Psychotherapy Volume 31/Summer 1994/Number 2

ELEMENTS OF THE SOCRATIC METHOD: III. UNIVERSAL DEFINITIONS

JAMES C. OVERHOLSER
Case Western Reserve University

*In the Socratic method, systematic questioning and inductive reasoning are used jointly to derive a universal definition. Definitions play a role in the client's perception, description, and understanding of common problems. This article focuses on the content, process, and functions of universal definitions as used in psychotherapy. The content of universal definitions focuses on behavior labels (*e.g.*, aggressive), evaluative standards (*e.g.*, success), and abstract qualities (*e.g.*, love). The process of using universal definitions in psychotherapy follows refutation, collection, and division to identify the essence of the concept. The functions of universal definitions include clarifying category membership, identifying potential causes, building new knowledge, broadening the client's perspective, limiting overgeneralizations, and guiding behavior change. Clients learn a general process that helps them evaluate the appropriateness of the generalizations they make. Clinical applications are discussed and psychotherapy examples are provided.*

I am indebted to Mark Fine, Kim Lehnert, Sara Wotman, Dave Brinkman, Stacy Freiheit, Dalia Adams, and Patti Watson for thoughtful comments made on earlier versions of this manuscript.

Correspondence regarding this article should be addressed to James C. Overholser, Department of Psychology, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106-7123.

The Socratic method is often included as part of cognitive therapy (Beck et al., 1979; Beck & Emery, 1985), rational-emotive therapy (Ellis, 1962), and psychodynamic therapy (Rychlak, 1968; Stein, 1991). However, few authors have described the Socratic method in a thorough manner. The Socratic method includes three main elements: *systematic questioning*, *inductive reasoning*, and *universal definitions*. Systematic questioning (Overholser, 1993*a*) is used to guide the interview process and encourage clients to seek answers independently. Inductive reasoning (Overholser, 1993*b*) helps clients generate broad, logical conclusions based on limited experience. In the Socratic method, the therapist often uses systematic questioning and inductive reasoning to examine a series of relevant life experiences. This helps therapist and client construct a universal definition pertaining to issues that are central to the client's problems (Nelson, 1949).

Universal definitions describe the properties that are sufficient to capture the essence of a concept (Saunders, 1987). A term must be described in such a way that the concept remains unchanged even when specific instances vary (Overholser, 1987). For example, independence can be defined broadly as being free from control by others, and therefore applies to an adolescent struggling for autonomy from parents, and also pertains to many issues facing an adult deciding to relocate to a new state (Overholser, 1988). The process of formulating universal definitions in therapy can help clients evaluate the appropriateness of the terms they use and the generalizations they make.

Universal definitions are important because language and definitions influence our perceptions, description, and understanding of the world (Efran, et al., 1990; Gergen, 1985). In psychotherapy, the definition of key terms can be constructed collaboratively (Keeney, 1987). Clarifying definitions can reduce ambiguities and biases in the client's interpretation and description of life events. Universal definitions can help clients shift their perspective to

a broader and more balanced view of life events. Robinson (1950) distinguished between the process and the functions of universal definitions. This article describes the content, process, and functions of using universal definitions in psychotherapy.

I. Content of Universal Definitions

In psychotherapy, it can be useful to clarify three areas of content used in universal definitions: *behavior labels*, *evaluative standards*, and *abstract qualities*. Behavior labels attempt to describe common problematic behaviors. For example, "aggressive" can be used to describe numerous types of responses (Benjamin, 1985). It can be useful to help clients clarify the emotional state of anger as contrasted with the personality trait of aggressiveness. Likewise, many distraught parents can be helped by clarifying when a child's behavior constitutes a "tantrum" and when it is best viewed as a normal emotional reaction. Also, shy and timid clients often inhibit their social responses because they view assertiveness as not being "polite." Confronting and modifying these idiosynchratic behavior labels can have important implications for many aspects of treatment.

Evaluative standards refer to the criteria clients use to rate their performance in certain situations. For example, phrases like "a horrible job," "a good marriage," or "success" often capture the client's connotation in an idiosyncratic manner. Evaluative terms may be biased by the client's unrealistically high goals or perfectionistic standards. Clients need to avoid defining evaluative terms based on a narrow perspective and a limited range of experiences. Also, many clients dichotomize evaluative terms into bipolar extremes (*e.g.*, success versus failure) while ignoring the various intermediate gradations.

