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Abstract

The paper discusses neo-Socratic dialogue as a participatory method to tackle bioethics, focusing on the field of new medical biotechnologies. Recent sociological research has investigated the role of so-called ethics committees in the field of the new biotechnologies, approaches of participatory technology assessment and moral communication in bioethical controversies. The paper gives a brief overview about this research and the deficiencies of these approaches. Neo-Socratic dialogue is presented as a method to overcome at least some of these shortcomings. To prove this statement the paper gives details about two international research projects which used Neo-Socratic Dialogues (NSD) to discuss ethical questions with different groups of stakeholders. One project was about the ethics of xenotransplantation, the second one on ethical problems of genetic counseling. In both projects neo-Socratic Dialogue was used as a form of intervention and to evaluate the NSD as a transdisciplinary tool for dialogue and problem solving, as well as means for participatory policy making involving relevant stakeholders. The paper presents results of the neo-Socratic Dialogues and the accompanying sociological research on the effects of the talks. In the final part the chances and limits of neo-Socratic Dialogues in the field of bioethics will be resumed.

Keywords: medical biotechnologies, neo-Socratic dialogue, participatory technology assessment, sociology of ethics

Introduction

If we take a closer look at current techno-political and scientific controversies, it quickly becomes apparent that these are framed in different ways (Kastenhofer 2009). Debates on the peaceful use of nuclear energy or transgenic technologies focus primarily on their associated risks and uncertainties, with discussions centering on issues relating to the fundamental unpredictability of potential risk, the lack of technical safeguards or the catastrophic consequences of possible disasters.

The situation is different when it comes to the clinical application of genetic research and the use of medical biotechnologies, where the ethical considerations of stem cell research, cloning, new genetic tests, etc. tend to dominate public debate to a greater extent. New medical biotechnologies are associated not only with location advantages, research excellence or health issues, but also with complex philosophical questions like, for instance, the origins of life, human dignity, the fair distribution of healthcare resources and the responsibilities or, indeed, limits of science.

This development has greatly raised the public relevance of academic philosophy in general, and bioethics in particular. (Bio)ethicists are now in high demand for public statements, participation on ethics commissions and in the publications market (Bogner/Menz 2005a, 2005b, Ach/Runtenberg 2002). Nonetheless, this article focuses less on academic philosophy’s contributions to (medical) bioethics and more on providing a sociological view of contemporary medical ethics issues and the way they are dealt with in society.
In doing so, it draws on two recent international social science research projects to discuss the possibilities and limitations of a dialogue-based approach. In both these projects, neo-Socratic dialogue (NSD) was used as a means of addressing bioethics questions in selected groups of experts and laypersons. In the “XENO” project, these questions centered on xenotransplantation research, i.e. the transplantation of living cells, tissues or organs from one species to another. Research into this form of clinical intervention is currently being carried out worldwide, both at a core research level and with regard to its practical applicability in a human context (Council of Europe, 2003). Xenotransplantation raises a multitude of fundamental animal, human and medical ethics issues.

The research in the second project (“Gen-Dialog”) centered on human genetic testing and the corresponding genetic counseling. In a clinical context, this form of counseling is provided by appropriately qualified staff, both before and after genetic tests are carried out. Genetic counseling itself also raises a plethora of ethical issues with regard not just to the doctor-patient relationship, data security or patient confidentiality, but also to genetic research in general (Hirschberg et al. 2009). Whereas the “XENO” project dealt with the use of NSD in a still-to-be regulated field in its early phases of development and political debate (Griessler/Littig 2006, 2003), the “Gen-Dialog” project concentrated on analyzing and reflecting on a common medical practice (Hadolt/Lengauer 2009). While the former can be classified as a participatory technology assessment (PTA) research project, the latter is a transdisciplinary project aimed at improving specific professional practices. Both projects are linked to the ongoing institutionalization of bioethics: “XENO” at the initiation of a public debate on xenotransplantation level, and “Gen-Dialog” at the professional practices, training and education of human geneticists and mobilizing of professional networks to clarify ethical issues.

