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ELEMENTS OF THE SOCRATIC METHOD: VI. PROMOTING VIRTUE IN EVERYDAY LIFE

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The Socratic method includes a systematic series of questions designed to help clients confront broad life issues, respect their lack of knowledge, and make philosophical changes in their approach to life. In some circumstances, the Socratic method focuses on helping clients explore aspects of virtue and vice as related to their current psychological problems. The Socratic method focuses on five cardinal virtues: wisdom, courage, moderation, justice, and piety. Each virtue is discussed as it pertains to contemporary psychotherapy. By evaluating virtues in general as well as specific terms, clients can make important shifts in their attitudes and behaviors.

The Socratic method can be a useful tool in psychotherapy. It is compatible with cognitive therapy (Beck, Rush, Shaw, & Emery, 1979; Beck, Wright, Newman, & Liese, 1993), rational-emotive therapy (Ellis, 1994; Ellis & Dryden, 1987), and psychodynamic therapy (Rychlak, 1968). The Socratic method uses systematic questioning and inductive reasoning to help clients generate universal definitions relevant to problems in their lives (Overholser, 1993a, 1993b, 1994). Universal definitions help clients focus on personal issues at a broad level of conceptualization (Overholser, 1994). Instead of addressing each specific problem as it arises, therapy can help clients identify general themes connecting a diverse array of life situations. Furthermore, the Socratic method relies on a general attitude of modesty and skepticism that inhibits dogmatic and directive approaches (Overholser, 1995). Thus, the therapist gently guides the dialogue but does not offer solutions to the client's problems. Instead, the Socratic dialogue emphasizes strategies for self-guidance and self-improvement in clients (Overholser, 1996). Previous reports on the elements of the Socratic method have described the processes used in therapy. The present manuscript focuses on content that can provide useful goals for therapy.

An important aspect of the Socratic method involves understanding virtue as it relates to the client's life. Virtue focuses on long-term issues, such as the good of one's moral character, whereas vice involves an emphasis on immediate, tangible satisfactions (Gerson, 1992). According to Socrates, misbehavior is due to ignorance about what is in our best interests in the long run (MacKenzie, 1981). Many deviant behaviors are guided by emotional reactions or appetitive drives (Irwin, 1977). Some clients display maladaptive behavior because they simply have not taken the time to consider seriously the broader issues of life, goals, values, and virtue. To be effective, clients need to change their daily behavior as well as their lasting intentions. It takes work, effort, and persistence to help clients promote their attitudes and daily behaviors toward virtue (Kekes, 1988).

Virtue includes noble intentions, specific actions, and the beneficial results of the actions (Dent, 1984). To be considered a virtue, the behavior must be performed deliberately and with

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knowledge of its likely consequences (Wallace, 1978). Simply focusing on observed behaviors may ignore a person's intentions (e.g., a rich person donating to the poor in order to obtain a tax deduction). Alternatively, intentions to harm another person can be damaging, even if never acted upon.

Different situations require different virtues (Despland, 1985). Socrates focused his discussions on five cardinal virtues: wisdom, courage, moderation, justice, and piety. The virtues are closely interrelated, so it is difficult to excel in one virtue while lacking others. Each virtue will be discussed in terms of its components, and clinical examples will be provided.

Wisdom

Wisdom does not refer to a specific body of knowledge (Godlovitch, 1981), but emphasizes a general reasoning ability used to make decisions based on limited or fallible information (Birren & Fisher, 1990). More important than finding clever solutions to practical problems, wisdom is based in moral knowledge and life goals. Wisdom includes understanding which acts are harmful to one's moral character (Prior, 1991), because according to the Socratic method, the most important thing is to live a life that is good and noble (Beckman, 1979). Technical knowledge (e.g., how to obtain financial gain or how to succeed in business) does not involve virtue (Vlastos, 1994) because such false pleasures have little lasting benefit. However, their immediate gains may distort the appraisal of their value (Hampton, 1990). Inappropriate behavior comes not from lacking the ability to achieve goals but having the wrong goals (Stalley, 1986). Money and power are not good or bad in themselves, but wisdom can guide them to be used for good or evil purposes (Vlastos, 1991). Wisdom involves the ability to see and work toward what is of lasting value in life (Maxwell, 1984).

