

Short paper/Case Report,

Medicalization and Professional Pedagogy

Franco Blezza *

DSFPEQ, “Gabriele d’Annunzio” University, Chieti – Pescara Italy, franco.blezza@unich.it

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Abstract:

Medicalization, specifically, is the attribution of medical connotations to events of other perinence, and the recourse to the medical doctor for the solution of problems that would require other skills, in whole or in part substantial. of other professional competence, and consequent impossibility of reaching possible positive solutions. In this short essay we focus on the medicalization of problems that are of fundamental pedagogical relevance, in which the doctor is invested beyond his professional skills and the possible solutions refer to distant even when pedagogy would have to offer them.

Key words: Pedagogy, medicine, social and health professions, “specific practice methodoologies”.

A tendency forethought, a current trend:

The last decades, perhaps half a century and perhaps more, constitute in all senses a transition from a historical, nineteenth-twentieth-century era to a subsequent one which still does not seem to be identifiable and describable. This epochal transition highlights the importance of a professional and ever more specialized pedagogical contribution. This continued to meet the understandable resistance that had arisen for two or three centuries in which such a contribution was considered useless or even inadmissible. A trend in this sense of these decades consists in trying to entrust the solution of specific and evidently pedagogical problems not to pedagogists, but to experts in the sector in which problematic situations arose. Thus, for example, in situations of difficulty and crisis concerning the relationship with the law, the solution is delegated to the jurist, or to the public order operator, or to the bureaucrat of the public administration; if they are situations in which a symptomatology presents itself that lends itself to a psychological reading, we delegate the whole solution to the psychologists even if there are no pathologies and there is evidence of educational deficiency; if they are school situations, the solution to the common sense of the teacher or school manager or inspector or other school figures is delegated, according to the school organization in force in the state; if it is a matter of conflicts or imbalances in the relationship between the subject and society, the solution is delegated to the social workers, or possibly to the sociologists in all; if, on the other hand, they are difficult situations that have health implications, they are entrusted to the medical doctor or some other therapist.

* DSFPEQ, “Gabriele d’Annunzio” University, Chieti – Pescara Italy, franco.blezza@unich.it

What is medicalization?

The latter is a particular aspect of what is called, properly medicalization of education: attribution of medical connotations to events the recourse to the medical doctor for the solution of problems that would require other skills, in whole or in part substantial. of other professional competence, and consequent impossibility of reaching possible positive solutions. It is clear that in order to solve those problems, and even before to put them as problems, the essential contributions of these and other professional figures are also needed: but it is equally clear that in doing so some symptoms can be alleviated and some unwelcome consequences can be avoided, but the problems remain unsolved when not faced in substance; indeed, they will continue to act underground, undisturbed, unaddressed, to reappear more virulent than ever under other symptoms. Unfortunately, this is a path that is often followed despite being evidently wrong, and while still offering disheartening results. Sometimes, one is under the illusion that it is effective because it offers something appreciable in its immediacy (in the subject the pathological symptomatology, or the social danger, f. i.) is attenuated: and then one wonders if, after a short time, it appears some other undesirable manifestations that could easily be traced back to the same cause. Of course: educating is more difficult, more demanding, longer and more human-minded in the last 50 years than in previous centuries. But it is also the only thing to do in these cases, and in all other similar cases.

An implicit definition through classes of medicalization examples (casuistries):

The examples, or the groups of examples (casuistries) that could lead to obvious errors in medicalizing problems that are fundamentally pedagogical, just because they have health aspects, would be innumerable. Let us see some of them, in an extreme summary.

- In front of a child, or a person who is still of developmental age, who is obviously overweight due to very little movement (at school in the car, and then all day at home in front of the TV or toys or videogames, with the hypocritical cover of a couple of half hours of swimming per week), instead of educating him to a life that has adequate mobility, prescribe him a diet or a pharmaceutical cure, or both them.
- In the face of an alcoholic in existential crisis, purify him, administer hepatoprotective drugs, and for the rest (and then) leave him to his existential crisis that has pushed him to exceed in alcohol.
- Considering the millions of adults who, at least in Italy, go to bed with sleeping pills every night, prepare increasingly effective sleeping pills and optimize their prescriptions, rather than addressing the causes (which, undoubtedly, will not all be on many millions of subjects) insuperable).
- The proposals of many dieticians who treat the subjects as if they were breeding calves, or machines, as if food was not also a cultural and relational fact, the answer (perhaps wrong) to personal needs and the fruit of habits and traditional customs, but only an energetic input, adjustable with a medical prescription. The case of diets, then, offers further elements for reflection. The importance of the medical reference is not in dispute, but the wrong way to benefit from that essential contribution. And let's continue.