This article begins by examining the potential contribution of neo-Socratic dialogue in a bioethical context and by clarifying what indeed actually constitutes neo-Socratic dialogue. It then goes on to present the practical use of this form of dialogue in the context of the two research projects described above and concludes with a discussion of whether NSD is indeed a suitable, participative and transdisciplinary instrument for encouraging stakeholders—i.e. people who are in some way involved in a specific field—to join in an ethical debate on the moral issues of science and technology.

Towards a Social Institutionalization of Bioethics—The Case for Neo-Socratic Dialogue

New biotechnologies and the ethical issues they raise have played a major role in increasing the demand for bioethical expertise, particularly when it comes to their use in a medical context. Bioethics not only covers all human interventions in animal, plant and human life, it also covers the moral justifications for these interventions. Consequently, it also extends to animal ethics, ecological ethics and any associated research in these fields (Ach/Runtenberg 2002:14). Nonetheless, the medical sector would currently seem to be the most prominent area of interest for bioethics, with biomedical ethics even seemingly now assuming more relevance than traditional medical ethics: “Bioethics differs from such traditional medical ethics in several key aspects. Firstly, it pays greater attention to the contributions of additional players, such as nursing staff, medical researchers and even insurance companies or healthcare distribution agencies. Secondly, the range of issues involved has grown enormously. Bioethical considerations extend to all issues that arise from advances in life sciences and from the new technologies … Thirdly, unlike traditional medical ethics, biomedical ethics are viewed as a public reflection on medical actions.” (Ach/Runtenberg 2002:16; translated from the German by the author.) As a result, medical bioethics pushes issues relating to medical interventions (and biomedical research) more firmly into public view and sets a demand for patient autonomy over a traditional paternalistic doctor-patient relationship (Beauchamp/Childress 2008).
This development is accompanied by an increasing institutionalization of bioethics, as evidenced by the continual establishment of research centers and bodies, political advisory commissions, hospital ethics commissions and further education ethics centers or institutions (cf. Ach/Runtenberg 2002:139ff).

Among these, the parliamentary or state ethics bioethical commissions that have been established in many countries assume a particularly prominent role (Bogner/Menz 2005a, 2005b, Bogner et al. 2008). Despite some differences in their appointment guidelines, disciplinary constitution, legitimization and actual tasks, these commissions consistently take the form of multidisciplinary expert bodies in which academically qualified ethicists generally form a minority. Their primary purpose is to make political recommendations based on an assessment of new biotechnological capabilities and developments in conjunction with ethical issues.

Critics of such expert-oriented ethics commissions have called for the establishment of alternative, supplementary participative discussion forums (Hennen 1999a, b). Although the professional expertise of the members of such commissions is generally not questioned to any great extent, the situation is quite different when it comes to their “ethical expertise.” After all, if there is no evidence to the contrary, why should it be assumed that a physician, biotechnologist, social scientist or economist has more ethical expertise than the man or woman on the street? Where then is the legitimization for their ethical recommendations? This is intensified by the claim that their recommendations are frequently merely the result of negotiation processes, voting procedures and coalition building. Instead of focusing on the matter in hand—systematic ethical debate—“bargaining” for positions is the order of the day (Moreno 1996, van den Daele 2001, Hanyucz et al. 2008: 114ff). This criticism—namely the widespread absence of systematic ethical argumentation—can also be directed at the participative process, where research demonstrates that ethical issues are routinely treated in an implicit and unsystematic manner. There is generally a lack of time, money and discursive options available to properly address the ethical issues (Griessler/Littig 2006, Felt et al. 2006, Bogner et al. 2008, Felt et al. 2009). This lack of availability of dialogue methods was the starting point for the “XENO” project: it should test the potential of neo-Socratic dialogue in the market for participative and discursive approaches to addressing the ethical problems raised by new biotechnologies.

