

ELLIOT D. COHEN

COGNITIVE-BEHAVIOR INTERVENTIONS FOR SELF-DEFEATING THOUGHTS

HELPING CLIENTS TO OVERCOME THE TYRANNY OF “I CAN’T”



“Remarkable addition to increasing CBT’s effectiveness in one of its most challenging areas: dealing with the low frustration tolerance that leads to addictive behavior or avoidance of uncomfortable tasks that block people from achieving their goals. It clearly demonstrates, with case examples, how to identify the self-defeating thoughts, ‘I can’t stand it,’ ‘this is too hard and uncomfortable,’ ‘it’s hopeless’ and replace them with counter-messages that increase motivation and the likelihood of overcoming emotional blocks to behavioral change. A brilliant book and a truly outstanding expansion of the literature on increasing client motivation.”

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“Long before CBT, Albert Ellis fashioned a cognitive-emotive-behavioral approach that conditioned our current age of therapies. Elliot D. Cohen has philosophized this approach with his Logic-Based Therapy and virtue ethics, which has generated a worldwide movement. This volume is a marriage between applied psychology, logic, and what philosophy has to contribute to the behavioral sciences.”

Prof. Jon Mills, PsyD, PhD, ABPP,
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Cognitive-Behavior Interventions for Self-Defeating Thoughts

Integrating Cognitive Behavior Therapy (CBT) with a logic-based restructuring of Rational Emotive Behavioral Therapy (REBT), this book provides therapists with a guide for addressing self-defeating thoughts and behaviors.

Cohen explores how the tyrannical use of the words “I can’t” creates and sustains many commonplace behavioral and emotional problems. It shows how cognition and affect are intimately connected, demonstrating how cognitive-behavioral interventions help clients to address both their feelings and irrational ideas. Each chapter explores a specific problem, including low frustration tolerance, obsessiveness, risk avoidance, phobias, intolerance to criticism, dependent personalities, and much more. The theories developed throughout are integrated with practice sections and session transcripts that focus on the application of these theories for the treatment of clients who have self-destructive linguistic habits. Cohen also provides resource materials including reflection activities, bibliotherapy, meditation, and step-by-step guidance.

This book is essential reading for mental health professionals looking for novel techniques of using CBT, life coaches, positive psychology coaches, counselors, and academic and clinical researchers who work with CBT.

Elliot D. Cohen, Ph.D., is president of the Logic-Based Therapy & Consultation Institute, with training centers in the United States, India, and Taiwan. He is a professor at Florida State College of Medicine, Ft. Pierce Regional Campus, and a professor and department chair at Indian River State College.



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Cognitive-Behavior Interventions for Self-Defeating Thoughts

Helping Clients to Overcome the
Tyranny of “I Can’t”

Elliot D. Cohen

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Albert Ellis began a philosophical revolution in psychotherapy, seeing that science and humanities were joined at the hip. This work is a part of that revolution.



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Preface

The theory I present in this book is one I have been refining since 1985, a version of Rational-Emotive Behavior Therapy (REBT) that I call Logic-Based Therapy (LBT), with particular application to various self-destructive uses of the words, “I can’t.” These words can be perilous for clients who believe they “can’t” exercise their own judgment and end up slaves to others; who tell themselves they “can’t” take risks and end up keeping themselves from moving forward; who find it beyond their capacity to sit still and forego immediate gratification to enjoy long-term gains; who tell themselves (or their therapists) that they just can’t stop ruminating about “horrible ideas”; who narcissistically believe they are the arbiters of reality and “can’t stand” disagreement or correction by others; or who blame things on other people or events and then proclaim with a false sense of incapacity that they “can’t” help feeling as they do. These uses of “I can’t” keep clients in a perpetual never-never-land of painful feelings and behavioral responses that destroy their personal and interpersonal happiness.

These self-stultifying words do not float about in thin air, however. They are supported by an edifice of irrational linguistic actions (“speech acts”) that lead one to finally say, “I can’t.” It is this “leading to,” the logical gymnastics (chains of inferences) many unhappy people go through to deduce their disavowal of capacity, that I have tried to unpack. To accomplish this goal, I have used a litany of resources gleaned from clinical observations, existing literature, and studies in neuroscience.

