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Action, Dialogue & Discovery: Reflections on Socratic Questioning 25 Years Later

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Just over 25 years ago I gave my first invited address at the European Association for Cognitive and Behavioural Therapies annual meeting in London. It was titled *Socratic Questioning: Changing Minds or Guiding Discovery?* (Padesky, 1993). I asked Melanie Fennell to introduce me today in memory of her kindness on that day. I was so nervous before the 1993 talk. Melanie saw me on the sidewalk outside the hall and offered me comforting words, "Just look in the front rows and you will see all sorts of friends who wish you well." Today I'm pleased she is on the stage with me and I'm grateful for her many years of friendship and kind words of introduction here. When I look out across this hall, I see so many friends and colleagues whose work I admire. Your warm welcome puts me at ease and I feel excited rather than nervous to speak with you.

I want to give special thanks and acknowledgment to Kathleen Mooney who helped design and shape this talk as well as co-developing so many of the ideas in it. My entire career would have been much less productive without her creativity, sophisticated clinical knowledge, and behind the scenes support to make me look and sound my best. Thank you, Kathleen.

The reason I was so nervous speaking about Socratic questioning in London in 1993 was that it seemed my talk was based on two very simple ideas. First, at that time many cognitive therapists were teaching Socratic questioning as a way to "change minds." I believed that the purpose of Socratic questioning should be to guide discovery, not change client's minds. Second, I thought it would be easier for therapists to learn to use Socratic questioning if there was a model for how to do it. I proposed that good Socratic questioning did not involve just asking good questions. Instead, I identified four important stages to the process:

(1) Informational questions

(2) Empathic listening

(3) Summaries

(4) Analytical/synthesizing questions

As I paced before giving my talk in London, I worried these ideas were too simple for an invited address at such an important conference. However, over the past decades, that presentation has proven to be one of my most downloaded and cited papers. So it seems these simple ideas were helpful to many therapists.

I continue to think deeply about Socratic processes, especially as Helen Kennerley and I complete the writing for the final chapters of a book we are editing on this topic for Oxford University Press that we expect to be published in 2021 (Padesky & Kennerley, manuscript in progress). Today I'm going to talk with you about my own evolution in thinking about these ideas over the past 25 years. I'll also tell you about recent research that is beginning to provide an empirical foundation for some of them.

The first change I made to my model came shortly after my 1993 talk. I began calling it Socratic Dialogue instead of Socratic questioning in order to capture the collaborative nature of these processes. In these early years I realized I held an implicit bias that this work was conversational. I envisioned two people sitting in chairs as talking heads, only deviating from a conversational style to write summaries and lean in and look at what was discussed. Over the past decades this model has shifted and, in recent years, I have developed workshops titled, "Action-Packed CBT: More Walk, Less Talk" to highlight my current explicit bias that Socratic Dialogue is best when it is part of action-based learning experiences in session.

Action-Packed CBT

Why do I think action-based learning is important? When therapist and client shift from pure verbal discussions to action learning, client engagement increases. There are opportunities to elicit here and now data which can make discoveries more memorable. For example, compare your own experiences reading about Berlin in guidebooks versus your active experiences this week in Berlin walking its streets and riding its buses. Which is more

memorable? We want to do everything possible in psychotherapy to make learning that occurs memorable.

There can be a lack of novelty in therapy when talking is the main intervention. Sometimes we go over and over the same material many times and begin to feel we are in a rut. Action-based interventions enliven sessions and create shared experiences for clients and therapists. Action-packed therapy gives us repeated opportunities to test out ideas and also try out new ideas and behaviors. In these ways, action-based learning exercises can begin change processes in the session and provide a platform for the client to continue them outside session.

There are four particular actions that I emphasize in my own CBT and teaching:

1. Interactive writing
2. Behavioral Experiments
3. Imagery
4. Role Plays

How and when do we use these each of these methods for action-packed learning?

Action #1, Interactive Writing

Typically, both therapists and clients take notes at times during CBT sessions. Therapists record clinical notes and clients keep their own therapy notes of things they want to remember or do in the upcoming weeks. Interactive writing refers to those times during sessions when therapists and clients are both writing or drawing collaboratively at the same time to generate a common record, conceptualization, or written summary. Whether done on a piece of paper, a whiteboard, or in a digital format, I recommend interactive writing occur every single session of therapy.

