KNOW THYSELF! FROM THE SOCRATIC PAIDEIA TO A SALUTOGENIC VISION OF A STUDENT CENTRED MEDICAL PEDAGOGY

CONOSCI TE STESSO! DALLA PAIDEIA SOCRATICA A UNA VISIONE SALUTOGENICA DELLA PEDAGOGIA MEDICA CENTRATA SULLO STUDENTE

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ABSTRACT

English
Self-awareness and self-care are seeds of successful learning and teaching, as well as of individual and collective well-being. The key concept of this paper is to read the Know Thyself through the *paideia* lens for a better understanding of the impact of this concept on academic learning in the field of medical education and higher education. Possible learning scenarios on student centred integrated course and a Socrate Cafè for inclusion Teachers will be described to shift theory into practice.

Italiano
Consapevolezza e cura di sé sono i semi di un apprendimento e di un insegnamento efficaci, nonché del benessere individuale e collettivo. Questo articolo intende leggere il concetto del "Conosci te stesso" attraverso la lente della *paideia* per meglio comprenderne l'impatto in ambito accademico. Verranno descritti possibili scenari di apprendimento per un corso integrato incentrato sullo studente e un Socrate Cafè per insegnanti dell'inclusione, al fine di tradurre la teoria in pratica.

KEYWORDS
Socratic paideia, salutogenesis, student centred, medical pedagogy
Paideia socratica, salutogenesi, apprendimento centrato sullo studente, pedagogia medica

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Introduction

Know thyself is a philosophical concept focused on self-awareness as a mean to knowledge building of oneself, the other, and the world. The Greek concept pronounced by the Delphi Oracle and written on Apollo temple is a forgotten suggestion to the access to learning and the truth which governs people's lives. It represents a phase of the *paideia*, an invitation to approach learning and teaching experiences moving from a reflexive and ermeneutic activity (Bruni, 2021). Self-awareness, self-care and scaffolding are seeds of successful learning and teaching (Brown, 2002), as well as of individual and collective well-being. The key concepts of this paper are: to connect personal and collective wellbeing to successful learning in medical and other fields of higher education (Vandreageer et al., 2022); to read the Delphi Oracle through the *paideia* lens for a better understanding of the impact of this concept on academic learning in the field of medical education[1] and higher education. A deeper knowledge of classic *paideia*, in Bruni's words, will get us inspired by a model which is an important root of our pedagogical heritage but also of our contemporary theories of education (Bruni, 2022).

Recent reforms on learning and teaching in many educational settings and, above all, in medical education, underline the role of didactics and educational technologies in promoting better learning. Recent researches show also how wellbeing of students and scholars is fundamental to achieve academic goals and healthy minds (Fernandez et al. 2016). The field of medical education during the last years produced scientific papers and researches giving evidence of the importance to connect knowledge building, the philosophy of care, and well-being in order to plan evidence- and narrative-based practices in higher education. Therefore, the reader of the present paper will be involved in a theoretical narrative finalized to give evidence of the importance of the role of human sciences in medical education in order to build a personalized curriculum that is capable of developing cultural competencies, communication skills, a people-centered medicine and health promotion approach, and healthy students and teachers who are satisfied with their role and job, inside and outside the university setting. The

[1] Interesting editorials and commentaries appeared on prestigious medical journals as The Lancet and BMJ, referring to the invitation "know thyself". For instance Marchalik and Rehm, 2024, https://doi.org/10.1016/S0140-6736(24)02087-7, Last accedeed 17-10-2025

theoretical essay will be divided into three parts: a presentation of the Socratic *paideia* and its connection to a philosophy of care (Mortari, 2022; 2023), and quality of life in academic learning; a discussion on essential words of the framework based on Salutogenesis (Antonovsky, 1997; Garista et al., 2019), that is to say, reflection, responsibility, metacognition, and creativity; and, finally, two learning scenario stories, examples of our reasoning, will shift theory to practice: one based on a behavioral sciences integrated course in medical curricola (Garista, Strohmenger, 2007), and the other one based on a Socratic café realized in the context of special needs teacher education.