I believe the present book is a testament to the future of psychotherapy, for it is a future that is increasingly being influenced by groundbreaking discovery in neuropsychology and neuroscience. I have therefore incorporated a large amount of neuropsychological research on emotion and cognitive processing, both meta-analyses of current literature as well as important research findings based largely on functional magnetic resonance imagery (fMRI) studies. And I have attempted to link these studies with the emotional language and underlying negative feelings that appear to drive many and sundry behavioral and emotional problems.

The present approach harnesses philosophy to help people feel and do better. So, it is edifying that neuroscience has provided some insights that

reveal how the language of philosophy can be good for the psyche. But not just philosophy meandering about—philosophy cast in language that is uplifting and has the potential to illuminate a client-friendly road to virtue: such aspirational goals as Courage, Authenticity, Patience, Temperance, Unconditional Self and Other-Acceptance, Prudence, and more.

Throughout this book I have capitalized the words referring to these virtues in attempting to capture their exalted, lofty, aspirational status. For it is their association with human excellence that can help clients overcome the complacency that keeps them in a state of denial of their freedom and responsibility.

While Albert Ellis, who invented REBT in 1955, did not describe his approach as virtue-based, running through his theory is a commitment to promoting human happiness through virtuous living. For example, the terms “Unconditional Self-Acceptance” and “Unconditional Other Acceptance” are his words, which I have adopted in the present work. These ideas are ideals, abstract goals, character traits to be internalized and cultivated, cognitively and behaviorally. In short, they are “guiding virtues.”

From its inception, REBT has stood out from other CBT approaches by virtue of its emphasis on the evaluative nature of cognitions that drive self-defeating emotions and behavior, for example, demandingness, catastrophizing, and damnation. Indeed, any analysis of what goes on when a human being flies into a rage, or goes into a deep dark depression, could not be grasped without keying into the negative valence of such emotions.

While inductive overgeneralizations (“Everyone hates me,” “I will never find another lover”) and other forms of unjustified, empirical report play a key role in driving a person to become depressed (or anxious), such reports, alone, are impotent in leading to such devastating emotions without the person pronouncing himself a “failure” or “loser”; writing off his existence as “meaningless” or “a waste”; denouncing the world as a “terrible place”; rating an event as “awful,” “or “the worst that could happen”; or demanding that such undesirable things “must” or “should” not happen. Negatively rating or evaluating the world, an event, or oneself, through the use of negatively charged language, is an essential aspect of the processing of negative emotions.

Clients make logical inferences when they process emotions. Here I am not speaking about largely prewired responses to an environmental stimulus perceived to be dangerous, such as bear fear. I am speaking instead about emotions that have neurological correlates in cortical brain structures (not primarily subcortical ones such as the amygdala), for example, guilt, depression, anxiety, and anger. This book examines these “cognitive” emotions in the light of neuropsychology and effectively demonstrates that the long-held dichotomy between affective psychotherapies and cognitive ones is a false dichotomy.

In sum, the approach presented in this book is eclectic, providing a coherent and systematic synthesis of logic, language, philosophy, virtue

theory, and neuroscience; aiming at helping clients overcome self-destructive, freedom-debilitating, responsibility-denying uses of “I can’t.”

On a personal note, Albert Ellis always encouraged me to expand on the philosophical and logical roots of his theory. In 2007, about a week before he passed, I visited him while he was in the hospital. I vowed to him that I would spend my life building on the edifice of REBT. The present work is my latest attempt to honor this commitment, and the legacy of this magnanimous person who helped millions through his therapy and kind nature.

1 Logic and Language

In 1955, philosopher J. L. Austin delivered a set of lectures at Harvard later published under the title, “How to Do Things with Words” (Austin, 1975). These lectures pointed out a different way to perceive the use of natural language. Instead of seeing the primary use of language as making true or false statements, Austin focused on how it could be used to *do* things—to perform various speech acts, from marrying a couple, bequeathing one’s property to one’s heirs, naming a ship, and casting a bet, to making a promise. Thus, in saying “I promise,” under certain conditions (for example, being in a position to keep it), one does not simply make a statement that is either true or false. Rather, one actually *does* something with words, namely make a promise, which can, in turn, have various practical consequences, including legal ones in some cases. This emphasis on the *performative* use of language has been key to the development of the first cognitive-behavior therapy (CBT).

