

Drawing the line.

**Rational Cognitive Therapy, Information, and Boundary
Issues**

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Abstract

It has been claimed that cognitive therapists endorse sets of uplifting beliefs BECAUSE the client feels better believing them: not because they lead towards greater verisimilitude, a purported cognitivist's hallmark of rational choice. Since the therapist asks us to choose sets of beliefs that interpret evidence on the basis of greater individual happiness (all other things being equal), this suggests that the basis of choice goes beyond rationality. I contend that the case against the rationality of cognitive therapy is not made if one allows a broadening of what to count as rational cognitive therapy. The rationality of therapy consist in how well it achieves its goal. My claim is that at least one goal is, or ought to be, greater information value of the client's dialogues. Among other things, information values encode affect. Understanding reason in this way effectively transforms our understanding of rationality in a way that may be incommensurable with the standard view. If incommensurable, there is no way to discover that we are still talking about the same thing. So, a challenge for this competing view is to say on what basis the term cognitive therapy may be projectable. I identify some constraints on this project and sketch a possible solution.

Waller (2001, 2002) makes the point that affect can be taken as evidence in support of a hypothesis to the effect that life sucks. She then also takes note that cognitive therapy asks us to pick some particular theory among nondenumerably many equivalent theories that may support a body of evidence. And asks, "if many theories fit the evidence equally, on what basis do we call one preference more rational than another (Waller 2001 p. 31)." She goes on to suggest that since the therapist asks us to pick one that interprets the evidence on the basis of greater individual happiness (all other things being equal) that this constitutes a basis that goes beyond rationality. This does not mean that an irrational set of beliefs that adds up to greater happiness is to be preferred to rational beliefs: nor the converse. Such inferences would be allowed according to cognitive theory. Cognitivists just assume that rational consideration of evidence rarely supports the negative inference. The problem for Waller is of a different sort. Her worries are over choices among EQUALLY RATIONAL sets of beliefs where some sets of beliefs tend toward feeling as though life sucks and other sets of beliefs tend in a more upbeat direction.¹ In such cases, Waller claims that therapists endorse the sets of uplifting beliefs BECAUSE the client feels better believing them: not because they lead towards greater verisimilitude (She takes greater truth to be the cognitivists' hallmark of rational choice).²

¹. Both sets of beliefs may have an equal ration of false vs. true beliefs, though not the same false beliefs. According to Waller, sometimes, therapists suggest that clients hold onto soothing beliefs irrespective of their truth.

². There is another direction of critique of Waller's position I have not pursued. If she is right about affective responses counting as evidence towards beliefs, then it is perfectly rational to suppose that there is warrant for an additional true belief that enters in here, so that the belief nets are not really underdetermined after all.

If it really is true that T1 and T2 are other wise equal in Truth and T1 can add the truth

(i.) "I'm happy believing T1 but not T2"

[The truth conditions for the first belief is the happenstance of certain affective responses being co-instantiated with a number of beliefs some true some not true. Whether or not I'm aware of the coincidence is an independent issue (i.) Must remain true, if it is a truth, whether or not it enters one or the other belief nets.]

Then there is a second order belief about the truth of this certain belief and it provides a reason for believing a number of other beliefs many of which we know will be false beliefs, which we might formulate as follow:

(ii.) " Just in case (i.) is true, it counts as a reason to choose T1: it does not count as a reason to choose T2" is true.

(ii) says that it's true that I have a certain complex belief, a reason.

[The truth conditions for this second belief do not contain the truth of (i.), but only confidence, or ability to suspend disbelief, in the truth of (i.) plus another group of beliefs about evidential support, logical relations, and so forth.]

If we add the expression of (ii.) to T1 and T2 there is still an underdetermination since so far, we have not added more beliefs to one than to the other. Nor have I shown any of the other beliefs of T1 or T2 false. So, except that T1 or T2 my not cohere with (ii.), we are free to

Waller sees the problem as indicating a need for cognitive therapists to admit standards (e.g., normative, aesthetic, and emotional,) that lie outside of their standard views toward rationality and she suggests that verisimilitude be abandoned in favor of coherence. While I endorse Waller's plea that therapists consider standards beyond rational decision making, I have contended that her case against the rationality of cognitive therapy is not made if one allows a broadening of what to count as rational cognitive therapy (Angelette 2002). Broadening the definitions of these terms allows us to consider an information theoretic interpretation of cognitive therapy and a means-ends analysis that bypasses Waller's concerns with underdetermination and affect.

