



PROJECT MUSE®

How Ethics Liberates Experience: Insights from Pragmatist
Theory and Contemporary Research

Eric Racine

The Journal of Speculative Philosophy, Volume 36, Number 4, 2022, pp.
517-536 (Article)

Published by Penn State University Press



➔ For additional information about this article

<https://muse.jhu.edu/article/877105>

How Ethics Liberates Experience: Insights from Pragmatist Theory and Contemporary Research

Eric Racine

MONTREAL CLINICAL RESEARCH INSTITUTE

ABSTRACT: Ethics is often viewed as the elaboration of and compliance to norms, a.k.a. as the deductive model of ethics. This is well illustrated by the mainstream development of codes of ethics and ethics committees in the healthcare setting and beyond. Drawing upon a recent synthesis of pragmatist insights on the nature of ethics as well as contemporary scholarship on human flourishing, I explain how ethics is not primarily about the compliance of experience and agency to preset norms but about liberation and empowerment within a process of existential meaning-making. This point is made in the context of two important tasks of ethics: (1) understanding moral problems and (2) providing guidance for solving such problems.

KEYWORDS: ethics, pragmatism, health, freedom, experience

“Language” is “the tool of tools.”

—JOHN DEWEY, *Experience and Nature*, 1925

Ethics is commonly considered to be an area of academic activity (often philosophical but increasingly interdisciplinary), as well as a domain of practice (e.g., ethics consulting services, ethics committees) that supports the resolution of moral problems in daily life. Although there is a plethora of views on the field and its goals, especially given its many areas of specialization (e.g., business ethics, bioethics, environmental ethics), ethics is usually tasked with the goal of providing foundations for moral judgment and reasoning to help address and solve specific difficult situations.¹ Quite a few influential scholars advance that the remedy to moral problem lies in the development and application of foundational ethical principles. This has led to proposals for theories like a discourse ethics,² as well as more contextual ethics theories and methodologies.³ Accordingly, ethics teaching at the university level, for example, typically stresses the learning of moral theories and asks students to apply these principles in difficult cases. In this context, students are expected to learn to justify decisions based on renowned ethical theories. As Steven Fesmire writes, it is almost as if “Ethics has literally come to be defined by its idolatrous worship of rules.”⁴

Consistent with this view, codes of ethics and ethics guidelines have been developed to guide professionals (e.g., physicians, engineers, nurses) from whom we expect the respect of agreed-upon standards and adherence to trustworthy behaviors. Recent developments in ethics teaching take the form of online educational modules where knowledge of ethics guidelines can be tested; this is now common practice, for example, in research ethics in the USA, Canada, and Australia.⁵ Most often, these codes are deontological in nature and spell out obligations that professionals have toward their clients, their peers, and society.

The common understanding of ethics as the development and eventual implementation of ethical principles and codes has many flaws, of which I stress one: namely, that such an approach “imprisons” human experience. By imprisoning—or, to use a more nuanced word, *constraining*—I simply mean that it is difficult to genuinely start with human moral experiences within this view of ethics because it inherently structures and orients human experience to conform with a preset desired outcome or destination, such as the respect of certain ethical principles. Ethics is thus taken to embody the application of certain predetermined views about “the good life” and worthy human experiences, such that it is not taken as an engaging and participatory process of inquiry leading to the development of these views. It is true that—as human collectives—we undoubtedly share some moralities that help us

cooperate. It is also true that we need professional moralities (e.g., deontology and codes of ethics), which allow certain professions and institutions to set specific norms and expectations of moral conduct. Both human moralities and deontology represent how certain groups have adapted to social needs and relationships. They can be tremendously useful to avoid harm to others and ensure peaceful relationships. However, they should not be conflated with ethics as understood by pragmatists, which is an open-ended and inquiring process about how our habits, including habits of thought, can be defended based on an understanding of their implications for the flourishing (a.k.a. Eudaimonia) of ourselves and others.⁶

In this article, I further describe how human experience is often “imprisoned” or constrained by the standard ethical approach to two core tasks of ethics inquiry: (1) understanding moral problems and (2) providing guidance for solving such problems. I want to suggest that a pragmatist account of ethics, oriented toward deliberation and outcomes,⁷ calls for alternative approaches to moral problem description and ethical theorizing as well as corresponding methodological orientations. In writing this article, I am partly relying on a recent synthesis of insights from pragmatist theory, contemporary social science and psychology theory,⁸ and related practical and methodological work. In doing so, I build upon the account of self-formation discussed by Alain Beauclair,⁹ as well as upon the role of voluntary and intelligent behavior within ethics envisioned as a liberatory practice.¹⁰

Understanding Moral Problems

A Common View: Moral Problems as Dilemmas and Choices

It is customary to describe moral problems as “dilemmas,” “issues,” “difficult choices,” or “tough decisions” in different sectors of ethics such as biomedical ethics and business ethics.¹¹ These kinds of terminologies may have been reinforced by the development of applied ethics,¹² where ethics theory is presumed to offer general guidance (e.g., ethical principles, cardinal values) to be “applied” to “cases.”¹³ Therein, the role of ethics is commonly understood as solving difficult problems, shedding light on issues, resolving dilemmas, and offering principled decisions grounded in “established” and agreed-upon values and principles. This common view is congruent with understandings of the rationality of applied ethics as akin to forms of deductive reasoning.¹⁴