Wisdom allows a person to display excellent insight, judgment, and advice about general life matters (Smith & Baltes, 1990). The wise person displays good judgment about important but uncertain aspects of life (Baltes & Smith, 1990). Wise individuals approach problems accepting that they may not know *how* to deal with a specific problem, but they remain convinced that they *can* deal with it. For example, an adult male who survived the crash of a private plane was adjusting to paraplegia. When he was asked about his emotional reactions to his injury, he initially felt shocked and saddened. Upon further reflection, however, he was able to appreciate the fact that he had confronted death and survived. More importantly, the client could see that he still had his family and friends, his personality, and his intelligence. Although he remained unsure about many aspects of his future, he felt content with himself and his abilities. Even though his life was changed in many ways, he was able to see the positive qualities that were still present. Therapeutic dialogue can help clients cultivate the skills needed to look into the heart of a recent upsetting event and be able to find its beneficial aspects. This client was able to see how his injury forced him to slow down his hectic lifestyle, appreciate simple qualities of life, and deeply value his friends and family.

An important aspect of wisdom is an appreciation of the limits of one's knowledge (Meacham, 1990). The systematic use of questions can help uncover areas of ignorance, and can help push clients toward a greater understanding of themselves and their problems (Overholser, 1993a). The client's answers are greatly influenced by the types of questions that are asked, however (Arlin, 1990). For example, an adult female client with chronic depression reported frequent difficulties getting along with friends and neighbors. She was a divorced mother of two children, and often argued with her ex-husband about custody and child support. Minor conflicts would upset her for days, causing strong, pervasive feelings of sadness, loneliness, anger, and resentment. She described a minor mishap in which she had refused an invitation to socialize with her elderly neighbor so she could spend the day cleaning her basement. In therapy, when she was asked, "Ten years from now, what difference will this make in your life?" the client could admit it was a minor concern. When asked to jump ahead 50 years and anticipate what her obituary would say, she first replied sarcastically, "She had a clean house." Upon reflection, she stated that she hoped it would say, "She had lots of friends and truly appreciated people." When she was asked, "When you are 99 years old and on your death bed, what do you want to say about your life?," the client said she wanted to see herself as "a good person." The therapist asked, "What does it take to be a good person?" The client said she wanted to say she had been a good parent, a good friend, and a good daughter. She began to focus on cultivating

these broad, positive qualities instead of letting herself get bogged down by minor disagreements with others. The persistent use of questions helped to guide the therapeutic dialogue by encouraging the client to shift her view of these events. For most clients, the cognitive shift occurs gradually over a number of sessions during which therapist and client confront issues related to virtue.

Wisdom is often oriented toward the optimal, long-range consequences instead of short-term gains (Birren & Fisher, 1990). Wisdom requires a proper perspective on life events, such as being able to differentiate something that is truly terrible from a minor inconvenience. For example, a depressed female client tended to become very upset over daily problems. After several months of therapy, she was able to reduce her emotional distress and greatly shift her perspective. One day while working at home, her clothes dryer started on fire. She became quite upset as she focused on the time and money needed to repair it. She quickly shifted her view, however, to appreciate that this event was an inconvenience, not a catastrophe. It could have become a catastrophe if it had happened when the family was asleep. She was even able to say, "It was good it happened" because she was home at the time and quickly identified the problem so it could be repaired without damage to person or property. The client was able to make this shift in perspective because of her experiences with several similar events over the previous months, such as dealing with damage to her porch roof, and finding her children safe with her ex-husband after panicking because they were not returned on time. Repeated examples from the client's daily life provide many opportunities for therapeutic dialogue. Gradually, clients come to make the perspective shift without the active guidance by the therapist's questions.

