

## Socratic Questioning Enabled Analysis of Problem Behaviours

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**ABSTRACT** Socratic questioning involves asking questions to deconstruct static concepts and reconstruct fresh ones. The W-Question format (what-where-which-whom-when-how and why sequence) of asking queries is used for each statement made by respondents. This study investigates the effects of Socratic questioning in enabling self-analysis and critical thinking for understanding problem behaviours in their children by parents or caregivers. Both quantitative and qualitative descriptive methods of case-vignettes are used to demonstrate through clinical interviews, and the application of Socratic questioning to analyse commonly reported themes on problem behaviours in children. A thematic analysis of the interview transcripts was carried out on six categories, that is, questions on clarification, or probing assumptions, reasons and evidence, viewpoints and perspectives, and questions about questions. The results show how the questioning helps participants to know themselves, facilitate self-discovery, and self-healing. Although not as a stand-alone technique, Socratic questioning is a useful adjunct to clinical or applied behaviour analysis in the identification and behaviour management of children.

### INTRODUCTION

“Know thyself” is the key phrase that summarises the essence of what Socrates of Athens (469 BC-399 BC) once declared. Perhaps the greatest of philosophers of all centuries, Socrates practiced a unique kind of inquiry into human knowledge. Also called Socratic Questioning (SQ), Socratic Method, Socratic Enquiry, Casuistical Method, or Socratic Dialogue, it is described as a tool of self-discovery and self-healing of the diseased thinking. In the 20<sup>th</sup> century, Nelson (2004) and Heckmann (2004) have re-adapted the open-ended questioning style of Socrates on one-to-one basis or as a group (Farmer 2019).

There has been a renewed interest on SQ as evidenced by some recent publications. Broadly, they may be classified as two types of books. One is a user manual written for practical use by practitioners, students and teachers (Copeland 2005; Carey and Mullan 2004). The others are highly technical works with larger pedagogical and philosophical debates and discourses. There is no single consistent definition on what constitutes the Socratic Method. Although questioning is a

characteristic feature of this mode of inquiry, merely asking a lot of questions does not automatically qualify itself as this practice. It is the basic premise of this approach that conviction when held too tightly blinds one in a way. They trap one in their own opinions. Although strong beliefs protect one in a way from uncomfortable ambiguities, and troublesome contradictions, it leaves one inert and prevents one from asking further questions. It may give a false sense of comfort. But it will not take one close to truth. Against this, SQ allows one to deconstruct static notions, ideas, beliefs, values or thoughts through critical thinking and reconstruct fresh ones (Overholser 1995, 1993).

SQ focuses on discovering answers by asking thoughtful questions to examine ideas and be able to determine their validity. It is a kind of reflective inquiry. The didactic interaction between the examiner-respondent is an enabling experience. The process is meant to help identify and acknowledge their own contradictions, recreate inaccurate or unfinished ideas and critically determine necessary thought (Trepanier 2018). This form of questioning is spontaneous, exploratory, and issue-specific. The user of SQ must be an active listener. There must be an argument map along which the questions proceed. There is an element of interrogation and cross-examination in their interactive dialogues even though they are not to be so. While the examiner using this method is apparently “acting dumb” or “feigns ignorance,” it helps explore ideas in depth. It helps the recipient to think, debate,

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evaluate, and analyse contents through their own thinking and the thinking of those around them. It helps them to recognise their own contradictions. The questions are not ad hoc. They must be planned in advance. Some wait time is also to be allowed for the recipient to respond. Once a response is made, it is followed up by asking more probing questions. The pathway of the interaction must facilitate the eventual discovery of knowledge about themselves on their own accord through the probing questions of the examiner (Overholser 2018).

There is no agreed classification or categorisation of SQ. At least, four types or formats of SQ are listed. Broadly, the questions can be classified as meant for securing conceptual clarifications, probing assumptions, probing rationale, reasons, or evidence, questioning viewpoints or perspectives, probing implications and consequences, questions about the question, etc. Although Socratic questioning appears simple, it is in fact intensely rigorous. In a sense, SQ uses W-Question format covering the what-where-which-whom-when-how and why sequence of asking queries (although may not be in the same order) for each statement made by respondents (Gogus 2012).