For example, an adult female had recently damaged her spinal cord in a car accident and had become paralyzed. While still recovering in the hospital, she became severely depressed over her injury, especially because of the effect her injury would have on her sexuality. Therapeutic discussions were unable to help improve her depression because she viewed the changes in her life as "catastrophic." She defined catastrophe as a terrible event that left a person worthless, totally destroyed, with no reason left to live. Fortunately, one day she reluctantly attended her physical therapy session during which they played wheelchair volleyball using a beachball and a low net. Initially, she thought it was stupid and didn't want to participate. However, she did play and soon found herself enjoying the game. Afterward, in therapy, we discussed how volleyball would never be the same again, but it still could be fun. Now, she had to work harder, it could be quite humorous at times, and it certainly was different than before her accident. More importantly, the same description applied to sexuality now. Slowly, she began to view her accident and subsequent paraplegia as a problem, sometimes as a challenge, but no longer as a catastrophe.

Abstract qualities include numerous concepts relevant to psychotherapy. For example, issues pertaining to courage, love, friendship, and beauty can be the source of a client's problems. Clarifying these abstract terms can have much therapeutic potential. For example, an adult female client became extremely upset when she discovered her ex-boyfriend was dating another woman. Although they hadn't dated in months, the client still felt possessive of him. She began focusing much of her energy on planning ways she could injure her ex-boyfriend or the other woman. She often made threatening or obscene phone calls, and frequently fantasized about inflicting physical harm upon them. When her attitudes were discussed in therapy, she described it as "justice." When asked to define justice in general terms, she stated that justice involved people getting what they deserve. Because the ex-boyfriend had hurt her feelings, the client felt she had a right to hurt him back, physically or emotionally. She felt she had a right to feel angry and express it any way she chose. She was asked how her definition of justice differed from revenge. She felt this distinction did not matter. The therapist asked her to separate her feelings of anger from its behavioral expression. She needed to see that she was dwelling on her anger and using it destructively. The therapist discussed how anger is a natural, acceptable emotion but needs to be expressed in a mature and constructive manner. She needed to see that justice and revenge differ in terms of the emotions behind the actions.

II. Process of Using Universal Definitions

The process of using universal definitions in psychotherapy involves helping clients to identify their definitions, evaluate the limitations of their initial definition, and then therapist and client jointly create a new definition. Whenever a general term (*e.g.*, courage) was mentioned, Socrates requested a definition. When the per-

son's initial definition proved inadequate, Socrates used inductive reasoning to identify the common element across diverse examples of the term (Tredennick, 1969). The process of using universal definitions in psychotherapy involves refutation of the original definition, collection of diverse examples, and division to identify a common theme.

The definition process usually begins with refutation, a critical evaluation of the client's generalization. When the client uses a term to classify a broad category of events, the therapist requests a clear and unambiguous definition of the term (Tredennick, 1969). The questioning process often reveals confusion in the client's original generalization and its definition (Navia, 1985). Therapist and client work together to find the limitations or exceptions to the definition. Acceptable definitions must meet certain criteria. The definition should not be described in figurative or metaphorical language (Black, 1952). A term and its definition should be able to serve as substitutes for each other in all situations and the statement remains true (Black, 1952; Quine, 1980). A universal definition must be capable of explaining all relevant cases (Vlastos, 1991) and can never entail instances of its opposite (Waterfield, 1987). Finally, a universal definition must be stable over time and independent of environmental factors (Cross & Woozley, 1971). For example, a useful definition of what makes a person "attractive" should apply to all people, regardless of the particular time or place observed.

Refutation involves a mixture of empirical observation and theoretical evaluation of different aspects of the concept (Gold, 1985). Definitions are refuted by two means: counterexamples and logical inconsistencies with other beliefs (Santas, 1979). Socrates often presented counterexamples in order to refute another person's definition (Beversluis, 1987; White, 1976). It can be important to examine how well a variety of examples fit the definition (Gadamer, 1980) because extreme examples often can destroy definitions (Stone, 1989). Counterexamples show the original definition needs to be abandoned or revised (Beversluis, 1974). Sometimes it can be informative to examine the opposite term. For example, success can be contrasted with failure. If an example can be identified that includes elements of both success and failure, the definition should be revised (Calogero, 1957). For example, a perfectionistic client eventually realized that her job performance was not a complete failure, but included some areas of success.