Self-Disturbing Speech Acts

At about the same time Austin was delivering his lectures at Harvard (in Cambridge, MA), psychologist Albert Ellis (in New York City) was working out the details of his “Rational Therapy,” which was to provide the first ever version of CBT. In discussing the origins of his psychotherapeutic approach in his 1962 classic, *Reason and Emotion in Psychotherapy*, Ellis summed up what has become a cornerstone of his version of CBT, which he later called, Rational-Emotive Behavior Therapy (REBT):

I had finally ... at least to my own satisfaction, solved the great mystery of why so many millions of human beings not only originally became emotionally disturbed, but why they persistently, in the face of so much self-handicapping, remained so. The very facility with language which enabled them to be essentially human—to talk to others and to talk to themselves—also enabled them to abuse this facility by talking utter nonsense to themselves: to *define* things as terrible when, at worst, these things were inconvenient and annoying. (p. 21; emphasis in original)

Importantly, Ellis italicized the word “define” to suggest that people *do* something linguistically to upset themselves, namely *define* things as terrible rather than as inconvenient or annoying. In 1961, in Ellis and Harper’s *A New Guide to Rational Living*, the authors state, “[P]recisely because we tell ourselves . . . catastrophizing sentences, we almost immediately begin to feel anxious” (p. 10). Further, they go on to state:

Misery . . . consists of two fairly distinct parts: (1) desiring, wishing, or preferring that you achieve some goal or purpose and feeling disappointed and irritated when you do not achieve it; and (2) demanding, insisting, commanding, and urgently necessitating that you achieve this goal or purpose and feeling bitter, enraged, anxious, despairing, and self-downing when you do not. (p. 77)

In “part 2” (which the authors indicate accounts for the self-defeating negative emotions), we find a list of *speech acts*—“demanding, insisting, commanding, and urgently necessitating,” which, along with “catastrophizing” and “damning,” provide insight into some key speech acts that human beings *perform* to emotionally disturb themselves.

More specifically, the above-mentioned speech acts each comprise classes of speech act with different types. Table 1.1 identifies, describes, and illustrates some common types of demanding perfection examined in this book.¹

The term “must” is used in Table 1.1 to illustrate most (but not all) the respective types of demanding perfection. Within the category of motivational language (Cromwell et al., 2020; Siddharthan, 2018), the latter term appears to be rooted in a feeling of necessity: an interoceptive (somatic) *feeling of need*. For instance, phenomenologically, the client who demands that he *must* always be right feels a need to always be right.

As illustrated in the cases of existential and treatment perfectionism in Table 1.1, other terms, such as “should” (or “ought”) may also be used to demand perfection (“Bad things *should* never happen”; “Others *should* never deceive me”). The latter should-demands differ from must-demands, however. For example, while the “must” in must-demands expresses a felt need, the “should never” expressed in “Bad things should never happen” and “Others should never deceive me” appears to express an *automatic, gut feeling of wrongfulness or unfairness*, or, following one tradition in moral philosophy, what may be called a “deontological feeling” (Cropanzano et al., 2017; Manfrinati et al., 2013; Greene et al., 2001).

Such a feeling appears to present as an “intuition” about the inherent wrongfulness or unfairness of something, that is, a nondiscursive (non-inferential), interoceptive, deontological feeling about the thing in question (Cushman et al., 2006; Manfrinati et al., 2013). Thus, a demand that bad things *should never* happen appears to express such an intuition.

Importantly, the latter demand resembles a must-demand by virtue of making an *absolutistic* (exceptionless or unconditional) demand. Words such

Table 1.1 Speech Acts of Demanding Perfection (Cohen, 2019a)

<i>Type of Demanding Perfection</i>	<i>Definition</i>	<i>Example</i>
Outcome Certainty	Demanding certainty about the outcomes of one’s actions.	“I must be certain I won’t fail.”
Existential Certainty	Demanding certainty that bad things won’t happen to oneself or one’s loved ones.	“I must always be certain that bad things won’t happen.”
Moral Certainty	Demanding certainty that one won’t do (morally) bad things.	“I must be certain I won’t do something wrong.”
Treatment	Demanding that others always treat one fairly.	“Others should never deceive me.”
Existential	Demanding that the world not contain bad things.	“Bad things like pandemics should never happen.”
Performance	Demanding that one not make mistakes that could reflect badly on what others may think. ^a	“I must not fail to do what is expected of me.”
Hedonic	Demanding immediate (or fast) gratification.	“I must get what I want immediately.”
Epistemic	Demanding that reality be just what one says it is.	“I must always be right.”
Approval	Demanding the affection, confidence, or approval of others as a condition of one’s own self-worth.	“I must always get the approval of others.”