Overholser (1991, 1993) recommends the use of a series of questions covering memory (when did it begin/happen), seeking translation (what does your spouse or the teacher say about the behaviour problems), urging interpretation (what does it mean to you or how would that affect your life), enquiring on their application (what have you tried to solve the problem behaviour in the child? Was there any time when that problem behaviour was not a problem?), analysing (what do you think is the cause of the problem behaviour in your child?), synthesising (what are some other ways of looking at the situation or how do you see X and Y relating to one another), or for making an evaluation (how do you rate yourself as mother of special child?).

Paul (1993) divides the types of Socratic Questions as:

Clarification questions

- (a) Assumption-challenging or probing questions
- (b) Questions to probe reasoning and evidence
- (c) Questions about perspectives or alternative viewpoints
- (d) Probing questions about implications and consequences
- (f) Questioning the question.

Beck (2011) distinguishes them as:

- (a) Evidence seeking questions
- (b) De-catastrophising questions
- (c) Impact questions
- (d) Alternative questions
- (e) New awareness questions

Oyler and Romanelli (2014) mention another method with an acronym as PAPER-CLIP for questioning based on Precision (can you be more specific), Accuracy (how could one test that), Perspective (is there another point of view one could examine), Equity (what conflicts of interests exist here), Relevance (how does this relate to the problem), Complexity (what makes this a difficult question to answer), Logic (does this all make sense together), Importance (what is the most important issue on which to focus), and Perspicuity (what do you mean).

SQ focuses the respondent's attention on their thought patterns, and allows them to see through a systematic process of directive questions, how their long-held beliefs are untested and probably untrue. To use this method, one must be clear on the topics and the targeted population. Are they parents, teachers, students, health professionals or someone else? Whosoever the target, the examiner must have a thorough grasp of the presenting problem and desired goals, and an understanding of their faulty logic or cognitive distortions, skewed premises leading to flawed deductive reasoning and double binds. One must then lead them to examine areas that the respondent has closed off from scrutiny (Paul and Elder 2006).

Overholser (1991, 2018) attempted to define the SQ techniques for clinicians in helping professions. Some do's are that its practitioner must be persuasive, gently directive, evocative, emotionally sensitive, facilitative, inductive, additive, and summative. The movement of dialogues on a given topic must progress from specific to general. Other don'ts are that the verbal transactions must not appear argumentative, confrontative, interrogative, digressive, or put the respondents on the defensive. Further, it is cautioned that pinging questions are avoided. This means that the questions should not embarrass or humiliate subjects. Such practices are unethical particularly in helping professions. A caveat is to avoid SQs on respondents, who are defensive, or for those who feel that it is confusing, demeaning, and disrespectful or too much like an interrogation. Such respondents typically show resistance and may even stop answering.

From the foregoing, it is evident that there is need for studies on the application of SQ elements in clinical populations, counselling and psychotherapeutic practice. Available ones have underscored its effectiveness as an add-on rather than the main course procedures or technique. Such attempts could help expand their knowledge, self-awareness and critical thinking as well as their worldview. The intention is not to provide right answers but to help them understand what might be the right thing to do. The delimitation of the study is presented below by including research questions, theoretical basis, operational definitions of key terms and the clinical populations chosen as targets to study. Relevant research questions could be: Is there any standard universally acceptable definition of SQ? Can SQ format help in analysing problem behaviours? Can everyone be a suitable candidate for SQ? What qualities make one fit to undergo SQ? Are persons with greater self-reflection more amenable for SQ? Are there any outcome measures that can justify SQ are beneficial? Can the benefits accrued, if any, during SQ generalise to real-life settings? Are there any perils or pitfalls in the clinical practice of SQ? Can SQ techniques be trained to practitioners and recipients?

### **Aims and Objectives**

The general aim of this study was to investigate the effects of SQ in enabling and promoting self-analysis and critical thinking for understanding problem behaviours in their children by parents or caregivers as participants. The specific objectives are:

1. To recruit parents or caregivers with high scores on standard measures of self-reflection as probable participants to be recruited for this study.
2. To identify typical themes of problem behaviours in their children by parents or caregivers recruited as participants in this study.
3. To prepare a interview-based format of SQ for use on the identified themes of problem behaviours in their children by parents or caregivers as participants.
4. To administer the prepared interview-based format of SQ parents or caregivers as participants.
5. To collect, compile, code, and collate the answers received on the SQs from parents or caregivers as participants.