Logical inconsistencies may be used to refute a definition by showing how the definition conflicts with other attitudes held by the client. The therapist may ask "What consequences follow if this statement is true?" (Taylor, 1953). If the logical extensions of the definition contradict anything else the client strongly believes, the client should be willing to modify the definition (Seeskin, 1987). If a definition has any absurd consequences, it becomes apparent to the client that the definition needs to be replaced (White, 1976).

After a definition has been refuted, the process continues. The discussion progresses from inadequate to adequate definitions, attempting to derive a satisfactory universal definition (Chessick, 1982). Collection involves compiling a variety of examples for which therapist and client both agree belong in the defined category (Guthrie, 1971). Universal definitions rely on inductive reasoning (Saunders, 1987) and pattern identification to unite diverse elements. Many different examples can be subsumed under a broad term in order to understand the generality of the term (Crombie, 1964).

For example, a lonely female client complained that no one cared about her. When asked "What does it mean for someone to care?," she focused on a specific recent event in which no one had remembered her birthday. When asked "In other ways, how do people show they care?," she explained that former friends often stayed in touch via telephone, letters, and occasional visits. When asked "How do you show others that you care about them?," the client gave examples of writing letters, thank-you notes, and phone calls. Then, when asked "Have you ever cared about someone but didn't show it?," she reluctantly agreed that she had. Finally, she was asked "So, could others care about you without showing it to you?," and she agreed. Thus, clarifying the procedures observed when caring for other people helped this client realize that other people do care about her but sometimes may show it in ways that are different from her own expressive tendencies. Instead of focusing on a few specific examples, she began to define caring as a tender feeling for others in which you are concerned about their well-being, and you try to maintain a supportive relationship with them over time. It does not always matter whether or not these feelings are expressed directly in words or behaviors.

After a variety of examples have been collected, division is needed to examine the different examples and identify their common element or essence (Guthrie, 1971). The essence refers to the single property that remains identical across all relevant examples (Nakhnikian, 1971; Robinson, 1971). Essential characteristics determine whether or not a particular example qualifies for inclusion in the broader category (Loux, 1970). A definition cannot be a string of relevant examples because a simple listing fails to identify the essence of the concept. However, therapist and client can sort through a list of examples to identify their common element and generate a higher level of inference (Santas, 1974). Thus, division involves identifying the common characteristic observed in all acceptable examples.

For example, a chronically depressed and pessimistic client complained that she had no "emotional investment" in her therapy. When asked what she meant by emotional investment, she said that when she made changes in therapy, she felt it was no big deal because she should be making those changes. She didn't get excited over the progress she had made. The therapist asked whether excitement about progress in therapy represented an emotional investment or an emotional display. The client agreed it was best viewed as an emotional display. It was also pointed out how she tended to minimize her progress by focusing on how far she still needed to go, while neglecting how far she had already come. The therapist again requested a definition of emotional investment. At this point, the client stated that an emotional investment involved putting the time and energy into something and valuing its outcome. The therapist asked whether that described her involvement with therapy and she said yes. Thus, this brief definitional sequence was helpful for the client to re-orient her classification of certain behaviors and attitudes related to therapy.

No single example can capture the essence of a concept, but serves as an approximation of the ideal form (Armstrong, 1978). Inductive reasoning is used to move from observed regularities to a relationship between universals (Armstrong, 1989). The therapist and client examine different examples in order to identify the common element linking them together (Lane, 1987). After the essence has been defined, it can be useful to evaluate the definition again as it relates to all relevant examples. A shaping process is used to gradually improve the definition across successive variations and slowly modify the client's views on the topic (Overholser, 1992).

III. Functions of Universal Definitions

The process of defining concepts can perform several functions relevant to psychotherapy. At the most basic level, definitions remove ambiguity of speech so that therapist and client clearly understand the content and meaning of each person's statements. At a more advanced level, universal definitions can be used to clarify category membership, to identify potential causes, and to build new knowledge (Santas, 1979). In addition, definitions can broaden the client's perspective, limit inaccurate overgeneralizations, and can help guide behavior change.

