also, the concept of healing implied in *cura* is closely linked to the Greek concept of *therapeia*, originally meaning "service" or "servitude." This concept indicates "respect," "special care," and "deference" owed to higher-ranking individuals, such as children to parents, disciples to teachers, soldiers to superiors, and the faithful to gods.

3. Care as a paradigm in medical and educational research

Care has become a fundamental concept in contemporary epistemology, influencing almost all disciplines of human knowledge. It is now considered the original principle underlying all human sciences. Traditionally, care implies the presence of a problem, such as a disease, which necessitates seeking a remedy. That stimulates action, investigation, and comprehension, engaging individuals comprehensively and prompting genuine inquiry.

Modern pedagogy increasingly focuses on the individual, evolving into a "pedagogy of the person." This shift transforms "education in curing" into "education in caring for the person," implementing strategies that address specific needs and continuously respond to emerging questions. Similarly, the medical sciences are redefining their epistemological stance,

moving from merely treating illnesses to a holistic view of the person (Miles et al., 2013).

Modern medicine views illness as a "way of being," considering the person as a unified "psycho-soma." This approach prioritizes the subject's experience, placing care before therapy and emphasizing the interconnectedness of mind and body (Chan et al., 2002). This holistic perspective requires continuous interpretation and adaptation, fostering dynamic relationships between physicians and patients. Legal and ethical frameworks now emphasize informed consent, patient autonomy, and dignified care, reflecting this integrated understanding (Safadi & Abushaikha, 2021).

In Latin, *cura* means thought, solicitude, administration, and treatment of disease. In law, care involves protecting individual or group rights, extending to various forms such as family care and body care, which highlight its role in health and well-being. Curiosity, derived from *cura*, drives research activities, underscoring care's fundamental role in continuous inquiry and adaptation.

Contemporary researchers and practitioners consider care as a practice necessitating a holistic, integrative approach that respects the individual's total experience. This perspective underscores care's ethical and relational dimensions, advocating for a paradigm prioritizing holistic well-being in pedagogy and medicine (Zotterman et al., 2016).

Illness is an aspect of a person's being, requiring a view that integrates mind and body influences. Medicine now focuses on the person as an active subject in a dynamic relationship with the physician, involving continuous interpretation and adaptation. This relationship is fundamental to medical knowledge, allowing for verifying and redefinition of beliefs through research and action strategies.

Physicians' knowledge is hermeneutic, involving continuous interpretation, like educators and lawyers. They interpret medical signs and symptoms, engaging in continuous semiotic analysis. This practice parallels scientific research, driven by curiosity and care and stimulates attention and emotional capacities. Care, involving responsibility and concern for the person's health, implies entering a complex interpretive process. Physicians and educators act as care mediators, addressing individual and community interests. The shift from "cure" to "care" in health medicine emphasizes a holistic view of the person,

integrating psychological and relational aspects into medical practice (Pranjić, 2021).

Modern medical and educational sciences recognize the necessity of interdisciplinary teamwork to understand the complexity of the human person. This collaborative approach fosters a comprehensive understanding of the person, moving beyond specialized expertise (Palmér et al., 2023).

Also, the concept of care necessitates an interdisciplinary and holistic approach to pedagogy and medicine. This interdisciplinary approach integrates knowledge from various fields to understand better and address individuals' complex needs. It requires a collaborative effort where disciplines interact for the person's benefit rather than competing for dominance or expertise (Bliss et al., 2011). This approach has significant pedagogical implications. Educators, like physicians, must engage in continuous interpretative work, recognizing their students' diverse competencies. That means moving beyond standardized measures of success and failure and instead fostering an environment that values each student's unique contributions and potential.

Therefore, the metaphor of care extends beyond the immediate needs of treating diseases or addressing educational deficiencies. It represents a fundamental shift towards a more holistic, person-centred approach in medicine and pedagogy. By recognizing and valuing the complex interplay of physical, psychological, and social factors, practitioners in these fields can provide more effective and compassionate care. This shift underscores the importance of interdisciplinary collaboration and a continuous re-evaluation of methods and practices, ensuring that care remains responsive to individuals' evolving needs (Holm & Severinsson, 2011).

Both medical and educational sciences advocate for a broader understanding that transcends the mere elimination of problems in embracing care as a central paradigm. For instance, when addressing conditions like permanent blindness, the objective shifts from attempting to restore vision to enhancing the individual's overall well-being and capacity to thrive. This approach acknowledges that each individual possesses unique abilities that can be nurtured despite certain limitations.

