Psychotherapy Volume 33/Winter 1996/Number 4

ELEMENTS OF THE SOCRATIC METHOD: V. SELF-IMPROVEMENT

JAMES C. OVERHOLSER
Case Western Reserve University

The Socratic method includes the use of systematic questioning, inductive reasoning, universal definitions, and a disavowal of knowledge. The present article describes a focus on self-improvement that often guides the clinical application of the Socratic method. Self-improvement is based on three general goals: self-knowledge, self-acceptance, and self-regulation. Each of these goals is discussed in terms of the benefits it provides the client, obstacles that prevent or hinder its development, and the process of improving it through psychotherapy. The focus on self-improvement in psychotherapy is clarified through several brief case examples.

Introduction

The Socratic method can provide a useful approach for clinical interviewing that is compatible with most forms of psychotherapy. Previous authors have alluded to the use of the Socratic method as part of cognitive therapy (Beck & Emergy, 1985; Beck, Rush, Shaw, & Emery, 1979; Beck, Wright, Newman, & Liese, 1993), rational-emotive therapy (Ellis, 1994), and psychodynamic therapy (Rychlak, 1968; Stein, 1991). However, few authors have described the Socratic method in adequate detail. The Socratic method includes the use of systematic questioning (Overholser, 1993*a*), inductive reasoning (Overholser, 1993*b*), universal definitions (Overholser, 1994), and an attitude of disavowal of knowledge (Overholser, 1995). These components clarify the process of the Socratic method as used in psychotherapy.

The Socratic method shares many similarities with cognitive therapy. Both approaches share an emphasis on the client's cognitive functioning and ability to cope with adversity through rational behavior. Both approaches rely on frequent questioning and inductive reasoning. However, the Socratic method differs from cognitive therapy in several important ways. Cognitive therapy is typically structured and directive, with sessions organized around explicit agendas (Beck & Emery, 1985; J. Beck, 1995). The cognitive therapist is likely to assume the role of expert and take a directive stance in therapy. In contrast, the hallmark of the Socratic method is self-discovery. In order to encourage self-discovery, the Socratic method emphasizes the "ignorance" of the therapist (Overholser, 1995). Furthermore, rather than emphasizing a reduction of psychiatric symptoms, the Socratic method is more likely to address major life issues (e.g., "What personal qualities do you feel are most important for living a good life?").

A recent study has examined the perceived differences between the Socratic method as compared with rational-emotive therapy and client-centered therapy (Cautin, 1996). Subjects included both college students and clients who were receiving outpatient psychotherapy. After listening to audiotaped presentations of the three types of therapy, subjects rated each therapy vignette on specific dimensions. Compared to therapists who used rational-emotive therapy and client-centered therapy, therapists using the Socratic method were rated as more empathic, more warm and friendly, more honest and sincere, and more collaborative. Thus, the Socratic method was perceived as optimal on several key dimensions of psychotherapy process. Although the So-

The author is indebted to Stacy Freiheit, Eden Silverman, Mark Fine, Abe Wolf, Fred Zimring, Michelle Lee, Julia Gemma, Robin Cautin, and Patti Watson for their valuable comments on earlier versions of this article.

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

cratic method and cognitive therapy are similar in many ways, the two approaches emphasize different aspects of the therapy process. Both therapeutic approaches focus on the client's cognitions as central areas to be changed, but the Socratic method emphasizes the client's self-discovery gently guided by the therapist. In cognitive therapy and rational-emotive therapy, the therapist often assumes a more directive role of teacher and repairman.

Although the Socratic method can be useful, it is not appropriate for all clients or all problems. The selection of clients can influence the effectiveness of the Socratic method. In general, the Socratic method seems to work best for clients who are verbal, intelligent, and motivated for therapy. These clients should prefer therapy that is designed to help them confront chronic problems of emotional distress or interpersonal difficulties. Clients who are most appropriate for the Socratic method are interested in self-exploration and self-improvement as general goals of therapy. The Socratic method is not well-suited for clients who present with problems of psychosis, mental retardation, organic mental problems, developmental disorders, or acute suicidal tendencies. Also, the Socratic method can be difficult to implement with clients who are excessively talkative and who display tendencies for circumstantial or tangential speech.

The present article describes the Socratic method as focused on the goal of self-improvement. An essential goal of the Socratic method is to facilitate autonomy in the client. The Socratic method encourages clients to self-reflect and examine their behavior and their life goals (Versenyi, 1963). Three basic goals of the Socratic method of psychotherapy involve helping clients to understand themselves, to accept themselves, and to regulate their emotions and behavior. These goals correspond to the three domains underlying self-improvement: self-knowledge, self-acceptance, and self-regulation. These interrelated areas often serve as the focus of psychotherapy sessions (see Figure 1).