Note

^a This type of perfectionism is usually deduced from approval perfectionism. For details, see Chapter 12 on dependent capacity disavowals.

as “never” or “always” are intended to linguistically express this dimension of deontological feelings: like felt needs, they *feel* absolute. Of course, it makes no sense to demand that bad things never happen because one has no control over this, and there is no practically significant chance of such things *not* ever (or almost ever) happening. Thus, both must-demands and should-demands appear to feel equally compelling (phenomenologically) to the person making the demand. For, in either case, what is being demanded feels equally non-negotiable.

Table 1.2 identifies, describes, and illustrates some common damning speech acts.

Words to perform speech acts of self-damnation such as “loser” or “worthless” appear to be associated with feelings of unworthiness.² Terms to damn others such as “piece of shit” or “stupid asshole” appear to be associated with feelings of anger.³ Terms such as “terrible place,” to perform global damnation are associated with a feeling of hopelessness.⁴ Terms such as “not worth living” or “sucks” to perform existential damnation are associated with a feeling of whole-life devaluation.⁵

Table 1.2 Damning Speech Acts (Cohen, 2016)

<i>Type of Damning</i>	<i>Definition</i>	<i>Example</i>
Self-Damning	Condemning or largely devaluating the worth of oneself <i>as a person</i> .	“I’m a total loser.” “I’m not completely worthless, but damn close.”
Damning Others	Condemning or largely devaluating the worth of others <i>as persons</i> .	“He’s a piece of shit.” “He might not be the worst person in the world but he’s a stupid asshole.”
Global Damning	Condemning or largely devaluating, the value of the world.	“The world is a terrible place.” “Mostly shit happens.”
Existential Damning	Condemning or devaluating one’s life or existence as a whole.	“My life is not worth living.” “My life mostly sucks.”

Table 1.3 identifies, describes, and illustrates two types of catastrophizing.

For instance, pretemporal catastrophizing is often performed by clients who are risk-avoidant or who have phobias.⁶ The words, “awful,” “horrible,” and “terrible” are commonly associated with this type of catastrophizing and with intense feelings of fear including that of mortal danger, as in panic attacks.⁷

Post-temporal catastrophizing is often performed by clients who tend to blame their feelings on the bad things happening in the world, or on other people, and is associated with feelings of depression or hopefulness, or anger.⁸

The treatment of CBT in this book, which is based on Ellis’ Rational-Emotive Behavior Therapy, keeps this original focus on the role of linguistic activities in creating emotional disturbances. In fact, the influence of language on the emotions can be traced back to ancient times, particularly in the writings of Stoic philosopher, Epictetus, whom Ellis credits for providing a foundation for REBT. Epictetus (2003) stated

Table 1.3 Catastrophizing Speech Acts—While Pre-temporal Catastrophizing Tends to Support Anxiety, Post Temporal Tends to Support Depression

<i>Type of Catastrophizing</i>	<i>Definition</i>	<i>Example</i>
Pre-temporal	Negatively evaluating <i>the future</i> by magnifying the risk (or probability) of an extremely bad outcome.	“If I lose my job, it would be awful—I would probably never find another job and end up on the street.”
Post-temporal	Negatively evaluating something that <i>has happened</i> by exaggerating its badness.	“Now that I lost my job, I might as well be dead.”

It is not the things themselves that disturb men but their judgments about these things. For example, death is nothing dreadful, or else Socrates too would have thought so, but the judgment that death is dreadful, this is the dreadful thing. When, therefore, we are hindered, or disturbed, or grieved, let us never blame anyone but ourselves, that means, our own judgments. (p. 260)

So, according to Epictetus in the act of negatively *judging or evaluating* something (for example, rating death as “dreadful”), a person *makes* himself upset. However, while seeming straightforward, this incredibly powerful insight is subject to interpretation; for the relation embedded in “making oneself upset” can be treated as a *logical* or *causal* relation. Roughly, according to the former approach, the act of judging something to be dreadful is part of a logical process whereby one *decides* to upset oneself by reasoning irrationally. According to the latter approach, the act of judging something to be dreadful *causes* one to become upset. Which approach is embraced can have profound implications for the theory (and practice) of CBT.