The starting point for the “Gen-Dialog” project was slightly different. Although it also addressed bioethical issues with “ethical laypeople,” its application context was another: bioethics is not just a matter of public or legislative debate, it also, for instance, affects the day-to-day work of physicians in hospital or medical practices. The project sought to reflect this point by (primarily) examining the ethical considerations behind the professional practices of physicians who provide genetic counseling. As empirical studies have shown, physicians increasingly have to contend with (bio)ethical issues in treatment justification, i.e. ultimately incorporate ethical reasoning into their professional medical practice (Bower et al. 2002, Bogner 2005). This may well have something to do with the fact that uncertainties and ignorance in the field of human genetics cannot be treated with traditional medicine alone (Hadolt/Lengauer 2009). A genetic indisposition is frequently no longer simply a matter of health or illness, it is a combination of more or less vague probabilities and dispositions and rarely has a 100 percent certainty of occurring (Hoffrage et al. 2000). Bogner (2005) determined that in prenatal consultations, attending physicians do not base their diagnoses on medical reasoning alone, they also take account of individual moral considerations. The widespread establishment of hospital ethics commissions or ethical case discussions is also indicative of the fact that the application of medical competence alone has been overtaken in medical practice (Saake/Kunz 2006). These institutions ensconce the notion that, in certain cases, treatment should be selected on the basis that there are “good grounds” to do so (van den Daele 2001). However, what actually constitutes such “good grounds” and how these can be determined remains to be ascertained. The “Gen-Dialog” project sought to use neo-Socratic dialogue to examine these “good grounds” in genetic counseling cases.
Neo-Socratic Dialogues on Ethical Issues in Xenotransplantation or Genetic Counseling

What is a Neo-Socratic Dialogue?

NSD is a form of guided, systematic communication on basic moral issues carried out in a group of 8-12 participants. In this sense, it is a form of joint ethical reflection. NSD draws on a discourse ethics tradition which replaces the deduction of moral premises with a rigorous inquiry into the moral implications of actions based on a regressive abstraction of the concrete case. It seeks to establish an ethically sound justification for actions through joint deliberation on the reasons. This understanding of neo-Socratic dialogue follows the tradition of the German philosophers Leonard Nelson und Gustav Heckmann, who developed ancient Socratic Dialogue into a group technique (Nelson 1965, Heckmann 1981).4

In doing so, NSD should achieve two things. Firstly, it should allow a level of communication on moral standards—i.e. the argumentative legitimacy of action—that is free from the actual burden of action (an aspect that—as mentioned above—is also important for professional bioethical practices). Secondly, it aims to construct an argumentative consensus or identify areas of dissent among the members of the group by means of communication. This is important in the modern climate of conflicting, pluralistic morals and facilitates recognition and tolerance of diverging positions. The dialogue process is also expected to increase the viability and potential of decisions (Gronke 1996, 2006).

The starting point for an NSD is a fundamental ethical or philosophical question that should be answered not empirically, but by means of reflection. This question must be of personal relevance to the participants and be formulated in a way that allows them to identify examples in their own environments or professional practices in which it plays a central role. The dialogue itself initially draws on one (or a small number of) concrete experience(s) supplied by the participants, which they can all readily understand and relate to. The systematic reflection on this experience is accompanied by a search for shared judgments and the reasons for these judgments. The participants do not need any special expertise or knowledge of the question being addressed in the dialogue, because the empirical material of the Socratic inquiry—the examples and judgments of the participants—forms the basis of the joint reflection on the implicit rules, value judgments, principles and preconditions of concrete action (for a detailed discussion see Kessels 1997/2001, Raupbach-Strey 2002).

For the purposes of the “XENO” and “Gen-Dialog” projects, the NSDs were extended by two further steps, namely the analysis of the concrete problems they should contribute to resolving and the transfer of the results obtained through the NSDs to the initial problems at hand.

Figure 1 (overleaf) illustrates the chain of activities that form an NSD.