1. The *paideia* pathway: questioning, self reflection, and ethical responsibility from ancient polis to contemporary universities

Paideia is a Greek ideal of holistic education that molds a person into their ideal self, focusing on intellectual, moral, and physical development. It provides a framework for personal growth and self-improvement throughout life (Bruni, 2021). The pursuit of *paideia* is a lifelong commitment to becoming the best self, which intrinsically contributes to well-being. The art of *paideia* is the practice of taking actions to safeguard or improve one's own health and happiness. As stated by Bruni *paideia* refers to reviving the joy of learning, being curious, the willingness to know and understand what is happening in our cities and communities (Bruni, 2022). This ancient pedagogical model imagines a comprehensive education, and we can summerize its actions in the exercise of thought, creativity, need for time, and reflection. *Paideia* is grounded in a real learning environment, a mental space, which is, at the same time, a cultural laboratory, and an exercise in human subjectivity (Bruni, 2021). *Paideia* temporalities are structured to cultivate, nurture and nourish reasoning, to reflect on oneself, on what one has experienced or heard as nourishment for humanity. The *paideia* pathway connect to thought and thinking, to reflection, to questioning the mind. This everlasting model seems very distant from the actual structure of our medical schools. Otherwise we may review several papers related to the importance of nourishing cultural competences and consider their impact on medical education (Fraile-Martinez et al. 2025; Boutin-Foster et al., 2008). In fact, *paideia* gave us numerous suggestions for thinking and acting the learning and teaching processes, but we can not argue all of them in a single paper. For this reason we will concentrate our attention on *socratic paideia*

(Zare, Mukundan, 2015) and its connection with the salutogenic model we will introduce in the next paragraph.

Socrates is the opposite of the traditional idea of the belief about what a teacher should do. He does not lecture to his students, or give information, ideas of what thinghs should be or impart teachings about things. His pedagogical style can be defined participative, not oppressive or direct, untraditional. He interrogates, asks questions, elicits *pathos*, seeking to bring out what the student has within himself. He opens up the subjective dimension of knowledge. His art of maieutics feeds on the reciprocity of the exercise of thought, training and self-training. Moreover the Teacher's logos may be seen as a gift, maieutics itself is a pedagogical gift. Learning and teaching appear when teachers and students meet and when they take care of each other. Through this generative chain of giving and self-giving we can find the *paideia* pathway, in which contents to learn are less important than the process grounded in the relationship, the dialogue, the experience of knowledge building in a participative session. Socrates doesn't teach things to memorize or to apply, something that could be done by artificial intelligence (Bruni, Garista, 2024). He teaches the pleasure of reasoning, rejecting methods of rote and passive learning, searching the personal vision of the topic and the possibility to change idea, make mistakes, make meanings and find the truth. All these aspects appear as fundamental to develop an ethical competence in health work.

Moreover *paideia* is a model of life and culture, requires free time dedicated to self-care, study, intellectual activity and reflection. Socrates rejects education as a technique, and consequently as an ordinary performance. The process of knowledge is a journey of inner exploration. For Socrates, education was the search for truth. The learning journey is also an act of taking care, of oneself first and of the world and defines what we can name as a *pedagogy of taking care* (Atkinson, 2022).

Good self-care leads to better physical and mental health, improved self-esteem, and increased resilience. Self-awareness from *Know thyself* is the foundation for effective self-care. It allows to recognize needs and choose appropriate self-care activities. Following this perspective *paideia* provides the goal of personal growth, while self-care delivers the daily actions and habits that help to get there. By combining self reflection and self care, you can build a sustainable practice of intentional self-care that supports students and teachers overall well-being and personal development.

Mortari, a philosopher of care explains the connection between the practice of care and human development.