## **METHODOLOGY**

A qualitative exploratory, descriptive and contextual design was used in this study. In one sense, it is an action inquiry meaning that it involves simultaneously conducting action and inquiry in a systematic way. SQ is a dialectical method of inquiry and dialogue by means of carefully constructed series of leading questions, which leads to enhanced insight, self-awareness, and shared meaning (Bennett et al. 2015).

### **Sample**

The source material for drawing the convenience sample for this study was the data bank of case interviews related to therapeutic interventions available as transcripts with the author-clinician, who is a certified rehabilitation professional. The investigating department offers individualised real-time professional diagnostic and intervention services to parents or caregivers seeking consultation for and on behalf of their wards. These interactions become an occasion and opportunity for undertaking agenda-specific exercises such as in this study.

### **Inclusion Criteria**

1. Parents seeking consultation on issues related to identification and management of problem behaviours in their children.
2. Parents offering voluntary consent and willing to undergo an exclusive theory-driven format of open-ended questioning as foretold and debriefed by the investigator.
3. Parents with inclination for self-reflection as measured on a standardised tool.
4. Parents ready to respond to questions with a further question at different levels in a deeper way.
5. Parents treating all assertions as connecting points to further thoughts until the network of all logically connected thoughts are mapped.

### **Exclusion Criteria**

1. Parents seeking consultation on issues unrelated to problem behaviours, such as, those seeking information on their wards diagnostic or clinical condition.

2. Parents refusing informed consent or participation in SQ on individualised face-to-face basis.

### Operational Definitions

Apart from the thematic term “Socratic Questioning,” another key term used in this study is “problem behaviour.” This term refers to observable and measurable actions, which are negative or maladaptive. They typically indicate behaviours, which are socially defiant, harmful to self or others, inappropriate for age or developmental level, interfere in ones learning, and cause unreasonable stress on others. By contrast, “skill behaviours” refer to positive assets, which are targeted for teaching or learning. Going by the behavioural approach, typified as Applied Behaviour Analysis (ABA) or Clinical Behaviour Analysis (CBA), it is assumed that all behaviours, whether skill or problem, are learned and can be also unlearned. They are learned as a function of their utility or benefit to the learner. Some examples of problem behaviours reported in children are hits others, throws things, falls on floor, and skill behaviours are names colours, handles money, buttons clothing, climbs a tree, etc.

### Tools

Going by the rationale that subjects high on self-reflection are suitable candidates for SQ, the following objective measures were chosen for this study, namely, the Self Awareness Outcomes Questionnaire (SAOQ) (Sutton 2016), and the Self-Reflection and Insight Scale (SRIS) (Grant et al. 2002).

Eligible participants for SQ must have dispositional self-awareness including insight, reflection, rumination, and mindfulness. The 38-item SAOQ is a self-report tool that requires respondents to indicate how often they experienced each of the four outcomes along a five-point rating scale ranging from ‘never’ (score 1) to ‘almost always’ (score 5). Three of these outcomes are beneficial (reflective self-development, acceptance and reactivity) and one is negative (costs). Sample items on this tool are like whether they “observe” themselves, have insight into themselves, or look at why people act the way they do, they are reflective, etc. The maximum score on this tool is

180. Alpha values for the four factor outcomes ranged between 0.7 and 0.87

The SRIS is another measure of private consciousness, which assesses insight as distinct from self-awareness. The SRIS consists of 20 items measured on a 5-point Likert scale between “strongly agree” to “strongly disagree”. It covers three domains: (a) Engagement in self-reflection (6 items; 7, 12, 18, 2, 15, 5; maximum possible score 30), (b) Need for self-reflection (6 items; 8, 16, 1, 19, 10, 13; maximum possible score 30), and (c) Insight (8 items; 17, 1, 11, 4, 9, 20, 6, 3; maximum possible score 40). A total score for each domain of the tool is calculated separately for each domain. High scores on this tool indicate better self-awareness and self-insight, which may presumably facilitate better participation during SQ. The test-retest reliability over a 7-week period for this tool is reported as 0.77 for self-reflection and 0.78 for self-insight. Sample items on this tool are like whether they spend time on self-reflection, examine their feelings, are interested in observing themselves, etc. In a systematic review of available instruments to measure the ability to self-reflect, three broad types of tools were identified, that is, rubrics or scoring guides, self-reported scales, and observed behaviour. The authors concluded that the use of a single measure of self-reflection is inappropriate (Williams et al. 2019).

