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Socratic Questioning:
Changing Minds or Guiding Discovery?

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Why did you choose to come and hear this talk?

What am I going to say?

What do you already know about Socratic questioning?

Don't you think it is a mistake to ask questions without a goal in mind?

These are all questions. Are they equally useful questions? I don't think so. When I first began doing cognitive therapy fifteen years ago, I thought the Socratic questioning process was the most intriguing part of the therapy. I still do. Today you will hear the best questions I've been asked about Socratic questioning and the paths I've followed to answer them.

I will assert that some questions are better than others, that it is possible to develop guidelines to help therapists and clients learn to use Socratic questions more effectively, and that it is important we answer the question, "Is the primary purpose of Socratic questioning to change minds or to guide discovery?"

My thinking for this talk actually began in 1986. By then I had attained sufficient skill as a cognitive therapist that therapists began asking me, "How do you know what questions to ask?" Somehow, responding that the questions just intuitively "popped into my head" did not seem a satisfactory answer. And yet, for me and, I suspect, for many other skilled therapists, it was hard to articulate how I thought of the questions I asked.

This question posed to me seven years ago, "How do you know what questions to ask?" has guided my own learning as a therapist and teacher of Cognitive Therapy more than any other. It is a tribute to the power of a well-timed question that I have been stimulated by this simple query to engage in extensive observation of myself and other therapists for seven years in search of a satisfactory answer.

Of course, therapists studying cognitive therapy with me continued to pose the question. For awhile, I answered my students' curiosity by providing lists of questions that could be asked in therapy. Then we would develop rationales in our training programs for why one question would be better to ask first and another later and yet another not asked at all. This collaborative process between us led to the development of a list of good Socratic questions that were generic in nature and generally led the client to discovering useful information. Typical Socratic questions on the "good" list included:

Have you ever been in similar circumstances before?

What did you do? How did that turn out?

What do you know now that you didn't know then?

What would you advise a friend who told you something similar?

This strategy of listing good questions to ask was a useful one. I discovered that it was not only helpful to therapists learning cognitive therapy, but I began giving these questions to clients and found that these same questions helped clients generate alternative responses on their written automatic thought records. So, as I became more aware of what questions I tended to ask again and again, this knowledge could be shared with other therapists and clients.

But the question asked in 1986 continued to roll around in my mind. "How do I know what questions to ask?" Although beginning students of Cognitive Therapy were quite satisfied with my list of "good questions to ask," more advanced therapists were quite aware that these generic questions were not enough. I didn't simply ask these questions over and over again. I asked hundreds of different questions and different questions with each client. Where did these questions come from? And was there any pattern to the questions I asked when I was doing therapy well?

Approximately 100,000 therapeutic questions later, I have discovered some patterns in my own questions. Watching myself and other experienced cognitive therapists on videotape, I think these simple patterns might serve as a beginning to a clearer articulation of what is involved in good Socratic questioning within a cognitive therapy context. Therefore, I will offer guidelines tonight for therapists who wish to improve their Socratic questioning skills.

But before doing that, I'm going to digress to discuss the purpose of Socratic questioning. I began thinking about this in 1990 when a therapist wrote me after a large workshop and asked for written references on Socratic questioning. In particular, he wanted some written descriptions of how Socratic questioning was defined in Cognitive Therapy and some examples and guidelines of how to do it.

I quickly turned to my library of Cognitive Therapy books to find some references on Socratic

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questioning so I could respond to his letter. I began with Cognitive Therapy of Depression and proceeded through books published in 1990. To my surprise, there was almost nothing written on Socratic questioning. There were hundreds of references to this questioning process as a cornerstone of cognitive therapy, but little had been written describing or defining the process.

Others, including Tim Beck, Melanie Fennell, and Gary Emery had also come up with "good questions" lists like we had devised but no one described the process in great detail. In fact the two articles written by Overholser and published in the 1993 spring issue of Psychotherapy are the first papers I've read written specifically on the Socratic method.

But back to 1990. Next, I turned to the clinical vignettes in these books. I thought, "Well, I'll send him vignettes from several different books and the process will at least be clearly illustrated." To my chagrin, I discovered that many of the published vignettes did not seem to illustrate what I considered good Socratic questioning.

