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Bess Greenberg

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An Examined Life Worth Living: Analysis of Socratic Philosophy as a Foundation for Cognitive-Behavior Therapy and Defense Against Edward Erwin's Rejection of Philosophy as a Foundation for Behavior Therapies

by

Bess Greenberg

Jeremy Bell
Adviser

Philosophy

Jeremy Bell

Adviser

John Lysaker

Committee Member

Aubrey Kelly

Committee Member

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Bess Greenberg

Jeremy Bell

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Abstract

An Examined Life Worth Living: Analysis of Socratic Philosophy as a Foundation for Cognitive-Behavior Therapy and Defense Against Edward Erwin's Rejection of Philosophy as a Foundation for Behavior Therapies
By Bess Greenberg

Socrates famously proclaimed that “the unexamined life is not worth living,” a decree that is now currently reflected in the popularity of talk therapies. In this thesis, I examine the relationship between Socratic philosophy and Cognitive-behavior therapy. I argue that, in light of numerous conceptual and historical connections, Socratic philosophy serves as a foundation for the development CBT. I then refute the argument posited by Edward Erwin in his book *Behavior Therapy Scientific, Philosophical, and Moral Foundations* which rejects philosophy as a foundation for behavior therapies. I conclude with a reflection upon my prior analysis and offer suggestions for how inquiry into the foundations of behavior therapies should be carried out in order to provide the greatest benefit.

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Introduction:

In a time when mental health is proving to itself to be an increasingly significant issue, the value of effective therapeutic treatments cannot be understated. Progress in furtherly developing presently successful counseling techniques is of crucial concern to psychologists and psychiatrists. It is with this in mind that I came to my desire to examine the philosophical underpinnings of Cognitive-behavioral therapy, or CBT. CBT helped tremendously in my older brother's struggle with Obsessive-Compulsive Disorder and thus its effectiveness holds a special place in my heart. In my studies of ancient Greek philosophy, I noticed a compelling connection between the principles of Socratic philosophy and CBT treatment. After diving into this connection, it became clear to me that Socratic teachings serve an exciting and crucial purpose in providing the foundation of CBT. I began to wonder what a conception of this foundational relationship could offer to current understanding of CBT, as well as what it could mean for future progress in CBT research and development. I came to find that a conversation around the foundations of behavior therapies already exists and, in some respect, echoes the conclusions I had come to. However, I found that other aspects of this discussion oppose the probability that any form of philosophy is relevant to behavior therapy's origins. In particular, I take issue with the claims of Edward Erwin, a prominent scholar of psychology and philosophy who published an in-depth inquiry into behavior therapy's foundations which rejects the foundational candidacy of philosophy. It is important that Erwin's rejection of philosophy undergo refutation in consideration of the potential benefits derivable from such inquiry. I contend that Socratic philosophy serves as a foundation of Cognitive-behavior therapy. In light of evidence for this contention, in addition to other failings within Erwin's argument, we should reject Erwin's

thesis. Moreover, we can glean from a reflection upon both of these arguments a conception of how proper inquiry into the foundations of CBT, as well as other therapeutic practices, should be carried out in order to derive the greatest possible benefits.

In chapter one of this paper, I present my argument for Socratic philosophy as a foundation of CBT principles in practice. In the first section of this chapter I illuminate the historical connections between Socratic thought and CBT. In the following section I analyze conceptual similarities clearly found when comparing the contents of Socratic philosophy and CBT.

In chapter two, I support my contention for a rejection of Erwin's thesis. In section one of this chapter, I further clarify why my refutation is pressingly important. In section two, I uncover a wealth of evidence to support my rejection, both in respect to the validity of my argument in chapter one and in regard to other discernible flaws throughout Erwin's rejection of philosophy. I also offer suggestions to modify Erwin's thesis so that it may be considered valid. In section three, I survey two relevant critiques of Erwin's thesis provided by other thinkers and support their contentions in relation to my points within section two of this chapter, as well by considering their objections through application of my assertions in chapter one. In my fourth and final section, I reflect on conclusions taken from all portions of my argument. Additionally, I undertake an examination of how we may imagine that a helpful manner of inquiry could operate, an unfinished question that I wish to offer into larger cross-discipline conversation.

Chapter One:

Section I:

Socrates' renowned pronouncement that "the unexamined life is not worth living" has become a widespread platitude in countless areas of Western thought. Despite its now colloquial usage, this claim asks a profound question that arguably the entirety of the Platonic corpus seeks to answer. What does it mean to properly examine one's life? How does the excavation of self-knowledge create a life worth living? Nearly twenty-five hundred years after Socrates uttered this dictum our world remains heavily invested in the idea of how one best creates a life worth living. This seemingly universal desire for a meaningful life in the current moment is expertly exemplified by the prodigious presence of therapy, an industry which promises to show its clients how to best care for their minds and souls. A currently popular branch of therapy, CBT, honors Socrates's enduring philosophical tradition of self-examination. Comparative analysis of various platonic dialogues and secondary evaluations of Plato's thought in relation to the principles and practices of Cognitive-behavioral therapy reveal how ancient Platonic conceptions such as the Socratic method and the notion of self-care have been utilized and integrated into the doctrine of Cognitive-behavioral therapy, demonstrating the manner in which Socratic philosophy serves as a foundation for Cognitive-behavioral therapy.

The historical precursors to CBT help to reveal its connection to Platonic philosophy. Revered CBT scholar and psychologist Dr. Robert L. Leahy discusses CBT's founding as well as its philosophical beginnings in his manual for CBT principles and application (Leahy). In regard to the former, Leahy describes the work of Aaron T. Beck, an American psychologist recognized

as the founder of CBT (Leahy 7). A. Beck¹ was originally trained in the traditional psychoanalytical model of therapy at Yale Medical School (Leahy 7). In his study of psychoanalysis, he was drawn to Freudian theory, particularly intrigued by the Freudian standpoint on depression, which contends that depression is “anger turned inward” and results from repression of rage (Leahy 7). A. Beck set out to test this theory in a study of the dreams of depression patients, imagining that such dreams would be indicators of the subjects’ underlying anger (Leahy). An examination of patients’ unconscious thoughts was expected to reveal the true, aggressive nature of their depressive tendencies, whereas the patients’ conscious claims during talk therapy were untrustworthy. Unexpectedly, the dream study revealed persistent themes of emptiness, loss, and failure, rather than underlying anger. A. Beck determined that these three prominent themes all appeared to be characterized by a pattern of viewing reality through the lens of a negative bias (Leahy 7). Patients view themselves, their experiences, and their futures through an automatic negative bias. A. Beck termed this conception the “negative triad” (Leahy 7-8). Depression patients were not necessarily living in a depressive reality, nor were they finding themselves trapped in actual manifestations of emptiness, loss, or failure. Rather, they perceived reality through the biased lens of A. Beck’s negative triad. This negative triad of bias toward one’s self, experience, and future, seemed to cause the phenomenal cognitive distortions and automatic thoughts that surfaced in talk therapy sessions with A. Beck’s patients (Leahy 8). His conception of the negative triad propelled A. Beck to move away from Freudian psychology towards the growing burgeoning behavior therapy notions offered by Albert Ellis, which will be expanded upon later in this section (Leahy 8). Utilizing the conceptions of

¹ Aaron T. Beck will from herein be referred to as “A. Beck” in order to distinguish from references to his daughter, Judith Beck, whose work is heavily relied upon later in this paper.

behavioral approaches to therapy, A. Beck eventually refined Ellis' principles into CBT (Leahy 8).

In discussing the philosophical roots of CBT, Leahy claims that the fundamentals of CBT have existed since Greek antiquity and are found clearly within the works of Plato (Leahy 1). Plato's famous "cave allegory" in his philosophical and political magnum opus, the *Republic*, describes a group of men chained to a cave wall for the entirety of their lives, only seeing the blank wall in front of them (Leahy 1). The men see shadows dancing along the wall and are unaware that the shadows are merely reflections of objects passing by a fire that is out of their view (Leahy 1). Although they are not real, for the men these shadows are reality (Leahy 1). Eventually freed from their chains, the men turn around and discover that the shadows have been projections of real figures all along (Leahy 1). Thus, the "reality" of the shadows ceases to exist, and reality is from then on redefined in pertinence to the figures that they see outside of the cave (Leahy 1). Leahy suggests that "we might view cognitive therapy as an attempt to get the patient to unchain himself and see outside of the cave" (Leahy 1). CBT aims to allow patients to see how they are living by a negative and constrictive reality that is untrue or illogical and helps them to find a new reality by which to live their lives. Furthermore, Leahy discusses the relation of Socratic questioning to CBT's practice and the role of the therapist, which I will demonstrate in section two of this chapter (Leahy 1). Thus, Leahy asserts that Platonic thought serves as a key precursor for CBT's eventual development.

British Journalist and policy director Jules Evans provides further insight into the historical connection between CBT and Ancient Greek philosophy in a lecture given at a TEDx philosophy conference (Evans). After suffering from panic attacks in college following heavy use of psychedelic drugs, Evans was diagnosed with social anxiety, depression, and post-

traumatic stress disorder (Evans). He found refuge in a CBT support group and was so awed by the therapy's effect on his life that he began an investigation of CBT's history (Evans). Rational-emotive behavior therapy, eventually refined into CBT therapy by Aaron Beck, was founded by American psychologist Albert Ellis (Evans). Evans traveled to New York City to interview Ellis, which would turn out to be the final interview given by Ellis before his death in 2007 (Evans). Trained as a Freudian psychologist, Ellis became frustrated with the lack of progress amongst his patients and turned to a study of his "first great love," ancient Greek philosophy, in search of a better course of treatment (Evans). Ellis was inspired by the famous words of Stoic philosopher Epictetus: "men are disturbed not by things, but by the principles and notions which they form concerning things" (Evans). According to Epictetus, individuals are not hurt by negative external events, but by the negative internal interpretations and reactions that they have to those events. Evans explains that we are driven by an "inner voice" consisting of our unconscious automatic thoughts, beliefs, and opinions (Evans). We accept these thoughts, beliefs, and opinions as true facts even though they are often far from the truth. Ellis believed that we need to incorporate the practice of Socratic questioning into our lives by constantly and rationally examining the things we are told by our deceptive inner voice (Evans). Evans contends that the same rational dialogue that is used to examine one's beliefs in CBT therapy mirrors the technique of rational dialogue exercised by Socrates in Ancient Greece (Evans).