> "stating that we became what we care for and that the ways of caring shape our beings means that if we care about certain relationships, or being will be formed upon the various components of these relationships, wheter beneficial or harmful. If we care about certain ideas, the structure of our thought will be shaped by this care. In other words, our mental experience will rely on the ideas that we have cultivated and will suffer the lack of those we have neglected" (Mortari, 2022, p. 2).

Moving from the *paideia* model to a philosophy of care we realise that medical education could not be only an act of selecting the good didactic technique. If we want to train healthcare professionals and medical doctors able to pursue the truth, ethical reasoning, and effective care givers, we need a strong pedagogical vision of higher education. If medical technical skills learning will be guaranteed by scientific disciplines, we believe cultural, ethical, relational and compassion skills will be ensured by art, humanities and social sciences. Whilst a narrative based approach should be considered, open to reflective biographies, cultural competences, humanistic and holistic vision of human beings involved in academic learning. According to us this means to connect *paideia* to contemporary models of health/disease and learning in medical schools and higher education.

2. A SALUTOGENIC VISION OF A STUDENT CENTRED MEDICAL PEDAGOGY

Paideia tought us to adopt a holistic vision of human development and the different narrative and expressive forms learning could figure out this goal. Medical readers probably are asking how and why a poet, a musician, or a painter could be connected to their everyday activity in the Hospital, and maybe they are thinking that this is not useful for learning effeciently clinical practice (Zannini, 2008). In a nutshell, we want to trace a roadmap which will set out strategies in clinical practices focused on taking care of human beings through the power of beauty, nature, music and stories, capable of promoting change in patients' reactions and their capability to cope with disease. Margaret Mead, an American anthropologist, shows what represents, according to her, the first sign of civilisation: human care. When students asked her what the first object capable of demonstrating civilisation was, she answered with the picture of a broken femur that has been treated, offering the possibility of returning to a healthy life but also the importance of

taking care of people and their needs. So it is important to improve medical technical strategies, but also to develop the art of caring, giving consideration to their quality of life, their objectives, and their role in our society. Thinking about the famous Antonovsky's metaphor of the river of life (Hunt, 2001; Godman, Garista, 2023), wemust realise tha people can look to their own resources to swim in the river of life, but if the environment offers opportunities for disabled people, for the sick, and the healthy ones – then there could be a way of taking care of them all. Health and illness represent daily experiences across all aspects life in varying ways, illustrating that balance which, as Antonovsky (1997) states, continually oscillates between a polarity of complete well-being and another of complete disease. These existential flows are incorporated into life and educational experiences. These experiences are made possible where they are guaranteed as rights or where the active participation of people is able to restore meaning through relationships and connections with the surrounding world. We could then ask ourselves: what can people make of the reality in which they live, of their experiences of illness (often more conscious) and of their health? Can they have a role, exercise an agency, assert their rights even if they are ill, or inform themselves in order to choose a particular course of treatment with a greater degree of awareness? Adopting a salutogenic model of health and disease means to favour the emergence of what the Greeks called *epoché*, which is a state of questioning the world around us – and therefore questioning what generates health, care, human reactions, and relationships. Margaret Mead practiced *epochè* by asking herself about the meaning of a simple archeological object and connecting it with human care. The inspiring thought for this presentation comes from Antonovsky and our personal professional in the field of health promotion, medical education and salutogenesis.

> "When one searches for effective adaptation of the organism, one can move beyond post-Cartesian dualism and look to imagination, love, play, meaning, will, and social structures that foster them. Or, as I would prefer to put it, to theories of successful coping." (Antonovsky, 1997, p. 54)

In research, higher education and continuous professional development within the field of medical education and health promotion, there is a growing and parallel interest for narratives and arts, which demonstrates another way of approaching Health: a salutogenic perspective.