Clearly I had some notion of the purpose and process of Socratic questioning which was being violated in these vignettes. I suddenly wanted to define standards that could be used to judge "Socratic questioning" as "good". Furthermore, I realized for the first time that not all Cognitive Therapists were in agreement on what constituted good questioning.

As I read therapy vignettes in various Cognitive Therapy texts, I noticed they varied considerably in therapist style. In some examples, the therapist seemed to know exactly where he or she was headed. In these examples, the therapist would ask a series of factual questions "one-two-three" and then say to the client (almost triumphantly) "well, then how can you think thus and so?" The client in these vignettes would invariably say, "Oh, I see what you mean."

In these clinical examples, the client would report a change in mind, but I felt disappointed in the therapeutic process. Perhaps my disappointment was fueled by my clinical experience in which few clients undergo lasting change because a therapist has shown their thought processes to be illogical. And yet there are many clinical vignettes in the literature that imply cognitive therapy consists primarily of a therapist and client revealing logical flaws in the client's thought process: “One-two-three-aha!”

Theoretically, I can't accept that the goal of Socratic questioning is to change client's beliefs. Why not? Isn't change in beliefs one of the primary goals of cognitive therapy. Yes... and no. While changing beliefs is often very therapeutic, I worry about the therapeutic costs if belief change by any means is the goal. Our theoretical underpinnings in cognitive therapy are that we are to be collaboratively empirical.

Can a therapist who sees a flaw in a client's thought process and sets out to change the client's mind be collaborative and empirical? Yes, but often we are not. Let me give you two clinical vignettes of my own which illustrate the difference between changing minds and guiding discovery. In these vignettes, a depressed client named Stuart (S) believes he is a failure in every way. I will be the therapist in both examples.

Example 1: Changing Stuart's Mind

S: I'm a complete failure in every way.

Th: You look defeated when you say that. Do you feel defeated?

S: Yes. I'm no good.

Th: You say you are no good. Is it true that you haven't done anything at all good?

S: Nothing of importance.

Th: How about for your children this week -- did you care for them at all?

S: Of course, I helped my wife put them to bed and took them to soccer practice.

Th: Do you think that was important to them?

S: I suppose so.

Th: And did you do anything to make your wife happy this week?

S: She liked the fact that I came home from work on time.

Th: Would a "complete failure" be able to respond to his wife's request in such a successful way?

S: I guess not.

Th: So is it really accurate to say you are a complete failure in every way?

S: I suppose not.

Th: So how do you feel now?

S: I guess a little better.

In this example, I am trying to show a relatively good example of questioning to change a client's mind. This is not bad therapy. The therapist engages in a reasonable line of questioning and it seems somewhat helpful to the client.

However, I believe we can do better. And I believe many therapists would do better if we had better descriptions of the Socratic questioning process. Compare this first example, with the following example of Socratic Questioning where the purpose is not to change the client's mind, but to guide discovery.

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Example 2: Guiding Discovery

S: I'm a complete failure in every way.

Th: You look defeated when you say that. Do you feel defeated?

S: Yes. I'm no good.

Th: What do you mean when you say, "I'm no good?"

S: I've completely screwed up my life. I haven't done anything right.

Th: Has something happened to lead you to this conclusion or have you felt this way for a long time?

S: I think I see myself more clearly now.

Th: So this is a change in your thinking?

S: Yes. (Pause) I went to that family reunion and I saw my brother and his kids and wife. They all looked so happy. And I realized that my family's not happy. And it's all my fault because of my depression. If they were in my brother's family, they'd be better off.

Th: And so, because you care about your family, you then decided you were a complete failure, that you've let them down.

S: That's right.

Th: You also indicated this was a change in your thinking. You've been depressed many times. And you've seen your brother and his family many times. How did you think about this in the past?

S: I guess I used to always think I was OK because I tried to be a good husband and father. But I see now that trying isn't enough.

Th: I'm not sure I understand. Why is trying not enough?

S: Because no matter how hard I try, they still are not as happy as they'd be with someone else.

Th: Is that what they say to you?

S: No. But I can see how happy my brother's kids are.

Th: And you'd like your kids to be happier.

S: Yes.

Th: What things would you do differently if you were less depressed or a better father in your own eyes?

S: I think I'd talk to them more, laugh more, encourage them like I see my brother do.

Th: Are these things you could do even when you are depressed?