Clarify Category Membership

A clearly defined category is important for deciding whether or not a new item belongs to the category (Waterfield, 1987). After a category has been defined clearly, it is much easier to recognize and categorize specific instances (Santas, 1979). The definition must be based on characteristics that are essential to membership in the category and are not coincidental attributes of certain individuals (Guthrie, 1971). A person must understand the essence of a concept to be able to decide whether a specific instance satisfies group membership (Beversluis, 1974). Thus, the definition should provide the standard for deciding whether uncertain cases qualify as examples of the concept (Kahn, 1981; Kraut, 1984).

For example, a female client had been engaged for several years. She complained of relationship problems that caused her to question whether she had a "good relationship" with her fiancé. When asked what a good relationship meant to her, she stated she preferred a quiet lifestyle, enjoying nights at home talking with her fiancé. In contrast, her fiancé typically enjoyed the nightlife, often partying with his friends. As the client struggled to define the essence of a good relationship, it became clear how strongly she emphasized her value of a close, intimate, caring relationship in which the two people enjoy spending quiet times and having intimate talks together. Then, she was asked to provide examples of her own and her fiancé's behavior that qualified as indications of a good relationship. This process was useful in forcing the client to decide which of her fiancé's behaviors met her criteria for a good relationship. She realized that, in her opinion, few of her fian-

cé's behaviors qualified as instances of a good relationship. She continued to use her new definition of a good relationship to evaluate both her ongoing interactions with her fiancé and her desire to stay involved in this relationship.

Identify Potential Causes

Definitions can be used to identify the potential causes of an event (Santas, 1979). With a well-defined concept, it may be possible to identify common etiological factors (Benson, 1990; Overholser, 1991). A causal definition is based on etiological factors that are common to all members of the particular category. Causal definitions can be used in therapy to help clients identify similar predisposing variables and precipitating events across diverse problem areas. Although dividing events into causes and effects can become somewhat arbitrary (Efran, Lukens & Lukens, 1990), clients can learn to relate antecedent events to their immediate and eventual consequences.

For example, an adult female client complained of marital discord. When therapy focused on her marriage, little progress was obtained. The client tended to focus on specific situations in which she and her husband clashed over minor events. However, over time the client discussed similar problems she was having with her graduate school advisor. Also, important parallels were identified between her relationship with her husband and with her father. All problems centered around her view of "authority," which she defined as a powerful, all-knowing person who should never be confronted, challenged, or questioned. This caused her to act timid and subservient when around authority figures. Although the most important area of change for this client involved learning to understand her father as a person instead of an authority figure, the most manageable problem involved difficulties with her advisor. She learned to confront her fears and build up her self-confidence. She learned to view authority figures as fallible human beings instead of powerful, all-knowing experts. As she made progress with her advisor, she became more willing to explore relationship problems with her husband and her father. The information she had gained through new experiences with her advisor was valuable in helping her understand her difficulties with authority figures, how they paralleled her relationship with her father, and potential causes from her upbringing.

Building New Knowledge

Definitions can be used to build new knowledge by extending previously established information and theories (Santas, 1979). The assumptions that underlie a client's universal definition provide the foundation for many of the client's expectations (Overholser, 1988). Thus, learning to define important conceptual terms can help clients learn more about themselves and their views of the world. This learning process works best when the definition is related to other information that is already well established (Santas, 1979).

For example, an adult male graduate student client initially complained of problems with test anxiety and apprehension about his school performance. As therapy progressed, he learned that his fear of negative evaluation transcended the school setting. When his test-taking problems were redefined in terms of fear of failure, it became easier to identify similar problems in other areas. His general fear of failure due to excessively high standards affected his school performance, his marital intimacy, his sexual performance, his social functioning, his relationship with his parents, and even his relationship with his therapist. When asked to identify the common cause underlying these disparate problems, the client identified his fear that others would see him as a failure, and if he failed in one area, it implied he was a failure as a person. As he learned to reduce his test anxiety, similar coping skills applied to other areas. Over time, it became easier for the client to identify situations being disrupted by his fear of failure, and he gradually learned to confront and reduce his fears.