Phases (1) – (5) constitute the neo-Socratic dialogue in its narrower sense, i.e. the systematic, philosophical discussion and argumentation. In phase (0), which precedes the NSD, research and preliminary discussions on the concrete problem are carried out. This phase is also used to (preliminarily) formulate the question that will constitute the subject of the NSD. The transfer phase (6) serves to apply the insights, reflections and understandings obtained in the NSD to the actual problem at hand.

At the center of neo-Socratic dialogue lies reason-oriented, mutual understanding on the part of the participants in a step-by-step analysis of a fundamental issue. This requires an elaboration and substantiation of their own value judgments and the comparison of these value judgments with those of others. The examination of the validity of the values put forward also constitutes an assessment of the level of consensus in the group.
This form of reflexive-argumentative dialogue is in demand in many (professional) areas of practice—in companies, administrations, political decision-making processes and, last but not least, medicine.

**The Xenotransplantation Example: The “XENO” Project**

Xenotransplantation (XTP) is the transplantation of cells, tissues or organs from one species to another (Council of Europe 2003:5). Were XTP available as a form of treatment despite the current immunological and physiological barriers, it could reduce the acknowledged shortage of transplant organs in many countries and thus contribute to saving lives. Having said that, there is the risk—mostly discussed from a safety, rather than an ethical perspective—that actual, known or unknown viruses in the “source animals” could infect the recipients and possibly then spread to the general population. Fundamental ethical questions relating to XTP are also being discussed at an international level. Examples here include: Do religious beliefs and/or ethical considerations permit the use of animals as organ, cell and tissue “suppliers” for humans? If so, under which conditions? What role do animal ethical objections play, for example, in the genetic modification, cloning, breeding and welfare of the “source animals”? Does XTP constitute an “overstepping” of the borders between species and how should this be assessed? Would XTP affect the identity of the patient? Is it justifiable to restrict the individual freedoms of patients and their families—e.g. through quarantine or monitoring—to limit a risk of infection?

The European Commission funded “XENO” project was coordinated in Austria and carried out in Austria, Germany and Spain. It used a range of social sciences instruments to determine the status of the international debate and research on xenotransplantation (media analyses, surveys, expert interviews, literature reviews). The analyses also served to formulate suitable questions for six NSDs (two in each participating country). From the point of view of the participants, the following ethical question ultimately proved to be of particular interest: “To what extent can a high risk for many be justified for the benefit of a few? Or in short: “What risk to take?” This question addresses a core issue in xenotransplantation, i.e. the notion that linking humans and animals through transplantation could trigger a pandemic. In contrast to a risk assessment, the ethical formulation of this problem focused not on the (mathematical) assessment of the risks, but on the ethical legitimacy of taking (or not taking) risks. The selected examples all drew on experiences that would be familiar to all participants, such as risky driving or failure to render assistance for
fear of possibly endangering oneself. Xenotransplantation examples could not be used since participants with a non-medical background would not have been able to relate to them. Such relevance and an empathetic approach are prerequisites for the choice of a suitable example in an NSD.

The six one-and-a-half-day dialogues formed the object of detailed secondary social science research. The majority of participants—scientific, medical, political, insurance, patient representative, (animal protection) and NGO stakeholders—in the three participating countries all assessed the NSDs very positively (Griessler/Littig 2006, 2003). Particular reference was made to the special demands placed on social and communication skills, i.e. listening carefully, showing people respect, keeping it short and disciplined. Furthermore, the course of the dialogue indicates a sensitization to ethics among the participants, who were all “laypeople” as far as ethics was concerned (i.e. had no formal academic background in ethics). In the dialogues, an argumentative consensus was reached on at least some issues, despite the clearly diverging standpoints in the beginning. This applied in particular to the understanding of and approach to risk (Beck 1992, Zinn 2006, Renn 2008). All dialogues conceptualized the acceptability of risk in terms of possible damage on the one side and benefits/advantages on the other. It proved a particular challenge for the participants to discuss this understanding of risk from an ethical standpoint that could be summarized by the mathematical formula: possible damage versus use times probability of occurrence. Despite these difficulties and the different focal points of the dialogues, they all tended to give more weight to the benefits: serious disadvantages should only be accepted if the benefits are really high, i.e. ultimately significantly more people profit from the use than come to harm. But assessments again became very diverse in the transfer phase, with opinions differing greatly on the concrete application of their considerations to the very complex issue of xenotransplantation, questions of risk probabilities, the distribution of limited healthcare resources or the instrumentalization of animals or nature. In the transfer phase (just under one hour), there was not only insufficient time for a constructive discussion, but also a lack of general expertise for an informative debate (e.g. on how to finance the healthcare system). Although a joint, systematic, ethical argumentation was successfully constructed by means of an abstractive analysis of the example in the NSD in the narrower sense (cf. Fig. 1, Phases 1-5), this could not (for the reasons mentioned above) be transferred to the field of xenotransplantation.

