

Collaborative Empiricism, Guided Discovery, and the Socratic Method: Core Processes for Effective Cognitive Therapy

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Cognitive therapy sessions typically blend content and process issues to help clients make effective changes in their attitudes, beliefs, and expectations. Collaborative empiricism helps therapists and clients work together to examine the evidence supporting or refuting the client's beliefs. In a similar manner, guided discovery helps to structure the process of therapy toward an exploration of critical issues involved in the client's struggles. Finally, the Socratic method provides a comprehensive framework for the complex processes involved in therapy, while remaining aligned with the core concepts of cognitive therapy. These process issues may force the field to confront the mixed blessing derived from structured treatment manuals, psycho-educational approaches, and directive forms of therapy.

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In the classic text *Cognitive Therapy of Depression*, Beck, Rush, Shaw, and Emery (1979) provided a comprehensive treatment manual for helping depressed clients.

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The text included details regarding the assessment of depression, common cognitive distortions underlying the depressed mood, and strategies for helping clients to change. The text mentioned collaborative empiricism as an important process to facilitate therapy sessions. A few years later, Beck and Emery (1985) described inductive reasoning and the Socratic method as two of the basic principles underlying cognitive therapy. These components have helped to establish cognitive therapy as the premier form of psychotherapy, and these components explain the interactive processes that underlie cognitive therapy sessions.

Unfortunately, some reports on cognitive therapy seem to minimize the complex processes that are involved in most therapy sessions. Many authors focus on the content, goals, and measurable outcomes of cognitive therapy while neglecting the importance of the process of therapy. Even recent reports that clearly describe the process of therapy (e.g., Clark & Beck, 2010; Dimidjian, Martell, Coffinan, & Hollon, 2008) merely allude to these core process issues. Thankfully, the recent article by Tee and Kazantzis (2011) thoroughly defines and clarifies the use of collaborative empiricism in cognitive therapy. In the text that follows, collaborative empiricism, guided discovery, and the Socratic method will be described as clinical strategies that help therapy move beyond the rote application of a treatment manual.

Tee and Kazantzis (2011) provided useful details that help to refine the ideas and structure the implementation of collaborative empiricism. However, several issues still need to be confronted. First, a fluid approach like collaborative empiricism may have difficulty fitting within a structured framework that has been organized

according to a treatment manual. Second, collaborative empiricism seems incompatible with psychoeducational formats that are often used in cognitive therapy. Third, the role of therapist as expert seems to clash with collaborative discussions. These three issues seem to influence collaborative empiricism, guided discovery, and the Socratic method.

COLLABORATIVE EMPIRICISM

Collaborative empiricism can be used to help clients learn to identify problematic attitudes and devise a means to test the validity of these thoughts. Through a mixture of logical discussion and behavioral experiments, collaborative empiricism helps clients learn to examine the evidence supporting or refuting different beliefs (Tee & Kazantzis, 2011). A therapeutic dialogue helps therapist and client to jointly devise objective ways to test the client's ideas, beliefs, and expectations. Then, a therapeutic dialogue focuses on devising a plan to observe, record, and experimentally test the client's beliefs.

Collaborative empiricism can help balance a therapist's directive guidance versus nondirective support. As the term implies, collaborative empiricism requires the therapist and client to work together on various activities, including negotiating therapy goals, distributing the workload, and sharing the leadership when planning behavioral activities to be completed between sessions (Tee & Kazantzis, 2011). Skilled therapists tend to respect and value the client's expertise as a guide for therapeutic solutions (Williams & Levitt, 2007). Even when a therapist has ideas for effective change, the process of therapy requires a collaborative effort whereby therapist and client work together to explore new ideas, test different options, and discover the best alternatives for each client (Bohart, 2007). The goal of collaborative empiricism is not to replace the client's irrational beliefs, but to develop skill in objective thinking and hypothesis testing. Working together, therapist and client create new and more adaptive views of the client's problems and options (Anderson & Goolishman, 1992).

The opinions and beliefs held by both the therapist and the client should be seen as hypotheses to be tested (Kirsch, 1990). The therapist can strive to understand the problems from the perspective of the client's sub-

jective experience. Therapist and client combine their perspectives (Kuyken, Padesky, & Dudley, 2008). Before therapy can move on to strategies for change, the therapist must understand the client's distress from an internal frame of reference. Collaborative empiricism minimizes the therapist's preconceived notions about the client's problems, improves the therapist's accurate understanding of the client's view, and strengthens the therapeutic alliance (Tee & Kazantzis, 2011). A strong therapeutic alliance, early in therapy, has been found to predict improvement in the treatment of depression (Castonguay, Goldfried, Wisner, Raue, & Hayes, 1996). An effective therapeutic alliance emphasizes the collaborative nature of therapy and remains flexible in the plan for treatment (Overholser & Silverman, 1998).

GUIDED DISCOVERY

In a manner that is very similar to collaborative empiricism, guided discovery is an important therapeutic strategy that is frequently mentioned but rarely described in any detail. Guided discovery involves a thoughtful use of questions, often focused on exploring, learning, and solving various life problems (Scott & Freeman, 2010). The therapeutic discussion aims to cultivate adaptive attitudes in the client.

When using guided discovery, the therapist assumes the role of a guide, not an expert, and not a teacher. It can become difficult to collaborate if therapist and client are not seen as equals. Unfortunately, when a therapist behaves like an expert, it becomes too easy to tell clients what they should do instead of helping clients to make their own decisions. Collaborative empiricism and guided discovery require trust in each client's ability to make his or her own decisions. Even if a client sometimes makes poor decisions, the therapist can retain faith in the client's ability to learn from a mistake. When people learn by discovery, the information that is learned will more easily transfer to new problem situations (McDaniel & Schlager, 1990).