Ellis embraced the causal approach, thereby influencing the development of CBT in the direction of an empirical science, that is, one that looks for causal relations. In contrast, the approach taken in this book makes *epistemic justification* (how to rationally justify one’s judgments and behavior), the cornerstone of CBT (Cohen, 2019b). Ellis’ causal approach is based on his “ABC theory.”

Ellis’ ABC Theory

As Ellis (1962) discloses in his description of the origins of REBT, as a practicing psychoanalyst, he was originally influenced by Sigmund Freud’s psychoanalytic approach, which viewed human beings as largely causal products of their childhood experiences. Accordingly, while Ellis was among the first psychoanalysts to challenge the psychoanalytic approach with its emphasis on the past, he did not abandon its causal etiological roots. Like Freud, he still viewed clients’ mental disorders as the causal products of events in their lives; however, unlike Freud, he believed that clients were also active contributors to this causality through their present (unrepressed) *cognitive* contributions. In this regard, Ellis’ model contained three psychological points that account for human cognition and behavior (Ellis, 1985):

- A: Activating event
- B: Belief
- C: behavioral and emotional Consequence

According to the “ABC theory,” the events at point A do not *directly* cause the behavioral and emotional consequences at point C. Rather,

the latter consequences are jointly caused by the events at point A along with beliefs at point B. For example, a person is not *made* (caused) to become depressed at point C *merely* by being divorced at point A. Instead it is the divorce, *together with what the person tells himself at point B* (“I’m the world’s biggest loser!”), which *causes* the depression. This model is causal because the depression is a *consequence* of a jointly sufficient set of causal conditions (the divorce at A *and* the self-damning belief at B).

A causal relation is a relation between two events, the first being the cause of the second (the effect). The relation is *inductive*, that is, established empirically. For example, it is observed that people who experience divorce and catastrophize about it, become, or tend to become, depressed. However, while this may be true, this analysis does not capture the actual *thought process* that a client goes through in becoming depressed. Moreover, it suggests that the depression is *distinct* from the set of beliefs that causes it. Thus, showing the client that his divorce at A and belief at B is causing his depression at C does not capture entirely what the client is going through psychologically *during* the depression.

By contrast, on the epistemic or logic-based model developed in this book, the depression is *not* distinct from the set of beliefs undergirding it. Further, on this model, the logical inferential process internal to the emotion tracks *neurological* changes in regions of the brain that modulate emotions as well as phenomenological shifts (shifts in consciousness). This model starts with the premise that consciousness is intentional.

The Intentionality of Emotions

In the previous example, the client is depressed *about* the divorce. During the depression, the divorce exists phenomenologically as an intentional aspect of consciousness. More generally, emotions have *intentional objects* (Husserl, 2001). So, one is angry *about* something that someone else did. One feels guilty *about* having done something one perceives to be morally wrong. One is anxious *about* possible, negative consequences of a future event (Cohen, 2016). In this phenomenological sense, it means that the divorce is not related to the depression as cause to effect. It is, instead, the object of consciousness in the depression, not necessarily its cause. This is because intentional objects themselves need not be causes of the conscious states of which they are objects. For example, one can be angry about something that never happened and thus it could not possibly be causing the anger. In the case of the divorce, the actuality of the divorce is not causal, and the client could simply imagine that his wife divorced him, or falsely think that she intends to divorce him, and still be depressed or anxious about the inexistent intentional object (Cohen, 2005).

Emotions as Complex Linguistic Activities

Further, in experiencing emotions, people *rate or evaluate* their intentional objects or some aspect of their intentional objects (Cohen, 2016). For example, in being depressed about the divorce, the client may be rating it as “the worst thing in the world,” and, *in so doing, catastrophize* about it.

Phenomenologically, emotions can be defined according to their intentional objects and ratings. Table 1.4 provides some examples of cognitive definitions (Cohen, 2016).