Ethics—without making overly sweeping generalizations—has tended to be rationalistic and rule-based and embeds the understanding of difficult moral problems in cognitivist and universalistic assumptions and discourse.¹⁵ Not surprisingly, some influential practical theories take moral dilemmas as their fundamental unit of analysis. In these cases, two defensible principles (e.g., respect for autonomy and beneficence) are pitted against each other and, eventually, a balanced compromise between the two principles is reached to achieve the most defensible decision.¹⁶ Along these lines, Tom Beauchamp and James Childress write, “General normative ethics . . . is a form of inquiry that attempts to answer the question, ‘Which general moral norms for the guidance and evaluation of conduct should we accept and why?’ Ethical theories attempt to identify and justify these norms.”¹⁷ They further state that “moral dilemmas . . . are circumstances in which moral obligations demand or appear to demand that a person adopt each of two (or more) alternative actions, yet the person cannot perform all the required alternatives.”¹⁸ Other widely adopted accounts (e.g., in business ethics) similarly stress that ethics is about choices in situations in which there are competing options to choose from.¹⁹

The formulation of problematic moral situations as dilemmas, choices, and decisions explains why some approaches (like principlism in biomedical ethics) have gained considerable traction in practice and policy,²⁰ as they result in “settling” or “resolving” issues, cases, and dilemmas. This simplification of complex situations is convenient and lends support to simple and practical solutions in ethics practice and teaching. It shapes the kinds of responses that can be expected from more practical areas and concretizes efforts to promote ethics in organizations and professional teams by dealing with moral dilemmas, or breaches of ethical principles.²¹ Accordingly, codes of ethics for businesses, clinicians and hospitals, governmental officials, and schools have become prime examples of the statement, or reinstatement, of the importance of certain values or guiding ethical principles for human interactions. Although the intentions are usually good, and the descriptions of moral problems as dilemmas and encroachments upon ethical principles are partially right and truthful, these descriptions remain abstract and reductionist in that they leave out the complexities of the situations in which moral issues surface and the diversity of configurations in which they arise. Moreover, rationalistic approaches rely on a number of epistemological assumptions (e.g., that moral dilemmas can be identified, agreed upon, and solved), which may prevent the adoption of a

more generous, contextualized, and open-ended approach to understanding moral problems.

Understandings of moral problems as dilemmas, issues, or choices are not wrong as such; these words capture part of the experience and conception of moral problems. They are shorthand expressions for what seems to be at stake in a given situation. However, this approach can carry rationalistic overtones and may disempower those who are not experts in the field by using terminology that alienates the ordinary people involved in those situations.²² For example, clinicians, and by consequence clinical ethicists, understand themselves as dealing with cases in the manner illustrated by the very formulation of clinical ethics as a form of casuistry and case analysis.²³ Although seemingly innocuous, this builds on the professional framework for clinicians to understand the realities of patients as cases. A related phenomenon is when ethicists become experts of the language used to describe and understand dilemmas, a situation (i.e., the weaponizing of ethical principles) that can contribute to alienating people from the situations they live because they do not have the ability to wield the vocabulary used to describe their situations.²⁴ In this and other ways, rationalistic orientations of ethics may begin their conception of moral experiences in uncritical and preformatted ways. For example, does a patient have a say in describing their case? Is the patient's story only useful and meaningful insofar as it takes the format of a case? Where do patients' concerns fit into case notes and case reports? Although seemingly innocuous and potentially helpful, these formulations of lived problems as choices, dilemmas, or decisions and others can be constraining and imprison the experience of those who are not ethics experts. Thus, how can we develop alternate moral language and terminology—or a different attitude or stance toward existing moral language—to describe moral experiences in ways that are more empowering and less rationalistic?

An Alternative Account: Morally Problematic Situations

As discussed in an upcoming synthesis, *The Theory of Deliberative Wisdom*, we can support and expand Dewey's concept of "morally problematic situations" as a cornerstone to describe difficult moral experiences.²⁵ Dewey provides the following description of morally problematic situations and inquiry:

A moral situation is one in which judgment and choice are required antecedently to overt action. The practical meaning of the situation—that is to say the action needed to satisfy it—is not self-evident. It has to be searched for. There are conflicting desires and alternate apparent goods. What is needed is to find the right course of action, the right good. Hence, inquiry is exacted: observation of the detailed makeup of the situation; analysis into its diverse factors; clarification of what is obscure; discounting of the more insistent and vivid traits; tracing the consequences of the various modes of action that suggest themselves; regarding the decision reached as hypothetical and tentative until the anticipated or supposed consequences that led to its adoption have been squared with actual consequences. This inquiry is intelligence.²⁶

Morally problematic situations are situations in which our typical habits of conduct, i.e., typical ways of doing things and solving everyday life problems, are challenged in ways that relate to morality. Here, problems of morality stand for a range of rich and complex experiences and phenomena wherein we feel unease and anguish over the tensions between different ideas of the good, i.e., ideals, values, interests, and principles guiding our conduct, alongside the nature and experience of the situation itself. The precise nature of these tensions is hard to explain succinctly or comprehensively, notably because human morality is an open-ended and evolving domain of human existence; it deals with harms done to others, the pursuit of the good, the conditions of human flourishing, and other dimensions of human welfare and well-being in which the meaning of human life and a life of meaning are raised.²⁷ Longstanding debates about the “domain of morality” occupy scholars in education and moral development theory,²⁸ such that it would be perilous to imagine settling them. Moreover, from a pragmatist standpoint, trying to definitely settle such boundaries may not make any sense. Suffice for now to state that moral problems represent a rich and extensive set of phenomena that include situations in which an individual struggles with self-understanding and distinguishing the values that should guide one’s own behaviors, namely, behaviors that are most conducive to human flourishing, as well as situations in which there is uncertainty about what should be done.²⁹ These episodes are not only—and perhaps not even primarily—experienced as a conflict of principles, but are also expressed in embodied and experiential forms of anxiety, discomfort,

or uneasiness.³⁰ These perplexing experiences are grounded in the world of morality, of lived experience, which can be distinguished from ethics as a discipline that offers a scientific (read: structured, informed, scholarly, inquisitive, deliberative) understanding of moral problems encountered and approaches to solve them.³¹

This terminology of a morally problematic situation—when taken seriously and envisioned with a broader pragmatist theoretical framework, i.e., a transactional epistemology—carries important implications, the most evident of which I name here.

