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## Family Practice Forum

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# Socrates Revisited: His Relevance Today

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While he died some 2,400 years ago, Socrates remains the paragon of the enlightened teacher. He maintains this position, despite having not employed many of the pedagogic techniques so commonly seen today. He disdained the use of jargon, he thought little of didactic presentations, and, remarkably enough, with the exception of writing figures in the sand to instruct Meno's slave, he managed quite well without visual aids.<sup>1</sup>

Socrates' method of teaching was shockingly simple. He taught by means of dialogue; through perceptive questioning of his pupils, Socrates successfully engaged their intellects in an active quest for knowledge. Socrates' pupils never nodded off on him. They were alive and engaged in the hunt.

Brilliant though he was, Socrates modestly claimed to know only that he did not know. This lack of arrogance must have immediately engaged his listeners, tired of the pomposities of the Sophists. Confessing his ignorance, Socrates maintained he had no choice but to seek after the truth. The proper means for this was the "common search" engaged in by two people, each questioning and helping the other.

Of course, Socrates knew he was not ignorant. He was aware of his brilliance but maintained a deep sense of humility before "the truth." This

enabled him to remain open to his students' points of view and the possibility that he might ultimately agree with the student.

I employ the Socratic method of teaching in my role as the director of the Behavioral Science Program for the Department of Family Practice at Downstate Medical Center. Socrates was intensely interested, as am I, in why people do what they do. This was particularly important to him because he wished to assign value to human activity, ultimately identifying the "virtuous life." It is important to me because I hope to relieve human suffering. Our ends differ, but his method for communicating knowledge to others is as valuable to me as it was to him. I weave dialogue into the fabric of my teaching program. Through questioning, I stimulate residents to think through a problem and come to a solution. As a result, the processes of thought they employ to reach their conclusions, as well as the conclusions themselves, become tools to be used confidently in the future.

I attempt to use the Socratic method in all my contacts with the residents. In consultations, I elicit the resident's diagnostic and therapeutic opinions of the case he or she presents to me. Discussion evolves from their point of view. Even in my didactic lecture series, anti-Socratic by nature, residents' opinions are solicited. Lectures often become stimulating discussions of the subject at hand. But it is in weekly Balint group meetings that a mutually enlightening dialogue most often takes place.

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The structure of our Balint group differs from those initiated by Michael Balint, a British psychoanalyst who worked with small groups of practitioners in England during the 1950s.<sup>2</sup> His groups, like ours, met weekly to discuss patients who presented with psychological problems or who provoked emotional responses on the part of the practitioner which made it difficult for him to provide effective treatment. His groups, however, were composed of experienced physicians who came regularly each week. Our groups are made up of trainees who, because of their schedules, cannot attend every week. Therefore, group interaction and dynamics are not a focus in our group. We focus on the interaction of somatic complaints with psychological and social factors, past and present options for treatment, and a discussion of the residents' feelings in handling the case.

My role is to ask the questions that focus the discussion on these issues. These questions vary with the case material, but a few illustrations will help convey the flavor of what I attempt to do; for example, "Does anyone feel that family stress contributed to the patient's developing a myocardial infarction?" "Given the information that has

been presented so far, how would others have proceeded?" "What other options are available for treatment?" "Dr. X felt angry at this point in his treatment. Do others feel they would have responded similarly?" "What does Dr. X's getting angry say about the psychological makeup of the patient?"

These meetings are most successful when I say the least. At these times the other residents frame the questions and give direction to the dialogue. When this happens, I derive the greatest satisfaction. The residents have become so involved in the presentation that they function in Socratic Fashion, engaging others in a nonjudgmental, tolerant dialogue with the hope of finding "the truth," that is, the solution to a difficult clinical and often human problem.

The Socratic method lives on, even when it is not defined as such by those who employ it.

**References**

1. Plato: Protagoras and Meno. New York, Penguin Books, 1979
2. Balint M: The Doctor, His Patient, and the Illness. New York, International Universities Press, 1957