Such definitions succinctly capture what is going on referentially and linguistically during an emotion. The rating activity undertaken by engaging in each emotion captures the (nondescriptive) speech act, or performative aspect of the emotion while the intentional object captures the descriptive (reportative) activity. This underscores that one does not merely have an emotion; that is, it does not just happen to someone. Rather, an

Table 1.4 Definitions of Some Troublesome Emotions Using O+R

<i>Emotion</i>	<i>Intentional Object</i>	<i>Rating</i>
Anger	An action.	Strong, negative rating of the action itself or the person who did it.
Guilt	A moral principle, which you perceive yourself to have violated.	Strong condemnation of the perceived violation or yourself.
Shame	An action or state of yours.	Perception of others to be strongly, negatively morally judging you, your action, or state; on the basis of which perceived judgment you also strongly, negatively morally judge yourself, your action, or state
Depression	An event or state of affairs.	Strong, negative rating of this event or state of affairs, on the basis of which you persistently, over a period of time, bleakly rate yourself, your own existence, or the world as worthless or hopeless.
Grief	The loss of a loved one.	Strong, negative rating of this loss on the basis of which you intermittently bleakly perceive your own existence.
Anxiety	A possible future state of affairs.	Strong, negative rating of this perceived possibility such that you also perceive a <i>need</i> to ruminate about it.

emotion, or, more appropriately, the *act of emoting*, involves a *complex linguistic performance* undertaken vis-à-vis an intentional object. Table 1.4

Constructing the Client's Primary Syllogism

Like any other form of intentional behavior, such emotive linguistic acts tend to be based on reasons for undertaking them. By “reasons” I am not referring to subconscious motivation, although this does not mean that such motivation does not also occur. Instead, the sense of “reason” here is that of “justification” or train of logical thinking or argument to justify the act. Further, as discussed below, in identifying the intentional object and rating of an emotion, it is also possible to construct the *evaluative reasoning process* that comprises the linguistic performance involved in emoting. This approach—that of constructing the reasoning process involved in emoting—is what I mean by the *logical approach* to “making oneself upset,” as distinguished from the causal approach taken by Ellis, discussed previously.

One type of human reasoning that can represent this emotive process across a diverse field of emotions is *deductive reasoning*. This is a form of reasoning in which one set of meaningful strings of symbols (the premises) *necessitates* (or *logically entails*) a further meaningful string of symbols (the conclusion). By “necessitates” (or “entails”) I mean that, the transformation, or *inference*, from the first string of symbols to the second is entirely a function of *linguistic rules*, and therefore does not depend upon the use of sense perception vis-a-vis the external world (Cohen, 2009). This does not mean that the meaning or interpretation of the strings of symbols manipulated *a priori* is not gleaned empirically. Indeed, confirmation of the existence (or in-existence) of intentional objects depends on sense perception.

Modus ponens is the most basic linguistic rule for making deductive inferences. The deductive inference rule simply states,

From the set of premises *[(If p then q & p)]* infer the conclusion *q*
 where *p* and *q* are placeholders for semantically meaningful strings of symbols. For example, the following inference proceeds according to the *modus ponens* inference rule:

(First Premise) If it rains, then there are clouds.

(Second Premise) It's raining.

(Conclusion) There are clouds.

Linguistically, the above inference is purely descriptive or reportative. The first premise describes a sufficient condition for clouds, namely rain. The second premise reports that it is raining; and the conclusion reports that there are clouds. Such an inference generated from the *modus ponens* rule performs a complex linguistic activity of *reporting* an event (it's raining) along with the activity of *describing* a causal law (if it rains, then there are clouds), and then *deducing a further report* (there are clouds) from these premises. Such an inference may therefore be appropriately referred to as a

reportative syllogism because its primary function is to *report* the conclusion it deduces. The term “syllogism” refers to a deductive argument with just two premises (Cohen, 2009).

In contrast, the complex logic-based activity performed in emoting is not purely descriptive or reportative. While it also uses *modus ponens* as its inference rule, emoting also includes performance of *evaluative* speech acts. Its *modus ponens* inference rule proceeds according to the following instantiations of *p* and *q*:

From [(If O then R) and O] infer R

where O represents the emotion’s intentional object and R its rating (Cohen, 2016). For example, recall the case of the depressed client discussed earlier. Where O is “My wife divorced me (against my wishes)” and R is “I’m the world’s biggest loser,” the following inference is generated from the above inference rule:

Primary Syllogism:

(Emotional Rule) If my wife divorced me then I’m the world’s biggest loser.

