

How Socrates Can Help Therapists: when two minds meet like steel striking flint

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*As the field of psychotherapy focuses more on treatment manuals and the regimented nature of clinical research, the practice risks losing the subtle nuances that guide the interactive fluidity of therapy sessions. Can clinicians combat this loss by incorporating ideals from ancient philosophy into contemporary psychotherapy? In *The Socratic Method of Psychotherapy*, James Overholser approaches cognitive therapy through the interactive dialogues of Socrates, aiming to reduce the gap between theory and practice. Read an excerpt from chapter 2, “Psychotherapy as Therapy for the Mind,” below.*

Psychotherapy as Therapy for the Mind

THE LIFE AND philosophy of Socrates underlies the Socratic method. Socrates (469 BC–399 BC) was a philosopher who lived a modest existence in ancient Greece. He enjoyed talking with the people of Athens, where he lived his entire life, engaging them in thoughtful conversation about the perennial metaphysical topics that provide the foundation for philosophy and ethics in society.

Socrates’s father, Sophroniscus, worked as a sculptor or stonemason. Socrates too was a sculptor of sorts, a sculptor of the mind. He used his questions and dialogue to chip away at the surface to reveal the true image, the essence of an idea. Socrates’s mother, Phaenarete, worked as a midwife, and Socrates likened himself to his mother, as he served as a midwife to the mind (*Theaetetus* 157). The midwife metaphor captures the Socratic view of teaching (Hansen, 1988). Like a midwife, Socrates was not pregnant with ideas but was helping others, often younger and less experienced people, give birth to their own ideas (Reale,

1987). Just as the midwife induces labor through the use of drugs, the Socratic method first induces confusion, instigating a search via questions that expose the person's ignorance (Versenyi, 1963). *Elenchus* refers to an interactive dialogue that explores an abstract topic and reveals gaps in logical reasoning. The goal of the Socratic elenchus is to deliver a new idea into the awareness of the client's conscious mind (Scraper, 2000).

Socrates valued the life of a philosopher. He denied ever being a teacher and even opposed being described as such. According to Socrates, a teacher held certain bases of knowledge and shared that information with students. Instead, Socrates viewed himself as lacking knowledge but interested in *learning*. He saw himself as a fellow explorer, searching for knowledge that could be trusted. Socrates never wrote down his ideas, because he did not trust the written word (Seeskin, 1987), and he distrusted the written word because he believed that reading encourages one to memorize ideas that then become "carved in stone." A written document cannot be customized to fit the level of the student or adapted to the unique interests of each person (Kraut, 1992a), and it cannot clarify any misinterpretations or misunderstandings in the reader (Howland, 1993). A written exposition is like a longwinded monologue (Seeskin, 1987). There can be no question-and-answer exchange with a book (Despland, 1985). Socrates argued: "Writing is unfortunately like painting; for the creations of the painter have the attitude of life, and yet if you ask them a question, they preserve a solemn silence. And the same may be said of speeches and once they have been written down they are tumbled about anywhere among those who may or may not understand them" (*Phaedrus* 275). Because it is not possible to cross-examine a book (White, 1976), the reader assumes a passive role.

There is a bit of irony here. I am writing a book about a

historical figure who opposed books and using words attributed to Socrates, written in an ancient text, to explain why spoken dialogue is so valuable. A lively exchange of questions and answers can force a person to defend or cast aside his or her beliefs and encourage true understanding (Kraut, 1992a). In the *Phaedrus* (275d–e), Socrates complained that an idea put into written form can be distributed inappropriately and used in ways unintended by the author. In contrast, Socrates believed that useful ideas were generated through the contact between two minds, like steel striking flint. I hope to do the same, to stimulate ideas in a field that is falling flat in the age of documentation and repetition.

Throughout his adult life, Socrates spent time in the agora, the open marketplace of Athens, where he would engage locals in thoughtful dialogue. The dialogues focused on the person's understanding of abstract concepts.

Protagoras was a popular instructor in the Sophist style, which employed persuasive lectures that relied on uncritical acceptance by a passive learner. In contrast, Socrates preferred a more interactive style, one guided by lively exchange and a rational exploration of ideas (Versenyi, 1963). For this he was accused of and tried for impiety and corrupting the youth of Athens.