### (a) Procedure

SQ is not asking random questions. The steps in SQ move from clarifying concepts asking informational questions (what exactly does this mean and how does it relate to what we have been talking about and can you give me an example), listening to the answers, observing their body language, idiosyncratic words, and emotional reactions. It then moves into probing assumptions (what else could we assume and what would happen if), probing rationale, reasons and evidence (why is that happening and what evidence is there to support what you are saying), questioning viewpoints and perspectives (who benefits from this and why is it better than or different from), probing implications and consequences (do the data make sense, are they desirable, how do these assumptions fit with and what are the consequences of that assumptions), and questioning the questions (why do you think

I asked this question and what does that mean). Towards the end, there must be an act of summarising by synthesising the answers to all the questions (Oyler and Romanelli 2014). The carrying out of this study was undertaken as (a) Preparation, (b) Case Selection, (c) Coding and Classification, (d) Reliability Checks, and (e) Data Analysis.

### **(b) Preparation**

Considerable pre-thinking and planning went in before going ahead with SQ. The topic, themes, and the targeted audience notwithstanding, a list of prior questions were readied. The sequence or chronology of questions prepared. The W-Question format (covering what-where-which-whom-when-how and why sequences) was used. However, this sequence was not inviolable. Many times, the questions went with the flow of a given dialogue or the audience. Where the discourse was long, summarising was undertaken. The examiner played the role of an intellectual orchestra leader to ensure the smooth flow of the dialogues.

### **(c) Case Selection**

The researcher conducted eight unstructured individual Socratic interviews as per the convenience of participants in the consulting chamber of the author-clinician. The voice recording of the interviews was done with the prior consent of the participants. Thus, it enhanced the credibility of the verbatim transcripts of the interviews, which were prepared immediately thereafter to overcome subjectivity recall bias, retrospective falsification, and increase reliability. The interviews lasted 30-60 minutes each as determined by the occasion. Since self-reflection has been shown to be facilitative pre-requisite in SQ, only respondents with scores above 130 on SAOQ and above 30 on SRIS (measured as cut-off above one standard deviation from the mean) were recruited as participants in this study.

### **(d) Coding and Classification**

From the wide array in the taxonomy of SQ, some distinct and few overlapping, an eclectic approach was adopted for coding and classification of the queries posed before subjects in this study. Broadly, they were classified as questions meant for

(1) clarification, (2) checking assumptions, (3) eliciting reasoning or evidence, (4) probing perspectives or alternatives, (5) examining implications or consequences, and (6) meta questions. They may be illustrated as follows:

- Write down the thought to be questioned.
- What is the evidence for the thought?
- What is the evidence against the thought?
- What is the thought based on? Is it based on facts or feelings?
- Is the thought black and white? Or does it have shades of grey?
- Could I be misinterpreting the evidence? Am I making any assumptions?
- Do other people have different interpretations of the same situation? What are they?
- Am I looking at all the evidence or just what supports my thought?
- Could my thought be an exaggeration of what's true?
- Am I having this thought out of habit, or do facts support it?
- Did someone pass this thought or belief to me? If so, is it a reliable source?
- Is my thought a likely scenario or is it the worst-case scenario?

### **(d) Reliability Checks**

The data analysis protocol, audiotapes, behaviour observations, and written transcripts were given to an independent coder not below the rank of doctorate in psychology with at least a decade of research experience in qualitative methods, to verify the accuracy of interpretations. This further increased the dependability and confirmability of the findings. A consensus meeting was held to establish the accuracy of analysed data. Credibility was ensured through prolonged engagement with the respondents. At least two of the eventually four chosen transcripts were taken back to the participants to verify the accuracy of the collected data and to get their word on whether they match with the original dialogues. This added dependability of the data. Authenticity was established by audio recording and undertaking their verbatim transcriptions. The mean inter-rater agreement for coders was calculated as Cohen's kappa of 0.91, which is interpreted as "almost perfect agreement" (Landis and Koch 1977; Cohen 1960).