Wisdom involves a mastery of reason over emotion so that the client's decisions are not overly influenced by emotions (Birren & Fisher, 1990), impulses, or appetites (Godlovitch, 1981). For example, an adult male client was discussing his frequent anger and irritability over minor events. After several months of therapy, he began to see progress in his ability to distance himself from minor daily hassles and evaluate his emotional response from a broader perspective. He worked as a pilot, and during one session, he reported that he was almost in a plane crash, barely escaping without collision. He then spent 4 days recording the details of the events to be reported to his superiors. Unfortunately, after writing extensively about the events, he lost all of his notes. He was extremely upset over losing his notes and frustrated by the wasted time. In therapy he was asked a series of questions regarding what lasting damages he had suffered and what he had learned from his experiences. He was able to stop his negative emotional reaction by saying, "This is silly. I am more upset over losing the notes than I was over almost losing my life in a crash." Wisdom allowed him to see the bigger issues hidden behind the minor nuisances. He had learned to step back from the trivial problem (losing his notes) and focus on the important issue (nearly dying).

Wisdom is the only virtue that is good in itself (Brickhouse & Smith, 1987). All other virtues require wisdom of morality to guide them (Devereux, 1977). Such things as wealth, power, and fame can be used for good or evil purposes. Even courage and piety can be used destructively if separated from wisdom. Thus, all virtues involve wisdom (Brickhouse & Smith, 1994).

Courage

Courage involves (a) a situation that poses a risk of harm, (b) a rational desire to leave or avoid a dangerous situation, (c) wisdom to determine what is best in the long run, and (d) strength of will to suppress negative emotions in order to endure a difficult situation (Schmid, 1992). Thus, courage includes boldness, wisdom, and volition (Devereux, 1977).

Courageous behavior can be seen in situations that are risky, difficult, or dangerous (Rorty, 1986). Courage has been traditionally portrayed in behavior on the battlefield, but a soldier may be brave in battle while lacking courage in other areas (Gericke, 1994). Courage also occurs when dealing with emotions, sickness, loss, and death (Santas, 1971; Schmid, 1992). The courageous person may risk suffering physical injury, financial loss, or social alienation. Most people fear poverty, injury, and death, whereas Socrates viewed damage to one's moral character as the only danger to be genuinely feared (Seeskin, 1976). Courage is based on knowledge of long-range goals instead of fleeting pains and pleasures (Duncan, 1978).

Courage does not imply a lack of fear but wisdom (Versenyi, 1963) in the form of knowledge of good and evil (Seeskin, 1976). The courageous

person knows when it is important to risk harm (Penner, 1992). In contrast, cowardice is based on ignorance of what is truly dangerous, giving excessive weight to danger to the body instead of to the soul (Wallace, 1978). Courageous acts should be oriented toward important and valuable goals (Seeskin, 1976; Wallace, 1978). Taking unnecessary risks simply to prove one's courage is foolishness (Santas, 1971). Behavior may appear courageous but really be foolhardy if lacking wisdom (Irwin, 1995; MacKenzie, 1981) and a worthy goal (Schmid, 1992).

Courage is based on the proper beliefs about what should be feared and the strength to act on one's beliefs even when confronted with fear, temptation, or coercion to behave differently (Annas, 1981). Courage implies boldness of action and a willingness to risk personal injury or loss in order to obtain a greater good. Courage requires the self-control to pursue one's goals without being deterred by fears or danger (Dent, 1981; Devereux, 1977). Courage requires the determination to stand up for the rights of oneself and others even in the face of danger (Irwin, 1995). For example, an adult female client had experienced sexual harassment on the job. After several months of negotiating for a new position to work with a different supervisor, she was ready to drop all allegations. In therapy, however, she discussed the different concerns in light of attempting to protect herself versus correcting a bad situation. She realized the importance of protecting not only herself but also protecting others who would encounter this deviant supervisor. She decided to pursue legal charges against the supervisor despite the social pressure to "let it go."

Courage is displayed when a person has the option to avoid danger but chooses not to (Wallace, 1978). Volition is an essential component of courage because a dangerous act is not truly courageous if it is performed due to external pressure (Schmid, 1992), social conformity, or fear of dishonor (Lycos, 1987). Virtuous behavior is not determined by the demands of authorities, individual preferences, or social consensus (Despland, 1985). Courage requires rational views that help the individual transcend social, political, religious, or superstitious customs (Schmid, 1992). The person must be willing to confront a physical injury, social alienation, or financial loss in order to do what is right.