Socrates was considered impious because he opposed the Greek views of the gods and goddesses, believing that they must be entirely good, with no anger, lust, spite, or jealousy, unlike the typical characterization of the ancient Greek gods of mythology (Irwin, 1992), who had supernatural powers but often used them in harsh and harmful ways. These radical views went against the mainstream thoughts of Socrates's day. He was accused of corrupting the youth of Athens because some of the young men who listened to his dialogues later imitated his style of questioning people in authority. Such rebellion angered the leaders of the city, and they directed their anger toward Socrates, punishing him as their

scapegoat (Waterfield, 2009). In short, Socrates was unpopular because he distrusted popular opinion and had offended local leaders and damaged their pride (Tredennick, 1969).

Socrates was tried, found guilty, and sentenced to death, and, despite opportunities for an easy escape, he remained incarcerated until the time came for him to drink hemlock poison and suffer a quiet death. During his final moments, Socrates was surrounded by his friends, and he accepted his execution with dignity.

Plato, a friend, follower, and colleague (not a student) of Socrates, took on the role of biographer and recorder of Socrates's dialogues. Almost everything we know about Socrates has been filtered through the writings of Plato (with some additional insights shared by Xenophon). Plato was born in 428 BC into a wealthy family. Over his lifetime, he developed wide-ranging interests in philosophy, politics, and government. After the execution of Socrates, Plato wanted to capture his memory of the dialogues and preserve the legacy of Socrates.

The dialogues were written in reverse chronological order, beginning with the trial and execution of Socrates, depicted in the *Apology*. It is commonly believed that among the dialogues, the *Apology* is most historically accurate, describing the events taking place during the last month of Socrates's life. As the dialogues proceed backward in time and Socrates gets younger, the writings become less dependent on Plato's memory of actual events and most likely are more products of Plato's imagination. However, the ideas of Socrates and Plato have become intermingled, and there is little value in searching for the original author behind them. Nonetheless, the dialogues of Plato are often regarded as a semihistorical record of the life and lessons of Socrates.

Generally speaking, Plato's writings are collectively called "dialogues" because at the center of each is a dialogue between Socrates and one or more citizens of Athens. (There are, however, two of Plato's dialogues, *Laws* and *Sophist*, in which Socrates does not appear and one, *Statesman*, in which he plays only a minor role.) Although there is some debate as to the order (Allen, 1984), the early dialogues were written sometime between 399 and 388 BC (including *Apology*, *Crito*, *Laches*, *Ion*, *Charmides*, *Euthyphro*, and *Protagoras*). The middle dialogues were written around 388 or 387 BC (including *Meno*, *Gorgias*, *Phaedo*, *Parmenides*, *Phaedrus*, *Symposium*, *Critias*, and *Republic*). The late dialogues were written between 367 and 361 BC (including *Sophist*, *Statesman*, *Philebus*, and *Laws*). There are several other dialogues whose authorship has not been adequately verified (including *Eryxias*, *Menexenus*, *Lesser Hippias*, and *Alcibiades I and II*). Because of the time spent recreating each story, over time they most likely became more about Plato's ideas and less about Socrates's dialogues (Rogers, 1933). Thus, it is generally considered that the *Republic* captures views held more by Plato than were ever expressed by Socrates. However, Socrates's search for knowledge as captured in the dialogues of Plato are considered much more historically accurate than anything found in the writings of Xenophon (Godley, 1896).

After Socrates's death, Plato was able to purchase a plot of land on the eastern edge of Athens. Sometime between 388 and 385 BC, he established the basis for a school of sorts, in a park that had been dedicated to Athens's hero Academus. This land became a community where other scholars could gather and share their experiences in philosophy, mathematics, law, and geometry. The area became known as the Academy, and it is generally considered to be the first university. Plato lived and worked at the Academy until his death in 348 or 347 BC. The Academy remained in existence as an educational institution until 529 AD; it is now an empty field on the

outskirts of Athens.

“The Socratic method” is the general term used to capture the type of discussion used during Socrates’s inquiries, which were often aimed at identifying clear definitions of ethical terms (Hackforth, 1933). The form of a Socratic dialogue is often referred to as a *dialectic* or the elenchus, although there are subtle differences between the two (Matthews, 1972). In the elenchus, Socrates uses a series of questions to examine all of the ramifications of a person’s statement, often in the process detecting and refuting the invalid and unsupported beliefs underlying that statement (McKinney, 1983). The examination and refutation of erroneous beliefs plays a central role in the elenchus (Renaud, 2002). Questions often aid the search for a valid definition of key abstract terms (Matthews, 1972). A series of questions examines the meaning and likely truth of the client’s beliefs (Robinson, 1971a). The removal of mistaken beliefs, created along with a state of ignorance, sets the stage for a new search for valid information (McKinney, 1983). In a dialectic, the discussion aims to explore ideas, confront different views, and eliminate false beliefs.

