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ELEMENTS OF THE SOCRATIC METHOD: IV. DISAVOWAL OF KNOWLEDGE

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The Socratic method can be used in combination with most forms of psychotherapy. Previous reports have described the Socratic method as comprised of three basic elements: systematic questioning, inductive reasoning, and universal definitions. The present article describes a disavowal of knowledge as a general attitude that underlies the effective use of the Socratic method. Disavowal of knowledge refers to a tendency to view most information as comprised of tentative beliefs and personal opinions rather than objective facts. Disavowal of knowledge by the client reduces inadequately justified beliefs, stimulates a search for new information, and facilitates critical thinking by the client. Likewise, disavowal of knowledge by the therapist promotes intellectual modesty in sessions, ensures a genuine desire for learning by the therapist, and encourages collaborative empiricism throughout therapy. Each aspect is discussed as related to the use of the Socratic method in psychotherapy.

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The Socratic method is a type of dialogue that uses a series of questions to help people think through different problems and derive satisfactory solutions. The Socratic method plays an important role in many forms of psychotherapy; it is central to cognitive therapy developed by Aaron Beck (Beck & Emery, 1985; Beck, Rush, Shaw, & Emergy, 1979; Beck, Wright, Newman, & Liese, 1993) and rational-emotive therapy developed by Albert Ellis (Ellis, 1962, 1977). Psychodynamic approaches also incorporate aspects of the Socratic method (Rychlak, 1968; Stein, 1991). The Socratic method includes three basic elements: systematic questioning (Overholser, 1993*a*), inductive reasoning (Overholser, 1993*b*), and universal definitions (Overholser, 1994). In many cases, systematic questioning and inductive reasoning are used jointly to help the client derive a universal definition. A universal definition refers to the process of helping clients learn to see their problems from a broader perspective by defining relevant terms (e.g., success) in a manner that goes beyond the specifics of their current life circumstances.

In addition to these elements, the Socratic method also requires that the therapist maintain a general attitude involving a disavowal of knowledge, often referred to as Socratic ignorance. Ignorance occurs when people falsely believe they know things that they do not know (Taran, 1985). The disavowal of knowledge refers to the tendency to remain skeptical about what information is viewed as objective knowledge. It involves learning to accept that one typically lacks knowledge with absolute certainty, and instead views most cognitive processing as based on tentative beliefs and personal opinions.

There is considerable overlap among terms such as knowledge, beliefs, opinions, and ignorance. Knowledge refers to an understanding of information that has been strongly verified by objective evidence (Gambrill, 1993). Knowledge does not refer to the memorization of isolated pieces of information (Versenyi, 1963), but is

based on a general understanding of how things function. Many philosophers (e.g., Klein, 1981; Unger, 1975) believe knowledge requires absolute certainty that the information is true. However, this is difficult because there is usually additional evidence the client does not have and that could possibly refute the claim (Swain, 1978). Thus, whereas knowledge refers to information that has been well justified, beliefs are typically unsupported claims that may be accurate or inaccurate. Opinions are even less objective because they can be accepted without effort or evidence. Although beliefs can be shown to be true or false, opinions refer to personal preferences and thus cannot be proven true (Gambrill, 1993). A Socratic dialogue often reveals that many instances of supposed knowledge are merely beliefs or opinions (Lesher, 1987; Taran, 1985).

The disavowal of knowledge can play an important role in the general attitude held by the therapist, and it can be beneficial to cultivate in the client. The disavowal of knowledge encourages both therapist and client to remain open to new experiences, helping them learn about the etiology, variability, and modification of maladaptive behaviors. Therefore, the disavowal of knowledge emphasizes learning as central to the therapeutic process. The disavowal of knowledge underlies the effective use of the other elements of the Socratic method. This disavowal of knowledge is compatible with contemporary cognitive therapy but has not been previously discussed in the literature as it relates to the use of the Socratic method in psychotherapy.

