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Sophistry, the Sophists and modern medical education

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Abstract

The term 'sophist' has become a term of intellectual abuse in both general discourse and that of educational theory. However the actual thought of the fifth century BC Athenian-based philosophers who were the original Sophists was very different from the caricature. In this essay, I draw parallels between trends in modern medical educational practice and the thought of the Sophists. Specific areas discussed are the professionalisation of medical education, the teaching of higher-order characterological attributes such as personal development skills, and evidence-based medical education. Using the specific example of the Sophist Protagoras, it is argued that the Sophists were precursors of philosophical approaches and practices of enquiry underlying modern medical education.

The Sophists and Medical Education

The Sophists

The Sophists were among the earliest philosophers of the Western world. Their name is now generally used as a term of intellectual abuse. 'Sophist' means a clever cheat, a casuist, a spin doctor, an insincere practitioner of misleading rhetoric. This is because what little we know about the Sophists comes from their opponents, especially Plato. Plato portrayed Socrates as a man of truth, seeking wisdom, as opposed to the quick-witted but superficial Sophists. They were also accused of being mercenary as they took payment for their teaching. Modern perceptions of the Sophists derive mostly from Plato's depiction and Aristophanes' comedy *The Clouds*. In this play, an Athenian father sends his son to a parodic academy of unworldly philosophers so he can learn how to win law cases. However ultimately his son questions and overthrows (literally) paternal authority using the rhetorical skills he has learnt. It suggests that young men would be distracted from dutiful, honest dreams of martial glory by a world of, at best, useless speculation and, at worst, logical hair-splitting that would allow them, literally and figuratively, to beat their betters (Sommerstein, 1973). This negative image of the Sophists has passed into both general discourse and educational philosophy. In this article I wish to discuss what the Sophists actually thought, insofar as we can elucidate it, and draw parallels with modern medical education theory and practice. Some of the most fundamental principles of medical education theory have their origins in the work of the Sophists.

There are three main strands of Sophistic thought which find parallels in the modern discourse of medical education-alists. Firstly, the whole idea of education as a professional

Practice points

- 'Sophistry' is generally used as an abusive term in intellectual discourse.
- The actual thought and practice of the Sophists differed greatly from this caricature.
- The Sophists pioneered the professionalisation of education, a key issue in modern medical education.
- They also argued that virtue can be taught, a contention underlying contemporary medical ethics teaching.
- They were champions of an empirical approach to knowledge, comparable to the approach of best-evidence medical education.

enterprise requiring structured attention and of monetary recognition. Secondly, the idea that what are often seen as innate qualities can in fact be taught. Thirdly, an empirical, evidence-based approach to receive opinion and practice.

Who were the Sophists? The word is derived from the Ancient Greek *sophos* meaning 'wise', 'skilful', 'clever'. In early Greek literature, a Sophist was a teacher, poet and wise man. This is how 'Sophist' is used by Homer and Hesiod in the seventh centuries BC (O'Grady 2008). A laudatory meaning was attached to the word when used by Homer. In the works of Herodotus (c. 490–420 BC), 'Sophist' is employed neutrally to mean 'teacher'. The 'Sophists', as a term, now generally refers to philosophers of the fifth and fourth century BC. They were freelancers, mostly non-Athenian, independent teachers who travelled from city to city throughout Ancient Greece, charging for their services and making their living from a demand for education (O'Grady 2008). Kerferd (1981) identified distinguishing attributes of Sophists – they were paid for teaching, they were patronised by the wealthy, were

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mainly non-Athenian as well as itinerant, claimed to teach political *arête* (excellence) and how to be a good citizen, and emphasized the art of speaking. It was this focus on the art of speaking, and a delight in rhetorical innovation and, above all, a constantly questioning stance, which earned the Sophists their reputation. Although a later group of philosophers in the second century A.D. were also dubbed Sophists, 'the Sophists' generally refers to these fifth century B.C. intellectuals.

The Sophists brought tremendous intellectual excitement to Athens. This excitement brought with it anxiety, as is evident in *The Clouds*. All was up for grabs for the Sophists, from the nature of reality itself to the nature of the good to the existence of gods. For traditionally minded Athenians, this was a threatening stance.