During the time that Plato organized and led the scholarship at the Academy, Aristotle came for eighteen years of study. Aristotle went on to write his own important works and to tutor Alexander the Great. For our purposes, we will not discuss his encyclopedic overview of ethics so as to remain true to the ideals of Socrates (and Plato). Throughout the present book on the Socratic method, we will maintain a clear and dominant focus on the ideology espoused by Socrates and captured by Plato. Other important scholars in philosophy, logic, and ethics will also be largely ignored in an attempt to remain true to Socrates as the eponymous originator of the Socratic method.

Moving from Ancient Dialogue to Contemporary Psychotherapy

This book hopes to explore contemporary psychotherapy, both its strengths and weaknesses. As a researcher and clinician, I have more than thirty years' experience struggling to balance the importance of science and practice in clinical psychology. The book will be grounded in cognitive-behavioral therapy, which is considered an effective and well-documented form of psychotherapy today. At an even more essential level, effective psychotherapy highlights the psychology of the mind or, even better, the treatment of the mind. In all schools of psychotherapy, there is a clear emphasis or an implicit focus on the client's cognitive processes. Cognitive therapy focuses on confronting and modifying the client's interpretations, attributions, and expectations. However, other aspects of the Socratic method appear compatible with an array of theoretical models. The therapist may attempt to modify the client's beliefs, promoting insight and self-awareness about personal motives and neglected past events. Therapy promotes a balance of energy within the individual and aims to increase a person's interest in others. The therapist remains genuine, honest, and self-motivated while nonetheless addressing and challenging different facets of the client's personality. Finally, the discussions may confront broad issues related to life goals and a person's sense of meaning in life.

Throughout the Socratic dialogue, two or more people exchange ideas, challenge beliefs, and remain open to new perspectives. Whether confronting, for example, political views, religious beliefs, or opinions about drug use, the goal is to analyze the validity and utility of one's preexisting beliefs while keeping an open mind to new learning opportunities. The Socratic method aims to promote new insights and shifts in perspective in everyone involved in the dialogue. This type of dialogue can be useful in a

classroom setting, and I have found it especially central to my career as a clinical psychologist and a psychotherapist.

The Socratic method is closely aligned with cognitive forms of psycho-therapy, especially cognitive therapy (Beck, Rush, Shaw, & Emery, 1979), rational-emotive behavior therapy (Ellis, 1962, 1994), narrative therapy (Meichenbaum, 2003), and constructive therapy (Anderson & Goolishian, 1992). Clearly, cognitive therapy as developed by Beck has a strong foundation in the Socratic method (Moss, 1992). A Socratic dialogue is a primary tool in cognitive therapy, providing an elegant method of conveying empathy, fostering collaborative relationships with the client, and aiding the process of guided discovery (Rutter & Friedberg, 1999).

At the center of all forms of cognitive intervention lies a focus on the client's mind and attitudes. Thus, at base, the Socratic method is a psychology of the mind and mental processes. Put simply—perhaps overly so—many cognitive factors can be categorized as pertaining to one of three processes: *interpretations*, *attributions*, or *expectations*. This basic taxonomy helps therapists and clients focus on simple changes, guided by the view that negative thinking will create negative moods.

Interpretations guide our understanding, creating meaning from ambiguous events, including social encounters and performance evaluations. For example, when traveling in Asia, I ate dinner at a street market. I was served an exotic meal with a strange type of meat. If I believed the meat was octopus, I could quite happily eat it, even if it tasted a bit chewy. However, if I had believed the meat was boiled rat, I would have found the taste repulsive and been likely to vomit. If I expected the meal would make me sick and could disrupt my travels in an exotic country where I knew no one, I would have skipped the meal entirely and gone hungry. Interpretations influence our emotions, our behavior, and even our physiological reactions.

Attributions refer to a person's estimate of the most likely cause for past events in his or her life, whether successes, problems, or failures. Attributions relate to our view of causal factors and determine the allocation of blame for negative events, whether blame is localized in our self or in others. For example, attributions of blame are commonly noticed when conducting couples' therapy, as the partners express their frustration and anger over minor events.