Ellis commenced incorporating the philosophies of Socrates and Epictetus into his new form of therapy (Evans). A student of Stoicism, the Hellenistic philosophy influenced by Socratic thought, Epictetus produced an interpretation of Stoicism that challenged the traditional practice of Stoic ethics (Graver). Epictetus garnered particular influence from Platonic dialogues and notably reflects the philosophy of Socrates in Plato's *Gorgias* in his optimism of the power

of questioning and clarifying values (Graver). Born a slave in Ancient Rome, he possessed little control over the external circumstances of his life (Evans). Yet, Epictetus developed an impressive philosophy of inner freedom (Evans). He claimed that our lives are divided into two spheres: things that we cannot completely control and things that we can (Evans). Other people, society, the weather, and our economic circumstances are examples of things we can never wield complete control over. According to Epictetus and Ellis, what we can completely control, is our beliefs (Evans). We suffer great pain by either mistakenly attempting to control things in our external sphere or failing to control the beliefs and emotions in our internal sphere (Evans). CBT therapy seeks to prevent this common human error. Moreover, Ellis greatly respected Greek philosophers' understanding that humans are creatures of habit, as evident by their common practices of constantly repeating their philosophical maxims and keeping of daily journals (Evans). Ellis designed his therapy with this in mind (Evans). He foresaw that once a patient learns how to change their internal beliefs they will likely fail to apply them in their lives with any success if they do not constantly and continually remind themselves of and practice their new ways of thinking (Evans). This is why CBT is a *behavior* therapy despite its critical focus on internal thoughts and beliefs (Evans). Patients must be mindful in changing their external behaviors in accordance with their internal thoughts (Evans). Thereby, considering the immense influence of Epictetus and Platonic thought upon Ellis, Evans maintains that CBT has "rediscovered the philosophical wisdom of the Ancient Greeks" (Evans).

Further evidence of the influence of Stoic and Socratic thought upon Ellis is supported directly by Ellis' own account of how he came to develop Rational-emotive therapy, or REBT, in a 2001 *Psychology Today* interview with researcher Dr. Robert Epstein (Epstein). In this informative interview, Ellis tells Epstein that he began his undergraduate career by studying

business at the City College of New York, but philosophy held a special place in his heart and he kept up a study of philosophy as a hobby (Baruch College Alumni Magazine, Epstein). At sixteen years old, Ellis began keeping a diary in which he recorded issues that he held with major philosophers (Epstein). During his PhD at Columbia University Ellis was first trained in Rogerian psychology but “did not buy” the concepts of Rogerians (Epstein). Thus, he practiced upon himself a sort eclectic behavior therapy in order to overcome his fears of public speaking and talking to women (Epstein). Although he witnessed the effectiveness of this behavior-based mode of therapy in the context of his own struggles, Ellis tells Epstein that he “foolishly” deemed Freudian psychoanalysis as what a truly deep and intensive therapy must look like, choosing to cast aside his own therapeutic experience and pursue a Freudian training (Epstein). However, Freudian therapy in practice left Ellis disappointed and without results. While Freud’s methods did provide Ellis’ patients with insight into what may be bothering them, they were then left with no means to change their actual behavior (Epstein). Ellis claimed that Freud’s inefficient psychoanalysis “fell into every irrelevance under the sun” whereas he himself was inclined to practice efficiency (Epstein).

Six years into his career and fed up with the constraints of analysis, Ellis quit his practice (Epstein). During this time, he returned to his first love, philosophy, rereading his favorite ancient thinkers (Epstein). He became reminded of the aforementioned 2000-year-old constructivist notion held by Epictetus (Epstein). Thus, Ellis began to revolutionize the work he was doing with his remaining clients. In patients struggling with issues in love and sex, Ellis noted that his clients were killing themselves with depression and anxiety due to a compulsive and obsessive love for people who did not love them in return (Epstein). Ellis sought to find a middle ground that connected the actual situation of such cases of unrequited love with a

patient's subsequent internal depression and anxiety. These cases so deeply affected his clients due to their irrational beliefs about themselves, such as that they "absolutely must be loved by the person [they] love otherwise [they] are not a good person" (Epstein). In Freudian analysis, a therapist would remain passive and shy away from directing their clients to this realization. Ellis, however, pointed out his client's irrational demands and beliefs (Epstein). Shockingly, some of his clients progressed remarkably quickly (Epstein). In January of 1955, Ellis began calling himself a rational therapist (Epstein). After teaching his method to friends practicing psychotherapy and sending taped recording of his sessions to others, Ellis went on to establish the Institute for Rational Living, or the Alfred Ellis Institute (Epstein).

Much like Socrates, Ellis was at first ostracized by his peers. His critics came from all directions in various psychiatric, social, and psychological professions, all agreeing that overall, this rational and client-directive therapy would not work (Epstein). Ellis claims that his analyst peers were angry at him for turning away from the standard mode of thinking (Epstein). Fortunately for Ellis, instead of being placed on trial for his death like Socrates, REBT overcame its critics and became a widespread therapy that would go on to spawn other behavioral therapies and eventually culminate in Aaron Beck's CBT.

The strongest piece of historical evidence for the foundational role of Socratic philosophy in CBT can be gleaned from Ellis' 1962 book *Reason and Emotion in Psychotherapy*, in which Ellis first introduced the concepts of REBT to the world (Ellis). Ellis concedes that much of the principles of REBT he outlines within his book are not new but were in fact originally conceived thousands of years ago, particularly by ancient Greek and Stoic philosophers, the truths of which "perhaps best set forth by Epictetus" (Ellis 35, 54). Ellis frequently repeats his theory's indebtedness to ancient Greece and Stoicism throughout the book and expresses hope that

modern psychological thinkers will one day “catch up with Epictetus in this respect” and heed his ancient teachings (Ellis 60, 109).

To end my survey of the historical connections between Socratic philosophy and CBT, I will turn to an examination of the profound influence of Socratic thought upon Epictetus. A leading scholar in ancient philosophy and classics, American philosopher Dr. Anthony Long provides an overview of Epictetus’s admiration for and incorporation of Socrates’ teachings in his 2002 book *Epictetus: A Stoic and Socratic Guide to Life* (Long). Much like Socrates, Epictetus did not write his philosophy (Long 201).² Current record of Epictetan philosophy is grounded upon written accounts of Epictetus’ lectures published in the late decades of his life by Arrian, one of Epictetus’ pupils (Long 201-2017). Arrian titled his writings Epictetus’s *Discourses* (Long 871). Of the eight collections of *Discourses* Arrian originally published, four of his books have survived in their entirety and fragmented records are available to support a partial understanding of the remaining four (Long 871).

Long reports that no other philosopher is cited throughout Epictetus’ *Discourses* as frequently as Socrates (Long 1458). Across the four books of *Discourses* which have survived in their entirety, Epictetus quotes and paraphrases over one-hundred passages from sixteen different Platonic dialogues, and nearly all of these passages are constituted of lines directly spoken by Socrates (Long 1481). Moreover, the primary Platonic dialogues Epictetus draws from are those which scholars presume predominantly express the actual philosophy of Socrates, the real historical individual (Long 1481-1487). This is opposed to other Platonic dialogues in which it is probable a fictionalized Socrates appears as a character to explain philosophical notions distinctly developed by Plato in departure from Socratic teachings (Long 1481-1487).

² Citations of Long’s *Epictetus: A Stoic and Socratic Guide to Life* are taken from a *Kindle* edition of his book; in-text citations of Long thus refer to numbered “locations” rather than page numbers.

Although Epictetus developed his philosophy in the context of Stoical tradition, Long posits Socrates as Epictetus's "ideal philosopher" in that Epictetus strove to exemplify Socratic paradigms both in his everyday manner of living and modes of engaging in philosophical conversation (Long 201, 859). The fashion of teaching in which Epictetus instructed his students largely owes to Socratic conceptions of philosophical method, the importance of self-examination, and conducting oneself as an exemplary model of the way of life all humans should strive to embody (Long 201, 261, 1458). All of these Socratic conceptions will be fully explained later in this paper in light of their relation to CBT principles. One such key similarity between CBT and Socratic philosophy I will later elaborate upon in the following section, Socratic elenchus, features prominently throughout Epictetus' *Discourses* (Long 1578-1699). At times, Epictetus employs an argumentative structure nearly indistinguishable from Socratic elenchus as it appears in the Platonic dialogues (Long 1650-1685). I will return to an illustration of Socratic elenchus within Epictetian texts in my later comparison of elenchus and CBT practice.³ For now, the important notion we should observe in Long's account is its further clarification of a historical link between Socratic thought and CBT. Socrates, roughly five-hundred years after his death, greatly influenced the work of Epictetus, and in turn, Epictetus, roughly one-thousand and eight-hundred years after his death, greatly influenced Ellis's development of REBT.⁴

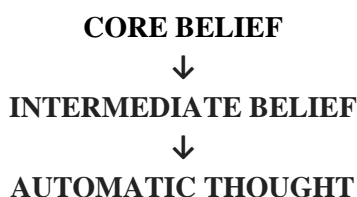
Section II:

In addition to evident historical connections, CBT's rediscovery of ancient Greek philosophy can be further realized with a novice understanding of how and why the therapy works. Psychologist Dr. Judith S. Beck, the daughter of Aaron Beck, provides an overview of CBT theory and practice that is both accessible and comprehensive in her book, *Cognitive*

³ See *figure three*, page 16 of section two.

⁴ Socrates died in 399 BC; it is hypothesized that Epictetus was born in 55 AD and died in 135 AD; Ellis developed REBT in the 1960's. (Ed. *History.com*, Long 294, Epstein, Ellis).

Behavior Therapy Basics and Beyond (Beck 3-267). The underlying theory behind CBT is the notion that a patient's dysfunctional thinking causes all of their psychological disturbances which in turn influence their mood and behavior (Beck 3). For example, if an unmarried female patient has an underlying thought that a woman should be married by the time she is thirty years old, this creates a distortion in her mind that she is inadequate. This distortion leads her to feel depressed and to act out in response to her negative feelings. CBT attends to the root cause of the patients' troubles by identifying and challenging their core beliefs about their world, others, and themselves (Beck 3). These core beliefs are often shaped by one's society and childhood and are so enduring and entrenched in one's mind that individuals are often unaware that they even hold them (Beck 32). Patients do not readily articulate these beliefs to others and themselves (Beck 32). They regard these beliefs as absolute truths. These are root causes of much of their external motivations and actions throughout the course of their lives (Beck 32). CBT asserts that core beliefs influence immediate beliefs consisting of assumptions, attitudes, and rules, such as the unmarried woman discussed above assuming that she has committed a failure by not conforming to a "rule" about being married by the age of thirty (Beck 35). When applied to one's life these immediate beliefs lead to automatic thoughts, such as an unmarried woman thinking that because of her perceived failure she is inadequate (Beck 34-35). CBT classifies "automatic thoughts" as unconscious mental images or activities that are responses to external triggers, such as the unmarried woman's sister becoming engaged, that relate to immediate and core beliefs (Beck 30).



Interception of a patient's core beliefs is the first principle and step of CBT therapy (Beck 7). Several of CBT's heralded "ten principles" illuminate the CBT process and provide content for comparison to the Socratic method. The second principle of CBT is the need for a "sound therapeutic alliance" (Beck 7-8). The therapist must actively engage with the patient and ensure that the patient feels that their thoughts are heard and understood. This is often achieved by repeating the patient's claims back to them (Beck 8). The third CBT principle requires collaboration with the patient in making the therapy a "team effort" by allowing patients to guide the conversation and come to their own conclusions (Beck 8). The fourth principle states that CBT is goal-oriented in that its sessions seek to tackle a specific problem (Beck 8). Unlike other popular psychiatric treatments that do not necessarily approach a specific goal, conversations in CBT therapy set an agenda to address a particular problem and both therapist and patient proceed in pursuit of this goal (Beck 8, 60-62). The sixth principle emphasizes that patients should be encouraged to become "their own therapists" and be inspired to challenge their beliefs on their own accord in the future (Beck 9). This relates to CBT's ninth principle: that patients are taught to "identify, evaluate, and respond" to their dysfunctional thoughts (Beck 10). It is further suggested that for successful therapy, the therapist builds rapport with their patient, educates and socializes them, and tests out hypotheses in concern of their beliefs with them (Beck 60). The goal of the therapist is not to cure the patient but rather to form an alliance that gives the patient a desire to care for themselves and provide them with the necessary tools to do so (Beck 16). A therapist should ask questions such as "what is the evidence that your thought is true?" and "how would this situation look if someone else were experiencing it?" (Beck 23). For the most part, a therapy session should consist of an even exchange where both patient and therapist participate equally.