**(e) Data Analysis**

The data derived from this study was illustrative transcripts of SQ between the author clinician and parents or caregivers of children with problem behaviours. Frequency counts were made for each type of SQ posed and converted into percentages.

**RESULTS**

A quantitative analysis on the type of questions asked during SQ in this study are included as sample of case snippets 1-4. The themes cover: (i) Child does not sit still in any place, (ii) Identifying the problem behaviour, (iii) Choice of teaching objective, and (iv) Disciplining techniques. Of course, there can be any or many other themes related to problem behaviours. The questions varied from the easiest to difficult. Percentage of results show that majority of the questions belonged to examining implications or consequences, clarification, probing perspectives or alternatives in that order. There are most questions seeking clarification. For example: What is the problem behavior? Can you give an example? Can it be explained further? There were least meta-questions or questions on questions (Table 1). A few examples of meta questions are: Why do you think this question was asked? How does this question apply to everyday life of handling problem behaviors in children?

**Table 1: Distribution of socratic questions**

S. No.	Variable	Frequency	Percentage
1	Clarification	13	19.40
2	Checking assumptions	10	14.93
3	Eliciting reasoning or evidence	8	11.94
4	Probing perspectives or alternatives	12	17.91
5	Examining implications or consequences	15	22.39
6	Meta questions	7	10.47
	Total	67	

A qualitative analysis of SQ throws light on three aspects: (a) Qualities of the examiner, (b) Qualities of respondents, and (c) Features in the SQ process. Some of the salient qualities of the examiner that emerge from self-observation,

available notes on reflective practices, and participant feedback are the maintenance of an attitude of Socratic ignorance, the not-knowing stance, or intellectual modesty. At the same time, the subject should not perceive this quality as pretence or authoritarian. The examiner must exhibit a genuine desire to learn from the dialogues, life or experiences of their subjects, and also show ways to help them overcome their problems. The dialogues must not end by arguing, disagreeing or discounting the subject's answers. The transactions are to do more with asking than didactic telling, directing, or lecturing. The examiner must not give or make judgments, offer suggestions or answer questions for the client. What SQ seeks is to expand their knowledge and perspective of the subjects (Stoddard and O'Dell 2016).

Among the qualities the respondents fit to undergo SQ, their penchant, preference, or predilection for self-reflection is the foremost. Self-reflection is a highly individualised and internal process resembling a dialogue with oneself. At a deeper level, subjective self-reflections resemble overt Socratic dialogues. Persons high on self-reflection are more suitable candidates for SQ. In this manner, the use of objective measures of self-reflection as precondition to recruit the participants in this study has proved effective. On the other hand, it found to be unsuitable for subjects who find it condescending or offensive (Van Seggelen-Damen et al. 2017; Turnbull and Mullins 2007).

As a process, SQ may not always be the best strategy to deal with emotional issues or biases, which are resistant to logical argument. One may cognitively agree during questioning but may be emotionally and behaviourally drawn towards doing the opposite. This is called the "rubber-band effect". No doubt, the use of SQ forces the participant to become actively involved in the dialogue. It increases their self-esteem and decreases their dependence on the examiners. It also helps in generalisation of treatment gains across time, person, or places. But there is also the risk of posing questions without purpose. Generating a list of questions is easy. SQ is targeted and directed with a beginning, middle and end. The entire process can change the way an individual thinks, discusses, or acts. It can change their very perspective on living, learning, and behaving. But it also offers risks and gives opportunities for

intellectual and emotional manipulation in wrong hands (Abrams 2015; Toledo 2015).

### DISCUSSION

There can be no two opinions on the value or importance of questions. Questions form the most common form of interaction that helps in analysis, synthesis, and evaluation of one's thoughts, ideas, or actions. It also gives feedback of their understanding the dialogues in progress. It helps develop thinking from lower concrete levels to higher order abstractions. Examination or inquiry into one's thoughts is a special form of self-reflection that brings about genuine intrinsic change. Socratic Method also called maieutics, method of elenchus or Socratic debate, is an ancient form of self-analysis. Questioning one's questions or self-questioning is a meta-cognitive strategy and is viewed as the deepest form of questioning. One learns about life through questions. The more one questions, the better answers one gets. It opens the person, makes one wiser, and creates happiness. The quality of one's life depends on questions asked. It promotes self-directed learning (Katsara and De Witte 2019).