Self-knowledge

The Socratic notion that the "unexamined life is not worth living" can play an important role in psychotherapy (Lageman, 1989). Self-knowledge

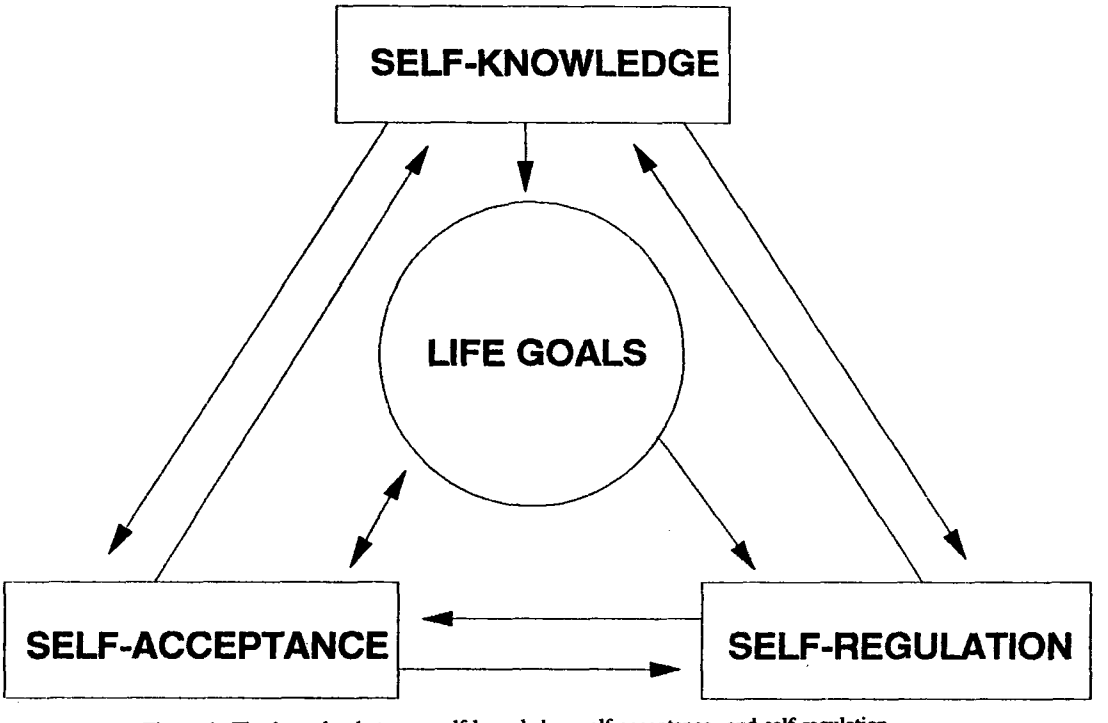

Figure 1. The interplay between self-knowledge, self-acceptance, and self-regulation.

is a broad category that includes insight into the presence and nature of one's psychological functioning (Markova & Berrios, 1992). Self-knowledge refers to an understanding of one's behavior, emotions, cognitions, expectations, inclinations, motives, and aspirations. Self-knowledge includes an understanding of past events that have affected the person as well as an appraisal of future goals and potential (Gergen, 1971). Self-knowledge includes an understanding of one's strengths and abilities as well as limitations. Often, self-knowledge involves an awareness of broad life goals in terms of desirable personal attributes. Because of the comprehensive nature of self-knowledge, it is best viewed as an ongoing process instead of a goal with a distinct end point (Evans, 1990).

Benefits of self-knowledge. Self-awareness can help clients assess their priorities in terms of lifelong goals (Stalley, 1986). Through the Socratic method, clients can become more aware of who they are and who they want to become, in terms of desirable personal attributes. Many clients benefit from distancing themselves from their daily routine and beginning to appreciate their long-term goals. Without adequate self-knowledge, clients may be driven by goals and values outside their conscious awareness (Schmid, 1983). For example, one young adult male client had begun training in computer science. However, he felt mildly depressed, empty, and dissatisfied with his life. In therapy, he was asked about times when he felt interested or excited about different aspects of his life. He reported times when he was consumed by his hobby of painting and he became completely focused on his artistic expression. When the therapy conversation shifted back onto his college classes, both therapist and client noticed a dramatic shift in his mood and his energy level. He began to realize that he had been neglecting his long-standing interest in art. When asked how he came to choose computer science as his major, he reported financial concerns. He was pursuing training in computers to increase his chances of finding "a good job" after school. When asked what "a good job" meant to him, the client said a job that paid a high salary yet it was not overly competitive so he could find a job in the area. Therapist and client discussed the other aspects of job satisfaction and the role that his personal interests could play in both his long-term career enjoyment and his career success. The therapist asked questions such as, "What do you think your life would be like after working on "a good job" in computers for twenty years?" The client began to see how he had valued financial security over personal contentment. Many people choose careers because of financial opportunities or family pressure. This often leads to dissatisfaction with one's work, and can result in chronic feelings of frustration or resentment. Thus, self-knowledge can help clients make better choices about major life goals.

A second benefit of self-knowledge occurs when clients begin to gain a new perspective that reduces both maladaptive emotional reactions and destructive behaviors. When viewed from the proper distance, difficult decisions become simple and problems from daily life no longer appear overwhelming. Furthermore, when clients understand their motives for different behaviors, it can be easier for them to control or change their initial reactions to different events.

An adequate level of self-knowledge is a prerequisite for more advanced interventions. Without adequate self-knowledge, clients are not ready to proceed into areas of self-acceptance or self-regulation. If clients understand the motives that underlie their behavior, they can be in a better position to modify their behavior as needed.