Traditionally, many proponents of cognitive therapy have described attitudes held by the therapist that appear to conflict with a disavowal of knowledge by the therapist. For example, cognitive therapy has been described as involving an active, directive, structured approach (Harrison & Beck, 1982) in which the therapist serves as an expert guide (Beck et al., 1979). Cognitive therapy has been described as a process conducted by the therapist who formulates the treatment plan and devises the strategy and objectives of therapy, and coaches the patient to make specific changes (Beck, 1970; Bedrosian & Beck, 1980). Cognitive therapy endorses an educational model and the use of didactic presentations to re-educate the client (Beck & Emery, 1985; Kovacs, 1980). Only in more recent writings (Beck et al., 1993) has cognitive therapy begun to emphasize therapist modesty and a tendency to avoid the role of expert. Thus, many aspects of the Socratic method are compatible with recent approaches to cognitive therapy.

Although the Socratic method can be useful in promoting a self-guided discovery process, the therapist does not always emphasize a disavowal of knowledge. The therapist is not always a skeptic, but always remains cautious and modest. Also, the Socratic method is not appropriate for all clients. The Socratic method requires that clients are honest enough to say what they really believe, reasonable enough to admit their areas of ignorance, and brave enough to continue the exploration process (Seeskin, 1987). If these conditions are not met, the client may not be appropriate for a Socratic approach that encourages autonomy and self-exploration. For clients who have a clearly defined focal problem for which effective treatments are available, therapy may benefit from more directive, interpretive, or educational approaches. Also, clients who are reluctant to enter into a therapeutic relationship may feel rebuffed by a therapist who avoids taking a more directive stance. The Socratic method works best with intelligent, motivated clients who need assistance clarifying their problems, identifying potential solutions, and understanding themselves better. Many clients obtain more lasting benefits from the autonomy that is encouraged by the Socratic approach.

Disavowal of Knowledge by the Client

A basic goal of the Socratic method is to help clients begin their own rational, reflective search for knowledge through critical thinking (Versenyi, 1963). The client's disavowal of knowledge serves three purposes: it reduces the client's faith in unsupported beliefs, it stimulates a desire to learn, and it enhances the client's critical thinking abilities.

Reduce Client's Faith in Unsupported Beliefs

Many psychological problems are caused by unsupported beliefs that clients hold about themselves and their life events (Beck et al., 1979; Ellis & Dryden, 1987). When clients use (or imply) the phrase "I know . . .", the therapist should watch for potentially erroneous claims of knowledge. For example, a client may say "I know he won't like it," or "I know she'll be mad." Knowledge of future events is not possible. The therapist can explore the client's hopes, fears, and expectations surrounding possible future events. Clients can learn to view their expectations as rough estimates of the likelihood an event will occur (Kirsch, 1990). Likewise, memory of past

events may not provide an accurate basis for knowledge. Many past events are reinterpreted differently as people fill in gaps in their memory (Ross & McFarland, 1988).

When pushed for evidence to support their claims, many clients will admit they cannot support their beliefs with absolute certainty (Vlastos, 1985). The Socratic method can be used to help eliminate false beliefs (Popper, 1989) and prepare clients for learning by helping them to accept their areas of ignorance. However, the proper use of the Socratic method does not involve using questions to put clients on the defensive or humiliating clients into admitting their ignorance. Instead, the therapist helps clients see the limitations of any one view. Because it can be an unpleasant experience for clients to recognize their areas of bias, the Socratic method will fail unless it is laced with compassion (Guthrie, 1971). For example, an adult female client was feeling overworked and stressed. However, she was afraid to tell her boss she was struggling with the heavy work demands because she "knew" her boss would be disappointed in her and he would probably consider firing her. When she finally told her boss she was feeling overworked, he apologized, said how much he relied on her, probably too much, and began to distribute the work load more evenly across the other employees. Thus, this client initially reported a belief that was disruptive to her life. When she attempted to verify her belief, she found it was unsupported and she needed to re-evaluate her appraisal of the situation.