Among the few available studies on the use of SQ in clinical practice, it has been tried with Cognitive Behaviour Therapy (Heiniger et al. 2017; Clark and Egan 2015; Kazantzis et al. 2014). More specifically, SQ has been used in CBT for depression (Braun et al. 2015), developing individual coping strategies to overcome the stigma of mental illness (Holmes and River 1998), nursing education (Makhene 2019), healthcare (Gilkes 2017), on students with autism spectrum disorders (Nouri and Philgren 2018), in couple and family therapy (Patterson and Black 2019), practice of medicine (Selvamary and Narayanan 2018) and counselling (Peoples and Drozdek 2017). The application of SQ techniques in parenting is minimally explored. Probably, the general assumption might be that parents may not be the right candidates to undergo a procedure of questioning that is presumed to cold, elitist, intellectual, rational, or sometimes even unsettling, alarming and insulting (Gray 2014).

The practice of SQ in day-to-day life helps through self-analysis for one to reach different conclusions to questions, better understand the question itself, and its purpose in everyday life.

When used in helping professions, such as counsellor education (Griffith and Frieden 2000) and psychotherapy (Mozdzierz et al. 2014), it could improve self-reflection, critical thinking and problem solving. No statements of right or wrong are made. The questions should be in the client's language. Any inconsistent or contradictory statements are inquired. All possible meanings and interpretations are inquired. A "SQ style, supportive interactions, and the presentation of higher level reasoning were the parenting behaviours that best predicted children's moral growth" than "critiquing, directly challenging the child's reasoning, or simply providing information" (Frabutt 2001).

### CONCLUSION

Traditionally, problem behaviour management procedures rely only on their listing or prioritising, analysis of antecedents, behaviour and consequences, functional analysis and eventual choice of appropriate techniques for correction. Despite the absence of a standard universally acceptable definition of SQ, it may be concluded that this study has shown how such a W-Question format covering what-where-which-whom-when-how and why sequence of asking queries can additionally help in analysing problem behaviours. The examiner needs to develop critical qualities for SQ in as much the respondents must have certain qualities notably self-reflection. It remains to be studied whether the benefits accrued through SQ can generalise to real-life settings. This inquiry is more relevant or pertinent to the clinical practice or applications of SQ. It is demonstrated that training in SQ techniques can be made an integral part of their professional training and practice.

### RECOMMENDATIONS

The therapeutic study of problem behaviours needs to engage the regular use of W-questions in a non-confronting inquiring manner. This approach is likely to trigger self-analysis and correction by the respondents for the improvement of their children. The study recommends a practice of incorporating elements of SQ for training as well as during practice of counselling and psychotherapy in all helping professionals.

### LIMITATIONS

This study needs to be tried on a larger sample across language, culture and social strata with follow-up evaluation on specific impact indices over time.

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### SNIPPET #1

#### Theme: Child does not sit still in any place

- Mother: My child does not sit still in any place.
- Counsellor: <sup>1</sup>What makes you say that?
- Mother: You can see that for yourself: nervous, fidgety, off-seat, and so on.
- Counsellor: <sup>2</sup>Is this always the case?
- Mother: Yes. He is always on the run, pulling or pushing things.
- Counsellor: <sup>2</sup>Is there no time, place or activity where he can be halted?
- Mother: Even when forced to sit, he will wriggle his way out in seconds.
- Counsellor: <sup>3</sup>Why is that happening?
- Mother: Doctors say that he has an ADHD (Attention Deficit Hyperactivity Disorder)
- Counsellor: <sup>2</sup>Does this mean that he has a medical problem?
- Mother: Maybe. The doctors have even prescribed medicines for regular use
- Counsellor: <sup>1</sup>Have you been using them on the child?
- Mother: Yes. Quite regularly now for some months