It can be useful to cultivate courage in clients during therapy. For example, an adult male client with obsessive-compulsive disorder had many problems stemming from the need to repeat certain acts. If he walked through a doorway, drove his car, or placed something down on a table and it did not feel "just right," he would repeat the act until it felt better. Sometimes this repeating could take hours. The client admitted he had the superstitious belief that, unless it "felt right," he would suffer from bad luck or his health would suddenly deteriorate. He was unwilling to change his behavior for fear his superstition would come true. Therapy discussions helped the client evaluate his fears, realize there was little danger involved, and develop a new perspective regarding the trivial nature of the potential harm involved in these situations. Over the course of therapy, he was able to develop the courage to challenge his superstitions and slowly eliminate his repeating rituals. When he was asked what he would lose if he let the obsessive-compulsive disorder rule his life, he gradually realized that he needed to confront his fears and reduce his avoidance. He realized that he needed to fight off his urges and tolerate discomfort in order to regain personal control over his life. He developed an attitude that helped him take on a challenge, which greatly helped him overcome his compulsive rituals. He was able to see these anxiety-provoking situations as trifling and insignificant. He had gained a better view of his life and his goals. He developed the courage to be himself (Tillich, 1952), and could accept himself as an imperfect human being (Brouwers & Wiggum, 1993).

Moderation

Moderation involves rational choices over temptation and pleasure (Schmid, 1992). A client can demonstrate moderation when several possible options are available and the client chooses the behavior that (a) allows some gratification of desires, (b) is most beneficial to self and others in the long run, (c) is perceived as beneficial for other people in a similar situation, and (d) is the action that a wise person would recommend (Hughen, 1982). Moderation includes self-control, proper desires, and a priority of reason over desire.

Moderation refers to retaining rational control over one's pleasures and appetites (Brickhouse & Smith, 1994), but people sometimes display excess in their emotions, attitudes, and behaviors. The self-indulgent person pursues easily obtained temptations (e.g., eating, drinking, and sexual

pleasures) to an excessive degree (Wallace, 1978). For most people, desires can become limitless (Kaplan, 1977). Appetites and primitive desires become insatiable in the intemperate person (MacKenzie, 1981), and when carried to excess, can result in physical or mental illness (Hughen, 1982). The excessive indulgence of bodily appetites can lead to obesity, alcoholism, and sexual deviation. When clients become accustomed to satisfying their appetites, the strength of their desires increases (Dent, 1975).

Moderation includes an awareness of one's limitations and weaknesses, making the individual more modest, gentle, and restrained (Crombie, 1962). Moderation can help soften emotions so they become more gentle (Wilson, 1984). For example, a chronically depressed male client, who worked as a professional musician, found that his high standards and self-critical style often triggered feelings of anxiety, depression, and insecurity. During therapy, he was helped to see how he based his self-esteem on his musical performance. When his practice or recital was flawless, he felt good about himself. Whenever he made mistakes in his music, he felt worthless as a person. In therapy, he was asked how important it would be for him to practice 2 hours and make only one mistake. When he admitted that one mistake was inconsequential, he was asked about the implications of two mistakes, then three, four, and a dozen mistakes. He felt mistakes meant he needed more practice. The therapist asked him how he should perform if he practiced 1, 2, 3, . . . 12 hours each day. Then, he was asked to estimate his self-esteem and quality of life if he practiced flawlessly 8–10 hours each day. By carrying these issues out to ludicrous extremes, the client was able to see his excessive focus on perfectionism. Subsequent discussions helped him to see his tendency to overemphasize musical skills had caused a relative neglect of other areas of his life. He reevaluated his long-term priorities and began working to improve his relationships with friends and family members.