The emphasis on psychophysical well-being underscores the importance of considering the human person as an integrated whole. This holistic view considers the environment in which the person lives

and has lived, examining past experiences to understand the causes of their current condition. Consequently, medical and educational interventions aim to comprehensively interpret and address these causes (Gadamer, 1975).

The complexity and specificity of contemporary science have necessitated the involvement of specialized experts. However, it has become increasingly clear that specialists alone cannot fully comprehend the multifaceted nature of the human person. Therefore, interdisciplinary teamwork is indispensable. A more profound and nuanced understanding of individuals can be achieved by sharing knowledge and fostering collaboration among diverse disciplines.

Pedagogy, which has long embraced the value of teamwork, provides a model for other human sciences. The cooperative interaction of various disciplines is crucial for comprehending the full complexity of the person. This interdisciplinary and collaborative approach is foundational to the modern sciences of education and should be the starting point for re-evaluating and re-founding their epistemological status (Barratt, 2016).

In practical terms, the concept of care demands a reformation of attitudes toward conditions like childhood, old age, disability, illness, and discomfort. It requires educators, physicians, and caregivers to recognize the active role of individuals in their care (Demirsoy, 2017). That involves acknowledging the subject's competence and creativity and moving away from behaviourist models that rely on predictable stimulus-response patterns. For instance, a blind child may develop other senses and skills more acutely despite their blindness. The role of educators and physicians is to support and enhance these abilities, focusing on the child's potential rather than the limitations. This perspective fosters a positive semiotics that seeks to discover and cultivate the present competencies rather than lamenting those absent.

Integrating care as a metaphor in research within medicine and pedagogy underscores the necessity of a holistic, person-centred approach. This paradigm prioritizes the well-being of individuals by valuing their unique experiences and capacities. Through interdisciplinary collaboration and continuous adaptation, care becomes a dynamic process that respects and enhances the complexity of the human person. This shift improves outcomes in medicine and education and aligns these fields with a more ethical

and empathetic practice that genuinely serves the needs of individuals and communities.

4. The Paradigm shift from curing to caring

A paradigm shift from "curing" to "caring" has emerged in medicine and education. This shift emphasizes focusing on individuals rather than merely addressing symptoms or deficits. It reflects a broader understanding of health and well-being, recognizing the holistic needs of individuals and the importance of compassionate, person-centred care (Nortvedt et al., 2011; De Moor, 2003).

This shift in medicine involves recognizing that curing is not always possible, especially in chronic illness or terminal conditions. Instead, the focus shifts to providing compassionate care that addresses patients' physical, emotional, and spiritual needs. This approach acknowledges the importance of the doctor-patient relationship and the ethical obligation of non-abandonment, ensuring that patients feel supported and valued throughout their healthcare journey (Quill & Cassel, 1995). The ethics of care in medicine emphasize the relational aspects of caregiving, promoting a deeper understanding of patients' experiences and fostering a sense of empathy and compassion (Branch, 2000).

Similarly, the shift towards "caring" in education involves recognizing and nurturing each student's unique potential. This approach moves from a deficit-focused model, which emphasizes correcting weaknesses, to a strengths-based model that celebrates and builds on students' strengths and interests. Educators are encouraged to create learning environments that are inclusive, supportive, and responsive to the diverse needs of students, promoting their holistic development (Cuevas, 2023). This shift also fosters a culture of respect and dignity, where students feel valued and empowered to achieve their full potential (Eichsteller & Holthoff, 2011).

Also, ethical responsibilities are fundamental in the caregiving roles of physicians and educators. These responsibilities encompass a commitment to the well-being of patients and students, respectively, and involve maintaining professional integrity and confidentiality and fostering an environment of trust and respect (Branch, 2000; Paulsen, 2011). For physicians, this includes adhering to principles such as beneficence, non-maleficence, autonomy, and justice. They must ensure that patients receive the best possible care, make informed decisions, and are

treated with dignity and respect (Beach et al., 2005; Gonnella & Hojat, 2001).

Educators, however, are responsible for nurturing their students' intellectual and personal growth. That involves creating inclusive learning environments, respecting students' diverse needs, and promoting academic integrity (Cuevas, 2023). Educators must also act as role models, demonstrating ethical behaviour and fostering a culture of respect and dignity within educational institutions (Bezdukhov & Bezdukhov, 2020; 2023).