First, the situation needs to engage stakeholders as agents with a perspective on their situation. This means giving a voice to the agents who live the situation and being sensitive to the language they use since language is the means by which we can express the meaning of what we live. This is what the pioneer of bioethics Daniel Callahan remarked early in the history of this field when he wrote:

No subject would seem to me more worthy of investigation than what I will call the 'ordinary language of moral thinking and discourse.' Most people do not talk about their ethical problems in the language of philosophers. And I have yet to meet one professional ethicist who, when dealing with his own personal moral dilemmas, talks the language of his professional writings; he talks like everyone else, and presumably he is thinking through his own problems in banal everyday language like everyone else.³²

Second, recognizing that moral problems, moral questions, etc., occur *in situ* means that embodied and contextualized understandings of those lived experiences be reflected upon, as opposed to focusing on abstract accounts of moral problems that foster narrow and disembodied views of human attitudes and behaviors, i.e., a view from nowhere.³³ The transactional account of morally problematic situation recognizes that views are always from someone somewhere.³⁴

Third, ethicists, professionals, and all those involved in morally problematic situations, especially those with authority and power, must be conscious of the lens through which they approach situations and of the biases they bring in. This can help avoid perpetuating epistemic injustice.³⁵

Fourth, we cannot expect that people with different perspectives will (always) agree on what they consider to be moral problems. Establishing a

given problem's impact on one's wellbeing and flourishing is partly a subjective process. Thus, to express the meaning and nature of that problem, there needs to be intersubjective processes (i.e., communication) that allow others to make sense of the experience. These processes involve psychological and social mechanisms of moral awareness. Thus, the concept of morally problematic situations remains deliberately open-ended and vague. It implies that clear, rational, objective, and universal boundaries of human moralities are impossible. It further implies that these fuzzy meanings are negotiated and constructed intersubjectively, never purely objectively, in the strict sense of the term, because they always refer to lived experience(s) of goods and wrongs.

Fifth, situations vary in their nature such that they may be more about the agents, more about the contexts that agents are confronted with, or more about the interactions (or the transactions) between agents and context.

Sixth, ethics needs to build robust and grounded understandings of moral problems. This task can be enhanced by scientific insights into human behavior and human psychology to enrich our understanding of morally problematic situations. Understanding moral problems is not the sole or final end of ethics since ethics mobilizes empirical knowledge to support the development of responses to situations in ways that promote the welfare and flourishing of those concerned.

In sum, by starting with a focus on ordinary experience, and reflecting a corresponding methodological orientation (e.g., in ethics research and ethics practice), moral experience is not preformatted by the views of experts or others; it is understood as the starting point of an inquiry into ways of understanding, reflecting upon and overcoming difficult experiences. In this process of inquiry, ethics theory is often viewed as the cornerstone to self-understanding and moral problem solving. However, as I will discuss next, the contribution of theory to these goals depends on what we envision ethics theory to be.

Providing Guidance for Solving Moral Problems

A Common View: Ethics Theory as Foundational Normative Reasoning

Ethics theory is often viewed as the quintessence of ethics itself, such that ethics is boiled down to philosophizing about moral problems and moral concepts, notably oriented to the search for foundational forms of normative reasoning. It is in this sense that *doing ethics* can actually be equated

to merely discussing ethics rather than using ethics theory to address or help others address significant moral problems encountered in their lives. Much of mainstream ethics theorizing is done in hopes of achieving some version or combination of the following goals: (1) provide guidance to better and correct ethical reasoning; (2) provide a preferable set of ethics principles to guide practice in general; (3) provide coherence or deeper justification of moral reasoning; and/or (4) support a certain view of ethics as the best, most defensible model. As Fesmire summarizes the situation, often these tasks are associated—by both proponents and opponents—with the search for indubitable and foundational ethical principles:

There is a central dogma of ethical theory, namely that it rests on revealing or constructing a moral bedrock that tells us the right way to think about moral problems. Moral skeptics accept this dogma, plausibly reject that such a foundation can be discovered or erected, and hear the bell toll for ethics. Many self-described normative ethicists hear no such bell. They argue, or uncritically assume, that the fundamental fact of morality is the capacity to set aside our patchwork of customary beliefs and then to discern and apply moral laws or rules derived from one or more foundational principles. This is indeed an ineliminable assumption of ethics, moral skeptics rejoin, but we sadly we all lack such a capacity. The resulting diversity of proffered objective moral foundations is fascinating, and endless: universal laws of reason, the principle of respect for persons, natural rights, timeless moral intuitions, divine command, natural laws, the doctrine of agape, to name a few.³⁶

Canonical (normative) ethics theories are theories that seemingly realize the agenda for foundational normative reasoning. These theories stress the foundational character of certain ethical principles, such as justice and autonomy.³⁷ They emphasize the importance of establishing the source of ethics judgment justification. This focus on the foundations of ethics has been notably criticized by feminist scholars, as an unhelpful rigid and dogmatic focus of ethics theory.³⁸ Not surprisingly, perplexing debates ensue in the quest to identify foundational ethical principles of value, namely, principles from which all others are supposed to follow. The search for an overarching ethical principle (or several) in both abstract and concrete circumstances is considered important because finding coherence is a valued task of ethics

theory. There is considerable importance to be granted to providing ethical arguments, reasons, and justifications for any given action. However, envisioning this search as one for certainty and ethical foundations needs to be reconsidered and recontextualized, as argued by tenets of pragmatist, narrative, and feminist ethics,³⁹ because there are problems in understanding how these goals can be achieved, notably by calling upon a set of rationalistic and indubitable principles. Indeed, if moral problems are deeply experiential and rooted in our own existence, why do we envision ethics theory as providing a preset destination of our own lives?