Moderation involves mastery over one's own pleasures and desires (Curzer, 1991). A client's desires, appetites, and motivations should be controlled (Robinson, 1995) and guided by knowledge and reason (Annas, 1981). Happiness does not mean satisfying all desires and aspirations, but taming one's desire to match one's circumstances. The person's emotions and appetites should be indulged only to the extent that their satisfaction is in the best interests of the person (Crombie, 1962). For example, an adult male client reported deviant sexual habits that involved exposing his genitals and sometimes masturbating in front of young adult females. He sought help to control these urges. In therapy, he was asked a variety of questions to shift his view from the immediate gratification to the subsequent consequences: What would happen if your wife knew about these behaviors? How would you feel if your son did the same things? In this age of hidden video cameras, how would you feel if someone taped you during these acts? What would happen if the tape ended up on television? What if you wrote down a description of your adventures and we mailed it to your wife? The client reported sudden strong feelings of panic, guilt, and a fear that he would lose his wife. The client found these questions helpful in suppressing his deviant urges and refocusing his energies on his relationship with his wife and son. Additional therapeutic dialogue focused more on cultivating internal constraints, so that when he felt guilty or ashamed of a deviant act, these negative emotions should provide sufficient impetus for discontinuing the behavior.

Moderation involves a general ability of self-control and reduces the overindulgence in easy pleasures (Irwin, 1995). Even good things (e.g., work, exercise, leisure time) may become harmful if done to excess (MacKenzie, 1981). Moderation requires avoiding excessive behavior (Annas, 1981) and striving for a healthy and balanced lifestyle. For example, one female client displayed workaholic tendencies. She was often depressed because her daily life was filled with work, chores, and details. She had little time for her family, friends, or relaxing leisure activities. She typically worked longer hours than her coworkers and held very high standards for herself. She was able to see that minor events (e.g., completing a report 1 day late) caused major shifts in her moods (e.g., depression for several days) and her attitudes (e.g., severe self-criticism). In therapy, much of the discussion focused on obtaining a balance across different areas of her life. Common events throughout her week were used as examples to explore the advantages and disadvantages of her high standards. She was helped to see that excelling in one area (her job) implied she was probably neglecting other areas of her life (her family and social life). Therapeutic discussions viewed balance and moderation as an

ideal, better than an unrealistic view toward perfection.

Virtuous behavior is oriented toward long-range pleasures that bring happiness not just while one is experiencing the act (such as physical pleasures) but pleasure and worth for their own sake (Trianosky, 1988). Many people can benefit from a view that emphasizes long-term satisfaction (Ellis, 1994; Ellis & Dryden, 1987), guiding one's behavior toward goals of lasting benefit. Greed, gluttony, and other forms of excess should be avoided. The goal is not to eliminate or frustrate one's appetites, but to redirect them towards lasting satisfactions, such as love, friendship, and virtue (Brickhouse & Smith, 1994). For example, one male client had difficulties with self-control. Whenever he would become upset over interpersonal problems, he would respond with severe bouts of depression, excessive eating, or sexual acting out. He lacked an ability to moderate his emotions or his behavior. In therapy, the client was asked to self-monitor the frequency of various maladaptive activities. The self-monitoring helped him to see the pattern of excess that he displayed in various situations. Then, he was asked to monitor (a) the impulse to engage in the deviant acts, (b) the time the impulse occurred, and (c) the precipitating events. In session, he was asked to anticipate the positive and negative consequences of his behavior, both for himself and others, in the near and distant future. Slowly, he learned to express his emotions in more constructive ways, and was able to reduce his reliance on less constructive outlets. The impulsive spending was the easiest urge to learn to control. Then, strategies that helped curtail the impulsive spending were applied to other forms of impulse control. As he learned to control his primitive desires, he was able to display moderation in most areas of his life. His emotional problems became less intense, less frequent, and less disruptive, and he began moving toward his long-term goals of stability in job and relationships. The notion of balance was emphasized. The client, however, typically viewed his need for balance as being similar to a high wire acrobat about to fall. Thus, it became important to emphasize balance in terms of walking; it is easy to recover if knocked off balance.