- Counsellor: <sup>5</sup>What effect has it had?
- Mother: Nothing much really. He continues to be much the same.
- Counsellor: <sup>5</sup>In the worst situation, what might happen if there were no medicines at all?
- Mother: Nothing. There has been no big difference.
- Counsellor: <sup>4</sup>Is there no other way to calm the child?
- Mother: Except when we give him an i-pad or mobile
- Counsellor: <sup>4</sup>How about any other activity which he likes?
- Mother: Of course, he pauses for a while when he observes other kids playing.
- Counsellor: <sup>1</sup>Does he join them?
- Mother: No. He snatches their things and keeps them with himself.
- Counsellor: <sup>1</sup>Does it mean that he won't return it to them?
- Mother: He keeps that toy with him and doesn't part with it.
- Counsellor: <sup>2</sup>Do you think that toy is important for him?
- Mother: Yes. Only when it is with others! Take the mobile phone, for instance. When he sees it in my hands, he jumps, fumes, and frets all the more.
- Counsellor: <sup>2</sup>What happens then?
- Mother: There is no other option. I hand it over to him.
- Counsellor: <sup>2</sup>What happens then?
- Mother: He sits with the mobile. He doesn't take his hands or eyes out of it.
- Counsellor: <sup>5</sup>What if you disturb him at that time?
- Mother: None can shake him even an inch. He is with it even for an hour.
- Counsellor: <sup>6</sup>Did you not say earlier that he does not sit still in any place?
- Mother: Not really. He is silent in front of his favourite cartoons on television too.
- Counsellor: <sup>6</sup>Won't he run around then?
- Mother: No. Not at least till the television is on
- Counsellor: <sup>6</sup>Does this all mean activity engagement than his condition is crucial?
- Mother: Presumably so.

**SNIPPET #2****Theme: Identifying the problem behavior**

Father: My child has a behavior problem  
 Counsellor: <sup>1</sup>Only a single behavior issue?  
 Father: Yes. He turns mum whenever he is told to do something  
 Counsellor: <sup>1</sup>What is that “something”?  
 Father: When he is told to get off the television to sit and study  
 Counsellor: <sup>2</sup>Does he turn mum only when the television is turned off?  
 Father: He does the same when we take away the mobile that he is always fiddling  
 Counsellor: <sup>2</sup>Then is it only to do with the mobile and television?  
 Father: No. He turns angry even when his mother is around.  
 Counsellor: <sup>1</sup>What do you mean by “angry”?  
 Father: He shouts back, throws things, bangs objects and uses bad words.  
 Counsellor: <sup>2</sup>Did you not say that he has only a single problem behavior?  
 Father: That is with me. But, when I am not around, he is totally different.  
 Counsellor: <sup>3</sup>How “different”?  
 Father: He demands money, threatens to harm self, or even walk out of home.  
 Counsellor: <sup>3</sup>When is all this?  
 Father: When I am not home.  
 Counsellor: <sup>3</sup>With who does this happen?  
 Father: His grandparents. They stay separately in the ground floor.  
 Counsellor: <sup>2</sup>Does this mean that he behaves differently with everyone?  
 Father: The class teacher says that he disturbs the class by making comic gestures.  
 Counsellor: <sup>4</sup>Does not all this make it a longer list of problem behaviors?  
 Father: Yes. It does. Our neighbours have complained about him too.  
 Counsellor: <sup>4</sup>Does it not the list of problem behaviors even longer?  
 Father: Yes. He has broken their glass panes, and flower pots.  
 Counsellor: <sup>4</sup>Should we then accept that he has many problem behaviors?  
 Father: Probably, you are right. He has more than one problem behavior

Counsellor: <sup>4</sup>What do you think others have to say about his problem behaviors?  
 Father: Some say that it is our fault  
 Counsellor: <sup>5</sup>What typically happens after the occurrence of a problem behavior?  
 Father: I guess, we generally yield to his demands to keep him quiet  
 Counsellor: <sup>5</sup>Does it keep him quiet?  
 Father: Yes, for some time. Sooner or later, he will come up with another demand.  
 Counsellor: <sup>5</sup>Then, what is to be done?  
 Father: We counsel, explain, advice, or give examples of others who behave well  
 Counsellor: <sup>5</sup>How does all this work?  
 Father: He takes it negatively. He argues that we don’t love him as much as his sister  
 Counsellor: <sup>6</sup>Why do you think I asked this question?  
 Father: Maybe to verify which techniques work  
 Counsellor: <sup>6</sup>Then, according to you, which of your techniques appear to work?  
 Father: Probably, none  
 Counsellor: <sup>5</sup>What do all these questions imply?  
 Father: Perhaps we may all have to sit together and discuss on this issue  
 Counsellor: <sup>5</sup>Why do you say so?  
 Father: So that we first arrive at an agreement on what are the problem behaviors  
 Counsellor: <sup>6</sup>Is that all?  
 Father: There must be agreement on what techniques must be used by one and all