It is suitable in early sessions as part of building the therapy alliance and occurs when therapists write summaries of what the client has said and then show these to the client for the client to edit, circle, or add ideas. Early on, therapist and clients write or draw collaborative case conceptualizations (Kuyken, Padesky, & Dudley, 2009) and, throughout therapy, clients and therapists collaboratively write or draw summaries of key learning points, observations, and findings. CBT therapists use written exercises and worksheets to help clients develop their observational skills, learn to identify and test their automatic thoughts, and practice particular

mood-related skills. *Mind Over Mood, 2nd Ed* (Greenberger & Padesky, 2016) includes 60 skill building worksheets that can be reviewed in session and used as springboards for memorable discoveries.

Action #2, Behavioral Experiments

Often introduced as early as the first therapy session, behavioral experiments are also suitable throughout therapy (Bennett-Levy, et al., 2004). We use behavioral experiments as the main method for testing underlying assumptions and also to "test drive" new beliefs and behaviors (Mooney & Padesky, 2000; Padesky & Mooney, 2012). Behavioral experiments provide rich learning because they usually involve simultaneous activation of thoughts, moods, behaviors, and physiological responses. Depending on the circumstances surrounding their use, they can also activate cultural and environmental circumstances that can help learning generalize across many areas of a person's life.

Consider depressed clients who say they won't be able to do any activities because they just don't have the energy. Compare talking about this for 5 – 10 minutes versus doing a behavioral experiment in the session. For example, you could ask a client to rate their current energy level, 0 to 100. Then invite them to stand with you and walk to the side of your office where there is a poster on the wall. Look together at the poster and discuss its colors and what the client does and doesn't like about it. Then walk to a window and look outside and discuss what you see and hear. Smile. Model engagement and interest in these activities. Then, ask your client to rate their current energy level from 0 to 100. Whatever their experience, try to learn something from it using Socratic Dialogue. If their energy increased, this can lead to memorable learning that low energy can actually increase with activity. If their energy stayed the same, they can learn it is possible to do activities even with low energy. If their energy decreased, this can lead to explorations of what was going on that could explain this change (ruminative thinking? physical weakness?)

Action #3, Imagery

Use of imagery is a third type of action to emphasize in CBT that can be helpfully incorporated into every session. For example, prior to the end of sessions, consider routinely giving your clients a few minutes to vividly imagine doing their learning or practice assignments.

Imaginal practice of learning assignments can increase the likelihood that clients will carry out these activities (cf., Chan & Cameron, 2012). Imaginal practice also can help identify potential obstacles. When clients identify obstacles, ask your client, "How would you like to handle that this week?" and then allow silence while they consider their options. Giving your client the opportunity to envision strategies to work through obstacles increases the likelihood they will do so.

Imagery is often present in a wide variety of clinical disorders and can play an important role in their maintenance (Ji, Kavanaugh, Holmes, MacLeod, & Simplicio, 2019). I encourage therapists to identify images whenever possible and test these out using Socratic Dialogue. Both negative and positive imagery can also be integrated with other CBT interventions, such as Thought Records, to increase their emotional impact and meaning (Josefowitz, 2017).

Action #4, Role Plays

As our alliance with clients strengthens, we can include role plays in therapy as a fourth powerful type of action. Role plays can be used to elicit central beliefs and emotions, to develop and practice skills, try out new beliefs, and re-create interpersonal experiences. Using either an empty chair or two-chair technique, clients can identify and test out their assumptions and beliefs in ways that often elicit more emotion and memorable learning than a verbal conversation with the therapist is likely to create (Pugh, 2017).

Memorable learning is the key. I favor as much experiential work in CBT as possible because experiences are more memorable than words alone. Actions speak louder than words. Once we initiate these four types of actions in therapy with our clients, we can use Socratic Dialogue to deepen their learning from these experiences. Let's review the four stages of Socratic Dialogue and I will describe to you how these have been updated and expanded over the past 25 years.

Four Stages of Socratic Dialogue: An Evolution

1. Informational Questions

Imagine a client who says to you, "I looked so weird at the party." In 1993, Socratic Dialogue was focused on asking questions about that particular situation and the client's experiences in it:

Who was there? What did you say? How do you know you looked weird?