The history of ideas is sometimes seen as a series of reactions and counter reactions — Reformation and Counter-Reformation, Romanticism and Neo Classicism, Postmodernism versus modernism. In educational theory, we see parallel dichotomies of behaviourist and constructivist paradigms. The Socratic movement and the Sophists can be seen as being in a similar opposition. Of course, all these developments derive from the other and each depends upon the other. Socrates and the Sophists were not mutually exclusive camps. Aristophanes' portrayal of Socrates in *The Clouds*, for instance, is very clearly of a Sophist. And the intellectual excitement which the Sophists kindled in Athens surely had much to do with Socrates setting himself up as a philosopher, and with Plato, at later date, writing his dialogues.

Later generations have been harsh to the Sophists. They were described by the classicist Henry Sidgwick in 1872 as 'a set of charlatans who appeared in Greece in the fifth century, and earned an ample livelihood by imposing on public credulity; professing to teach virtue, they really taught the art of fallacious discourse, and meanwhile propagated immoral practical doctrines' (Sidgwick 1872). Right up to the present day, 'Sophist' carries this meaning, as can be seen in the words of the contemporary Catholic apologist Peter Kreeft: 'Socrates made a point that he never took a fee for his teaching. (Neither did Jesus.) This proved that he was not one of the Sophists, who sold their minds as a prostitute sells her body' (Kreeft 2002).

'Sophistry' in modern educational theory

In educational theory and philosophy, similar views prevail — Socratic and Sophistic approaches to education are often contrasted, usually unfavourably to Sophistic ones. For instance Furedy and Furedy (1982) propose a Socratic-Sophistic continuum, positing that Socratic approaches are characterised by enquiry while the Sophistic approach is characterised by persuasion and a focus on rhetoric. Elsewhere, the same authors (1986) argue that Socratic approaches are conterminous with critical enquiry and that Sophistic influences have been mainly implicit and manifested in tendency towards instrumentalism and affective learning as well as in the choice of curricula and curricula development. The title of this latter paper — *On Strengthening the Socratic Strain in Higher Education* — strongly suggests where the

authors' sympathies lie. As Furedy and Furedy acknowledge, the Sophistic-Socratic dichotomy, like all dichotomies, is overly simplistic, and in this article I will argue that when we look at what the Sophists themselves thought and taught, we find a strong commitment to critical enquiry and the questioning of assumptions.

Boyles (1996), writing from the perspective of teacher training, collapses the Socratic-Sophistic dichotomy in his analysis of the Socratic dialogue *Meno* — but in a way unfavourable to both schools. He argues that Socratic dialogue is an example of coercive Sophistic rhetoric rather than disinterested enquiry. Hall (1996) in his commentary on Boyles' paper takes the view that 'sophistry is deficient insofar as it panders to the desire of the unwise, untutored, and unreflective for quick acquisition of knowledge. If one had enough money, one could with great speed acquire knowledge about, for example, political affairs together with the ability to speak persuasively on virtually any subject' (Hall 1996). This statement, coming as it does within a sophisticated discussion of a Socratic dialogue, summarises the dominant view of the Sophists within educational philosophy. Stable (2007), in his analysis of the clash between 'virtue' and 'Sophist' trends in education, depicts Sophist approaches as synonymous with utilitarian ones. In educational discourse, 'Sophist' has become a pejorative term in a more specific way than the general pejorative usage. These negative views are counterbalanced by a modern awareness of the importance of the Sophists, and awareness that their thought was more subtle and less focused on persuasion by any means necessary than their critics wrote.

The Sophists and the professionalisation of medical education

One of the direct ways in which the Sophists are relevant to today is that they were the first to put a monetary value on education; they were the first professional educators. In Plato's *Hippias Major* Socrates remarks that Gorgias 'by giving exhibitions and associating with the young, he earned and received a great deal of money from the city' and that Prodicus 'in his private capacity, by giving exhibitions and associating with the young... received a marvellous sum of money.'

The Sophists' innovation of seeking payment for tuition is the first appearance of an idea now all pervasive. Today it is taken almost entirely for granted that teachers require payment, and with it in the modern age come sick leave, maternity leave, pensions and other payments.

The professionalisation of education in general is therefore a legacy of the Sophists. The whole apparatus of modern university teaching, for good and ill, has its root in this idea. Despite a long gestation, it is only in recent years that a professionalisation of medical education has taken root, and it still faces cynicism and opposition today even in recent times (Peterson 1999). There has been concern at the standard of clinical teaching in medicine internationally for a number of years (Wall and McAleer 2000). In the United Kingdom, partly under the influence of the National Committee of Inquiry into Higher Education (Dearing 1997), in the number of

departments of medical education attached to medical schools has grown, and a proliferation of masters level programmes and postgraduate certificates in medical education (Pugsley et al. 2008). The whole apparatus of modern academic discourse — peer-reviewed journals, associations, national and international conferences and other scholarly paraphernalia — has grown up around the subject. The subtitle of Peterson's article cited above — Tomorrow's doctors need informed educators not amateur tutors — gives a flavour of this new emphasis on professionalisation in medical education.