S: Well, yes, I think I could.

Th: Would that feel better to you -- trying some new things as a father, rather than simply doing the same things?

S: Yes. I think it would. But I'm not sure it would be enough if I'm still depressed.

Th: How could you find that out?

S: I guess I could try it for a week or so.

Th: And how will you evaluate whether or not these changes are making your children feel happier?

In this second example, the therapist asks a series of questions but it is not quite so clear where the therapist is headed. As the therapist in this example, I must confess, I had no idea when I started the questioning process where we would end up. And I will assert to you that I think this is a good thing. What? A good thing if the therapist does not know where she is going? Yes. Because sometimes if you are too confident of where you are going, you only look ahead and miss detours that can lead you to a better place.

A cognitive therapist can guide without knowing where she and the client are going to end up. In this second example, the therapist asks questions to understand the client's view of things, not to simply change the client's mind. As a result, the client is more active. After a period time in which the therapist and client look together to discover what is in the client's mind and experience, the therapist begins asking how the client would like things to be different and what the client could do to bring about this change. Finally, the therapist begins to wonder aloud how the client will evaluate and measure the success of these efforts.

In this more empirical process of (1) gathering data, (2) looking at this data in different ways with the client, and (3) inviting the client to devise his own plans for what to do with the information examined, there is discovery going on.

There is also discovery in the first example, but compare the nature of this discovery. In the first example, when the therapist's goal was changing the client's mind, the therapist had "the answer" and directed the client to find it. In the second example, when the therapist's goal was guided discovery, the therapist didn't have an answer, just genuine curiosity. The discovery that the client makes is owned by the client and not the therapist. As an added benefit, Stuart's "answer" to his dilemma is quite different than one I would have constructed for him and undoubtedly fits him better.

There are many examples in the literature of Socratic questioning to change minds. I realize now, that these written examples partly prompted the

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original question, "How do you know what questions to ask?" When students of cognitive therapy read these vignettes in our cognitive therapy texts, it is clear to them that these therapists know the answer. And so students were asking me, "How do you know what the answer is so you can properly change your client's mind?" In the best cognitive therapy, there is no answer. There are only good questions that guide discovery of a million different individual answers.

Does this mean that cognitive therapy will have no coherent structure, shape or form? Of course not. Empirically, the body of evidence suggests cognitive therapy leads to best results when we are structured in the therapy hour and teach our clients specific skills. What I am suggesting, however, is that within this structure, we can ask questions which either imply there is one truth the client is missing or which capture the excitement of true discovery.

Therapists ask me if I get tired of doing thought records with clients or of teaching clients the panic model or of any one of a number of cognitive therapy tasks that I have done hundreds or even thousands of times. And I can honestly say that when I do get tired of these tasks, it is usually because I have stopped doing them well. To do cognitive therapy well is to do each repeated task a little differently with each client because, while the initial guiding questions are often the same, the answers are almost always a little different and so there is always the chance of ending up in a new place.

Several years ago a therapist in one of my training programs raised his hand after a clinical demonstration early in the year, and said with some frustration, "I don't see the point in asking all these questions. I could have pointed out the flaws in this client's thinking and changed her mind much more quickly by taking a more direct route." This is undoubtedly true. But in most cases I think a direct challenge of beliefs is not as therapeutic as guided client discovery. Why not?

If we lose the collaborative empiricism of cognitive therapy, we lose its long-term benefits. The goal of cognitive therapy is not simply to make our clients think differently or feel better today. Our goal as cognitive therapists is to teach our clients a process of evaluating their goals, thoughts, behaviors, and moods so that they can learn methods for improving their lives for many years to come.

We are not simply fixing problems but also teaching ways of finding solutions. In outcome studies, many therapies do well in the treatment of depression, anxiety and other problems. Cognitive therapy shines at lowering relapse and, so far, it is the learning of specific concepts and skills that appear to predict lower relapse rates, not merely a change of mind.

There is a vast difference between the client who exits therapy saying, "I was depressed because my thinking was negative," and the client who says "I learned how to reevaluate my negative thinking when it's distorted and how to problem solve when it is accurate."

Among therapists, there is a vast difference between one who thinks cognitive therapy involves changing distorted thinking and a therapist who thinks cognitive therapy is a process of teaching clients to evaluate their thoughts, behaviors, moods, life circumstances, and physiological reactions to make choices that are adaptive.