The therapist can help clients improve their ability to learn from experience. Some clients need to distance themselves from their view of events and become willing to examine the accuracy of their beliefs without being blocked by pride, fear, or hope (Schmid, 1983). For example, habits and emotions may tempt clients to accept their beliefs without evaluating them critically (Larrabee, 1945). The therapist can bring professional objectivity and emotional distance to a discussion of the client's problems, helping to increase the client's ability to evaluate the situation objectively (Beck et al., 1979). For example, an adult male client had difficulty keeping jobs. Despite having attended college for three years, he was often fired from menial positions due to disagreements with different supervisors. At his current job as a waiter, he had many difficulties with his boss, whom he described as irritable, picky, and critical of his workers. In therapy, the client was helped to see the situation at work from several different perspectives, including that of several coworkers and the boss himself. Also, to begin evaluating the role the client played in the negative interactions, he tried to observe his boss dealing with customers and coworkers. The client also tried shifting his view of the job to see it as an opportunity to learn new ways of dealing with people, especially difficult people. Over time, the client learned that his boss was best viewed as a particular type of person, a boss who pushed his workers by close inspection and criticism, not necessarily intending to pick on the client. Later, he ran into a previous boss while out shopping and the client was able to see this boss as a person, not as someone who was deliberately critical of the client. Thus, he had distanced himself from his feelings and was able to view these people more objectively. He began to view people differently, becoming more open to the role he played in various social interactions.

While attempting to challenge unsupported beliefs, the Socratic method may produce a temporary state of confusion when clients realize they have only beliefs and opinions instead of knowledge (Taran, 1985). Confusion often indicates the client is puzzled and ready to begin clarifying the confusion (Clarke, 1989). Then, the therapist can emphasize that the client has the ability to develop new perspectives for understanding and coping with the situation. It is often essential to eliminate an incorrect answer to more clearly see the correct answer. The Socratic dialogue can help clients reduce their reliance on unsupported beliefs (West & West, 1984). For example, a female college student described her childhood sexual abuse by her older brothers, but she took full responsibility for what happened. She blamed herself and was often depressed and withdrawn because of these events. It was important for her to realize that she was not to blame. She was too young to know it was wrong, too small to fight back, and too frightened to call for help. Thus, ignorance does not always imply a lack of information but may involve a misunderstanding or misattribution of events. After discussing these problems with her therapist, the client began to shift her views of what had happened and no longer accepted blame for these traumatic acts. The therapist helped the client see that her view of the events from her childhood did not correspond to her general views of justice and abuse and therefore needed to be changed.

Promote a Search for New Information

Many people display a confirmation bias whereby evidence supporting their beliefs is accepted and remembered, and evidence that is inconsistent with their beliefs is minimized or forgotten (Evans, 1989; Gambrill, 1990). Clients are likely to ignore, belittle, or avoid information that conflicts with their beliefs (Unger, 1975). When clients feel certain about something, they do not seriously consider any new information that conflicts with their views (Drengson, 1981; Navia, 1985; Taran, 1985) and their beliefs will not be changed by any new information, evidence, or experience (Unger, 1975). Thus, becoming aware of one's ignorance is often necessary to stimulate a desire to learn (Ballard, 1965; Benson, 1990). After clients have acknowledged areas of unsupported beliefs, they should become more motivated to search for new information (Benson, 1989; Drengson, 1981). Clients must shed their prejudices and assumptions in order to be open to new ideas (Zimmerman, 1980). For example, a depressed female client was upset with herself after making a mistake on her job. In session, she accepted full responsibility for the error and feared she might lose her job because of it. However, when discussing the situation it became clear to her that the mistake was not completely her fault: she was only one person along a sequence of seven coworkers who should have caught the error. Because she worked in the legal system, the therapist used an analogy that her jury was biased to convict her. Even though the evidence suggested she played a minor role (she had failed to catch a mistake made by a coworker), she was "pleading guilty" to a crime she did not commit. She was looking only at evidence that showed her error and ignored information that suggested others were at fault as well.