Obstacles preventing adequate self-knowledge. Accurate self-knowledge can be difficult to attain. Because self-knowledge requires an ability to be aware of one's own shortcomings, some clients are overly defensive and may be reluctant to view their situation openly. Self-awareness can be impeded by selective gathering of evidence, selective focusing on particular events, and a misinterpretation of events (Mele, 1987). Selective gathering of evidence can hinder self-awareness. Clients play an active role in creating their perception of reality through their expectations, attributions, and interpretations (Moss, 1992). Clients may only seek information that is consistent with their pre-established views (Gergen, 1971; Swann & Read, 1981).

Selective focusing on particular events occurs when clients exaggerate the good or bad qualities they see in themselves. Sometimes, clients attempt to block their awareness of negative feelings. For example, an adult female client complained of chronic depression despite always presenting a cheerful facade to others. In therapy, she became aware of how she "buried" her negative emotions by eating excessive amounts of ice cream. The therapist labeled her spoon as a symbolic shovel she used to bury her emotions under

mounds of ice cream. The therapist helped her see that she needed her "shovel" twice, first when she buried her emotions, and second to unbury them. Therapy focused on helping her learn to express her emotions directly and spontaneously as they arose in different situations. This was a lengthy process that occurred over several months in therapy. She was praised for the direct expression of emotions, and she was helped to identify the interpersonal consequences of expressing both positive and negative emotions. In addition, she needed to use psychotherapy sessions as a second shovel to dig up her buried emotions from long past events. She held in a tremendous amount of anger towards her mother and much shame from comments made by her father many years earlier. Over the course of therapy, this client became more aware of her tendency to use food as a means of coping with negative emotional states, and began confronting her emotions more directly.

Self-deception involves a misrepresentation of the evidence in order to avoid unpleasant emotions (Silver, Sabini, & Miceli, 1989). Some clients present a social facade whereby they try to appear a certain way in front of others. When done long enough, clients may start to believe their own facade. For example, one female client reported a lifetime of difficulties related to her chronic alcohol abuse. This included two divorces, three arrests for drunken driving, and repeatedly getting fired from various jobs. However, she denied that she had a problem with alcohol and instead attributed her problems to chronic depression. She believed that if she felt less depressed, she would no longer need to drink alcohol. She was unable or unwilling to see that she typically became depressed over the problems caused by her alcohol abuse.

The process of improving self-knowledge. A basic prerequisite of the Socratic method is that clients are expected to say only what they believe. The Socratic dialogue must be based on honesty, sincerity, and genuineness. The therapist can use a Socratic dialogue to help clients identify inconsistencies among beliefs or contradictions between the client's beliefs and observed behavior (Overholser, 1994). Typically, the focus is on long-term life goals concerning the client's personal attributes, rather than occupational performance or financial success. If clients see that their daily behaviors conflict with their major life goals, they should become motivated to change their behavior or re-evaluate their goals.

The search for self-knowledge does not mean private reflection away from other people and life events (Navia, 1985) but requires frequent input from others (Cassam, 1994). Clients benefit from a wide range of life experiences in order to learn who they are and who they want to become. Adequate self-knowledge involves an understanding of the client in relation to others (Annas, 1985). For example, one male client persistently behaved in socially deviant ways. He needed to learn not just to accept himself but how to fit in with society and live by societal standards. Only by continually interacting with others could he try new ways of behaving and observe the effects on his relations with others. To facilitate self-exploration, the therapist asked questions such as: "How do others react when you behave this way?"; "How do you react when someone else treats you like this?" Although this client resisted change because accepting a different view would require different behaviors, his various social encounters gave him opportunities to explore his behavior, his motives, and the value he placed on interpersonal relationships.

The Socratic method encourages a self-discovery process facilitated by the therapist's questions (Overholser, 1993*a*). This self-discovery process can focus on specific issues, such as identifying patterns in behaviors or emotions (Overholser, 1993*b*). For example, one client with generalized anxiety learned to monitor situations associated with high versus low anxiety. Also, she developed a more refined differentiation of various mood states. Instead of reporting a global state of agitation throughout most days, she learned to differentiate anxiety from suppressed anger. This information helped her understand situations that elicited different feelings and why she behaved as she did.

The self-discovery process also can focus on general issues pertaining to personal attributes and life goals. When clients clarify their views about their own life goals, they often develop a broader perspective that helps them cope with daily problems in a different manner (Overholser, 1994). For example, a recently divorced male client asked himself, "Why do I look at my life as over instead of a new beginning?" Through a series of questions, he was able to see that he had not yet let go of his "previous life" with his wife and kids. He was asked how his friends, his co-workers, his children and his minister would describe the changes he had experienced since the

divorce. He was asked how he would see a friend undergoing similar mid-life changes, and what he would tell the friend to help him cope with feelings of sadness or loneliness. Also, he was asked how he would look back on these events in six months, and in six years. Finally, he was asked to imagine a positive future in which he lost the role of husband but retained the role of father. In general, this client tended to focus on what he did not have and ignored the many positive things he still had in his life. In therapy, he was able to refocus his goals onto becoming a good father for his children despite being divorced from their mother.