In 2019, I'd be likely to also create informational experiences to explore their thought:

Imagine how you looked. Show me. Let's take a photo with your phone. How close is this photo to your mental image?

We want to bring client concerns to life in the session to make whatever learning occurs more relevant and memorable.

2. Empathic Listening

In 1993, I suggested it was important to listen to what the client said and to what was not said. Thus, we might notice the person's description of looking weird at the party did not include external feedback that this was the case. This observation could prompt us to ask, "What did other people say about how you looked?" In 2019, we might role play the conversation in which the client thought they looked weird and video record our role play. Creating this experience makes it possible for us to combine empathic listening with active observation. Thus, if the client talks only about perceptions and internal sensations linked to "looking weird," I can empathize with how distressing this must feel and add an observation to prompt awareness and discussion of what might be missing, "I noticed you appeared nervous when we started the role play but you seemed less nervous after a few minutes. Does that match your experience? When we viewed the video, did you look as weird as you expected? How can we understand that?"

Another development over time has been on the focus of our listening. In 1993, I tended to listen to whatever seemed important. This was based solely on my clinical judgement and experience, both of which can be quite biased. Over the past few decades there has been tremendous progress in the development of evidence-based cognitive models for understanding what triggers and maintains a wide variety of human experiences, including

various moods and diagnoses. If a client is describing an issue for which there is a robust evidence-based model, we can now listen for the triggering circumstances, beliefs, behaviors, emotions, and physical reactions that these models predict will be present. When key features are missing, we can observe this and make inquiries to see if these missing parts are really absent or only out of the client's awareness.

Socratic Dialogue is the perfect way to extract learning from in-session experiences, especially when we listen with our eyes and ears, as well as our heart. When doing behavioral experiments or role plays, using imagery or interactive writing, we want to always remember to stay attuned to the person sitting or standing with us. Observe, hear, and empathize with their immediate emotional, cognitive, physical, and behavioral experiences. Reflect what we notice back to them in ways that are respectful, curious, supportive, and learning-focused.

3. Summaries

In my 1993 remarks I suggested that summaries were an essential part of what we were calling Socratic questioning and that these could be either oral or written. Now I would reverse that and say summaries can be written or oral and I strongly believe written summaries are best. Those of you who have attended my workshops know I am fond of saying, "If it isn't written down, it didn't happen." The most important therapy insights are likely to be forgotten 30 minutes after leaving a session if they are not written down. Written summaries are crucial if you want the learning that occurs in therapy to endure.

I am also now an advocate of becoming a "parrot" in constructing these summaries. When I first taught a counseling class as a graduate student in the 1970's, we taught counselors not to parrot but to paraphrase what a client said in order to deepen the discussion. If a client said, "I had a tough week," we might reflect back, "This week was challenging for you." Today I recommend therapists stop paraphrasing and be a "humble parrot:" only use clients' exact words, metaphors, and images in summaries. Being a humble parrot is being a good therapist.

Why is this? When a client says, "I had a tough week" and we reflect those exact words back, the client can stay in their own emotional and cognitive space and choose what to say next and what dimensions of their experience to expand and explore. When we reflect back different words, "It sounds like this week was challenging for you," the client needs to come out

of their current experience to process the meaning of what we said. *Was it challenging? Is that the right word? She used the word "challenging" -- does my therapist think I can't handle a tough week?* For this reason, being a humble parrot fosters truer client-centered CBT.

Use of a client's exact words is critically important in constructing written summaries. We want clients to look at a summary and say, "Yes, this was my experience. These are my ideas." In this way, they can take ownership of discoveries prompted by Socratic Dialogue. It is even better if important session summaries are written by the client in their own handwriting. Clients experience greater agency and ownership when they see their ideas written in their own handwriting. We experience greater emotional resonance to ideas written in our own style of writing or drawing. So, even when you as a therapist draft a summary as a discussion proceeds, stop at the end and give your client time to copy the summary in their own words and handwriting so they can put it in their therapy notebook. Even if that therapy notebook is digital, client generated phrasing and record keeping is the most meaningful.