The Sophists and teaching virtue

The second great sense in which the Sophists are still relevant is their case that virtue was not inborn or innate, but could be taught. Their 'most revolutionary innovation was, precisely, that, faced with nature, they set up teaching to counteract it and considered that virtue could be learned by attending their classes' (de Romilly 2002), and the problem of nature versus nurture, as it is invariably dubbed today, is a very old one that troubled the Athenians with a peculiar intensity. We see it in Thucydides, in the comparison between the courage of the Athenians — described by the historian as deriving from reason, from expertise and from experience — and that of the Spartans, portrayed as 'natural' and traditional. We see it in Euripides' play, *Hecabe*, when Hecabe (wife of King Priam of Troy) learns of the slaughter of her daughter. After a few rather perfunctory expressions of grief she launches into a meditation on this very question:

How strange, that bad soil, if the gods send rain
and sun,
Bear a rich crop, while good soil, starved of what it
needs,
Is barren, but man's nature is ingrained—the bad
Is never anything but bad, and the good man
Is good: misfortune cannot warp his character,
His goodness will endure.

Where lies the difference?

In heredity or upbringing? Being nobly bred
At least instructs a child in goodness; and this lesson,
If well learnt, shows him by that measure what evil is.
(Vellacott 1963, lines 593–603)

Plato's dialogue *Protagoras* is devoted to the dispute between Socrates and Protagoras on this particular issue, the teaching of virtue. Although both agree that virtue can be taught, Socrates doubts Protagoras' self-confidence on the issue. This is an issue that has huge implications not only for education but also for wider political economy. Improved knowledge of genetics in the last hundred years has given the problem a new acuity. Nevertheless, in this as in many fields one can get the impression from contemporary media coverage that all this is a new problem, which only our time has had to face. Nothing could be further from the truth, as the example of the Sophists illustrates.

Whatever ones own beliefs on the issue of nature-nurture, and whatever science may or may not tell us about it, one must concede that the Sophists have, from a practical point of view,

won the argument. That education should be available for all is such a commonplace in Western society that to suggest otherwise would be social and (for an elected official) political suicide. Prior to the Sophists, the idea that *arete* was inborn and therefore unteachable was widely held. Therefore aristocratic birth alone qualified one for rule. If Protagoras' self-confidence in his ability to teach virtue seemed dubious to Socrates, who was after all sympathetic to the essential point, imagine how shocking it must have been to Athenians more in thrall to notions of aristocratic virtue.

This parallels the reaction medical educators often receive from colleagues. While it is often not directly articulated, the claim that communication skills, for instance, or attitudinal aspects of medical practice, cannot be taught but are innate is frequently encountered. With the exception of ethics teaching (discussed below), medical educators may not consider themselves as teaching 'virtue', per se, but overall professionalism and attitudinal aspects of medical practice are explicitly incorporated into curricular design and structure. For instance Harden et al. (1999) describe a concentric circle model of learning outcomes, with an inner core of task focused outcomes defining the technical competency of a doctor, a middle section of 'approach to practice' outcomes defining understanding of the context of illness and evidence-based and ethics-based approaches to clinical work, and finally an outer circle of outcomes focused on the overall role of the doctor and ongoing personal development. The term 'personal development' itself implies that character can be changed by training.

This debate is particularly relevant to ethics training. A tension has been described (Eckles et al. 2005) between proponents of the view that ethics training should be aimed at the formation of virtuous physicians (for instance, Pellegrino and Thomasina, 1993) while others have argued that the moral character of medical students is formed at arrival in medical school (Glick 1994). This latter viewpoint is expressed as a belief that the goal of ethics training is to impart of body of ethical knowledge and provide a set of skills for application by medical graduates, whose underlying virtue has been established prior to admission to medical school. Eckles et al. identify this dichotomy as making it 'difficult to find a consensus regarding the goals of medical ethics education' and suggest that further theoretical work is needed to delineate the core content, processes and skills relevant to the ethical practice of medicine. The antiquity of this debate is not acknowledged.