When ethics theory is envisioned exclusively as a destination to be pursued or a vision to be applied, there is a risk of failing to respond to the particularities of the situations, notably to the aspirations of peoples' views on the meaning of their own lives. It is easy to see how—when experience is left out of the reasoning—the search for foundations *stricto sensu* of ethical principles becomes a question-begging exercise, a *petitio principii*. An action is right if it adheres to a principle, and so is deemed just or correct, but the principle is itself justified by the purported outcome that is supposed to follow from applying the given principle. Both rely on justification from the other—the principle is justified by the action, and the action is justified by adhering to the principle. This fallacy cannot be avoided unless there is a recognition that experience is both the starting and return point of ethics theory, and that thus theory is an intermediate, a tool.

An Alternative Account: Theory as Tool (or Instrument)

Rather than seeing the intellectual resources of ethics as ends-in-themselves, it is more productive to envision them as tools to which moral agents have recourse to understand, tackle, and discuss moral problems and, more generally, the moral aspects of their existence.⁴⁰ Accordingly, ethics theory and concepts can be seen as tools or instruments that are put to test when they are mobilized in the pursuit of concrete tasks.⁴¹ To argue that ethics is primarily concerned with principles would commit another error, which is to conflate the intellectual tools with the problems they are developed to deal with. Analogously, physics is not about Newton's Three Laws of Motion or the Theory of Relativity, but about fundamental aspects of reality such as space and time. These specific theories are instruments to understanding these phenomena and their relationships. This is, in essence, a pragmatist understanding of ethics theory.⁴² Therein, the role of

ethics and ethicists is to equip moral agents to harness their moral lives and become active. Accordingly, the traditional expectations toward ethics theory such as the quest for coherence, justification, and optimal arguments should not remain solely an intellectual task, but a task deeply connected to practice and experience. In other words, theory needs to be instrumentalized. It should be useable knowledge that rewards its user insofar as it enacts liberatory practices⁴³ and human flourishing.⁴⁴

Within a pragmatist account and theories like *The Theory of Deliberative Wisdom*, ethics theory and theorizing come to serve a different function than in common accounts. Theory, in this case, ceases to claim to uphold disembodied truths, such as indubitable and foundational principles that hold *theoretically* in a wide range of situations, and that purportedly offer answers to a wide array of problems, irrespective of realizability. Instead, theory here offers tools and insights that help one grasp moral situations and make sense of them, thus providing insights for an engaged resolution of such situational problems and guiding learning from them. It supports and guides the process of ethical inquiry. Importantly, as a tool (or more accurately, a set of tools), ethics theory and components of theory, such as concepts and principles, do not replace the practical application of such practices. Having a tool does not mean that the job will get done; the tools must be wielded skillfully. Further, the tool itself does not guide the overall plan of action. Rather, it helps channel efforts and bring focus to the need for action. The intent must originate within the agent. For example, having a saw or theoretically understanding how to use a saw is not sufficient for cutting a piece of wood—one must actively utilize this knowledge to enact change and actualize a desired outcome. Historically, ethics scholarship has not focused on tools and the skills involved in using the tools since its view of ethics knowledge has remained siloed in the theoretical without clear connections to practice,⁴⁵ and without strong connections to real-life human flourishing.⁴⁶

Again, there are several implications of a pragmatist account of ethics theory, which I can only cover in brief. First, if ethics theory is a tool, then the purposes it can be put toward vary tremendously. Figuring out when there is an actual moral problem at hand, a problem that raises important stakes for human welfare and human flourishing, is not always a clear and linear process in practice. This is one part of the complexity I encountered when examining how clinical ethics committee members wrestled with the establishment of what qualified as a legitimate moral problem.⁴⁷ Even when a moral problem *can* be identified (e.g., identifying issues of respect for

autonomy within a consent process in a given clinical environment), there will be multiple functions or purposes that the concepts at stake may serve. This has been nicely identified by Neal Dickert and colleagues, who have stressed how consent, for example, plays numerous roles in practice such as providing transparency, promoting concordance with participants' values, and promoting trust.⁴⁸ Importantly, different functions of consent call upon different criteria to assess whether they are at stake, based on the context in which they are used. Securing consent from an elderly and frail patient in a position of authority may be carried out to ensure that the overall environment remains one of high integrity where consent is not assumed, but sought. Likewise, some functions (e.g., promoting trust) may sometimes be in tension with others (e.g., promoting concordance with participants' values) because overconfidence in researchers may further fuel blind consent. If a rather well-rehearsed doctrine, such as consent in research settings, yields this much complexity, then it becomes even more important not to see solutions in the tools themselves but in the actual goals toward which these tools are put to use.