4. Analytical / Synthesizing Questions

The importance of a written summary becomes even clearer in the final phase of Socratic Dialogue. Analytical and synthesizing questions ask clients to take the information gathered and consider how it fits or doesn't fit with beliefs, images or assumptions that are being tested. In 1993 I proposed two generic questions to ask in this stage:

What do you make of this? (analytical question)

How do these ideas fit with your original belief? (synthesizing question)

Without a written summary, clients often have a hard time knowing or remembering what ideas have been gathered in the preceding minutes of the session. When there is a written summary, clients can look at the information for as long as necessary to form an answer to those two questions.

When providing the types of action experiences I advocate today, the generic synthesizing question can be helpfully reworded as:

How do these ideas, observations, and experiences fit with your original belief?

We can be mindful to choose language that facilitates change. I now commonly ask these change-oriented questions in this fourth and final stage of Socratic Dialogue:

Which of these ideas do you think would be most helpful for you?

How could you use these ideas to help yourself this week?

What are the next steps you could take?

How would you like this to be?

How would you like to be?

These questions illustrate how Socratic Dialogue is no longer limited to a search for corrective information relevant to beliefs. Today, I propose Socratic Dialogue can support a CBT focus on moving forward, creating change opportunities, and identifying and reaching aspirational goals.

Research

Despite the widespread assumption that Socratic questioning was an important process in CBT, in 1993 no research existed on its use in CBT. Some colleagues even questioned whether Socratic questioning was necessary at all. Researchers have only begun to study it in the last few years. What we have learned so far is that it is one of the most difficult CBT skills for therapists to learn (Waltman, Hall, McFarr, Beck, & Creed, 2017). This Waltman study did not use my 4 stage model to teach the use of Socratic Dialogue, so we don't really know if this approach would simplify therapists' learning process. Hopefully future research will examine whether this model can help therapists more easily learn the processes of Socratic Dialogue.

There is some recent evidence for the clinical value in using Socratic methods. Heiniger, Clark, & Egan (2018) conducted a video analog study with panic disorder. Lay observers watched a 10 minute video in which the therapist either presented information to the client using a didactic approach or elicited the information from the client using Socratic methods. The observers preferred the Socratic approach and perceived the session that used Socratic methods as more helpful, rating the therapist higher on alliance and empathy.

What about research in actual clinical practice? For depression, Socratic questioning predicts session-to-session symptom change across early sessions even after controlling for client ratings of alliance (Braun, Strunk, Sasso, & Cooper, 2015). A study of cognitive processing therapy for PTSD found that therapist skill in Socratic questioning was related to greater client improvement (Farmer, Mitchell, Parker-Guilbert, & Galovski, 2017).

These studies offer some promising results yet we are still in the early days of research on the use of Socratic Dialogue. This slide [showing a large blank slide titled: *Your Research Here*] represents the future of research in this area. I hope some of you in the audience today will conduct that research. I would like to learn the answers to questions like:

- Under what circumstances do Socratic methods boost client learning and progress?
- Does combining Socratic Dialogue with action in session make a difference?
- What training methods are most effective in helping therapists acquire these skills?

We have many exciting things to still discover about Socratic Dialogue.

Today I've charted my own evolution that began with proposing four stages of effective Socratic questioning and led to relabeling this process as Socratic Dialogue to capture the interactive nature of the process which involves much more than asking questions. I've described how I now envision CBT as a therapy filled with action methods designed to prompt client discoveries in session. Socratic Dialogue is embedded into action-packed therapy as a way of debriefing and maximizing client learning from these actions.

A Broader View of Discovery, Including Strengths and Positive Aspirations

This brings me to ask, what kinds of discovery does CBT address? In 1993, much of the focus of CBT was on testing existing beliefs and discovering what client experiences supported or did not support the beliefs that maintained particular disorders. That is still a central focus of CBT. Over the past few decades our own work has increasingly also emphasized discovery processes that help clients construct new beliefs and behaviors (Mooney & Padesky, 2000). As our work has become more explicitly strengths-based, we have created therapy models for helping clients build and strengthen positive qualities such as resilience (Padesky & Mooney, 2012). Today we recognize that CBT is well-versed to provide evidence-based approaches for helping people achieve positive aspirations and goals rather than a singular focus on ameliorating distress.