Clients may be helped to examine persistent behavior patterns across diverse problem areas (Overholser, 1993*b*). For example, a female client had persistent difficulties maintaining a job despite what she perceived as exemplary work performance. When she was asked to write a list of the major events she had encountered, and what she had learned from them, she spontaneously provided an identification of several dominant themes across problems. She described recurrent problems with jealousy and resentment, feelings of betrayal and abandonment, and frequent conflict with peers. In most work settings, she focused on issues of productivity and morality while ignoring issues related to cooperative social functioning. Therapist and client discussed the benefits that can be obtained from work productivity and the risks involved when maintaining an air of moral indignation toward co-workers. She was asked how she had related to co-workers who were productive but unfriendly. Then, she was asked how she related to co-workers who were friendly but unproductive. Over several sessions, she began to appreciate the neglected social areas of her life. This type of dialogue helped her to identify aspects of her social functioning she needed to address in therapy (e.g., cooperation, friendship, compassion, and caring for others).

Clients sometimes need to be encouraged to take risks, to try new behaviors, and to be ready to learn from their mistakes. When clients have started to make progress in therapy and then a set-back occurs, clients should retain the attitude that they can learn from the events and often can use the set-back as a means of moving even further ahead. Through these events, self-knowledge can promote self-acceptance as a process of continual change and growth.

Self-acceptance

Self-acceptance refers to a general sense of approval of oneself as a whole. Self-acceptance should be based on a thorough and rational self-evaluation, including an awareness of both strengths and weaknesses (Annas, 1985). This can help clients live within their means and not exceed their limitations (Seeskin, 1987).

Benefits of self-acceptance. Self-acceptance implies that clients are content with themselves, including their flaws. However, self-acceptance does not mean that they become unmotivated to change, but it provides a stable foundation on which to strive for improvements. Self-acceptance can promote emotional stability in clients. For example, an adult female client complained about difficulties evaluating her life objectively. She was asked to write a list of her success experiences. As she discussed the list in therapy, she focused on negative aspects of each event. She was asked what made the event negative, and what could be seen as positive about each situation. Alternatively, she was asked what could be seen as negative in some situations that initially appeared all positive. She began to see that each experience involved a blending of success and failure. In one case, she worked as a school teacher and had great relationships with her students and their parents, but was fired because of financial cut-backs. She concluded that it was no longer appropriate to view an experience as a "success" or a "failure" because all experiences included elements of both. Instead, she saw the benefit of examining her experiences in terms of both good and bad outcomes and how she had learned from both good and bad aspects of an event. As she learned to appreciate the emotional texture of the different events, she realized that even if she could have gone back in time and prevented some of the negative events from happening, she would not choose to do this because she would lose part of herself.

Self-acceptance can promote increased self-awareness by allowing clients an inner strength to tolerate a critical but realistic appraisal of their own strengths and weaknesses. Realistic standards help promote emotional stability. The open acknowledgment and acceptance of one's limitations helps clients become more balanced, integrated, and calm. Clients can develop the ability to appreciate the humor of their own deficiencies while also working to correct them (Zimmerman, 1980).

Obstacles preventing self-acceptance. Self-acceptance can be hindered by a tendency to focus on obtaining external goals and satisfying physical desires. Many clients convert their wants into needs, and their desires into demands (Ellis, 1994). When external circumstances prevent clients from obtaining certain desires, clients can simply adjust their desires to correspond to goals that are reasonably obtainable (Brickhouse & Smith, 1994). For example, a young adult female client was having difficulties getting accepted into medical school. Her GPA was low and she did not perform well on the Medical College Admissions Test. She was very upset because she believed that in order to be happy and fulfilled, she "needed" to get into medical school. She sought treatment for test anxiety and study skills training. The therapist wanted to help the client improve her chances of admission, and both test anxiety and poor study skills were relevant to the client's poor performance. However, these did not seem to be the critical issues. Instead, career choice seemed more central. The client did not seem to have a natural affinity for the biological sciences, and did not find these topics inherently interesting. Instead, she viewed medical school as a means of becoming a physician, and she could then help others. She did not see the daily work of a physician as being a natural extension of the skills required both to get into and to successfully graduate from medical school. Also, family members had placed subtle but persistent pressure on her to become the first physician in the family. The therapist did not want to take away the client's dreams of medical school, but it was not appropriate to provide study skills training to help the client pursue a goal that was probably unobtainable and perhaps not truly desired. Instead, a series of discussions helped the client clarify her view of a physician's job and the emotional and psychological benefits from helping others. She focused on the personal feelings of gratification that come from helping others, and began exploring other careers that provided similar opportunities to help people in need. She soon developed strong interests in associated fields such as physical therapy, recreational therapy, art therapy, and drama therapy that coincided very well with her natural abilities and long-term interests. She applied and was accepted into a graduate training program in an allied health profession.