Interlude – Protagoras and education

A theme of this article is that what the Sophists really thought, and what their influence on Western thought really was, is very different from the broad caricature often presented. Before discussing the final trend in medical education which is prefigured in Sophist thought, I wish to examine the thought of a specific Sophist figure and link with modern medical education theory. The thought of Protagoras (*circa* 490–420 BC) described as 'the first and greatest of the Sophists' (Waterfield 2000) is known from a seven fragments and the reports of others, especially his appearance in the Platonic

dialogue *Protagoras*. Both Socrates and Protagoras believe that virtue can be taught, although to differing degrees (and Plato will later have Socrates definitively oppose this view in the dialogue *Meno*), but Socrates is sceptical of Protagoras' confidence on this issue.

The surviving fragments of Protagoras' thought indicates the seriousness with which he thought about education (Lavery 2008). The most famous, 'man is the measure of all things', is often cited as a key motif of relativist thought. Debate continues as to whether this was an example of 'strong' or 'weak' relativism – in other words whether this is a general statement about humanity or is about the individual human being's ability to accurately perceive the world. However the underlying relativist thrust of this aphorism is not in doubt. Constructivist theories of learning, which are influential in medical education today, are clearly influenced by this approach.

Other Protagorian mottos directly related to education are 'teaching needs endowment and practice. Learning must begin in youth' (cited as Fragment 2 in Lavery, 2008). 'Art without practice, and practice without art, are nothing' (Fragment in Lavery, 2008) and 'education does not take root in the soul unless one goes deep' (Fragment 8 in Lavery, 2008). All of these are relevant to medical education – the emphasis on practice and on deep learning, and on lasting attitudinal and behavioural change particularly so. As can be seen, these aphorisms are far in spirit from the caricature of the Sophists as promoting a superficial, purely rhetorical education.

The Sophists and best evidence medical education

Another characteristic of contemporary medical education theory prefigured in the thought of the Sophists is an evidence-based approach. The Sophists championed empirical knowledge and direct enquiry, which as well as marking them out as early pioneers of the scientific method, also suggests their place as exemplars of evidence-based practice.

The pre-Socratic philosophers of the centuries before both Socrates and the Sophists are often called both the first philosophers and the first scientists. This, of course, is due to their inquiring minds, and readiness to challenge explanations that depended solely on divine action — thus we have the atomic theory of Democritus, or the postulate of Thales that all matter is water (Waterfield 2000). Nevertheless, a modern reader often finds the Sophists more familiarly 'scientific' than the pre-Socratics. This is due to the pre-Socratics' tendency to expand speculation into explanation, and to engage in metaphysics. The Sophists are more recognisable ancestors of modern scientific method because of their scepticism, their refusal to accept simple explanations, and their pragmatic bent. Defining the scientific method is a hugely problematic enterprise, but an attempt at the unprejudiced search for alternative explanations for any given event or observation is one of its cardinal features.

'Making the weaker argument the stronger', a taunt of Aristophanes in *The Clouds*, is one of the phrases with which the Sophists were most often abused. At first glance, it suggests a sort of confidence trick, a justification for wrongdoing. Yet on reflection, 'the weaker argument' may conceal the best answer. The querying approach of the Sophists forces one to

examine apparently sound arguments and justifications, and thereby perhaps discover their soundness to be illusory. Richard Feynman described the scientific method as 'a kind of scientific integrity, a principle of scientific thought that corresponds to a kind of utter honesty—a kind of leaning over backwards. For example, if you're doing an experiment, you should report everything that you think might make it invalid—not only what you think is right about it: other causes that could possibly explain your results; and things you thought of that you've eliminated by some other experiment, and how they worked—to make sure the other fellow can tell they have been eliminated' (Feynman 1974). So openness to alternative explanations, and a willingness to accept that the 'weaker argument' (or initially less persuasive or attractive hypothesis) may be closer to the truth, is a characteristic not of rhetorical chicanery, but of any empirical approach to knowledge and practice.

Best evidence medical education enshrines this empirical approach. Mirroring definitions of evidence-based medical practice, it is defined by Harden and Lilly (2000) as the implementation, by teachers in their practice, of methods and approaches to education based on the best evidence available. This means integrating individual educational expertise with the best available external and internal evidence from systematic research. Best evidence medical education approaches mean that the assumptions of medical education-alists are themselves open to question. Our fondness for a particular innovative means of teaching should be as suspect as the stubborn retention of every aspect of traditional teaching. In Western thought, the Sophists were the great intellectual gadflies, the questioners — pointing out social assumptions and prejudices for what they were. Medical educators owe a debt to these intellectual precursors.

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Notes on Contributor

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