J. Beck⁵ explicitly suggests that therapists apply the Socratic method in their conversation and evaluation of automatic thoughts (Beck 171-173). The evaluation should be guided by questions for the patient about what evidence supports their ideas, what evidence rejects their ideas, what possible alternative explanations exist, what are the effects of believing their automatic thoughts, and what would they tell someone else experiencing a similar situation (Beck 172). Once a patient realizes that they are in fact constrained by an automatic thought or a core belief the therapy progresses into an attempt to modify the belief (Beck 209). Here J. Beck again suggests the “application the Socratic method” by continuing to question through application of hypothesis and examination of evidence for new ideas in a rational dialogue (Beck 217). At this point, the therapist should begin to employ more persuasive questioning and create a habitual structure for the patient to reflect daily on their old and new beliefs (Beck 217).

With an understanding of the basic principles and procedures of Cognitive-behavioral therapy, one can begin to explore the apparent relationship between CBT and the Socratic philosophy in Platonic dialogues. Platonic dialogues are “philosophical discussions [...] between a small number of interlocutors” who are often non-fictional historical figures (Kraut). These discussions between various Grecian citizens often turn into debates over a plethora of political and ethical matters prevalent to the Ancient Greeks and illuminate Plato’s epistemological and ontological theories (Kraut). In nearly all Platonic dialogues we see Socrates, an Ancient Greek heralded as the founder of Western philosophy, as an interlocutor (Kraut). Socrates operates in these discussions through a method of questioning that has come to be known as the Socratic method or Socratic elenchus.

The most conspicuous of the various similarities between CBT and Plato’s dialogues are found within an analysis of the Socratic method. Plato’s *Alcibiades* provides a clear example of

⁵ Judith Beck is herein referred to a “J. Beck” to distinguish from reference to her father, Aaron Beck.

how Socratic elenchus plays out. In this dialogue, Socrates takes up a conversation with Alcibiades, a burgeoning young statesman (*Alcibiades* 105-129). Socrates offers to help guide Alcibiades in the pursuit of his political ambitions on the condition that Alcibiades grants him the favor of answering his questions (*Alcibiades* 106b). The two begin to debate the nature of war, peace, and justice. (*Alcibiades* 106b-c). The entirety of their conversation is then guided by a fairly equal exchange of question and answer. Socrates explains that it is “partly up to” Alcibiades “to keep [their] conversation going” as much as it is up to Socrates (*Alcibiades* 108c). This reflects CBT’s third principle of the “team effort” of the therapy (Beck 8). Just as the patient and therapist must both actively participate in CBT, the questioner and answerer must also do so in Socratic elenchus. A visual comparison of sample dialogue in both a therapy session and *Alcibiades* further demonstrate this notion:

Figure One: Socratic elenchus (Alcibiades 109a-c).

SOCRATES: And how does this happen? Will you tell me how? For there may be a difference in the manner.

ALCIBIADES: Do you mean by 'how,' Socrates, whether we suffered these things justly or unjustly?

SOCRATES: Exactly.

ALCIBIADES: There can be no greater difference than between just and unjust.

SOCRATES: And would you advise the Athenians to go to war with the just or with the unjust?

ALCIBIADES: That is an awkward question; for certainly, even if a person did intend to go to war with the just, he would not admit that they were just.

SOCRATES: He would not go to war, because it would be unlawful?

ALCIBIADES: Neither lawful nor honourable.

SOCRATES: Then you, too, would address them on principles of justice?

ALCIBIADES: Certainly.

SOCRATES: What, then, is justice but that better, of which I spoke, in going to war or not going to war with those against whom we ought or ought not, and when we ought or ought not to go to war?

ALCIBIADES: Clearly.

In figure one, Socrates almost exclusively offers questions to Alcibiades regarding the young man's future duty to advise Athenians in matters of war and peace, whereas Alcibiades responds with answers (*Alcibiades* 109a-c).

Figure Two: Sample CBT session (Beck 24).

your mind right now.

PATIENT: [automatic thought] I won't be able to handle a job.

THERAPIST: [labeling her idea as a thought and linking it to her mood]
And how does that thought make you feel?

PATIENT: [emotion] Sad. Really low.

THERAPIST: [beginning to evaluate the thought] What's the evidence that you won't be able to work?

PATIENT: Well, I'm having trouble just getting through my classes.

THERAPIST: Okay. What else?

PATIENT: I don't know ... I'm still so tired. It's hard to make myself even go and *look* for a job, much less go to work every day.

THERAPIST: In a minute we'll look at that. [suggesting an alternative view] Maybe it's actually harder for you at this point to go out and *investigate* jobs than it would be for you to go to a job that you already had. In any case, is there any other evidence that you couldn't handle a job, assuming that you can get one?

PATIENT: ... No, not that I can think of.

THERAPIST: Any evidence on the other side? That you *might* be able to handle a job?

PATIENT: I did work last year. And that was on top of school and other activities. But this year ... I just don't know.

THERAPIST: Any other evidence that you could handle a job?

PATIENT: I don't know ... It's possible I could do something that doesn't take much time. And that isn't too hard.

THERAPIST: What might that be?

PATIENT: A sales job, maybe. I did that last year.

THERAPIST: Any ideas of where you could work?

In figure two, the therapist takes a similar tact as Socrates by posing questions to a receptive patient (Beck 24). In this instance, these visual examples should be utilized not for their content but rather for their literal visual similarity. Both exchanges contain a back and forth of relatively brief question and answer. Both Socrates and therapist, who are the questioners, offer one slightly longer question. Even if content is disregarded entirely, these two examples are incredibly visually akin. Both of these figures are randomly drawn from the texts and many other similar points in the process of Socratic elenchus and examples of a therapeutic dialogue bear close resemblance. This comparison suggests that Socratic elenchus and CBT are similar not just in theory but also in the literal way in which the two are practiced in application.

Moreover, this comparison can be expanded to include a recorded dialogue between Epictetus and an unnamed government official within Epictetus's *Discourse I*:

Figure Three: Epictetian philosophical conversation (Long 1650-1660).

24 EPICETUS. Do you think you acted correctly
[*orthôsis*]?
FATHER. I think I acted naturally [*physikôs*]. [*This is the belief to be examined.*]
EPICETUS. Well, convince me that you acted naturally, and I will convince you that everything that occurs in accordance with nature occurs correctly.
FATHER. This is the way all, or at least most, fathers feel.
EPICETUS. I don't deny *that*; the question we are disputing is whether it is correct. For by this reasoning we would have to say that tumours are good for the body because they occur, and that erring is absolutely in accordance with nature because nearly all of us, or at least most of us, err. Show me, then, how your behaviour is in accordance with nature. [*Pressure on the interlocutor to clarify his terms.*]

FATHER. I can't. Rather, you show me how it is not in accordance with nature and not correct. [*Confession of ignorance; inducement of aporia.*]
EPICETUS. Well, if we were investigating light and dark, what criterion would we invoke to distinguish between them?
FATHER. Sight.
EPICETUS. And if the question were about temperature or texture?
FATHER. Touch.
EPICETUS. Accordingly, since our dispute is about things in accordance with nature and what occurs correctly or incorrectly, what criterion do you want us to adopt? [*Socratic style of analogical or inductive inference.*]
FATHER. I don't know. [*Further confession of ignorance, and aporia.*]
EPICETUS. Ignorance about the criterion of colours and smells and flavours may not be very harmful; but do you think that someone ignorant of the criterion of things good and bad and in accordance with or contrary to nature is only slightly harmed?

Epictetus' conversation in figure three also offers striking visual similarity to figures one and two. Additionally, Long identifies in brackets the belief which is to be challenged and Epictetus's treatment of the government official as a Socratic interlocuter (Long 1650-1660). Keeping in mind my previous demonstration of the historical connection between the theories of Socrates, Epictetus, and Ellis, such similarity is not at all surprising. Moreover, Long points out

“inducement of *aporia*” (Long 1660). *Aporia* is an important feature of Socratic elenchus relevant to its comparison with CBT that I will elaborate upon shortly.

Returning to a discussion of *Alcibiades*, Socrates and his youthful interlocuter go on in search of determining whether or not justice can be taught (*Alcibiades* 109b). After Alcibiades concedes that those who taught him justice likely possess no knowledge of justice themselves, Socrates asks if Alcibiades can therefore claim that he knows justice (*Alcibiades* 112d-e). Alcibiades responds by declaring that “from what *you* say, it’s not very likely” (*Alcibiades* 112d). This response indicates that Alcibiades does not believe that he himself has come to this conclusion about his own knowledge and beliefs but rather that it is Socrates who has. This error in understanding exacerbates Socrates, prompting him to ask Alcibiades whether it is him, the questioner, or Alcibiades, the answerer, that is “saying these things” and coming to these conclusions (*Alcibiades* 113a). Alcibiades admits to what Socrates labels as a general principle: that he, the answerer, is the interlocuter who is determining their conclusions (*Alcibiades* 113a). This principle is crucial in all Socratic dialogues as well as in CBT. Alcibiades derives the conclusions just as the CBT patient does in this notably patient-driven therapy. Esteemed psychologist Dr. Hazel E. Nelson explores the application of this principle in CBT (Nelson 18). Stressing the importance of therapy as a joint-venture, Nelson instructs the therapist to never tell the patient “how things are” and instead indirectly guide patients through the use of pertinent questions, without supplying any direct information (Nelson 18). Nelson asserts that just as Socrates does with his interlocutors, therapists should only recap, rephrase, or summarize their patient’s remarks and conclusions (Nelson 18-19). Socrates exemplifies Nelson’s assertion, asking Alcibiades clarifying questions such as “*now you call* this act bad insofar as...”, “*so if we agree that...*” and “*you tell me that* what you are wavering about is..” (*Alcibiades* 116a-c, 117b).

Nelson provides therapists with suggestions for similar phrases such as “I am hearing that *you think...*”, “have I understood that *you say...*” and “I think *we agreed* that...” to relay the patient’s own conclusions back to them (Nelson 19). CBT therapists clearly reflect the Socratic method in this regard both in respect to theoretical approach and literal language. Thus, according to Nelson, the Platonic dialogues serve as extremely beneficial reading for an aspiring CBT therapist (Nelson 18-19).