From a pedagogical point of view, we connect Antnovsky vision to the Socratic paidea first of all considering the importance of questioning as a way of genesis, health and learning. For Antonovsky we generate healthy learning when we ask ourselves the right question, when we move from a pathogenetic and problem based vision to learning and teaching, to a resource oriented approach. Recognise and mobilise resources is a key concept of the salutogenic model in order to balance quality of life and academic ease-disease continuum. As Freire tought us the first starting point for finding essential words, empowerment and resources is to "listen to other stories", and become aware of one's own story (Freire, 2004).

Literature and other cultural products (art, film, poetry), which were fundamental in *paideia*, open up multiple perspectives on the necessary balance for wellbeing and how quality of life is achieved.

Under this salutogenic umbrella we can find a theoretical premise, strongly linked to human beings and how they cope with their everyday tasks in clinical settings; it invites all of us to employ complex, narrative, critical thinking.

Moreover, assumptions on a salutogenic orientation in health care as explained by Pelikan, affirm that: "A salutogenic orientation encompasses all persons independent of their position on the health-disease spectrum. Healthcare should not only care for the health of its patients, but should also take responsibility for the health of its staff and its citizens. A holistic approach must be adopted when dealing with all people affected by health care".

All these elements are part of a new scenario which has emerged in recent decades. It pictured how humanities, the digital sector, and empowerment processes are changing the practitioner-patient relationship. The assumption is that it is not enough just to teach health behaviours to make people confident in them. People need to be 'subject' and not 'object' in the decision-making process. Otherwise, the risk is that they will not follow medical advice, that compliance will be not achieved and that they will come back to the hospital several times – resulting in a loss of time for health practitioners and a loss of money for the health system. New scenarios described by medical humanities, narrative medicine, patient-centered medicine, digital health, empowerment, health promotion, and patient engagement research show the necessity of activating co-decision-making processes and building partnerships with patients, care givers, and stakeholders. The theoretical principle under this assumption is the systemic theory by Gregory Bateson, and the salutogenic approach in health care; As well as the importance of being in tune with oneself, with other people, and with the environment.

When people practices *epochè* they are able to reflect and find connections between aspects of life which apparently seem too distant: such as a poem and medical care, or a broken femur and human care.

When one reads or tells stories, and reflects on them, attributes connections and meanings and therefore creates resilience and a new set of coping mechanisms – because narrative thinking unifies, integrates and mentally absorbs life experiences. Edgar Morin advanced a new construct to meet the educational challenge capable of managing the uncertainties of contemporary society – that of 'reliance', which is given, as is known, by the union of two French words: relier (union) and alliance (alliance), and for which the best English translation is 'Re-binding'. Re-binding indicates everything that unites and creates solidarity, against division (Morin, 2005).

With this construct, the focus is brought back to vulnerability and its pathologisation, to human and "pedagogic frailty" (Kinchin, 2022), and to the need to give a role to emotions in knowledge-building for democratic citizens (Nussbaum, 2001; Bruni, Garista, 2024). The "Reliance re-binding operators", according to Morin, would allow us to connect both biology and physics, as well as cosmology and humanistic culture and, more generally, to grasp links and connections. Again, according to Morin, the acquisition of existential skills and not just technical-professional ones must be placed at the heart of education. The task of education should not only be to explain events, processes and so on, but to offer a human perspective, always subjective, and which requires openness towards others.

Moving from this premise we can affirm that our universities in general and medical schools need an Identity Project which can be reached by a personalized approach to learning (Bruni, Garista, 2024). Social health practices therefore pass through that subjective place (the self, the meaning it attributes to its relationship with the world) which is its source and which can become a "space of learning". To understand how this happens we need to find "constellations" of identity frameworks (of the subject).

The subject is seen here as an anthropo-social site in which multiple frameworks of meaning transit (Hayes, Wilson, 2003). The identity project must return to being at the centre of social and medical practices for health. According to this perspective, the social phenomenological approach brings out the frameworks of meaning to which this project is linked. It is the identity that binds (relie) people to social

realities, which unifies personal experiences and reintroduces them and incorporates them into a broader social order.