(Report) My wife divorced me.

(Conclusion) Therefore, I’m the world’s biggest loser.

The above syllogism is an example of the client’s *primary syllogism* (Cohen, 2016). It is “primary” or “basic” in the sense that it is constructed out of the O & R elements the therapist *first* gleans from the client’s responses to the therapist’s open-ended questions posed to elicit the client’s O and R (see below “Practice” section). In further challenging the client to support his premises, a multitiered syllogism chain may be generated from the primary syllogism. This aspect of helping the client to construct the evaluative reasoning process underlying his emotion is addressed in Chapter 2.

In the example of a primary syllogism, the central purpose of the client’s complex linguistic activity is not merely to report something but rather to *damn himself*. In the first premise, the client accepts a rule that gives him permission to damn himself if his wife divorced him against his wishes. This premise is therefore appropriately called an *emotional rule* because it is the rule the client uses to upset himself about the divorce.⁹ In the second premise, the client *makes a report and files it under the rule* (makes a report that confirms the antecedent of his rule); and, following *modus ponens*, the client then, in his conclusion, proceeds to *damn himself* about having been divorced by his wife. As such, the primary function of the client’s complex linguistic activity is to damn himself for the divorce, which defines a primary cognition embodied in the client’s *depression* (see rating column of definition of depression in Table 1.4).

Box 1.1 Practice

Therapist (T)–Client (C) Exchange

Identifying the Primary Syllogism

To construct this primary syllogism, the therapist gathers the client's intentional object (O) and rating (R) by asking open-ended questions. At this stage of therapy, the therapist is nonconfrontational and nondidactic. Authenticity, Unconditional Positive Client Acceptance, and Empathy are key virtues for success in eliciting the O & R from the client. Here is how the therapeutic dialogue might proceed at this juncture:

- Therapist (T):* So what's going on?
- Client (C):* Last week my divorce was finalized.
- T:* I see. So how do you feel about that?
- C:* I didn't want this divorce. She was the one who wanted out of the marriage. I have been very depressed about it.
- T:* So, you are *depressed about your wife divorcing you against your wishes*?
- C:* Yes, now that it's final. [Here, the client confirms the therapist hypothesis about the client's O.]
- T:* So, on a bad scale of 0 to 10, just how bad is it that your wife divorced you against your wishes?
- C:* It's definitely a 10.
- T:* That's pretty bad!
- C:* Yes, it really is.
- T:* Is this negative rating also a rating of *yourself* or just of your wife's divorcing you? In other words, are you thinking anything negative about *you*, or just how shitty it is that she divorced you?
- C:* Well, I mean, she divorced *me*, for God sake! I must be *the world's biggest loser!* [Here, the therapist elicits the client's R.]
- T:* So, is this how you are reasoning? If your wife divorced you against your wishes, then you are the world's biggest loser. And, since she did, in fact, divorce you (your divorce was just finalized), you must then be the world's biggest loser?
- C:* Yes, that's exactly what I'm thinking.

Aristotle appears to have been the first to observe the intimate nexus between emotions and so-called “practical” or “evaluative syllogisms” (syllogisms in which the conclusion performs an evaluative speech act). According to Aristotle, “anger and sexual appetites and some other such passions,” are “under the influence (in a sense) of a rule and an opinion [report]” (Aristotle, 1941, bk. 7, chap. 3, 1041). With this brief statement, Aristotle introduced a crucial ingredient to a logic-based theory of CBT, one that could constructively be applied to Ellis’ REBT in lieu of his “ABC theory.”

Notes

- 1 More exactly, the types of perfectionism included in Table 1.1 drive the types of capacity disavowals addressed in Part 3 of this book.
- 2 See Chapter 12.
- 3 See Chapter 9.
- 4 See Chapter 9.
- 5 See Chapter 13.
- 6 See respectively, Chapters 7 and 10.
- 7 See Chapter 10.
- 8 See Chapter 9.
- 9 Just how such a rule figures in the emotional process is considered in the discussion in Chapter 5 on neurological correlates of evaluative syllogisms.

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