Throughout the dialogues, Socrates’ interlocutors often find themselves in *aporia*, a state of philosophical puzzlement in which the individual concedes that they are lost in confusion. This awareness of one’s own lack of awareness or knowledge plays an important role in Socratic dialogues and in CBT. In Platonic works, *aporia* can establish a turning point for an interlocutor, such as it does in *Alcibiades*. Socrates asks Alcibiades what he means by the ideas of “friendship and agreement” in how one can best rule and operate in a society (*Alcibiades* 127b-c). This prompts a weary Alcibiades to “swear by the gods” that he does not know what he means and that he thinks he “must have been in an appalling state for a long time, without being aware of it” (*Alcibiades* 127d). Although Alcibiades began the debate with a proud confidence in his political prowess, he now makes this critical surrender and realizes that all throughout his life he has been troublingly oblivious of his own confusion. Alcibiades’ *aporia* positively compels him to follow Socrates and dive deeper into philosophy (*Alcibiades* 127e).

It is apparent in other Platonic dialogues that *aporia* is often inevitable for Socrates’ interlocutors. The *Meno* is a Platonic dialogue concerning the nature of virtue which further demonstrates *aporia*. Meno, a Thessalian politician, is frustrated by the tedious questioning of Socratic elenchus and stops his and Socrates’ debate to exclaim that Socrates is “like the broad torpedo fish” (*Meno* 80a-b). Socrates leads others into a state of perplexity, numbing their minds

and tongues (*Meno* 80a-b). Meno has given thousands of speeches on the subject of virtue and yet now finds that he is trapped in *aporia* and cannot explain what virtue means (*Meno* 80b). Thus, he aggressively accuses Socrates of being like an electric eel that shocks an individual until their abilities to think and explain are obsolete (*Meno* 80a).

After somewhat calming down, Meno and Socrates do continue their inquiry into virtue, but the dialogue ultimately has an *aporetic* ending (*Meno* 99a-100b). Despite the seeming futility of *aporia*, Socrates views this coming to know that one does not know as a realization of the utmost importance. In the *Apology*, Plato's account of Socrates' defense speech at the trial for his death, Socrates likens himself to another, less deadly animal: the gadfly (*Apology* 30d-e). The gadfly whizzes around a farm, biting and annoying horses and other livestock. Socrates' sees himself as a gadfly in that he rouses the "great and noble horse" that is the citizenry of Athens and "stirs them up" by making them uncomfortable with the validity of their beliefs through Socratic elenchus (*Apology* 30e). For Socrates, *aporia* is the goal of a debate and once this state is reached all are woken up and true progress is able to begin.

This awareness that one's beliefs are invalid or unevidenced also plays a critical role in Cognitive-behavior therapy. Just as *aporia* serves for Socrates as the turning point for real progress and philosophy, *aporia* is the turning point for creating real progress in one's therapy and life in CBT. Once made aware that they are operating on a core or intermediate belief that is not logically valid, the patient identifies how strongly they believe in it (Beck 214-215). If an unmarried woman is 80% sure that she is inadequate because she is not married at the age of thirty, Socratic questioning is used to lessen the degree of strength of her belief. The therapist employs questioning to make it clear that although the unmarried woman patient believes this

strongly, it is in truth simply an idea (Beck 215). Something that is an idea, no matter how compelling it may be to believe in, is not necessarily something that is true (Beck 215-216, 263).

Furthermore, being an idea, a belief can be tested (Beck 263). One of the most effective means of testing a belief in CBT is having patients “identify someone else who plainly seems to have the same dysfunctional belief” (Beck 223). The patient may have a friend who is also not married and tells the patient that she thinks herself to be inadequate. Seeing that her friend is kind, funny, intelligent, and financially successful, the patient clearly identifies that her friend’s thinking simply is not true. Thus, the patient must concede that belief in her own inadequacy could very likely be untrue as well. She then believes that it is only 30% likely that she is inadequate. Therapists employ this tactic of identifying other’s distorted beliefs along with various elements of role play and Socratic questioning until eventually the patient is able to begin the replacement of their prior belief with a new belief that is not distorted or negatively impacting their life (Beck 224-227). This process does not occur immediately and once a patient becomes open to accepting a new belief they must repeatedly continue to evaluate their thinking in the future (Beck 240). A new belief for the unmarried thirty-year-old woman, perhaps that she is a fulfilled and worthy person, must be continually applied in her daily life.

Usually, the realization and modification of just one core belief opens the door for a patient to more easily identify and change other beliefs. Before a therapy session begins, the therapist must remind themselves that “their goal is not to cure this patient today” but to help create a desire within the patient to care for themselves (Beck 16). Therapists focus on opening the door to a rational examination. Unlike Socrates, a therapist is being paid by the patient for their services and generally avoids making a patient so uncomfortable and annoyed that they give up on therapy all together, as Socrates’ interlocutors sometimes do in their debates. However, the

therapist is in a sense much like the gadfly as well. They wake their patients up by helping their clients see that they have been passively letting negative beliefs rule their lives and inspire them to explore alternative beliefs.

I contend that the goal of all therapy can be expressed as an attempt to learn how to best care for oneself. People come to therapy because they are constrained and ruled by depression, anxiety, feelings of hopelessness, and other modes of mental suffering. Therapy offers various forms of self-care in order to relieve these sources of pain through a variety of means such as mindfulness and meditation, talking through one's problems with the aid of professional advice, developing routines for physical well-being and countless other methods. Cognitive-behavior therapy's manner of self-care comes derives from gaining an understanding of one's actions, assumptions, thoughts and beliefs in order to see how they are limiting their capacity for happiness and fulfillment. Essentially, CBT offers self-care by way of self-knowledge.

This relationship between self-care and self-knowledge is an exceedingly important theme in the Platonic dialogues and Socratic thought. Renowned French philosopher Michel Foucault explores this relationship within the works of Plato and other philosophical traditions in his 1982 lectures at the Collège de France (Foucault 3-67). Foucault contends that there is reasonable connection between the Greek concept of self-care, *epimeleia heautou*, and the concept of *gnothi seauton*, self-knowledge (Foucault 3-67). The oracle of the temple of Delphi in ancient Greece bared the inscription *gnothi seauton* which is translated as "know yourself" (Foucault 3). The Delphic oracle's decree plays an important role in several Platonic dialogues including the *Alcibiades*. After Alcibiades throws up his hands in *aporia*, Socrates tell him not to worry, for Alcibiades is still young and has much time to cultivate himself (*Apology* 127e). The

two then begin an inquiry into how one can best cultivate or care for themselves (*Apology* 127-133).

The first part of this inquiry attempts to determine what “the self that we must take care of” actually is (Foucault 66). This notion of what constitutes our “self” appears somewhat ambiguous, as it is unclear whether this means we must care for our minds, our bodies, a combination of the two, or something else entirely. Socrates and Alcibiades eventually conclude that the “self” in question is one’s soul (*Alcibiades* 130c). Having established this, the second part of their inquiry seeks to determine what proper care of the soul would consist of or look like (Foucault 66-67). Foucault’s reading of *Alcibiades* contends that care of the soul consists of simply knowing oneself (Foucault 67). Socrates references the Delphic oracle and states that “if we know ourselves, then we might be able to begin to know how to” care for ourselves “but if we do not know ourselves” we will never know how to practice *epimeleia heautou* (*Alcibiades* 129a-b).

This conditional relationship between *gnothi seauton* and *epimeleia heautou* appears quite logical. For example, if a medical doctor wishes to care for a patient by curing an illness, the doctor must understand the thing it wishes to cure, the illness, and the medical condition of the person he is caring for. To even begin to care for something, we must first know it. Up until this point in the dialogue Alcibiades was exhibiting self-care in his effort to evaluate and understand his qualifications and inadequacies in succeeding at his political ambitions (Foucault 67). Socrates clarifies to Alcibiades that the Delphic oracle’s decree is giving them splendid and highly instructive advice by offering *gnothi seauton* as a means to *epimeleia heautou* (Foucault 67, *Alcibiades* 132c-e). It is clear from Foucault’s interpretation that long before the

development of modern therapy, Western thought had deciphered this connection between self-knowledge and self-care which is crucially utilized in the foundation and focus of CBT therapy.

Thus, Plato's offering of self-care by way of self-knowledge, Socratic elenchus, the historical connections between Socratic philosophy, REBT, and CBT, along with an analysis of the philosophical precursors to CBT, illuminate this connection between Platonic thought and CBT. In closing his lecture, Jules Evans proposes that CBT's contingency upon and rediscovery of the ideals of Ancient Greek philosophy suggests that we should utilize the wisdom of ancient thought in other areas of our modern world (Evans). As our society continues to search for ways to create a life worth living through technology, prosperity, and psychology, returning to the timeless works of Plato and his peers may be what we are missing in our pursuit of the good life.

Chapter Two:

Section I:

A professor of philosophy at the University of Miami in southern Florida, Dr. Edward J. Erwin has published four books and several articles that examine and critique relationships between philosophy and psychology (*University of Miami*). Erwin's extensive knowledge in the fields of both philosophy and psychology qualifies him to explore these relationships in an impressive, fully informed manner. In the foreword to *Behavior Therapy: Scientific, Philosophical, and Moral Foundations*, professor of Psychiatry and Psychology at Brown University, David Barlow, maintains that an argument such as Erwin's could have only been presented by a philosopher possessing a deep understanding of "both the clinical and theoretical aspects of behavior" which Erwin appears to exemplify (Barlow, Erwin xi). Barlow asserts the book to be of great consequence to psychologists and psychiatrists in regard to both the exploration of the nature of behavior therapy and the future of the discipline's practice (Barlow,

Erwin xi). The conceivable impact of, as well as the qualified position from which Erwin lays out his claims for rejecting the possibility of any philosophical foundation of behavior therapy, serve to strengthen the authority and urgency of a refutation of his argument. Moreover, a refutation of Erwin's claims suggests a greater importance of a proven relationship between philosophy and cognitive-behavior therapy within the context of current debate and future progress.

Although I reject Erwin's actual thesis in regard to his denial of philosophy's foundational candidacy, within his preface, Erwin posits the beginnings of a useful argument for why we should study the foundations of behavior therapy in the first place. He contends that an inquiry into foundations holds potential value beyond merely satisfying academic curiosity—a concept of behavior therapy's theoretical foundation can serve to improve its current theory and practice (Erwin xiii). For example, considerable criticism and skepticism toward behavior therapy arises amongst thinkers who oppose the theoretical frameworks of operationalism, learning theory, and behaviorism (Erwin xiv). These are three psychological schools of thought which, at the time Erwin published his thesis, were commonly acknowledged by scholars as possible theoretical origins of behavior therapy (Erwin xiv). Thinkers who are apprehensive toward or entirely opposed to the practicality of operationism, learning theory, and behaviorism principles in the context of therapeutically treating human mental illness subsequently remain skeptical and critical of the practicality of behavior therapy (Erwin xiv). Therefore, an adequate explanation of behavior therapy's foundation which is able to reject operationism, learning theory, and behaviorism, could stifle criticisms that stem from a dubious regard for the therapy's supposed theoretical presuppositions (Erwin xiv).

I agree with Erwin on this point, although I believe his argument for why we should study foundations would be strengthened by an added consideration of the urgency to refute such critics, in light of the noted success behavior therapies exhibit in treating mental illness. Because behavior therapies do in fact demonstrate viable therapeutic value, it is conspicuously crucial that behavior therapy's proponents deter its critics. Such criticism may serve to hinder both the popularity of behavior therapy's usage as well as support for its further development.