Even if the research project revealed that the diverse ethical issues entwining xenotransplantation could at best be addressed in a rudimentary fashion and that more time is required to discuss these issues in depth, “XENO” nonetheless provided a number of important and positive indications for the use of NSDs in the bioethics field: NSDs are a good training ground for behavior in ethical discourse and, above all, for openness, i.e. understanding and willingness to learn, tolerance for other standpoints and the recognition and determination of differences (Kessels 1996). However, a certain methodological openness, in other words a willingness to always embrace the new and a fundamental interest in a deep discussion of ethical issues, is an absolute prerequisite (along with, of course, voluntary participation).

The Genetic Counseling Example: The “Gen-Dialog” Project

A consequence of the growing knowledge of the human genome is the development and use of genetic testing, which is now common in areas such as prenatal or preimplantation medical diagnostics and predictive or presymptomatic genetic diagnostics. Central ethical, legal and social problems in this field include the informed consent of the person seeking testing, the right to know one’s own genetic status or the right to ignorance, protection of the embryo or the fetus, data protection and genetic discrimination (Hirschberg et al. 2009, Bower et al. 2002). The research carried out in the “Gen-Dialog” project focused on regulatory issues and professional practices in predictive or presymptomatic medical diagnostics and the associ-
ated genetic counseling, a form of counseling that is often described as problematic (Bower et al. 2002, Bogner 2009). Its aim was to test the (assumed) benefits of NSD as a potential discourse instrument in improving genetic counseling.

Genetic diagnosticians are used to diagnose congenital illnesses that have not yet clinically manifested themselves and/or to determine a person’s genetic status as a possible carrier of a congenital illness. In clinical practice, binding human genetics guidelines (and, in some countries, legal regulations) require the provision of qualified genetic counseling before and after a genetic test has been performed (Mayer et al. forthcoming). This counseling should take the form of a non-directive communicative process that puts patients and their families in a position to make self-determined decisions (Elwyn et al. 2000, Biesecker 2001, Hadolt/Lengauer 2009). Genetic counseling should provide clarification of the medical implications (prognosis and possible treatment) and the hereditary nature of the illness (including any possible concerns for relatives or potential offspring) that the patient can relate to. It should also provide advice on any available support facilities or options for dealing with the illness (e.g. psycho-social counseling).

The “Gen-Dialog” project, which ran from 2006 to 2008, studied the international legal guidelines and regulations for genetic counseling and examined the concrete counseling practices found in clinical practice. The project research additionally served to identify relevant questions for the planned NSDs. It also revealed that genetic counseling, which should be non-directive and enable patients to take informed, self-determined decisions, is an extremely challenging form of communicative action. The central elements in the counseling concept are self-determination and successful understanding. Corresponding initial proposals for NSD questions were submitted in advance to potential participants in their invitation letters. The four NSDs (in Austria and Germany) were ultimately run under the title “Ethical Issues in Genetic Counseling” and addressed the following two detailed questions: “What constitutes ‘self-determination’ in the genetic counseling context?” (NSDs I and II) and “How can understanding be achieved in a genetic counseling setting?” (NSDs III and IV). The NSDs each had 8-12 participants and lasted from Friday evening to Sunday afternoon.