Clearly, I want therapists to learn to do Socratic questioning as guided discovery. To this end, I offer some guidelines for what we should teach therapists when they are learning to use questions in cognitive therapy.

As a starting point I offer a definition of Socratic questioning which incorporates guided discovery.

> ***Socratic questioning involves asking the client questions which:***
>
> ***a) the client has the knowledge to answer***
>
> ***b) draw the client's attention to information which is relevant to the issue being discussed but which may be outside the client's current focus***
>
> ***c) generally move from the concrete to the more abstract so that***
>
> ***d) the client can, in the end, apply the new information to either reevaluate a previous conclusion or construct a new idea.***

Let's examine each part of this definition. First, the client should have the knowledge to answer your question. One of my opening questions to you this evening violated this rule and thus, would not be a good Socratic question for guiding discovery. I asked you, "What am I going to say?" You couldn't know the answer, so it is a poor Socratic question.

This example may seem obvious, but as therapists we do sometimes ask our clients questions they couldn't possibly answer. We ask a client who is completely unaware of his emotions, "what are you feeling now?" It weakens collaboration to ask questions we are pretty certain our client can't answer. A better question would be "Are you aware of any tension or changes in your body as we talk about your father?" This question guides discovery rather than underscoring deficits.

The second point of this definition is that good questions draw the client's attention to information which is relevant to the issue being discussed but which is outside the client's current focus. Relevancy

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is important. Sometimes as therapists we ask a series of unrelated questions that have doubtful relevancy to the client's concerns. Or we ask questions because a part of the client's history interests us even though it may not be important to addressing the issue at hand.

What relevant information would be outside the client's current focus? Many different types of empirical studies suggest that we think about things related to and supportive of our current thoughts and emotions. When depressed we recall depressing memories. If we think of ourselves as successful we can recall successes more easily than failures. And yet we are able to retrieve information and memories contradictory to our current mood and beliefs if we have a stimulus which asks us to find this information.

Good Socratic questions can trigger retrieval of information which has relevance for the client once prompted into awareness. In this way, we as therapists serve as an additional memory bank retrieval system for the client. To the extent we have different beliefs and emotions activated than the client, we can be aware of important information currently outside our client's awareness.

Third, good Socratic questioning generally moves from the more concrete to the abstract. When a client makes an initial statement that therapist and client decide to explore, the therapist has a world of questions to choose from. Many questions are good questions to ask. In general, it is helpful to begin with concrete questions that help define the client's concern or which request a specific example of it. Making an issue concrete can help insure that therapist and client are both talking about the same thing.

When Stuart says he is "no good", it is important he and the therapist share an understanding of what he means. Does he mean he is evil? Does he mean he never does anything right? Does he mean he has failed in some specific way? Generally, Socratic questioning will begin with several questions which make the client's concern more specific.

Another advantage of picking a very specific illustration of the client's concern is that therapist and client can more easily test out beliefs and conclusions as well as understand emotional responses when a particular situation is described. When Stuart says he is "no good" the therapist notes his defeated tone. But when the family reunion is described, Stuart recreates a situation which the therapist can enter.

After exploring a specific situation, good Socratic questioning will lead to some learning or discovery. It is at this point that the questioning proceeds from the concrete to the more abstract. The therapist will ask questions to help the client learn something from the discussion and figure out how to experiment with this idea in his or her life. In this way, Socratic questioning can help the client develop his or her own therapy assignments such as making further observations or trying a behavioral experiment to test out a new idea.

The therapist asked Stuart what interactions made a good father-child relationship and encouraged him to evaluate whether he could do these things. This discussion led to a concrete plan to experiment with specific changes in his life for a short period of time and then to evaluate the results. In this way, Socratic questioning in reality often goes from the abstract ("I'm no good") to the concrete (the family reunion) to the abstract (qualities of a good father) to the concrete (a behavioral experiment). As therapists we err if our discussions with clients do not include both the concrete and more abstract levels of learning.

When using Socratic questioning to guide discovery, our final goal is to help the client use the information we've uncovered to reevaluate a previous conclusion or to construct a new idea. Although this goal is implicit in the discovery process, many therapists, including myself, ask dozens of good questions in a session without ever helping the client put the answers together in some meaningful way.