Physicians or educators always experience significant anxiety and responsibility in their work. Physicians often face ethical dilemmas that can cause stress and moral distress. These dilemmas may arise from conflicts between patients' needs and the healthcare system's limitations or from the tension between professional duties and personal beliefs (Quill & Cassel, 1995). The profound responsibility to make life-and-death decisions can lead to anxiety, especially when dealing with terminally ill patients or making decisions about end-of-life care (Scofield, 1989).

Educators also experience anxiety related to their responsibilities. The pressure to meet the diverse needs of students, manage classroom dynamics, and adhere to educational standards can be overwhelming. Educators must balance their professional responsibilities with their well-being, often facing challenges such as burnout and compassion fatigue (Kumar, 2018). The emotional labour involved in caregiving roles can lead to significant stress and anxiety, necessitating support systems and professional development opportunities to help caregivers manage these challenges effectively (Branch, 2000).

The paradigm shift from "curing" to "caring" has significant implications for medical and educational practice. It calls for a more holistic, empathetic, and person-centred approach, where the well-being of individuals is prioritized over purely technical or procedural outcomes. This shift aligns with broader trends in healthcare and education, which emphasize the importance of relational care, ethical practice, and the holistic development of individuals (Mitnick et al., 2010).

The ethical dimensions of caregiving encompass a range of responsibilities integral to physicians' and educators' roles. These responsibilities involve maintaining professional integrity, fostering an

environment of trust and respect, and addressing the holistic needs of individuals. The profound anxiety and responsibility associated with caregiving highlight the need for support systems and professional development opportunities to help caregivers manage these challenges effectively. Also, the paradigm shift from "curing" to "caring" underscores the importance of focusing on individuals rather than merely addressing symptoms or deficits, promoting a more holistic, empathetic, and person-centred approach in medicine and education.

5. Reconceptualizing care for an effective well-being education

Reconceptualizing care in the context of well-being education involves a paradigm shift from viewing individuals as mere recipients of services to recognizing them as whole beings deserving of comprehensive, holistic care. This approach addresses all dimensions of an individual's well-being, that is to say, physical, emotional, social, and spiritual (Haruta, 2023).

In healthcare, this shift means moving beyond the traditional biomedical model to integrate holistic practices that consider the patient's life context. For instance, combining palliative care with routine medical treatments can significantly enhance the quality of life for patients with chronic illnesses by addressing their physical discomfort and emotional and spiritual needs (Felderhoff & Mbango, 2023).

In education, viewing students as whole persons entails recognizing and nurturing their unique potential. This approach involves creating learning environments that respect students' individuality, promote their strengths, and support their personal and academic growth (Costa, 2015). By adopting a person-centred pedagogy, educators can help students develop a strong sense of self-worth and resilience, crucial for their overall well-being and success.

Effective well-being education is grounded in principles that promote the holistic development of individuals. These principles include fostering an inclusive environment, encouraging active and experiential learning, and promoting social and emotional competencies (Grift & Kroeze, 2016).

Inclusive environment A supportive environment ensures that everyone feels valued and respected. It involves implementing policies and practices that promote equity, diversity, and inclusion and addressing barriers that may hinder participation and engagement. It also means providing culturally

sensitive care that respects patients' backgrounds and beliefs in healthcare. Education involves creating safe and welcoming classrooms for all students, regardless of their backgrounds or abilities.

Active and Experiential Learning. Project-based learning and simulation exercises enhance understanding and retention of knowledge by allowing individuals to apply concepts in real-world contexts. In healthcare, simulation-based training helps medical students and professionals develop practical skills and confidence in a controlled environment. Project-based learning engages students in meaningful activities that connect academic content to their interests and experiences.

Social and emotional competencies. Promoting empathy, emotional regulation, and practical communication skills is essential for well-being. These competencies are crucial for building healthy relationships and managing stress (Evans et al., 2018). In healthcare, fostering these skills improves patient-provider interactions and enhances the quality of care. In education, they help students navigate social challenges, build resilience, and achieve academic success.

The implications for practice in healthcare and well-being education emphasize the importance of a collaborative and interdisciplinary approach. Viewing individuals as whole persons deserving of holistic care is fundamental to effective well-being education. By embracing these principles, professionals in both fields can better address the complex needs of those they serve, promoting overall well-being and fostering environments that support growth and development.