Justice

Justice refers to making reasonable decisions that are fair to all parties involved. Justice includes honesty, integrity, impartial decision-making, creative problem-solving, fairness, and a view to the good of society. Also, justice includes aspects of wisdom, courage, and moderation (Irwin, 1995). Justice is necessary in order for people to live together in society (Rawls, 1971). Justice promotes friendship, harmony, and social cohesion (Lycos, 1987). Justice must take into account the welfare of the group, the number of individuals affected by a decision, equality among people, and attempts to promote the greatest good for most people (Fishkin, 1992).

Justice involves being honest with self and others, even when an honest response could harm the client (Wallace, 1978). Justice implies impartial decision-making, suppressing one's personal interests from influencing the situation (Annas, 1981). The just person does not make special allowances for oneself, does not make exceptions to general rules, does not take advantage of one's position, and treats all people alike when in a position of power (Pincoffs, 1986). Justice does not mean blindly following the established laws, or behaving according to majority rule. The just person is not influenced by bribes, threats, or coercive pressure. Thus, justice helps people make decisions that are justifiable to all instead of enforceable by the strongest power (Reiman, 1990). Behaving justly requires an individual to set aside personal interests and behave in a way that helps others while sometimes bringing negative consequences to oneself (Annas, 1981).

Justice requires wisdom and creative problem-solving. Clients may need to learn creative ways of approaching interpersonal conflict. For example, a female client was frequently upset over her difficulties with her father-in-law. During family gatherings, she often felt ignored, slighted, or ridiculed. During therapy, she was helped to understand family interactions from her father-in-law's perspective and was able to see the humor of many misunderstandings. She experimented with several novel ways of engaging her father-in-law in friendly conversation. More importantly, she was able to understand family gatherings as experienced by her father-in-law. She developed a better perspective for knowing when to forgive, forget, or ignore an interpersonal conflict versus the need to speak up or fight back. Thus, justice includes wisdom for discriminating petty grievances from major life problems.

Forgiveness plays a central role in justice. When clients return a wrong after they have been

wronged, they exhibit revenge, not justice (Vlastos, 1991). According to Socrates, it is never acceptable to deliberately injure another person or return an injury suffered (Allen, 1984; Vlastos, 1991). If the client's behavior will harm another person, no other positive consequence can compensate for the harm it does to the client's moral character (Brickhouse & Smith, 1994; Vlastos, 1991). For example, a male client described numerous minor physical altercations while playing soccer with friends. He interpreted remarks and gestures made by the opposing goalie as an insult to his manhood. He enjoyed telling stories of revenge, deliberately injuring opposing players because of minor comments made on the field. He focused on the enjoyment he felt when assaulting other players, feeling strong and powerful. He believed his acts were justified and legal, as long as he did not get caught by the referees. He failed to see the damage to himself and others, and lost sight of the friendly aspects of the game.

Piety

Piety involves behaving according to the wishes of God (McPherran, 1985; Weiss, 1994) in an attempt to benefit other people (Vlastos, 1989, 1991). Piety is based on attempts to always do one's best and therefore develop the greatest possible excellence in one's soul (Morgan, 1990). While some people only seek spiritual guidance for help with current problems or when seeking forgiveness for past events, piety involves a sincere conviction to help self and others become closer to God while striving to display holiness through daily actions. Piety involves using God as an ideal on which to model one's behavior (Kachi, 1983). Piety includes faith, generosity, and compassion for others.