Erwin further claims that an understanding of behavior therapy's foundation proves significant because "if current theory is found to be inaccurate, we might begin to develop a better theory" with an understanding of its theoretical foundations (Erwin xiv). Unfortunately, Erwin does not in any way further elaborate on why this possibility proves significant, again overlooking an opportunity to bolster his contention. Thus, I offer an elaboration of this viable yet unsupported claim. A location of behavior therapy's foundations provides a promising starting point for psychologists who seek to develop new techniques and principles. For example, if Socratic philosophy is acknowledged as an adequate foundation for CBT, psychologists can explore the value of other notions within Socratic thought that are not presently utilized in CBT theory. In this same respect, a conception of the foundations of behavior therapy techniques which do not prove significantly effective identifies areas of thought which psychologists seeking to develop new techniques should perhaps refrain from exploring or explore by way of a new approach and perspective. Moreover, this may guide psychologists toward a greater consideration of the potential value found in disciplines outside the confines of science and psychology. In the context of my own analysis, psychologists may gain a new or strengthened admiration for the potential therapeutic value that can be gleaned from the domain of philosophy in general. Because many aspects of behavior therapies demonstrate impressive value, the

direction and guidance an understanding of its foundations offers may help to better navigate and accelerate progress in its further development and subsequent benefit.

Section II:

Having offered in the previous section justification for why Erwin's claims about the foundations of behavior therapy are potentially quite important, I will now turn to an analysis of his argument's content. Erwin begins his book by defining behavior therapy as a whole. He places the therapy within the larger umbrella of behaviorism, an approach to psychology which stresses objective and scientific investigation and asserts that all animal and human behavior stems from interaction with one's environment (Erwin 1-2, McLeod). Erwin, along with current consensus in historical research, traces the behaviorist movement's beginnings to the work of American psychologist John Watson in 1913 (Erwin 1-2, McLeod). Influenced by the famous conditioning experiments of Ivan Pavlov, Watson performed experiments in which children were classically conditioned to feel fear upon seeing rats (Erwin 1-2). Watson published his findings in an article which supported and gave shape to the behaviorist approach (Erwin 1-2, McLeod).

Despite the recognition Watson's work received, Erwin contends that the actual application of behaviorism in therapy did not gain prevalence prior to the 1950's, in reaction to growing discontent with Freudian psychoanalysis (Erwin 3). He lists a variety of psychologists who turned away from Freudian psychoanalysis to embrace the alternative solutions within behaviorist therapy principles (Erwin 4). In Albert Ellis' 2001 interview with Robert Epstein, previously recounted in section one, chapter one, Ellis relays this same disappointment with Freudian psychoanalysis and its impact in inspiring his turn to behavior therapy principles (Epstein). It should be noted that Ellis is absent from the list of such psychologists given by

Erwin, although Erwin does concede that the former discussion is a far from sufficient account of the therapy's historical origins (Erwin 3-4).

Erwin then goes on to inventory the various techniques employed in behavior therapy to establish his definition. Erwin examines a wide variety of procedures and styles of behavior therapy, including the cognitive technique employed in CBT (Erwin 23). It is here that he begins a discussion of Ellis (Erwin 23). Erwin's explanation of rational emotive therapy, referring to it as "cognitive restructuring," correctly identifies a portion of the therapy's key points, however, his elucidation proves cursory and insufficient. Overall, Erwin distorts and omits CBT's most crucial principles. He states that one of cognitive restructuring's core assumptions is the belief that maladaptive behavior and emotional reactions result from patients holding irrational beliefs (Erwin 23, 109). A therapist employing the technique first helps their patients identify such beliefs, and then attempts to help patients eliminate them (Erwin 23).

Erwin also briefly mentions Aaron Beck's refinement of cognitive restructuring, although he does no more than mention A. Beck's work in classifying common irrational beliefs (Erwin 24). Erwin thus gives A. Beck, undeniably one of the most important figures in CBT's development, attention that is limited to the scope of a single sentence (Erwin 24). This scant mention of A. Beck serves as a major point of weakness in Erwin's overall argument. As I demonstrated in section two, chapter one, the principles which comprise Beck's standard of CBT greatly mirror the tenets and praxis of Socratic philosophy. This connection establishes a strong argument for a philosophical basis of CBT, which in turn warrants Erwin to carry out a greatly deeper examination in order to thoroughly reject philosophy's foundational candidacy. Nevertheless, Erwin provides absolutely zero description of what principles and practices are

used in A. Beck's overwhelmingly popular configuration of CBT, which is widely accepted as the standard for CBT protocol within the industry.

In explaining the way in which cognitive therapists attempt elimination of irrational beliefs, Erwin confines his explanation to a practice of ascribing a punishment-reward system to maladaptive behaviors (Erwin 25). His full description of CBT procedure goes as follows:

“In many self-control programs the client is instructed to determine how often the target behavior occurs and under what conditions. Some effort is usually made to alter those conditions that, it is hypothesized, are helping to maintain that behavior. Finally, the client, with the therapist's help, will attempt to program his environment so that the unwanted behavior will be punished or its absence rewarded. Alternatively, some behavior that interferes with the undesirable response might be systematically rewarded” (Erwin 25).

Erwin's source for this comment on A. Beck's classification of irrational beliefs derives from a mere seventeen pages within a 1970 article of A. Beck's, *Cognitive Therapy: Nature and Relation to Behavior Therapy* (Erwin 224). Beck has published a vast corpus of books and articles on his principles. I argue that a reading limited to seventeen pages of Beck's work bespeaks a careless consideration of CBT on Erwin's behalf. Beyond the mere troublesomeness of Erwin's argument that is brought to attention by an analysis of CBT's relation to philosophy, his glaringly incomplete and misrepresentative exposition of cognitive technique calls into question the thoroughness of all claims Erwin makes in his exploration of behavior therapy's foundations. Although my analysis focuses specifically upon Erwin's treatment of cognitive-behavior therapy, it should be noted that one's trust in the supporting research and citations Erwin supplies for all of his arguments requires a general degree of prudence and vigilance.

It is clear that Erwin's evidently cursory explanation of cognitive therapy in terms of its praxis calls into question his later rejection of philosophical foundations for behavior therapy. His inattention to the history of CBT further displays such ignorance. Erwin makes no mention of the influence of Stoic and Socratic philosophy upon Ellis (Erwin 23). This information is not only associated with Ellis's development of rational emotive behavior therapy in the general public, but explicitly elaborated upon by Ellis in *Reason and Emotion in Psychotherapy*, an elaboration identified in chapter one, section one of this paper (Ellis, 35, 54). Shockingly, in his discussion of Ellis, Erwin cites *Reason and Emotion in Psychotherapy*, a primary source in establishing the philosophical basis of Ellis' thought (Erwin 23, 109, 227). This demonstrates another instance of Erwin failing to attend to relevant literature in a manner which proves even more alarming, as explicit evidence in opposition to his claims exists within the very book he uses in support of his explanation. Ellis, as the creator of rational emotive behavior therapy, serves as the most reliable source for confirming its origins and inspiration, and directly identifies specific and widely influential philosophies as having provided its foundation (Ellis 34, 54). Erwin proves negligent in omitting this widely acknowledged aspect of CBT history, particularly in light of this use of Ellis' magnum opus as his source of information. This instance of negligence calls for an analytical skepticism in reading Erwin's book. I contend that the impactful gravity of this delinquency alone enables me to invalidate Erwin's thesis; the remainder of issues I will uncover serve to further empower my already sufficient rejection.

Erwin's exceedingly incomplete explanation of cognitive therapy procedure also contributes to the faulty nature of his argument. The detrimentally fragmented and perfunctory nature of his explanation is surprising, as he states that emphasis on cognitive theory "characterizes much of the current behavior therapy literature" and "in recent years behavior

therapy practice has become more and more cognitively oriented” (Erwin 25, 82). Despite his recognition of CBT’s importance in the current practice of behavior therapy as a whole, Erwin offers a distortive description that omits core elements of CBT’s practice.

Erwin begins his brief explanation by framing CBT procedures as “self-control” procedures that vary amongst different therapists but are able to be generally described (Erwin 24-25). According to Erwin, in most of these programs, patients are prompted to determine the frequency of their targeted maladaptive behavior and the conditions under which the unwanted behavior occurs (Erwin 25). Then, an effort is made to alter the identified conditions (Erwin 25). Lastly, the therapist assists the patient in an “attempt to program [their] environment so that the unwanted behavior will be punished or its absence rewarded” (Erwin 25). Erwin offers no description of how irrational beliefs are identified and challenged, a process which clearly can be tied to Socratic method and integrally guides the practice of CBT. His sole example of how unwanted behaviors are challenged, a punishment-reward system, could be one possible method employed by CBT therapists, however this method far from captures the overarching manner which CBT principles suggest to practicing therapists. As demonstrated in chapter one, section two of this paper, a plethora of other techniques serve to make up CBT’s convention. CBT guide books such as Judith Beck’s center around the employment of daily reflection and a constant challenging of one’s beliefs in order to change maladaptive behavior, tactics which I have previously shown to strikingly align with Socratic philosophy. If Erwin were to have provided even a marginally more accurate description of Cognitive therapy, a necessity for examining Socratic as well as Stoic philosophical underpinnings would become undoubtedly clear.

Moreover, Erwin briefly mentions within this section a similarity between cognitive restructuring and another branch of academic thought, therapeutic positivism (Erwin 24). South

African philosopher and psychologist Brian Anthony Farrell, in his book *An Appraisal of Therapeutic Positivism*, defines therapeutic positivism as “a certain method of dealing with and of resolving philosophic problems” (Farrell 133). Erwin correctly states that therapeutic positivism is philosophical in nature, and that “therapeutic positivists were philosophers” (Erwin 24). The therapy aims “to cure the philosophically puzzled by rooting out their fundamental confusions” (Erwin 24). Thus, in pointing out this similarity Erwin risks uncovering an objection to his overall dismissal of philosophy’s relation to behavior therapy. In order to overcome this possible objection, Erwin surprisingly claims that because “the therapeutic positivists were philosophers, not psychologists” who sought explicitly to develop therapeutic procedures, the similarity between their thinking and CBT is inherently irrelevant to his inquiry (Erwin 24).

I contend that such a similarity is far from irrelevant. The mere fact that therapeutic positivists were not psychologists does not merit this quick dismissal. Rather, this similarity presents a viable point of analysis considering that Erwin’s goal is to examine philosophy’s relation to behavior therapy. After all, if Erwin is searching for a *foundation*, something which existed prior to and in order for behavior therapy to develop, this does not by any means imply that he should disregard areas of thought that are not explicitly psychological practices. Furthermore, the intention of his book, plainly evidenced by its title, is to analyze possible *scientific, philosophical, and moral foundations* (Erwin). Thus, two thirds of his objects of inquiry, *philosophy* and *morality*, are themselves areas of thought which overtly cannot be classified as explicitly psychological practices. Yet, Erwin deems that therapeutic positivism is due zero consideration because it fails to fulfill such a classification. I therefore find his treatment of therapeutic positivism to demonstrate the inconsistency of Erwin’s inquiry, particularly as it concerns philosophy. He unjustifiably posits an authoritative judgement, which

arguably contradicts the very nature of his book's intention, suggesting a suspicion that he may be making somewhat gratuitous claims in order to more easily vindicate his conclusions. This example presents further indication that one should remain wary of the diligence of Erwin's argument as a whole.