Broaden Perspectives

Universal definitions help clients move from focusing on specific problems or skills to identifying more general themes across situations. Clients can learn that additional examples of the concept (*e.g.*, courage) exist that were not included in their original definition (Benson, 1990). For example, being afraid but still willing to confront one's fears can be a strong indicator of courage. Therefore, the client's initial definition may need to be expanded. Changing the definition can help clients look at their problems differently (Efran, Lukens & Lukens, 1990), learning to distinguish their "objective" perception from their subjective interpretation of events (Smedslund, 1990). The goal is not to invalidate the client's perception but to increase the client's awareness

of alternative views (Efran, Lukens & Lukens, 1990). Thus, it is not essential that a clear definition is derived (Gadamer, 1980), but that clients learn to examine and challenge their beliefs (Haden, 1984).

A definition should remain the same across all relevant examples. Difficulties arise when clients use different definitions for themselves versus others. For example, an adult survivor of childhood sexual abuse worked as a child custody worker for the local Children's Protection Agency. She had difficulties labeling certain behaviors as abusive in an objective manner. Because she had seen extreme cases of abuse on her job, she was reluctant to label her childhood experiences as abusive. In comparison, her own abuse appeared mild and insignificant. Thus, she defined abuse as extreme acts of physical violence without adequate provocation and directed toward people too weak to protect themselves. It became important to make her aware of her tendency to define abuse by looking at extreme cases. When asked how she would label her own abusive experiences if she found herself behaving that way toward a child, she said it would be abuse. When asked how she would label these behaviors if she had observed them on her job during a home inspection, she said she would see it as abusive. By looking at the problem from different vantage points, she was able to clarify her definition of abuse so it included a range of damaging acts and apply it consistently across examples. She learned that definitions must be stable across different situations and different people.

Limit Overgeneralizations

Many clients overgeneralize from one event to a broad array of situations (Beck et al., 1979; Ellis, 1977). Universal definitions can help clients place appropriate limits on the degree to which they generalize from one event to others. Clients can learn to separate their idiosyncratic connotations from the less biased aspects of a term.

For example, one adult male client had strong concerns over his masculinity. He had defined masculinity through several celebrity examples (*e.g.*, Tom Selleck, Jose Canseco). Such extreme role models caused him to feel inferior and he began to perceive deficits in his appearance, behavior, and demeanor. Because he neither looked nor acted like these men, he felt he lacked masculinity. He had overgeneralized from their appearance to all aspects of their behavior, defining masculine as tough, rugged, and muscular. In therapy, he was asked to identify additional role models (*e.g.*, Mikhail Baryshnakov, Alan Alda, Robin Williams). This helped to broaden his views of masculinity and limit the degree to which he overgeneralized from a few extreme examples. Then, he was able to define masculinity in terms of a flexible range of qualities (*e.g.*, confident, secure, caring) instead of stereotypical appearances and behavior.

Guide Behavior Change

Universal definitions help clients see their problems differently than they had before. Frequently, a new perspective can offer clients a fresh approach for coping with chronic problems. For example, a divorced female client had numerous difficulties with her ex-husband. Despite his reckless and irresponsible behavior, she felt obligated to keep him an active part of her life so as to allow him frequent visitation with their two children. He often missed his visitations days, or arrived late and intoxicated. Although she could see the destructive nature of his influence on herself and her children, she endured it because he was the "father" of the children. She felt guilty if she tried to impose any restrictions on his access to the children. In therapy, the client was asked a series of questions to identify the defining features of fatherhood. For example: "Is fatherhood simply based on the male that impregnates the female?," "Is it based on him providing money to support the family?," "Is it based on the love and nurturance he provides his children?" Through therapeutic discussions, she was able to see that being a father involved much more than a genetic relationship. She defined a father as an adult male caretaker who provided love, nurturance, support, and guidance for his children. When this client was able to separate the biological from the nurturant aspects of fatherhood, she formed a new view of fatherhood and modified her way of dealing with her ex-husband.

Conclusions

Universal definitions focus on the complex and confusing nature of most abstract concepts. Universal definitions help clients develop abstract generalizations that remain the same over time and across situations. These broad definitions can help clients distance themselves from their biased views and assumptions and begin to evaluate their experiences, problems, and aspirations from a

broader perspective. Clients learn to question their assumptions and evaluate their beliefs in a critical manner. Therapist and client can identify any assumptions underlying definitions, making it clear how and why clients react to certain situations. The Socratic method provides a broad conceptual framework for the therapist when working to promote objectivity and autonomy in clients. Clients learn a process that aids in the development of more realistic attitudes. These cognitive skills are relevant to many problem situations.