The methods of rational decidability I offer follow from considering cognitive therapy to consist in changes of information value of dialogues. On the analysis I advocate, counselors do not abandon the effort to find rational belief choice when the client is unable to find salient differences between their clients' individually held beliefs nets to which they have access. Counselors are further constrained to help clients compare the relative value of beliefs among conversants.

The rationality of therapy consist in how well it achieves its goal. My claim is that at least one goal is, or ought to be, greater information value of the client' dialogues. Since the goal of counseling is not greater individual well being of the client, the motivation to recommend irrational-soothing beliefs over rational-but potentially disturbing ones dissolves. In fact, I do not recommend that counselors recommend a choice at all. I propose that they try to increase the clients ability to see beyond themselves to a greater horizon.

Waller's conclusion could only follow if, in the absence of rational decidability between belief systems, our ONLY choice was to be based upon the goal of having happier clients. But, life-affirming goals of therapy need not be determined singularly on the basis of client affect. I offered an alternative goal, change in the information value of dialogues. So, in those cases where rational decidability does not fail, there was not a problem and in case rational decidability does fail, she is obliged to tell us why the therapist should choose a course of

choose T1 beliefs and be happy or T2 beliefs and not be happy. Unless affective response impugns some other beliefs, or is of itself a "belief multiplier" we can take it or leave it. We must remember that the two sets of beliefs are on an equal footing in all other respects.

But the complement of (ii.)

(iii.) "It is not that case that ' the truth of (i.) counts as a reason to choose T1: it does not count as a reason to choose T2'" is true.

causes problems.

Supposing we can overcome the various scope ambiguities here, (iii.) says something like

(iv.) I don't have the belief (i.) and/or if I did, it wouldn't be a reason for choosing T1

(iv.) will not be believed in equally from the perspective of each belief net. Someone in the position of T1 may have evidence of the truth of (i.) and know that it is true. Yet, (iv.) says that they would deny belief in what they knew to be true. This means that we can add the additional belief in the complement of (ii.) to T2 but not T1. The addition of this further belief to one and not the other (if it is a false belief) means the belief nets were not equal, though they seemed so. Underdetermination, in this instance would then be defeated.

action on the basis she proposes instead of the alternative basis I've offered.

Threats to Decidability at the Next Level

I've proposed that there is no easy answer to this question I've posed for Waller (i.e. Why prefer the 'happy client' basis over the 'increased information' basis?) because of the possibility that Waller's view of cognitive therapy and my own may be incommensurable. It is possible that we may become unaware of how the ontology implied by each approach to counseling undergoes a change as factors motivating choices among beliefs are interpreted from within each approach. The change is from an idiom where the targets of counseling are determined and defined [on my proposed alternative interpretation of cognitive therapy] in relation to terms in an event ontology (movement towards increased information goals) and abstract objects (dialogues), to an idiom where targets of counseling are determined and defined [on the traditional view] in relation to terms in an ontology of concrete objects (individual clients). It may be that this transformation limits the ability to fully communicate the current position in terms relevant to Waller's interests.³

Can Waller Respond, the Information of Dialogues View Isn't Cognitive?

Waller has not challenged my results, and so it is left for me to do it for her. One possible response to the information theoretic view of cognitive therapy is that I've reinterpreted cognitive therapy beyond recognizability. Is there anything left in my proposal that justifies still keeping the title cognitive therapy?

I can try to sketch the beginnings of an answer to this further question in what remains of this presentation. I want to begin with some ways in which the question might be interpreted. There are three main issues around which to formulate an answer to the hypothetical Wallerian response to my position: 1.) the relation of affective response to cognition, 2.) the impact of underdetermination on decidability, and 3.) what is to be said about clients with wacky beliefs.

The relation of affective response to cognition

Waller may want to object to my claims by asserting that cognitive therapy has certain features that can be gleaned from the literature written by its founding experts such as Ellis or Beck, and that the concept of therapy I've used is not anything similar. So, there is available the move that says, whatever I may have proposed for "philosophical counseling" simply doesn't apply to the standard cognitive therapy's a-rational prejudice towards clients' improved affect. The objection continues, I've done a bit of bait and switch. It's

³. It may be possible to see that views are incommensurable from a meta-perspective and yet the views retain their incommensurable character when viewed within competing perspective. I may be able to determine that the Echer print is somehow odd, but if I am a character in the print the oddity may be inscrutable.

as though I'd offered to sell a finely tuned Jaguar, but when you get the thing delivered you find that It's really a sail boat. Well it might be a really nice sail boat, but you were originally looking at cars.