Second, ethics needs to envision its engagement with theory as a participatory (or deliberative) exercise such that it becomes a tool that liberates and empowers ethical agency.⁴⁹ The paramount goal of ethics is to cultivate a good life and existence. Living such a life cannot be done without asking questions about one's moral orientation, which brought Socrates to declare (according to Plato) that "the unexamined life is not worth living."⁵⁰ Accordingly, ethics is a project of harnessing human moral life to make it a flourishing life. The life of Eudaimonia as proposed by ancient thinkers is a deeply personal project, but one can also learn from others through dialogue and reflection. For instance, participating in clinical research projects may hold great meaning to me because it allows me to transform my difficult experience (e.g., suffering from an untreatable cancer) into a contribution to the welfare of others. I may have come to this conclusion by talking with my relatives, with the healthcare professionals who have helped me, and by reflecting inward on what matters to me. It follows that the ultimate justification for ethics theory is in its ability to help people actualize the kind of life they want to live and to support growth and maturation by reflecting on the goals worth pursuing and those that are less gratifying. Thus, there cannot be a single life orientation promulgated by ethics (as sometimes expected out of traditional ethics theory) since ethics theory should be in the service of liberating our existence to pursue a worthy life.

Third, it follows that merely theoretical understandings of ethical “issues” or “questions” are insufficient; there is a need to start within everyday situations as they are lived and understood by the involved stakeholders. This implies that stakeholders and their perspectives are crucial and must be mobilized to foster open-ended deliberation, rather than following a rigid set of valuations, created by the inescapably perspectival experts and molded into a fixed set of principles or essentialized values. Naturally, there is a plurality of goods, valuations, and interests in life; human realities are inherently different and complex, given the diversity of individuals’ life trajectories and experiences. Ethics theory, for pragmatists, aims to establish a methodology that restores balance in given problems or situations, such that there is possibility for continued growth within a new equilibrium between the forces at stake. This equilibrium is founded in values already present within situations (i.e., the lived and situated experience of agents). The starting point and the end point of ethics is experience.

Regarding the nature and role of ethics theory, the differences between a common view of ethics theory and a pragmatist theory like *The Theory of Deliberative Wisdom* may seem modest, but they are profoundly consequential and even transformative of the common ethics agenda. For instance, as I have experienced in my theoretical and practical work in the health-care setting, understanding ethics as a tool helps explain why ethics theory truly matters, not for its own sake, but for the practical reality of pursuing meaning and growth. This in turn prompts exploration of how meaning and growth are integral to living a fulfilled life, i.e., what Frank Martela described as the engineering task of ethicists.⁵¹ Additionally, if ethics theory is connected to daily life experiences and human existence, then ethics theory is continuously evolving, ideally growing as a form of science about how to live a flourishing life. In other words, it should be a user-oriented theory in which new knowledge and practices that promote human flourishing are reflected upon and incorporated. Finally, ethics theory becomes much more encompassing than the common focus on purely normative components of ethics (e.g., ethics principles). It includes, and must relate to, knowledge about the social and psychological mechanisms of how we identify moral problems and help us understand why they matter, how we can resolve them in real-world contexts, and how we can assess their resolution. These aspects are interconnected and inform each other, forming a larger interdisciplinary picture of what is at stake in the various tasks of ethics.

Conclusion

In this short article, built upon *The Theory of Deliberative Wisdom*, a recent synthesis of pragmatist theory, contemporary psychology, and social science, I have discussed two ongoing problems with some common ways of (1) understanding moral problems and (2) providing guidance for solving such problems. In brief, it is common to envision ethics as a theoretical, academic discipline, mostly philosophical in nature, which attempts to establish the primacy of some general ethics principle(s). Customarily, the role of a more practical use of ethics is to “apply” these principles to solve the dilemmas encountered in difficult moral situations. However, the nature of these situations (e.g., what they are, how we become aware of them) often remains unaddressed.

I described how understandings of human experience are often constrained within the ways we understand moral problems and how we attempt to resolve them by referring to ethics theory. The former process is sometimes boiled down to naming issues without understanding their existential and situational aspects, while the latter is often reduced to the application of recognized ethical principles. Approaches to these tasks can be enriched by addressing moral problems within a broader transactional framework, where the experience of those engaged in solving moral problems is incorporated to understand how certain problems impact their life narratives and values. In this way, ethics theory ceases to be a bearer of disembodied truth but rather, in the best cases, it becomes a source of insight to help grasp moral situations (make sense of them) and provide a set of tools for the engaged resolution of such problematic situations, with a consideration for the assumptions that we bring into our understanding of them. Its ultimate goal is to foster human flourishing.

NOTES

1. For critical analyses, see Susan Sherwin, “Foundations, Frameworks, Lenses: The Role of Theories in Bioethics,” *Bioethics* 13, nos. 3–4 (1999): 198–205; Barry Hoffmaster, and Cliff Hooker, “How Experience Confronts Ethics,” *Bioethics* 23, no. 4 (2009): 214–25.
2. Jürgen Habermas, *De l'éthique de la discussion* (Paris: Flammarion, 1999).
3. Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 5th ed. (Oxford: Oxford University Press, 2001).