Self-acceptance is hindered when clients feel guilt or shame over an aspect of their life. However, these negative emotions may be used to motivate clients to make changes in their behavior. Clients can learn that if they engage in some behavior they do not like, they should be motivated to stop it. This can help promote self-regulation. For example, an adult male client was being treated for compulsive checking. He asked his therapist, "Is this behavior normal?" When the therapist discussed the rational safety concerns behind making sure the stove is turned off, but described it as a habit that had become too extreme, it helped reduce the client's feelings of shame. As he felt more tolerant of his behavior, he was able to discuss his habits in therapy and begin identifying areas to change. Self-acceptance did not encourage him to accept his symptoms as part of his identity, but helped to enhance his self-knowledge and self-discipline. He learned to accept himself, not as a stagnant entity, but as someone who was willing to attempt to improve himself in various ways. Furthermore, over the course of therapy, he frequently questioned whether he had made sufficient progress. He was helped to see himself similar to a mountain climber; if he only looked up, he would see he still had a long way to go. If he occasionally stopped to look down, he could appreciate how far he had come.

Self-acceptance can be hindered by a lack of self-knowledge, such as when clients have unrealistic goals or standards for themselves. For example, one client with depressive tendencies recently had started a new job. She frequently became upset with herself during her job training because she felt she needed to learn tasks quickly. For her, getting it right meant doing perfectly the first time she did a task. She stated, "I hate myself for not being smart enough to do it right on my own the first time." She frequently implied that she felt she needed to be perfect in all areas of her life. When the therapist confronted her with this irrational attitude, she toned it down to state, "I want to do well in some areas." However, she had a persistent tendency to focus on performing "A+" quality, striving for 120% performance. When the therapist discussed an analogy between her self-evaluation and her appraisal of her son's performance in school, she stated that she would be happy if he got all "B's." This was used to help her identify a middle range of performance between total perfection and complete failure, and then begin to re-calibrate her standards for self-evaluation. Gradually, she learned to see that 80%

or "B" performance is often sufficient for a positive evaluation of herself.

Process of facilitating self-acceptance. In order to foster self-acceptance, clients must first understand themselves in a realistic and rational manner. Self-acceptance often requires that clients learn they can change their typical way of behaving in a variety of situations. Clients can be encouraged to explore different self-care behaviors, different interpersonal styles, and different career opportunities. As they experiment with different ways of dealing with common situations, clients can learn that it is alright to make mistakes as long as they learn from the events. For example, a depressed male with low self-esteem saw himself as a "jerk" because he chose to stay in town and work instead of joining his wife and children on their week-long vacation at the beach. Although he had legitimate work obligations, this "family vacation without dad" produced repeated conflict with his wife, and eventually led up to his divorce. Even after being divorced for a year, the client still tried to predict what his ex-wife would want him to do in various situations. When he described how his wife used to call him a "jerk" because of minor disagreements, the therapist asked him, "Are you a jerk?" This forced the client to identify his own criteria for self-evaluation and explain why he was not a jerk. The therapist encouraged him to find what he thought was right, not what his ex-wife told him to do. He had been using an inappropriate evaluator (his ex-wife) and inappropriate criteria (goals set by his wife) to form his evaluation. Initially, the client had obsessed about what he perceived as mistakes from his past, such as working long hours instead of taking a vacation with his family. This situation led to frequent disagreements and reduced intimacy with his wife. When the therapist asked, "What if you had acted differently at that time?" the client learned to tell himself "I can't go back to the past, what's done is done." Once he realized that he could not change his past, he was better prepared to make the most of his future. He began telling himself, "I am going to do what I can do and that's all I can do." Eventually, the client was able to say, "I'm basically a good guy, I just married the wrong person." He began to develop internal standards for his self-evaluation.

Self-acceptance can be fostered through the generous use of self-praise and self-reinforcement. Clients can learn to value themselves and their behavior as they struggle with daily challenges. Clients can learn to reward their effort and progress, not simply the attainment of goals. Most importantly, clients can learn to feel good about who they are, looking at themselves and their lives from the broad perspective provided by adequate self-knowledge. Clients are capable of controlling their own happiness by setting their own standards for performance and success. Lasting happiness comes not from external goals nor physical pleasures but from becoming a good person (Irwin, 1992; Reale, 1987). A Socratic dialogue can help clients explore their life events and long-term goals. After the goals of self-improvement have been internalized, emotional stability can come from within the client and not remain dependent on life stressors or interpersonal conflict.

Clients can be helped to focus on the positive aspects of their lives. For example, Socrates downplayed the negative aspects of his physical appearance (e.g., bulging eyes) and instead emphasized the positive qualities from a functional perspective (e.g., good vision). He emphasized that beauty and ugliness come not from what is seen but how it is interpreted (Burnyeat, 1990). Socrates defined beauty as something that is well adapted to its function (Guthrie, 1971; Parker, 1979). If something works well for its intended purpose, it should be praised and appreciated. When something causes emotional distress or reduced ability to function, it should be changed and improved.

Self-regulation

Self-regulation refers to the ability to direct one's life in the manner desired by the individual. Socrates emphasized self-control (Chessick, 1982) or self-regulation throughout his lifetime. Socrates described the tripartite soul including reason, spirit (or emotions), and desire (or instinctive appetites). Self-regulation requires an ability to control one's instinctive appetites and emotions (Tredennick & Waterfield, 1990) by using reason to guide behavior. In a similar manner, Socrates presented an analogy of a winged charioteer striving to use reason to control two horses, one noble and the other unruly (full of spirit and desire). Self-regulation requires self-knowledge to provide clients with an adequate understanding of their emotions and desires.