This move may not be available to Waller if she is serious about her coherentist orientation, for the bait and switch objection suggests an essentialist attitude towards the concept of cognitive therapy.⁴ Now, I'd like to leave the issue of essentialism aside but, it turns out that I cannot completely ignore it, for the trouble goes all the way down. Unfortunately, there is not a lot I can do here in the compass of a brief presentation. But, we'll have to give it a try anyway.⁵

What is wanted is a principled and independent ⁶ way of deciding between,

(1.) "This [pointing to (a.) a certain conglomerate of cognitivists' theories, practices, and outcomes] is cognitive therapy, and, this [pointing to (b.) a different, but possibly ⁷ disjoint, set of theories practices and outcomes] is not cognitive therapy" is true.

Vs.

(2.) "This [pointing to (a.) and (b.) as above] and nothing else is cognitive therapy" is true.

On option (1.) Wallerians prefer the traditional view when offered a choice between the traditional view of cognitive therapy and the an alternative such as I've offered. On option (2.) they simply assimilate the new ideas into the older tradition.

If Waller is limited to a coherentist construal of the problem, she addresses this issue by deciding if (1.) or (2.) fits more closely with her higher level epistemological beliefs about rationality and cognition which includes a coherentist account of truth, not merely by consulting either history books or doing empirical tests.

Now you might think there's nothing wrong with Waller consulting history books and texts written by experts for it often seems as though coherentism and historicism go hand in hand. But if she does so, she will have bought herself a bushel of woes. If she points to the history of uses of the term cognitive therapy in the hope of discovering what to count in sets (a.) or (b.), one may ask an assortment of questions, such as: "do those uses pick out their subject essentially?", or "Do they suggest principles of projectability that rule out (2.)?" If the former, she has some backpeddling to do to explain how such an essentialism can fit in with her coherentism. If the later, can she show independence? Can the principles, which she discerns, be wielded without reference to a conception of rational cognition that is not

⁴. I do not believe that, strictly speaking, coherentism and essentialism must be held to be incompatible. But, It is not an easy line to take and I doubt that Waller would be tempted down that road.

⁵. I'll start with a few assumptions that will certainly be in some need of considerable bolstering at some later date

⁶. Independent here means that the grounds for picking (1.) or (2.) don't appeal to an understanding of rationality or cognition that is already contained in only one of the possible alternatives.

⁷. It is either the case that the sets are disjunct or not. However, there is no a priori way to rule on this.

already founded in a preference that prejudices her ability to choose between (1.) and (2.)? The trouble is that if she does so appeal, to her beliefs about rationality and cognition, her argument will be circular, since it is that set of beliefs which grounds her coherentism in the first place. But, then, that's the beauty of coherentism. It gets to duck grounding worries as long as enough beliefs stick together for warranted assertability. I'm all for warranted assertability, but I'd like some story about which beliefs are actually coherently hanging together here.

For myself, I am not barred from taking an essentialist line because of a special affection for coherentism. But if I go down that road, I too will have difficult problems to deal with. For an examination of the history of uses of the terms at issue will not include reference to the interpretation of rational cognition I've championed.

Rather than seeing this first issue to be addressed as the question of synonymy between my interpretation of counseling and Waller's more narrow construal of rational cognitive therapy, I see it as the question of grounds for the projectability for the terms rational cognition.

Given the two competing interpretations of rational cognition, I propose that the information theoretic interpretation of cognition [as discovered in the analysis of dialogues] I put forward, has greater explanatory breath than does the standard view of cognitive therapy which focuses upon an individual's internal "self talk". Among the virtues of the dialogues alternative is that focus on dialogues solves Waller's worries generated by considering affective responses as evidence. The principle of explanatory breath invoked does not prematurely buy into any particular interpretation of cognition that would prejudice the choice between (1.) and (2.).⁸

The Impact of Underdetermination and Incommensurability

I accept Waller's point about underdetermination, The effect of underdetermination, as Waller acknowledges, is less severe for coherentists. Since, I can get by with merely a disquotational sense of truth, my proposal floats as well on coherentist theory as it does on a correspondence theory. Further, since the information theoretic response that incorporates affective response is not impacted by the point about underdetermination, it recommends itself more highly than does the more narrow view of traditional cognitive therapy. But, this is merely a practical recommendation made at the level of meta-science, not necessarily a realizable and rational option for the cognitive therapists at work in the trenches. So, in a sense, I have changed the subject.

⁸. The principle is not neutral to any interpretation of *rational*. Specific features that make a choice rational may vary between (a.), (b), ~(a.), and ~(b.). Only if, it could be shown that consideration of broader scope has the same evaluative weight across all interpretations of cognitive therapy would it prove neutral.