The medicalization of food problems

- Medicalized diets, in particular, we have seen many in recent decades. After the trend of US high-protein diets, a gesture of rediscovery and appreciation of the so-called "Mediterranean diet" was made for a few decades.

- It took a while for it to become clear that it was not appropriate to reduce the amount of sugar below a certain threshold, even if the sugar supplies calories that can exceed the overall ceilings.
- And recently there has also been an afterthought on cholesterol, which perhaps does not hurt as we feared (and how it has never been shown to do), but can be important in mental processes: not surprisingly, the brain is the anatomical part that contains the enormously greater quantity.
- In ancient times, schoolchildren were made to eat a lot of fish because it was thought that the phosphorus contained in it was a condition of good psychic development: and it was not true at all.
- And what about the abuse of purges? Until not many decades ago, they were quietly offered to their children at every change of season, or if they were restless and lively as if they were listless and disinterested, as well as at regular intervals, and every time the air changed. This, with the doctor's blessing: the great progress has been to replace the disgusting castor oil with much more pleasant purges, advertised on radio and TV for their sweetness. The only result that was obtained with this brilliant form of hygiene and prophylaxis, apart from half a day of poor aptitude for anything, was to damage their children (and patients) to a chronic constipation. Medicines and medical science in general, are necessary in many cases: but, in education, they are never enough. Let us not delude ourselves that there are medicines, or medical resources, that solve educational problems: this may perhaps reassure us of our shortcomings, but in the end you pay dearly. The subject to be educated pays for it, and the whole society pays for it. Among other things, attributing professionally pedagogical functions to the medical doctor constitutes an evident forcing from which the doctor's professionalism is mortified. The medical doctor has, if anything, every benefit if he himself can entrust the educational aspects of the problems that are submitted to him by experts who have specific expertise in them: he can only see better conditions to carry out his own professional work at best.

Waters (minerals, oligo and absolutely common) and medicalization:

Today, and for some time, at least in Italy several sensational and more recent examples come from the advertising of water, mineral and otherwise. Everyone will have in mind "The water that eliminates the water", or "Clean inside and beautiful outside", and in any case the convinced and enthusiastic invitation to do so much "plin plin" [pr. pleen pleen], with very well-chosen testimonials. Each reader updates the case studies according to their own experience: mineral waters, banal supplements, omnipotent creams, the most vulgar advertising made us believe that health (in the broad sense of the WHO), but also beauty, happiness and harmony were at portfolio rate.

One last example of particular simplicity:

To conclude, let us take a further simple example in which it was the medical doctor who refused a grotesque request for medicalization. One day an anxious mother brought her boy, a child 8 years old, to the pediatrician, because she often saw him scratching too much: he presented him with all the repertoire of skin diseases, even the least probable that he had memorized by the media. The pediatrician noticed that it was winter; he glanced at the boy and his scratching. and immediately questioned the mother about the dressing of her son after dismissing him: it did not take him long to understand that the typical "Latin mother" covered her "piezz'e core" [literary, "Children are pieces of heart" Eduardo De Filippo] of clothes beyond necessity and beyond all reasonableness every time he left the house; and obviously he was unable to undress reasonably when he arrived in another heated place such as at school or at a friend's house; from which excessive sweating and understandable itchy irritations. The doctor had to pursue the profession of pedagogue towards that mother. It

was precisely a problem of congruity of personal and relational behaviors with the environment, that is, of a specifically pedagogical problem.

Not a conclusion, but openness to a fuller professional collaboration:

Other examples could be brought, which are not lacking, and each reader can certainly bring more. But it is believed with all of these, including the latter, significant in its simplicity, that each of our qualified readers can provide sufficient bases to proceed with the speech, investigating his professional experience or in his daily life. A conclusion for this short and concise paper should not be outlined, but an opening to a fuller and more organic collaboration between doctors and pedagogists. It would not only solve the problem of medicalization, it would work much better, and more effectively, towards human, social and relational problems.

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