The invited participants were all experts and stakeholders in the genetic counseling field: the majority were medical practitioners who themselves provided genetic counseling, while a smaller proportion were patients who had had genetic counseling or relatives of patients who also had experience of genetic counseling, albeit in a less direct manner. Some medical ethicists and social scientists researching genetic counseling also participated in the dialogues. The governing principle in the selection of the participants was to obtain a maximum number of different perspectives on genetic counseling practice. This spread of perspectives should enable the stakeholders to analyze and reflect on professional practices in genetic counseling in a far-reaching, comprehensive manner. The dialogues followed the neo-Socratic dialogue process illustrated in the expanded hour glass model (see Fig. 1). The fundamental questions for the NSDs were selected based on the preferences of the participants, who reported their own experiences with genetic counseling situations in which the issues of self-determination and/or successful understanding had played an important role. The selection of suitable examples (on Friday evening) was followed by the longer argumentation phase (the whole Saturday). A break separated the transfer phase from the actual neo-Socratic dialogue in its narrower sense (Sunday morning). The aim of this transfer phase was to establish a more general link between the fundamental insights gained by means of the selected examples and genetic counseling, its preconditions and its social prerequisites.

A brief summary of the dialogues emphasizes that the participants were familiar with and supported the prevailing international central concepts in genetic counseling—non-directiveness and self-determination (Elwyn et al. 2000). However, in their reflections on reported practices, it also became clear that these
normative concepts consistently reached their limits and proved to be diverse and problematic: “According to the dialogues, these non-directiveness and self-determination problems are a result not only of medical, legal, cognitive, linguistic, intercultural and social limitations and challenges, but also of the impact on other people, person values and the approach adopted by physicians. Actively bringing about self-determination and non-directiveness demands specific skills and dexterity on the part of counselors. These include the ability to listen, be frank, show understanding, empathize, present facts and uncertainties clearly. It also requires time, an appropriate setting, training and supervision.” (Griessler et al. 2009: 298 translated by the author).

The feedback received from the participants in the “Gen-Dialog” project regarding NSD as a method, the groups, the results and the moderators was also extremely positive. Some participants even explicitly recommended integrating NSD into medical training, while a number commented very positively on the diverse range of perspectives provided in the dialogues through the inclusion of experts from various disciplines and scientific and medical laypersons in the groups.⁹

Summary: The Possibilities and Limits of NSD as a Dialogical and Participatory Method of Addressing (Bio-)Ethical Issues

Social sciences based debates on the ethical challenges raised by new biotechnologies are “hot topics”—both for the social sciences themselves and for society in general. From a sociology of ethics perspective, the issues raised in this article are at the same time both important and neglected.

The issue of the ongoing institutionalization of ethics (and bioethics in particular) through so-called ethics commissions or other, more local establishments raises a number of sociological questions. What does this institutionalization of ethics (which extends beyond bioethics to other fields such as economics, e.g. through the creation of chairs and institutes for ethical business and the setting up of state commissions on issues like globalization) actually mean? Under which conditions and in which forms is this new institutionalization of ethics taking place? Is it more than just a pseudo debate, which allows participatory experiments because they ultimately have little political effect? Does this participatory discourse then only serve to create legitimacy and increase the acceptance of risky decisions by conveying the impression that everything possible has been done? These questions reflect the pessimistic attitude to participatory discourses. They refer primarily to their political context and point justifiably to the insufficient political institutional integration, legitimization and impact of participatory-deliberative methods (Hajer 2003, Hennen 1999a, b).¹⁰

While these critical objections do have their justification, they still focus on the contextual settings, and not on the effects, possibilities and limits of discursive dialogue methods in clarifying ethical issues among participants.