I've had to step out of the cognitive therapists perspective and introduce methodological values that could not have been arrived at through a consideration of the cognitive therapist' theory alone. Perhaps, I've given an answer to the question, "Ought the theory of cognitive therapy assimilate the new proposal." The question remains, "Can the theory of cognitive therapy assimilate the new proposal." Ordinarily we are inclined to accept easily that Ought implies Can. For surely it is outrageous to insist that one ought to do what could not possibly be done. But, It's an additional step to go from ought implies can to showing just how it is so.

Here the argument is more than just projectability vs synonymy. Here there is a positive choice to be made by traditional cognitive therapists that is not answerable from within the perspective of the cognitive therapist' tradition. It will take a certain leap of faith. For, if I've been right to suggest that there may be an incommensurability between construing cognitive therapy in a traditional way and understanding it as assessment of dialogues, cognitive therapists will be barred from rational comparison of the competing views. Since, it is a corollary of the incommensurability thesis that it creates a cognitive crisis which effectively rules out rational comparison.⁹

So, let us step forward and see what sort of religion our leap leads us toward. There are already available within cognitive theory a number of paths that hint in a direction which may prove friendly to the information theoretic construal of cognitive therapy. We can start to see down this path by asking the question: Can a general - dimensional account of valuation, embodied in affect, be integrated into an account of rational decision making?

By a dimensional account of cognitive therapy I mean accounts of therapy that incorporate a hypothesis to the effect that differences in behavioural output [which we term variously in our folk psychology as moods, impressions, interpretations, etc] are, when viewed from the perspective of neuro-psychology, best understood as described in a function implemented over time at various degrees or levels of activation through out a neural net.

By a general account I mean accounts of cognitive therapy which accept the proposition that valuation is a singular type of cognitive process with many guises. Such accounts might hypothesize that the neuro-biological underpinnings of valuation events are [or more weakly, are best modeled as] some single set of functions implemented throughout our neural nets. If some such account is accepted it might have the potential to provide the basis for mapping and tracking the information exchanges of dialogues.

By contrast, non-general accounts of cognitive therapy focus on differences between moral valuation, economic valuations, aesthetic valuation, etc. While such non-general accounts often provide us with valuable insights, they often carve up the domain of discourse in as

⁹. The debate about the rational comparability of incommensurables goes on see, Heunegan-Huene and Sankey 2002 for recent reflection.

many unproductive as productive ways.¹⁰ Non-dimensional accounts focus on discrete categories such as good, bad, true, false, functional, dysfunctional, etc., and produce hierarchical classification, e.g. DSM-IV-TR. The information theoretic account, aware that hierarchical classification presents the threat of incommensurability (Kuhn 1991, 1991b, Sankey 1997), prefers dimensional models because they provide methods for dealing with fuzzy boundaries not available to categorical models.

A Peek at Meta-Philosophy and Normative Naturalism

As for nutty clients, I'm afraid I have little to offer at present. I'll leave that for another time. I want, instead, to take a look back over the territory we've traversed so that I can ask still another question, a question about the value of the path itself. Are we trying to understand rationality and value, or has the enterprise warped, unnoticed, into some other zone? I think it has. Beneath all these recent efforts to re-invent rationality in a way that accommodates emotion, I detect a current - a current I hope shared by us all which partly defines us as philosophers, perhaps even as persons. Since, we have been wrestling with integrating emotions into value and rationality, I can say undefensively that I have a peculiar emotion, a kind of longing characteristic of philosophers, small children, and the dying. This peculiar longing has not, to my knowledge, been given a name except in the context of meta-philosophy as philosophical longing. Sometimes we want the longing to stop. Other times we want to savor the longing. For sometimes, it is a hopeful longing or it creates excitement in other ways. But always it is ahead of us - the object never quite reached. This is, of course, familiar ground eloquently covered by other philosophers. It's part of the story we tell to our philosophy 101 students who wonder what we are going on about. But in the context of this presentation we can look at the project of containing emotion in an information theoretic approach to cognitive therapy and ask ourselves, why. How is it we are tempted to think this might be a good way to effect this containment? Why pursue this path rather than some other. What inclines us to even try? One answer is that It's the sort of program of research that would fit in with a normative naturalist approach. What peaks our interest in attempting to do it this way? What gives it the feel of a comforting possibility?

¹⁰. In *Boundary* (forthcoming, Deaking University) I argue that certain attempts to distinguish therapy from ethics are incoherent.

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