The process of clarifying definitions in therapy can enhance rapport between therapist and client. The questioning process ensures the therapist understands and explicates the client's unspoken assumptions. This helps avoid problems whereby the therapist misinterprets the client's statements. By identifying and exploring the client's underlying assumptions, the therapist doesn't assume the answers are obvious. Clients are forced to identify and challenge their own underlying beliefs. The Socratic method can facilitate the client's self-exploration. Learning by discovery is often more powerful than direct instruction (Legrenzi, 1971) because it emphasizes the learning process instead of the specific content, thereby promoting skills that generalize across different problems (McDaniel & Schlager, 1990). Through the Socratic method, clients learn how to explore general emotional and interpersonal issues in an independent manner.

Using universal definitions in psychotherapy becomes a complex, abstract process. Because of this, the Socratic method is not appropriate for all clients or all sessions. With intelligent, insightful, verbal adults, the Socratic approach can provide a broad conceptualization for therapy and can facilitate generalization of treatment effects. The Socratic method strongly relies on cognitive and verbal approaches to effect change. If used in isolation, this cognitive approach could neglect emotional issues and the therapeutic relationship. Therefore, the Socratic method works best if universal definitions are incorporated into a broader framework of psychotherapy.

References

Armstrong, D. M. (1978). *Nominalism and realism: Universals and scientific realism*, Vol I. Cambridge, England: Cambridge University Press.

Armstrong, D. M. (1989). *Universals: An opinionated introduction*. Boulder, CO: Westview.

Beck, A. T. & Emery, G. (1985). *Anxiety disorders and phobias: A cognitive perspective*. New York: Basic.

Beck, A. T., Rush, A. J., Shaw, B. & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.

Benjamin, L. (1985). Defining aggression: An exercise in classroom discussion. *Teaching of Psychology*, **12**, 40-42.

Benson, H. (1990). The priority of definition and the Socratic elenchus. *Oxford Studies in Ancient Philosophy*, **8**, 19-65.

Beversluis, J. (1974). Socratic definition. *American Philosophical Quarterly*, **11**, 331-336.

Beversluis, J. (1987). Does Socrates commit the Socratic fallacy? *American Philosophical Quarterly*, **24**, 211-223.

Black, M. (1952). *Critical thinking*. Englewood Cliffs, NJ: Prentice-Hall.

Calogero, G. (1957). Gorgias and the Socratic principle: Nemo Sua Sponte Peccat. *Journal of Hellenic Studies*, **77**, 12-17.

Chessick, R. (1982). Socrates: First psychotherapist. *American Journal of Psychoanalysis*, **42**, 71-83.

Crombie, I. M. (1964). *Plato: The midwife's apprentice*. New York: Barnes & Noble.

Cross, R. C. & Woozley, A. D. (1971). Knowledge, belief and the forms. *In* G. Vlastos (Ed.), *Plato: A collection of critical essays. I: Metaphysics and epistemology*, (pp. 70-96). Notre Dame, IN: University of Notre Dame Press.

Efran, J., Lukens, M & Lukens, R. (1990). *Language, structure, and change: Frameworks of meaning in psychotherapy*. New York: Norton.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: Citadel.

Ellis, A. (1977). The basic clinical theory of rational-emotive therapy. *In* A. Ellis and R. Grieger (Eds.), *Handbook of rational-emotive therapy*, (pp. 3-34). New York: Springer.

Gadamer, H. G. (1980). *Dialogue and dialectic: Eight hermeneutical studies on Plato*. New Haven, CT: Yale University Press.

Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist*, **40**, 266-275.

Gold, J. (1985). Socratic definition: Real or nominal? *Philosophy Research Archives*, **10**, 573-588.

Guthrie, W.K.C. (1971). *Socrates*. Cambridge, England: Cambridge University Press.

Haden, J. (1984). Socratic ignorance. *In* E. Kelly (Ed.), *New essays on Socrates*, (pp. 17-28). Lanham, MD: University Press of American.

Kahn, C. (1981). Did Plato write Socratic dialogues? *Classical Quarterly*, **31**, 305-320.

Keeney, B. (1987). The construction of therapeutic realities. *Psychotherapy*, **24**, 469-476.