Clients may be biased if they view their problems from only one perspective. In most situations, it is useful to see a problem from several different vantage points. For example, an adult male client complained of chronic marital problems. He had dealt with the marital issues by disengaging from his wife and having an affair with a younger woman. He rationalized that he was not exactly cheating on his wife because he was no longer interested in having a sexual relationship with her. Thus, he believed the affair had little or no effect on his marriage because the sexuality was already gone from his relationship with his wife. It became important in therapy for him to realize that if he continued the affair, it would be detrimental to his marriage. The affair reduced his need and his desire to find his wife sexually attractive, making it easier for him to disengage from her. To help salvage his marriage, one strategy in therapy involved shifting his focus onto ways to improve his marital relationship and sexual attraction towards his wife. The therapist used questions to help the client see his marital problems differently, though not necessarily the same as the therapist's views. For example, the therapist asked the client to examine the client's assertive way of dealing with stress at work as compared to the way he typically withdraws and gives up when confronted with problems with his wife. In addition, the client was asked to define what he meant by "a good marriage" and then was asked to rate his relationship with both his wife and his mistress on the various dimensions he identified. He was also asked to evaluate his relationship with both his wife and his mistress from different perspectives (e.g., in the bedroom versus at a family reunion) and different time frames (e.g., now versus 20 years from now). These strategies helped him to evaluate how much sexuality colored his view of the quality of a marriage.

Both the client's views and the therapist's views should be treated as hypotheses to be examined (Kirsch, 1990). When presented with different views, clients may be forced to defend or change their beliefs. A comparison of competing views can help reduce false beliefs (Popper, 1979). Instead of assuming the therapist's view is correct, it is best to assume there will be limitations to the client's view, and by helping the client see these limitations, the client can learn to see life from a broader and more balanced perspective. The goal is not to invalidate the client's beliefs but to expand the client's views (Efran, Lukens, & Lukens, 1990).

Enhance Critical Thinking Skills

One goal of the Socratic method is to replace maladaptive beliefs with less biased, more justified beliefs. However, it is more important to help clients understand why some beliefs are unjustified and how to change them (Seeskin, 1987). Clients can learn to evaluate the degree of justification supporting their own beliefs (Mahoney, 1974). Justification refers to the evidence supporting a person's beliefs as well as the evidence

refuting competing hypotheses (Swain, 1978). Clients may feel certain about a belief even though their evidence is inadequate or inconsistent (Klein, 1981). It is not important how strongly a client holds a belief but whether the client has adequate evidence to justify a belief (Klein, 1981). Because subjective feelings of conviction are inadequate for justifying beliefs (Popper, 1968), the Socratic method can help clients identify which beliefs are inadequately supported. The evidence used to justify claims can vary from worthless to conclusive (Pappas & Swain, 1978). The client's degree of conviction behind a belief should be evaluated according to the type of evidence, the amount of evidence, and the logical coherence of the belief.

Different types of evidence can be based on direct and indirect observation of relevant events. Direct observation is based on firsthand experience with the information. Indirect observation occurs when another person tells the client about something that happened. Although beliefs can be based on information told by another person, knowledge typically requires firsthand experience (Burger, 1981; White, 1976). Even when told something by an expert, such secondhand information is hearsay. Clients are less likely to understand, remember, value, or use information that has been obtained by passively listening to another person. Instead, the active search process brings the information to life. Thus, specific activities can be conducted to examine empirically the evidence supporting different beliefs. A central aspect of the Socratic method involves helping clients to discover for themselves the answers to their questions, learning from their direct personal experiences.

Amount of evidence refers to the quantity and diversity of supporting evidence. Even when a client has evidence supporting a belief, there may be additional evidence the person had not considered that could overturn the belief (Swain, 1978). Even scientific research has been later overturned and refuted. Thus, it is often helpful to ask clients, "What's another way of looking at this?" (Beck & Emery, 1985). Throughout this process clients learn to suspend their beliefs while considering different alternatives.