How can these statements about maieutics, the genesis of health, wellbeing, be expressed in the field of medical education? First of all, by reiterating, once again, the crucial role of the humanities in the training of health professionals, primarily for those who will deal with health promotion, patient education, chronic illness. These professionals must be able to support educational actions aimed at developing *advocacy* among citizens and *dialogue* with institutions. Secondly, by creating awareness among health practitioners about the role of education in people's health. Education, especially education which connects, which teaches us to recognise others, resources and opportunities, to mobilise them, to respect the environment and oneself, does not only promote active citizenship, but also decision-making, and meaning-making about a bad diagnosis or a chronic disease. Humanities can feature in the classroom of a high school or in a café for professional development and pose the right question, from selfcare to taking care of the other. They are fundamental to developing complex thinking and consequently for understanding social life, people's lifestyles (i.e. actions that determine people's health); the processes in synergy with each other constantly reinvented on the impulse of emergencies and contingencies.

Morin's contribution on reflection and re-binding to rediscover the subjects and the meanings that define their experience of health represents a state of *epochè*, a way to question the dominant model of passive genesis of health, and recalls the construct of "Agency". Agency requires conceiving people as agents who act and make decisions following information received, and who follow cognitive, metacognitive, symbolic and emotional processes that in turn influence their behavior. Morin, however, recalls the need to "relier" the components and qualities of human life – such as love, poetry, madness, pleasure, imagination – and consider them equal to reason. Treating these elements as separate means disintegrating and reducing the complexity of individual and collective existence (Weddington, 2004).

Cognitive approaches to health that tend to consider isolated aspects without "re-binding" have the effect of distorting reality, of losing the human factor, the subjects themselves and their world of meanings.

Pedagogy, the science which reflects on educational experience, and salutogenesis, a model for health promotion, can be connected in the field of medical education but they could also connect in other settings dedicated to formal and informal

learning. Pedagogy and salutogenesis dialogue under the interdisciplinary umbrella thought by Antonovsky to thematize many crucial topics such as the role of narratives, imagination, expressive methods and reflective practice which play an important role in (health) life-long learning. The aim of the paper is to get deeper into how generating learning also means generating health and vice versa. The focus on pedagogy, rather than on learning, aims to highlight the connection between two fields of study following a critical intersectional perspective on the multiple oppressions and factors which could create a pathogenic approach rather than a salutogenic approach to learning and teaching in medical education. According to these considerations, this proposal will design a framework for a pedagogy of salutogenesis. The introduction of a salutogenic learning model made pedagogical instances more visible in the field of medical education and also in the more general field of education. Dimensions such as learning by doing, the added value of learning from mistakes and negative experiences, meaning making, the role of an embodied cognition, narratives, reflection, and imagination are crucial for both pedagogy and salutogenesis.

Finally we can understand the connection among the maxim "know thyself", the philophy of care, the salutogenic model and a vison of contemporary medical education: Self awareness and self care are a key component of salutogenesis. Self-awareness allows an individual to cultivate and apply the resources that promote health and well-being, which is the core principle of salutogenesis.

Antonovsky's salutogenesis model focuses on the origins of health, rather than the origins of disease (pathogenesis). He viewed health as a dynamic continuum between "ease" and "dis-ease," and sought to understand why some individuals remain healthy despite being under stress. The model's central concept is the Sense of Coherence (SOC), and self-knowledge as the foundation for coherence. In fact, the three SOC components need people comprehend what is happening, manage internal and external resources to cope challenges, feel that reality could be transformed (Antonovsky, 1997) . As a consequence, the ancient Greek maxim "know thyself," inscribed at the Temple of Apollo in Delphi, refers to gaining deep self-awareness of one's own thoughts, emotions, strengths, and weaknesses. This knowledge is essential for building a strong Sense of Coherence.