THE SOCRATIC METHOD

The Socratic method includes a complex view derived from ancient philosophy and incorporates several different core elements (Overholser, 2010). Unfortunately, many people assume that the Socratic method simply

revolves around an extensive reliance on questions to guide therapy sessions (see Carey & Mullan, 2004). A systematic series of questions can be used to guide therapy sessions (Overholser, 1993). However, each question should fit a broader vision for the direction of the discussion (Mitchell, 2006). Often, the process involves examining the person's beliefs and confronting any contradictions among beliefs (Leigh, 2007). The most useful focus is not on the intellectual output, but centers on the process of self-reflection (Evans, 1990). Together, therapist and client search for and evaluate the evidence that supports or refutes the client's beliefs by evaluating the quality, quantity, and logical coherence of the evidence (Overholser, 2010). Sometimes, the Socratic dialogue aims to promote philosophical inquiry as a lifelong habit of self-reflection and self-improvement (King, 2008).

The notion of Socratic ignorance, or the disavowal of knowledge, is especially relevant to the process of therapy (Overholser, 1995). Socratic ignorance combines collaborative empiricism with sincere intellectual modesty and a genuine desire for learning about clients and their struggles (Overholser, 1995). Socrates avoided the role of teacher or expert, and instead viewed his role as a partner in search of knowledge (Vlastos, 1991). This partnership can be attained when therapists respect the limits of their professional knowledge, and they value the wisdom, insight, and knowledge that are possessed by each client. Therapists may possess knowledge of psychology, research, and theories, but clients hold expertise about their life events, interpersonal relationships, and subjective reactions (Vitousek, Watson, & Wilson, 1998). The therapeutic dialogue creates an interactive flow between the therapist's professional background and the client's personal experiences, joining these two different sets of knowledge, skills, and backgrounds.

The Socratic method is based on striving toward wisdom, sometimes defined as skill in general aspects of life, dealing with complex matters, and outstanding insight (Baltes & Staudinger, 1993). In the Socratic method, a core aspect of wisdom includes respecting that there is very little knowledge that most people really know with any degree of certainty (Meacham, 1983). Furthermore, a useful aspect of Socratic wisdom includes helping clients to see the trivial nature of most

of their life problems. Thus, the emotional distress can be quickly reduced through a shift of perspective.

CONCLUSIONS

Most therapy sessions can benefit from an integration of collaborative empiricism, guided discovery, and the Socratic method. These processes are often used but rarely described in any detailed or useful manner. In addition, it can be helpful to combine these processes with a strong foundation in basic listening skills, rapport, and the therapeutic alliance.

It can be important for therapy to promote autonomy and independent decision making in clients. Most people do not like to be told what to do or what they should believe. When therapists pressure their clients to make specific changes, the therapy suffers (Castonguay et al., 1996). It works best when therapy strives to promote active alliance instead of passive compliance with therapy (Frank, Kupfer, & Siegel, 1995). The Socratic method can help move from power struggles toward cooperative effort (Vitousek et al., 1998). Therapy can facilitate autonomy and promote an internal locus for change (Ryan & Deci, 2008), often through self-awareness, self-direction, and self-regulation. The therapeutic goal is not to change the client's beliefs, but to improve the client's skills in objective thinking and hypothesis testing. Clients can learn to bring the scientific method to their own perceptions and interpretations. Therapy helps clients to become more objective in their social perceptions, interpretations, and emotional reactions to assorted people and various life events.

The emphasis on evidence-based practice has created an interest in structured treatment manuals to guide each therapy session. The empirical support and structure that is provided by therapy manuals must be balanced with flexibility to adapt the treatment to each client (Kendall & Beidas, 2007). Treatment manuals can be useful, especially in treatment-outcome research and for guiding the novice therapist. However, there is a risk of excessive reliance on predetermined structure for therapy sessions. Problems arise when the therapist rigidly follows the plans from the manual, when manuals are written by researchers who have discontinued their front-line involvement with the delivery of services, and when therapists rely excessively on the

preplanned structure for therapy sessions. There is a risk that novice therapists will fail to appreciate the flexible structure, spontaneous dialogue, and idiographic nature that serves as the foundation for psychotherapy sessions.

The Socratic method, guided discovery, and collaborative empiricism can help therapists to balance professional expertise with a disavowal of knowledge. Too often, treatment manuals rely on bibliotherapy and psychoeducational classes to guide therapy sessions. An educational focus during therapy sessions may convert the therapeutic relationship into the roles of teacher and student. Although a psychoeducational format and bibliotherapy can help the motivated client, these formats reduce the value of the therapeutic relationship and may diminish the process of therapy. A therapeutic dialogue remains the irreplaceable component of psychotherapy.

It seems important to increase the focus on therapy process and reduce the somewhat narrow focus on the content of therapy sessions (Ryan & Deci, 2008). Collaborative empiricism can help to balance a structured plan for therapy with spontaneous flexibility within each session, striving for a balance between the content and process of therapy sessions. Future work can continue to focus on, clarify, and expand our understanding of therapy processes. Although it can be extremely difficult to study psychotherapy process issues in a controlled manner, it is hoped that the field will continue to explore and refine our understanding of collaborative empiricism, guided discovery, and the Socratic method.

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