This dismissal of therapeutic positivism, as well as the other evident issues within Erwin's treatment of cognitive techniques and cognitive therapy's history that I have now brought to light, demonstrates an apparent negligence in his manner of argument. This negligence appears in line with the limited nature of his later reasoning for coming to an overall rejection of philosophy as a foundation for behavior therapy. Erwin deems only three philosophical principles as relevant to the practice and study of behavior therapy: pragmatic behaviorism, macro determinism, and empiricism (Erwin 76). His reasoning as to why only these three philosophical bases are to be considered is that they are accepted by "*most* behavior therapists" (Erwin 76). This description of "*most* behavior therapists" evidently excludes Ellis (Erwin 76). Moreover, Erwin does not provide any evidence or citation for why he deems these philosophies accepted by *most*. He states that "*most* behavior therapists [...] assent to [...] a version of empiricism" and that "*many* behavior therapists are [macro] determinists," and an "assumption shared by *most* behavior therapists" is that of pragmatic behaviorism (Erwin 78, 79, 80). He does not cite or otherwise support any of these immense claims about the ubiquity of such beliefs amongst behavior therapists. Rather, he again authoritatively posits an unjustified decision upon a detail that is critical to his succeeding argument. Again, this nebulous claim conveniently facilitates his later conclusion.

In addressing only three possibilities for behavior therapy's philosophical basis, notably to the exclusion of the philosophical explanation given by REBT's founder, Erwin thinks within

an extremely limited scope of analysis suitable to his rejection of philosophy in its entirety. He goes on to successively disprove each of his three philosophical candidates (Erwin 76-81). Following this, Erwin stakes a monstrous claim about philosophy's candidacy as a whole. He asks in the conclusion to this section: "does behavior therapy have or need a philosophical foundation?" and answers with confidence that: "if we are referring to the therapy, the answer is negative" (Erwin 81). Techniques of behavior therapy, Erwin contends, "cannot be derived from, nor their workings explained by, any philosophical theory" (81). The chiefly misleading word in this claim is *any*, as Erwin has unjustifiably deemed brief evaluations of empiricism, macro determinism, and pragmatic behaviorism as sufficient means to reject the entire scope of philosophical theory. The faulty logic of his claim is evident. It is comparable to one inquiring into the validity of a hypothesis that there are no countries in the world which contain the letter "t," and then unduly deeming an examination of the letters within Canada, Mexico, and Brazil as sufficient confirmation for the hypothesis. This logical fallacy is commonly referred to as a *hasty generalization*. Simply because some **A** (**A** = inexplicably chosen philosophical principles) are not **B** (**B** = foundations for behavior therapies,) one cannot logically conclude that no **A** are **B**. Nevertheless, Erwin assuredly makes such a conclusion and thus rests his inquiry and analysis of philosophy.

In light of this illogical and unfounded analysis, I reject Erwin's thesis. I also take issue with Erwin's appreciably cursory explanation of cognitive therapy, inattention to CBT's widely acknowledged historical foundations, as well as his fragmented and misleading explanation of CBT practice. Moreover, I am inclined to dispute his argument in consideration of the apparent negligence of his research, demonstrated by his deficient readings and explications of Aaron Beck and Albert Ellis, especially highlighted by his citation of Ellis' *Reason and Emotion in*

Psychotherapy, a primary source for behavior therapy's foundations that plainly establishes philosophy as its crucial origin. I also remain concerned by instances in which I perceive Erwin possibly makes gratuitous claims that conveniently suit his conclusions.

Although I reject Erwin's thesis, I do not believe that his analysis of philosophical foundations of behavior therapy proves completely unredeemable, nor does it utterly lack any viable utility. I suggest that Erwin modify his thesis to a claim in the vein of the following: "we may feasibly deem some philosophical principles, those of empiricism, macro determinism, and pragmatic behaviorism, as insufficient foundations for behavior therapies, although other philosophical traditions require further analysis, particularly as it concerns their relation to specific branches of behavior therapy." Moreover, a revised and expanded examination of cognitive therapy that addresses the aforementioned issues would strengthen the credibility of his argument as well as plausibly bring to attention other areas in the vast realm of philosophy that warrant analysis, including but not necessarily limited to Socratic and Stoic thought.

Erwin's book holds value in that it calls into focus the importance of examining the foundations of psychological practices. I agree that such inquiry can benefit the theory and practice of psychological and therapeutic methods as they are presently utilized. Additionally, arguments developed within responses from thinkers who object to Erwin's claims can contribute new perspectives and possibilities to the discussion of behavior therapy's foundations. Such a positive contribution is exemplified by my own response to Erwin, as well as within the replies of other opposing thinkers that I will now commence to survey.

Section III:

I am not alone in taking issue with *Behavior Therapy: Scientific, Philosophical, and Moral Foundations*. Multiple thinkers in the fields of philosophy, psychology, and other

disciplines have responded critically to Erwin's work, however I am choosing to specifically elaborate on two critiques with relevance to my argument. I find William A. Rottschaefer's *Operant Learning and the Scientific and Philosophical Foundations of Behavior Therapy* and Mary Elizabeth Grenander's *A Cautious Overview of Behaviour Therapy* are particularly relevant to my argument in that both responses pose objections similar to my own, however, they locate these similar objections not in Erwin's examination of philosophy, but in the context of his other two objects of inquiry. The former is in respect to possible scientific foundations and the latter is in respect to both possible scientific and possible moral foundations. I contend that the apparent consistency of notable objections across all three sections of *Behavior Therapy: Scientific, Philosophical, and Moral Foundations* exposes the consistently flawed nature of Erwin's overall method. Moreover, in attending to critiques which do not focus upon Erwin's treatment of philosophy, I am able to think outside the hazards of possible bias that could conceivably arise from my personal passion for analyzing the relationship between Socratic philosophy and CBT.

The first of these germane responses was constructed by Dr. William A. Rottschaefer. Rottschaefer received his PhD in philosophy at Boston University and now teaches in the philosophy department of Lewis & Clark College in Portland, Oregon (*PhilPeople*, Lewis & Clark). Like Erwin, Rottschaefer boasts a strong background in both philosophy and psychology, as well as in other physical and social sciences. He received a Master of Science in Physics from University of Illinois and closely collaborates with colleagues in Lewis & Clark's departments of psychology and biology, teaching and publishing works that congruously connect these disciplines (*PhilPeople*, Lewis & Clark). This cross-discipline expertise adds to the credibility of Rottschaefer's response to Erwin.

Rottschaefer published *Operant Learning and the Scientific and Philosophical Foundations of Behavior Therapy* in the second fall 1983 issue of *Behaviorism*, a journal published by the Cambridge Center for Behavioral Studies (Rottschaefer 154).⁶ He concentrates on Erwin's analysis of scientific foundations in particular concern of operant learning theory (Rottschaefer). For the purposes of this paper I am examining the nature of Rottschaefer's objections and thus provide explanations of operant learning theory and Erwin's analysis of it to the extent necessary for understanding Rottschaefer's critique. However, I wish to clarify that I am not imparting a comprehensive overview of the operant learning theory nor of Erwin's argument in its entirety. In brief, operant learning theory's concepts stem from the notions of operant conditioning put forth by eminent American psychologist B.F. Skinner's experimentation upon non-human animal subjects (Wong 69-70). Operant learning articulates that "operant behavior is behavior 'controlled' by its consequences" and subjects can be "operantly conditioned" by learning an association between a particular behavior and a rewarding or punishing consequence of that behavior if the behavior's ascribed consequences are routinely reinforced (Staddon, Cerutti). Erwin considers operant learning theory and its principles as a possible scientific foundation for behavior therapy, ultimately concluding that operant learning, as well as all other learning theories, merely exhibit a heuristic parallel to behavior therapy, but do not adequately constitute behavior therapy's foundation (Erwin 97-107, 125-127).

Rottschaefer rejects this conclusion, maintaining that Erwin has slighted "important conceptual and explanatory connections between learning theory, specifically Skinnerian principles of operant learning, and behavior therapy" (Rottschaefer 156). If appropriately regarded, these slighted connections would allow "one to conclude that the former plays not

⁶ Rottschaefer's piece is 7 pages, however it begins on page 154 of the *Behaviorism* journal.

merely a heuristic but also a logical role in the foundation of behavior therapies” (Rottschaefer 156). Quite similarly, I contend that Erwin ignores clear and important connections between philosophy, particularly Socratic philosophy, and behavior therapy, that if considered merit philosophy’s logical role in behavior therapy’s foundation. Rottschaefer argues that Erwin relies on two problematic logical empiricist conceptions, both of which I will presently explain, that are widely recognized within accepted discourse as unsatisfactory means for analyzing scientific theories (Rottschaefer 157). Rottschaefer therefore argues that it is doubtful these empirical concepts are satisfactory in an analysis “of scientific psychology and [...] foundations of behavior therapy” (Rottschaefer 157-158).

Erwin’s first conceptual error is that he assumes a “sharp distinction can be drawn between the contexts of discovery and justification” in analyzing a theory, and only its justification is relevant in assessing its foundation (Rottschaefer 157). By this Rottschaefer means that Erwin assumes that the process of “discovering” a theory to be analyzed, as in coming to the idea that learning theory should be considered as a possible foundation, is an entirely separate process from “justifying” a theory, meaning systematically evaluating if learning theory meets the criteria deemed necessary to constitute a foundation (Schickore). Moreover, Erwin exclusively considers the contexts of justification, his evaluation of learning theory, in determining whether or not it is a foundation. Within his justification, Erwin is still more mistaken by assuming “a deductive nomological model of explanation,” the second doubtful logical concept Rottschaefer calls to attention (Rottschaefer 157). A deductive nomological explanation requires that a given *explanandum*, or phenomena to be explained, can be logically deduced from given *explanans*, or a set of premises which describe the phenomena and include at least one “law of nature” or essential premise (Woodward). In the case of Erwin’s

analysis, his *explanandum* is behavior therapy and its techniques (Rottschaefer 157). A suitable *explanans* must therefore consist of a candidate for the foundation of behavior therapy which contains premises from which, if combined with supplemental assumptions, behavior therapy techniques can be logically deduced (Rottschaefer 157).

Erwin's commitment to the deductive nomological model is evidenced by the nature of his overall method, however he explicitly emphasizes his adherence to this model and outlines its aforementioned requirements directly before and in the midst of his analysis of learning theory (Erwin 85-86, 111-112). Erwin states that in order to say behavior therapy is based upon learning theories, one must prove that "essential descriptions of some or all behavior therapy techniques are *derivable* from the postulates of some modern learning theory or from learning principles, presumably with the aid of some auxiliary assumptions" or that "modern learning theories or principles explain how behavior therapy techniques work" (Erwin 85).

Rottschaefer deems these two empiricist, logical concepts detrimentally inappropriate for the type of analysis Erwin is conducting, citing various sources that support their unsatisfactory value in such scientific inquiry (Rottschaefer 157-158). In following them, Erwin either dismisses or altogether fails to notice important conceptual and explanatory connections that can constitute operant learning theory as a foundation for behavior therapy (Rottschaefer 158).