If NSD is perceived as a form of Habermasian or Apelian discourse ethics, it should ideally permit “deliberative communication,” i.e. establish equality among all participants as a matter of principle, or in our cases, equality in bioethics among medical/academic experts and laypeople (Apel 1989, Habermas 1983, Gronke 1996). Communication equality is largely successfully established in the NSDs studied, but with some qualifications. In the dialogues on xenotransplantation ethics, the examples of risky behavior analyzed were taken exclusively from everyday situations the participants could relate to.¹¹ However, when it comes to the transfer of ethical insights, professional input is indispensable in a xenotransplantation context, thus creating the risk of reestablishing an expert/lay asymmetry. The transfer phase in the “XENO”
NSDs had already been cut too fine; more time and other dialogue methods would have been absolutely necessary (e.g. neo-Socratic dialogues in the frame of a consensus conferences).

An asymmetry between medical experts and lay participants was also present in the “Gen-Dialog” project. This manifested itself in the longer professional discussions between the participating physicians on the genetic specifics of the case studies that were presented. On occasion, the facilitators had to intervene to reestablish equality in the dialogue. They did so, for example, by offering the physicians a kind of platform to demonstrate their professional expertise for a very limited period of time under the proviso that these presentations would be interrupted if they drifted too far away from the actual topic (i.e. self-determination and understanding). The two facilitators—neither of whom had a medical background—also often asked simple questions about the medical input. This forced the physicians (as is the case in real-life genetic counseling) to explain what they meant in simple terms that non-physicians could also understand. Similarly, it encouraged those participants without a medical background to ask questions of their own. Interventions of this nature assume that the facilitators are regarded as figures of authority. They have been accepted as leading the neo-Socratic dialogue, not from a point of view of the content, but in the application of its rules, discourse, and ethical goals.

Discourse ethics is based on the assumption that the purpose of the discourse is to formulate and weigh up “good reasons”, i.e. sensible arguments (Toulmin 1958). According to Wolfgang van den Daele (1996: 323), good reasons are those that withstand open-minded examination in the light of all sensible objections and criticisms. In this respect, the results of the secondary research also indicate that NSD promotes this type of communication process and encourages people to make affirmative and critical statements (Griessler/Littig 2006, Griessler et al. 2009). However, such processes are intricate, can only be achieved with a small group of participants and require a lot of time. This raises the question of their practicability, let alone their reach. However, noting that ethical behavior cannot be achieved through a moral code or exercises based on dilemma situations should suffice to soften these criticisms. Ethical behavior—and, as a precursor, communication about morals—can in fact only be achieved through experience and reflection (van den Daele 2001). This applies just as much to everyday behavior as it does to professional behavior.

Despite all the reservations, participatory methods (including NSD) do make a small contribution to creating “socially robust knowledge” in the field of bioethics (Nowotny et al. 2001, Felt et al. 2006). This concept points at the increasing skepticism regarding the omnipotence and reliability of academic knowledge in resolving social behavior problems and decision processes. To achieve a greater level of acceptance in society, academic knowledge must be augmented by other forms of knowledge and demonstrate not only its intra-scientific validity, but also its “social robustness”. The latter can be achieved by involving as many different stakeholders as possible in the research, decision-making and negotiation processes. The knowledge this produces is transdisciplinary and crosses the customary academic borders (Nowotny et al. 2001, Balsiger 2004). Even if in the case of transdisciplinary, discursive methods—including the NSD described in this article—the scope of some of the insights remains restricted to the actual participants in the dialogue, and the dialogue based form of communication requires these groups to be small, the results achieved do represent more than just individual personal opinions. The NSD ultimately addresses socially binding elements of morality: recognition of the person, his/her dignity, integrity and well-being.

Furthermore, NSD can also support the demanding communicative requirements of deliberative forms of policy making and governance. In this respect, NSD can be seen as a social philosophy discourse theory implementation instrument. Indeed, it can be understood as a (in reality of course never perfect) realization form of such theories, an “ideal speech situation” for Jürgen Habermas and an “ideal communi-
cation community” for Karl-Otto Apel (Gronke 1996). However, this proves to be an extremely sensitive image. Moderators have to pay great attention and intervene at length if required to avoid the dialogue reverting to an asymmetric communication situation. At any rate, NSD has proved to be a good setting for practicing discourse ethical competences, which are not only desirable in the lifelong learning sense, but also urgently required from a democratic perspective. This cannot, however, be achieved through a few solitary experimental pilot research projects, but instead requires regular practice and improvement of dialogue skills from an early stage.