Benefits of self-regulation. Self-regulation can help clients reduce the tendency to engage in mal-

adaptive behaviors. When clients are capable of self-regulation, they are no longer controlled by their primitive urges (Kidd, 1994). The self-regulated person controls his/her passions rather than being controlled by them (Versenyi, 1963). However, self-regulation does not require clients to avoid pleasures when they are appropriately available, but just encourages clients not to focus on these transitory events (Irwin, 1992). The self-regulated person is capable of retaining flexibility and spontaneity. Self-discipline does not have to guide all behavior at all times. Instead, when problems develop, self-regulation can help control them. Self-regulation refers to the ability to control short-term impulses and desires in favor of long-term goals (Annas, 1985).

Self-regulation can allow clients to pursue the life path they have rationally selected. When clients focus on boredom, hunger, loneliness, or sexual arousal, the frequency and intensity of these urges are likely to increase. Regulating one's urges does not mean attempting to suppress or ignore them entirely. Instead, clients can learn to moderate their urges by focusing on long-term interests, controlling specific emotions, and behaviors on the path to obtaining broader life goals.

The goal of therapy can sometimes be viewed as helping reason to control both emotions and bodily desires (Reinhold, 1964). For example, a male client reported a series of relationship problems. He was romantically involved with a woman he felt incapable of loving. When alone with the woman, he often succumbed to his sexual desires, and it conveyed to the woman his desire to establish a more lasting relationship. In therapy, the client frequently expressed his rational goals of ending this relationship and beginning new with someone else sometime later. He was asked what guided his current behavior, and how much his behavior was determined by his head versus his heart versus his hormones. He was asked what he wanted his social life to be like in 5 days, 5 months, and 5 years. He began to see the value of strengthening reason over desire in order to help balance his short-term desires versus his long-term goals.

Obstacles inhibiting the development of self-regulation. Self-regulation can be inhibited by the seeking of physical pleasures or the avoidance of pains. Physical urges can be strong, and when satisfied, can be enjoyable. However, self-regulation involves an ability to control one's behavior, not simply when it is easy but most importantly when the client feels tired, in pain, or prompted by urges, passions, or pleasures (Reale, 1987). For example, Socrates espoused the importance of eating only when hungry, and drinking only when thirsty. Furthermore, a person who is hungry should hunger for food, not necessarily a particular type of food. Finally, Socrates encouraged people to avoid immediately satisfying their every desire. In this way, the person will be assured to feel hungry at mealtimes, allowing the natural appetite to enhance the flavor of the meal (Parker, 1979). For example, an adult male had difficulties controlling his weight over an eight year time span. He was successful in losing weight when he learned to eat only when he was hungry, not when he saw tasty foods or had time to kill. When watching television at night, instead of spontaneously seeing snack food and eating it, he began to ask himself if he was hungry or could wait until breakfast the next morning. He was surprised to find how many times he could honestly say he was not hungry, and how effective this awareness was in helping to suppress his eating. He learned to not use food to cope with negative emotions, and began to view food as fuel, only consuming enough to get him to his next meal. Also, he began to perceive sensations of hunger prior to mealtimes as good feelings, telling him he was effectively working towards his weight loss goal, and that the sensations of hunger would help him appreciate his next meal. Finally, he learned that there were numerous temptations and it required persistent effort to regulate thoughts and behaviors that could obstruct his progress. Without the change in underlying attitudes towards food and health, there would have been no change in behavior and no weight loss.

Self-regulation involves behaving in a manner that is consistent with one's long-term goals even when situational factors tend to elicit behaviors that would be more enjoyable in the short-term. Part of the difficulty lies in the tendency of most people to maximize their immediate pleasure and minimize their pain. However, short-term hedonism is often destructive in the long run. In many situations, the client's best interests may be aided when the appeal of pleasure is resisted (Brickhouse & Smith, 1994). Most clients can benefit from developing what has been called long-range hedonism (Ellis & Dryden, 1987), whereby clients perform behaviors that are likely to enhance their well-being over the long-term. Instead of responding to temporary physical pleasures, cli-

ents can learn to focus on their long-term goals. Clients do not need to eliminate, restrain, or frustrate their pleasures, but should identify the acts that bring long-term benefit and lasting satisfaction (Brickhouse & Smith, 1994).

Process of developing self-regulation. Self-regulation often involves making maladaptive behaviors more difficult by emphasizing their undesirable features or by altering the environment to make these behaviors more difficult (Mele, 1987). Self-regulation also involves promoting new adaptive behaviors (Rosenbaum, 1993) by controlling the positive consequences that affect their behavior (Goldfried & Merbaum, 1973).

Self-regulation is facilitated when clients are aware of their natural tendencies and limitations. This awareness can help clients avoid high risk situations. For example, one client was suffering from chronic depression and alcohol abuse. He was able to learn that he typically abused alcohol in certain places with specific people and at predictable times (especially when he was feeling depressed). He was helped to learn to avoid people and places that increased his risk for using alcohol, especially when he was feeling depressed. He learned to think it through before he placed himself in high risk situations. However, he also learned that it was not always possible to avoid high risk situations, such as immediately following a major argument with his girlfriend and he was feeling sad and lonely. He needed to learn to suppress his destructive behaviors when exposed to such situations. Finally, he needed to learn to fight off urges that underlied his maladaptive behavior by asking himself, "Do I really want a drink?"; "How will drinking help me improve my situation?"; "Am I ready to deal with the consequences?"