4. Steven Fesmire, *John Dewey & Moral Imagination* (Bloomington: Indiana University Press, 2003), 59.
5. "Office for Human Research Protections," HHS, U.S. Department of Health & Human Services, last modified February 19, 2016, <https://www.hhs.gov/ohrp/education-and-outreach/online-education/index.html>; "The Trusted Standard in Research, Ethics, Compliance, and Safety Training," CITI Program, Collaborative Institutional Training Initiative, last modified 2021, <https://about.citiprogram.org/>; "Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans—TCPS 2 (2018)," Panel of Research Ethics, Government of Canada, last modified February 19, 2020, https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html; "Human Research Ethics Committee (HREC) Essentials," Praxis Australia, PRAXIS, 2022, <https://praxisaustralia.com.au/services/human-research-ethics-essentials/>.
6. Daniel Pekarsky, "Dewey's Conception of Growth Reconsidered," *Educational Theory* 40, no. 9 (1990): 283–94; Eric Racine, "Can Moral Problems of Everyday Clinical Practice Ever Be Resolved? A Proposal for Integrative Pragmatist Approaches," in *Ethics in Child Health: Principles and Cases in Neurodisability*, ed. Gabriel M. Ronen, Peter L. Rosenbaum, Eric Racine, Jennifer Johannesen, and Bernard Dan (London: Mac Keith Press, 2016), 33–48.
7. Todd Lekan, "Pragmatist Metaethics: Moral Theory as a Deliberative Practice," *The Southern Journal of Philosophy* 44, no. 2 (2006): 253–71; Frank Martela, "Moral Philosophers as Ethical Engineers: Limits of Moral Philosophy and a Pragmatist Alternative," *Metaphilosophy* 48, nos. 1–2 (2017): 58–78.
8. Eric Racine, *The Theory of Deliberative Wisdom* (under review).
9. Alain Beauclair, "Freedom in the Age of Social Stupidity," *Journal of Speculative Philosophy* 37, no. 1 (forthcoming).
10. Mark Fagiano, "The Problem of Free Will," *Journal of Speculative Philosophy*, this issue.
11. Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics* (Oxford: Oxford University Press, 2001); William H. Shaw, *Business Ethics: A Textbook with Cases* (Boston: Wadsworth Cengage Learning, 2011).
12. Earl R. Winkler, "Applied Ethics Overview," in *Encyclopedia of Applied Ethics (Second Edition)*, ed. Ruth Chadwick (Cambridge, MA: Academic Press, 1998), 174–78.
13. Andrew Altman, "Pragmatism and Applied Ethics," *American Philosophical Quarterly* 20, no. 2 (1983): 227–35; Barry Hoffmaster, "From Applied Ethics to Empirical Ethics to Contextual Ethics," *Bioethics* 32, no. 2 (2018): 119–25.
14. M. Thomas Alexander, "John Dewey and the Moral Imagination: Beyond Putnam and Rorty Toward a Postmodern Ethics," *Transactions of the Charles S. Peirce Society* 29, no. 3 (1993): 369–400; Hoffmaster and Hooker, "How Experience Confronts Ethics," 214–25; Hoffmaster, "From Applied Ethics," 119–25.

15. Barry Hoffmaster, "Can Ethnography Save the Life of Medical Ethics?," *Social Science & Medicine* 35, no. 12 (1992): 1421–31; Sherwin, "Foundations, Frameworks, Lenses," 198–205; Fesmire, *John Dewey & Moral Imagination*, 59; Lekan, "Pragmatist Metaethics," 253–71; Eric Racine, "Which Naturalism for Bioethics? A Defense of Moderate (Pragmatic) Naturalism," *Bioethics* 22, no. 2 (2008): 92–100; Hoffmaster and Hooker, "How Experience Confronts Ethics," 214–25; Hoffmaster, "From Applied Ethics," 119–25.
16. Beauchamp and Childress, *Principles of Biomedical Ethics* (2001).
17. Beauchamp and Childress, *Principles of Biomedical Ethics* (2001), 2.
18. Beauchamp and Childress, *Principles of Biomedical Ethics* (2001), 10.
19. Thomas M. Jones, "Ethical Decision Making by Individuals in Organizations: An Issue-Contingent Model," *Academy of Management Review* 16, no. 2 (1991): 366–95.
20. Tom L. Beauchamp and James F. Childress, "Principles of Biomedical Ethics: Marking Its Fortieth Anniversary," *The American Journal of Bioethics* 19, no. 11 (2019): 9–12.
21. Jones, "Ethical Decision Making," 366–95; Beauchamp and Childress, *Principles of Biomedical Ethics* (2009).
22. Racine, "Can Moral Problems of Everyday Clinical Practice Ever Be Resolved?," 125–35.
23. Albert R. Jonsen, "Case Analysis in Clinical Ethics," *The Journal of Clinical Ethics* 1, no. 1 (1990): 63–65; Albert R. Jonsen, Mark Siegler, and William T. Winslade, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine* (New York: McGraw-Hill, 2010).
24. Autumn M. Fiester, "Weaponizing Principles: Clinical Ethics Consultations & the Plight of the Morally Vulnerable," *Bioethics* 29, no. 5 (2015): 309–15.
25. Matthew R. Hunt and Franco A. Carnevale, "Moral Experience: A Framework for Bioethics Research," *Journal of Medical Ethics* 37, no. 11 (2011): 658–62.
26. John Dewey, *Reconstruction in Philosophy* (New York: Henry Holt, 1920). See also Beauclair, "Freedom in the Age of Social Stupidity."
27. Hunt and Carnevale, "Moral Experience," 658–62.
28. Thomas E. Wren, ed., *The Moral Domain: Essays in the Ongoing Discussion Between Philosophy and the Social Sciences* (Cambridge, MA: MIT Press, 1990).
29. Fagiano, "The Problem of Free Will," this issue.
30. See work cited in Eric Racine, "HEC Member Perspectives on the Case Analysis Process: A Qualitative Multi-Site Study," *HEC Forum* 19, no. 3 (2007): 185–206.
31. This distinction is reflected in the terminology I use in *The Theory of Deliberative Wisdom* (e.g., *ethical* deliberation about *morally* problematic situations). The distinction between these different levels of analysis is rarely made by scholars of morality and ethics, and the relationship between them is often plagued with confusion (see Eric Racine and M. Ariel Cascio, "The False

Dichotomy Between Empirical and Normative Bioethics," *AJOB Empirical Bioethics* 11, no. 1 [2020]: 5–7).