In contrast to attributions, which typically look to the past, *expectations* look toward the future. Expectations refer to a person's estimate of the probability that certain events are likely to happen in the near or distant future. Expectations underlie our reactions to many events and can determine the amount of time and effort we invest in projects ranging from job applications to personal relationships. For example, when a client does not expect to be hired, he becomes less likely to apply for a new job. However, when a client views himself as well trained and competent, he is more likely to apply for a job and will approach the interview with excitement, enthusiasm, and confidence.

Cognitive-based theories of therapy were originally derived from clinical practice and experience. Aaron Beck, Donald Meichenbaum, and Albert Ellis were all actively involved with the direct provision of psychotherapy sessions, and through these sessions these founders of the discipline developed and refined their ideas about what makes for effective therapy. In contrast to the current push for research on psychotherapy outcomes, where large research projects are coordinated by professors who write the grant applications but no longer work directly with clients, the Socratic method relies on an inductive approach and places a higher value on clinical examples than on statistical significance.

As a form of treatment for depression and other psychological problems, adherents to the Socratic method are strongly opposed to the use of medication. The cultural climate underlying modern society emphasizes rapid-result approaches for the treatment of mental illness and accepts quick and superficial explanations instead of thoughtful and theoretical descriptions which might take time to formulate (Bemporad, 1996). However, it can be helpful to retain a strong focus on psychotherapy as a treatment for the *psyche*, that is, as a treatment for the mind and mental processes (Overholser, 2003a).

In some ways, the medical model has been helpful. A medical model reduces the stigma and helps mitigate the blame often associated with mental illness. Those suffering from mental or psychological issues may be seen as lazy, disrespectful, or rude, deliberately deviating from expected social norms in a slothful or socially inappropriate manner. However, when family members are given a biological explanation, often the focus shifts from anger and accusation to understanding and treatment. It is much more acceptable to inform friends or coworkers about an appointment with a physician for a renewal of one's prescriptions. It can be much more difficult to request time off from work for an appointment with a psychotherapist to discuss internal struggles.

Despite its advantages, the medical model is not without its problems. Over the past thirty years, there has been a proliferation of medications advertised as effective treatments for mental illness. In fact, there has been an artificial creation of psychiatric labels, that is, *a medicalization of normal emotional struggles*. The higher rates of incidence and prevalence of most forms of mental illness may be driven by economic forces, not by true improvements in medical taxonomy or discoveries in biological science. The intentional manufacture of mental illness can be seen clearly in the history of depression

(Greenberg, 2010). Over the past fifty years, there has been a substantial increase in the rate of diagnosis, and this higher incidence aligns with the expanding sales of antidepressant medication. When depression is labeled a disease instead of an emotional reaction, it will be approached via a medical model and treated with biological interventions (Greenberg, 2010). Because of the primarily profit-driven nature of the pharmaceutical industry, there is a major financial interest in “selling sickness” (Moynihan & Cassels, 2005). Thus, in modern society, common worries and normal emotional struggles have been labeled mental illness and medicated (Moynihan & Cassels, 2005). Common forms of shyness or social reticence are labeled social anxiety disorder. When diagnosing a client, occasional periods of distractibility or weak performance on academic exams are labeled attention deficit disorder. Some of these labeling issues date back to changes made in the diagnostic system, and the business side of psychiatric diagnosis is being exposed. The financial basis that underlies modern psychiatric diagnosis has become such an important issue that it is being confronted in both popular culture (Lane, 2016) and more scholarly outlets (Breggin, 2016). In this age of psychotropic medication, it remains important to focus on each client’s cognitive processes and how they can be changed.

Psychiatric diagnosis provides an assortment of terms that can help identify and label various emotions and life struggles. The limits of labeling have been discussed by Thomas Szasz (1960), who argued in favor of less stigmatizing language. In Szasz’s approach, it is more accurate and helpful to view most psychiatric patients as struggling with assorted “problems of living” and with personal difficulties adapting to the demands of modern society. Instead of labeling people with a psychiatric diagnosis, more people can be helped if they are viewed simply as individuals with struggles in living.

Furthermore, there is an extensive history behind the problems with labels that stigmatize those with mental illness (Szasz, 1970).