Notes


2. cf. the project homepage: http://www.ihs.ac.at/steps/gendialog/ (Accessed: 26.10.2009)

3. This process was to a certain extent driven directly by influential life scientists—the most famous of whom probably being James Watson—who already recommended linking support for research to the ethical, legal and social consequences of genetic research back in the 1990s (Biller-Andorno 2001). Since then, funding for so-called ELSI (ethical, legal, and social issues) research has been provided in many countries, an area which now commands a comparatively generous share of state-funded genome research (3-5 %).

4. NSDs are now used internationally in a range of different contexts—from extracurricular adult education and ethics lessons in schools through to organizational consulting (for an overview, see Kessels 1996, Birnbacher/Krohn 2002, Saran/Neisser 2004, Littig 2004).

5. Details of the individual project and results can be found on the multilingual project homepage: http://www.ihs.ac.at/departments/soc/xeno-pta/dt/projekt_besch.html (Accessed: 26.10.09)

6. The term used to refer to animals whose organs are removed for transplantation.

7. This involved the use of standard ex-ante and ex-post surveys of participants, open telephone interviews 2-4 weeks after the NSDs, interviews with the moderators and the analysis of minutes of the dialogues and the interview transcripts.

8. The Gen-Dialog homepage documents the entire project along with its core results and publications: http://www.ihs.ac.at/steps/gendialog/index.html (Accessed: 26.10.09)

9. See also Greissler et al. (2009) for a detailed description of the interview content and the results of the secondary research. The same instruments were used as in the XENO project.

10. This criticism also applies to the local Agenda 21 activities in many places (Kersting 2008).

11. This was necessary because xenotransplantation has as yet not been used on humans, and no suitable examples for the NSD would have been able to have been found in professional laboratory research. Suitable examples in an NSD are clear situations which all participants can relate to.

12. These problems became apparent even in the recruiting of the participants. Strong incentives (e.g. attractive meeting venues, refunding of costs, additional guest speakers, etc.) are needed to convince people who as a rule are already very busy to give up a day at a weekend (as was the case in the XENO project) or even a whole weekend (as in the Gen-Dialog) for a neo-Socratic dialogue.

13. Moralizing discussions on bioethical issues like genetically modified corn don’t help to resolve bioethical problems. They cause impasses and at worst a breakdown of the processes and revocation by one or the other party of their willingness to talk. Van den Daele (1996) contrasts this with discursive communication on morals.
References


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Aims and Scope

*Philosophical Practice* is a scholarly, peer-reviewed journal dedicated to the growing field of applied philosophy. The journal covers substantive issues in the areas of client counseling, group facilitation, and organizational consulting. It provides a forum for discussing professional, ethical, legal, sociological, and political aspects of philosophical practice, as well as juxtapositions of philosophical practice with other professions. Articles may address theories or methodologies of philosophical practice; present or critique case-studies; assess developmental frameworks or research programs; and offer commentary on previous publications. The journal also has an active book review and correspondence section.

APPA Mission

The American Philosophical Practitioners Association is a non-profit educational corporation that encourages philosophical awareness and advocates leading the examined life. Philosophy can be practiced through client counseling, group facilitation, organizational consulting or educational programs. APPA members apply philosophical systems, insights and methods to the management of human problems and the amelioration of human estates. The APPA is a 501(c)(3) tax-exempt organization.

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The American Philosophical Practitioners Association is a not-for-profit educational corporation. It admits Certified, Affiliate and Adjunct Members solely on the basis of their respective qualifications. It admits Auxiliary Members solely on the basis of their interest in and support of philosophical practice. The APPA does not discriminate with respect to members or clients on the basis of nationality, race, ethnicity, sex, gender, age, religious belief, political persuasion, or other professionally or philosophically irrelevant criteria.

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