Logical coherence refers to the consistency of different interrelated beliefs. As the therapist points out inconsistencies in the client's attitudes, the client should begin to recognize areas of ignorance (Schmid, 1983). When a client's view is challenged by these inconsistencies, clients often begin to explore their perceptions and interpretations more fully (Rogers, 1951). For example, one client described himself as a failure. When asked to describe his definition of success, he mentioned climbing the corporate ladder, making at least $100,000 annual income, and being respected by his employees. The therapist asked: "Do you know many people that meet your criteria?"; "Can you think of anyone who meets your criteria but you wouldn't describe them as successful?"; "Why not?"; "Can you think of anyone who does not meet your criteria but still seems successful in what they do?"; "Why are they successful?" These questions were useful in helping the client see his life from a broader and more balanced perspective, reducing inconsistencies in his views of life goals.

The Socratic method can help clients reduce their faith in beliefs that are not adequately justified by increasing their skepticism. Particular skepticism involves doubting that a specific piece of information is true (Capaldi, 1969), which can help clients begin to question the assumptions they hold about themselves and their experiences. A skeptical attitude reduces the tendency to assume a particular choice is best simply because it has been done before (Brookfield, 1987). Instead, the accuracy of beliefs can be examined by comparing predictions with recent personal experiences in a variety of situations or with evidence from behavioral assignments designed to test the hypothesis (Capaldi, 1969). Therapist and client work together to examine the evidence supporting or refuting different beliefs. For example, a male client was depressed over his recent firing and sudden unemployment because he assumed he would be unemployed for a long time. When asked about some recent job possibilities, he stated "I know they won't hire me." With this pessimistic attitude, he was unlikely to apply for the job and therefore denied himself the opportunity to obtain contradictory information. When finally convinced to apply for a range of job opportunities, and eventually offered a job, he learned to not blindly accept his pessimistic beliefs.

Disavowal of Knowledge by the Therapist

The effective use of the Socratic method requires therapists to view their own beliefs as hypotheses to be tested, without assuming they fully understand the client's problems or know the

solutions to these problems. Although therapists occasionally provide information to their clients, therapist must maintain a tentative approach, viewing their own beliefs as hypotheses to be tested and remaining cautious in what they claim. Just as clients are expected to learn to set aside their biases and perconceptions in order to approach the problem with an open mind, the therapist must do the same. Without a disavowal of knowledge by the therapist, clients may feel ashamed or humiliated when forced to confront their own areas of ignorance. A disavowal of knowledge by the therapist involves three elements: intellectual modesty, a genuine desire for knowledge, and collaborative empiricism.

Intellectual Modesty

The Socratic method is based on an attitude of intellectual modesty (Guthrie, 1971). In no way does this imply the therapist is incompetent, unskilled, or ill-prepared to conduct therapy sessions in a professional manner. Instead, intellectual modesty emphasizes that therapists do not overestimate their skills or abilities (Ben-Ze'ev, 1993). Thus, the therapist may have beliefs and ideas for helping the client but never claims to have the solutions to the client's problems. The therapeutic alliance is based on equality whereby neither party assumes a superior role (Beck & Emery, 1985).

Intellectual modesty enhances the therapeutic relationship because the therapist avoids the role of expert. Thus, the therapist brings a method for examining thoughts and behaviors that can help both parties learn (Jacobson, 1989). The client is the expert regarding the problem, having firsthand knowledge of the details regarding the people and emotions that are involved in the problem. Furthermore, because the therapist never has direct access to the client's phenomenological experience, the therapist remains dependent on the client for descriptions of subjective, internal experiences. Effective therapy requires that these two areas of expertise (the therapist's professional theories and the client's phenomenological experience) are blended together.