As the field has changed over the past thirty years, it can become a bit troubling to ask “What would their reactions to brief therapy be if the pioneers of psychotherapy—Sigmund Freud, Carl Jung, Alfred Adler, Viktor Frankl, Fritz Perls—were alive today?” How would they react to the push for short-term therapy, treatment sessions guided by structured therapy manuals, and the curtailment of sessions because of limited insurance coverage? Prescriptive approaches that rely heavily on psychiatric diagnosis and a medical model essentially ask: “what is the problem, and how can I fix it?” However, clients are not broken. Instead, they are people struggling with adjustment and coping. Likewise, with the push for empirically supported treatments, it is important to focus on the relationship that underlies effective psychotherapy. It is not the therapist’s job to lecture to clients, under the naïve belief that a client’s problems can be resolved by being given facts about mental illness or its treatment.

Therapy often benefits from a collaborative and patient interpersonal style, one adapted to the unique needs and style of each client. Although remaining supportive, the therapist does not just quietly sit and listen to the client ramble about recent struggles. The therapist aims to confront long-standing issues and promote lasting changes. It can be difficult to confront dysfunctional behaviors and challenge negative thoughts while still trying to remain tolerant and respectful, protecting the supportive bond with the client. As noted by Leonard Nelson (1949), explaining the Socratic method is similar to a violinist trying to describe the act of playing music; it can be demonstrated much more easily than it can be described. The therapist should not expect clients to accept a statement or a belief they do not really believe

(Seeskin, 1987). Unfortunately, this dogmatic style is evident in many examples presented by Albert Ellis and drawn from his own clinical work. Instead, the Socratic method relies on a gradual process based on shaping (Frojan-Parga et al., 2011).

Over the years, many authors have explored the importance and functions of the Socratic method. According to Benson (2000), the Socratic method can interpret the other person's statements, examine the validity of the person's knowledge, help both parties appreciate the limits of their understanding, and guide a process of self-examination and exploration. In the age of short-term therapy, perhaps a gardening metaphor can shed light on the different perspective I am advocating for here. The therapist may try to prune negative beliefs and critical attitudes while also planting the seeds for more positive views of life, self, and other people. But gardening is a slow process. The proper conditions for healthy growth are sunlight, fresh water, and fertilizer. These conditions can be viewed as analogous to a positive and supportive attitude in therapy that aims to support positive growth in each client.

Conclusions

There is a rich history that provides a strong and diverse foundation for the Socratic method. Its origins lie in ancient philosophy, but this book will attempt to integrate these ideas with contemporary efforts to refine the art of psychotherapy. The goal is to learn from these historical documents that inaugurated the fields of philosophy and ethics while keeping the focus on useful strategies for guiding psychotherapy sessions.

Dialectic means the method of conversation (Taylor, 1953) whereby Socrates discussed important issues in an inquisitive style. Socrates (as recounted through Plato) made important and lasting contributions to the field of philosophy. Two of his primary contributions are the use

of inductive reasoning and the search for definitions (DeVogel, 1963). The dialogues focus on abstract ideas. Although Socrates aimed for universal notions, it can be difficult to bypass phenomenology—that is, each client’s emphasis on their own subjective experience. Reality is reality as perceived and actively constructed by each individual (Moss, 1992). Furthermore, there is typically a reciprocal influence; once a person creates an interpretation of “reality,” the perceived reality has a powerful effect on emotions and behavior (Moss, 1992). Psychotherapy according to the Socratic method is heavily focused on cognitive change. If a person’s beliefs change, then the way the individual lives is likely to change (Waterfield, 1994). According to the Socratic method, psychotherapy emphasizes five processes and two primary topic areas (Overholser, 2010a). The five processes are systematic questioning, inductive reasoning, universal definitions, a disavowal of knowledge, and the use of guided discovery to structure the flow within sessions. The two main topic areas include self-improvement and virtue as it can be displayed in everyday life.

Upcoming chapters will explore each of these components in detail, addressing both theoretical foundations and practical applications. Overall, the Socratic method aims to cultivate positive life views in the client and to help clients improve their adaptive living while moving toward important life goals (Overholser, 2015a). There is minimal focus on removing acute distress or managing specific problems. Instead, the overarching goal of the Socratic method is to help people see trivial problems as minor hassles and common nuisances that may distract them from the importance of lifestyle changes and a lifelong goal of self-improvement.

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Professor James Overholser's areas of interest and specialization include anxiety, depression, suicide, and the personality disorders. He has published empirical studies, theoretical papers, and treatment guidelines for these problems. His approach to treatment primarily relies on cognitive-behavioral strategies with a special emphasis on the Socratic method.