32. Daniel Callahan, "Bioethics as a Discipline," *Hastings Center Studies* 1, no. 1 (1973): 66–73.

33. Thomas Nagel, *The View from Nowhere* (Oxford: Clarendon Press, 1986).

34. Svend Brinkmann, "Dewey's Neglected Psychology: Rediscovering His Transactional Approach," *Theory & Psychology* 21, no. 3 (2011): 298–317; Jean Foucart, "Pragmatisme et transaction. La perspective de John Dewey," *Pensée plurielle* 33–34, no. 2 (2012/3): 73–84.

35. Shannon Sullivan, "On the Harms of Epistemic Injustice: Pragmatism and Transactional Epistemology," in *The Routledge Handbook of Epistemic Injustice*, ed. James I. Kidd, José Medina, and Gaile Pohlhaus Jr. (New York: Routledge, 2017), 205–12.

36. Fesmire, *John Dewey & Moral Imagination*, 55.

37. John Rawls, *Théorie de la justice* (Paris: Éditions du Seuil, 1971/1997); Ronald Dworkin, *Liberalism: Public and Private Morality*, ed. Stuart Hampshire (Cambridge: Cambridge University Press, 1978); Ronald Dworkin, *Taking Rights Seriously: With a New Appendix, a Response to Critics* (Cambridge, MA: Harvard University Press, 1979).

38. Sherwin, "Foundations, Frameworks, Lenses," 198–205.

39. Alexander, "John Dewey and the Moral Imagination," 369–400; Sherwin, "Foundations, Frameworks, Lenses," 198–205; Howard Brody and Mark Clark, "Narrative Ethics: A Narrative," *Hastings Center Report* 44, no. 1 Suppl. (2014): S7–11; Fiester, "Weaponizing Principles," 309–15; Frank Martela, "Pragmatism as an Attitude," in *Action, Belief and Inquiry – Pragmatist Perspectives on Science, Society and Religion*, ed. Ulf Zackariasson (Helsinki: Nordic Pragmatism Network, 2015), 187–207; Grégory Aiguier and Alain Loute, "L'intervention éthique en santé: Un apprentissage collectif," *Nouvelles pratiques sociales* 28, no. 2 (2016): 158–72; Eric Racine et al., "The 'ouR-HOPE' Approach for Ethics and Communication About Neonatal Neurological Injury," *Developmental Medicine & Child Neurology* 59, no. 2 (2017): 125–35; Martela, "Moral Philosophers as Ethical Engineers," 58–78.

40. Martela, "Moral Philosophers as Ethical Engineers," 58–78.

41. Eric Racine et al., "The 'ouR-HOPE' Approach for Ethics"; Martela, "Moral Philosophers as Ethical Engineers," 58–78; Eric Racine, M. Ariel Cascio, Marjorie Montreuil, and Aline Bogossian, "Instrumentalist Analyses of The Functions of Ethics Concepts: A Proposal for Synergetic Empirical and Conceptual Enrichment," *Theoretical Medicine and Bioethics* 40 (2019): 253–78.

42. Lekan, "Pragmatist Metaethics," 253–71.

43. Fagiano, "The Problem of Free Will," this issue.

44. Racine, Cascio, Montreuil and Bogossian, "Instrumentalist Analyses," 253–78.

45. Pierre Hadot, *La philosophie comme manière de vivre* (Paris: Albin-Michel, 2002).
46. Pekarsky, "Dewey's Conception of Growth Reconsidered," 283–94.
47. Racine, "HEC Member Perspectives on the Case Analysis Process," 185–206.
48. Neal W. Dickert et al., "Reframing Consent for Clinical Research: A Function-Based Approach," *American Journal of Bioethics* 17, no. 12 (2017): 3–11.
49. Lekan, "Pragmatist Metaethics," 253–71.
50. Plato, *Euthyphro, Apology, Crito, Phaedo* (Cambridge, MA: Harvard University Press, 2017).
51. Martela, "Moral Philosophers as Ethical Engineers," 58–78.

WORKS CITED

- Aiguier, G., and A. Loute. 2016. "L'intervention éthique en santé: Un apprentissage collectif." *Nouvelles pratiques sociales* 28, no. 2: 158–72.
- Alexander, T. 1993. "John Dewey and the Moral Imagination: Beyond Putnam and Rorty Toward a Postmodern Ethics." *Transactions of the Charles S. Peirce Society* 29, no. 3: 369–400.
- Altman, A. 1983. "Pragmatism and Applied Ethics." *American Philosophical Quarterly* 20, no. 2: 227–35.
- Beauchamp, T., and J. Childress. 2001. *Principles of Biomedical Ethics*, 5th edition. Oxford: Oxford University Press.
- . 2019. "Principles of Biomedical Ethics: Marking Its Fortieth Anniversary." *The American Journal of Bioethics* 19, no. 11: 9–12.
- Beauchair, A. 2023. "Freedom in the Age of Social Stupidity." *Journal of Speculative Philosophy* 37, no. 1.
- Brinkmann, S. 2011. "Dewey's Neglected Psychology: Rediscovering His Transactional Approach." *Theory & Psychology* 21, no. 3: 298–317.
- Brody, H., and M. Clark. 2014. "Narrative Ethics: A Narrative." *Hastings Center Report* 44 (1 Suppl.): S7–11.
- Callahan, D. 1973. "Bioethics as a Discipline." *Hastings Center Studies* 1, no. 1: 66–73.
- Dewey, J. 1920. *Reconstruction in Philosophy*. New York: Henry Holt.
- Dickert, N. W., N. Eyal, S. F. Goldkind, C. Grady, S. Joffe, B. Lo, F. G. Miller, et al. 2017. "Reframing Consent for Clinical Research: A Function-Based Approach." *American Journal of Bioethics* 17, no. 12: 3–11.
- Dworkin, R. 1978. *Liberalism: Public and Private Morality*. Edited by S. Hampshire. Cambridge: Cambridge University Press.
- . 1979. *Taking Rights Seriously: With a New Appendix, a Response to Critics*. Cambridge, MA: Harvard University Press.
- Fagiano, M. "The Problem of Free Will." *Journal of Speculative Philosophy* 36, no. 4.