To be effective, the therapist's modesty must be sincere (Driver, 1989). The attitude of modesty encourages therapists to use questions to gather information and move the conversation forward without assuming the therapist has a solution mind. The skilled use of questions can help the therapist gather information about the client's experiences and can enhance perceived empathy by ensuring that the therapist does not incorrectly assume what the client has said or meant. Therapists should not assume they understand what clients mean by a particular statement, and often should ask for clarification (Freeman, 1987). For example, when a client reported she was recently diagnosed with a chronic medical illness, a neophyte therapist asked if she was feeling sad. The client said no, it made her feel empty. Even minor incorrect assumptions made by the therapist, especially if left unchecked, can reduce perceived empathy and disrupt therapy. Therapist and client could begin working on different but overlapping issues and not end up focusing on the same concerns. Thus, therapists must make an effort to understand the client's unique phenomenological experience. It is important to listen to clients without letting the therapist's preconceived notions, beliefs, or expectations bias the flow of the discussion (Overholser, 1993*b*). It can be useful to admit one's lack of understanding and display the patience to seek what one does does not know.

Psychotherapy often involves a blending of several levels of inference. At the broadest level are general beliefs that influence a wide range of situations (Swain, 1981). Psychotherapy is based on the belief that clients are capable of making adaptive changes in their lives, and that talking about psychological problems can be effective in bringing about positive change. At an intermediate level are the different therapeutic orientations that may influence a therapist's tendency to focus on thoughts versus emotions versus behaviors, or recent versus past events. Finally, the specific level involves applying the theory from the other two levels to help a particular client. The therapist works with the client in planning the details of treatment, acknowledging that there are many facets of the client's life that only the client knows. Although the therapist brings a background in psychological principles, theories, and techniques to the therapy setting, the therapist remains unaware of most details surrounding the client's life situation, all of which are essential for the translation of a general theory into a specific application. Thus, the therapist must remember there are many possible ways of approaching any problem, and the therapist remains ignorant of how well a specific treatment strategy will work for a particular client.

The Socratic method places a heavy emphasis on client autonomy and self-exploration. When

the therapist observes aspects of the client's life, the Socratic therapist remains cautious about making interpretations, collaboratively yielding tentative hypotheses to be examined empirically. If not examined empirically, via behavioral assignments or a critical discussion to evaluate the supporting evidence, all interpretations and hypotheses will appear to be true (Goldman, 1988). Interpretations made by the therapist can have unintentional effects. If the client perceives the interpretation as accurate, therapy appears to be something that is done *to* the client, not *with* the client. Even when an interpretation is perceived as accurate, the therapist may be doing the cognitive work and the client may not learn how to identify patterns across behaviors and across situations. If the client perceives the interpretation as inaccurate, it can damage the therapeutic relationship and leave the client feeling misunderstood. Thus, the best insights come from the client, not the therapist. As much as possible, clients should be helped to arrive at their own interpretations (Levy, 1963). If derived by the therapist, the interpretation should be presented as a tentative hypothesis to be examined by the client for evidence that supports or refutes it.

Genuine Desire for Learning

Intellectual modesty lays the foundation for a desire to learn. A genuine desire for learning refers to an attitude in which the therapist enjoys learning about the client, the client's life experiences, and new ways to help people overcome their problems. The therapeutic stance shifts from neutrality to curiosity (Cecchin, 1992). In a similar way, Socrates viewed his students as associates (Taylor, 1953), partners in the search for knowledge (Guthrie, 1971; Vlastos, 1991). An important aspect of the Socratic method is the attitude that the therapist can learn alongside the client. It can be of great therapeutic benefit for clients to feel that their therapist is learning from the client's experiences (Flarsheim, 1975) and that their work in therapy is helpful to others who have similar problems.