Therapist Behavior when Focus is on Building Something New

As Kathleen Mooney and I developed what we now call Strengths-Based CBT, we introduced into our work an emphasis on specific therapist behaviors that we suggest need to

be embedded into Socratic Dialogue when we are asking clients to build and strengthen new beliefs and behaviors.

First, we called to therapists' attention the idea that nonverbal aspects of Socratic Dialogue are as important as verbal ones. If we ask clients how they would like to be (an aspirational question) and our vocal tone is flat and our eyes are checking the clock for how many minutes remain in the session, we are not likely to get a thoughtful and heartfelt response. Instead, questions about positive development need to be paired with nonverbal body language that communicates a keen interest, eyes sparkling to show the client you are ready to join them in dreaming big, even sometimes leaning forward to demonstrate you really want to know the answer.

Second, big questions about new ways of being in the world are not answered quickly. Silence is a therapist intervention which is not emphasized enough in CBT or Socratic Dialogue. Rather than rapid fire questions, Socratic Dialogue is a thoughtful discovery process especially when you are asking the client to generate new ideas or imagine a new future. The therapist asks, "How would you like to be?" with keen interest and then needs the courage to be silent for as long as it takes the client to imagine a meaningful answer. We can help navigate the waters of that silence with encouragement if the client seems anxious, "Take your time. I'm sure you can figure this out." As with all Socratic Dialogue, we don't bridge the silence by answering the question for the client. If need be, the silence can extend beyond the session, "Think about it this week. Come back and tell me your ideas."

Throughout these processes, a third important therapist behavior which we have emphasized is what I call the "therapeutic smile." Imagine me asking with a calm, neutral face and tone, "How would you like things to be in your life?" Next imagine me ask with an inviting smile and softer vocal tone of deep interest, "How would you like things to be in your life?" Why is a smile so important?

The best questions in therapy often evoke some anxiety on the part of the client. When we are anxious, our amygdalae are activated. Amygdalae activation is geared to survival, not creative learning. Our creative thinking closes down and we move toward dichotomous decision making, "run or stay," "dodge or answer." To elicit the creative, open imagination that

fosters Strengths-based CBT processes, we want to quiet our clients' amygdalae so they can dream, imagine, and feel safe to articulate and strive for something new and better in their life. It turns out, one of the few things that calms the amygdalae quickly is a genuine human smile. Thus, we teach therapists in our Strengths-based CBT workshops to practice smiling genuinely, to feel the sparkle in their eyes.

This therapeutic smile is matched to the individual and therapy circumstances. Early in therapy, with depressed clients, we might ask with a calm, empathic look, "What was this week like for you? Tell me what was easy or difficult for you." Once they describe their week and concerns, we can offer a quiet, genuine smile as we say, "Let's see what we can figure out today to make this week better for you." Just that small difference of a smile can spark hope and positive engagement. Later in therapy, when the depression has lifted and we are working toward greater resilience in the face of ongoing obstacles we might offer a full animated smile when we ask, "How would you like to respond in the face of these obstacles?"

Client as an Active Participant

Socratic methods have remained central in my work, however my understanding of Socratic methods has evolved over the past decades. Whereas in 1993 I thought about Socratic questioning as something the therapist did, today I see Socratic Dialogue as a process that actively engages both client and therapist. I even came to realize that clients were fully capable of using Socratic methods on their own. For example, I've come to appreciate that Socratic methods are embedded in the 7-column thought record which I developed in the late 1970's and which was published in both editions of *Mind Over Mood* (1995, 2016).

When Dennis Greenberger and I wrote the 2nd edition of *Mind Over Mood,* we constructed over 60 worksheets to guide client discovery (Greenberger & Padesky, 2016). In fact, most of the 60 worksheets in *Mind Over Mood* (2016) guide clients through a Socratic Dialogue with themselves. These worksheets mimic Socratic Dialogue because they: (1) ask readers to answer informational questions and make detailed observations of their experiences, (2) provide accompanying text that offers empathic encouragement to fill out these worksheets which function as (3) a structured form on which readers write a summary of helpful observations, and worksheets usually end with (4) analytical and/or synthesizing

questions that guide the reader to come to some conclusion or plan regarding what they have learned.

