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"The unexamined life is not worth living." Socrates (469 BC – 399 BC)

<u>Socratic dialogue</u> is a foundational skill used by CPT therapists to help patients examine their lives, challenge maladaptive thoughts, address stuckpoints, and develop critical thinking skills. Socratic dialogue is derived from the work of the Greek philosopher, Socrates, who developed what is now called the <u>Socratic method</u> of teaching.

In traditional education, the teacher is presumed to know more than the student, and the role of the teacher is to transmit the teacher's knowledge to the student. In contrast, Socrates believed that the role of the teacher should not be to tell students what the "truth" is but to help them discover the truth themselves through a collaborative process of asking questions. By asking a series of questions designed to get the student to identify logical contradictions in their positions and/or evidence that does not support their thoughts, the Socratic method is designed to help the student discover the "truth" for themselves as opposed to being told what the "truth" is by the teacher. Socrates also thought this teaching method was superior because it teaches students the skill of critical thinking, a skill they can use throughout their lives. Another advantage of this method is that students are more likely to value knowledge if they discover it themselves than if someone tells them about it.

In CPT, the purpose of Socratic questioning by the therapist is to prompt the patient to examine the accuracy of maladaptive thoughts that are causing psychological distress. Assuming the role of a Socratic questioner is difficult for some therapists, particularly if they generally use highly directive therapies, therapies that involve making interpretations to patients, or therapies that are nondirective. Although Socratic questioning is nondirective and does not involve the therapist making interpretations, it does require therapists to be highly active in asking challenging questions of the patient when they identify maladaptive thoughts, stuckpoints, or errors in logic. However, the key skill to be mastered by the therapist is to help the patient discover why the thoughts are maladaptive and where the errors in logic exist by asking a series of thoughtful, but challenging, questions.

Socratic questioning is used throughout CPT, and a basic goal is to teach patients how to use Socratic questioning on themselves. In other words, the therapist teaches patients to become their own cognitive therapist!

There are six main categories of Socratic questions:

- <u>Clarification Questions:</u> help patients examine beliefs or assumptions at a deeper level by requesting more information (Click here for examples)
- <u>Probing Assumptions:</u> questions that challenge the patient's presuppositions and unquestioned beliefs upon which his or her argument is based (Click here for examples)
- <u>Probing Reasons and Evidence:</u> questions that help the patient examine the actual evidence supporting their beliefs, which is usually not very strong. (Click here for examples)
- Ouestioning Viewpoints and Perspectives: these questions encourage patients to come up





with alternative viewpoints or perspective than the ones they have adopted. (Click here for examples)

- <u>Analyzing Implications and Consequences:</u> these questions help patients examine the unpleasant outcomes that logically flow from holding particular maladaptive beliefs (Click here for examples)
- Questions about Questions: these questions are designed to place the focus back on the patient when they ask challenging or potentially inappropriate questions of the therapist. (Click here for examples)

Engaging in a Socratic dialogue with patients is a learned skill. It may be difficult for you at first, but practice make perfect. Also, it is important to note that a great deal of creativity is possible in adapting Socratic dialogue to your own style. Throughout this training course, you will see numerous examples of different therapists engaging in Socratic dialogues with patients using their own personal styles.

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