Self-regulation can be used to manage very specific complaints as well as more general life issues. Specific problems can often be addressed by enhancing the client's ability to control a bad habit. For example, an adult male client had recurrent difficulties maintaining a positive relationship with his wife. After fourteen years together, their relationship had been neglectful and at times abusive. During therapy, he learned the importance of the early stages of any encounter, and began actively working to keep the first few minutes of his time with his wife as pleasant as possible. Even on days when he felt stressed and worn out from his job, he worked to keep the first few minutes at home pleasant and sociable. Then, it was easier for him to express his feelings of stress or frustration with his wife instead of acting out against her.

Clients tend to guide their behavior based on a subjective estimate of the amount and intensity of pleasure and pain likely to be obtained through different courses of action. However, the estimate of an act's pleasure may be miscalculated by its proximity. When pleasure is soon and pain is in the distant future (as in the case of overeating), the person is likely to see more pleasure than pain (Santas, 1979). Pleasures coming from immediate gratifications appear greater at the moment of desire (Grube, 1958). The perceived pleasure will outweigh the expected pain, and the client will act accordingly. Effective self-regulation involves a cognitive shift whereby clients learn to emphasize long-term goals over short-term pleasures. To accomplish this shift of focus, it is often helpful to ask clients what they hope the situation would look like 10 years from now. After the long-term goals have been identified, the therapist can begin helping clients to work towards their goals.

One aspect of self-regulation involves controlling negative emotions (Rosenbaum, 1993). Sometimes clients resort to food or alcohol consumption as a maladaptive means of suppressing negative mood states (Morris & Reilly, 1987). For example, a male client displayed frequent periods of acting-out whenever he became emotionally upset over problems in his close interpersonal relationships. His acting-out included impulsively spending large sums of money on frivolous items, going on eating binges, experiencing bouts of intense anger, excessive alcohol consumption, suicidal ideation, and various sexual indiscretions (e.g., masturbating in a parked car and making expensive long-distance telephone calls for phone sex). Between sessions, the client recorded when these maladaptive behaviors occurred, where they happened, and what situational or emotional factors had prompted them. Over time, he was helped to increase his awareness of situations and emotions that elicited these various problem behaviors. Therapy initially focused on reducing the impulsive spending because it had occurred frequently, it appeared least threatening to the client, and it seemed most amenable to change. After he learned ways of controlling his urges to overspend, the same principles were used to help him control his impulses in the other problem areas. His therapist tried to address

his problems in terms of both self-knowledge of life goals as well as self-regulation of maladaptive impulses. He was helped to increase his reliance on reason, and decrease his indulgence of various urges. He was able to learn to control his negative emotions (anger, depression, lust) so they did not grow uncontrollably and dominate his choice of behaviors. The focus shifted from short-term pleasures to long-term hedonism. It can be essential to start at the client's level of control and abilities and move from there (Martin & Poland, 1980).

Therapy designed to promote self-regulation is not always easy. For example, one adult female with chronic depression told her current therapist how a previous therapist had comforted her when she was feeling depressed (e.g., daily telephone calls, personal disclosure of therapist's own struggles). The current therapist explained that depression can be seen as a deep, dark hole of despair. The previous therapist figuratively climbed down into the hole and offered soft, warm blankets to help the client feel better. However, in the long run, this approach got the client accustomed to the darkness and loneliness, and became dependent on the therapist for feeling safe and content. The current therapist was figuratively using therapy to remain above ground and hand down sticks (behavioral changes) and ropes (cognitive changes) that could be used as tools to help the client build her own ladder so she could climb out of the hole. Hence, this client needed to tolerate her negative emotions in order to increase her motivation to make more lasting changes.

Discussion

According to the Socratic method, self-improvement involves a dynamic interplay between self-knowledge, self-acceptance, and self-regulation (see Figure 1). Furthermore, the identification of and adherence to long-term life goals plays a central role in the Socratic method of self-improvement. Although the focus on self-improvement is not unique to the Socratic method, it played a central role in the lifestyle espoused by Socrates. Furthermore, the attempts to develop self-improvement according to the Socratic method are best derived through the use of systematic questioning, inductive reasoning, universal definitions, and a disavowal of knowledge. Therefore, the focus on self-improvement cannot be examined in isolation, but is best incorporated within the broader framework supplied by the Socratic method. The Socratic dialogue can help clients learn to explore their own values instead of blindly accepting values imposed by societal conventions or personal habits. Moreover, the Socratic method can help clients learn how to continue the process of self-exploration and change outside of therapy sessions.

Despite the clinical utility of the Socratic method, it is not without its limitations. Socrates neglected the irrational aspects of human behavior and may have overemphasized the ability of humans to use reason to control their behavior (Chessick, 1982). Most clients initially lack the ability to focus on long-term goals over short-term satisfactions. Therapeutic change takes time and persistence. Only through a gradual process of self-exploration can most clients become sensitive to long-term interests and begin to balance acceptance and change. Not all clients are capable to these kinds of cognitive shifts.