Attempting to cultivate piety in therapy can be complicated. The therapist must respect the client's religious background while helping to explore and clarify the client's spiritual beliefs. Although many therapists avoid discussing religious issues in psychotherapy, piety is based on spiritual faith, the belief that God exists and plays an important role in human lives. Piety includes a view that death is not the end of our existence, but a transformation. It can be helpful to ask clients a series of questions to elucidate the client's spiritual faith. Relevant questions include Do you believe in an afterlife? What do you think your afterlife will be like? Do you think that your behavior on earth determines the quality of your existence after death? What does your current behavior imply will happen to you? When you are on your death bed and you look back over your life, how will you feel? Will you be ready for the transition into the next life? Questions like these can help clients reevaluate their attachment to material possessions and physical passions. For example, a depressed and pessimistic male client typically focused on his mistakes and failures. Minor misunderstandings were construed as major failures, and he tended to see his entire life as empty, devoid of meaning, and lacking in material success. He typically focused on the appraisal, "My life is terrible." In therapy, he was asked to list any positive qualities in his life. He was able to value his strained relationship with his daughter, and despite problems with his supervisor, he could see the benefits of his job. He also stated that "things could be worse." As an assignment between sessions, the client was asked to notice times he felt upset about daily hassles, and to remind himself that "things could be worse." The next session, the client reported that this phrasing shifted his view to other problems that could potentially happen to him, making him feel even more distraught. The client reported that the phrasing "I'm thankful for what I've got" helped reduce his depression and shift his focus. In addition, the attitude of thankfulness generated a renewed interest in spiritual matters that helped him tolerate ongoing stressors and helped alleviate his depression.

Compassion and generosity are key features of piety. Compassion includes a genuine concern for the welfare of others, their feelings, and their happiness (Trianosky, 1987). The compassionate person is genuinely happy for the well-being of others, perceiving positive outcomes for others as beneficial to society. Generosity involves not being selfish or greedy, but giving to others based on their need instead of your surplus. For example, a shy female with chronic depression tended to be critical of herself and others. When therapy sessions focused on using her spare time to help others, she soon developed a more positive attitude toward people. She set aside some of her pettiness and began to appreciate the daily struggles encountered by friends and neighbors.

According to Socrates, the ultimate goal of life is improvement of our soul (Cushman, 1978). Thus, people should care more about their souls than their bodies (Legomsky-Abel, 1989). Socrates viewed moral goodness as analogous to health

of the soul and evil as disease (Kekes, 1988). It is more important for a person to focus on protecting and improving his or her moral character than to become invested in material things (Annas, 1981). According to Socrates, the greatest harm is harm to a person's soul (Brickhouse & Smith, 1991) and only the client can bring harm to his or her own soul. Nothing in the external environment can damage one's soul (Brickhouse & Smith, 1994). Alternatively, happiness comes from what a client does to oneself, regardless of what others may say or do to the client (Annas, 1981).

Conclusions

The Socratic method uses a therapeutic dialogue to promote a broad view of people and life goals. Through this dialectic process, clients can clarify their understanding of the virtues and evaluate their own behavior in terms of virtue and vice. When therapist and client focus on wisdom of the good in life, many of the problems people confront become insignificant and less troubling. Therapy can cultivate a new perspective, moving from a focus on recent problems or current symptoms, and beginning to confront broad issues of morality and virtues. Even with the most difficult clients, the therapist can consider "Where is the goodness in this person and how can I help it grow?"

The therapist may help clients attempt to define the virtues in general terms by examining a series of specific applications. The dialogue does not intend to derive a final definition of the virtues. Discussions with Socrates rarely produced clear definitions of the virtues, but this was acceptable because the process of exploring these issues is more important than providing others with absolute definitions (Anderson, 1967). It can be useful to listen to clients and identify inconsistencies between the clients' stated values and actual behaviors. Thus, many people will say they honor virtue while doing little to demonstrate virtuous behavior in their daily lives (Cushman, 1978). Virtues need to be lived through daily events so clients can understand them in light of their own life experiences (Kohak, 1960). The therapist is not a moral proselytizer but helps clients sort through their own life goals and values. When using the Socratic method the therapist does not have the answers, but has questions that can facilitate a collaborative exploration. According to Socrates, virtues cannot be taught through traditional teaching methods, but they can be learned through action and discovery (Brumbaugh, 1975). The dialogue helps promote a process of searching for information and definitions (Seeskin, 1987) and encourages clients to question their attitudes and values (Annas, 1981). In therapy the client's views of virtues can be made explicit so they can be challenged and revised. The dialogue helps keep the client's views of the virtues open to change and growth (Kohak, 1960). In addition, clients benefit when they can view their stressors, conflicts, mistakes, and failures as opportunities to develop, test, and exercise their moral character.

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