Although I do not hold an entirely intransigent opinion on the utility of these concepts in general, I strongly agree with Rottschaefer that they are detrimental in the case of Erwin's analysis. In regard to the latter issue, testing in a deductive nomological model, requiring a foundation to contain premises from which behavior therapy techniques can be logically deduced is ludicrously limiting and dangerously contradictory. As previously expressed in section two of this chapter in concern of my critiquing Erwin's hasty debunking of therapeutic positivism, a

foundation is something that must exist prior to and for the object it supports. This by no means requires that aspects of a foundation must be able to easily explain in cohesive straightforward logic the current aspects of the object that has developed out of it. For example, a floor made of wood, stone, or another similar building material serves as the foundation of an outdoor gazebo—the gazebo as a whole could not structurally exist without an even floor to anchor the posts that hold up its domed roof, serve as surface for its banisters to rest upon, or prevent its benches from sinking into the mud when it rains. However, the same wooden floor of a gazebo could exist on its own as a deck, or a floor inside of a cabin. Following a deductive nomological, or D-N model, if I were to see a wooden deck, I could not logically deduce that its floor could also possibly constitute the foundation of a gazebo. This is because the floor alone does not imply the other necessary components of a gazebo, such as its domed roof or posts. Although the D-N model does require at least one supplementary premise, or a law of nature in its *explanans*, adding in some other component necessary to the nature of a gazebo, such as a domed roof, this still does not allow me to logically conclude “gazebo” from the combined premises of “floor” and “domed roof.” Moreover, it is probable I would deduce from these premises another conclusion entirely—I would likely assume that the floor and domed roof alone are meant to explain the existence of a primitive hut. Obviously, a floor is the base of a gazebo, but if thinking within the D-N model, I must logically reject a given floor as something that may constitute the foundation of a gazebo.

This example reflects the manner in which Erwin rejects both therapeutic positivism and operant learning theory. Neither of these, if placed in the D-N model, provide premises from which one may straightforwardly deduce the techniques of behavior therapy (Erwin 24, 116). Rottschaefer exemplifies how the method of Erwin’s inquiry discounts conceptual connections

crucial to his inquiry's goal by discussing one of Erwin's specific points of rejection. Erwin swiftly identifies the obvious difference between terms used to describe operant principles and terms used to describe behavior therapy techniques (Rottschaefer 158, Erwin 115). Key terms in behavior therapy, such as "beliefs" and "expectations," cannot be empirically defined in a manner that renders them logically equivalent to similar operant learning terminology, such as "reinforced response" or "perception of stimuli" (Rottschaefer 158). Thus, Erwin deems any similarity between these concepts insignificant due to a lack of empirical weight (Rottschaefer 158-159, Erwin 114, 124). Rottschaefer asserts that a dismissal on the basis of such disanalogy heedlessly neglects the "relevant and fruitful" conceptual similarity seen in their respective functions (Rottschaefer 158). Erwin's inquiry would span vastly more effectual if it could "grant this disanalogy [sic] and still recognize another strong analogy" (Rottschaefer 159). If Erwin were to consider the strong conceptual analogies I have drawn between Socratic philosophy and CBT in section two, chapter one, he would likely dismiss their significance in light of some immaterial disanalogy, such as the definitional difference between "interlocutor" and "therapist."

Furthermore, I concur with Rottschaefer's critique of the manner in which Erwin draws a distinction between contexts of discovery and justification and then considers only the process of justification as relevant to his inquiry. In the beginning of Erwin's scientific section, he chronicles noted conceptual and explanatory similarities between learning theories and behavior therapy in order to explain why he came to the idea that learning theory's candidacy as a foundation should be considered. Surprisingly, attention to these noted connections is overwhelmingly confined within this initial process of discovery, separate from Erwin's actual process of evaluation. Erwin is solely concerned with how the actual theoretical principles of learning theory justify within his D-N driven analysis (Erwin 84-85). He explicitly deems

historical, methodological, philosophical, and conceptual connections as reasons for why some behavior therapists “speak of a learning theory foundation” and therefore as *reasons for* why he endeavors to analyze the theory, rather than as *subjects* to analyze in and of themselves for the purposes of his inquiry (123). Each of these connections serve as headings for successive single-paragraph sections in which their implied value derives merely from the fact that they have created a buzz about learning theory amongst behavior therapists (Erwin 123-125).

Rottschaefer demonstrates that Erwin misses evidence indicating that “regularities governing behavioral therapy techniques are analogical extensions of operant learning” to a degree that could identify it as a foundation in result of Erwin’s contextual separation and disregard for the discovery process (Rottschaefer 158-160). Rottschaefer provides a specific example of Erwin’s folly in respect to historical connection (Rottschaefer 158-160). In his paragraph titled “*Historical Connections*,” Erwin states that “most of the original behavior therapists were heavily influenced by the work of Watson, Pavlov, Thorndike, Hull and Skinner” all of whom are prominently recognized learning theorists (Erwin 123-124). Erwin further admits that “it seems unlikely that behavior therapy techniques would have been developed and studied as they were in the past twenty-five years if no such learning theory had been available” and “concrete experimental findings of learning theorists were utilized in behavior therapy research” (Erwin 124). He even cites three sources detailing such important experiments (124). Shockingly, after sharing this obviously important claim, which asserts learning theory’s necessity to the developments of behavior therapy, Erwin ends “*Historical Connections*” without any further explanation or examination of this historical link (Erwin 124). Yet again, Erwin abruptly dismisses information in a manner that appears exceedingly contrary to his goal of determining behavior therapy’s foundation.

However, it is compatible with Erwin's method of inquiry to commit this abandon on this basis of historical connections' context within his "discovery" of learning theory. Rottschaefer contends that if Erwin were to have further explored historical connection, it is credible that Erwin would have come to realize that behavior therapy and learning theory share the same form of explanation (Rottschaefer 159-160). Both of them historically owe common modes of explanation in regard to a shared teleological model and model based upon Darwinian theory (Rottschaefer 159-160).⁷ Rottschaefer provides support in regard to both of these models and cites works by other thinkers who affirm these same contentions (Rottschaefer 159-160). This explanatory connection, Rottschaefer maintains, speaks to a foundational relationship, and even if judged inadequate to wholly confirm the relationship, at minimum it warrants further investigation.

In light of this example, I strongly agree with Rottschaefer's postulation that if Erwin were to have merged his contexts of discovery and justification into concurrent inquiry, the possibility for and importance of a deeper analysis of historical connection is apparent. In consideration of the historical factors within my own analysis of CBT, Erwin's method would deleteriously disregard the verified influence of Socratic and Stoic thought upon Ellis as well as the historical evidence Leahy puts forth to argue Platonic theory as a precursor to CBT.

I will return to an assessment of the value of Rottschaefer's response following a review of the second critique relevant to my argument: Mary Elizabeth Grenander's *A Cautious Overview of Behaviour Therapy*. The late Grenander received her PhD in English from the University of Chicago in 1948 and went on to teach in the English department of the State

⁷ For further reading, see: Jon Ringen, "Explanation, Teleology, and Operant Behaviorism: A study of the Experimental Analysis of Purposive Behavior," *Philosophy of Science*, 1976, 43, pp. 223-253 (Rottschaefer 159) and Daniel Dennett, *Brainstorms* (Bradford Books, Publishers, 1978) Ch 5 "Why the Law of Effect Will Not Go Away," pp.71-89. (Rottschaefer 160).

University of New York at Albany in Albany, New York until her retirement in 1989 (*About M. E. Grenander*). Although Grenander obtained her PhD in English, she received training in both philosophy and psychology and has published several works in the field of psychology (“Behaviour Therapy” 149-150). Grenander served as director for the Institute of Humanistic Studies at the University of Albany, an interdisciplinary research institute, from 1977 to 1980 (*About M. E. Grenander*, “Behaviour Therapy” 149-150). Under her directorship, the Institute received international acclaim for its interdisciplinary work (“Behaviour Therapy” 149). Much of Grenander’s repertoire centers around interdisciplinary analysis, particularly at the nexus between science and humanities (“Behaviour Therapy” 149). In light of her applauded interdisciplinary work and familiarity with philosophy and psychology, I consider Grenander to be in a credible position to review Erwin’s *Behavior Therapy: Scientific, Philosophical, and Moral Foundations*. Additionally, Grenander herself underwent behavior therapy treatment as a patient for smoking cessation (“Behaviour Therapy” 150).

Grenander published her critical review of Erwin’s book, entitled *Review: A Cautious Overview of Behaviour Therapy*, in the March 1981 issue of *The British Journal for the Philosophy of Science*, a peer-reviewed journal published by Oxford University Press on behalf The British Society for the Philosophy of Science (“Review: A Cautious”). As suggested by its title, Grenander’s review is largely deprecatory, however she does praise the breadth of the range of issues that Erwin considers and believes an appreciable amount of professionals in the fields of psychology, science and philosophy will enjoy benefits from reading the book (“Review: A Cautious, 85, 94).⁸ She declares that its contents and conclusions warrant a close study across these disciplines and likely will merit great significance as “the most thorough book on the subject that is apt to be available for years to come” (“Review: A Cautious” 94). Nevertheless,

⁸ Grenanders critique is 10 pages in its entirety, however it begins on page 85 of the journal (Grenander).

Grenander asserts that Erwin's study, wrought with suspicious tactics and slippery arguments, should be approached with great caution ("Review: A Cautious" 86, 93). As I previously relayed in section two of this chapter, I agree with Grenander that Erwin's analysis is not without use despite its alarming faults. In tackling a vast array of candidates for the foundation of behavior therapy, Erwin brings the importance of this discussion into conversation across various invested disciplines. Moreover, his failings serve as an impetus for other thinkers, such as Grenander and Rottschaefer, to constructively contribute to this conversation.

One such failing, identified by Grenander upon commencing her critique, is Erwin's habit of conveniently tacking unjustified qualifications onto otherwise neutral claims. His readers must remain vigilantly aware that "when Erwin approves" he characterizes notions within the behavior therapy community with a positive nuance and "when Erwin disapproves" equally held conceptions are shaded negatively ("Review: A Cautious" 86). My illumination in the prior section of how Erwin attributes sweeping assumptions about the philosophical foundations of behavior therapy to "most" or "many" behavior therapists without providing any cited nor uncited justification for this qualification illustrates cause for such prudence (Erwin 76, 78-80). Grenander contends that nearly all pages of Erwin's book are "studded with such phrases" ("Review: A Cautious" 86). In discussing various hypotheses, when favorable to his case Erwin tends to offer phrases such as 'data is *available*,' 'evidence *suggests*,' 'facts may *warrant*,' '*persuasive enough* to convince *many* psychologists' ("Review: A Cautious" 86). Whereas if hazardous to one his larger points, Erwin describes similar notions via wordage to the likes of 'current evidence *usually does not* indicate,' 'resting on an *unconfirmed* premise' '*lacking cogency*' '*no* behavior therapist *of note* has claimed' ("Review: A Cautious" 86). In going through the three pages of Erwin's preface, an area of the book in which one encounters critical

assumptions and hypotheses perhaps the least of all sections, I easily identified six instances in which Erwin attaches these forms of positive or negative qualifications without any basis for justification (Erwin, xiii-xv).