The Reading Guides we printed in the back of the appendix of *Mind Over Mood* direct clients to the types of guided discovery exercises that are most likely to be helpful for their individual concerns. Thus, clients with depression are guided first to behavioral activation and thought records; client working on anxiety skip thought records and go directly to chapters that help them identify the underlying assumptions that maintain their anxiety and devise behavioral experiments to test them. My latest book, *The Clinician's Guide to CBT Using Mind Over Mood,* teaches therapists when and why to use or not use these various worksheets, explains and illustrates my approach to practicing CBT more fully than I can today, and offers many detailed therapist-client dialogues to illustrate what I consider good Socratic Dialogue processes within CBT practice (Padesky, 2020).

Summary

We've covered a lot of ground this afternoon. In 1993 I offered two modest ideas: (1) that Socratic questioning was not all about the questions – that actually there were four stages in the effective use of the process, and (2) that it was better if the goal of Socratic questioning was discovery, not changing clients' minds. These two ideas have remained robust over the years and, as we have elaborated on them in the ways I've described today, we have added depth to this model. All these proposed ideas lead to intriguing research questions which I hope many of you will investigate in the years ahead.

I'd like to end by revisiting the client Stuart who was introduced in my 1993 talk. He was depressed and stated, "I'm a complete failure in every way." I described how one therapist reminded him of his life successes in order to change his mind about being a complete failure. Then I detailed how a second therapist helped Stuart identify his aspirations to talk to his children more, laugh more, and encourage them. At the end of my 1993 talk, Stuart agrees to try these things out in the coming week. This is all a good beginning. Today I propose this work with Stuart could continue and deepen when the therapist does any of the following:

(1) SMILE genuinely and supports these aspirations with a keen interest.

(2) USE INTERACTIVE WRITING, asking Stuart to write these ideas down in his own handwriting.

(3) ASK STUART TO IMAGINE doing each step to see what each one feels like, to identify obstacles, and to imagine himself carrying out plans he devises to manage those obstacles.

(4) ROLE PLAY one or two scenarios to: see what his new behaviors might be like, identify and test interfering and supportive beliefs, and generate metaphors to help him persist in the face of obstacles.

(5) DEVISE BEHAVIORAL EXPERIMENTS to test relevant beliefs such as "If I talk to my children more, then we will feel closer." Together, Stuart and his therapist will design these experiments, make predictions, and record observations.

Whichever of these interventions the therapist employs, she and Stuart will debrief them afterwards using the four stages of Socratic Dialogue. She will make sure he learns as much as possible from these experiences; writing down any valuable discoveries and planning how he can use these to help himself in the weeks ahead.

This has been my journey from 1993 to 2019. Over all this time, Socratic Dialogue has remained fundamental to my work. I may not be here in 2044. Over the next 25 years I count on you to conduct research, develop clinical innovations, and write clinical papers that test, edit, and expand on these ideas. I hope I have inspired you today to want to help us further elaborate on how to best combine action and dialogue to promote client discovery. I, for one, am very excited and curious to see what you discover!

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(Padesky 2019)

Action, Dialogue, Discovery

Evolution of Padesky's Socratic Dialogue

Socratic Dialogue is no longer limited to a search for corrective information relevant to beliefs.
I propose Socratic Dialogue can support a CBT focus on moving forward, creating change opportunities, and identifying and reaching aspirational goals.
- Christine A. Padesky, PhD, Invited Address, Berlin 2019 World Congress of Cognitive & Behavioral Therapies

	1993 ➡	2019
Evolution from	Socratic Questioning … to … Socratic Dialogue … to …	Action-Packed CBT (interactive writing, behavioral experiments, imagery, role plays) Guided Discovery with Socratic dialogue embedded
	Goal is discovery, not changing minds	A broader view of discovery: including strengths and positive aspirations
Stages of Socratic Dialogue	**1. Informational Questions**	
	Questions	Also create informational experiences
	2. Empathic Listening	
	Listening	Listening plus Active Observation
	Listen for beliefs that seem important	Listen for beliefs that maintain issues
	3. Summaries	
	Oral or written	Written or oral Clients own words Clients own writing
	4. Analytical / Synthesizing Questions	
	Link summary to belief tested	Also ask about change opportunities
What does discovery address?		
	Existing beliefs	Existing + new beliefs, behaviors, strengths, aspirations
Who does it?		
	Therapist	Therapist and client together