The exploration of holistic paradigms in both medicine and pedagogy reveals a transformative potential that addresses the multifaceted nature of human well-being and development. Traditional views of care, which primarily focused on addressing disabilities and safeguarding rights, have evolved to embrace holistic well-being and individualized attention (Zumstein-Shaha & Grace, 2022). This shift is reflected in both fields, where a more comprehensive approach is adopted, recognizing the importance of care's physical, emotional, social, and spiritual dimensions.

In medicine, transitioning from a purely biomedical model to a holistic care model emphasizes patient-centred care, which not only treats symptoms but also addresses the underlying causes and overall well-being of patients (Fiandaca et al., 2017).

Similarly, in education, the move towards a 'pedagogy of the person' focuses on nurturing each individual's unique needs and potentials, fostering environments of respect and dignity.

The adoption of a holistic paradigm in both medicine and pedagogy has the potential to transform these fields significantly. This approach emphasizes the interconnectedness of various aspects of health and education, promoting a more integrated and comprehensive understanding of human development (Senzon, 2011). In healthcare, this means shifting from reactive to preventive care, focusing on wellness rather than just illness and integrating various forms of treatment to address the whole person (Gordon, 1981).

Holistic education aims to develop well-rounded individuals by addressing their intellectual, emotional, social, and moral growth. This approach encourages experiential learning, critical thinking, and the development of interpersonal skills, preparing students to navigate complex real-world challenges (Ojha, 2020). The holistic paradigm also promotes inclusivity and equity, ensuring all individuals have access to quality well-being education and healthcare that meets their unique needs (Costa, 2015).

6. Conclusion: Towards a pedagogy of the person for human care

The future vision inspired by a holistic approach in medicine and pedagogy emphasizes valuing each person's individuality and addressing all dimensions of their well-being. This vision promotes a collaborative and interdisciplinary approach, where professionals from various fields work together to provide comprehensive care and education (Berger et al., 2018).

That implies integrating complementary and alternative practices with conventional treatments to create a more comprehensive care model (Senzon, 2011). In education, it means creating inclusive learning environments that foster students' holistic development, preparing them for the complexities of contemporary world's challenges (Radchuk et al., 2021).

The holistic paradigm encourages continuous reflection and adaptation, ensuring that practices evolve to meet the changing needs of individuals and society. This approach enhances the effectiveness of care and education and contributes to individuals' and communities' overall well-being and development (Hayat, 2023).

Medicine and pedagogy must always recognize that any care or educational intervention is addressed to a "person," not an "object". This perspective counters the tendency to view individuals solely through the lens of their symptoms, discomforts, or differences. Instead, it acknowledges individuals as competent subjects who, through holistic care, can develop their capacities, overcome difficulties, and fully realize themselves as human beings (Robertson-Malt, 1999).

Like other sciences, excessive specialization in contemporary medicine has often led to an impersonal approach, losing sight of the individual. Medicine and pedagogy risk "objectifying" those they serve by focusing solely on symptoms or disabilities, neglecting the fact that each person possesses a unique history, an environment, and a network of relationships and experiences. It is the task of the doctor or educator to interpret these signs and understand the underlying causes of illness or discomfort.

The risk of institutionalizing individuals, turning them into mere objects of medical treatment or educational intervention, has been a historical issue in both disciplines. This institutionalization overlooks that individuals are persons with names, histories, and a world of experiences designed for the future (Engel, 1977).

The hermeneutic gaze of care seeks to embrace the person's totality, understanding the meaning of their experiences and common belonging. The dialogical model of care is one of the most valid paradigms for redefining the epistemological status of sciences aimed at understanding the person and their world.

The implications of this holistic paradigm are extensive. It calls for a collaborative and interdisciplinary approach, emphasizing relational dynamics in medicine and education. By reconceptualizing care, individuals are viewed as subjects deserving of holistic care, foundational to effective well-being education (Komalasari, 2023). This transformative approach has the potential to revolutionize how care is perceived and practiced, inspiring a hopeful vision for the future.

The intersection of pedagogy and medicine through the concept of care highlights the transformative potential of a holistic approach to well-being education. By embracing this paradigm, both fields can move beyond traditional boundaries,

fostering a more comprehensive and respectful understanding of individual needs and potentials.

In conclusion, by adopting this person-centred pedagogy, professionals in medicine and education can better address the complex needs of those they serve, promoting overall well-being and fostering environments that support growth and development. The holistic approach, emphasizing the interconnectedness of various aspects of health and education, provides a robust framework for the future of care and education, ensuring that individuals are recognized and supported as whole beings.

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