In respect to the substance of Erwin's evidence, Grenander and I sit with the same overarching uneasiness. When portraying conceptions, practices, models, and schools of thought pertinent to his argument, he provides scant, fragmented, and distorted explanations which are often further compromised by negligent attention to the very sources he employs to support his explanations. Grenander examines Erwin's discussion of competing medical models of behavior disorders to illustrate this concern. Similarly, as in my former discussion of learning theory, I am not endeavoring a comprehensive overview of the role and debate of the medical model in psychology. Rather, I will explain it to the extent required to understand Grenander's concerns. In brief, when speaking of a "medical model" within psychology or psychiatry, this refers to the adoption of "modern medical thinking and methods" as they are applied in all other medical specialties (Murphy). One can think of this in the sense that a mental illness, such as depression, may be understood, diagnosed, and treated through methods in a manner characteristically different than a non-mental illness such as cancer. On the one hand, depression can be understood and treated biologically in many ways, such as by prescribing antidepressant medications like *Prozac* or *Zoloft* which biochemically interact with neurotransmitters in the brain (NHS). On the other hand, depression is not typically diagnosed by biomedical methods in the sense that cancer can be diagnosed by examining cells or tissues with a biopsy. Typically, depression is diagnosed based upon the persistence of symptoms that are not biologically tested, such as a feeling of hopelessness or disinterest in once pleasurable activities. Moreover, these symptoms are self-reported by the depressed patient. To an extent, a doctor of psychiatry

navigates their terrain differently from other medical doctors. An enormously complex concept, the important takeaway for reading Erwin and Grenander is that the question of a “medical model” may be understood as a question of how similarly psychiatry and/or psychology should understand and conduct themselves compared to other branches of medicine.

Thinking through the notion that behavior therapy is a psychological procedure able to treat behavior disorders, Erwin undertakes an investigation of the medical model within behavior therapy in respect to its scientific foundations (Erwin 131). One relevant theory he confronts is that of Thomas Szasz, a noted Hungarian-American psychiatrist who opposed a medical model in psychiatry and argued “the myth of mental illness:” that the vast majority of mental disorders are indisputably not illnesses in the sense of a physical illness such as cancer (Poulsen, Erwin 135-136). Erwin commends Szasz’s work as “influential in the behavior therapy movement” (Erwin 135-136), yet he carries out an explanation which distorts “that lucid thinker’s position to a ludicrous degree” (“Review: A Cautious” 89). As with Ellis and Beck in his discussion of the cognitive branch of behavior therapy, Erwin cites only a single book of Szasz’s (Erwin, 239, “Review: A Cautious” 89). Moreover, Grenander points out that each of the four citations taken from Szasz’s book are incorrectly cited (“Review: A Cautious” 89). After severely paraphrasing and rearranging this bare offering of Szasz’s argument, Erwin swiftly rejects the whole of Szasz’s work in a matter of pages (Erwin 142, “Review: A Cautious” 89). In the process, Erwin throws out a plethora of questionable statements as if they were common facts and “from a godlike position” defines convoluted medical phenomena without reference (“Review: A Cautious” 89-90).

Grenander contends that this practice of conveniently distortive and neglectful explanation carries into Erwin’s inquiry of possible moral foundations for behavior therapy.

Before he may begin inquiry, Erwin stresses a logical necessity to first tackle whether behavior therapists accept a doctrine of either free will or determinism (Erwin 174). When speaking of moral foundations, Erwin is appealing to an idea that some set of moral principles guide the application of behavior therapy techniques (Erwin 172). Such moral principles would satisfy the question of whether or not it is morally responsible for a behavior therapist to attempt to change the behavior of a patient, as well as to what degree a therapist should decide what changes must be made (Erwin 172-173). However, if it is the case that patients have free will and thus wield autonomy in choosing how to conduct their behavior, then behavior therapists do not actually possess the power to change a patient's behavior. If this is the case, a question of a behavior therapist's moral responsibility and further inquiry into moral foundations would not be of any concern.

Therefore, Erwin states that we must know if behavior therapists believe patients possess free will, or if behavior therapists accept an antithetical doctrine of determinism. Erwin's entire proceeding inquiry depends upon this issue. An incredibly complex concept, determinism, defined as broadly as possible, puts forth that all events in the world are results of previous events, and therefore the future is predetermined ("Determinism and Free"). If the future is predetermined, then free will is an illusion ("Determinism and Free"). The debate between free will and determinism makes up one of the most complicated and contested issues in the history of philosophy and science ("Review: A Cautious" 92). Erwin resolves it within the context of behavior therapy in five pages (Erwin 174-178). Grenander argues that Erwin unfoundedly judges this immensely complex issue and cites only a trivial handful of behavior therapists, eventually coming to a conclusion that is satisfactory to the constraints of his remaining 44 pages of inquiry ("Review: A Cautious" 92). Again, Erwin explains the current standing of an issue in

behavior therapy largely without reference, positing beliefs held by “many” or rejected by “some” without justification (“Review: A Cautious” 92, Erwin 174-178). His final judgement, based only on his personal conjecture, is that behavior therapists support a form of “soft determinism” capable of accepting both doctrines (Erwin 178).

With this example, Grenander again provides strong reason to proceed through Erwin’s book with caution. I find that her criticisms of Erwin’s suspicious qualifications, unjustified claims, incomplete explanations, and distortion of material sources mirror my own concerns. Moreover, her locating of these issues within the scientific and moral sections of Erwin’s book strengthens the credibility of my rejections concerning Erwin’s treatment of philosophy, as does Rottschaefer’s attention to the learning theory as a scientific foundation.

Section IV:

Furthermore, I believe that both Rottschaefer and Grenander’s critiques contribute insight to the larger question of how a thinker such as myself should appropriately inquire into the foundations of a psychological theory or practice. First and foremost, one must go into such an exploration with an understanding that a possible foundation will likely contain dissimilarities, both minor and significant, to the current theory or practice its supports. Such dissimilarities could render a foundation invalid if examined in the D-N model, regardless of the addition of auxiliary assumptions to its premises. One must, as Rottschaefer impresses, be able to “grant [a] disanalogy [sic] and still recognize another strong analogy” (Rottschaefer 159).

The necessity of proceeding with this understanding can be illustrated in the context of my analysis of Socratic elenchus in section two, chapter one. A characteristic feature of Socratic elenchus throughout the Platonic dialogues is that it takes places spontaneously in a variety of public settings (Kraut). Socrates happens upon his interlocutors as they are taking exercise at a

gymnasium, visiting the house of a friend, enjoying spirits at a party, or simply meandering the streets of ancient Athens (Kraut). For Socrates, care of self, *epimeleia heautou*, through self-knowledge, *gnothi seauton*, is pursued in his practice of “seeking out anyone, citizen or stranger” to partake in debate everywhere he finds himself in their company (*Apology* 23b, 30b, 30e, Foucault 3-67). This spontaneous venture into elenchus, often to the annoyance of its participants, is a trademark of Socrates’s method. If one were to test Socratic elenchus as a foundation for CBT within the D-N model, this characteristic feature would prove discordant with the *explanandum* of actual CBT practice. CBT treatment must be carried out in a comparatively more organized and official manner. It takes place between a consenting patient and a certified therapist, who at minimum possesses a master’s degree and has completed a specialized intensive CBT training program approved by the National Association of Cognitive-Behavioral Therapists (Miller). Yet despite this dissimilarity, as I have formerly demonstrated, there is compellingly significant similarity between Socratic elenchus and CBT. Moreover, the tactics of the former are explicitly recommended to CBT therapists in Judith Beck’s heralded guidebook (Beck 171-172, 217). Clearly, a viable analytic approach must be capable of granting this obvious disanalogy between ancient Socratic elenchus while still heeding the magnitude of its analogy.

I would add to Rottschaefer’s explanation of this point an additional consideration: disanalogies are likely to arise as a result of literal temporal distance between a psychological theory or practice’s development and its foundation. In the case of CBT and Socratic theory, thousands of years of philosophical and psychological progress separate these ideologies. Disparities between their principles inevitably emerge from the introduction of new scholarship in their respective disciplines. Socrates did not have the same knowledge of the biological

process of the brain nor the contributions of Freudian psychology available to thinkers when Ellis constructed rational-emotive behavior therapy in the 1950's.

Another crucial aspect of productive foundational inquiry is that its concern goes beyond mere contextual similarity. As highlighted by Rottschaefer, as well as by my prior analysis of the historical connections between Socratic thought and CBT in chapter one, section one, a consideration of historical evidence proves exceptionally useful. Historical and conceptual connections merit vastly more plausible arguments when they are taken into a combined consideration than if they are evaluated separately.

Furthermore, appropriate inquiry must take great care when encountering complex and far-reaching subject matter. Obviously, providing incomplete and unjustified explanations of pertinent topics or employing distorted citations in the manner exhibited by Erwin damages the credibility and framework of any scholarly endeavor. Further persuasion that these errors work against a solid inquiry is not necessary. Even so, when attempting to find the foundations of a psychological theory, one may have to confront immensely complicated and multi-layered topics outside of their realm of expertise. I posit that when one confronts such complex concepts, it is critical they clarify to a reader that they are not providing a comprehensive overview of the subject matter at hand, but rather a synthesis of information which is thorough to the extent necessary for their purposes. I come up against this obstacle in the prior section when utilizing Rottschaefer and Grenander's critiques, as I am far from an expert in learning theory, issues of the medical model in psychology, or the debate between free will and determinism. Moreover, a full account of these concepts is irrelevant to my argument and may veer a reader distractingly far off the course of my focus. Nevertheless, if I do not clarify that I am only drawing upon only a portion of these subjects, not only will I weaken my scholarly credibility, but I also negate the

possibility of inspiring my reader to conduct their own inquiry into these secondary concepts as possibilities for foundations of behavior therapy.

This caveat brings me to a pressingly important specification I wish to make in regard to what I hope this paper can offer to larger academic conversation. I have yet to address the fact that Rottschaefer rejects Erwin's argument not only on the basis of its general structural failings, but also on the basis of evidence for learning theory as a foundation for behavior therapy (Rottschaefer 156, 158-160). While I myself offer evidence in support of Socratic philosophy as a foundation for CBT, a prominent branch of behavior therapy, I do not advance this claim to the exclusion of the possibility that learning theory may also serve as a foundation for behavior therapy. Rather, I wholeheartedly welcome the development of arguments which follow paths different from my own. Socratic philosophy may be a foundation for the cognitive branch of behavior therapy, however ideas stemming from sources outside the realm of philosophy could serve to found other divisions within behavior therapy. It may even be the case that other foundations, philosophic or otherwise, give way to CBT practice in harmonious tandem with Socratic thought. In considering the benefits of exploring the foundations of CBT and other currently productive therapies, which I outline in section one of this chapter, I deem that such exploration holds value when conducted by thinkers from any field.

Thus, I offer my final stipulation for an inquiry into the foundations of a current psychological school of thought: one must remain aware that the answer they are searching for may exist as one of many realizable answers. I offer this not to say that researchers concerned with this issue should refrain from critiquing notions which diverge from their own, but instead that they should embrace critiques of their work offered by others aiming toward the same goal.

Cross-discipline hypotheses, if not assuming they present a uniquely viable solution, can keep one another accountable and enrich the entirety of conversation.

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