- Fesmire, S. 2003. *John Dewey & Moral Imagination*. Bloomington: Indiana University Press.
- Fiester, A. M. 2015. "Weaponizing Principles: Clinical Ethics Consultations & the Plight of the Morally Vulnerable." *Bioethics* 29, no. 5: 309–15.
- Foucart, J. 2012/3. "Pragmatisme et transaction. La perspective de John Dewey." *Pensée plurielle* 33–34, no. 2: 73–84.
- Habermas, J. 1999. *De l'éthique de la discussion*. Paris: Flammarion.
- Hadot, P. 2002. *La philosophie comme manière de vivre*. Paris: Albin-Michel.
- Hoffmaster, B. 1992. "Can Ethnography Save the Life of Medical Ethics?" *Social Science & Medicine* 35, no. 12: 1421–31.
- . 2018. "From Applied Ethics to Empirical Ethics to Contextual Ethics." *Bioethics* 32, no. 2: 119–25.
- Hoffmaster, B., and C. Hooker. 2009. "How Experience Confronts Ethics." *Bioethics* 23 (4): 214–25.
- Hunt, M. R., and F. A. Carnevale. 2011. "Moral Experience: A Framework for Bioethics Research." *Journal of Medical Ethics* 37, no. 11: 658–62.
- Jones, T. M. 1991. "Ethical Decision Making by Individuals in Organizations: An Issue-Contingent Model." *Academy of Management Review* 16, no. 2: 366–95.
- Jonsen, A. R. 1990. "Case Analysis in Clinical Ethics." *The Journal of Clinical Ethics* 1, no. 1: 63–65.
- Jonsen, A. R., M. Siegler, and W. T. Winslade. 2010. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine*. New York: McGraw-Hill.
- Lekan, T. 2006. "Pragmatist Metaethics: Moral Theory as a Deliberative Practice." *The Southern Journal of Philosophy* 44, no. 2: 253–71.
- Martela, F. 2015. "Pragmatism as an Attitude." In *Action, Belief and Inquiry—Pragmatist Perspectives on Science, Society and Religion*. Edited by U. Zackariasson, 187–207. Helsinki: Nordic Pragmatism Network.
- . 2017. "Moral Philosophers as Ethical Engineers: Limits of Moral Philosophy and a Pragmatist Alternative." *Metaphilosophy* 48, nos. 1–2: 58–78.
- Nagel, T. 1986. *The View from Nowhere*. Oxford: Clarendon Press.
- Pekarsky, D. 1990. "Dewey's Conception of Growth Reconsidered." *Educational Theory* 40, no. 9: 283–94.
- Plato. 2017. *Euthyphro, Apology, Crito, Phaedo*. Cambridge, MA: Harvard University Press.
- Racine, E. 2007. "HEC Member Perspectives on the Case Analysis Process: A Qualitative Multi-Site Study." *HEC Forum* 19, no. 3: 185–206.
- . 2008. "Which Naturalism for Bioethics? A Defense of Moderate (Pragmatic) Naturalism." *Bioethics* 22, no. 2: 92–100.

- . “Can Moral Problems of Everyday Clinical Practice Ever Be Resolved? A Proposal for Integrative Pragmatist Approaches.” In *Ethics in Child Health: Principles and Cases in Neurodisability*, edited by G. M. Ronen, P. L. Rosenbaum, E. Racine, J. Johannesen, and B. Dan, 33–48. London: Mac Keith Press.
- . (under review). *The Theory of Deliberative Wisdom*, TBA.
- Racine, E., E. Bell, B. Farlow, S. Miller, A. Payot, L. A. Rasmussen, M. I. Shevell, et al. 2017. “The ‘ouR-HOPE’ Approach for Ethics and Communication About Neonatal Neurological Injury.” *Developmental Medicine & Child Neurology* 59, no. 2: 125–35.
- Racine E., and M. A. Cascio. 2020. “The False Dichotomy Between Empirical and Normative Bioethics.” *AJOB Empirical Bioethics* 11, no. 1: 5–7.
- Racine, E., M. A. Cascio, M. Montreuil, and Aline Bogossian. 2019. “Instrumentalist Analyses of the Functions of Ethics Concepts: Proposal for Synergetic Empirical and Conceptual Enrichment.” *Theoretical Medicine and Bioethics* 40: 253–78.
- Rawls, J. 1971/1997. *Théorie de la justice*. Paris: Éditions du Seuil.
- Shaw, W. H. 2011. *Business Ethics: A Textbook with Cases*. Boston: Wadsworth Cengage Learning.
- Sherwin, S. 1999. “Foundations, Frameworks, Lenses: The Role of Theories in Bioethics.” *Bioethics* 13, nos. 3–4: 198–205.
- Sullivan, S. 2017. “On the Harms of Epistemic Injustice: Pragmatism and Transactional Epistemology.” In *The Routledge Handbook of Epistemic Injustice*, edited by I. J. Kidd, J. Medina, and G. Pohlhaus Jr., 205–12. New York: Routledge.
- Winkler, E. R. 1998. “Applied Ethics Overview.” In *Encyclopedia of Applied Ethics (Second Edition)*, edited by R. Chadwick, 174–78. Cambridge, MA: Academic Press.
- Wren, T. E., ed., 1990. *The Moral Domain: Essays in the Ongoing Discussion Between Philosophy and the Social Sciences*. Cambridge, MA: MIT Press.