**SNIPPET #3****Theme: Choice of teaching objective**

Home Tutor: We have been teaching Ajay to write alphabets for more than two months.  
 Counsellor: <sup>1</sup>Who is Ajay?  
 Home Tutor: The boy for whom I go as home tutor.  
 Counsellor: <sup>1</sup>How old is he?  
 Home Tutor: He is six or seven years. But, he might not be.  
 Counsellor: <sup>2</sup>What do you mean?

- Home Tutor: He behaves younger for his age.  
 Counsellor: <sup>3</sup>How do you say so?  
 Home Tutor: His younger brother of four can do more than this child.  
 Counsellor: <sup>1</sup>Could you say something more?  
 Home Tutor: The younger one can colour, fold paper, zip or unzip clothing, read some three letter words, and many more.  
 Counsellor: <sup>1</sup>Does it mean that Ajay can do none of these?  
 Home Tutor: He does not even hold the pencil properly.  
 Counsellor: <sup>3</sup>What all does he do?  
 Home Tutor: He grabs the pencil and throws it away.  
 Counsellor: <sup>3</sup>Does this mean that he is not ready for writing?  
 Home Tutor: Maybe, you are right.  
 Counsellor: <sup>4</sup>Could we then not choose some easier targets for teaching?  
 Home Tutor: Probably, they could be doable things like pick-pegs, insert-coins in piggy box  
 Counsellor: <sup>5</sup>Still simple than that?  
 Home Tutor: Tracing, colouring, pasting, folding, tearing, opening or closing zips  
 Counsellor: <sup>5</sup>Do you think the child will love doing all such things?  
 Home Tutor: Sure. Even things like blowing bubbles, sucking through straw, or water-play  
 Counsellor: <sup>1</sup>Yes. But, what is being taught?  
 Home Tutor: We have been at teaching alphabets to this child. The parents wanted it.

#### SNIPPET #4

##### Theme: Disciplining techniques

- Father: Everyone in my house requires a lesson or two on how to bring up children.  
 Counsellor: <sup>1</sup>What makes you to draw this conclusion?  
 Father: Yes. Nobody follows the discipline techniques I use on my children.
- Counsellor: <sup>1</sup>What techniques do you use?  
 Father: I prefer advising children. Tell them stories with strong moral elements in it.  
 Counsellor: <sup>5</sup>What do you expect out of that?  
 Father: Any sensible child will realize over time what is right and what is wrong.  
 Counsellor: <sup>5</sup>How long?  
 Father: One cannot say for certain, it may be some weeks or even months.  
 Counsellor: <sup>3</sup>Has it happened in your case?  
 Father: No. Not really, because the techniques used by others are at fault.  
 Counsellor: <sup>4</sup>How do they handle?  
 Father: My father yields to the demands of the child. My mother begs and bargains with the boy to behave well. My wife does not like all this. But, she keeps quiet doing nothing.  
 Counsellor: <sup>4</sup>Did any of their technique work?  
 Father: Yes. Mine seems to work. At least, he is quiet when I am around.  
 Counsellor: <sup>5</sup>After that?  
 Father: He knows to behave differently with others and gets what he wants.  
 Counsellor: <sup>4</sup>Is there no solution to this problem?  
 Father: Yes. If only everyone adopts my technique it could work.  
 Counsellor: <sup>5</sup>Or if you adopt their technique?  
 Father: That cannot be because their technique is wrong.  
 Counsellor: <sup>4</sup>Or is it that everyone's technique is right or wrong in one's own ways?  
 Father: It would be better if everyone agrees and uses the same technique.  
 Counsellor: <sup>4</sup>What may be that called?  
 Father: Consistency in use of techniques across people.  
 Counsellor: <sup>6</sup>Is that enough?  
 Father: No. There must be consistency across people, in all places and at all times.

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