Although the goal of therapy may include major changes in the client's personal attributes, the focus within sessions may be narrow as therapist and client attempt to make specific changes in emotions and behaviors. Self-knowledge, self-acceptance, and self-regulation can help clients manage difficult times and stressful periods in their lives. By promoting a number of positive behaviors, the client can develop the desirable attributes capable of providing long-term contentment.

References

Annas, J. (1985). Self-knowledge in early Plato. *In* D. O'Meara (Ed.), *Platonic investigations* (pp. 111-138). Washington, DC: Catholic University of America Press.

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.

Beck, A. T., Wright, F., Newman, C., & Liese, B. (1993). *Cognitive therapy of substance abuse*. New York: Guilford.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: Guilford.

Brickhouse, T. & Smith, N. (1994). *Plato's Socrates*. New York: Oxford University Press.

Burnyeat, M. (1990). *The Theaetetus of Plato*. Indianapolis: Hackett.

Cassam, Q. (1994). Self-knowledge. New York: Oxford University Press.

Cautin, R. (1996). *The perceived utility of the Socratic method in psychotherapy*. Unpublished Master's Thesis. Cleveland: Case Western Reserve University.

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

Ellis, A. (1994). *Reason and emotion in psychotherapy: Revised and updated*. New York: Birch Lane Press.

Ellis, A. & Dryden, W. (1987). *The practice of Rational-Emotive Therapy*. New York: Springer.

Evans, J. (1990). Socratic ignorance—Socratic wisdom. *The Modern Schoolman*, **67**, 91-109.

Gergen, K. (1971). *The concept of self*. New York: Holt, Rinehart, & Winston.

Goldfried, M. & Merbaum, M. (1973). *Behavior change through self-control*. New York: Holt, Rinehart, & Winston.

Grube, G. (1958). *Plato's thought*. Boston: Beacon Press.

Guthrie, W. (1971). *Socrates*. New York: Cambridge University Press.

Irwin, T. (1992). Socrates the Epicurean? *In* H. Benson (Ed.), *Essays on the philosophy of Socrates* (pp. 198-219). New York: Oxford University Press.

Kidd, I. (1994). Socrates. *In* J. Day (Ed.), *Plato's Meno: In focus* (pp. 73-87). New York: Routledge.

Lageman, A. (1989). Socrates and psychotherapy. *Journal of Religion and Health*, **28**, 219-223.

Markova, I. & Berrios, G. (1992). The meaning of insight in clinical psychiatry. *British Journal of Psychiatry*, **160**, 850-860.

Martin, R. & Poland, E. (1980). *Learning to change: A self-management approach to adjustment*. New York: McGraw-Hill.

Mele, A. (1987). *Irrationality: An essay on akrasia, self-deception, and self-control*. New York: Oxford University Press.

Morris, W. & Reilly, N. (1987). Toward the self-regulation of mood: Theory and research. *Motivation and Emotion*, **11**, 215-249.

Moss, D. (1992). Cognitive therapy, phenomenology, and the struggle for meaning. *Journal of Phenomenological Psychology*, **23**, 87-102.

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

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.

Overholser, J. C. (1994). Elements of the Socratic method: III. Universal definitions. *Psychotherapy*, **31**, 286-293.

Overholser, J. C. (1995). Elements of the Socratic method: IV. Disavowal of knowledge. *Psychotherapy*, **32**, 283-292.

Parker, M. (1979). *Socrates: The wisest and most just?* London: Cambridge University Press.

Reale, G. (1987). *A history of ancient philosophy: I. From the origins to Socrates*. Albany: State University of New York.

Reinhold, M. (1964). *A simplified approach to Plato and Aristotle*. Great Neck, NY: Barron's Educational Series.

Rosenbaum, M. (1993). The three functions of self-control behaviour: Redressive, reformative, and experiential. *Work & Stress*, **7**, 33-46.

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

Santas, G. (1979). *Socrates: Philosophy in Plato's early dialogues*. Boston: Routledge.

Schmid, W. T. (1983). Socratic moderation and self-knowledge. *Journal of the History of Philosophy*, **21**, 339-348.

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

Silver, M., Sabini, J., & Miceli, M. (1989). On knowing self-deception. *Journal for the Theory of Social Behavior*, **19**, 213-227.

Stalley, R. (1986). The responsibility of Socrates. *Polis*, **6**, 2-30.

Stein, H. (1991). Adler and Socrates: Similarities and differences. *Individual Psychology*, **47**, 241-246.

Swann, W. & Read, S. (1981). Acquiring self-knowledge: The search for feedback that fits. *Journal of Personality and Social Psychology*, **41**, 1119-1128.

Tredennick, H. & Waterfield, R. (1990). *Xenophon: Conversations of Socrates*. New York: Penguin Books.

Versenyi, L. (1963). *Socratic humanism*. New Haven: Yale University Press.

Zimmerman, M. (1980). Socratic ignorance and authenticity. *Tulane Studies in Philosophy*, **29**, 133-150.