To increase the likelihood that all this questioning leads to both discovery and application in the client's life, I propose to you four stages of the guided discovery process.

Stage One: Asking informational questions

The questions asked will follow the guidelines in the definition above. The client will know the answers, they will bring into awareness relevant and potentially helpful information, and these questions will initially strive to make the client's concerns concrete and understandable to both client and therapist.

Stage Two: Listening

It is critical that the therapist not just ask questions. She or he must also listen well to the answers. In Socratic questioning with a goal of changing minds it often seems that the client's answers to single questions are irrelevant. The therapist is building a case and as long as most of the questions are answered in the expected direction the case will be proven.

In contrast, if Socratic questioning is done to guide discovery, the therapist must be open to discovering the unexpected even if she or he anticipates a specific answer. Many times I ask the client a question and am startled by the answer. If I am not regularly surprised by my

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clients' answers, I suspect I am either not asking interesting questions or not listening to the replies.

Is there a function to the listening beyond understanding your client? Yes. Listen for idiosyncratic words and emotional reactions. Listen to your clients' metaphors and recreate in your own mind their images. Listen for a word that seems oddly placed in a sentence. Listening for these unexpected pieces of your client's story and reflecting these parts back instead of the expected parts will often intensify client affect and create new and faster inroads to core schema and life themes.

Listening is the second half of questioning. If you are not truly curious to know the answer, don't ask the question.

Stage 3: Summarizing

Socratic questioning often occurs over several or more minutes in a session. Often a number of pieces of new information are retrieved and discussed. While this is going on, the client may be in a highly charged emotional state or uncertain why you are asking about particular parts of their experience.

One of the most common mistakes I notice therapists making in the Socratic questioning process is that they don't summarize enough. In the portions of the session where you are using Socratic questioning, there should be a summary every few minutes. When a summary is particularly relevant or meaningful to the client, he or she should write it down for later review.

The summary is also another chance for therapist and client to discover if they are understanding things in similar or different ways. Finally, the summary gives the client a chance to look at all the new information as a whole which sometimes has a greater impact than considering each bit of data as a single piece.

Stage 4: Synthesizing or Analytical Questions

Finally, after new information has been discovered, idiosyncratic meanings have been heard and explored, and a summary has been constructed, the therapist completes the guided discovery process by asking the client a synthesizing or analytical question which applies this new information to the client's original concern or belief. In it's simplest form, this question might be, "Stuart, how does all this information fit with your idea, "I'm no good?"

Again, therapists often stop short of this critically important final stage of guided discovery. As a beginning cognitive therapist I remember worrying so much about thinking up questions that I forgot to help the client tie the answers together in a meaningful way at the end. And yet the synthesizing questions are one last chance for the client to discover something unexpected. I once asked a client how she thought a particular set of information applied to her problem expecting her to come up with a plan for coping with her sadness in the coming week. Instead, she began laughing and said, "I just realized that I came here to feel happy and instead I've learned that sometimes it is healthier for me to be sad."

In Conclusion

After seven years of pondering the question "How do you know what questions to ask?" I still am not satisfied with my answers. But the ongoing discovery process is exciting. Like all discovery, I've sometimes been surprised by what I've found. As the years go by, I find myself even more intensely interested in the question than when it was first asked.

Today my interest is also fueled by concern. As cognitive therapy becomes more widespread and accepted, I am afraid it's empirical roots could be lost and the therapy could be watered down into a weaker form of a technology for changing minds. With economic pressures on psychotherapists in the US and Britain and many other countries, we are asked to do therapy in briefer and briefer formats. As therapists, we are going to feel the pressure to just change clients minds more quickly.

Without specifications for what constitutes good Socratic questioning, there can be no research to empirically evaluate whether guided discovery has any more positive long-term effects than simple questioning to change minds. This research could be an important part of the next stage of empiricism in cognitive therapy as we begin to sort out what are the critical components of therapies that have been shown to be effective. I hope some of you here will be intrigued enough by my remarks to help test out these ideas.

For my own part, I will continue to help define and describe the process of Socratic questioning in its best forms so that therapists use questioning to guide client discovery as part of genuine collaborative empiricism. And until I'm asked a more compelling question, I'll continue to try to figure out, "How do you know what questions to ask?"

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