A genuine desire for learning involves asking questions for which one does not know the answer. For example, when a client asks, "What should I do?", an overly directive therapist may ask, "Do you think X would work?". Although phrased in the form of a question, the therapist implies that X would work and the client should try it. It can be more helpful to respond with a series of genuine questions: "What do *you* think you should do?"; "What do you *want* to do?"; "How effective do you think that will be?"; "What else could you try?" Collaborative questioning can enhance the therapeutic relationship by helping the client feel accepted, respected, and valued as part of the therapeutic team. However, if the therapist asks a question while having an answer in mind, the client may perceive this as a manipulative attempt to force the client to agree with the predetermined answer (Overholser, 1993*a*). Further problems arise when clients try to provide answers they think the therapist wants instead of learning to think independently. The Socratic method is best viewed as a cooperative inquiry done in conversational format whereby two people work together to arrive at a solution instead of fighting to win an argument (Cornford, 1957). The therapist may have a general idea of the direction in which therapy should go, but the exact destination and specific routes are not predetermined.

Questions raised by the client can be turned back to the client: "What do *you* think it means?"; "What does it mean to *you*?"; "How does it make *you* feel?"; "What if *you* did nothing about it, what would happen?" However, it is important that this process is not used excessively or the client may feel the therapist is acting defensively. The process should reflect a genuine interest in learning about the client. For example, an adult male client handled job stress extremely well, but often encountered severe marital problems. A collaborative search was initiated by asking, "Is there anything we can learn from how you coped with stress on your job that could help you deal with some of the problems between you and your wife?" Specific problems on the job and with his wife were compared for similarities and differences. The client, an airline pilot, described a situation when the warning light for his rudders flickered from green to red. He "knew" the problem was not with the rudder on his wings but was due to a small wiring problem in the warning light. However, it led to a five-hour delay while airport maintenance checked the entire circuit. Meanwhile, he had to contend with numerous angry passengers. Throughout all of this, he remained calm and rational. In therapy, he was asked: "What did you do to stay calm?"; "How was that situation different from feeling aggravated when you have to wait 15 minutes for your wife to get ready to go out to dinner?"; "What

can we learn from the airplane problems that could help you cope in other situations?" Both therapist and client identified new coping strategies that could be transferred from one situation to another. The therapist limited his preconceptions to the basic assumption that something could be learned from the comparison, but not specifically what could be learned.

Collaborative Empiricism

Because the therapist does not have the solutions to the client's problems, therapist and client must join together in the search for potential solutions. Collaborative empiricism refers to the relationship between therapist and client during which different problems are examined and ideas are generated for new ways to approach problem situations. Then, these ideas are tested by changing one aspect of the client's behavior and observing its effects. Collaborative empiricism often involves having the therapist and client work together to investigate the type and amount of evidence supporting and opposing the client's beliefs (Beck et al., 1979). Clients can learn to treat their beliefs as hypotheses to be tested empirically (Beck et al., 1979; Kirsch, 1990). For example, one client had a tendency to misinterpret statements made by others, usually inferring that a derogatory comment had been made. One day, several water pipes broke, causing extensive water damage to her home. When the plumber arrived a week later, he commented "How can you live with such a mess?" She inferred that the plumber found her home dirty and disorganized, and she felt insulted by his remark. Normally she would have felt upset and quietly sulked for days. However, because she had discussed similar situations in therapy before, she had learned the importance of seeking information to clarify her beliefs. She was now able to ask the plumber what he meant by his comment. To her surprise, he clarified that he thought the water damage was extensive and felt sorry she had to wait so long before he was able to come over to fix it. The client learned to test her assumptions before reacting emotionally. This procedure of trial and elimination of error can help reveal which beliefs are erroneous (Popper, 1989).

In the Socratic method, the therapist is not passive but active and collaborative. The Socratic method encourages learning by doing. Learning is more powerful when information is obtained through firsthand experiences instead of through passive listening to others. Direct advice given by the therapist can have risks. If the advice is ineffective, the client may blame the therapist. If the advice leads to a successful resolution of the problem, the client may not have learned the skills necessary to solve similar problems in the future (Bernstein & Bernstein, 1985). Mutual collaboration encourages activity in passive clients and prevents reactive defiance in oppositional clients.