The practical application of self-knowledge through salutogenesis can enhance well-being in several ways: empowers self-management; a better understanding of oneself; informed decisions making about lifestyle; emotional resilience (because self-awareness helps in understanding one's own emotional world). *Know thyself*

equips a practitioner with healthier coping strategies to manage stress, anxiety, and other challenges more effectively. Finally, self knowledge supports recovery, and aid health professionals in navigating stressful job changes; and it promotes authenticity because when you know and accept who you are, you can lead a more authentic life, by reducing inner conflict and increases self-worth, quality of ife, wellbeing, and vitality.

3. Learning scenarios for a student centred medical pedagogy

A professor in dentistry, at the University of Milan, when we used to introduce a patient-centered medicine and behavioural sciences integrated interdisciplinary course to students, always explained to them that people are not able to judge if you are a good doctor, good nurse, good psychologist, good health practitioner, by whether you are doing the correct diagnosis or therapy. They understand and judge the way of approaching them; they are satisfied if you listen to them, if you take care of them. This was the principle which led the plan of an interdisciplinary course where students were at the centre of coordinated activities and where they learnt to think to patients using a people centred approach (Garista, Stromenger, 2007).

Connecting and Combining brings us to the principal task of education: transforming practices, and shifting theory into practices. People are different and different needs may seem self-evident. We all struggle with our own difficulties and shortcomings in our lives. Our identities as human beings are dependent on several different factors for their development. But no one is merely a catalogue of obstacles or disabilities. According to previous principles and paradigms, education and training programmes should therefore be based on a philosophy of health rather than diseaese prevention or pathogenic apprached.

"…and they should concentrate on conceptual development and the ability to reflect on practice. [...] Participative approaches and learner empowerment strategies, together with an ecological understanding of the world and interdisciplinary methods are also of central importance. These issues are best achieved through a learning environment that encourages critical thinking, team work and reflective practice. If learners in health promotion are to understand and advocate an empowerment approach in their work, they should have the opportunity to explore the process of empowerment in their training" (Davies et al., 2000).

In this scenario self directed learning, peer assessment, reflection, metacognition, salutogenic learning process should be considerd to better understand the needs of multicultural students in the planetary environment. Furthermore Lindström

states that learning is the process which leads “people well aware of their possibilities and potentials in a common process towards Europe as a setting for Health and Quality of Life” (Lindström, 2005).

According to these paradigms and considering adult educational theories that underlines the importance of self directed learning (Knowles); the centrality of experiantial educational strategies (Kolb); the necessity of reflection “in action” and “on action” (Shön); the contribution of critical thinking and dialogue (Freire, Mezirow) and the recent perspectives on the impact of evaluation in student learning (Brown, Rust), important elements must be to considered in Higher education planning. For instance another learning scenario exploring the Knowthyself and the link with a salutogenic approach to disability and inclusion could be summerised in the experience of the Socrate cafè, held during the last editions of the training for special needs teachers[2]. During this activity maieutics crates an healthy learning environment, really participatory and meaningful, where participants have the possibility to become selfaware of their thinking and share common solutions to develop a real inclusive school. In a nutshell the activity with more than 80 participants is lead by volonteers who are thought on how to lead a groupwok. Questions are formulated selecting proposals documented in the New Index of Inclusion.

Well, in this final step, we will try to link, to relier, professional experiences to theoretic principles. And we learn to use the potential of stories when we use pre-reflective and reflective thinking on case studies and personal experience, connecting personal and professional experiences of health to theoretical models and moving towards the reality of health care transformation.

Much of what we know about life has been revealed to us because we asked ourselves and other people *questions*. But not every question needs to have an answer at every moment. Some questions and experiences do not develop their true contours until later. Health professionals play an important role in that they may be available at a later time when the questions begin to take form. Someone has claimed that what we know is determined by the questions that we ask ourselves. The driving force behind the questions is curiosity and the desire to understand what one does not yet know. The Delphi Oracle can still guide our pathways to learning and research.

[2] The course is directed by Prof.ssa Elsa M. Bruni at the university G. d’Annunzio of Chieti Pescara.

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