Kraut, R. (1984). *Socrates and the state*. Princeton, NJ: Princeton University Press.

Lane, I. (1987). Introduction to Laches. *In* T. Saunders (Ed.), *Early Socratic dialogues*, (pp. 69-115). New York: Penguin.

Legrenzi, P. (1971). Discovery as a means to understanding. *Quarterly Journal of Experimental Psychology*, **23**, 417-422.

Loux, M. (1979). Particulars and their individuation. *In* M. Loux (Ed.), *Universals and particulars: Readings in ontology*, (pp. 189-203). Garden City, NY: Anchor.

McDaniel, M. & Schalger, M. (1990). Discovery learning and transfer of problem-solving skills. *Cognition and Instruction*, **7**, 129-159.

Nakhnikian, G. (1971). Elenctic definitions. *In* G. Vlastos (Ed.), *The philosophy of Socrates: A collection of critical essays*, (pp. 125-157). Notre Dame, IN: University of Notre Dame Press.

NAVIA, L. (1985). *Socrates: The man and his philosophy.* Lanham, MD: University Press of America.

NELSON, L. (1949). *Socratic method and critical philosophy.* New Haven, CT: Yale University Press.

OVERHOLSER, J. C. (1987). Facilitating autonomy in passive-dependent persons: An integrative model. *Journal of Contemporary Psychotherapy*, **17**, 250-269.

OVERHOLSER, J. C. (1988). Clinical utility of the Socratic method. *In* C. Stout (Ed.), *Annals of clinical research* (pp. 1-7). Des Plaines, IL: Forest Institute.

OVERHOLSER, J. C. (1991). The Socratic method as a technique in psychotherapy supervision. *Professional Psychology: Research and Practice*, **22**, 68-74.

OVERHOLSER, J. C. (1992). Socrates in the classroom. *College Teaching*, **40**, 14-19.

OVERHOLSER, J. C. (1993*a*). Elements of the Socratic method: I. Systematic questioning. *Psychotherapy*, **30**, 67-74.

OVERHOLSER, J. C. (1993*b*). Elements of the Socratic method: II. Inductive reasoning. *Psychotherapy*, **30**, 75-85.

QUINE, W. (1980). *From a logical point of view*, 2nd ed., revised. Cambridge, MA: Harvard University Press.

ROBINSON, R. (1950). *Definition.* Oxford, England: Clarendon.

ROBINSON, R. (1971). Socratic definition. *In* G. Vlastos (Ed.), *The philosophy of Socrates: A collection of critical essays*, (pp. 110-124). Notre Dame, IN: University of Notre Dame Press.

RYCHLAK, J. (1968). *A philosophy of science for personality theory.* Boston: Houghton Mifflin.

SANTAS, G. (1974). The Socratic fallacy. *Journal of the History of Philosophy*, **10**, 127-141.

SANTAS, G. (1979). *Socrates: Philosophy in Plato's early dialogues.* London: Routledge & Kegan Paul.

SAUNDERS, T. (1987). *Plato: Early Socratic dialogues.* London: Penguin.

SEESKIN, K. (1987). *Dialogue and discovery: A study in Socratic method.* Albany, NY: SUNY Press.

SMEDSLUND, J. (1990). Psychology and psychologic: Characterization of the difference. *In* G. Semin and K. Gergen (Eds.), *Everyday understanding: Social and scientific implications*, (pp. 45-63). London: Sage.

STEIN, H. (1991). Adler and Socrates: Similarities and differences. *Individual Psychology*, **47**, 214-246.

STONE, I. F. (1989). *The trial of Socrates.* New York: Doubleday.

STRAWSON, P. F. (1959). *Individuals: An essay in descriptive metaphysics.* New York: Routledge.

TAYLOR, A. E. (1953). *Socrates: The man and his thought.* New York: Doubleday.

TREDENNICK, H. (1969). *Plato: The last days of Socrates.* New York: Penguin.

VLASTOS, G. (1991). *Socrates: Ironist and moral philosopher.* Ithaca, NY: Cornell University Press.

WATERFIELD, R. (1987). Introduction to Hippias Major and Hippias Minor. *In* T. Saunders (Ed.), *Early Socratic dialogues*, (pp. 213-293). New York: Penguin.

WHITE, N. (1976). *Plato on knowledge and reality.* Indianapolis: Hackett.