In the Socratic method, the client is not an opponent to be changed but a colleague in a mutual quest (Waterfield, 1987). In general, the therapeutic style involves a scientific approach, manipulating conditions to learn about behavior. As different conditions are changed, the therapist and client observe the effects in order to identify factors that exacerbate or alleviate the problem. This process of exploration is based on causal reasoning (Overholser, 1993*b*) whereby clients learn to identify possible causes of different problems. More importantly, clients can learn a new way of examining their problems and derive alternative ways of coping.

The Socratic therapist stops short of doing the work for the client. Instead of explaining why the therapist believes a particular problem seems to occur, it is better to explore the client's understanding of the problem by asking, "Does this make sense to you?" For example, in one session, a novice therapist asked her client, "Why do you get urges to overeat?" The client responded, "I don't know." The therapist then asked, "Could it be because you don't have much positive in your life now and you want something enjoyable?" Whether or not this interpretation was accurate, it was much too leading and reduced the collaborative exploration in therapy. It would have been more collaborative to ask a series of short questions such as, "How often do you get these urges?"; "Lately, have they changed in how frequently they occur?"; "When do they seem to happen most often?"; "Have you noticed things that trigger the urge to overeat?" If needed, more specific questions can be used to help guide the search process: "Do these urges happen when you see ads for food on television or in magazines?"; "What happens to the urges if you get good news or bad news?"; "Are they more likely to happen when you are in a good mood or a bad mood?"; "Are they more likely to happen when you are alone or with other people?" This series of questions involved the client in the process of exploration and reduced the interpretive stance that could

have made the client feel therapy was something done to a person.

When using the Socratic method, the therapist tries to help clients create their own new perspectives on their problems. If therapists push their interpretations, this may imply the therapist possesses superior judgment and can undermine clients' ability to trust their own perception and judgment (Lomas, 1987). The process of discovering for oneself relationships among events produces more insight than simply being told about them by someone else (Legrenzi, 1971). Asking a series of questions can help clients look to their own past experiences as a guide to current responding. If the therapist has ideas about the causes or consequences of the client's problems, it works best for the therapist to share the ideas so both therapist and client can move into unknown areas together. This displays respect for the client and the client's ability to work together with the therapist. Together, therapist and client can create new views and new approaches to the client's problematic situations (Anderson & Goolishian, 1992).

Although the therapist does not know the solutions to the client's problems, the therapist believes that the therapist and client can work together to find some helpful alternatives. This is analogous to helping a person assemble a jigsaw puzzle. The therapist's role is to make sure that all pieces of the puzzle get laid out on the table. If the client's elbow bumps some pieces onto the floor, the therapist helps get them back onto the table. If the client focuses on a jumble of pieces in an unproductive way, or attempts to force mismatched pieces together, the therapist may be able to point out where edge and corner pieces are likely to be found, but the client is the one who fits the pieces together. The client guides the change process while the therapist serves as a consultant (Mahoney, 1974).

Conclusions

The disavowal of knowledge by both therapist and client frees them of preconceptions and personal biases, allowing them to join together in the pursuit of knowledge. Both therapist and client allow themselves to remain open to new information, avoiding dogmatic preconceptions about the problems or possible solutions. When the therapist models the skepticism and willingness to search for answers, the client develops an attitude characterized by an openness to learning. The disavowal of knowledge can help clients break out of their habitual style of thinking and learn to see things from a different perspective. However, it is helpful to remember that neither therapist nor client can be totally objective because personal biases always influence our decisions (Polanyi, 1962). Objectivity becomes a matter of controlling the degree to which our decisions are influenced by tacit personal biases.

It is important that clients attempt to discover for themselves the possible solutions to their problems. Although their independent attempts may have been unsuccessful, the Socratic method provides a collaborative strategy to help clients search for new ideas. The disavowal of knowledge focuses more on the process than the content of psychotherapy. The therapist does not bring solutions to therapy, but methods for examining situations and solving problems collaboratively. Clients can learn to rely on beliefs that have been justified on the basis of careful examination rather than mere conjecture and speculation.

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